

## **The New Science In the Treatment of Disease Symposium**

The discoveries of Dr. William Frederick Koch applied in the cure of so-called incurable diseases are destined to revolutionize medical science.

Every good gift and every perfect gift is from above, and cometh down from the Father of lights, with whom is no variableness, neither shadow of turning."

—James 1:17

"Dr. William Frederick Koch is the modern Pasteur," Dr. William Hale... Dow Chemical Company.

"I hope that a little more time will prove that your work is really epoch-making work and that you will ultimately secure the full credit and profit to which your service entitles you," from a letter to Dr. Koch by Dr. A. R. Mitchell, member the Board of Trustees...American Medical Association, November 12, 1924.

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## **Explanatory Statement**

The articles, which comprise this book, originate from three sources:

**Part I** consists of treatises reproduced from *The Defender Magazine*, originally published in October 1949, April 1950, and August 1950.

**Part II** consists of an address by Dr. Adrian D. Nichols delivered before the 1950 Convention of the Christian Medical Research League at Detroit ... and case histories by Dr. J. G. Dickie and Dr. Julian F. Baldor prepared at the request of the publisher.

**Part III** consists of a discussion by Dr. William Frederick Koch explaining the principles of the new approach in the treatment of disease and messages delivered by Dr. C. E. Hardy and Mr. Laurence B. Thatcher at the above convention.

The book is sent forth with a prayer that it shall be an instrument in the hands of God for the relief of pain, sorrow and suffering.

## **PART I**

### **THE KOCH CONTROVERSY**

Dr. William Frederick Koch and his discoveries for the cure of so-called incurable diseases are encountering opposition in ways that he could have never anticipated, but in spite of this orchestrated opposition, cures are being reported from all parts of the country.

These opponents are, however, resourceful. The pattern of the persecutors is suggested by the following developments:

(1) Morris Fishbein's magazine, the *Journal of the American Medical Association*, has published several lengthy smear editorials attacking Dr. Koch and his supporters.

(2) A highly reputable newspaper of large circulation was prevailed upon to publish a series of articles, as a guide for smearing physicians who administer the Treatment in various parts of the Nation. The untenable

position of the editor is demonstrated by a letter, reproduced below from a layman in Texas.

(Note: Fishbein has publicly taken credit for Dr. Koch's persecution in the courts, conducted through the Food and Drug Administration of Washington.)

## 1. ANSWERING FISHBEIN

A physician who reads the *Journal of the American Medical Association* writes us as follows:

"I am ashamed of the attack upon religion and religious leaders which appears in the August 27 issue of the *Journal*. Readers are accustomed to seeing Dr. Koch's name smeared in its columns, but this expansion to include men of the cloth, is an innovation of which I for one disapprove. The thing is inexcusable."

In answering Morris Fishbein's attack, it will not be necessary to descend to the level of the anonymous author who wrote the editorial. Suffice to say that the language and content is not what one might expect of a reputable medical journal.

The article is characterized by half-truths, falsehoods, and an unwillingness to keep pace with scientific discoveries for the Treatment of so-called incurable diseases. We do not believe the writer to be intellectually honest. We think he represents interests who wish people to pay for keeping sick instead of getting well.

He says that the book, *The Birth Of A Science*, "describes Koch as 'the modern Pasteur.'" The book actually quotes Dr. William Hale, one of the founders of the Dow Chemical Company, as saying these words. An honest writer would have accurately quoted the book.

There are more than fifty such little insipid misrepresentations in the editorial. Considered separately they appear petty. Put together, they form a mosaic of falsehood. Collectively they reflect an inherent weakness on the part of those who are waging a war against progress, by trying to keep the discoveries of Dr. William Frederick Koch, from reaching suffering humanity.

As to *The Birth of A Science*, the writer says that its "recital of cures of tuberculosis, cancer, poliomyelitis and 'pus infections' is similar to that usually employed by quacks."

In response, the book actually contains case histories, hospital records, X-Ray pictures, sworn court statements by physicians and patients, and a complete documentation of the recoveries discussed.

Again, we read: "Koch has had thirty years in which to demonstrate the merits of his 'specific for cancer.' It would seem that by now the world

would be beating a path to his door. Let someone tell the man who penned these lines that despite persecution, harassment and censorship, the number of cures resulting from the use of Koch Therapy now numbers into the tens of thousands." Tell him too, that more Treatments were manufactured, delivered to reputable physicians in response to prescriptions, and administered to patients last month, than any month since Dr. Koch made his original discoveries and cured his first cancer in the year 1918.

## **2. RESPONDING TO THE CHICAGO TRIBUNE:**

A prevalent means for destroying Dr. Koch's credibility with the general public was to publish numerous negative articles in prestigious newspapers and magazines throughout the country. In response to one of these articles, a Koch supporter involved with a case history responds to a slanderous article published in the *Chicago Tribune*.

(A complete case history is reprinted in the *Birth of a Science*)

Another means of limiting the exposure of the public to Dr. Koch's publications was for Organized Medicine to coerce publications into not printing his papers or articles.

Azle, Texas  
August 15, 1949

To the Editor:

A reprint of the article, "A Charming Charlatan" in your newspaper has come to my attention. I have no defense for any doctor who stirs up fears of illness in patients for the purpose of extracting fees. There are many doctors of this kind.

That is entirely beside the point when discussing the merits of the Treatment provided by Dr. William Frederick Koch. About this Treatment, I do have something pointed and important to say. Of the story, which I am about to relate, there is ample documentary and pictorial evidence, as well as many witnesses.

There is a string of color transparencies suitable for projection or reproduction. There was a standard biopsy under capable surgeons and technicians at Fort Worth, Texas. The best exhibit of all is a living patient as happy as any you ever saw.

About a year ago the infant daughter of Mr. and Mrs. Otis McWhorter of Azle, Texas was found by her physicians to be suffering from cancer of the liver. The diagnosis was based on a biopsy made in Fort Worth by two leading surgeons, Doctor Jackson and Doctor White. They said the baby's liver was 85 percent cancerous and the malignancy was of a high order.

Dr. Jackson was almost overcome when he announced the findings, as he had cared for the mother and baby since conception. The baby was only eight weeks old at the time. Some X-rays had been given before the biopsy but the prognosis at the time of the biopsy was certain death in a very few days, approximately two weeks.

The parents were cautioned against removing the bandage from the baby's abdomen lest the distension of the abdomen tear out the stitches. The abdomen was as hard as a shriveled melon. The baby's breathing space was so restricted that she panted constantly.

On the eighteenth day of September 1948, about three days after the above diagnosis, Dr. Koch's Glyoxylide was injected into this baby's hip. When the doctor arrived to give the Treatment, not having seen the patient before, he was so surprised at the patient's terrible condition that he almost refused for fear that the child might die momentarily and he would be blamed for its death.

From the time of this Treatment, September 18, to December 25 of the same year, a single doctor saw the baby one time to remove the stitches from her abdomen. No medication was given. She remained at home under the care of her mother, with written advice from the treating doctor, who has not since seen her to this time. I visited the baby frequently, as I had observed other cases under treatment and had been responsible for this one being given.

During this time I made color transparencies showing progress. I am no doctor. By December 25, 1948, the baby appeared as well as photographs show. Not until then did Doctors White or Jackson see her.

Now as to the attitude of these doctors, members of the American Medical Association, toward the case, I shall rely on the words of the mother as told to me. This can be substantiated at your pleasure. When asked about giving the Koch Treatment, Dr. Jackson, who was in charge of the case, firmly advised against it. He said it would cause great pain (untrue), that it was useless, that he would not consider giving it to his own child in the same circumstances.

After the Koch Treatment was given and the baby began to show improvement, the mother went alone to Dr. Jackson and reported the results. He urged her not to let her hopes rise, said that the Treatment could not possibly bring about recovery although it might cause temporary improvement.

When the mother took her baby to Doctor Jackson about December 25, he

was astounded at what he saw. He could not refrain from expressing some approval and enthusiasm, because he had previously committed himself saying: "I would be for the Koch Treatment if I could see or know of a single case where a patient recovered from cancer diagnosed as such by a regular biopsy."

The poor doctor was now confronted with a smiling, healthy baby just about three and a fourth months since he had said unequivocally that she could not live more than a few days, that the incision in her abdomen would not heal, that nothing could be done for her.

However, sad to relate, Dr. Jackson, before his next visit, had evidently talked to some of his colleagues and been advised to mend his approach. He was at a loss for any words to such an extent that the mother asked him who had been working on him. He even went so far as to try to get the parents to give more X-rays, apparently to cloud the case or hinder the recovery — the latter would certainly have happened under X-ray treatment. The parents pointedly refused X-ray treatment and went away angry.

There has been no interest in this case openly manifested by Fort Worth doctors. The only newspaper space she has received was an early account of her unfortunate and hopeless illness. No one has ever scooped the story that she is well.

Now here is the question. Are the newspapers interested in the facts about the Koch Treatment or are they all sounding boards for the American Medical Association? Do they want to tell the truth or had they rather bolster up a falsehood?

The "opinion testimony" for and, against Dr. Koch's Treatment has been from apparently reputable and competent men, and their testimony has been as contradictory as it could possibly be.

The United States Government and the American Medical Association have relied on "opinion testimony" in building their case against Dr. Koch. So far as I know, no expert in the field of biochemistry has even offered to try to contradict him.

One of the most noted, Dr. William J. Hale of the Dow Chemical Company backs him to the limit. Now there are hundreds of doctors in the country who know that regardless of expert "opinion testimony," Dr. Koch's Treatment works as he says it will. I for one have observed six treatments in course of reaction on four different people. In all cases, there were favorable results. In two, complete cures are evident. All but one is still living. He was unable to avoid excessive opiates and he died.

In order to present a difficulty of the Koch Treatment that is not generally understood, let me use an illustration:

A person who knows how can start a fire with flint and steel, or by rotating a wooden spindle on a block of dry wood. Full directions for this process can be found, but how many people could perform the act? How many city people, used to steam and gas heat, could go out in the woods on a damp day and start a fire with one match? Getting results with the Koch Treatment is similarly difficult.

The process must be intelligently protected from failure or it will fail. This involves the abandonment of some medical and dietary precepts, which the profession will not abandon willingly. It will be seen that failure is very easy to accomplish under these circumstances, especially if a failure is more to be desired than a recovery by, say, a famous surgeon.

I have been familiar with this Treatment for ten years and I am constantly more convincingly impressed with the evidence in favor of its efficacy. I think it is one of the greatest discoveries in medicine or biochemistry. A single case like the McWhorter baby is strong evidence with me. The fact that critics do not make an intelligent and forthright attack on the results of the Treatment is equally convincing.

I have looked in vain for anyone to go into the field of biochemistry and attack the chemistry of these Treatments. As I have said before, no local newspapers have seen fit to publish the facts of this baby's case. Should you be interested in following up the leads I have given, I shall be glad to help you all I can.

Respectfully yours,  
J.O. Noah

Truth is mightier than falsehood. The ultimate triumph of Dr. Koch's discoveries is therefore assured. But it is nothing short of tragic that so much suffering should exist during the interim, which could be alleviated.

## **AFFIDAVIT**

A widely publicized meeting of cancer specialists was recently held in Fort Worth, Texas. Hospital records show that Judy, the infant daughter of Mr. and Mrs. Otis McWhorter, had been given up to die of cancer a few months earlier. The child was brought before the specialists, examined and pronounced well. She had been given the Koch Treatment in the interim.

Physicians and newspapermen knew the child was cured but the local press published an article under the following scare headline: "Doctors

Convinced That Little Judy Overcame Cancer Ailment Herself." The State Medical Board of Texas is now trying to take away the license of the doctor who administered the Treatment that saved Judy's life.

Mr. and Mrs. McWhorter made the following affidavit so that other families, suffering from the dread disease, may have information similar to that which meant so much to them.

**TO WHOM IT MAY CONCERN:**

In order to put on record the facts we know concerning the illness, treatment and recovery of our daughter, Judnita McWhorter, hereinafter referred to as Judy, we make the following statement of our own free will and accord, without promise of or hope of any remuneration, and having previously received no remuneration of any kind.

After a normal birth, Judy, before the age of six weeks, showed signs of illness. Her abdomen was enlarged, she was restless, and her face did not show the repose of a healthy baby.

Her physician, who was a doctor in good standing, a member of the American Medical Association, and a man whom we trusted and still hold in high esteem, could find nothing wrong with her until his check-up and examination at the end of her eighth week. At that time the doctor found her abdomen hard and much distended. During the period from August 20, 1948, to August 27, 1948, a tentative diagnosis of cancer was made and X-rays were given, although the X-ray technician stated that it was hopeless to expect a recovery.

By the time Judy was three months old the attending physician and another surgeon made an exploratory operation on Judy's abdomen at which time a biopsy was made. The physicians reported to us that the biopsy showed a high degree of malignancy, which involved 85% of the child's liver. They told us that there was nothing that could be done to save Judy's life; that we should take her home and make her as comfortable as possible for the few days that she could live.

Her life expectancy was placed at 21 days. We were told not to remove the bandage from her abdomen lest the stitches burst out. It was the doctor's opinion that the incision in her abdomen would not heal.

For some days prior to this time Mr. Joseph O. Noah, a neighbor and old friend of Mrs. McWhorter and her family, had been advocating the use of the Treatment offered by Dr. William Frederick Koch known as Glyoxylide. None of us had much confidence in this Treatment.

When our doctor was consulted, he assured us it was useless. He said he would not give it to his own child under the same circumstances, and that it would be an unnecessary and useless infliction of pain on the patient. He also made the statement that he would believe in the Treatment, if he could see one case recover from the use of it where a biopsy had shown positive malignancy.

It was while we were considering this Treatment that *Time* (magazine) published its defamatory article about Doctor Koch in the issue of September 6, 1948. This article was brought to our attention by both our physician and Mr. Noah. We found it very hard to take Dr. Koch's Treatment seriously in the face of such criticism. Nevertheless, when we had no other hope and since Mr. Noah made it possible for us to take the Treatment without immediate cost to us, we decided to try it.

Dr. Koch's Glyoxylide was given by Dr. N. T. Mulloy of Cisco, Texas. The dose was injected into Judy's hip on September 18, 1948. At this time and during the course of Judy's recovery, Mr. Noah took a series of color pictures showing her progress. Previously he had taken two pictures at six weeks of age and before diagnosis of cancer. This series of pictures gives a good idea of her case.

