

# “HE IS DYING, DR. CELESTINO”

*The account of the case of Jose Esteban Fernandez Vega by Dr. Celestino Ortiz of Santander.*

I was in my clinic office on the twenty-first of November, 1961, when the wife of Jose Esteban Fernandez Vega came through the door crying, saying that the esophagoscopy done by Dr. Baron and the biopsy by Dr. Oliva confirmed the diagnosis. Between sobs, she told me, “He is dying, Dr. Celestino. It’s been 15 days and he can’t swallow any food; even water comes back up.” All I could do in this case was offer consolation of a religious nature, that she offer this cross to our Lord, and, without telling her husband what’s wrong, begin preparing him for his death. Nevertheless, I told her that intravenous fluids would start that night to ease his thirst and if necessary, morphine and other sedatives would be administered to control the pain.

As she opened the door to leave, she turned around and said, “You’ve been to San Sebastian de Garabandal haven’t you?”

“Yes, but what does that have to do with anything?”

“Don’t you have a card or relic from those girls who see the Holy Virgin?”

“Yes, I have a religious card signed by the four girls that says the Virgin kissed this holy card while they were in ecstasy.” “Could you let me have it so I can touch my husband with it and entrust him to the Virgin of Garabandal?”



I was surprised by this request, but I gladly agreed to let her have the card. However, I warned her that in this day and age there was no cure for her husband’s problem.

**According to the testimony of all the family members, at the moment they put the card on him, he felt as if something tore loose inside his chest, and from then on he could swallow.**

In my presence, one of the girls of Garabandal prayed for this patient while in ecstasy.

The wife was in tears when she said to me, “What a great miracle the Virgin is working!” She kept updating me on the incomprehensible recovery of her husband who has returned to work at his job as a carpenter. I follow him every week with the excuse of checking his blood pressure, since we never told him how close he was to death.

Seven months have passed since these happenings and even though I would like to prudently wait longer to report this, to me this is a true miracle. I include here a copy [above] of the radiology report, done October 25, 1961.

## THE PATIENT BEFORE BEING TOUCHED WITH THE RELIC Copy of the Report on His Condition

The patient, Jose Esteban Fernandez Vega, was sent to the Department of Gastroenterology the month of October of 1961 to rule out neoplasm.

Copy of the clinical history by Dr. Manzanos History No. 7479. J.E.F.V, 60 years old 10-20-61

**Background:** For the last three months the patient has experienced difficulty swallowing. Food appeared to get stuck at the level of the xyphoid. When he swallows water it helps the food go down and then he feels fine.

**Examination:** Barium swallow ray done by Dr. Rueda on 10-25-61 shows a narrowing at the midsternal level (esophageal tumor). The stomach is bilobular. Above the narrowing the esophagus is dilated. Also, a dense shadow is seen mid

esophagus that correlates with the narrowing.  
**Diagnosis:** Esophageal tumor, pending biopsy.

**Recommended Treatment:** Surgery, even though the outcome is doubtful considering the size of the tumor. 10-27-1961: Dr. Manzanos found stenosis in mid esophagus, approximately three fingers in width, that appears to be a neoplasm. Will recommend surgery if the patient can be convinced. I will start buscapira suppositories, see him on 10-30-61, and follow up visit in one month.

The family takes him to the private hospital in Valdecilla where he is seen by Drs. Pascual de Jua and Baron, (November 1961). They perform esophagoscopy and obtain a biopsy of the tumor.  
Dr. Baron Biopsy 32142

Name: Jose Esteban Fernandez Vega. 60 years old. Biopsy obtained from middle third of esophagus. **Histopathologic**

**Diagnosis:** “Cancer of the Esophagus.” Tumoral mass with marked atypia and infiltrative growth with numerous atypical mitoses. The estroma is made of conjunctival tissue of variable rigidity with some hemorrhagic vessels and diffused lymphocytic and plasmocellular infiltration.

Dr. Oliva, 11-13-61