Editorial

GLYOXYLIDE

WILLIAM FREDERICK KOCH is the discoverer and original manufacturer of Glyoxylide, a product that he and his colleagues in the medical profession have for many years successfully used in the treatment of diseases heretofore regarded as incurable.

His distinguished educational career at the University of Michigan laid the foundation for later advanced research and earned the young scientist A.B. and Ph.D. degrees. Wayne University (then known as Detroit College of Medicine) conferred upon him the degrees of Master of Arts and Doctor of Medicine. Dr. Koch was a student and faculty member at both universities.

Early experimental studies led him to believe that health and well-being depended upon the presence of an obscure oxidation catalyst within the human organism. He further postulated that disease developed when these catalysts were disturbed, injured, or absent. Believing the tissues of the brain and heart to be the most likely source of the chemical factors sought, specimens from these organs were initially studied. An unremitting series of experiments was eventually rewarded by the isolation of a chemical's structure, which was the polymer of O=C=C=C=O and O=C=C=O.

This work was in progress as early as 1918. Experiments among animals were started at that time, eventually leading to the treatment of patients with appreciable success. Favorable mention was enjoyed in various medical journals. The following excerpt from a letter by A. R. Mitchell, M.D., a past president of the Board of Trustees of the American Medical Association, is illustrative: "I hope that a little more time will prove that your work is really an epoch-making work and that you will ultimately secure the full credit and profit to which your service entitles you."

Dr. Koch's friends readily concede that his Theories have provoked discussion and controversy. Nor do they deny that certain medical groups and drug interests have sought to hinder the application of his discoveries. They point out, however, that a large and sincere segment of professional opinion supports him and that a mass of documented clinical data confirms the validity of the system, which bears his name.

Supporters of Dr. Koch's Theories include physicians, scientists, and investigators in the United States, Canada, Brazil, England, and continental Europe. Trained observers willing to make an unbiased appraisal of the efficacy of the Koch products cannot help but be impressed by the large accumulation of laboratory and clinical findings. The primary purpose of this discussion is to summarize the foregoing affirmations.

ANIMAL WORK IN CANADA

The Department of Agriculture of the Province of British Columbia cites favorable results obtained in experiments with Glyoxylide on pages 16 and 17 of its 1944 Report. The Minister of Agriculture appointed a committee to examine claims made by farmers who professed

astonishing results in treating sick cattle.

In one series of tests, 27 cows pronounced infected with mastitis, on the basis of bacterial counts, were given one injection each of Glyoxylide. Substantial reduction in bacteria resulted and in every case there was noticeable softening of the udder. A startling development in some cases was the disappearance of fibrous tissue. No other treatment was used in connection with Glyoxylide.

S. N. Wood, D.V.M., of the University of British Columbia, observed that if the Treatment had not provided cures in every case, the results obtained were sufficient to recommend further use.

In 1946, a medium-sized Vancouver Island herd was losing young heifers at first calving time. Upon being notified of the trouble, the Livestock Commission treated the entire herd and, a few days later, re-inoculated four animals, in which clinical evidence of Johne's disease was observed. Only Glyoxylide was used. The condition was relieved immediately, and the herd has shown steady improvement ever since, with better physical tone throughout.

D. H. Arnott, M.D., 's work had been of such value in furthering the use of Glyoxylide in Canada that the Honorable K. C. MacDonald, Minister of Agriculture, invited him to discuss the subject at a meeting, which led to the formation of the investigating committee. Dr. Arnott was later commended by the Department of Agriculture as being most helpful and cooperative.

After the committee's work was finished, officials endorsed acceptance of Dr. Koch's principles. They noted that when certain pathological conditions were present, all cleared up promptly after the Koch Treatment was administered. A thesis written by Mr**.** W. Bruce Richardson, containing the committee's findings, was published by the University of British Columbia under the title, "The Koch Treatment and the Use of It on Dairy Cattle in the Chilliwack Area."

In its June 1947 issue, the *British Columbia Farmer and Gardener* cites two cases in which Glyoxylide was used against acetonemia. Results clearly substantiated claims made for efficacy in this affliction. "The Koch product appears to aid the individual cell in its oxidative activity, transforming food into living energy. This property makes it the simplest and most effective remedy yet developed for acetonemia, a disease long puzzling to veterinarians."

The Prince Albert Milk Producers Association showed additional proof of Glyoxylide's effectiveness in contact with acetonemia in 1949. In the first test of 15 cows having acetonemia, 14 were cured after one injection. Four of the same cases were concurrently suffering from mastitis, a condition that was also eliminated. In another test, 34 animals were injected with Glyoxylide and 31 cures were effective over mastitis.

The *1949 Report of the Department of Agricul*ture contains a summary of the work undertaken to investigate the merits or demerits of Glyoxylide in the treatment of mastitis and infertility. Seventy-one cows affected with mastitis and 29 infertile cows were given the Glyoxylide Treatment. Milk samples were taken at various times for bacteriological examination. No saleable milk was obtained from 263 infected quarters when the first injections were administered. Ten months later, it was revealed that production of market milk had been restored

to 256 quarters. The investigating committee made note of as many as 14 pathological states, which gave way to normal conditions during the work. Among these 14 may be noted the following:

(1) High bacterial count reductions
(2) Softening of the udder
(3) Disappearance of fibrous tissue
(4) Reduction of infertility

The British Columbia Veterinarian Association, as the result of related studies, passed the following resolution:

"This association is of the opinion that the official results of the Koch Treatment (Glyoxylide) in Veterinary practice appear reasonable grounds to warrant continuing its use."

RESEARCH BY THE CHRISTIAN MEDICAL RESEARCH LEAGUE

It should not be inferred that beneficial results from Glyoxylide in treating cattle are limited to Canada. A stream of favorable reports flow in from farmers of the United States.

The Christian Medical Research League, a charitable and non-profit corporation organized under the laws of the State of Michigan, became the repository for Dr. Koch's discoveries in 1948.

The organization now has on file reports covering the treatment of thousands of dairy animals. This documentary indicates that Glyoxylide has proven 80 percent efficient against diseases affecting herds. Among the conditions over which excellent control has been demonstrated are pneumonia, scours, ringworm, pinkeye, and retained placenta. One herd owner with fibrous mastitis reports an 85 percent recovery rate. Another dairyman reports a recovery rate of 64 percent.

Many splendid dairy animals were restored to increased milk production by an injection of Glyoxylide, instead of being slaughtered as had been recommended by the attending veterinarians. A brief summary of clinical reports involving 48 animals indicates a high percentage of recovery. In 26 recorded cases of sterility, 18 recovered satisfactorily, 3 reports are not yet complete, and 5 did not make satisfactory progress.

The summary shows 3 animals were treated for acetonemia and all recovered. Those treated for mastitis numbered 14, with 10 cures, 2 reported incomplete, and 2 failures to respond. There were 4 cases of Bang's disease, all making complete recoveries. One animal suffering from pulmonary abscesses showed progress but was placed on the doubtful list.

Summarizing the Treatments used, we find the number of animals reported upon to be 48, of which there were 18 recoveries from sterility, 3 from acetonemia, 10 from mastitis, and 4 from Bang's disease, making a total of 35 cures out of 48 treated. This provides over 72 percent recovery rate.

The Christian Medical Research League is currently conducting continuous experiments. Mice are secured for tests from the Jackson Cancer Research Laboratory of Bar Harbor, Maine, each of which is certified to bear cancerous tissue, as a result of tumor transplantation. Treatment with Glyoxylide begins within five days after the transposition of tissue has taken place.

In every group of 24 treated at one time, a group (usually 4) does not receive treatment. These act as controls. The remaining group of 20 is subdivided into 5 groups of 4 each.

Each group is given definite dosages of Glyoxylide manufactured by the Christian Medical Research League of Detroit, Michigan.

The comparison of the life span of the mice used, and of man, is ten days for the mice equals one year for man. Thus, mathematically, one-tenth of the number of days recorded at the time of death of the mice is equal to the number of years in comparison to the life of man. In Group One, where the controls lived — one for 18 days, one for 14 days, one for 17 days, one for 20 days and one for 24 days, the comparison to man would be 1.8 years, 1.4 years, 1.7 years, 2 years and 2.4 years of life. This compares very favorably with the length of life of American people in whom cancer is discovered.

The mice treated show a very different record. Many of them lived 190 days, or 19 years in the life of man, after the cancer was transplanted. Unfortunately, the sudden unexpected cold of November 24, 1950 killed all mice left in these groups at that time. Further experiments are being made at the present time.

Hundreds of physicians in the United States, Canada, and other countries have turned to using Koch Products in their practices. Assembled at the Detroit office of the Christian Medical Research League are hundreds of their clinical reports and findings, reflecting the outcome of thousands of cases in which Glyoxylide was the therapeutic agent. The overall indication is that while cures have not been produced in all cases, the percentage of favorable recovery illustrates its efficacy.