At the time the injection was given, Judy's abdomen was so much enlarged that she could hardly breathe due to upward pressure on her lungs. The circulation on the surface had greatly increased and she had a bluish cast from a diffusion of blood in and just under the skin. Veins under the skin of the abdomen were plainly visible. The abdomen was very firm, even hard. At the time the Glyoxylide was given, Dr. Mulloy expressed no hope of securing a recovery as he thought the case was too far advanced.

Within ten days after Treatment, Judy showed definite reactions, which raised our hopes. Shortly, she began to pass large quantities of mucous with bowel movements. She also passed a large amount of water in the normal manner, sometimes requiring as many as twenty diaper changes per day. No medication was used alter the injection of Glyoxylide and only minor changes were made in the baby's diet. Apple juice was substituted for orange juice, and Judy liked it. After Treatment was given and until recovery was practically complete, only one doctor saw Judy. That was a doctor residing at Azle, Texas, who removed the stitches from the healed incision about the middle of October 1948.

During the early days of the recovery process Mrs. McWhorter reported to the doctor who had previously cared for Judy and who had advised against the Koch Treatment, that she was apparently getting better. He admonished the mother not to entertain false hopes. He said that it was impossible for a dose of any chemical to "destroy" such a large growth. On the other hand,

Mr. Noah stated that the doctor's remarks showed that he had no conception of how the Treatment was to work. He said one might as well say that a small match could not start a large fire and destroy a forest.

Soon Judy began to gain weight and her abdomen rapidly reduced in size and became more soft and pliant so that she could breathe better. The hard growth receded toward the lower right side. By December 25, 1948 she had a healthy and normal appearance as the pictures mentioned before show, but some trace of the growth remained.

Later, about May 12, 1949 I had her examined by a doctor in Paris, Texas. (Mrs. McWhorter did this.) Mrs. McWhorter told the doctor to make a thorough examination for trouble of any kind. He could find nothing, after which he was told of the baby's former trouble and he could still find no trouble.

On November 11, 1949 Judy and her mother appeared before a group of physicians and surgeons especially interested in cancer who met at the Blackstone Hotel in Ft. Worth, Texas. While before this group, more than one doctor examined Judy and nothing was found wrong with her.

Mrs. McWhorter states that a more surprised group of doctors would be hard to find when they first saw a rosy, healthy child rolled out before them after having read a clinical summary of her case.

An account of this meeting with a picture of Judy and her mother was published in the *Ft. Worth Star-Telegram*. The piece was headed: "DOCTORS CONVINCED THAT LITTLE JUDY OVERCAME CANCER AILMENT HERSELF." This in spite of the fact that all concerned knew the Dr. Koch Treatment had been given and that we gave it full credit for bringing about the baby's recovery. The only excuse we can offer for this is that undue excitement might have been raised by a publication of the true facts. On February 18, 1950, both parents and Judy attended a meeting of physicians and others at Tampa, Florida. Here, Judy was again shown to a group of doctors. These were most friendly to the Koch Treatment.

Judy is now past two years old. She has shown a normal growth and development, normal mental development and absolutely no abnormalities that we are aware of.

She is very active, mischievous and friendly. She has had practically no illness after taking the Dr. Koch Treatment and recovering from cancer.

Witness our signatures.  
Mr. O. McWhorter, Jr., Father

Mrs. Otis McWhorter, Jr., Mother

State of Texas . . . County of Parker . . .

Sworn and subscribed to me 28th day of June 1950.

Jim Bob Nation

**I**  
**KOCH AND SEMMELWEIS**

Millions of Americans are reading the new book, *The Cry and the Covenant*, by Morton Thompson with mingled feelings of interest, nausea, and revulsion.

It deals with the almost unbelievable torture and persecution suffered by Dr. Ignaz Philipp Semmelweis at the hands of the medical profession of his day. His crime was discovery of the cause of puerperal or childbed fever, and the offering of a remedy that conflicted with existing ideas.

Women were dying in childbirth all over Europe. Semmelweis, who had been appointed first assistant to Dr. Johann Klein at the Lying-In Hospital of Vienna in February 1846, heard the shrieks of pain and dying screams of helpless victims.

Says Morton Thompson, the author: "Suddenly he (Semmelweis) overflowed with horror. Five more women died during the night. Eleven more reported stricken. He stared at the ward, the women, the doomed. Young flesh and old flesh. Death after death.

"Shivering, he saw the women crawl to him, begging to have their babies in the gutter. The smell of the wards rushed upon him with all their odors of unchanged beds, blood and pus-stained linen, the open sewers, and of women humbly rotting within their own flesh. Of a sudden, it was too much. He could stand no more. White and trembling, he stumbled to the office of Director Klein. There, he was severely questioned and rebuked for daring to entertain personal ideas as to the cause and cure of a situation which had become criminally intolerable.

"Thus far you have been studious and quiet and efficient," said Klein. "I shall cancel out this morning's unusual performance against your past record. You will go back to duty now. The author continues: "Ignaz Philipp was past feeling. He no longer felt anything. He went to the autopsy room. On each table lay a body. Many more were waiting. There were fair women and dark women. There were short women and tall women. And some were young. And some were old. And some were fat. And some were thin. And all were dead. The stacked corpses were always waiting." Semmelweis was young, vigorous and enthusiastic. When Klein silenced

him, he said under his breath: I will not stop. I will never stop.” He was determined to find relief for the helpless mothers and infants of Europe.

Months and years of painstaking study lay ahead. Finally, when the discovery was made, it seemed so simple that leaders of the medical profession laughed him to scorn. The most extreme measures were used to keep his doctrines from gaining acceptance. The generation which drove him to frustration and suicide was followed by another that erected monuments to his memory.

The Lying-In Hospital of Vienna was divided into three divisions. The first two were open to the general public, while the third was used only by the rich. Semmelweis had access to the records of the First and Second divisions. He soon discovered that women overtaken by childbirth in the streets or on countryside fared better than those who reached the hospital. He wanted to know why.

It was also learned that during a six-year period, three times as many women died in the First Division than the adjoining Second Division. Why? They were under the same roof. They were only a few feet apart. Their arrangements were exactly the same. They shared the same reception room. Why did three times as many die in one section as the other?

By a reasoning process, whereby a number of possible causes of childbed fever were eliminated, Semmelweis narrowed the problem down to one proposition.

“A new light blinded him. Now also the riddle of the clinics was solved. The First Clinic had a highest death rate than the Second Clinic because in the Second Clinic there were only midwives. And midwives did not do dissections. Ignaz Philipp Semmelweis had discovered the cause of puerperal fever.”

In other words, physicians and students dissected human bodies in the First Division. Poisons were carried on their hands and instruments into the nearby delivery rooms. Semmelweis saw a doctor cut himself dissecting a corpse. A post-mortem convinced him that his friend had died of childbed fever.

We read: “He felt his fingers wet with the pus and the fluids of putrefaction. He saw those hands, partly wiped, entering the bodies of living women. The contagion passed from his fingers to the living tissues, to wounded tissues. He saw the women fever. He heard them scream. He saw them die.

Wash your hands before delivering a baby, shouted Semmelweis!

The germ theory was then unknown. Students resented being told to wash their hands and regarded the admonition as a personal insult. Doctors, too proud to accept instruction from a source unapproved by official edict, smiled and went on their way. The medical world nicknamed Semmelweis the “Fool of Pesth.”

His colleagues struck him with every conceivable type of weapon. He was smeared in reputable medical journals. Outstanding leaders like Virchow loaned their signatures to the calumny. His name was stricken from the membership rolls of scientific organizations. False rumors were spread about his personal life and habits. Forgeries were committed.

He was dismissed from the Vienna hospital staff. A boycott caused every application filed with other institutions to be rejected. This reduced him to poverty. Close friends were afraid to be seen in his presence. In the background stood Klein, keeping things organized against him.

On one occasion, when Semmelweis gained permission to speak before the Vienna Medical Society, he expounded his doctrine as follows:

“Since childbed fever is caused by putrid particles, it is necessary to observe rigid precautions so that they may not be introduced into women. These precautions comprise rigid cleanliness. The method is not complex. It is not expensive. It does not require profound alteration in routine. It cannot possibly affect the health of the patient adversely. The hands must be washed with chlorine solution. And nothing must come in contact with the patient that is not rigidly clean.

“But while we talk and talk, gentlemen, women are dying. There is no lying-in hospital where women are not dying of childbed fever. And their children with them. And we talk, gentlemen. We talk and talk and talk. And it is not necessary to talk. I am not asking anything world-shaking. I am asking you only to wash. In the name of pity — stop the murder of mothers, gentlemen. Wash your hands. Wash everything that contacts a patient. Stop this murder. For God’s sake — wash your hands!”

Addressing a friend named Lautner, Semmelweis spoke of his adversary as follows: “There will always be doctors like Klein. I don’t think the Klein’s of this world are in the majority. But while other doctors are healing people, the Klein’s are making a secure position for themselves. They don’t use medicine to do this. They use the protection of medicine and the politics of medicine.”

At last, completely crushed, Semmelweis begged audience with Klein and groveled at his feet. He pleads for relief from the harassment that was crushing both his body and spirit:

“I beg humbly, “ said Semmelweis, only to be interrupted by Klein: “I am a very busy man. We are all busy here. Perhaps some day, when we are not busy, but then we are always busy.” “Good day, Doctor,” said Klein.

The author of *The Cry and the Covenant* says: “Ignaz Philipp smiled mechanically, choking down his rage, fighting the blinding tempest of anger that flashed and rocketed in him. The moment passed. He breathed deeply. He shuddered.” Semmelweis fled from Vienna and returned to his native Hungary. There, he secured a position with a second-rate institution known as the Pesth General Hospital. He worked day and night and completely eliminated childbed mortality.

But still the enemies of humanity kept after him. They dogged his steps. They gave him no peace. They denied him the opportunity of being heard. Medical publications unanimously denounced him.

Then came a tragic afternoon in August 1865. Semmelweis had visited a printer a few hours earlier and arranged for the printing of a quantity of circulars. Taking a huge bundle in his arms, he ran down the streets of Budapest, forcing them into the hands of pedestrians:

“Young men and women! You are in mortal danger!” they read. “The peril of childbed fever menaces your life! Beware of doctors, for they will kill you! Remember! When you enter labor unless everything that touches you is washed with soap and water and then chlorine solution, you will die and your child with you! Your friend, Ignaz Philipp Semmelweis.”

Something snapped.

Semmelweis dashed back to the hospital, rushed into the dissecting room, cut his fingers with a knife, pushed them into a putrefying corpse and died six days later of childbed fever, hopelessly insane at the age of forty seven.

Morton Thompson says: “His passing was chronicled among the minor notes in two paragraphs in Vienna newspapers. His doctrine was ignored and misrepresented for many years after his death.

“By 1890 the doctrine began to spread, to become universal. In 1891 a Hungary suddenly conscious of her greatest son, took his body to Budapest for burial over the strenuous protests of Austria and Germany, where it now was claimed that the Pesth Fool was a German. In 1906 a statue was unveiled in his honor in the city of his birth.

“His son Bela, who worshipped his father with a silent and utter intensity, grieved for years after his death, and, despairing that his father’s teachings

ever would be accepted, killed himself at the age of twenty-five."

*The Cry and the Covenant* is a terrifying work. The author succeeded in catching the thought-trends, which whirled, about the person of Semmelweis and translated them into words, conversations, incidents and biography. It is an arresting novel, rooted in fact.

There is a striking parallel between the persecution of Semmelweis and the abuse being presently heaped upon Dr. William Frederick Koch. It seems that men who become instruments of a beneficent Providence for the relief of human suffering, must themselves learn how to suffer.

Dr. Koch's discoveries are being used by physicians in all parts of the United States, and other countries, for the cure of so-called incurable diseases and yet he is perhaps the most maligned man of the medical profession today.

Selfish men and interests are fighting him with the same blind devotion to prejudice and hate, as those who fought Harvey, Lister, Pasteur and Semmelweis. But they have not succeeded in breaking him down, nor will they be able to do so! He is a man of prayer. Finding it impossible to explain away documented case histories of cures, the opposition is using smear technique through the columns of amenable newspapers and magazines. Because there is no argument against achievement, they are resorting to falsehood, harassment and vilification. They cannot hope to attack the treatment on therapeutic grounds. Truth is mighty and must triumph. Dr. Koch's friends hope he will be more fortunate than Semmelweis, and witness general acceptance of his discoveries during his lifetime.

Considering that more than thirty years have elapsed since he cured the first cancer, it must be admitted that the persecutors have succeeded rather well in keeping a knowledge of his science from the public. Thousands of documented cures are now a matter of record, but the vast majority of earth's sufferers have been kept in the dark.

Dr. Koch has earned and possesses the highest honors of his profession. But despite this fact, there are men engaged in the practice of medicine who seem to enjoy pulling his good name through the dirt. If Semmelweis were alive, he would know how to sympathize with him.

The Koch system is predicated on the fact that every human being coming into this life brings with him an "oxidation mechanism" from the hand of the Creator. This view, denied when Dr. Koch first advanced it, is now accepted in scientific circles.

If the oxidation process is impaired, a group of cells may become sick. This

will cause toxins to accumulate. The Koch Treatment acts as a catalyst or stepping up agent to restore the oxidation mechanism so that natural immunity can be enjoyed.

Infection is at the root of all disease. It may manifest in one person as cancer, another as tuberculosis and still another as some other ailment.

Dr. Koch's discoveries in biochemistry have produced a synthetic combination, which injected into the bloodstream, burns off the toxins and attacks the disease at the source. As this takes place the disease leaves since it cannot exist in a body whose oxidation mechanism is functioning as the Creator intended.

Dr. Koch believes that it is a mistake to ignore the supernatural where matters of health, life and death are involved. *He regards his work as a ministry for the relief of pain, rather than a profession.* Being a man with whom the religious outlook upon life is a natural attitude, he finds himself today flanked on all sides by members of the Christian clergy and laity. At the age of sixty-six, he has placed his knowledge at the disposal of everyone, through the agency of the Christian Medical Research League — the organization in whose laboratories treatments are manufactured and delivered to physicians in response to prescriptions.

