The miraculous cure of a sarcoma of the pelvis: Cure of Vittorio Micheli at Lourdes

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In April 1962, Vittorio Micheli, a soldier in the Italian Army, developed rapidly increasing pain in his left buttock region. X-rays of the left hip showed osteolysis involving the ilium and the roof of the acetabulum. A biopsy of the gluteal muscle showed cells of a sarcomatous character. He was not deemed to be a candidate for medical intervention, so neither radiotherapy nor chemotherapy was offered to him. In May 1963, racked with pain and unable to walk, he made a pilgrimage to Lourdes, following which he was cured of his sarcoma. His case was reviewed by the International Medical Committee of Lourdes in 1969 and in 1971. There was unanimous agreement that this was a medically inexplicable cure.

Keywords: miraculous cure, sarcoma, pelvis, Lourdes

MEDICAL CASE

The information regarding this cure was obtained from the Medical Report by Professor Michel-Marie Salmon. A report of this case has appeared in *the Canadian Medical Association Journal*. Vittorio Micheli presented in April 1962 with left buttock pain of a few weeks duration. He had enlisted in the Army in November 1961. His past medical history included pneumonia as a child and nephropathy when he was sixteen years old. There was no family history of sarcoma. He complained of pain in his lower back, left hip, and left thigh. Physical examination revealed an ill-defined large mass in the left iliac region, shortening of the left leg,

and limitation of motion of the left hip. His pain increased and he had difficulty walking. An X-ray of the left hip (May 22, 1962) showed structural alteration of the bone with osteolysis involving the lower part of the ilium and the roof of the acetabulum. An open biopsy revealed an infiltrating neoplasm that had partly destroyed and replaced the inferior gluteal muscle. The osseous iliac surface was covered with irregular, friable nipple-like, spreading overgrowths. The pathology report showed fusiform cells of a sarcomatous character. He was transferred from Verona Military Hospital to Trento Military Hospital in June 1962. The pain in his left pelvic area and left leg had increased and he was placed in a hip-to-foot plaster cast. Repeat X-rays in July demonstrated near complete destruction of the left hemi-pelvis. Only part of the ilio-pubic line and the superior third

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of the ilium remained. In August he was transferred to Borgo di Valsugana Centre for Tumours to receive radiotherapy. Once there, it was determined that radiotherapy would not be useful, and he then returned to Trento Military Hospital. His pain continued and he needed a full hip-leg plaster cast in order to walk.

In November 1962, X-rays demonstrated increased destruction of the left hemi-pelvis with dislocation of the head of the femur, upwards by 5 cm. An X-ray in January 1963 revealed complete dislocation of the femur without any connection with the pelvis. His pain was increasing and radiated down to the knee. In May 1963, the cast was removed and replaced with a stronger one because the patient wanted to go on a pilgrimage to Lourdes. Examination at the time of changing the cast showed that the left hip was very deformed. The left leg was joined to the pelvis by a few sheaves of soft tissue, no bone. No bony elements could be detected on palpation, only an amorphous, doughy mass. He was unable to move his left leg.

On arrival in Lourdes, he lay on a stretcher, required sedatives for pain, experienced anorexia, and felt that his leg was separated from his pelvis. He was immersed in the bath water with the cast on his leg. From the moment he was in the bath, he experienced hunger and immediately stopped taking sedatives and analgesics. Thereafter, he was able to walk with the aid of two crutches, and then two "sticks" without any sedatives or analgesics. After the plaster cast was removed in February 1964, he realized that his leg functioned normally and he was able to walk without the cast (*Bulletin de l'Association Médicale Internationale de Lourdes*, nn. 145 and 146).

Clinical examinations since the pilgrimage to Lourdes confirmed that he was without pain, and walked with a slight limp. Extension of the hip was normal,

flexion 90°, rotation normal, only abduction and adduction were slightly limited. There was no longer any muscular atrophy. X-rays from 1964 to 1971 confirmed that the bone was reconstituted in structure—the trabecula had reappeared, and calcification was excellent. The reconstructed acetabular cavity was formed at a slightly higher level than normal. Over the subsequent nine years, there was no evidence of local recurrence or metastases. He lives a normal family and social life, works at an arduous job standing, and walks in the mountains and plays games. Since this time, more than twenty years later, Micheli assists the sick at Lourdes.

DISCUSSION

The evidence supports that Micheli's condition improved radically from the date of the pilgrimage to Lourdes. Micheli said from the time he was put in the bath he was hungry. The cry "I'm hungry" is a characteristic of Lourdes recoveries. He had the sensation that his dangling leg was once again attached to his pelvis. He no longer needed sedatives because the pain was gone. Dr. Frizzera confirmed the statements of Micheli. He reported "a sudden improvement" since the pilgrimage. Dr. Col. Michel Cindolo also spoke of the well-being of Micheli as being "immediate." Usually when a serious illness is cured, it takes a long time before the general state of health and normal functioning are restored. However, in Micheli's case there was no such convalescence. He walked again within a month of his return from Lourdes. The cure happened "out of time." This concept of "cure out of time" is characteristic of the event of Lourdes.

A bone sarcoma can be intrinsically cured, while extrinsically the radiographs do not show immediate modifications. It

takes time for the bone to recalcify completely. The first X-rays taken after the pilgrimage in 1964 showed that the shadow of the tumor was unclear, without any signs of recalcification. Subsequent X-rays demonstrated complete disappearance of the tumor and the head of the femur had returned to its normal position (descended by about 4 cm).

