

The Shaw-Mackenzie treatment of cancer.

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THE SHAW-MACKENZIE TREATMENT
OF CANCER.

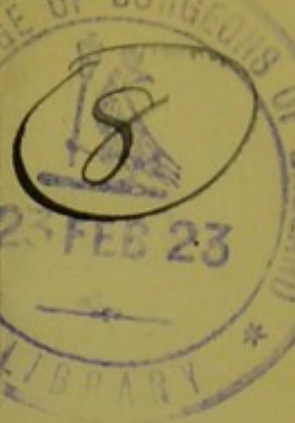
Morning Post

Apr. 16. 07.

TO THE EDITOR OF THE MORNING POST.

SIR,—The question of cancer has now become just as much a public one as one in which the medical profession is interested. The time has passed when its discussion can be limited to the professional organs and to medical books. The unrest excited in the public mind by various communications to the Press on the subject has practically led to cancer being placed in the same category as diseases like tuberculosis—scourges which demand the interference of the State with a view to ascertaining, by a Royal Commission of Inquiry, the possible causes of their incidence, and methods for their prevention. Organised on certain definite lines an inquiry upon cancer would be attended with results most beneficial and valuable. As long ago as 1893 I pointed out in an article in the *Nineteenth Century* how useful such an inquiry would be, and again I must urge my unqualified conviction that in the interests of the community it is imperative that the State should undertake this necessary duty. First and foremost among the points upon which authentic information is most desired is that respecting the increase of the disease. At present, despite overwhelming evidence to the contrary, the fact that cancer is increasing is still disputed. Of course the old saying that statistics can be made to prove anything is unassailable; it so happens that cancer statistics especially lend themselves to this mode of treatment. Were this matter, however, to be inquired into by a Royal Commission then it would be that individual observation, individual experience, individual evidence would be available for eliciting details which no statistical office could possibly supply. That is the point in regard to the cancer mortality returns of the Registrar-General. What is wanted is a personal explanation, as far as can be, from the medical men by whom the statistics are supplied—not deductions based upon the figures by those who have only the figures from which to draw conclusions.

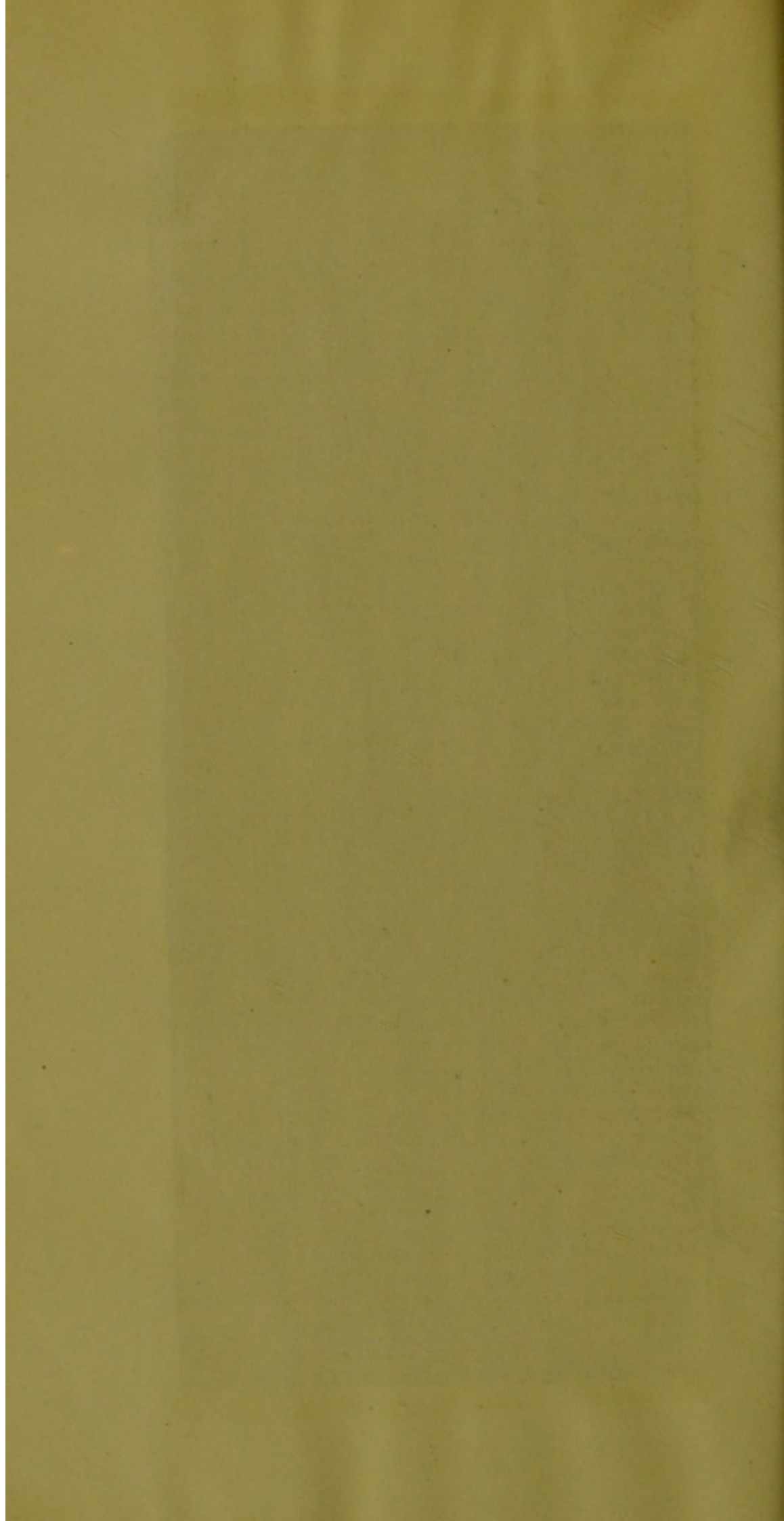
In proof thereof, there appeared in the *Morning Post* of the 4th inst. a paragraph to the following effect: "Dr. Thresh, Medical Officer of Health for Essex, reported to the Essex County Council that the mortality from cancer in the county was increasing yearly. He predicted that at the present rate of increase cancer in a few decades would cause more deaths than any other disease." Obviously an opinion of this nature, based upon personal experience in the district concerned, is worth volumes of statistics from which irresponsible and misleading deductions might be drawn. It must therefore be conceded that a State inquiry into this, as only one of the points at issue, would result in the gleaning of many valuable data upon the question of the increasing mortality from cancer, the attainment of which would not be possible by any other means.