The officials of the League are pastors and laymen representing several different denominations. Rev. Sam Swain, D.D., is the president of the organization.

More than three thousand doctors in the United States and Canada are now users of the Treatment. They are standing solidly together, oblivious to all tormentors because of the uniform and satisfactory results observed among their patients. The Christian Medical Research League is rendering an incomparable humanitarian service to our day and generation.

Christians throughout the world are praying for Dr. Koch and the officials of the League and this is the secret of their progress in the face of opposition. When the recent organized smear campaign was released against him through the daily press, Dr. Koch viewed the matter philosophically and wrote to a friend, "The battle is the Lord's."

## I ANSWERING A SMEAR ARTIST

Mr. Gus Zach, of Englewood, New Jersey was given up to die with cancer several months ago. He now professes complete cure through the use of Koch Therapy.

The recent series of smear articles appearing in certain newspapers made

Mr. Zach indignant. Thereupon he composed the following letters couched, as the reader will observe in straightforward language.

Englewood, New Jersey

March 19, 1950

Mr. Ellis Moore  
New York World-Telegram and the Sun  
New York City, New York

Dear Mr. Moore:

My subject is Dr. William Frederick Koch. My reference is to your smear articles in the *New York World-Telegram and Sun*.

You are either a misguided sap, or you are brazenly attempting to cover up for the errors of the American Medical Association (which I shall abbreviate throughout the letter as the A.M.A.) and the drug interests for whatever pecuniary benefits you may derive.

Your so-called "investigation" of Dr. Koch is obviously a farce. Your befuddled and contradictory presentation of the Koch Therapy is an insult to the intelligence of a moron and a disgrace to the time honored profession — journalism.

You did not investigate the facts concerning the Koch Therapy at all. You simply turned parrot for the A.M.A. You dug into their files, quoted verbatim and did not bother to check any further. Perhaps you succumbed, like: others, to the age-old myth of the infallibility of the A.M.A. It is composed of human beings just like you and I. Professional jealousies, dishonesty and greed can be found rampant there, like any place else. And more often than not, human greed knows no bounds, even to the extent of taking precedence over human life.

In your attempt to discredit this noted scientist and physician, you run through the same seven men, both dead and alive, to whom the A.M.A. gave a trouncing back in the twenties. You leave out of your story what is beneficial to Dr. Koch and you compose a lot of distasteful stuff, much of which is pure fabrication.

Out of the two articles you spend on Dr. Koch alone, you make passing mention of the book about him and his Therapy, called *The Birth of a Science*. You say it is a 158-page book. Had you taken the trouble, you would have seen it to be 433 pages of heartbreakingly facts with half the book devoted to case histories (not testimonials) and hospital reports condensed from court records of cures effected, in completely hopeless cases of

cancer, tuberculosis, poliomyelitis, etc.

True, the format of the second edition of *The Birth of a Science* was changed to double column pages, larger and of fewer number, but containing even more material than the original 433 standard size volume.

You give your readers a real classic! You quote a comment on *The Birth of a Science* by no other than the leaders of the A.M.A. They tell you that “the birth of a science (in small print, just like that) has turned out to be an abortion.”

They could not have said anything more meaningless. That makes as much sense as; a rose is a rose is a rose is an orange.

Then you say that “for some unpublished reason” Dr. Koch is in South America. If you had bothered to give *The Birth of a Science* even a brief perusal, you would have found that he temporarily left for good and consistent reasons. He is now engaged in some of the most important work of his career.

You say further, that *The Birth of a Science* hails Dr. Koch as a “Modern Pasteur,” but you twist the truth and fail to mention that this eulogy comes from none other than Dr. William J. Hale, research director of the vast Dow Chemical Company, which employs some of the very prominent scientists and chemists of the country. Following Dr. Hale’s comment, the author adds: “It behooves those who so readily snapped at the bait of the *Journal of the American Medical Association*, to investigate for themselves.”

Through all your discussion, you cleverly omit any mention of the scientific findings of the Koch Therapy by the late Dr. Albert L. Wahl, who, before his death as a result of disability from military service, conducted intensive research to find out why — why the Koch Therapy cured his dying sister of lymphosarcoma.

And this, mind you, after he had bitterly forbidden the use of this Koch Therapy for her. And why? Because the A.M.A. told him it was quackery. Until then, the A.M.A. was Dr. Wahl’s medical bible. But that’s another story.

Dr. Wahl wrote a book, *A Least Common Denominator in Antibiotics*, explaining in highly scientific terms for professional consumption, the chemical composition of some of Dr. Koch’s products and why they cure so many otherwise hopeless illnesses. (*A Least Common Denominator in Antibiotics* is included in its entirety on this website.)

He says: “The most startling element is the utter simplicity of the method of

treatment from which have resulted unorthodox results in so-called incurable diseases." He continues: "Doctors of all people are not free. They dare not report any and all of their findings, no matter how many lives would be saved."

He states that a criminally selfish power group holds organized medicine in literal bondage and prevents the lessons of the laboratory from reaching the office and the bedside, sometimes delaying it for as long as a quarter of a century.

As a puppet of the A.M.A., Mr. Moore, you deliberately and with malice aforethought denied the public the story on Dr. Wahl's findings. It did not fit in with your plot to crucify a godsend. You consistently work on the public's emotions and sentiments, but your facts are as scarce as hen's teeth.

You display the sad picture of a little girl (Betty Lou Marbury) who was deliberately denied a reasonable chance to save her arm. Perhaps you preferred to see it chopped off, than have her family investigate the possibilities of the Koch Therapy. You said that the poor child was swamped with letters asking her to give Dr. Koch a try. Did you ever stop to consider that the letters might have come from people who benefited from the Koch Therapy?

You say that knowledge of the Koch Treatment has spread from coast to coast. So the A.M.A. and the drug interests say to you: "Hurry, muzzle this guy Koch, he's making a sharp dent in our purse."

You start, right quick, to give Dr. Koch "the works." And in your effort to confuse the public, you mix in a few anecdotes about some gum-chewing crackpots before starting in on the good doctor. Then you run out of discrediting remarks and are forced to fill in with charges of Nazism, Fascism and Anti-Semitism. (Two of Dr. Koch's sons served in the U.S. military during W.W.II) \* You also found it necessary to take a whack at religion, when you know full well that the first to rally about the cause of justice are Ministers of the Gospel and Church people like those supporting Dr. Koch. \*( Major William F. Koch, Jr. received the Purple Heart and the Distinguished Flying Cross for his service.)

You attempt to belittle him by saying he made his discovery only a year after graduating from medicine. So what! (Mr. Moore failed to mention that Dr. Koch had already achieved his Ph.D.)

Edison was practically an adolescent when he invented the electric light.

One of your other remarks is another classic. You say that, "One committee

reported that of 56 Koch patients of whom it was able to obtain data, 21 died." What happened to the other 35? Were they cured? Or didn't your masters bother to tell you?

And here is another of your A.M.A. quotations that gets a booby prize: "It is a significant fact that Koch has never mentioned the hundreds of poor souls who have died of cancer during and following the administration of his injection." I ask you, what about the millions who have died of cancer while treating with deep X-ray therapy, surgery, deadly nitrogen mustard, and violent "atomic cocktails." You certainly have been told that the chances of cure of cancer by A.M.A. "approved" methods are nil.

Records indicate that it costs approximately \$6,000 dollars for the average cancer patient to die. And you attempt to make a point of issue, regarding the comparatively small fees received by physicians for the injection of Dr. Koch's Glyoxylide.

You make no mention of the fact that these amounts include regular complete physical checkups, which normally cost twenty dollars or more, and thus brings the doctor's fee down to little or nothing. As for variance in the fees, that, of course is self-explanatory—although for you, maybe I should draw a picture.

As for the range of fees you figured out, you had better compare notes with Miss N. L. Browning who parrots for the A.M.A. in the *Chicago Tribune*. She has her own confused ideas about fees. While we are on the subject of fees, you might be interested to know that the fee for me was one hundred dollars (which included regular periodic checkups) and for that paltry sum I was cured. I repeat, cured, of what only too often is one of the deadliest forms of cancer, Hodgkin's Disease.

And I defy you to twist the facts in my case as the A.M.A. has so often tried to do with others. I have more than enough facts to prove everything.

Listen Moore, I was as near death's door as I cared to be, at so young an age. I demanded the truth from the doctors on my condition and I got it straight. I read my case history. I was told I would be under hospital care for the rest of my life and that the growths would always show up in any X-ray of my chest.

Then I got this tip on Koch Therapy. First, I snickered a little, like everyone else. But I sobered up fast. Instead of pulling a Marbury like you helped put over on the little girl, and leave myself at the mercy of prejudice, I did some investigating of my own.

First, I found the A.M.A. tripping over itself in the literature it sent me. In

one place, they would say that the Koch Therapy was nothing more than distilled water; then on the other hand, would charge patients died from the treatment. Now you make sense out of that!

Then I wrote to the Food and Drug Administration at Washington for information, and all I got was a few lines telling me that on some far off day they might prosecute him. For what?

I finally gave my checking a final fling. I wrote Walter Winchell and told him about this man Koch (incidentally, you might tell your friend Winchell, he could at least do the courtesy of pronouncing Koch's name right; it is only four letters, and you are right — it does rhyme with joke, not scotch).

I got back a real prize from his Damon Runyon Cancer Research Foundation over the signature of one of its clerks (and that rhymes with jerks) saying: "We have no scientific evidence to support the activities" of Dr. Koch. Of course, the late Dr. Wahl has proved how utterly ridiculous is this statement.

By that time I was ready to find out whether this Therapy was distilled water, deadly poison or hocus-pocus. I took the Treatment. Behold! In six weeks' time, the "approved" opinions of those A.M.A. fellows were completely shattered.

The Treatment dissolved the growths in my chest, the X-ray plate showed up negative and my blood count was back to normal. Several doctors expressed surprise, but that was as far as they dared to go. And, of course, I'm so pleased I have a hard time holding back tears. It all seems like a dream.

My interest in this book, *The Birth of a Science*, became greater than ever. So I began to dig deeper for more information. I became convinced that Dr. Koch's work is really just that: the birth of a science, born some 30 years ago. I soon realized why this therapy, in truth, affected such unbelievable cures, in such a large percentage of cases, including tuberculosis, cancer, polio and other dread diseases.

This medication injected into the arm, after all, did not directly attack my cancer. What it does is to repair the damage done to an oxidation mechanism (which existence in the human body was propounded by Dr. Koch many years ago and now is said to be given credence in highest scientific circles) whose function it is to burn off toxins, which constantly bombard and enter the system.

Once this oxidation mechanism breaks down, it is explained, these poisons enter the body from the food we eat, the air we breathe and the water we

drink, and take hold. When taking hold, they cause a reaction we know as disease.

It is further explained that depending on the type of toxin entering the body and the particular weaknesses of the individual, it may manifest itself as tuberculosis in one person, cancer in another, etc.

Dr. Koch's Glyoxylide simply restores the damage done to the oxidation mechanism and this, aided by a followed up dietary prescription, enables the oxidation process to burn off these accumulated toxins and restore health to normal.

Sounds incredible, doesn't it? And I'm exhibit "A" to prove that it works! So there it is — the birth of a science, indeed.

For centuries, the approved methods have been to look for some destructive device to destroy and kill in order to cure and save. But the moment a guy like Koch discovers a constructive mechanism, which cures by building up instead of tearing down, he is labeled all sorts of impossible names. A vain effort is made to ridicule and break him down. But it seems that he succeeds in standing his ground.

Where Dr. Koch's Therapy has stood up well against a bitter attack through the years, the A.M.A. is regularly bouncing in and out of the news — first with a miracle that will do wonders; then a few days later they are not so sure that it is even safe; next they cannot get enough of it to be of any value and finally, it proves to be injurious.

I cite as an example the case of the arthritic drug called Cortisons. First the A.M.A. gets the public all worked up over this supposed terrific find. Then, as appeared in the March 2, 1950, issue of the *New York Times*, the organization finds that it can be disabling; you lose weight if you take it, and organs and glands will shrink from excessive doses.

Now, who is to curb the A.M.A. for such folly? I guess there is no one in such authority but the organization itself. If so, this amounts to a medical dictatorship. I can only thank my lucky stars that I got a grip on myself in time, and decided that I would be the master of my fate. So, armed with common sense, I weighed my evidence, chartered my course and sailed my ship to glorious recovery.

With your journalistic ability you could have done wonders for suffering humanity, instead of sitting at your desk and typing articles to confuse and add to the sum total of human suffering.

Lest you forget: Last March there were one thousand doctors administering

Dr. Koch's Therapy with remarkable success; today (March) your partner in smear, Miss N. L. Browning of the *Chicago Tribune*, says there are three thousand doctors on the list. These doctors would not risk their lucrative practices, to administer Koch Therapy, if it were quackery. I do not gamble as a rule, but I am betting that in the long run, I get the last laugh and you can bet that it will be long and hearty.

Sincerely,  
Gus Zach

## **PART II**

### **II** **TREATING POLIOMYELITIS**

By Dr. Adrian Nichols

POLIOMYELITIS, or as it is called in our schools, anterior poliomyelitis, affects the anterior horn of the spinal cord, which, being motor in its action, causes victims of this dread scourge to become crippled. Because the motor tract of the cord and brain has been interrupted, those affected are no longer able to walk or handle themselves.

The malady leaves its victims helpless, in most cases, and unable to move around with their fellowmen, as they were accustomed to do before being stricken. Polio is worse than cancer, for the latter patients die in a few months or a year or two if denied the Koch Therapy. But victims of polio may be left wholly or partially helpless for days, weeks, months, years or a lifetime.

Today, when walking along the streets of any city or town in the world, one usually notices some poor individual limping with his or her feet spread out and the knees buckling so that it is hard for them to navigate. They may be on crutches, or be wearing braces on one or both legs, besides using crutches.

To me, there are few more pitiable sights than to see a child, boy or man dragging his poor body along, trying to be cheerful yet hardly able to stay on his feet. It is even worse to see a girl, young woman or middle-aged woman trying to make her way along a busy street hampered by leg braces and crutches. We expect our women to be able to get around easily and to be active.

