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Mr. Perry A. Chapdelaine
The Rheumatoid Disease Foundation
Route 4, Box 127
Franklin, Tennessee 37064

Dear Perry:

I have your letter of May 10. I have known of the Rustia and Shubik study for as long as I have been interested in metronidazole. As of today I am in the fourth week in taking a course of this drug.

By the by, no flu-like symptoms -- just a very sore wrist joint, and then only for four days.

Enclosed is a curve showing lung cancer in the United States. The ACS tells us that cigarette smoking causes lung cancer. So now only 30% of our men smoke, yet we have 87 lung cancer deaths per 100,000. In 1930, with perhaps 80% of our men smoking, we had about two deaths per 100,000 from lung cancer, and the cigarettes then were without filters and very high in tar. (Are you old enough to remember the super high-tar Turkish brands, "Omar" and "Fatima"?

In 1930 we were beset with markedly fewer prostaglandin inhibitors -- aspirin, Tylenol (which came in 1955), caffeine and trans-trans linoleic acid in margarine. The one serious PG inhibitor besetting us then was caffeine in coffee, but even so, in that year we did not get all the tons of it that we now get in soft drinks. Aspirin was on the market as a specific for headaches, but not utterly ubiquitous, as it is now. Advertising bombardment has hyped these products into household "necessities."

So PGE_1 converts cancer cells back to normal cells, and today with all of these PG inhibitors we are greatly deficient in PGE_1. I say that the pandemic of lung cancer today is caused by cigarettes and a dramatic deficiency of PGI_1 caused by PG inhibitors such as aspirin.

Now back to Rustia and Shubik. Take the same mice they used and feed them a diet in which 0.5% by weight is aspirin, and I tell you what will happen. In no way would aspirin cause lung cancer among them. They would not live long enough. They would all be dead of PG inhibition within a few days' time -- or even hours.

To my mind, Rustia and Shubik demonstrate how very benign metronidazole is by comparison to, say, aspirin. After candy-flavored aspirin came on the market we had about 300 deaths annually from aspirin overdose among small children; but the killing dose of aspirin is far less than 0.5% of a day's diet.

Now let's discuss PCBs -- polychlorinated biphenols. In a great overdose, this chemical causes cancer in mice. This is a substance which is biodegraded very slowly. I do not like it for this reason, as I do not like cigarettes because they stink.

Now here in the United States we are about to spend perhaps two or three billion dollars getting all the PCB out of transformer oil. Someone pays twenty million dollars to buy a specially designed ship to take five tons of PCB-contaminated oil 300 miles out into the Gulf to burn it, but there is objection to that, and when a tank truck loaded with PCB oil turns up over in Mobile, headed for the dock, 10,000 frantic people turn out, some lying down in front of the truck. They think that burning PCB oil 300 miles out in the Gulf is going to cause half the population of Mobile to drop dead of cancer.

In one small Kaiser Aluminum plant here in Bay Minette, it is going to cost over fifty thousand dollars to get the PCB oil out of their plant. The electric utility industry will spend over one billion dollars, getting all the PCB oil out of their systems. They do this with tongue in cheek, knowing full well that their workmen have been virtually bathing in PCB oil for over 50 years with no sign whatever that it causes any kind of cancer among them.

I draw a parallel between the PCB oil and the Rustia and Shubik study.

So is this any help?

Best,

Wayne

WM/dwc
Enclosure

Treatment of the regional nodes by ablation or radiation may cripple these important components of the immune response. However, if immunotherapy is given to stimulate the lymphoid tissues to greater activity the opposite result may be achieved: increased effectiveness of the immune response.

To be most effective in stimulating the lymphoid tissues in breast cancer patients, and thus help prevent recurrence or metastasis, immunotherapeutic agents such as mixed bacterial vaccines (MBV) should be injected intradermally along the pectoral major muscle, along the third digitation of the serratus muscles and along the anterior axillary line at the edge of the pectoral muscles. These areas are of special importance for tumors of the outer quadrant and those extending through the breast.

For the deep axillary nodes, the subpectoral, infraclavicular and subclavicular or humeral nodes, injections intradermally over these regions should be tried. Also inject throughout the pectoral muscle to disseminate the vaccines through the intermuscular trunks to reach the supra- and infra-clavicular nodes.

Until recently, the prevailing view of cancer among physicians as well as laymen, has been that of an inexorably progressive disease, the only hope of successful treatment being eradication of every malignant cell by surgery, radiation, chemotherapy or some combination of these.

Although there have been strong indications that this is not always true, and that cancers are frequently under some form of restraint, only in the last 25 years has sound evidence for this been forthcoming. This evidence, scattered through the medical literature for over 200 years, had never before been assembled and analyzed in the light of modern research.(291–295;571;602–619) *Recognition that immunological reactions do occur against cancer, not only in animals, but also in man, is of great importance for the present and future treatment of all cancer.*

Epidemiological Background

Epidemiological data assembled in the past 45 years indicates that in developed and developing countries the incidence of *infections is decreasing* at the same time that the incidence of *cancer is increasing*. An example of this is illustrated in Fig. 1, with figures