Nine years after Micheli's pilgrimage to Lourdes, there was no sign of recurrent sarcoma. Although it is possible to see later relapses of sarcoma of the soft parts, and not of the bone structure, a relapse of bone sarcoma after nine years has not been seen.

In this particular case, the acetabulum is not reconstructed in its usual place. However, the articulation is similar to a normal one. There is no handicap or pain. Only scars persist which are found in all cures whatever their nature and characteristics. When a wound is healed a scar remains. These marks are found equally in the soft parts as in the bone structure. In Micheli's case there are faint radiological scars. It is astounding to find on examination of the new acetabulum that the shape and delineation were formed spontaneously without the intervention of a surgeon. It would be exceptional to have such a result even after an orthopedic operation. In medicine, there is never a complete "perfect" cure without biological or anatomical traces of the original illness. It can be said that the scars authenticate the previous existence of Micheli's tumor.

Many articles have been written about cures or spontaneous regressions of cancer (Everson and Cole 1968). Several cases of regression of metastases after resection of the primary tumor have been reported. There are some reports of regressions of cancerous virus, but there is no evidence that soft tissue sarcomas are of viral origin. Tumors of the sympathetic nervous system can regress due to ischemia. However,

there are few reports in the literature of spontaneous regression of malignant tumors. Dobson and Dickey (1956) reported a case of a five-month-old child with a large fibrosarcoma of the thigh and buttock which encroached on the iliac bone and femur. It was not clear whether the tumor was of osseous origin or not. The tumor regressed spontaneously without any medical explanation. Penner (1953) reported a 2½-month-old child with myosarcoma of the thigh with encroachment of the femur. There was a complete cure at the age of 5½ years without any treatment. These two cases involved very young children in whom the development of neoplasms is often baffling. A five-year-old boy diagnosed with reticulum-cell sarcoma of the fibula had spontaneous regression of the sarcoma without any therapy before the regression (Cole and Ferguson 1959). A thirty-six-year-old man developed a malignant primary bone tumor, presumably an osteosarcoma, in the pelvis. After two years of progression, the clinical and radiological condition improved spontaneously (Dissing et al. 1978).

A report by Levin (1957) described a twenty-nine-year-old woman with a tumor of the humerus. The biopsy showed a "probable osteogenic sarcoma" not excluding the possibility of a "giant cell malignant tumor." The patient refused any curative treatment. Subsequent X-rays showed a complete cure with certain "anomalies" in the area of the humerus. The cure is one of the rare authentic spontaneous cures. In Micheli's case, all the histologists in Professor Fabre and Payan's teams agreed that there was no possibility of a tumor of giant cells.

Professor Michel-Marie Salmon reviewed their medical files of forty years of orthopedic practice and did not identify one case of spontaneous cure of sarcoma (Salmon, 1972). Professors Pierini and Franchi have stated that they have never

experienced a similar reconstruction of the bone elements of the hip joints, combined with the total disappearance of neoplastic infiltration of the soft tissue. They questioned a large number of orthopedic surgeons, especially those who specialize in malignant bone tumors. None of these specialists had ever encountered a "spontaneous cure" of a bone tumor. In fact one of those questioned, responded "that if a bone cancer was cured without treatment it was because of a diagnostic error." In Micheli's case, histological specimens, radiographs, and microphotographs were examined again and again to be sure no diagnostic error had been made. All the diagnostic, clinical, radiological, and histological findings were in agreement. He had a malignant sarcoma-type tumor. They bear a medical certitude concerning the nature of the tumor and its cure.

Micheli was cured from a sarcoma of the pelvis without medical explanation. He did not undergo any specific treatment. He did not suffer from any susceptible intercurrent infection that might have had an influence on his sarcoma. He was able to walk again one month after his return from Lourdes. A completely destroyed articulation was spontaneously reconstructed without surgery. The leg which had been useless, became sound. He was alive and well nine years after his return from Lourdes. The cure of Micheli is thus an extraordinary cure in the sense of "beyond the natural." Therefore, the report to the Mariological Congress stated that this cure was beyond the "nature" of people, things, and events as we experience them in time.

Professor Salmon consulted a colleague on this case who replied "it is a staggering fact." The precise word "fact" is to the point. Medicine is "training in verification." First we observe, and then we try to explain. We must judge the facts with reservation, consideration, good common sense, simplicity, and medical humility,

the humility of a Carrel and a Pasteur. We must not commit "the sin against the spirit" in which because of pride, we always seek an explanation. When a physician cannot find a satisfactory explanation, he should admit in good faith, honesty, and impartiality that the phenomenon is inexplicable. Believer and non-believer must let the facts speak for themselves. The believer does not see extraordinary cures everywhere, and the unbeliever does not take refuge in denial or skepticism. When confronted by an extraordinary cure, physicians must accept the medical certainty: the illness existed, the cure was effective, there was no medical explanation for it.

CONCLUSION

Micheli's sarcoma was medically certain and incurable. No curative treatment was given. Following his pilgrimage to Lourdes, the evolution of his sarcoma was suddenly modified. The cure is effective and lasting. No medical explanation of his cure can be given.

ENDNOTE

1. This case report is derived from a full medical report obtained from the Bureau des Constatations Médicales de Lourdes, France, and is used with permission.

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