This pitiful picture could be avoided, if some action or movement were started that would draw the attention of our federal courts, or the legislative bodies of our cities, states and national Congress to this terrible scourge and the reason for its continuation that is, the part the Polio Foundation takes in belittling the only remedy there is today, the Koch Therapy. By so doing,

the Foundation continues to collect large sums of money from people, most of who believe that the medical profession can do no wrong.

Mothers' and fathers' clubs should adopt a long-range program to negate the propaganda of the National Foundation of Infantile Paralysis, and its affiliates, through the press and pulpit, as well as by the radio. By petitions to city councils, to state legislatures and to the United States Congress, these clubs could show and prove to those bodies that the propaganda issued by the National Foundation is not to be relied upon.

If their voices are loud and persistent enough, action will be taken. Petition Congress to hold hearings on polio. Cite them to the methods the Polio Foundation uses to collect monies from the public without rendering fair returns. Then petition the Congress to annul any and all restrictions placed against the Christian Medical Research League, which hampers the use of the Koch Therapy. Enlist the services of one or more Senators and the same in the House of Representatives to take the matter up in their respective bodies and to write laws and introduce them in both houses at the same time, giving the true facts in the case. The aim would be the nullification of the present injunction standing against the Koch Therapy.

It is my pleasure today to present two cases of poliomyelitis, which were acute on the 6th of August last year. One is Miss Jennie Annabel Whitener, age thirteen years at that time; the other is Miss Karen Mae Whitener, age nine years when the injection was given.

They had been ordered to the Isolation Hospital in St. Louis and to get them there as quickly as possible. The father, Homer S. Whitener, of Farmington, Missouri, telephoned me at three o'clock in the afternoon of the 5th of August and asked for advice.

I told him to bring the girls to St. Louis to my office as quickly as possible, even if it were midnight or after, without fail. He brought them and I gave each an injection of Glyoxylide, at 1:30 A.M., Sunday morning, the 6th of August 1949. They were taken back home immediately. Each of the girls had one leg paralyzed, and the muscles of their backs, arms and necks were becoming stiff and rigid.

Mr. Whitener, the father, called me on the next Wednesday morning, three days later to say that the girls had just come down stairs and they were normal. I had the father bring them back once or twice for Treatment and observation, but had not seen them for nearly a year. Then about a month ago they returned to me owing to some difficulty with their vision.

They are both doing nicely and you will observe when they walk across the platform that they have the appearance of healthy young ladies. I will lay on

the table a copy of the *Farmington News*, the newspaper published in the town where they live, which contains a sworn statement by the parents of these two girls, setting forth the facts even more specifically than I have stated them. You will notice that the statement shows the vision of both young ladies to be improving.

It is wonderfully satisfying to clear up acute cases in this manner, and it should be provided by law that all acute cases should be so handled instead of by the Polio Foundation method, which is slow death. The above will suffice for the acute cases of polio. Chronic polio is worthy of much consideration.

I affirm on the basis of experience that most chronic cases can be cured by the Koch Therapy if only the victims can be persuaded to take the treatment. There is so much opposition through criminal propaganda that it often results in crippling for these poor deluded and misinformed victims and their families. Too often our friends are our worst enemies in dealing with sicknesses. They mean well, but lack knowledge and their minds are frequently clouded by prejudice. You will find that the public is always opposed to that about which it is not informed. Eighty-five percent of the people do little thinking for themselves. They are of the "me too" class, who always vote as they are told. Ten percent of the people "think that they think," but only five percent really think. Test your acquaintances and you will find this is true. Then begin to educate yourself and think for yourself. Truth will live. The Koch Therapy is truth.

March 30, 1949, a young man nineteen years of age, named John Shelton, of Chesterfield, Missouri, was brought to me suffering from polio. He was carried into my office. After eight months in the Isolation Hospital, he had been sent to me in a wheelchair. They were unable to get him onto his feet, even with braces and crutches. He came to me after three years of this kind of imprisonment.

I gave him the injection of Glyoxylide. Today that young man goes to school by bus. He drives his automobile, plays ball and walks everywhere without the use of his crutches. Is he proud and happy? Is he?

Miss Lucy May Arth, twenty years of age and living in the same district as John Shelton, was stricken when eight years of age. To complicate it, when just three months old she had taken a mouthful of lye out of a can setting by her high chair. This drew her mouth out of shape so she could hardly be understood. Her legs were spastic and she walked jerkily, even with crutches. I gave her the injection of Glyoxylide May 5, 1949. Her friends say that she walks around now without crutches and the spasticity of the legs has gone. She helps with the housework, whereas she had previously to be waited on all the time. Her mother had to give her baths, but now she

takes her own. Before, she could not sit in the rear seat of an automobile by herself, but now she holds herself erect without assistance. Moreover, one can easily understand everything she says, for her mouth is no longer drawn out of shape.

Mrs. Georgia Kneipper, living in Illinois, forty-six years of age, had polio for thirty-two years. She walked with two crutches, but could not stand on her feet without them. She wore no braces, but had to sit down, except when on the crutches. I gave her the injection of Glyoxylide on September 18, 1949. Three months ago she went home in perfect health, without the use of a crutch or cane. She does all the housework and shopping at the friend's home where she is staying. Is she happy?

Two of my patients are lovely little girls from Devil's Elbow, Missouri. One, eleven years of age, has had polio since she was eighteen months old. Her little sister, age three, has had it for six months. I gave them both the injection on April 15, 1950. The older one, Emmogene Ross, wore braces on both legs as well as a body brace and walked with two crutches. The younger sister, Glenda Faye Ross, wore a brace on the left leg.

She took the brace off after a couple of weeks and will not put it on again. She walks well and has only a slightly noticeable limp. Emmogene has discarded all of her braces and walks only with her crutches. She is growing stronger, and in my office, walks without the crutches. I had hoped to have her strong enough to bring with me, but she, is hardly able. Another month and she will be walking without her crutches. She had a bad curvature of the spine, but I have corrected that. These are both sweet girls whom anyone would love.

I have another case, Mrs. Helen Jenney, of Youngstown, Ohio, who is thirty-eight years of age and has had polio for three years. She has two children, a son nine years of age, and a daughter four. I gave her the injection on August 17, 1950. She wears a brace on her right leg and walks with two crutches. I have been trying to push her recovery so that I could bring her to the convention as an example of what can be done with these cases, but I could not make it.

Mrs. Jenney is a beautiful young matron with a college education who will make a name for herself in the literary field. She has encountered resistance and objections from all sides, but has been reading everything she can get regarding the Koch Therapy, and I feel is now well informed.

I thank you for your kind attention.

## **AFFIDAVIT**

Farmington, Missouri  
August 29, 1949

To WHOM It May Concern:

We, the undersigned, who are the parents of Jennie Annabel, age 13, and Karen Mae age 9, make this statement of our own free will upon request of Dr. A. D. Nichols, 1222 American Hotel, St. Louis, Mo., that polio victims might be cured of their afflictions, as well as other diseases by Koch Therapy.

On Wednesday, July 26, 1949, our two girls took down with a fever. On the 27th, we took them to our family doctor, Dr. L. M. Stanfield, who gave them a shot of penicillin and said the symptoms showed polio; also one of the girls showed typhoid fever or it could be undulant fever. We brought them home and put them to bed and began to doctor them like we were told they doctored in the hospitals, and that was to administer hot, wet packs to afflicted parts as well as massaging them. On Saturday, Aug. 6th, we took them back to Dr. Stanfield, who drew the blood for a test, and said come back Tuesday or Wednesday for report on same. Arrangements were made also, to have the polio test with our County Health doctor, Dr. S. A. Lanzafame, who drew the fluid and made the test, about 12 o'clock noon, August 6th. I called him at 3 o'clock the same day for report. He advised it was polio and that he had made arrangements to receive them at St. Anthony's Hospital in St. Louis, and for me to get them up there as quickly as possible. I told him I intended to call a doctor in St. Louis first, who claimed to have a cure for polio. He advised against it. Also, Dr. Stanfield told me he thought I was very foolish to take them to Dr. Nichols in St. Louis instead of sending them to St. Anthony's Hospital. Dr. Lanzafame also told me that the A.M.A., with all the millions behind it, would be using it if there were a cure for it.

We got the girls, who were becoming paralyzed in their backs, legs and hips — both of them were unable to bend over, to Dr. Nichols' office in St. Louis, around 10:30 St. Louis time, that same night. Between 12 o'clock and 1 o'clock, he came in and gave an injection to each one of them. We brought them home and you could see an improvement in Annabel's condition on way. On the following Tuesday, August 9th, we could see a marked improvement in their condition and a daily improvement since. Their soreness and lameness was beginning to leave them. We took them back to Dr. Nichols on the following dates for Osteopathic rubs; August 13th, August 20th, and August 28th.

On August 12th, I got the report from Dr. Stanfield on blood test not expecting anything other than polio. Annabel's test showed typhoid fever. He said to bring her in for another blood test but to date have not been back.

Annabel vomited on Wednesday, Thursday and Saturday after receiving injections, but not since.

Before the injection of Glyoxylide, they were helpless in their backs and legs, could not bend over to wash their feet or put on shoes and stockings. Karen Mae could hardly walk, affliction in her left leg; she fell down twice before injection, while trying to walk. At the present date of writing, August 29, 1949, they are well along on the road to recovery and show very little effects of the polio and Annabel none of the effects of the typhoid fever, with exception of loss in weight. Are eating good and feel good. There is a cure for polio, however contrary this remark is to the A. M. A. statements. At least we find it so with our two girls.

Homer S. Whitener

Mrs. Dolly M. Whitener

State of Missouri,  
County of St. Francois:

On this 29th day of August, 1949, before me personally appeared Homer S. Whitener and Mrs. Dolly M. Whitener, to me known to be the parties who executed the foregoing testimony and acknowledged that they executed the same as their free act and deed.

In testimony whereof, I have hereunto set my hand and affixed my notarial seal on the day and year above written.

My commission expires October 9, 1951.  
(Seal)

Homer McClaskey  
Notary Public

Wish to state that at present time the girls are completely cured of polio. Annabel's eyes are definitely benefited from the same Treatment. She has laid aside her glasses.

## **II**

### **RESULTS FROM USING KOCH THERAPY**

By Dr. J. G. Dickie

IN MY THIRTY-SEVEN YEARS of practice, I have seen many methods of treatment come and go, but the best single thing that ever happened to my patients occurred more than 20 years ago when I received a letter from a medical doctor in California whom I had never met. This good, unknown

friend told me to be open minded and try the Koch Treatment. I now have hundreds of recovered patients as a result of his advice.

The Koch Treatment, when properly given and instructions followed, is the best remedy it has been my good fortune to use. I am glad I viewed the new knowledge with an open mind, which reminds me of the Scriptural adage, "Where there is no vision, the people perish."

## **INFANTILE PARALYSIS**

On April 12, 1949, at 1 p.m., I examined A. B., age 11, at his home. He had a temperature of 102°, and since it was the season for infantile paralysis, I examined his feet, toes, heels, ankles, calves, knees, lower, middle and upper back and neck. Since no marked tenderness was evident in any of these, I got him out of bed and he walked around with no difficulty. I gave him a million units of penicillin, suspecting influenza, and took a sample of his blood for analysis. Upon returning to my office, I gave the blood specimen to my laboratory technician. In a few minutes the technician informed me that the specimen showed a high of infantile paralysis and that a Koch injection was indicated at once.

At four p.m. his temperature was phoned in at 104; at five p.m. it was 105° and when I reached his side at six p.m. he had a temperature of 106.8°.

Koch Glyoxylide was injected intramuscularly at once, and five hours later his temperature had dropped to 102; at eight a.m. the next day it was 101°. Twenty-four hours after giving the treatment the boy's temperature was normal. He has remained in the best of health since, with no paralysis or bad effects.

On May 13, 1949, an eight months old Mexican baby boy, H. L., was brought into my office. His eyes were crossed, head drawn back and neck rigid. His arms and legs hung limp and useless, paralyzed for 60 days.

It was 3 p.m., and although the baby looked like he would die any hour, I gave him an injection of Glyoxylide. When the family awoke the following morning, the little fellow's neck was normal and his eyes were straight. Two months later he had regained normal use of his arms and legs. Eighteen months later, he is now normal in all respects. Without Koch Glyoxylide this boy would have died.

At about this time I treated two more cases of infantile paralysis in the fever stage. They were recovered within 48 hours after receiving Treatment, and have had no trouble since.

## **CANCER TOXIN**

On July 28, 1945, Miss N. C., age 38, lay in a local hospital, expecting to have her hard, cancerous, left breast removed in a few minutes. The pre-anesthetic injection to quiet her nerves had been given. Meanwhile, her brother had just heard about the Koch Treatment, and rushing over to the hospital, he wrapped her up, carried her out, took her home and brought her to my office Monday morning. Her left breast as hard as the back of my fist. Koch Treatment was given July 31, 1945, and in six weeks her left breast was soft and normal. The patient was very happy.

Two weeks later she was back in my office, this time crying, for now her right breast was as hard as the left one had been at her first visit. By way of explanation I said:

“Isn’t it true that before your left breast became hard, your right breast was hard for several weeks and softened up?”

“Yes,” she replied, “but how did you know?”

I then remarked that the first shall be last and the last shall be first (Biblical), and showed her that she was now retracing, as it were, in her body. I explained that since the left breast had cleared up in six weeks, I felt sure that the right breast would become normal in six weeks or less. In six weeks she was back, happy that both breasts were normal.

However, two weeks later she returned again, crying, because the lymph glands under her right arm were swollen red, and had become so sore that she could not get her elbow more than six inches from her side.

“Didn’t you have this condition before either breast got hard,” I asked.

“Yes, but how did you know?”

I again explained the retracing process for her, and since she had not previously had any goiter, I told her that perhaps before her first arm trouble she flooded.

“Yes,” she admitted, “for three months I nearly died, but how did you know?”

I then assured her the arm would clear up in six weeks or less, and soon thereafter, I would expect flooding to set in. We were not disappointed, for the arm was well in six weeks and flooding started after another two weeks, lasted three weeks, and was gone. She has been in perfect health, working hard ever since, and to date, five years after Treatment, no recurrence of the cancer toxin is in evidence anywhere in her body.