CASE HISTORIES

Dr. F. M. Altig of Alhambra, California, reports a case involving carcinoma with lung and pelvic metastasis, which responded favorably after a series of three Glyoxylide injections. The case was diagnosed after biopsy as a grade 3 carcinoma, considered to be terminal. However, two years after Treatment the patient was able to be up and carry on light housework. Disappearance of the generalized abdominal rigidity and hardness are hopeful indications of permanent recovery in this case.

In another case involving a patient with cervical smears positive of carcinoma, a biopsy taken one year after Treatment proved negative, save for scar tissue. The standard tests for carcinoma were all negative.

Following are summaries of typical cases involving the use of Glyoxylide:

TREATMENT: Administered Glyoxylide on March 30, 1949 to a young man 19 years of age, suffering from polio. He was carried into the office, having been in a wheelchair for three years, and was unable to stand on his feet, even with braces and crutches. He now goes to school by bus, drives his own automobile, plays ball and walks everywhere without the use of crutches. He is very happy.

TREATMENT: Koch injection given June 16, 1940, patient having prepared for the Treatment five days previously. The cancer mass disappeared rapidly and the area was completely healed in 30 days. Patient stated that his general health is better than it has ever been in his lifetime.

TREATMENT: Koch injection, May 16, 1941. Patient had chills and fever on the 3rd and 7th days, following the injection. Pain and swelling subsided by June 6, 1941. X-rays, September 5, 1941, showed complete disappearance of gouty deposits in toes with no recurrence to date.

TREATMENT: Amputative surgery was cancelled in this case, in order to try Glyoxylide for gangrenous condition resulting from Buerger's disease. Depressive medications were discontinued and Glyoxylide administered July 15, 1949. Patient passed his first night without opiates. Pain and cramps gradually disappeared. Normal temperature returned to the leg from knee to ankle, and within three weeks, he was able to be on his feet for a few hours. A deep ulcer on the plantar region healed completely and the toes assumed normal coloration. Patient gained 38 pounds, drives his own car, and remains well.

TREATMENT: Koch injection given March 21, 1947. Patient had reaction of chills and fever 24 hours after the injection. Masses gradually disappeared from the neck. Patient recovered completely and is actively engaged in farming at the present time. There has been no recurrence of his former condition to date.

TREATMENT: Koch Treatment begun December 9, 1941. Patient experienced immediate relief of stomach pain by January 24, 1942. Periodic X-rays of the stomach were taken until March 10, 1943, with complete healing of ulcer and no return to present date. Patient has not had any epileptic attacks since beginning treatment on December 9, 1941. The hernia healed completely in one year during which time the patient wore a truss day and night.

TREATMENT: Patient was diagnosed as having cancer of the urinary bladder by an outstanding urologist in Little Rock, Arkansas. Three previous operations failed to relieve the condition. Placed on careful preparatory treatment and administered Glyoxylide. Improvement was noted at the end of the 14th day. The patient was hospitalized for 42 days with moderate seventh and 21st day reactions. Now, has good control of bladder action, travels back and forth 220 miles every six weeks for check-ups and lives normally without difficult micturition.

TREATMENT: Koch injection administered August 3, 1941. Mineral and vitamin tonic prescribed and careful attention to the diet. The infant developed a moderate fever three weeks later, after which there was a gradual disappearance of the eczema. By the end of six weeks, the skin was clear except for small patches of eczema in the bends of the elbows and knees. Baby has gained five pounds, and the vomiting has ceased. On May 27, 1942, the child was completely well and there has been no recurrence of any allergy symptoms to date.

TREATMENT: Koch injection administered February 2, 1940. Patient remained in bed for three weeks, carefully following the diet and receiving vitamins and minerals. He gained rapidly in strength, appetite and body weight. A reaction of chills and fever occurred during the 6th week, and from then on, the recovery was rapid. After this reaction, he returned to his pulpit, being a minister. On March 27, 1940, another X-ray of the chest revealed marked healing of the lung tissues and the sedimentation rate had returned to normal. During the 36th week another reaction occurred. On January 2, 1941, examination revealed a well man confirmed by physical finding, chest X-ray and negative sputum. At this date, the patient is still alive and enjoying good health at the age of 70.

TREATMENT: Patient received a few sinus irrigations and emergency injections of adrenaline and colonic treatments for two days. On January 28, 1944 a Koch injection was given. Patient immediately began to improve. Asthma attacks became less severe and sputum easier to raise from chest. On February 19, 1944, a reaction of chills and fever occurred, and asthma attacks ceased. The coughing attacks continued but in less severe form and gradually the sputum cleared up. On August 8, 1944 a repeat Koch injection was given for the cough. The patient had not had any return of asthma or sinus symptoms in the meantime. After second injection, the patient gained back her weight. Patient has remained well and her weight has increased to 110 pounds.

TREATMENT: Koch injection given January 10, 1942. The mass was completely gone and the area healed by April 15, 1942. This patient has been seen on numerous occasions and there has been no recurrence of this mass or any other mass to date. Patient reports that she has had excellent health since Koch injection was administered.

TREATMENT: Koch injections given April 7, 1943, June 23, 1944 and November 19, 1944. Two months after the first injection there was a definite development in the calf muscles of the left leg. Patient removed the brace and began to walk without the aid of crutches. A reaction occurred on August 13, 1943 after which there was a rapid development in the leg muscles, cramps ceased and the right leg began to grow. Patient increased in weight and was soon walking with only a slight limp. Improvement continued, and by January 1944, the patient adopted a baby and was doing all her own housework.

By June 1, 1944, the right calf muscles had grown to 9% inches. By November, both legs measured the same length, and the patient was able to walk up and down stairs unassisted. There has been a complete recovery, and this woman is an excellent specimen of health today. She not only keeps her own house and cares for her daughter but also is the office secretary to a busy doctor and an instructor at night school. Her weight increased to 120 pounds.

TREATMENT: Three months after Treatment there was no hematemesis, gastric distress, and the fullness greatly subsided, appetite improved, and he gained twelve pounds in body weight. Patient reported for regular check-ups and six months later, gastric analysis was normal, stools were normal; X-ray of stomach showed a normally filled stomach and no evidence of mass, no nausea or vomiting. Strength is rapidly becoming normal, and the patient is now attending to duties on his farm. There has been no recurrence of any gastric disturbances, and he has never resorted to any form of medication for either stomach or bowels. Fourteen years have elapsed,

and we find a healthy man, weighing 197 pounds, farming 160 acres, driving his own tractor, and doing strenuous labor with no recurrence of any symptoms.

Only a small fraction of available material has been covered in the preparation of this summary. Hospital records, verified laboratory findings, documented statements by practicing physicians, and testimonials of patients establish beyond question the therapeutic value of Glyoxylide. Many people, who are in a position to know the value of the treatment by first-hand observation, regard it as a gift from God to mankind.

Official Government Reports

DR. KOCH'S WORK IN BRAZIL

A NEW ERA in the treatment of disease is opening in those South American countries, which are feeling the impact of Dr. Koch's personal presence. His work in Brazil is attracting wide attention.

He accepted an important assignment in that part of the world several months ago and results accompanying the use of his products have proved astonishing in Government quarters. The documents reprinted below are literal translations from the original Portuguese language, the official tongue of Brazil.

Dr. Koch's animal work is conducted under the auspices of the Department of Justice and Interior Affairs. It will be noted that the Government credits him with curing 95.5 to 98 percent of animals treated — all of which were suffering from diseases otherwise regarded as fatal. The three documents herewith released are:

(1) A letter of transmittal from the Director of the Department of Government that conducted the tests under Dr. Koch's supervision.

(2) A comment from the Government veterinarian who worked with Dr. Koch.

(3) A report by the Chief of the Agricultural Division, responsible for compiling the Official Records.

DEPARTMENT OF JUSTICE AND INTERIOR AFFAIRS

December 7, 1949

FROM: DIRECTOR OF INSTITUTO PROFESSIONAL
TO: DR. WILLIAM FREDERICK KOCH
SUBJECT: REPORT OF THANKS

Dear Doctor,

We take this opportunity to thank you for the treatment effected on the herd of the Instituto

Profissional Quinze de Novembro on which the Koch Therapy was employed, the best results being obtained with the use of Glyoxylide.

Our thanks are even deeper due to the fact that you and the representatives of the Cantuaria Guimaraes worked with a maximum of devotion and without pay, as the treatment was gratis.

We wish to inform you that we have sent our Reports Nos. 844, 845, and 846 to the Ministers of Justice and Interior Affairs of Agriculture, and to the Governor of the Federal District, copies of which we are enclosing.

I take this opportunity of presenting my thanks for your efforts.

Signed, Francisco Floriano de Paula
Director

INSTITUTO PROFESSIONAL, VETERINARY DEPARTMENT

To the Chief of Agricultural Center:

The knowledge of the fatal Aftosa fever, one time affecting animals and herds, and without adequate therapeutics to combat it, is a recognized fact.

