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Dr. Calvin Midgley of a technique he developed for cervical cancer prevention.

Cervical repair reduces risk of cancer: Dr. Midgley

By **BOOTS DAVIS**
Staff Writer

While pap screening and other procedures have significantly improved early detection of cancer of the cervix, a surgical technique — Semilunar Biopsy Repair (SBR) — pioneered by Dr. Calvin Midgley of Antioch, may hold the key to preventing occurrence of the disease responsible for at least 9,000 deaths annually.

Dr. Midgley, who began his research in 1938, has perfected a technique for repairing a severely eroded cervix, thereby reducing cancer producing conditions and restoring cervical tissue to a healthy state.

His research and 1,300 case histories indicate only one of his patients later developed cervical cancer.

Midgley's treatise on "Surgical Prevention of Cancer of the Uterine Cervix," supported by researchers at Brigham Young University, Provo, Utah, has been published in several issues of *Clinical Medicine*, the most recent in December 1977.

"I found that the virgin cervix is resistant to cancer but women who are parous (have borne children) are more prone to it," Dr. Midgley said. "The difference between the two is that the external opening of the cervix stretches and tears with the birth of a child."

The stretching and tearing expose columnar cells in the cervical canal to opposing chemical conditions in the vagina and the cervical opening then appears eroded and lacerated.

High incidence of cervical cancer is not surprising, Midgley said, for "no organ in the body is more traumatized, mistreated or neglected. It undergoes monthly complex changes, is continuously immersed in a septic environment, is severely tested with every pregnancy and is physically assaulted," causing inflammation, laceration and the erosions, he said.

Coupled with the non-healing wound aspect of the eroded cervix, is a persistent abnormal discharge which, Midgley pointed out, are early warning signs of cancer.

A generally accepted treatment of the condition has been cauterization by heat, chemicals or cryotherapy (freezing) which, Midgley said, is actually cancer producing.

"Cauterization actually destroys the columnar cells in the cervical canal which produce multi-protective mucus, an essential part of a clinically normal cervix," said the Antioch physician.

The mucus not only inhibits bacterial growth but enhances the reproductive process.

When the os (opening) of the cervix is eroded and enlarged, the alkaline mucus escapes, leaving interior cervical cells exposed to the predominately acid vagina. "Inflammation, infection, menstrual irregularities, infertility and spontaneous abortions follow," he said, a fact known since the time of Hippocrates.

Since tissue around the external opening is badly eroded, with columnar cells exposed it is more prone to the development of cancer.

Midgley's surgical procedure involves removing portions of the inflamed tissue for laboratory analysis, inverting the columnar cells back into the cervical canal and then stitching the surrounding tissue to re-form a "virgin-like clinically normal cervix."

The operation has been performed on more than 1,300 patients since 1938 with the only changes being replacement of catgut with a synthetic, absorbable suture and post-operative application of a triple sulfa cream.

SBR requires no more than an overnight stay in the hospital and has even been performed on an outpatient basis.

Details of the biopsy-repair and its statistical analysis have been presented in three medical publications and all information has been validated, Midgley said.

A study of cervical cancer would be even more significant, he said, if data could be obtained correlating the number of cases which developed in both cauterized and non-cauterized women.

Studies should also be made of pH differences of cervical and vaginal environments based on race, heredity and lifestyles, Midgley said.

Without support from Condell Hospital, Midgley said his work would never have been completed. "I've never missed diagnosing a case of cancer," he said, referring to lab tests of tissue removed during the corrective surgical procedure. "I wouldn't be surprised if it (SBR) became one of the most common operations performed."