The above case demonstrates certain things that are often difficult for the patient and doctor to understand. It shows that there is a definite change of either a fluid or gaseous toxin that goes from place to place in many sick bodies. When this lady came to me, she had been diagnosed as cancer of the breast, and that was what I found. But seven weeks after receiving the Koch Treatment, both breasts were apparently normal. There was no lump, no hardness, nothing visible to show illness, yet at that time large amounts of poisons were present in her body fluids, as was amply demonstrated by the second breast getting as hard as the first one had been. These toxins had to be burned off and Koch Glyoxylide finally completed the chain reaction in her body.

Mrs. E. E. H., age 77, came to me on January 16, 1950, for treatment of a cancer on the left side of her face — a growth the size and shape of an English walnut. Examination showed it to be cancer and leukemia. The patient had a fruit juice and distilled water preparation for three days, and on January 19, 1950, was given the Koch injection. A second injection of Glyoxylide was administered on April 12, 1950. The growth separated from her face and fell off prior to September 25, 1950, at which time an examination showed hardly a scar to be found. Today she is free of both cancer and leukemia.

On June 28, 1945, a seven-year-old boy, J. C Jr., was brought to my office, after eight days of calomel purging in a hospital. His abdomen was very distended and due to the enlarged liver, was breathing fast and short. Examination disclosed that he had sarcoma of the liver, and Glyoxylide was given immediately. Since time seemed to be a very important factor, no preparation was given.

In one month, this boy was out playing ball with other children, and had no shortness of breath. On November 17, 1945, he was greatly improved and at the end of one year we found him free of his trouble. He had only one injection and had shown no return of sarcoma when last examined on May 29, 1950. He has developed wonderfully, both physically and mentally since being treated and is today in excellent health, despite a family history of tuberculosis.

Mrs. B. O. H., age 37, had many months of indigestion, gas, distress of body and anxiety of mind on account of her physical condition. When examined on December 29, 1949, she was found to have cancer of the spleen and liver, as well as leukemia. An injection of Glyoxylide was administered on January 4, 1950, and another March 8, 1950. On October 25, 1950, I found no trace of cancer or leukemia, and she is feeling stronger and more active than in years.

On September 15, 1949, a two and one-half year old girl, M. G. S., was brought to my office for treatment of leukemia. Sixteen days before this, her five-year-old brother had died of the same disease in a local hospital after many blood transfusions.

The little girl having been diagnosed as leukemia by the same hospital, the parents decided to give her the Koch Treatment. After examining the father, who showed no trace of leukemia, I examined the mother, who was in almost as bad condition as the little girl. I immediately gave mother and child one injection each, started them on the diet and had blood examinations every three weeks until December 11, 1949, when it was found necessary for a second injection each. Within 33 weeks from the first day she came to me the child was free of leukemia. Examination showed the mother free from leukemia in 42 weeks from her first injection. These two cases will be checked every three months for the next two years, assuming that the patients cooperate.

## **HIGH BLOOD PRESSURE — STROKE**

Sixteen years ago, Mrs. F. B., age 54, was carried into my office after having experienced her second stroke, due to high blood pressure. Given one injection of Glyoxylide she made a complete recovery. To date her blood pressure has remained normal, and she is in the best of health, doing all of her housework.

## **TUBERCULOSIS**

On December 3, 1947, I was called to the bedside of Mrs. M. T., age 36, who had spent ten months in a T.B. sanatorium, later had eight ribs removed and the nerve to her left lung cut out. A drain had been inserted below her left collarbone to drain out pus.

She was bedfast and doctors had given up hope for recovery. Three weeks after receiving the Koch injection she came to my office. The first year under Treatment she was given two Koch injections. The patient gained 27 pounds and was completely well in 18 months.

I know of no other treatment that can produce such results.

## **II**

### **TREATING LEUKEMIA**

By Dr. Julian F. Baldor

DR. WILLIAM FREDERICK KOCH of Detroit was unknown to me seven years ago and perhaps this ignorance cost the lives of many people, among them members of my own family. Today the rapid progress of science,

particularly medical science, and the application of atomic energy as applied to the medical field, makes more remarkable the facts that settled years ago on Dr. Koch's vision.

The new book, "*The Atom Knocks at the Doctor's Door*," published by Thomas Nelson & Sons, New York, causes us to realize the vast amount of research made by Dr. Koch and his fellows workers under a strain of persecution and opposition.

In Chapter One, entitled "The Scope and General Background of Atomic Medicine," Dr. Clarence B. Brown mistakenly admits that we have only made a beginning in the study of atomic medicine problems that considerable animal experimentation will be necessary before sufficient knowledge is gained about substances themselves that a long time must elapse before we can hope to understand and apply the new forces discovered by science. Yet research in atomic medicine, going on for over thirty years, has definitely established recoveries from hopeless and crippling diseases.

To our professional investigators, an understanding in atomic medicine is a kind of "mystery," "intricate" and "" to the point, that new doctors are terrified at the thought of approaching it. A new conception of medicine is born and will develop and progress if we surrender the mystery of the complex.

I am now ready to give a concrete picture, showing how Dr. Koch's discoveries are being applied by trained physicians for the relief of human miseries. The experience of a small boy in South Carolina is before us. This case is particularly amazing due to the fact that the disease is considered one of the hopeless diseases which cannot be cured by medicine or technique.

On February 12, 1949, the records of the Palma Ceia Hospital of Tampa, Florida register admission of patient File 346 brought by ambulance, with his father of Barnwell, South Carolina.

This patient's name was Master Ted Singletary whom we call Teddy, a schoolboy of eleven years old, born in Barnwell, South Carolina, of Mr. and Mrs. V. G. Singletary.

M. C. Singletary. The patient had been ill for the past nine months. His financial status was so bad that local donations were made by bank and civic institutions to get Teddy under this treatment. This boy has a history of repeated transfusions, 53 in all, in a short period of three months. On account of the disease, lymphatic leukemia, he was depressed, unable to walk, suffering and frightened, with no encouragement or hope for

recovery.

There was an offensive odor from his mouth from which profuse hemorrhage came by way of the gums. Shortness of breath existed to such an extent that he was unable to answer our questions. His skin was sallow with bloody purple spots all over his body. The onset of these manifestations was acute in character. Teddy was a healthy child up to the time he was attacked with chills and pains in the extremities, anemia and enlargement of the glands in his neck and of the spleen and liver.

At the time of his admission to our hospital and despite the transfusions, his blood count was 2,150,000 red cells with 40 percent hemoglobin.

On February 27, 1949, I gave this boy one dose of Dr. Koch's preparation, called Glyoxylide. A week after the administration, he went back home, this time in his family's car. At the time of his discharge his temperature was normal and the abdominal distention, part in the spleen region, was decreased considerably, as were the glands of the neck region.

His bloody skin patches were absorbed and finally disappeared. Nine weeks after he received only one dose of Glyoxylide solution, he returned to Tampa for a check up. At this time, he was able to walk and very happy to do so with twelve pounds gain in weight.

The blood count made on May 5, 1949, showed the red cells to be 3,350,000 and the hemoglobin was 52 percent.

On May 27, 1949 and exactly twelve weeks after the Treatment, he referred to some complaints of the disease in the form of a slight nose bleeding and pains in the lower extremities.

On July 23, 1949 a second check was made in our hospital to determine his progress, with the following results; Red cells 4,000,000 and hemoglobin 72 percent. He had gained 25 pounds and from a blood count of 2,150,000, recuperated in five months to 4,000,000 without necessity of a single transfusion. The case of Teddy calls for some interpretation.

Why has the medical profession been facing discouraging results in the treatment of leukemia?

Leukemia, as well as its companion, Hodgkin's disease, is not malignant or cancer of the blood — which interpretation has been given to laymen and families of patients, a well as asthmatic sufferers. It is not tuberculosis, and yet both diseases are located in the chest cavity.

The leukemia process is the "virus type," which infection penetrates into

the human body, grownup or child, without warning. The person may appear to be in perfect condition. This virus is recognized to be a tuberculosis type with a peculiar attraction for the bone marrow structure where the blood forms according to a continuous pattern.

The majority of the patients refer to chest manifestations, aching of severe neuralgia, wheezing, months before the blood count establishes the disease. Chest pictures corroborate this interpretation as well as in the Hodgkin's disease. The majority of these patients start the disease following a convalescence of measles or chicken pox, in which resistance has been broken down.

If we make an early diagnosis of leukemia disease in this particular period of incubation, 85 to 90 percent will recover. Physicians should be leukemia conscious as well as they are appendicitis conscious in acute abdomen. Any child or grown person afflicted with chills, fever, enlarged glands or bloody skin spots not due to another disease may be considered a potential tuberculosis virus hostage and a chest X-ray should be made at once.

These clinical manifestations of chest findings are more valuable than the results of a local biopsy of a tissue or bone marrow, which in some occasions fail to establish an early diagnosis of leukemia disease even by the expert physician. The majority of these patients lose opportunity for recovery by two reasons:

First, delay in the diagnosis and second, administration of remedies injurious to the patient.

The first has been discussed. Among the injurious medications, the Philadelphia Children's Hospital unfortunately has made frequent use of radioactive phosphorous and mustard gas as well as compounds related to the folic acid, so-called aminopterim.

These medications, given hypodermically to leukemia patients, are so depressing and antagonistic to the human body that the normal process of biological oxidation is knocked out. With the creation of prolonged and deleterious radiation after effects over the bone marrow structures, a large proportion of the cases develop severe anemia and leucopenia.

In our experience with children who have received radiation, mustard gas, etc., they are the top failures in the recovery process with the Koch Catalyst Agent, like patients with cancer, who have received treatments such as X-ray therapy and radium.

The beneficial and curative results obtained with the Koch preparation in leukemia depends therefore upon the extent of the disease, its duration and

possible injurious treatment previously given to the patient. But even the failure cases in leukemia patients who receive the Koch Treatment, show remarkable improvement over lymphatic enlargements, bleeding spells or hemorrhages.

Teddy Singletary's case can be made a cornerstone for an honest investigation. If carried on, it will bring to the medical profession a wonderful and helpful treatment for leukemia, which mortality is considered as high as 90 percent in our day.

## PART III

### CARBONYL THERAPY

By William Frederick Koch, Ph.D. M.D.

AS PROFESSOR of Physiology at Wayne University, Detroit (1914-1919), I taught an original interpretation of sugar oxidation which is in conflict with the presently accepted Krebs Cycle Theory. Our Hypothesis conceived the oxidations of function as the process, which ordinarily destroys the toxins of biological origin. On the other hand, disease-producing toxins we held to be incompletely burned products of germ metabolism, presenting fairly mobile hydrogen atoms. But these may not be able to reduce the catalysts of the cellular oxidations. To be burned, they may require more active catalysts than those presented by the intermediaries of sugar oxidation. This, we postulate, will depend upon the extent to which the oxidations in the germ are inhibited.

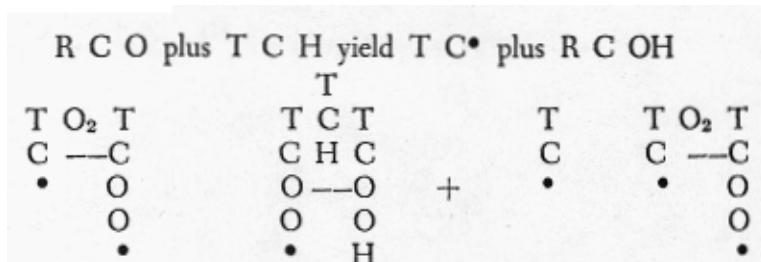
The intermediaries of sugar oxidation we conceive to be produced by dehydrogenation at the carbon atom alpha to the carbonyl group with removal of hydroxyl at the beta carbon atom. Further dehydrogenations and dehydrations and oxygen additions lead to the formation of Carbonyl groups in conjugation with ethylene linkages, and ultimately in the production of the suboxides of carbon  $O=C=C=O$  and  $O=C=C=C=O$ . These, in the presence of oxygen, become carbon dioxide, and in its absence, polymerize to form long chains of Carbonyl groups that serve as very active dehydrogenators. Such highly active Carbonyl groups are able to thus prepare the toxin molecule for oxygen addition to form a peroxide free radical when oxygen again enters the field.

It is our observation that cultures of pus germs taken from the milk of badly infected udders of dairy cattle and incubated 84 hours give a filtrate through a Berkefeldt which is highly toxic, but that after the animal is treated with the catalysts of oxidation presenting highly active Carbonyl groups, the pathology is sharply reversed and cultures taken while recovery is in progress and likewise incubated give a filtrate that is non-toxic. We judge from this that the production of the toxin by the germ was due to deficiency

in its own oxidations and that the catalyst we offered it restored its oxidations so that the products of its metabolism were completely burned and could not produce pathogenic effects, such as neurosis or abnormal energy transfers through photosensitization.

The toxin in the field undergoes a chain reaction in which the toxin molecule is dehydrogenated to form a free radical and this combines molecular oxygen to form a peroxide free radical, and the latter dehydrogenates the next toxin molecule with which it collides to form a free radical which combines molecular oxygen to form another peroxide free radical. Thus the oxidation chain is perpetuated until all toxins have been converted. It is evident then that the toxin is converted to the carrier catalyst state of structure that serves as antitoxin. The cause is converted into the curative agent. This reaction chain may be pictured as follows:

Let R represent the major part of the remedy molecule and CO its activated Carbonyl group. Let T represent the major part of the toxin molecule and H its highly mobile hydrogen atom.  $RC^*$  represents the remedy free radical with its unpaired electron, and  $TC^*$  the toxin free radical.