Thus, the method of treatment introduced in the Instituto Professional 15 de Novembro by Professor William F. Koch, to combat the mortality caused by such a malady, self-cure, originating from the proper organic reactions, deserved our best attention, by the devotion given to the science and organic observations, keeping always in mind the therapeutic efficiency.

Now we wish to start our report on these observations gathered from the Koch Treatment given to the Institute's herd of cattle, calves, and older animals affected by Aftosa fever.

Although we had had a general vaccination of the herds of the Institute done by the proper specialists, the only preventive way known, we failed in our efforts to control this malady, of an epidemic character, in the herds of the Institute, and it should be remembered that the Veterinary Service of P.D.F. of Campinho did not obtain the desired results in neighboring herds also inoculated, as the animals vaccinated in July were attacked by Aftosa fever the following September.

Such a fever appeared on September 21 last.

On the following 28th, with the "Koch Treatment," a notable experience was affected in the field of scientific medical scope by the proper discoverer, by the application of his formula with injections, which varied from 6 to 1/2 cc., in 48 hours. I noted improvement in the general health of the animals with an increase of milk from the dairy cows.

We used the Treatment on 54 of 59 head of cattle, the other five having died before the application of the formula.

Of the 54 treated, two cows and one calf died. However, one of the cows was exceedingly skinny and very old, having already produced five or six offspring.

Out of 200 swine treated, 35 adults and 165 sucklings, the mortality was only 28 sucklings, some of them having died of malnutrition and smothering. All the adults recovered.

It is proved in the face of the given facts that the percentage of cures is a most promising one, thus proving the results obtained from the application of the "Koch Formula" in the natural relativity of animal organisms.

As an observer of facts without knowledge of the components of the formula, a combination of the process known as Koch Therapy, our personal impression is based on the efficient and scientific cures of Aftosa fever, introduced by Professor Koch.

The experimental value of the therapeutics observed by myself is such that I would like to follow it in greater detail, experiences with which veterinary medical science will be able to serve the national economy better.

This refers to the application, for the first time, of the medicament Glyoxylide discovered by Professor William F. Koch to combat Aftosa fever, which represents a matter of utmost importance, scientifically speaking, and will place Brazil in the vanguard of veterinary medicines, the best known way to eliminate to a great extent, if not completely, this terrible malady, which decimates our herds with great or total loss of animals attacked by this insidious disease.

I take this opportunity to manifest my great interest in being of service and a companion of Professor Koch, in his future experiences, knowing that by this I would learn not only the technique of treatment but the dietetic care; therefore, I am asking permission of my immediate superiors to be allowed to realize the above mentioned studies, without my disbursement from the public funds.

Rio de Janeiro, October 16, 1949.
(Signed)
Guido Benedini
Veterinarian

INSTITUTO PROFESSIONAL CENTRO AGRO PECUARIO

Dear Director:

By this I shall endeavor to introduce Dr. Guido Benedini, Veterinarian of this Institute, and take this opportunity to bring before you the Report of the Agro Pecuaria Section.

In this Report concerning the treatment of the animals in question strongly attacked by Aftosa, I do this with the utmost satisfaction, for the result obtained, which exceeded our greatest

expectations.

REPORT

On September 23 past Dr. Guido and myself, as a last resort, went to the Veterinary Service of the District, Largo do Campinho, trying to find methods of treatment for animals of this Institute on which we had already applied all known preventive and curative treatments.

We were exceedingly well received in this Department, and were told that nothing could be done except a recent treatment known as Koch Therapy which was being used in an experimental stage, with marvelous results, with cures of almost 100 percent in the treatment of Aftosa.

We agreed to use the above mentioned Treatment, not only because we had no other therapy at our disposal, but also because the veterinarians who received us at the Campinho Post, gave us the most encouraging information in regard to severe cases of Aftosa, mentioning some cases in which full recovery was obtained after only one dose of Glyoxylide, a chemical substance discovered by Professor William Frederick Koch, who is at present in Brazil.

Before referring to Koch Therapy, we shall mention that all the bovines had received standard vaccination for Aftosa months before. The opinion of all veterinarians who examined them was that the treatment still had allowed a great percentage of mortality. It also should be admitted, a total loss in swine, such was the serious state of their health at this time.

TREATMENT

It was then agreed that the animals should receive injections on September 28; on that date by 1 P.M., there arrived at Agro Pecuaria Section of I.P.Q.N. Dr. William Koch, and his representative, Dr. Cantuaria Guimaraes, Veterinarian, Dr. Victorio Lombardo and his assistants, who began vaccinations.

The Treatment consisted of only one injection of Glyoxylide for animals, the dose varying from 6 to 1/2 cc. according to their respective strength. Before the animals were given injections, we took a report of each one and the degree of intensity of the malady.

Receiving Injections:
Bovines— 54

Cows	15
Bulls	17
Calves	15
Steers	7

It should be noted that the calves were of a tender age, a month, 15 days, and some even only a day old. However, those of the latter looked much older due to their physical appearance.
Swine ——200

Hogs	3
Sows	32

Sucklings 165 (some only a few days old)

On the following day we could observe a surprising improvement in all the animals, not only because they ceased to froth at the mouth, but also because they were eating all the rations perfectly well; the swine also looked so much better and had good appetites and moved about normally.

Of the bovines, the following died:

Spotted cow bitten by a cobra.
Cow giving birth to calf.
Calf, son of the spotted cow.

Of the 200 swine injected, only 28 sucklings died, 14 by smothering and 10 by malnutrition, which we will explain in the following paragraph, and 4 died of causes not ascertained, thus being considered as victims of Aftosa.

ACCIDENTS

A black cow owned by a neighbor was on the ground in an agonizing state, in such condition that the veterinarians thought she would not live overnight, some of them saying that the animal would not live more than 4 or 5 hours, due to a weak heart.

Now we shall note that this same cow, after receiving a dose of 6 cc. of Glyoxylide, got up, moved around and started to eat well. Day by day an improvement could be seen, and after 6 days, when it could be considered cured, all indications showing that it was saved, it was bitten by a cobra and died in a few hours.

The spotted cow and calf also were victims of cobra bites, this happening in the same locality where the black cow died.

A thorough search of this locality by Mr. Jose Cardosa Santana, in charge of the Pecuaria Section, aided by some students, resulted in locating and killing the terrible cobra known as jararaca caissara or jararacucu.

SWINE

Some of the sucklings were taken away from their mothers, due to their serious condition, their teats being so inflamed that they did not permit the feeding of their offspring.

As a consequence of this, ten sucklings died of malnutrition, as they were not ready to be weaned and we lacked the proper food for them.

The remaining 14 sucklings were smothered. Due to the cold weather, they tried to find warmth under each other and were suffocated in one of the corners of the pen where they gathered, some of them being injured by the others.

However, as soon as we noticed these negative factors, we took the necessary steps to eliminate them, in the case of malnutrition by giving cows' milk as a substitute for their mothers' milk, and to eliminate smothering, we segregated them in various pens, thus avoiding having a great number of them together, and placing enough straw to keep them warm.

It is very interesting to relate what happened to a suckling offspring of the sow, Register 76 of which was born with the hind legs paralyzed. This animal could move only by its front legs. Now to our great surprise and that of all our assistants, this suckling is completely cured as if nothing had ever happened.

THERAPEUTIC VALUE

By all that we have said and without any doubt this medicament constitutes a product of the highest therapeutic value in the cure of Aftosa, and it seems to us that it also contains immunizing value during the period of gestation, as the following will explain:

Swine diagnosed with Aftosa fever: 167 (all completely cured)
Swine without Aftosa: 33 (completely well)
Sucklings born to sows with Aftosa: 11 (completely well)
Sucklings born to sows without Aftosa: 4 (completely well)

All this indicates that the health of the sucklings born to mothers with or without Aftosa is excellent under all circumstances.

We shall consider that swine affected by Aftosa after the Treatment were permitted to mingle without danger of contagion with ones not affected, but which had also been injected.

It is also to be noted that due to the long drought, the feed which we had to use during the months of September and October was deficient and of poor quality, the last month being the worst in 1949, with its sudden changes of temperature, cold and hot, humidity and rain.

All this shows that in the bovines the percentage of cures was 95.5%, and in the swine 98%, which is self-explanatory.

APPRECIATION

We shall never forget the valuable and altruistic deeds of Professor William Frederick Koch, Dr. G. Cantuaria Guimaraes, and of the Director of the Veterinary Service of the District and their devoted assistants, all working together to obtain this wonderful result with a saving of 160,000 cruzeiros, for such was the value of the animals, and it should also be remembered that the Treatment was entirely gratis.

To the first, to the scientist and discoverer of a Therapy of the highest curative value, who, without any monetary remuneration, gave his valuable time and proficient work to save the herd of the Institute.

