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THE KOCH TREATMENT OF CANCER

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IN THE face of the discouraging situation shown in the cancer problem, gauged from the standpoint of permanent results with existing measures of treatment, we are deeply encouraged by the numerous channels of investigation throughout the world that indicates a different trend of thought. It is now an accepted conclusion that the causative features to be considered in cancer will be found in some infectious organism that serves as an exciting stimulus to cancer cell proliferation. We anticipate a definite report on some such discovery in the very near future.

Blindly we have been attacking cancer in its advanced stage for many generations, with surgical effort, only to find prompt recurrence after removal. Radium and the X-rays have brought us considerable encouragement and with the standardization of dosage now at hand, some remarkable advances have been made. When metastases are present, such as are commonly found in the breast, stomach and liver, and in the lower abdomen, practically nothing avails. This is the type of cancer that the world is interested in and for which it feverishly awaits the remedy.

Our belated interest in the germ theory was probably forced upon us by the failure to fully account for the origin of the scourge from embryonal, irrational or nutritional causes.

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Undoubtedly systematic changes wherein metabolism is markedly altered serves as a contributing influence, and nobody will deny that chronic irritation has not a place. The basic cause, however, must be in a micro-organism, similar to the type that functions in plant cancer as well as in that affecting the lower animals.

The German investigators did noteworthy work on cancer in mice and concluded their findings nearly ten years ago. Practically nothing new has been reported, although in this country we still persist in spending millions in similar research. Recent reports tend to disprove the infection theory, describe transplant work and present some interesting data on the tracing of malignant strains.

There are natural barriers to any material advance in discovery when the lower animals are compared to the human. The chemistry of man is exceedingly complex and is governed by different modifications. Physiologically, the comparison between the higher and lower animals cannot be made to advantage. Biochemical influences, so delicate in man, bring about processes of disease that are found nowhere else. Such conditions are apparent at the cancer age in every patient. Therefore, the futility of wasting too much study on animal experimentation.

Several treatment measures have recently been reported that have to do with the control and destruction of a recognized micro-organism of cancer. As a rule these agents have been presented in the form of antigens or serums. Claims for the results of such therapy have been conservative and are worthy of due credence. Experimental effort with the companion invaders, the protozoa, evidences definite points of interest. It is to be encouraged as of possible worth.

To my knowledge, the first successful attempt to destroy a recognized micro-organism of cancer by the subcutaneous injection of a synthetic chemical substance, is the achievement of Dr. William F. Koch of Detroit, who contributes a notable paper in the preceding pages of this journal.

The reported work of Koch comes to me as the result of ten years of persistent and laborious study of cancer from its physiological side, and I believe his research is to be epoch-making. The Koch formula, as used for the control of the cancer organism is a differential poison, which exerts its destructive influence primarily upon the protoplasmic substance within the receptor, and not directly upon the micro-organism. This substance provides an unsuitable soil in which the germ cannot live. Thus the excitant stimulus to cancer is controlled and the mass soon retrogresses. Three weeks after the treatment has been instituted the mass becomes hard, due to calcification prior to absorption. The cancer effort or growth is a histological expression of nature's immunity attempt. It seems to be one of the wonders of nature. With the drain on the vital forces of the blood plasma removed, a fairly prompt tonic effect is exhibited. Apparently a specific action follows, in that

the effects show only on the microbic structure and no other action is noted on surrounding structures. It remains also a notable fact that in all of our personally treated cases (Koch Formula 78 in all) we have rarely seen a new manifestation of growth after the treatment has been inaugurated. The reactions in suitable cases are profound and are of prognostic value.

Let us emphasize our statement of belief in the merit of the treatment by advancing the opinion that such measures should be advocated as a prophylactic measure against cancer in its incipient stage of infection. The pre-cancer period is now recognized in many instances to be associated with signs and symptoms developing over a term of many months, or years, prior to its onset. If the Koch deductions are accepted we should not hesitate in advocating this antitoxin as a routine measure. Such procedure has been adopted by several prominent surgeons and the outcome is anxiously being watched.

Of tremendous value are the contributions that have been started by Doctor Koch, and we know that his reports will receive world-wide consideration. The current paper deals with his early studies of the parathyroid gland and the toxins there concerned. These experiments directed his attention to a similar toxin stimulus in cancer. Every portion of his paper should be carefully studied in order to appreciate the further statements that are promised.

Four years ago, following the first meager reports of Koch's investigation, he was met by most unfair criticism by the local county medical society of Detroit, a defense to which was not permitted. Time has served to dissipate much of the cause for criticism, and we hope an honest expression will now be forthcoming. The weakest mind can criticize but it takes more thought to appreciate achievement.

Through the generosity of Doctor Koch, the Radium Institute of New York has been granted the use of his treatment in seventy-eight cases since October, 1923. Only patients with advanced cancer of the type untreatable by any other method were selected. Twelve cases are apparently in the cure stage. Nineteen have died. Of those who died it can be said they were all of a class that presented the limits of lost vitality. Eight of these had received previous radium treatments of such massive dosage as to alter metabolism and hasten a toxic state. In all but three of our fatal cases there showed a period of improvement with reduction of the masses. No new growth presented in any case.

Although the space granted us is limited, we will report in abbreviated form three typical case records.