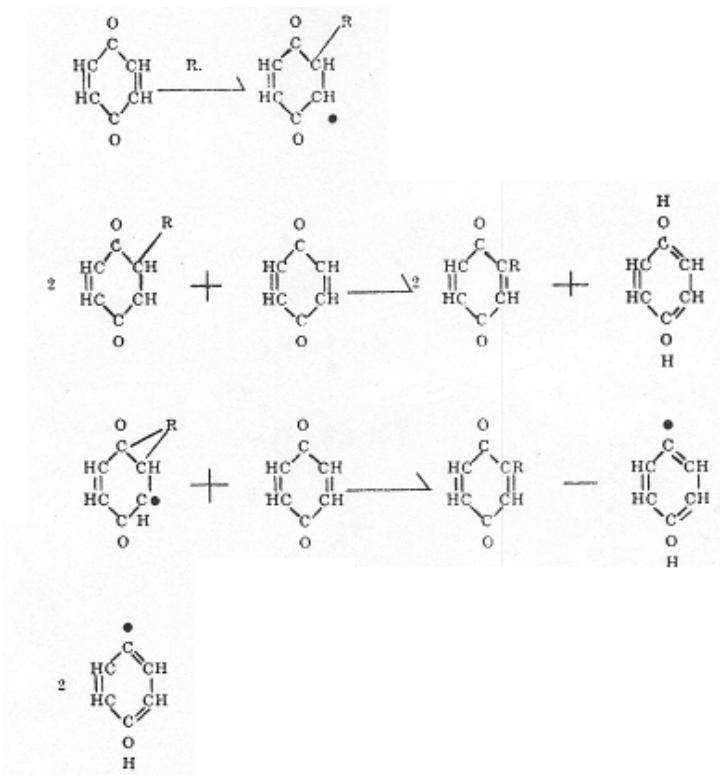


Isolation of any of the very transitory intermediaries of sugar oxidation within living cells is out of the question. They must be hypothesized. The only support we have to our Theory is utility of the catalysts employed to treat disease, and the recognition of intermediaries of oxidation of sugar in plants and animals, which are modified for functional purposes, and thus stabilized. The keto-steroids of sex gland and adrenal origin illustrate the utilization of the conjugated system of Carbonyl and ethylene outlined in our Hypothesis. Both the functional and detoxication effects of this atomic system are thus demonstrated. (Many reports on Cortisone Therapy.) (Adair, *Annals of Surgery*, 1946, Volume 1023, page 123.) In the intermediaries of sugar oxidation as modified by the mold, the same grouping is observed, and here the oxidations it is able to initiate serve as protective against infection. In the vitamins B, C and. K, this same grouping is presented and its ability to detoxicate carcinogens and bacterial toxins through induced oxidation is again proven. (Warren, *Biochem. Journal*, Volume 37, p. 338. 1945.) (Geiger and Conn, etc. *J.A.C.S.* Vol. 67. 1945.)

In all of these biological products the adaptation of the molecule to

specificity of function necessitated the substitutions in the ethylene linkage, which hinder the dehydrogenating action of the Carbonyl group, although this group is here placed to initiate energy production for the special function. We realized this effect of the substituents long before the keto-steroids and antibiotics or vitamins were studied in regard to protective powers. We offered Benzoquinone as an ideal oxidation initiator through Carbonyl activated by conjugation with ethylene. However, this very ethylene linkage may also serve to block the oxidation chain under certain circumstances.

If the oxidation chain is progressing nicely so that toxin molecules are converted to free radical carrier catalysts, the introduction of another molecule of oxidation initiator may not speed up the process, but actually retard it. This is especially true if the initiator Carbonyl group is conjugated with ethylene. The process may be outlined thus, — R\* represents the carrier free radical:



Yield the quinhydrone. Thus free radicals are inactivated by Benzoquinone and the therapeutic action is abolished as clinical tests have proven. We therefore conclude that the therapeutic action of the reaction systems we used must be attributed to the free radicals they contained, and which were responsible for the oxidation and polymerizations in progress in these systems.

Once the carrier free radical is formed, and molecular oxygen is present, the conversion of the substrate toxin to carrier of the oxidation chain will thus progress until all toxin is converted. So long as no inhibitor substance enters the field, this will be true. The success of this therapy then will depend largely on the prevention of inhibitor substances gaining admission.

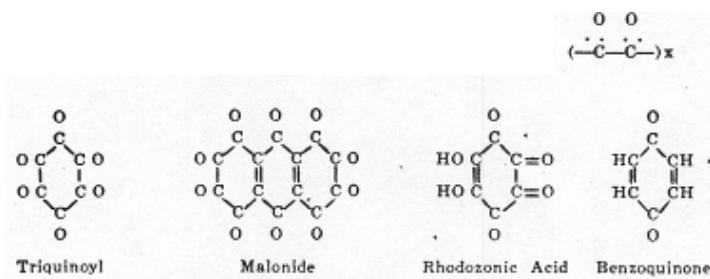
It is obvious from the foregoing that the oxidation chain is best initiated when the amount of initiator is small as compared to the toxin substrate it acts upon. A shell of toxin molecules therefore should surround each molecule of Carbonyl catalyst, so that after the first initiative dehydration, the field is occupied by carrier free radicals and toxin substrate, which is being converted. Every initiator Carbonyl ethylene molecule that enters the field acts as an absorber of the curative carrier free radicals.

Thus the ideal dosage of the initiator catalyst is very minute, and the 6x to the 12x homeopathic potencies work best in our experience. A dose of one cubic centimeter of the 12x potency carries many trillions of molecules, a quantity that is really excessive. Higher potencies as the 15 and 18 have done even better at times. The matter of dosage selection is an interesting subject but in this brief space we can no more than illustrate that in Nature the most striking physiological action has recently been proven for such solutions as the thirtieth potency (10-30) concentration. Thus, but one molecule of Crocetin per cell has been proven by Kuhn and Mowes (1938-1940), (Fieser *Test Organic Chem.* p 1001, p 753. 1944 edition) and others to activate sex differentiation in algae, (genus Chlamydomonas) and by Professor Gilbert Smith in dilutions of one part to 250,000,000,000,000 parts of water to bring on the sex development of algae and the development of the combs of capons. (*Science Illustrated*, February 1947.) Swedish scientists have confirmed this observation.

It should be noted too that biological substances of such high activity in extreme dilution possess the Carbonyl group in conjugation with ethylene. They thus serve as oxidation initiators.

The presence of the methyl group as substituent to the conjugated ethylene groups makes the availability of the PI electrons far greater there and hence the migrations of electrons to the Carbonyl groups are increased tremendously. The high activity of Carbonyl is made possible in this way in Echinochrome A, which is secreted by Sea Urchin ova, and thus the activation of oxidation is secured in the sperm to give it energy to travel to the egg and fertilize it. Here again the energy producing oxidations for functions are illustrated. We may offer many more instances of support to our theory of sugar oxidation, and its application to the boosting of the natural immunity against disease.

While Benzoquinone in the 6x dilution has proven effective in certain toxic states, infections and even in some cases of cancer, its limitations have made the use of the serial systems of Carbonyl groups with free radical terminals preferable. The molecules we use also include Rhodizonic acid, Triquinoyl, Malonide and the long chains of Carbonyl groups representable by the formula:



The field of action we find to be general, including the pathogenic viruses and bacteria, as well as carcinogenic poisons of industrial and biological origin. Brucellosis, Streptococcus and Staphylococcus infections of the udder have been investigated by the Department of Agriculture of the Province of British Columbia, Canada, over a period of five years. They report data showing prompt curative results of over 85% in several series of cases numbering in the thousands.

(*Annual Reports of the Minister of Agriculture* to Parliament. 1944, 45, 46, 47, 48, 49.) Prompt disappearance of pathogenic germs and dissolution of fibrosis with restoration of normal milk production has been the rule. Reports of the cure of Brucellosis without change in the agglutinin test, but with restoration of health and fertility and normal placenta and calf at

normal term has been the rule. Johne's disease (Para tuberculosis) is also reported cured in equal percentage.

Of the metabolic diseases, the most interesting is ketosis. This disease of cattle is a defect in the oxidation of sugar and presents itself as a perfect test of our Hypothesis. Where the disease was well established and no expectancy for recovery was had by the veterinarians and owners, only one dose of the catalysts brought about recovery in some ninety percent of the cases, and in some series, practically one hundred percent, were reported permanently cured. Another confirmation of our Hypothesis came with the cure of perverted and hindered function in dairy cattle. The special function concerned and in which the farmer is most interested is fertility of the animals. Infertility due to perverted ovarian function and to ovarian cysts which had persisted for many months and sometimes for a year or more before Treatment were reported normal in a month or two after Treatment and that the recoveries were permanent in some 80 percent of the cases which were otherwise incurable.

Among the virus diseases, swamp fever in horses, a 100 percent fatal disease, was first investigated by Dr. Ried in an insect infested district of Texas. Several series, totaling some two hundred animals, were treated and the recovery percentage was reported as from 85 to 96 percent in different groups. They included the latest as well as the earliest stages of the disease. Further virus diseases in animals were studied under the courtesy of the Minister of Agriculture of Brazil. Several hundred cows, pigs and dogs were treated for Hoof and Mouth disease, distemper and some rare types of infection.

The official reported cures run from 80 percent to 96 percent when all stages were treated, even though in some instances the animals could not raise themselves from the ground.

The notable feature among all cases treated where interferences were successfully eliminated, was that the recovery process gave evidence of its activity within six hours after the administration of the Treatment, in the acute cases. The same observation was made in humans treated for Infantile Paralysis and the recovery percentage ran equally high or higher. At least we have no knowledge of any failures yet, even though some cases with respiratory paralysis and impending death were in the list and these recovered most satisfactorily.

In the acute cases of Infantile Paralysis where the Treatment was given within a day or two of the establishment of paralysis, the recovery is found to be complete with neither paralysis nor atrophy remaining. When treated later than two days after paralysis is established, a slight amount of paralysis or atrophy may remain, and the extent depends upon the length of time that intervened in which the virus has a chance to actually kill the nerve cells of the spinal cord. However, it is also observed that in the chronic cases where the atrophy and paralysis of the legs was quite complete, even for years, and sometimes as long as twenty years, the recovery process may approach 90 percent of completion, with restoration of ability to walk without braces, etc., and in the restoration of the muscles.

These facts confirm our original Hypothesis in that it is seen that function is hindered by the virus which is still present in the nerve cells, and that the hindering factor is an incompletely oxidized product of metabolism in the virus. It inactivates the catalyst of oxidation for function in the cell so that while the cell is not dead, and can be restored to function, it still is not functioning and paralysis is maintained until a powerful carrier or initiator catalyst is supplied to restore the oxidation process within the virus and the affected nerve cell. Then the virus no longer produces an inhibitor but burns its products to completion. The incapacitated cells likewise are supplied a means of conducting their oxidations of function, and so the paralysis disappears and the muscles develop again to the extent that they have restored nerve function. And this, in some cases of complete paralysis, has been about 85 percent, or 90 percent in very chronic cases.

Cancer is likewise a virus disease, as is well proven today. In the *Bulletins* of the Koch Cancer Foundation of 1925-1928, we discussed the chemical properties of the toxin of this infection and indicated the ultra-microscopic nature of the agent. Now the electron microscope proves the correctness of this publication. The importance of the virus nature of the serious acute infections in animals and man and of the several so-called incurable chronic diseases as cancer is that it shows the avenue for successful attack.

The first official cases of cancer treated, were far advanced and classified as utterly hopeless of cure. They were cases of generalized cancer involving the vital internal organs. Seven such cases were chosen as test material by a special committee appointed by the Wayne County Medical Society in 1919. \* *Three weeks were allowed for the Treatment to show its results.* At

the end of this period, the patients were sent home and the investigation was closed. Of the seven cases treated, at least three made recoveries. Maybe more did, but they were not followed since they were sent home to distant cities and states where examination and follow-up care was not possible. Of the three recoveries, one was found cured over five years afterward and another was still cured fifteen years afterward and was killed by accident, autopsy revealing no cancer as a cause of death, but brain hemorrhage and skull fracture. The other lived in another state and could not be followed over two years. This investigation was used as a basis to officially falsify, and though the officials who condemned have full knowledge of the facts, they still condemn this 43 percent recovery rate as a failure and the Treatment as a fraud.

(\* A complete account of the 1919 Investigation is available on this website under the title Koch Cancer Treatments.)

Yet of the 7,000,000 Americans who have died of cancer since 1919, according to this officially proven curative percentage, some 3,000,000 persons would have been put back to work in good health, winning bread for their families, even if they had been treated in the far advanced stages of the disease.

Cancer is well recognized today by leading experts as a disease of defective oxidation. In fact, the mechanism that conducts the oxidations of function is no longer present. The cancer cell is thus described as Anaplastic. It resembles in this respect the anterior horn cells of Infantile Paralysis which are not able to burn the antioxidant inhibitors produced by the virus which keeps the cell paralyzed. The introduction of the appropriate initiator and carrier catalysts of oxidation has been followed by recovery in like manner in both diseases. In cancer, however, an excess of cells that have no utility and which are much out of order are disposed of like so much clotted blood. The process is technically named, organization.

Calcification is the first step of note, shown in microscopic sections of cancer undergoing cure. Next, the cells undergo liquefaction and small blood capillaries grow into the areas as fast as they liquefy. The growth is thus replaced by blood vessels, and this is followed by in-growth of normal tissue cells which complete the reconstruction of destroyed tissue along normal physiological functioning lines. It is not surprising, then that many cases of far-advanced completely proven cancer of the uterus have been able to give birth to normal children four or five times and still remain

cured as long as thirty years after Treatment. Reconstruction of the stomach and other organs with the cure of the disease is often reported. The process of recovery from its inception will be favored or hindered by attendant circumstances in the diet, inhibitor substances in the air, such as exhaust fumes from internal combustion engines, tar products and dietary articles that we can pretty well classify for each person.

Cancer must be classified as an allergy in our Hypothesis. The mechanism is not a mystery at all, but can be readily understandable. The toxin has two properties. It is an oxidation inhibitor through the highly mobile hydrogen atom attached to the carbon atom in alpha position to the most active carbon-to-carbon or nitrogen-to-nitrogen double bond. The other action is the fluorescent photosensitization of the mitotic mechanism in the cell through energy transfer from hydrolytic glycolysis to the chemical processes of this mechanism. This energy is transferred by the double bonds just mentioned. It is continuous so long as the cell lives and forces it to multiply over and over again, each daughter cell carrying on the same process. The carcinogen is active in exceedingly high dilution as are other allergenic agents.