Facts Regarding Dr. Arnott's Work In Canada:

D. H. ARNOTT, M. D.
226 QUEEN'S AVENUE
LONDON - ONTARIO
CANADA

May 9th, 1950.

THE EDITOR,
JOURNAL OF THE CANADIAN MEDICAL ASSOCIATION,
3640 UNIVERSITY STREET,
MONTREAL, QUEBEC.

Dear Sir:

I hereby submit an original article for publication in the Canadian Medical Association Journal, concerning the successful treatment of cancer of the brain by the administration of Koch's Glyoxylide.

The enclosed reprint from the *1949 Annual Report of the Department of Agriculture of British Columbia*, discloses the outstanding merits of Koch's Glyoxylide in the treatment and cure of seriously destructive diseases of dairy animals.

Yours very truly,
D. H. ARNOTT.
DHA:B

CANCER OF THE BRAIN: SUCCESSFUL MEDICAL TREATMENT
D. H. ARNOTT, M.D.

The writer has received from the Association the monograph entitled *Cancer of the Head and Neck,* to which "special attention" was drawn in Editorial Comment on page 533 of the November 1949 issue of the Canadian Medical Association Journal.

There is no mention of the diagnosis and treatment of cancer of the brain, which is a very obvious omission in an article with the sweeping title employed. It leads one to infer there is little to recommend the treatment of cancer of the brain by the use of surgery or radiation.

Therefore, it should be of interest to members of the Association to learn that in a series of seven consecutive cases of cancer of the brain to which Koch's Glyoxylide was administered (after surgical operations had been performed in what had proved to be futile efforts to deal with the disease) five have made complete recoveries. The tumors were regarded as cancerous by those who made the observations, during the operations.

Koch's Glyoxylide is a dilute solution of polymers of carbon suboxide, which were discovered and used therapeutically by Dr. William F. Koch of Detroit, Michigan. When successfully applied, it is believed that the improvements and recoveries are due to the restoration and natural maintenance of vigorous internal respiration. Brief clinical notes are herewith submitted:

CASE HISTORIES:

(1) Female, aged 4 1/2 years, complained of headache, vomiting, and tendency to stumble. Careful observation resulted in an operation for brain tumor being performed May 7th, 1944. The opening made in the back part of her head enabled the tumor to be observed. It was regarded as inoperable. Some X-ray treatments were used, but were discontinued as they disturbed the little patient. An enlargement appeared around the incision, which failed to heal completely. She was confined to bed, with her head drawn backward and narcotics failed to give sufficient relief to enable the child to relax and sleep. Glyoxylide was administered in her own home, August 20th, 1944. Within three hours, she was able to get to sleep without use of any narcotic. The next morning she appeared brighter and took some food. In ten days she was free of her headaches and vomiting, and her vision had improved. I saw her early in October at which time she was up and around, though the incision had not healed entirely, and I advised the use of a second injection of Glyoxylide. She made a good recovery and is normal in every way.

(2) Female, age 3 ½, when her left eye was removed, pursuant to a diagnosis of cancer. Microscopical examination confirmed the diagnosis. The operation was performed August 2nd, 1945, but in a few weeks it became obvious the disease had affected the remaining eye, and had spread to other parts of the brain, while it had flourished in the socket from which her eye had been removed. Glyoxylide was administered November 15th, 1945, as affording a last possible chance for her life. There was prompt and definite benefit. In two months after the Treatment the socket, where the cancer had continued to grow after the eye had been removed, was carefully examined, and found to be free from signs of cancer. Three years later, August 24th, 1948, a plastic orb was placed in the socket and the child went to school with good vision in the remaining eye. She is alive and well at last reports.

(3) Male, 16 years of age, was operated on September 1st, 1945, for tumor of the brain. It was found impossible to deal with the growth. Glyoxylide was administered in his own home September 25th, 1945, at which time he was suffering from severe headaches, vomiting, disturbance of vision, and was paralyzed in his right arm and leg. He suffered severely in the affected limbs from a sensation of intense cold. Within one hour after Glyoxylide had been injected, he experienced a sharp sensation of warmth in these parts, followed by ability to move the fingers and toes, which had been paralyzed. He made a complete recovery and is gainfully employed today. I observed this patient during his convalescence. Two Glyoxylide Treatments were employed.

(4) Male, 5 1/2 years of age, when awkwardness in the use of his left leg was noticed in September 1947. He was operated on for tumor of the brain, March 9th, 1948. The growth was in a part of the brain, which made it too dangerous to attempt its removal. A few X-ray treatments were given, which disturbed the patient and he returned to his home. Through the hole in his skull left by the operation, a growth appeared which increased until it was the size of a small

grapefruit. He had severe headaches and vomiting, was paralyzed on one side, and confined to bed when Glyoxylide was administered on May 9th, 1948. In two days, his headaches were relieved and these never returned with the old severity thereafter. The growth, which was hard, softened and lessened in size. June 6th, he was able to feed himself. June 30th, he was able to walk securely without assistance. There were periods of disturbance, but by January 1949, he returned to school and was a good student. After an attack of measles, he complained of a headache and a second Glyoxylide Treatment was given in February 1949, as a precautionary measure. There then were times when no swelling could be found over the area operated on. He continues well and active at last report.

(5) Male, about 40 years of age, was operated on for tumor of the brain November 20th, 1946. Part of the growth was removed and examined and found to be cancerous. The results of the operation were unsatisfactory, and further operative measures were refused wherever this form of treatment was sought. December 5th, 1947, Glyoxylide was administered, followed by brisk and favorable results. The treatment was repeated twice, with last reports that the patient is well and gainfully employed.

D. H. ARNOTT, M. D.
226 QUEEN'S AVENUE
LONDON - ONTARIO
CANADA
May 13th, 1950.

THE EDITOR, JOURNAL OF THE CANADIAN MEDICAL ASSOCIATION, MONTREAL, QUEBEC.

Dear Sir:

Your card of May 10th, stating that the article, which I submitted for publication, will receive early consideration, is in hand. For the purpose of assisting you to evaluate it, I enclose further authentic, published material, cognate to the whole problem.

There are:
(1) Reprints from the *Annual Reports of the Department of Agriculture of British Columbia* for the years, 1944, 1945, 1946, 1947, and 1949.

(2) *Report Dairy Cattle Health Committee, American Dairy Science Association*, Guelph, Ontario, June 25, 1947. The Committee ignores the Koch Therapy but uses slaughter to control disease.

(3) "Acetonemia" by C. F. R. Barton, D.V.M., reprinted from the *B. C. Farmer and Gardener*, June 1947.

(4) "Acetonemia, The Use of Glyoxylide for Dairy Cattle in Saskatchewan," by the Prince Albert Milk Producers' Association, Prince Albert, Saskatchewan, June, 1949.

(5) "A Preliminary Appraisal of Merits of Koch "Glyoxylide" Treatment for Correction of Mastitis, Sterility, and Other Functional Diseases of Dairy Cattle", by S. N. Wood, D.V.M., University of British Columbia. Reprinted from *Butterfat*, published by the Fraser Valley Milk Producers' Association, March 1947.

(6) "The Koch "Glyoxylide" Treatment for Dairy Cattle in the Relief of Mastitis and Other Disease Conditions", by S. N. Wood, D.V.M., University of British Columbia, prepared by the request of and delivered before the Annual Meeting of the Washington State Dairymen's Association, January 1950.

(7) "Koch's Glyoxylide Saves Pure-Bred Dairy Cattle in Michigan", by Frank Harmon, Editor of *Farm News Page of the Port Huron Times Herald*, August 13th, 1949, Reprinted by D. H. Arnott, M.D.

(8) "Valuable Blood Lines of Pure-Bred Cattle Preserved and Strengthened in B. C." by D. H. Arnott, M.D., Reprinted from *B. C. Farmer and Gardener*, March 1947.

(9) "The Prosecution of Dr. Wm. F. Koch", by D. H. Arnott, M.D.

Trusting you will find these publications useful,
I am, yours sincerely,
D. H. ARNOTT.
DHA:B

THE CANADIAN MEDICAL ASSOCIATION
Publishers of *The Canadian Medical Association Journal*

Editorial Office:
3649 UNIVERSITY STREET
MONTREAL 2

May 18, 1950.
DR. D. H. ARNOTT,
226 QUEEN'S AVE.,
LONDON, ONT.

Dear Dr. Arnott:

With reference to your paper on "Cancer of the Brain," I have given this very careful consideration and must thank you for the reprints, which you sent me. It seems to me that the conclusions as to the treatment of cancer of the brain with Koch's Glyoxylide are a little too general to be accepted by pathologists and clinicians.

I am afraid, therefore, that I may not make use of the material and it is returned herewith.

Very truly yours,

H. E. MACDERMOT,
Editor
Enc.
HEM/mcd

TREATING RHEUMATIC FEVER
By W. Spencer Way, D.O.

