

Hardin B. Jones, Ph.D.

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"My studies have proved conclusively that untreated cancer victims live up to four times longer than treated individuals. If one has cancer and opts to do nothing at all, he will live longer and feel better than if he undergoes radiation, chemotherapy or surgery, other than when used in immediate life-threatening situations."---Prof Jones. (1956 Transactions of the N.Y. Academy of Medical Sciences, vol 6. There is a fifty page article by Hardin Jones of National Cancer Institute of Bethesda, Maryland. He surveyed global cancer of all types and compared the untreated and the treated, to conclude that the untreated **outlives** the treated, both in terms of quality and in terms of quantity. Secondly he said, "Cancer does not cure". Third he said "There is a physiological mechanism which finishes off an individual".)

<http://www.sickofdoctors.addr.com/articles/medicalignorance.htm>

Hardin B. Jones, Ph.D. "A Report on Cancer," paper delivered to the ACS's 11th Annual Science Writers Conference, New Orleans, Mar. 7, 1969.

From: [The Hoax Of The "Proven" Cancer Cures by G. Edward Griffin](#)

Surgery Statistics from Hardin B. Jones, Ph.D.

One of the nation's top statisticians in the field of cancer is Hardin B. Jones, Ph.D., former professor of medical physics and physiology at the University of California at Berkeley. After years of analyzing clinical records, this is the report he delivered at a convention of the American Cancer Society:

In regard to surgery, no relationship between intensity of surgical treatment and duration of survival has been found in verified malignancies. On the contrary, simple excision of cancers has produced essentially the same survival as radical excision and dissection of the lymphatic drainage. That data, of course, related to surgery of the breast. (Hardin B. Jones, Ph.D. "A Report on Cancer," paper delivered to the ACS's 11th Annual Science Writers Conference, New Orleans, Mar. 7, 1969.)

Turning his attention to surgery in general, Dr. Jones continued:

Although there is a dearth of untreated cases for statistical comparison with the treated, it is surprising that the death risks of the two groups remain so similar. In the comparisons it has been assumed that the treated and untreated cases are independent of each other. In fact, that assumption is incorrect. Initially, all

cases are untreated. With the passage of time, some receive treatment, and the likelihood of treatment increases with the length of time since origin of the disease. Thus, those cases in which the neoplastic process progresses slowly [and thus automatically favors a long-term survival] are more likely to become "treated" cases. For the same reason, however, those individuals are likely to enjoy longer survival, whether treated or not. Life tables truly representative of untreated cancer patients must be adjusted for the fact that the inherently longer-lived cases are more likely to be transferred to the "treated" category than to remain in the "untreated until death."

The apparent life expectancy of untreated cases of cancer after such adjustment in the table seems to be greater than that of the treated cases. [Emphasis added]

The answer is that they are not really lying-just bending the truth a little. In other words, they merely adjust the method of gathering and evaluating statistics so as to guarantee the desired results. In the words of Dr. Hardin Jones:

Evaluation of the clinical response of cancer to treatment by surgery and radiation, separately or in combination, leads to the following findings:

The evidence for greater survival of treated groups in comparison with untreated is biased by the method of defining the groups. All reported studies pick up cases at the time of origin of the disease and follow them to death or end of the study interval. If persons in the untreated or control group die at any time in the study interval, they are reported as deaths in the control group. In the treated group, however, deaths which occur before completion of the treatment are rejected from the data, since these patients do not then meet the criteria established by definition of the term "treated." The longer it takes for completion of the treatment, as in multiple step therapy, for example, the worse the error.... With this effect stripped out, the common malignancies show a remarkably similar rate of demise, whether treated or untreated.¹⁷

As Dr. Hardin Jones revealed:

Beginning in 1940, through redefinition of terms, various questionable grades of malignancy were classed as cancer. After that date, the proportion of "cancer" cures having "normal" life expectancy increased rapidly, corresponding to the fraction of question-able diagnoses included.¹⁹

One of the most publicized claims by The American Cancer Society is that early diagnosis and treatment increases the chance of survival. This is one of those slogans that drives millions of people into their doctors' offices for that mystical experience called the annual checkup. "A check and a checkup" may be an effective stimulus for revenue to the cancer industry but its medical value is not as proven as the hype would suggest. As Dr. Hardin Jones stated emphatically:

In the matter of duration of malignant tumors before treatment, no studies have established the much talked about relationship between early detection and favorable survival after treatment.... Serious attempts to relate prompt treatment with chance of cure have been unsuccessful. In some types of cancer, the opposite of the expected association of short duration of symptoms with a high chance of being "cured" has been observed. A long duration of symptoms before treatment in a few cancers of the breast and cervix is associated with longer than usual survival.... Neither the timing nor the extent of treatment of the true malignancies has appreciably altered the average course of the disease. The possibility exists that treatment makes the average situation worse.²²