So far as we are able to make tests, the principle is proving to hold. Leprosy, tuberculosis of far advanced stages, undulant fever, rheumatic fever, acute and chronic, and the various acute and chronic infections met in the United States and in the Tropics, have all responded in like percentage regardless of the name or symptom picture of the disease. These diseases are all correctible in the same way, and so the principle may be considered true until proven otherwise: that disease-producing germs suffer, to varying degrees, from a crippling of their oxidation mechanism, and this effect is passed on to the cells they invade. They multiply at top speed to survive their defect, and when the defect is corrected by supplying an appropriate oxidation catalyst, they carry their oxidations to completion and no longer produce toxins. They do not multiply rapidly anymore either, and so they disappear as toxin producers and remain only so long as there is dead tissue debris to be changed into material satisfactory for food for plants. They thus return to their normal place in the economy of Nature. The tissue cells that were affected are able to normalize in the same way and return to carrying on effective oxidations for function.

Naturally proving such a Hypothesis is rather upsetting to the smug routine of the practice of medicine, but many of the wise older physicians and the

energetic younger men see the advantage in practicing in line with this newer philosophy, and a brighter day is dawning for the health of mankind.

### **III**

#### **OXIDATION CATALYST TREATMENT**

By Dr. C. E. Hardy

THERE CAN BE no progress in science or any branch of learning without a theory and theorizing. A theory is not always true, and most theories have never been proven. Before becoming an accepted truth, any theory must be established by experience or controlled experimentation. In medical science a remedy must be tested in research laboratories and by clinical use before it can be considered of value.

The oxidation catalyst was a mere theory 25 years ago. It was born in the mind of a young scientist who was searching for something to be used in the treatment and cure of diseases heretofore considered incurable. The theory of natural immunity was used as a basis for the discovery of the oxidation catalyst.

Most of us who have ordinary knowledge know that to sustain animal life and maintain health a proper utilization of oxygen is essential. We spend considerable money and time on food and its proper use to keep healthy, but little is said about maintaining proper oxidation to insure health. We are constantly receiving oxygen from the air we breathe and using it to build the various cell tissues of the body. Oxygen also burns up the waste products, which are thrown off in the form of carbon dioxide and other poisons.

To keep this oxidation well balanced is important to health and life. We spend large sums to maintain what we consider pure water for a city and do nothing about the atmosphere, which may be saturated with the carbon monoxide that we breathe day and night. This poisonous gas is continually poured into the air from the burning gasoline of thousands of automobile engines. We could live several weeks without any food or water at all, but we can live only a few minutes without oxygen.

It should be known that as long as proper oxidation and oxidizing are maintained we have immunity against any disease, which may be inactive in the human body. The oxidation catalyst, which is now given in the form

of Glyoxylide or other similar synthetic chemical compounds, is for the one particular purpose of producing proper oxidation and oxidizing in the body, thereby destroying the pathological condition.

Within itself, Glyoxylide is not considered destructive to the disease causing bacteria or substance, but works through healthy tissues of the body to destroy any cause of the disease, whether it be bacteria, virus or whatever. It belongs to the class of antibiotics such as penicillin and other similar drugs. The public does not know that the various sulfa drugs, penicillin and others, do not have a direct effect on bacteria themselves, but their physiological effect produces a condition within the body that destroys or hinders the development of various bacteria.

Doctors have prescribed the sulfa drugs without knowing that the therapeutic value was not in the sulfa itself, but was due to the chemical product Benzoquinone, one of the chemical compounds that is being used by many as one of the oxidation catalysts. Dr. Albert L. Wahl in his book, "*A Least Common Denominator in Antibiotics*" on page 21, gives the chemical formula of a sulfa drug and shows when the sulfa is destroyed by the oxidation of the patient's tissues, there is then in the body a Para-benzoquinone which is the real therapeutic part of the chemical compound sulfa drug. He also calls our attention to the fact that the patient's tissues need oxidizing sufficient to burn off the amino group, the sulphonic acid group, thereby oxidizing the benzene ring to 1:4 Benzoquinone.

In this, enough of the catalyst oxidation is left for its therapeutic effect. He states: "But if the vitality is too low for this, the oxidations are overwhelmed, and the patient succumbs to the drug and the disease toxins."

This explains why sulphonamides sometimes have such toxic effect. The oxidation catalyst is free of this toxin, which is the reason we do not have such toxic effect when it is administered. A noted biochemist stated that one element alone in Glyoxylide was capable of curing every known disease in the human race and this is oxygen. Because of this Dr. William F. Koch was more than 30 years ahead of modern chemistry, when he gave to us a toxic-free catalyst and yet has oxygen in such chemical compound that it produces the desired therapeutic effect.

This oxidation catalyst has been used by many physicians for a quarter of a century and recently the number has increased considerably. Those

physicians are far advanced, in this particular Treatment for disease. It is amazing how, without any paid advertising and being opposed by the greatest medical organization in the world, the knowledge of this Therapy is advancing. If it continues to advance in the next few years the public will demand it of the physicians. Already, there is a growing idea on the part of many who know of the Therapy, that organized medicine is doing the public an injustice in refusing to give it an honest investigation and yet condemn its use. There are too many living examples of its value, to continue to try to hoodwink suffering humanity and keep them from its use by calling it quackery.

In the experiments on mice and cattle the therapeutic effect is now established to such an extent that it has been approved by the Departments of Agriculture in two or three different nations. It is no longer just a theory, but has become an established science. The therapeutic value is well established, whether or not accepted by all as one of our modern miracle drugs. No one could use it honestly or sincerely over any length of time without being convinced that it will do everything that the so-called miracle drugs will do, and more.

After using it in caring for nearly 300 patients, I have seen enough to be thoroughly convinced of its value in the treatment of various diseases. We have had some so-called failures, but in the study of these cases and by observation, our conclusion has been that the failures are due to other things than the synthetic chemical compound itself.

We have read from literature and learned by experience that some cases are so far advanced that the individual does not have sufficient healthy vital tissues left to maintain lifelong enough for the oxidation and oxidizing to produce effect on the diseased tissues to destroy the disease itself.

Age has a great deal to do with it being able to successfully compete with the pathological condition. In these cases, we have seen apparent failures. The patient might not be able to take in the proper amount of prescribed foods, digest and assimilate them and thereby live long enough for the oxidizing effect to destroy the disease.

Again, we have had a great deal of trouble in getting patients to stay on the diet sufficient time to give the Treatment a chance to produce the desired results. Very few are willing to deprive themselves of their routine diet and

take up another which they think is unnecessary or is not the right diet, and they do not continue it long enough to form a habit or build up an appetite for the prescribed food.

Some fail because they do not cultivate a proper attitude toward the Treatment and the important things connected with it. They listen to those who oppose it until they are conditioned to yield to outside influence. Many have failed because they have not been willing to give up detrimental habits previously formed, such as the use of tobacco and alcoholic beverages. Some have failed because they have built up a wrong idea. They expected it to be like a magic wand that would work overnight.

We should realize that no man can discover everything about any one scientific truth. It might take years on the part of the individual and help of others to explore all of its scientific depths or to discover other similar things, which would have a bearing on the main line of scientific progress.

Dr. William F. Koch has given to the world scientific truth, which would almost completely revolutionize our method of treatment and care of patients, if it were honestly investigated. Who knows how much farther we would be advanced in the relief of suffering if the medical profession had not been prejudiced against him and his discoveries?

Anyone using the Oxidation Catalyst Therapy very long will see not only successful results, but in some cases, almost miracles. No man is considered a failure because he makes a few mistakes and blunders in life, but if his successes outnumber his failures, or if his accomplishments are greater than those of others, he should be considered a success. The same is true about a remedy or treatment.

A successful treatment does not have to be classified as a specific cure for any one or more diseases, even if the percentage of cure is very low compared to what we wish or desire. But if the percentage is higher than that in other methods of treatment commonly used, then that remedy should be considered successful until something else is developed that offers a higher percentage.

Statistics reported by those using the Oxidation Catalyst Treatment indicate their percentage of outstanding results, even in the dreadful disease of cancer, is far beyond that usually enjoyed by use of X-ray, surgery or

radium. In comparing it with some of the accepted treatments now being used against common incurable diseases, our observation has been that the results in many cases may not be as quick, but are more lasting and less dangerous. We are glad to give below some official reports taken from our case histories, which will help the reader to draw his own conclusions:

***Case No. 125, Male, age 56, Mr. M., farmer.***

History: Had asthma for about 30 years. Usually worse in the fall of the year and had tried a number of treatments. Attacks now sudden and unpredictable. Appetite poor, nervous and taking some kind, of preparation continually. Had lost considerable weight.

Examination: Patient came to my office March 6, 1950. He was underweight, hemoglobin was low, X-ray pictures showed no tuberculosis. Diagnosed as a very bad and long-standing bronchial asthma.

Treatment: He was given Glyoxylide on March 9, 1950. Was several days before he got relief and was unusually distressed and nervous after being taken off the various drugs used. At the time of his examination on March 18th, hemoglobin had gone up 10 points, breathing better and looking better. At his last visit to my office September 1, 1950, he had gained considerable weight; the hemoglobin was up 30 points, having no more attacks of asthma.

***Case No. 172, Female, age 39, Mrs. S., housekeeper.***

History: Was very nervous, subject to bad epileptic convulsions with blackouts for as long as two hours. She had been treated in a leading hospital and diagnosed by outstanding neurosurgeons as idiopathic epilepsy with major convulsions, of several years standing. Given to heavy use of drugs without relief.

Treatment: She was given Glyoxylide on May 26, 1950. Was nervous for several days, due to being taken off of the various sedatives and hypnotics she had been taking. Had only one convulsion after the Treatment. Reports having been very nervous at times and afraid she might have a convulsion. She has been to the office four times for checks. When last seen October 30, 1950, she was still improving and had had no more convulsions. Hemoglobin was up several points and she was feeling better in every way.

***Case No. 222, Female, age 18, Miss S., student.***

History: Had been under treatment of a local specialist on allergies for two years, but with no results. Had various allergy tests and consultation with other doctors as to treatment. Examination: A well-developed female hut with a skin eruption of the entire body, appearance of raw leather with considerable scaling from hands, arms and different parts of the body.

Treatment: She was given Glyoxylide on August 24, 1950. September 14th, she had already shown a great deal of improvement with the skin becoming smoother. When examined on September 30th she showed great improvement and was well pleased with the progress made. The skin was almost clear and very little scaling.

***Case No. 243, Male, Age 67, retired farmer.***

History: Spleen trouble for two years with various treatments unsuccessfully tried. Blood transfusions given every six months and X-ray therapy. Last blood transfusion received August 23, 1950. Had felt tired a year and a half before diagnosis of leukemia.

Examination: Reported to my office September 11th, to inquire about Koch Therapy. Examination showed pulse fast, running temperature, blood pressure very low, and the patient in a considerably weakened and discouraged condition. His spleen enlarged some three or four fingers width below the ribs. Hemoglobin low considering that only a few days before he had had a blood transfusion.

Treatment: He was given Glyoxylide September 14th. On October 5th, he reported back to my office for examination. He had gained in weight; hemoglobin had gone up 10 points and feeling better in general. On October 30th he came back for another check up. He had gained five pounds; hemoglobin had gone up 10 points more, blood pressure had increased 10 points; the spleen was almost its normal size and he was in every way pleased over his progress. The family was having some trouble keeping him from doing some of the farm work.

***Case No. 204. Male, age 63, Mr. B., carpenter.***

History: Disturbed for several years with wart on his left hand until it was removed about three years ago. Had been giving him trouble since. Often would puff up as a blister or open sore, with considerable pain. Advised by physicians to have X-ray therapy.

Examination revealed a deep ulcerated sore with considerable congestion around it. This condition had been diagnosed as cancer with the probability that if the X-ray treatment did not cure it, the last step would be the amputation of his hand. The patient was informed of our method.

Treatment: He took the preparatory treatment and on July 22, 1950, was given Glyoxylide. Was back in office for a check up on August 12th. He had gained over seven pounds and his hemoglobin was up 10 points. The sore was considerably better. On his last visit September 23rd, he had gained eight pounds and hemoglobin was up five points more. He had returned to work. All indications were that he was progressing satisfactorily.

### **III** **HISTORY OF DAIRY ANIMAL EXPERIMENTS**

By Laurence B. Thatcher

IN PRESENTING data on the experimental use of Glyoxylide in the treatment of bovine diseases, I shall give a brief history of the work from the beginning.

Dr. D. H. Arnott, M.D., a general practitioner in the city of London, Ontario, Canada for almost fifty years, has long been active in the advancement of the Koch Therapy. Dr. Arnott's work brought the first official recognition of Koch Therapy in North America. It was in 1940 that Dr. Arnott used Glyoxylide in treating a patient suffering from undulant fever. His patient responded so quickly and completely that he was prompted to investigate the possibilities for Glyoxylide in the treatment of Bang's disease, or contagious abortion, in dairy animals.

For several years Dr. Arnott and T. J. Campbell, a veterinarian, carried on an investigation in the Province of Ontario, near London, using Glyoxylide in the treatment of mastitis, acute and chronic, and Bang's disease. The results of their work are recorded in five pamphlets printed by Dr. Arnott. They are:

1. The Successful Treatment of Acute Infectious Mastitis in Cows.
2. Clinical Notes Which Illustrate the Successful Treatment of Acute Mastitis in Cows, presented before the Annual Meeting of the Middlesex

Holstein Association in London, January 20, 1943.

3. The Koch Treatment Used for the Control of Mastitis in Cows. Prevention of and Recovery from Acute and Chronic Mastitis Promoted Through the Use of This Method.
4. The Cure and Prevention of Mastitis and Contagious Abortion New Light Derived from Prompt Successful Results Obtained Through the Use of the Koch Treatment.
5. Good Progress Against Bang's disease. Ontario officials of the Department of Agriculture were silent to appeals made by dairymen for an investigation of the Koch Therapy.

Dr. Arnott retired from the practice of medicine and organized Koch Laboratories of Canada, Ltd., and became the Canadian distributor of Glyoxylide.

Dairymen in the Province of British Columbia were receiving Treatments during 1943 and early 1944 through Dr. Arnott's agent, Mr. W. A. Gooder of Vancouver.

Reports of successful treatment of mastitis and other seriously destructive diseases of dairy animals in British Columbia were being placed before the then Minister of Agriculture with the request that the Department investigate the merits of this new method of Treatment.