THIS MONOGRAPH is particularly addressed to those practitioners who have had to stand helplessly by while their little patients with rheumatic fever continued suffering week after week, month after month, and even year after year, with dyspnea, and often pain on exertion; mitral murmurs; low grade, recurring, sub-acute fever; restricted activity, and loss of school time. While there are cases where the valvular damage is so extensive and of such duration that little can be done, I refer principally to the classical example described above. These are now successfully treated.

ETIOLOGY. While the etiology is essentially unknown, it is generally believed to be one of the hemolytic streptococci, and usually follows two to three weeks after an acute throat infection, in susceptible individuals, with polyarthritis, cardiac involvement, or both. Of all the communicable diseases it is the biggest killer of children, and the largest single cause of military draft deferments.

PATHOLOGY. The principal lesions with which we are concerned here are the Aschoff nodules. These vegetation forms on the valves and on the walls of the endocardium, with inflammation of the valvular tissues. As the body defenses attempt to cope with the situation, scarification, retraction, and thickening of the involved tissues, as well as the chordae tendinae, ensue, with the resultant embarrassment of the valvular function. On the other hand, many of these patients will show little sign of the disease, and it becomes difficult to diagnose. While there is usually an elevation of the leukocyte count, EKG findings may remain essentially normal.

TREATMENT. Coburn (1) recommends 10 to 20 grams of salicylate daily in these cases. The advisability of salicylate therapy, however, appears open to question. Sulfadiazine and penicillin have proved of questionable value in most instances, except as they help keep down secondary concomitant infection. In this connection we think penicillin useful in the preparatory stage of treatment. Bed rest is immediately instituted until the acute stage has subsided. Then restriction of activity depends on the tolerance of the patient.

Detoxifying Regimen: In our Clinic the daily enema is instituted at once, with a restriction of those foods which are difficult to digest, or which contribute to intestinal stagnation.

Nutritional Approach: An easily assembled diet containing whole grains of wheat or rye in cereals and breads, fresh fruits and vegetables, raw sugars, pure country butter, and (when fluids are well tolerated,) apple juice. Animal proteins, citric and oxalic acids, and other items interfering with the action of the oxidation catalysts are temporarily prohibited. (2)

Nutritional Supplements: The natural vitamin complexes of E, A, and C are given immediately,

beginning with 6 tablets daily at first, gradually diminishing the dosage as the patient improves. (3) Calcium and phosphorus are deemed invaluable also, 3 tablets before meals. We believe fat-soluble chlorophyll tid. expedites the recovery process.

Catalytic Agents: After five or six days on the foregoing preparation regimen, 2 cc. of Benzoquinone are injected intramuscularly. Care is taken to see that the patient is not chilled in any way for the next few days. Constant observation of the 3-week reactions is then indicated. If the reactions are fairly severe and pass off in three to four days, that is a favorable sign. No further injections may be necessary. If, however, after a few weeks, the temperature has returned to normal but the cardiac symptoms and signs persist, it may be necessary to follow up with an injection of 2 cc. of Glyoxylide. This injection is given necessarily on the last day of any reaction week except the fifteenth or the twenty-first week.

This is usually followed by a gradual recession of the valvular vegetation, the scar tissue is gradually removed or greatly reduced in quantity, and, generally, in a matter of weeks or months the little patient is symptom-free.

Reactions, however, may persist for several months. During these periods, care must be exercised that he or she does not become chilled, over-fatigued, or constipated. The vitamins E, A, and C should be continued indefinitely in small daily doses.

SUMMARY: Hendricks (4) has reported 87 percent recoveries in rheumatic fever. There is one factor, however, that must be repeatedly emphasized: Giving the injection alone will not affect the desired results in most cases. Giving the patient an injection of one of the catalytic agents and letting it go at that is insufficient and negligent. Besides the strict diet, and constant observation, there must also be added, when indicated, the natural vitamins, minerals, hormones, physiotherapy, etc. This requires constant work and sacrifice on the part of both patient and doctor. But they appear well worthwhile.

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2. Koch. W. F., *The Basic Chemistry of Our Diet*, 1950.
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CORRECTING GLAND DEFICIENCIES

By Julian F. Baldor, M.D.

THE DISCOVERIES of Dr. William Frederick Koch were unknown to me seven years ago, because of a circumstance that may have cost the lives of many people, among whom were members of my own family.

Today, the applications of atomic science to the medical field make more remarkable the facts that settled years ago on Dr. Koch's vision. A new book "The Atom Knocks at the Doctor's Door," casts light upon the vast research of Dr. Koch and his associates, whose theories were

constantly under the strain of persecution and opposition.

In Chapter One, entitled "The Scope and General Background of Atomic Medicine," Dr. Clarence B. Brown mistakenly asserts that we have made only a beginning in the study of atomic medicine problems… that considerable more 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 the applications of atomic science to the medical field.

Yet Dr. Koch and his associates have been doing research in atomic medicine for three decades, and procedures have been definitely established which lead to recoveries from hopeless and crippling diseases. To some professional investigators, the new science in medicine is a kind of mystery, intricate and complex to a point that some doctors hesitate to approach it.

Biological application of carbon isotopes in the medical field is coming to occupy a prominent place in medical books and journals. Authoritative discussions of the subject may be found in a book of the late Dr. Albert Wahl, entitled *The Least Common Denominator in Antibiotics* ... and in the Chapter entitled "Carbonyl Therapy," by Dr. William Frederick Koch, pp. 64-75 in *The New Science in the Treatment of Disease.*

Because glandular disorders have shown outstanding recovery under Koch's medication, the following case study is presented, illustrating relief of a striking glandular deficiency.

Mr. Joe Hailman, 19 years of age, male. Patient first appeared at our clinic on July 7, 1947. For five years prior, he had been under medical care, in an attempt to correct excessive weight and a mental disturbance. Large amounts of thyroid medication had been given to satisfy glandular deficiency, without effect.

Physical examination showed a mentally retarded boy, with sleeping face expression and excessive weight, most of which was located over the hips, lending a female appearance more typical on the posterior view. His face was swollen so that the eves appeared closed.

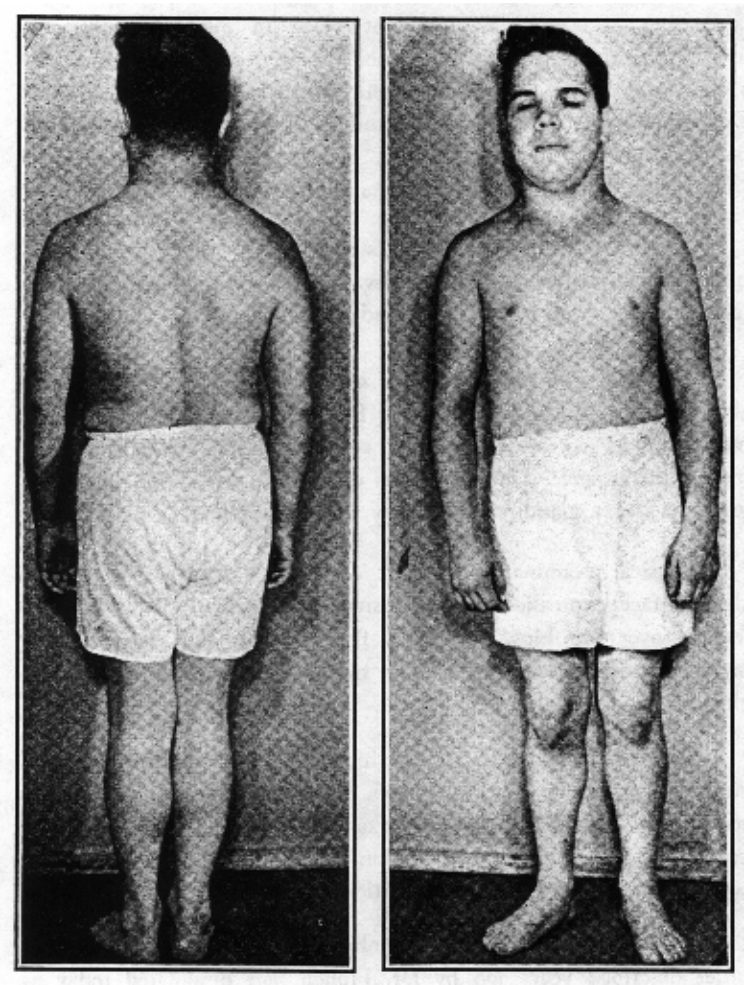
Weight 116 pounds; height, four feet ten inches. Blood pressure was extremely low, at 80/65. Heart normal in position and tonus. The rest of his physical examination was normal with exception of lack of hair distribution on the back of the head, as well as marked atrophy of the testicles.

These clinical findings resembled the typical glandular disorder described years ago by Dr. Frolich and designated today as "Frolich Syndrome."

