

**W**hen you read that some well-known person has gone to another country seeking medical help for a fatal disease, do you then wonder whether the American Medical Association and the Food and Drug Administration are suppressing cures just because they haven't come from our orthodox scientists? Do you

also wonder whether the AMA is hiding a cure for cancer from us because doctors make a good living treating cancer patients? A surprisingly large number of people do.

I thought about all this when recently Lester Maddox, the Georgia politician, and Ruth Stapleton, sister to Jimmy Carter, both made widely publicized trips to the Bahamas. They went as patients, to get treatment from L. Lawrence Burton, Ph.D., a zoologist who operates an immunotherapy Centre in Freeport. Reportedly, Maddox has cancer of the prostate and Stapleton had cancer of the pancreas. (Ed. note: Ms. Stapleton died on September 26.)

**T**HIS WAS NOT the first such exposure for Burton. From time to time, his Centre receives media coverage. In 1980, for example, "60 Minutes" (CBS TV) devoted part of a program to his controversial cancer treatment. During

the show, a male patient was interviewed. We were told that he had been diagnosed as having an incurable malignant brain tumor. But now he was well again, cured by Burton.

I discovered that several weeks after the show, the man died. I never saw the death certificate, but I did speak to his medical doctor. Nonetheless, for months following this program, Burton's Centre was swamped by applications from cancer patients, many of them terminal cases.

Then, there were two magazine articles flattering to Burton. One appeared in *Penthouse*, the other was in *New York* magazine. Both suggested that the zoologist was truly on to something, and the FDA and AMA were putting him down out of jealousy; Burton simply wasn't part of medicine's Establishment.

I am fascinated by scientists, and others, who seem to have unorthodox methods and treatments which reportedly improve incurable conditions. In 1974, I published a non-fiction

book, "Healing: A Doctor in Search of a Miracle." My research took me across the United States and to the Philippines to watch psychic surgeons. Now, after reading all I could about Burton, I arranged to visit his Immunotherapy Centre.

I arrived in February 1982 and spent nearly a week talking with the director, his co-workers and certain patients. Burton's theory, which I'll oversimplify, is that whenever cancer cells develop in our bodies, antibodies are then produced to destroy them. Normally, these antibodies will kill off the cancer cells before they can become established. Only when our im-

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## GOOD MEDICINE

immune system is not working at peak performance levels will the cancer cells—the malignant invaders—win the battle.

Burton further theorized that dead cancer cells produce a protein, which he calls a blocking agent. To overcome this, our bodies must produce another protein, the *deblocking* agent. Also necessary is a third protein, complement, which triggers or activates the all-important antibody. What he professes to do in his Bahamas laboratory

is to measure all these proteins in the patient's blood—and then he gives injections of those cancer-destroying proteins that are missing.

Every morning, about 8 a.m., patients line up at the Centre to have blood samples drawn. Once the blood is examined, syringes containing aids to the immune system are prepared for each cancer patient. About noon, the patients return and self-administer the injections. Some take up to 10 or 12 shots over a 24-hour period.

I was told the initial evaluation and course of treatment lasts four weeks,

and costs about \$2,500. Thereafter treatment costs \$300 a week. Living accommodations, in motels or apartments, run about \$800 a month. So, a total bill for a six-week stay will cost around \$6,000.

Burton has a computer containing all the data he needs regarding dosages for each of his patients. He's a heavily-bearded man, about 5 feet 6 and weighing upwards of 250 pounds. He sits in his office puffing on one of his numerous pipes, and issues orders to his technicians. Meanwhile, patients with advanced lung cancer, cancer of the prostate, breast or colon, wait to receive their syringes. I was struck by the fact that all of them not only implicitly trust Burton's theory, they seem to love the man.

Burton talked openly to me about his work and, indeed, treated me well. Moreover, he had his chief technician show me through the laboratory (filled with obviously expensive, sophisticated equipment), then he introduced me to certain patients. "I don't cure them all," he said, "but we've got some excellent results. Right now we're on a hot streak with lung cancer."

(Note: Lung cancer is among the most virulent of all cancers. According to statistics from the American Cancer Society, more than 135,000 Americans will contract lung cancer in 1983 and, within five years, over 90 percent will die.)