Dr. K. C. McDonald, the Minister, realizing the great need of the dairymen, wrote Dr. Arnott for information, and the doctor complied by mailing all available literature, together with a full statement revealing opposition to this Therapy and the morbid attitude of Ontario officials.

Dr. McDonald, after careful study of the literature, decided that an entirely new approach to the study and treatment of bovine diseases had been disclosed and invited Dr. Arnott to confer with him in British Columbia.

Two meetings were scheduled for members of his staff, together with representatives of University of British Columbia, the Breeds Associations, the Veterinary Association, dairymen and others. During the second meeting it was agreed that an investigation of the merits of Glyoxylide be

conducted starting with mastitis and sterility and it was understood that all pathological conditions revealed during the examination, or treatment of animals selected for investigation, would be recorded and progress accurately noted.

The Department of Agriculture reported highly successful results were obtained in the treatment of both mastitis and sterility and also made note of fifteen pathological conditions that responded equally well to one administration of Glyoxylide. Full information is available from reprints of the annual reports for 1944, '45, '46, '47 and '49, which can be obtained through the courtesy of the publishers of this book. (Reprints of these reports are included on this website)

It was in 1946, I learned that Glyoxylide had been used successfully in the treatment of mastitis. The information was contained in a letter received from the late Dr. Willard H. Dow, then President of the Dow Chemical Company of Midland, Michigan. Dr. Dow said: "This type of Treatment has been used with outstanding success in the case of cattle and other animals. The record of mastitis cures is of the order of better than 90 percent." Located, as we are, in the heart of the best dairying section in Michigan, and because the prosperity of local business and professional men is largely dependent upon farm income, directly or indirectly, we are always seeking means by which we can help increase farm income.

A brief investigation revealed the serious losses farmers were experiencing from mastitis, sterility and other diseases. Dr. Koch was contacted and agreed to furnish treatments, gratis, to farmers in the area for investigational purposes. A score or more of farmers made use of Glyoxylide during the next few months. The results were good, and in some instances, startlingly so.

When more farmers became interested, the Imlay City Chamber of Commerce and Imlay City Rotary Club called a public meeting of all interested parties and Dr. D. H. Arnott was asked to address the meeting, which was held in the Imlay City High School Gymnasium, March 9, 1948. About three hundred farmers, business and professional men were present. The meeting was lively from the start. Dr. Arnott's address was presented in such an interesting way that the audience was reluctant to permit the doctor to conclude, even after more than one hour and thirty minutes had passed. An additional hour was consumed in answering questions put to

him from the floor.

At this meeting the dairymen appointed a committee composed of five farmers and two businessmen, with myself as chairman, which was later called the Koch Therapy Evaluation Committee.

The committee agreed that Michigan State College officials, in East Lansing, should be approached and their cooperation solicited. This was done with the committee meeting the Deputy Commissioner of Agriculture, the State Veterinarian, members of the Agricultural Committee of the House of Representatives, and several members of the Senate. The elected Representatives were in agreement that our cause was worthy of their support and agreed to give us financial help through legislative appropriation, if such were desired.

Dr. Clark, State Veterinarian, said the matter was one that should be presented to the Research Director at Michigan State College and he proceeded to make an appointment for our committee the same afternoon. The committee met with Mr. Gardner, Research Director, and Dr. Claude S. Bryan, Dean of the College of Veterinarian Medicine, Bryan being the one by whom all research would be conducted, if any were forthcoming. Dr. Bryan evidenced great interest and asked for all British Columbia literature in our possession. We assumed he had no knowledge of the British Columbia reports, but afterward found the college library had all the literature and no doubt Dr. Bryan was well read on the subject long before our meeting.

A second meeting was scheduled for our committee and Dr. Arnott to meet with Dr. Bryan and members of his staff, for the purpose of setting up a demonstration or evaluation program at the College. The officials were very cordial but the tenor of the meeting was such that we readily realized they were diplomatically avoiding any program, which would truthfully and properly evaluate Glyoxylide's efficiency. Dr. Bryan found it almost impossible to diagnose mastitis and he had no expert who could do the simple test for acetonemia, a condition for which Glyoxylide is a specific treatment, and a condition that responds quickly and completely to the Koch Treatment, and for which there is no other specific treatment.

The committee left East Lansing somewhat bewildered by official action and decided to conduct some evaluation and research, if sufficient support

could be found.

The Imlay City Chamber of Commerce offered financial support, as did Dr. Willard H. Dow. Dr. Arnott offered his help and Dr. Koch agreed to provide needed Glyoxylide and reimburse the veterinarians for their services.

Farmers in the area offered herds and the work was started in April 1948, with the first animals being treated May 8th, and the second May 16, 1948. Before animals were treated, complete physical examination was made; also blood samples were drawn and milk specimens taken from each quarter. Laboratory tests were made of both blood and milk samples. Animals were checked monthly for a period of thirteen months.

The committee followed a plan similar to the one used in British Columbia. We hoped to demonstrate Glyoxylide's efficiency in the treatment of mastitis, especially fibrosis, since this condition causes the premature slaughter of a very important percentage of our best dairy animals annually. It is agreed, by veterinary authorities, that fibrosis does not respond to udder infusion treatments and therefore, they recommend that animals thus affected be slaughtered.

British Columbia Department of Agriculture had reported in 1944-45 a consistent result was a definite softening of the udder after the Treatment. The disappearance of fibrous tissue was noticed in a considerable number of cases. In no case was any other treatment used. Our committee therefore decided upon this one demonstration, as being of utmost importance to dairymen. The committee also undertook to demonstrate Glyoxylide's value in the treatment of sterility and acetonemia (ketosis) and to record and report all other pathological conditions observed during the demonstration which responded to Glyoxylide.

In addition to the two original herds selected for treatment, about seven hundred dairy animals were treated during the demonstration, from May 1948 through June 1949. Also, over two thousand dairy animals have been treated since the Christian Medical Research League began manufacturing Glyoxylide in December 1948. Research currently is being conducted in sixteen states in addition to Michigan. Several state colleges have indicated interest in Glyoxylide and some are following our work closely.

Research and evaluation to date have provided a wealth of sound information. We have been able to confirm and corroborate the outstanding clinical results reported by Dr. Arnott, officials of the Department of Agriculture of British Columbia, and also reports by W. Bruce Richardson, Dr. S. N. Wood, B.S.A., D.V.M., professor and animal pathologist at the University of British Columbia, Dr. C. F. R. Barton, B.V. Sc., of Chilliwack, \* and others.

(\* A copy of the Chilliwack Report is available on this website.)

We are pleased to report that our work in the treatment of fibrosis revealed 85.5 percent recovery in the Koning herd of forty-five Jerseys, twenty-nine cows were affected; of the twenty-nine, the fourteen most severe cases were treated, leaving the others as controls. Within twenty-eight weeks, 85.5 percent of the treated animals were clear of fibrosis. The extent of fibrosis was classified as slight, moderate, severe, and marked 25, 50, 75 and 100 percent. The method used to provide easy comparison between treated and control animals is this: The number of teats in each class is multiplied by the percentage in each classification, and the totals added. For example: Ten teats in the 25 percent class equals 250 percent and two teats in the 50 percent class equals 100 percent, two teats in the 75 percent class equals 150 percent, making a grand total of 500 percent.

Koning Herd										
	1948						1949			
	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	
Treated	1250	800	325	550	400	374	nr	300	200	
Controls	725	975	750	725	800	625	nr	950	925	
	-525	175	425	175	400	250	nr	-650	-725	

Milk production in this herd increased, subsequent to treatment from 11 to 14 cans per day, or from 880 pounds to 1120 pounds. Highest production in history of the herd had been 11 cans.

In the Max Graybiel herd of eighteen Holstein animals the fibrosis recovery was 64.5 percent within twenty-eight weeks. The average number of Treatments used was 1.8 per animal.

Experience gained from this demonstration and subsequent thereto indicates that more liberal use of Glyoxylide can bring about a higher recovery percentage and that recovery will take place more quickly.

Graybiel Herd										
	1948						1949			
	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	
Treated	1300	900	875	925	1025	575	525	nr	450	
Controls	375	400	275	600	400	275	225	nr	325	
	-925	500	600	325	625	300	300	nr	-125	

In contrast to the Koning herd, with an average of 1.35 Treatments used per animal and a recovery percentage of 15.5 per cent, the Graybiel herd recovery percentage was 64.5 percent, and the number of Treatments averaged 1.8 percent per animal. It must be remembered that the Koning herd was considered an average herd with a history of very little serious trouble from mastitis and other diseases, while the Graybiel herd has a history of several years' mastitis in the herd, with veterinary fees averaging

about \$450.00 annually, and with no permanent relief until Glyoxylide was used in May 1948.

Since then veterinary bills have averaged less than \$50.00 annually, with little, or no disease problem. Injuries are now Mr. Graybiel's main reason for veterinary service. Several of the Graybiel cows were to have been sold because of fibrosis. With one exception, all animals are still in the herd and producing satisfactorily. Needless to say, Mr. Graybiel is very well satisfied with the results obtained from Glyoxylide.

Records obtained in the treatment of more than 1500 dairy animals affected with chronic or acute mastitis, show that Glyoxylide is over 80 percent effective.

Acute mastitis responds quickly to one injection of Glyoxylide. The pathological trend is completely reversed in many instances within a few hours, with complete recovery anywhere from a few hours to a few days. When response is not immediate a second injection within three days has proven beneficial.

In chronic mastitis good results follow use of one Treatment, but recovery requires a longer period (usually one to four weeks), except where the condition has been chronic for a period of one or more years, or where the underlying damage (scar tissue) is extensive. We find in such instances recovery may not be complete in less than sixty to ninety days. For these cases, we recommend re-treating at seven or twenty-one day intervals until three Treatments have been given. We have found this procedure highly successful. Recovery very definitely can be promoted and sustained by this method. Where tissue changes are necessary, it is doubtful whether much can be gained by repeating the Treatment in less than weekly intervals.

We found Glyoxylide to be a specific treatment for acetonemia. The number of animals treated for this condition is less than 200, with recovery approximately 94 percent. Most animals respond within 24 to 48 hours to one injection, others were given two, and some three of the Treatments. On several occasions when animals were down with a commanding degree of the infection we administered Glyoxylide and glucose. I think it hastened recovery somewhat, but more work will be needed to determine its worth.

Two hundred or more Bang's positive cows have been treated with

Glyoxylide within the past sixteen months. We lack complete reports on some herds; however, the following will give an indication of what may be expected. In treating Bang's positive cows, to correct sterility and prevent further abortion, one Treatment was used. This method proved successful in Michigan in over 100 positive animals treated. All cows conceived, there were no abortions; all calves were healthy, as were the cows. Milk production was also satisfactory.

Where it was considered important to change blood test from positive to negative, three successive Treatments at weekly intervals were recommended and used. Our records are complete on several herds but as yet the number is limited. The picture we now have is very encouraging.

In one herd, six cows were treated and five responded, all blood tests becoming negative. Two are still negative and three have been re-treated no test since. In another herd two were treated and both are negative. We have had several instances with only one positive animal in the herd. Three treatments were administered and in each instance the blood tests were negative. We hope to run tests on several hundred Bang's positive animals within the next year, which will permit some conclusions to be drawn and reported.

We have used several of the well-known udder infusion treatments as well as other forms of medication in conjunction with Glyoxylide in the treatment of mastitis and other pathological conditions and although this work is very limited, there has been no evidence that any of the drugs used have inhibited Glyoxylide's beneficent action. On the contrary, there is evidence that the combined use of such drugs should be thoroughly investigated. We are currently making plans to continue this investigation.

In addition to mastitis, sterility, acetonemia and Bang's disease, Glyoxylide was applied successfully to many pathological conditions, such as septic conditions associated with retained placenta, difficult labor with possible infection, milk fever relapses, pneumonia, shipping fever, hoof rot, ringworm, edema of the udder, scours, pinkeye, cancer, and systemic conditions, to mention a few.

We considered a cow cured of mastitis, by Glyoxylide, when the udder became soft and pliable, the flaky, stringy milk became normal and the causative organism eliminated from the milk samples as shown by

laboratory tests or when the blotter test shows clear. Streptococcus was present in about ninety percent of the animals treated.

We consider the Glyoxylide Treatment of a cow suffering from acetonemia has been used successfully when she soon regains her strength and appetite; when her milk is again saleable, when her production of saleable milk equals or exceeds in amount that which had been obtained previously and when the chemical test for acetone in the urine has become negative.

**We have drawn the following conclusions from our evaluation and research program:**

1. We have been able to confirm and corroborate results reported by Dr. D. H. Arnott and others, on the sound mature research done in Canada.
2. We have been able to confirm British Columbia reports of Glyoxylide's efficacy in treatment of fibrosis and have established records indicating the Treatment to be successful up to 85.5 percent.
3. Our results of recovery in sterility are above the 70 percent reported in British Columbia.
4. Complete clinical control of Bang's disease or contagious abortion resulted in all animals treated. In many Michigan cases where only one Treatment was administered, the blood test changed from positive to negative. A much higher percentage of negative blood changes occurred in animals that were given three consecutive injections at weekly intervals.
5. Glyoxylide was found to be a specific treatment for acetonemia (ketosis) with a very high percent recovery.
6. We have established records of the fact that most acute conditions are quickly controlled by one injection of Glyoxylide and that chronic conditions such as mastitis respond well to frequent injections. We have used weekly injections and find we can maintain and promote recovery by this method. In no case have we found any inhibitory action resulting from repeating the Treatment.

Where tissue changes are necessary in the recovery process, we doubt whether anything can be gained by repeating the dose in less than seven

days. In some acute conditions it appears that the Treatment may be repeated in less than seven days with satisfactory results.

These conclusions have been drawn from observations and correlations of results obtained in treating over three thousand dairy animals with Glyoxylide during the past two years. We do not wish anyone to infer that some disappointment has not followed the use of Glyoxylide in the treatment of individual animals, or that all herds responded equally well, but on the whole there has been general satisfaction obtained by those who have used the method of treatment to cure, control or prevent common seriously destructive diseases of dairy animals.

Twenty-eight projects are now being carried on in seventeen States. It will take many more years of extensive research to determine the possibilities for Glyoxylide in the treatment of bovine diseases. Our work to date has provided a pattern for the future. We look to the future with great hope for a sound progress.