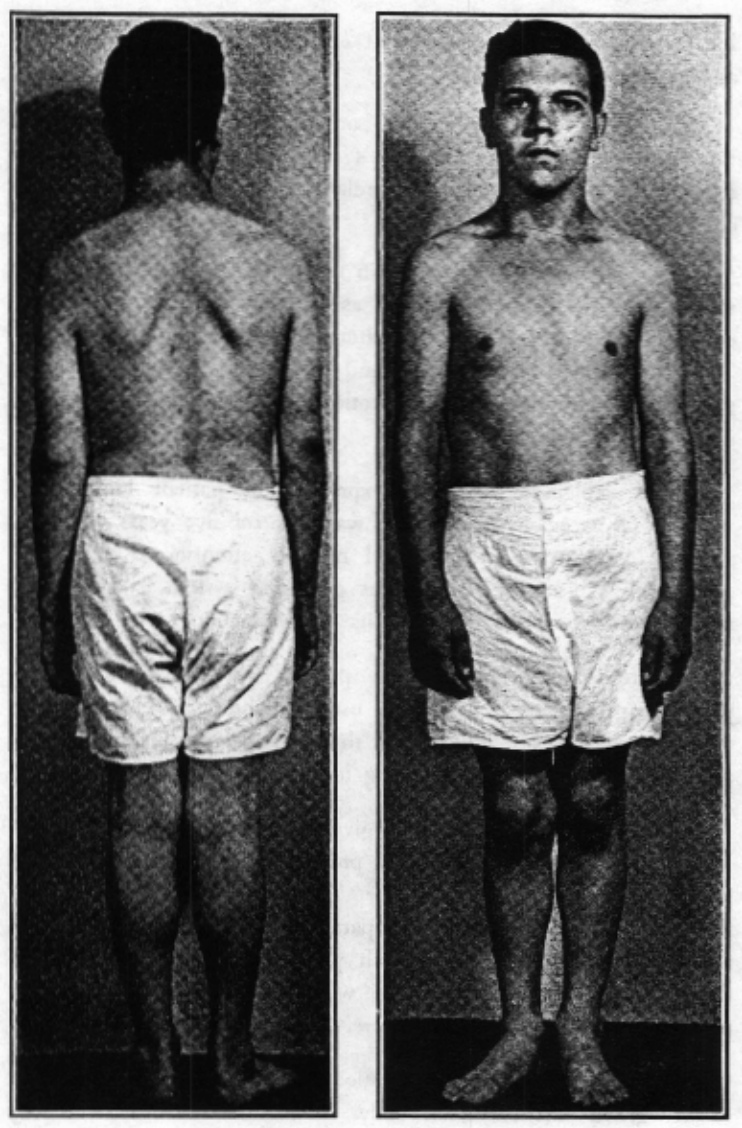
The patient received Glyoxylide on August 1, 1947. By the following November, he had lost 16 pounds, without additional medication of any kind. He mentioned severe headaches, but the outstanding improvement was mental, to such an extent that he became an entirely different person.

His memory was better, as well as his ability to answer questions during conversation. His blood pressure rose to 110/80, and the excessive fat deposits over the hips and shoulders faded away.

Patient before receiving Glyoxylide.



Patient after receiving Glyoxylide.



He remains well until the present and the change in his physical appearance is phenomenal.

Glandular disorders of this sort have yielded remarkably to the Koch Treatment. This patient's complaints began during early adolescence at a time when interrelation of glandular function becomes important.

The pituitary gland, located in the base of the brain, has been spoken of as the "master gland" as well as the "central station," controlling thyroid activity, the adrenals, testicles, and other organs. The fact of its location upon and under the base of the brain gives the pituitary a direct participation in the water control balance in the human body.

This explained the puffy expression of patient Hailman, as well as his excessive weight. He was

sick for five years, receiving multiple treatments under skilled medical attention, without improvement. Glyoxylide brought his glandular system back to work with a total re-establishment of its own function.

There is a tendency on the part of medical practitioners to place too great a confidence in the use of glandular preparations for correction of such abnormalities as thyroid deficiencies, female amenorrhea or infertility, undescending testicles, and so forth.

The medication is usually given in large doses over a prolonged period. The effect is to produce a secondary atrophy of the particular gland in deficiency. This is a frequent outcome of the use of insulin for diabetic patients. Prolonged administration for years finally produces in such patients a complete atrophy of the insulin islets of the pancreas, with inability to re-establish the production of insulin in the future.

In Koch Therapy, administration of Glyoxylide is not specific to any gland in the human body. Normal oxidation in the body acts to stimulate the particular gland in deficiency, and reconstruct its own production output, without administration of preparations from external glands. This theory has been proven by us to work satisfactorily in the field of human gland deficiencies.

BRONCHEOGENIC CARCINOMA
By J. S. Schirmer, M.D.

ETIOLOGY: The fundamental cause of pulmonary carcinoma is unknown and a discussion of the causative factors naturally would force one to consider all factors involved in the etiology of cancer generally, with special features pertaining to respiratory tract involvement.

Most authorities lay stress to some form of chronic injury of the bronchial mucosa as the causative factor of carcinoma of the lung. Chronic injury to the bronchial mucosa is usually due to one or more of the following classification of irritants: 1. thermal, 2. bacterial, 3. chemical, 4. radioactive, 5. mechanical, 6. allergies.

Among thermal irritants is the inhalation of smoke, steam, or flames. The most important of the actual lung irritants are: tobacco, fumes of gasoline, tar and road dust, and of course, war gases as Lewisite or Phosgene, industrial dust containing heavy minerals as arsenic, bismuth, lead, and radioactive substance or other irritants that may have importance in formation of bronchiogenic carcinoma.

Among the bacterial irritants may be found: streptococcus, staphylococcus, pneumococcus and other organisms, which may cause acute or chronic pneumonitis or bronchitis. Included in this group would necessarily be the viruses.

Chemical irritants include**:** war gases, tobacco tar, caustics, and acids, etc.

Mechanical injury may result from actual trauma to aspiration and subsequent bacterial infections, to inhalation of minute particles with resulting silicosis.

Continued allergic responses result in injury to the bronchial mucosa as can radiation, either by excessive X-ray exposure, or exposure to another radioactive source.

Males are more frequently affected than females, although incidence of bronchiogenic carcinoma in females is rising in the relation to incidence in males. About 64% of the cases are between the ages of 40 and 70. Pulmonary carcinoma throughout America and Europe shows this disease to be increasing in number (0.2% to 1.7% of autopsies) and that bronchiogenic carcinoma has increased in proportion to all other carcinomas.

Peppard reports: In series of 7,685 consecutive autopsies, the lung was second most frequent site of involvement. In another series of 6,800 autopsies, pulmonary carcinoma was third. The U. S. Bureau of Census shows an increasing death rate from carcinoma of the lung. The incidence for example in 1914 was 0.6 per 100,000, in 1942 4.7 per 100,000 and in 1944 5.7 per 100,000.

PATHOLOGY: It is believed that primary carcinoma of the lung is first found in the bronchi. Numerous forms of malignant tumors found including adenocarcinoma, squamous cell carcinoma, and small cell or undifferentiated carcinoma. These tumors are most commonly found about the bifurcation of the trachea and usually on the right side. A peripherally located tumor may for some time show no significant symptoms, but those that arise certainly produce obstruction and early localizing symptoms. Those tumors originating peripherally are lobular or nodular and make their appearance as a single mass, may be infiltrative, or may occur as mutile small monules. Another form is diffuse and may resemble pulmonic consolidation or fibrosis. According to Simons the new growth is in the upper lobes a little more frequent than elsewhere. Right lung 358 cases, upper lobe 169, middle lobe 70, lower lobe 119. Left lung 291 cases, upper lobe 179, lower lobe 112.

Ewing states some believe tuberculosis to be a prominent factor. Others believe there is no connection whatsoever between the two diseases. Some believe that one disease is antagonistic to another, but most authorities disagree with this version.

The clinical picture reveals important features such as: 1. Atelectasis; 2. Bronchitis; 3. Bronchial ulceration; 4. Bronchiectasis. These may be the results of a bronchial occlusion or stenosis. Secondly: 1. Pneumonia; 2. Abscesses following super imposed infections. Thirdly: 1. Cavitation and necrosis. Fourth: Pleural changes and most noticeably pleural effusions.

The vascularity (lymph and blood) of the tissue readily accounts for the occurrence of metastasis, which frequently occasions the initial symptoms and may dominate a clinical picture. Metastasis takes place in the adrenals, pleura, pericardium, brain, cervical nodes, pancreas, heart, thyroid and spleen. Adjacent anatomical structure may be involved and infiltration of nerve trunks may occur. Peppard states in one series of 117 cases, metastasis was found in 104, 13 were found not to have metastasis. Maxwell and Nicholson found in a study of 100 cases the onset sudden in 25 and insidious in 75. A sudden onset may be simulated by acute changes taking place in or about a tumor long existent. We find considerable variation of clinical features.