The whole subject of cancer has been brought largely under public notice of late, mainly on account of the somewhat startling statements which have gained currency respecting the trypsin treatment of the disease. After some two years and a half of the practice of this method, it may, with truth, be said that a milestone in the roadway of the history of this distressing malady has been reached. Dr. J. A. Shaw-Mackenzie's work upon the subject entirely goes to prove that cancer is a disease of nutritional defect. This defect may be partly due to advancing age, partly to the over-strenuousness inseparable from life in the present day. And the most remarkable feature in this connection is that another disease—diabetes—is apparently dependent upon a similar cause. Dr. Shaw-Mackenzie has pointed out that cancer and diabetes occur concurrently in families, and the further significant fact is that the returns of the Registrar-General show an increasing annual mortality from the latter disease. Cancer and diabetes then having presumably a common origin, the latter being probably a precedent condition of the former, it is not surprising to find that the methods of treatment devised by Dr. Shaw-Mackenzie for cancer cases should apparently prove curative in cases of diabetes.

It may here be pointed out that the Shaw-Mackenzie treatment of cancer is based upon the object of restoring that element to the tissues, which, owing mainly to failure of function of a particular organ known as the pancreas, is deficient. The substance which is deficient is known as trypsin; the method, however, of its administration, together with many other details concerning the treatment, do not call for discussion here. The significant value of this treatment is that it is based not upon empirical imaginings, but upon the substantial grounds of physiology, chemistry, and clinical experience. The uniformity of beneficial results has been remarkable, save, of course, in those cases in which from the extent of the disease nothing could possibly be of service. Indeed, the fringe of a great truth may thus have been revealed, the elaboration and perfection of which we shall probably have to await for time to declare. It is not without interest to remark that up to two years ago the ferment of the pancreas called trypsin was practically unknown. No one save perhaps a few physiologists had ever heard of it—either by name or in connection with any other purpose than that of a digesting agent—even now its precise chemical composition defies analysis. By this time, however, it is probably known throughout the world as a substance which is absolutely needful in the maintenance of the healthy nutrition of the body. For this revelation of its nutritional value we are undoubtedly indebted to Dr. Shaw-Mackenzie, as well as for the chemico-biological theory of the origin of disease, out of which in the future many valuable developments may possibly be evolved.



In connection with this treatment it is essential to point out that it does not claim to be curative in the full sense of the word. Indeed so far its true position must be regarded as being an adjunct to, rather than a supplanter of, the modern methods of surgical treatment applicable to cancer cases. The ideal line of treatment suggested by the present state of our knowledge is to deal with the local cancerous manifestation surgically in its early stage and subsequently to check its further progress of evolution by the methods devised by Dr. Shaw-Mackenzie. By some persons much stress is laid on the hope and consolation which cancerous persons may now derive from surgery. But no surgeon after removing a cancerous growth even in an early stage could possibly hold out to his patient the hope that the latter had been permanently cured. And yet there is one point upon which the surgeon can always speak with hope and confidence, and that is with reference to the recovery of his patient from the immediate effect of the operation. Beyond that a surgeon cannot go in the case of cancer, however favourable the conditions may happen to have been under which the operation was performed. The explanation of this is not far to seek, since cancer being a nutritional disease its influence is not merely local, but general. The local manifestation of the disease is removed by the surgeon and may not recur at the seat of operation. But, as every medical man knows, a new outbreak may at any time supervene in some internal organ or otherwise inaccessible situation. The excellent results of the surgical treatment of cancer in the present day are mainly due to the inestimable value of the practice of Listerism, by which not only is the patient secured against dangerous complications arising from operations undertaken for his relief, but the confidence inspired in surgeons in their operative procedures by the adherence to the principles of Listerism has done much to open out a wide field for successful surgery in cases of cancer which otherwise would have been deemed to be inoperable. Thus while surgery can only be regarded as the best of all palliative measures in the treatment of cancer we are nevertheless left in the position of seeking for some means by which the disease can be prevented. And here, as bacteriology has failed and the parasitic theory of the disease has practically ceased to exist, the best hope of dealing with cancer successfully must be centred in the belief that it is a disease of nutritional defect, capable of being checked and controlled by the restoration to the tissues of the body of the means by which healthy nutrition can only be resumed and maintained. And if cancer be not a disease of faulty nutrition, how otherwise is it possible to explain the results of its treatment by means of the administration of a natural product of an organ of the body the deficiency of which is probably present?—Yours, &c.,

April 15.

F.R.C.S.