I took Burton up on his offer to review the records of a number of his patients. Some files were sparse, but I did get names, addresses, phone numbers and hometown doctors on dozens of cases. Believing at the time that I might write a book about Burton, I took copious notes on how he used various blood components to produce the sera with which he treated patients. After nearly a week at the Centre, I returned to the U. S. intent on following up on the Burton theory.

Here is what I did—and what I learned:

- I first spent an hour with Dr. Joyce Zarling, a highly-respected immunologist then at the University of Minnesota School of Medicine. After listening to my interpretation of the Burton theory, she stated: "I've never heard of anyone finding the blood factors he claims to have found. There's no evidence they exist."

She added she was willing to talk with Burton, and suggested a phone conference. I both wrote and called the

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Centre, asking Burton to please contact Dr. Zarling. He never did.

• I next talked with Dr. William Terry, former associate director for Immunology Programs at the National Cancer Institute in Bethesda, Md. He, too, had been at the Centre—and was totally negative. He labeled Burton's approach "nonsense" and added that the blood processing didn't make sense.

This veteran medical investigator made no bones about it: in his mind, Burton's work is without scientific merit and, as such, worthless.

(Note: In fairness I report that Burton and Dr. Terry have carried on a long-running feud. The Penthouse article describes the NCI officer as "the cornerstone of opposition to Burton's work." In salty language, Burton has called Terry arrogant, and biased against his work.)

• It was time now to check up on Burton's patients. I spoke with at least 10 of them and, in many cases, their doctors. I found *no evidence* that Burton had cured anyone. In addition, I read through twice as many case files; again, I saw nothing to substantiate

**‘I don't cure them all,’ he said, “but . . . right now we're on a hot streak with lung cancer.’**

that he had cured anyone of a malignancy. Consider, two typical cases:

1) Burton had been particularly proud of his success in treating a woman I'll call Alice Brown. "When she came here," he had told me, "she had cancer of the colon, and cannonball-sized metastases in her liver. Cannonballs! The doctor wanted to give her radiation, but she came to me instead. That was five years ago. Now she's fine."

Burton was correct. Mrs. Brown is fine, but not because of anything he had done. When I talked to this patient's surgeon, who lives in Virginia, he explained that Alice indeed had colon cancer. "It was perforated, so when I took it out I performed a colostomy," he said. "I suggested radiation as a precaution, and not because there was obvious tumor left behind. There were absolutely no metastases visible anywhere—not in the liver, not even

CONTINUED ON PAGE 70

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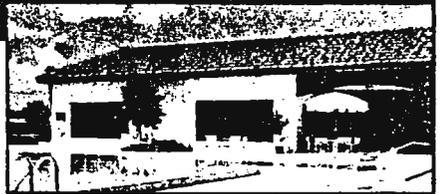
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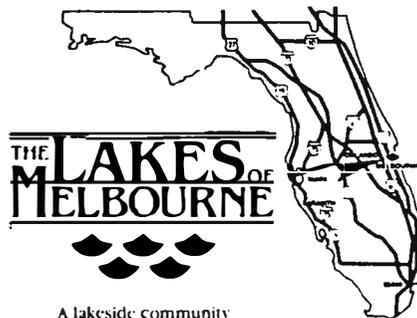
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in the lymph nodes. She refused radiation and went off to Burton instead. Later, when I closed the colostomy, I wasn't at all surprised to find no tumor, not because she'd had Burton's treatment, but simply because there hadn't been any tumor spread when I first operated."

So much for the Burton contention that this patient had suffered with "cannonballs of cancer in the liver."

2) This file involved a 46-year-old woman whom Burton said he had

cured of a brain tumor. She reportedly had been taking dozens of shots every day for two years. When I checked with her doctors at the Mayo Clinic in Minnesota, they weren't at all surprised to learn she was doing well.

"She doesn't have a brain tumor," I was told. "It's a tumor of the skull—and is extremely slow-growing. When we saw her last she was virtually symptom-free. We don't see why that shouldn't be the case for many years."

My checking showed that most of Burton's patients either didn't have cancer in the first place or had tumors

which typically are slow-growing. One such example is prostate cancer. Every doctor who treats cancer of the prostate has patients who've lived 20 years with their disease. They're not cured; but they represent successful medical treatment.

Burton had a third kind of patient, ones like Alice Brown. They had had other treatment, such as surgery, radiation, chemotherapy or a combination. In all probability, this therapy is what produced their "cures."