Naturally the findings and symptoms depend upon numerous variable factors such as type, location, size of bronchial tumor, localized emphysema, etc. The most frequent initial symptom

is the cough. At first, it is dry and irritating, later there is expectoration of clear, thin mucoid substance, and still later Hemoptysis. When the secondary infection occurs, expectorated material is purulent. A septic type fever is found and chest pain is present, although early the patient may complain of “tightness” rather than of pain.

As the disease progresses, true pleuritic pain occurs and signs of irritation and infiltration of various nerves are found. Homers Syndrome which consists of ptosis, myosis, anidrosis and Enopthalmos is a rare manifestation of sympathetic nerve trunk involvement occurring with apical tumors or metastasis to the cervicoapical region; hoarseness, aphonia, laryngeal paralysis, phrenic nerve involvement (sometimes hiccough is quite pronounced), these maybe found due to neural involvement. Dyspnea is common due to Atelectasis or pleural effusion.

Majority of the cases show loss of weight, weakness, fatigue and general malaise. Symptoms of gastro intestinal disturbance, vertebral involvement manifested by back pain or radiculitis later in the disease. Breath sounds may be diminished or absent. Respiratory wheeze suggests possibly partial bronchial obstruction. There are no definite routine physical signs, which can be considered pathognomatic of bronchiogenic carcinoma.

A correct diagnosis is of the utmost importance. A painstaking examination and a careful and well-developed history with awareness of possibility of malignant disease is imperative. One of the most important diagnostic procedures is that of roentgenological examination, but very careful evaluation of the film is essential, inasmuch as practically all diseases of which the lungs are subject may be simulated by carcinoma.

Microscopic examination of biopsy tissue is of decisive importance, however occasionally tissue is removed including no tumor tissue. Bronchial secretions removed by bronchoscopy may contain tumor cells that are diagnostic. Bronchographs are quite essential.

Anemia may be severe and immature blood cells are often due to the destruction of reticulo-endothelial tissue by tumor invasion. There may be local edema of the chest wall, face, neck and arms due to interference with the circulation either by pressure, thrombosis or infiltration. There may be venous obstruction or edema associated with cyanosis resulting from pressure or obstruction to the trachea.

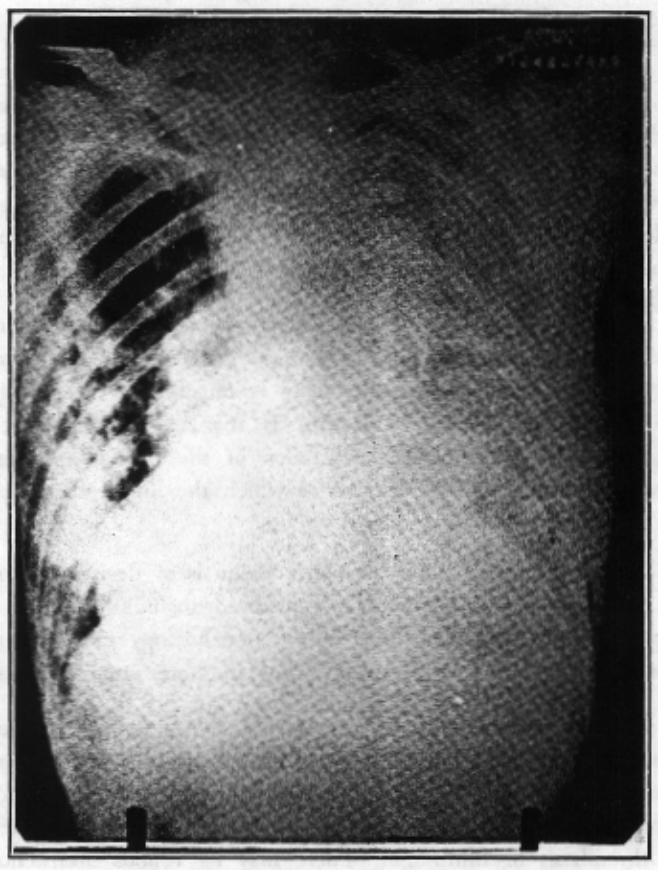
The clinical course varies somewhat, though the disease usually progresses to a fatal termination in about 3 to 18 months after onset of the symptoms, if proper therapy is not initiated. There have been cases, though few, who survived as long as 5 or 6 years.

A quite prominent diagnostic feature is that of bronchial obstruction due to hilar mass associated with Atelectasis of the affected side. Examination of pleural fluids shows characteristic cells diagnostic of carcinoma. These are best found by examination of fixed section of the centrifugate.

The most important difficulty in the therapy of pulmonary malignancies is tardiness on the part of the patient in seeking medical advice and ascertaining the cause of their discomfort. Metastatic lung tumors are very common and many times occasion diagnostic difficulty. Many

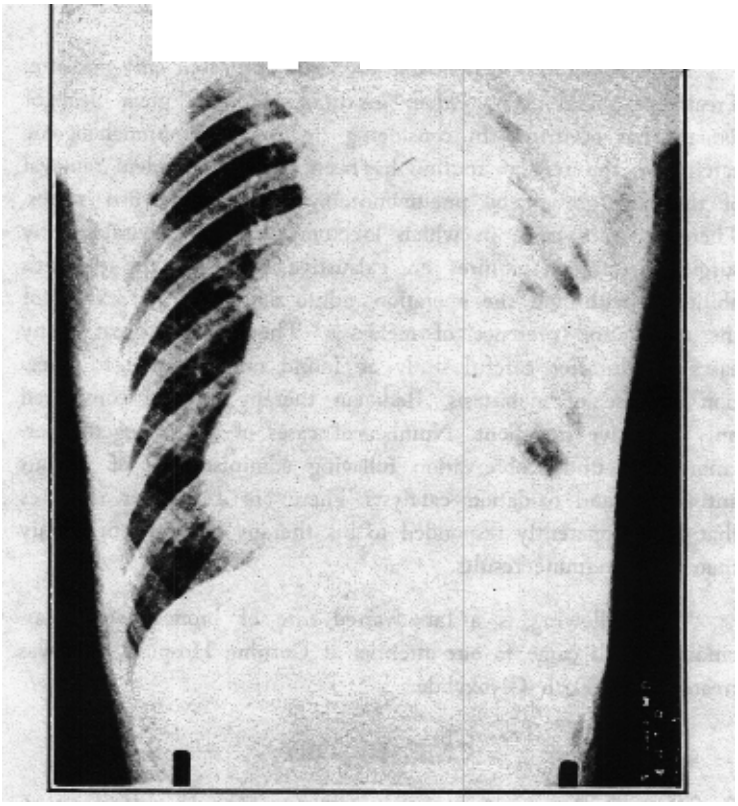
times they show no physical signs nor produce any localized symptoms.

X-ray picture taken before patient Wm. O. Ramsey received Glyoxylide.



The X-ray may reveal multiple or single nodules frequently bilateral. Nodules are either irregular and infiltrated or circumscribed with a keen margin. Most metastatic tumors originate from about 7 organs: the breasts, uterus, stomach, thyroid, testicle, prostate and pancreas. These metastatic frequently have all the complications of bronchiogenic tumors such as abscess, gangrene, pleural effusions, Atelectasis, empyema. Many times these secondary growths resemble primary bronchiogenic carcinoma as well as bronchiectasis or even tuberculosis.

Fourteen weeks after Wm. O. Ramsey received Glyoxylide.



X-ray is our most dependable diagnostic and often only measure. Treatment therefore is seldom instituted before a great deal of damage has occurred. In considering treatment for bronchiogenic carcinoma, the regular routine has been that of complete removal of the new growth by pneumonectomy in the very first stages. There are rare cases in which lobectomy may be advisable, any surgical treatment requires an exhaustive study of the patient's ability to withstand the operation and to determine the extent of the tumor and presence of metastasis. There are a great many cases, which after careful study are found not advisable to resection because of metastasis. Radiation therapy can be considered only palliative treatment. Numbers of cases of bronchiogenic carcinoma are under observation following administration of various antibiotics and oxidation catalysts. There are a number of cases that have apparently responded to this therapy but of course only time can determine results.

The following is a far advanced case of bronchiogenic carcinoma, which came to our attention at Corning Hospital, and was treated with Koch Glyoxylide:

CASE HISTORY
Wm. O. Ramsey, Occupation: Baptist minister, age 45, married.

CHIEF COMPLAINT: Several severe hemorrhages from the lungs, with aching pains in the chest, respiratory difficulty, fainting spells, and loss of weight.

PAST HISTORY: Dull, aching pains in the chest of 15 years' duration, with exacerbation and pain during last eight years, localized in the right chest. He had lost 30 pounds weight during the year.

In November of 1947, had reported to a tubercular sanatorium where examination revealed the presence of a growth in the chest. He reported on surgical service at a large, reputable hospital. X-rays revealed a large, multilobular mass in the anterior mediastinum, extending to the right and left. Bronchoscopic examinations and bronchograrms at that time were considered normal. Urine was normal, blood count and Wassermann negative.