RECTAL CARCINOMA.—Archbishop R. Age 72. Referred by Drs. A. Paquet and T. Robertaille, Quebec, Canada.

Previous History—Several years of constipation. In April, 1923, noticed obstruction. No pain. In March growth in upper rectum.

Diagnosis: Carcinoma. X-ray treatment given with evidence of control. Weight normal at 180 pounds. Colostomy performed in November, 1923. Masses in the lower abdomen located. Rectal mass size of large orange, with the rectum still partially functioning. Loss of weight 20 pounds. No removal of growth possible. Digestion fair. Confined to bed. Pains severe, requiring narcotics.

February 8, 1924—Examination by Doctor Field. Patient's favorable physical condition noted. Exploration of rectum not possible. No fecal matter coming through rectum. Blood stained, watery discharge. Pale and anemic. Pain increasing. Koch formula treatment administered.

May 2, 1924—Stormy reaction, characterized by high temperature, running to 105. Nausea and vomiting. Spasmodic pain all over abdomen. Active discharge. Profound weakness and fear expressed for recovery.

June 21, 1924. — During past six weeks two distinct waves of reaction, with temperature not over 102. Less pain and discharge. Rectal mass reduced to size of lemon and appears to be divided. Some fecal matter coming through rectum. Weight increased six pounds.

August 3, 1924.—Patient out walking and riding daily. Weight increased nineteen pounds. Present weight 183 pounds. Full formed bowel movements daily, during past two weeks. Very little pain. Appetite normal. Officiated at masses daily for ten days. Feels as well as ever, and sure of getting well. Examination shows a hard mass size of egg with no evidence of activity. Abdominal masses hard to locate. Operation for closure of colostomy wound deferred for a few weeks, although the case is probably cured.

GASTRIC CARCINOMA.—Case, B. S., New York. Age 78. Married, native of Bavaria. Cigar maker. Referred by Dr. H. Fineman and Dr. G. D. Browne, New York, N. Y.

Early History.—Irregular meals for years, gastric trouble common. Some loss of weight.

January 19, 1924.—Three months ago developed pain of colic type in stomach. Very severe pain directly on taking food. Tendency to bowel stoppage, and several days pass without any movement. Tenesmus symptom common. Has external and internal hemorrhoids. No venereal sickness. Always well. Blood never examined. No bladder trouble. No X-ray examination made. No weight lost. Complains of pain in back due to injury received in a fall. Examination shows a mass along great curvatures of the stomach, about twelve cm. long, tender on pressure. Pain radiating toward liver; liver extends two inches below free border of ribs. Tenderness around gallbladder region. Mass in lower abdomen about two by two and one-half inches, also tender to pressure. No previous treatment. Koch treatment administered.

February 22nd.—Reported cutaneous eruption around neck and shoulders. No nausea or vomiting. Food intake liberal, with no difficulty. Careful examination shows slight thickening remaining instead of the pronounced mass previously found. General condition greatly improved. Feels no pain or distress.

March 15th.—Examination shows no evidence of remaining growth. No digestive symptoms of pain of any kind. Patient entirely well. Only abnormality present is the nodule to the right of the umbilicus, which appears to be reduced one-half.

May 24th.—Stomach apparently normal. Digestion normal. No pain. Patient feels no need of further care. This result was entirely due to the single treatment.

August 1st.—Case remains well. No abnormal symptoms.

CANCER OF CERVIX, VAGINAL WALL AND VULVA.

Mrs. M. M. White Plains, N. Y. Age 58,

Previous History.—First referred to the Radium Institute by Dr. Robert H. Shanahan of Yonkers in July, 1910, for uterine fibroid. This condition yielded to radiation and the uterine body was reduced to apparently a normal size. Patient reports laceration during first childbirth. Operated in June, 1919, by Doctor Shanahan and small fibroid removed and cervix repaired. General health good.

August 3rd.—Patient reported persistent bleeding. Examination showed an ulcerated area on the posterior border of the cervix, involving also the vaginal wall, over an area of three cm. Discharges of characteristic odor. Diagnosis confirmed by specimen as Epithelioma of Cervix.

September 13th.—After three weeks observation with evidence of increased ulceration, radium treatment was instituted. From September 13th to November 13th, 1923, patient received three massive radium treatments, totaling 6000 milligram hours. Some relief of pain was secured and apparent control of the process.

November 13th.—Active advance of the nodular growth and ulceration on the labia majora and minora. Area on both sides about 4 cm. long. Unbearable pain evidenced. Heavy characteristic odor. Patient's physical condition poor. Ash gray color. Bowel action poor. Pelvic pressure excessive.

November 20th.—Koch treatment administered. Ulcerated area starting on opposite side of vagina, in one week developing size equal to original area on right side. Old area less painful.

November 30th.—Labia majora show numerous neoplastic nodules, slightly discolored, with similar nodules beneath skin along the right side of the neck. Ulcer on the right border of vagina practically healed, that on the left improved.

December 20th.—Report covering three visits. Continued reaction showing a multitude of small papular areas on labia majora. Surface of papules black and of melanotic type. Similar reaction noted on arm and neck without discoloration. The ulceration on lateral surface of vagina gradually healing and at present appears cured.

August 1st, 1924.—No abnormal condition present. Case cured.