As far as I'm concerned, there is no evidence that Lawrence Burton has cured anyone. From my visit and my investigating, I've concluded that he is a pleasant man who seemingly believes in what he's doing. I read that he draws only a salary—under \$100,000—and returns the rest of his considerable earnings to the Centre. Moreover, I found no proof that he does anyone harm.

Let me now offer a small confession. After visiting Burton, and before I had time to follow-up his cases, a dear friend of mine developed metastatic malignant melanoma of the brain. After an initial good response to radiation, the cancer recurred and orthodox medicine could provide no further treatment. I told my friend, Ralph, and his wife about Burton, carefully explaining that I couldn't endorse what he was doing, but I couldn't yet rule him out. They decided to go see Burton.

About a month later, my friend died peacefully in the Bahamas. His wife said, "I don't know if Burton helped. Obviously, he didn't help much, but at least Ralph felt something was being done. I don't regret having gone."

The message in this story has two parts: first, let me assure you there are no secrets that doctors are holding back from the public. Doctors, their families and friends get cancer with the same frequency as anyone else. If there were cures for all cancers, we'd be shouting them from the rooftops. So, if someone in your family has cancer, and the doctors declare there's no hope, get a second opinion if you wish. But, don't feel guilty if you hear that someone in Greece or the Philippines or the Bahamas says they're able to cure cancer and you don't have the money to fly there with your husband or daughter.

I've studied many of these reputed healers and I can assure you the unorthodox practitioners, whatever their

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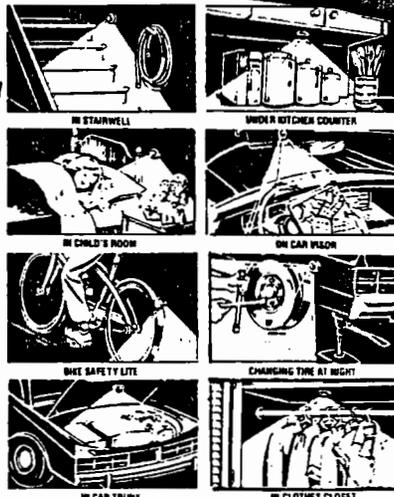
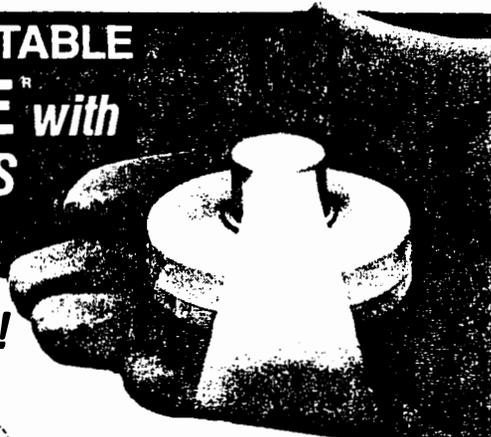
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ethod or secrets, can't cure anyone  
ho can't be cured by sound, scien-  
fic, traditional medical doctors.

Second, after 30 years as a physician  
and surgeon, let me also assure you  
there is no such thing as a hopeless  
case. Admittedly, there are times  
when we are as certain as can be that a  
patient is going to die; still, any doctor  
with a modicum of experience under-  
stands that once in awhile a patient  
will fool everyone. That cancer pa-  
tient you thought would be dead in  
three months is alive, well and laugh-  
ing at you 10 years later. There's an

entire book of documented cases of  
"Spontaneous Regression of Cancer"  
collected by two well-known M.D.s.  
"Spontaneous regression" is a clever  
way of saying, "Hey, these patients got  
well and we don't have any idea  
why."

Lastly, let this serve as one doctor's  
advice to people about whom he cares:  
don't go running off after miracle  
cures offered by bizarre practitioners.  
It's a waste of time and money. On the  
other hand, never give up hope. Mira-  
cles—if an unexplained cure can be  
called a miracle—do happen. □

**FOR FURTHER READING:**

"Choices: Realistic Alternatives in  
Cancer Treatment," by Marion  
Morra and Eve Potts (*Avon Books*,  
\$8.95).

"You Can Fight Cancer and Win,"  
by Jane E. Brody with Arthur I.  
Holleb (*McGraw-Hill*, \$4.95)

"Toward the Conquest of Cancer,"  
by E. J. Beattie Jr., M.D., with  
S.D. Cowan (*Crown Publishers*,  
\$12.95).

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