Was operated January 9, 1948, with a rib resection, finding a nodular, firm mass involving the entire anterior mediastinum from the diaphragm to the sternal notch. The mass with its nodules extended into the hilus of the lungs and adhered to the diaphragm.

PRESENT HISTORY: Patient's symptoms and complaints became progressively worse after surgery. There was loss of weight, repeated hemorrhages from the lungs, difficulty in respiration, cyanosis and Dyspnea to an alarming degree, and pain that was once dull in character was now an intense ache with each exacerbation. Hemorrhages became increasingly severe and respiration so difficult that artificial respiration was given many times within a period of two weeks.

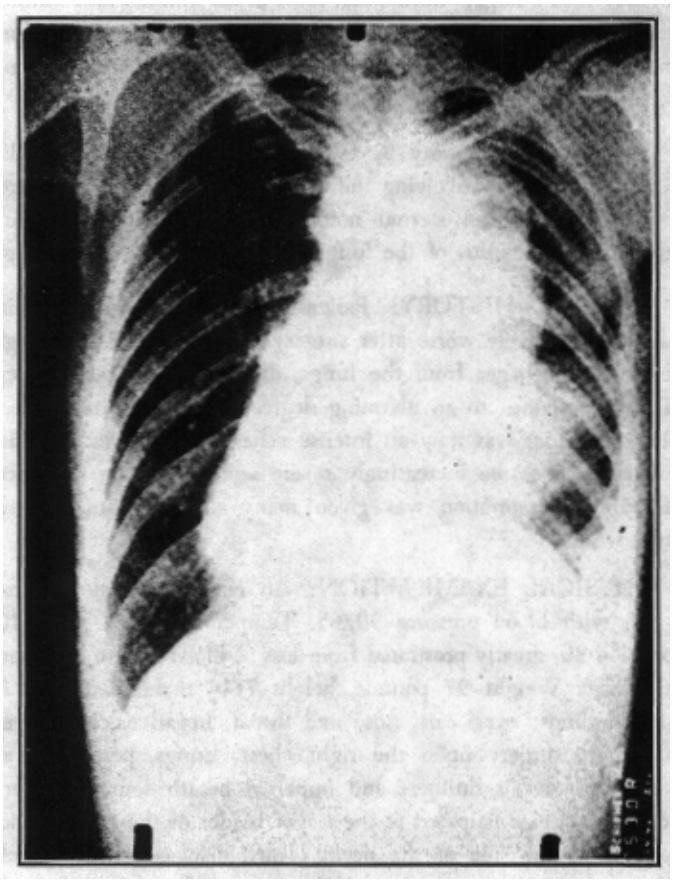
PHYSICAL EXAMINATION: An emaciated male, married, age 45, with blood pressure 90/65. Temperature 103, pulse 100, respiration 30, greatly prostrated from loss of blood due to pulmonary hemorrhage. Weight 97 pounds, height 711/2 inches with the following findings: eyes, ears, nose and throat, negative; chest reveals a scar from surgery upon the right chest. Lungs, percussion and auscultation reveal dullness and impaired breath sounds. A large, hard nodular mass palpated at the upper border of the right clavicle, extending to the side of the neck. Heart, displaced with a tachycardia and an aortic murmur. Abdomen reveals a somewhat nodulated mass two fingerbreadths below the right costal border, moderate tenderness on palpation and percussion, apparently no pancreatic or splenic involvement. Pelvis, negative.

LABORATORY FINDINGS: Radiographs revealed a very large, multilobular mass in the anterior mediastinum, extending from the sternal notch to the diaphragm and adhered to the latter, the mass extending into the hilus of the lung and the posterior right diaphragm ... a large mass over the 7th thoracic vertebra on the right (6x6x3 cm) the pleura adhered, especially over the posterior diaphragm. Blood: Hemoglobin 70, R.B.C. 3,200,000, W.B.C. 14,000. Urinalysis negative.

IMPRESSION: Endothelioma with metastatic involvement of the liver and 7th thoracic vertebra.

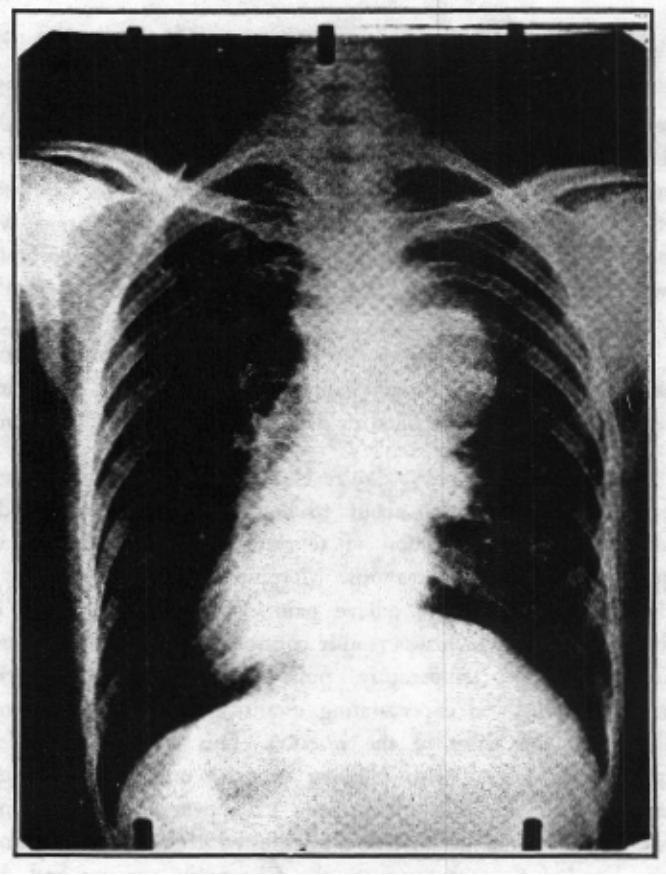
TREATMENT AND RESULTS: Treatment instituted immediately consisting of natural vitamins 100,000 of A, 100,000 of D, E, K as well as injectible.

Twenty-six weeks after Wm. O. Ramsey received Glyoxylide.



Patient placed on vegetable extractive diet, apple juice and distilled water. Sal Hepatica, three teaspoonfuls in glass of hot water the following morning; three high enemas given during the day. The second day four high enemas given and detoxification diet continued; the third morning Sal Hepatica repeated and three high enemas given; the return from the enemas only brown stained fluid. KNO/3 given in four grain doses every five hours and morphine phosphate gr. 1/8 to alleviate pain.

Sixty-two weeks after Wm. O. Ramsey received Glyoxylide.



Due to serious condition of patient on admission to hospital, gave Glyoxylide 2 c.c.'s the following morning deep into right deltoid muscle; the 20 minute reaction period found patient relaxed to a considerable degree and a feeling of improvement expressed. Diet following injection consisted of gruel of corn and grits as well as oatmeal broth, apple juice, Postum with cream instead of milk, and brown sugar for sweetening. This diet was changed on the 6th day to puree of various permissible vegetables and liquids; on the 8th day the regular post-injection diet was started. Patient continued vitamin therapy with chlorophyll added in the form of syrup and trace minerals added to cooked or dry cereals; pain greatly relieved.

Patient had a light 3 1/2 day reaction with elevation of temperature, pain in chest lasting about 18 hours. Again on the 7th day found patient with elevation of temperature, rise in pulse rate, Dyspnea and moderate cyanosis. Morphine phosphate gr. 1/8, as well as KNO/3 given to relieve pain. Vitamin K, injectible for slight hemorrhage, which was readily controlled. The 22nd day found patient with high temperature, pulse rate increased, respiration shallow, cyanotic and expectorating quantity of blood, a moderate chill marked the onset of the reaction. This continued for four days to abruptly end with pleasing progress until the 42nd day when the reaction cycle again made its appearance lasting three days when noticeable improvement manifested itself. Patient confined to the hospital 8 weeks and on the Glyoxylide Therapy and diet had gained four pounds at time of release. Repeated examinations of blood, sputum and X-rays every 6 weeks, each showing improvement.

Patient hospitalized on 21st week and prepared for Glyoxylide injection, which was injected

deeply into deltoid and confined to bed for four days in the hospital.

Four months later patient contracted virus pneumonia and local doctors prescribed sulfathiazole, penicillin and aureomycin. Six weeks later patient entered hospital and pre-injection care and diet given, then Glyoxylide 2 c.c.'s of 6x deep into deltoid administered. Patient remained in the hospital 9 days and on release X-ray revealed satisfactory progress and improvement. X-ray pictures of the chest continued.

Patient now has gained 17 pounds and though he has not completely recovered at this time, X-ray pictures clearly show improvement accomplished by this form of therapy. At least this patient now enjoys freedom from continuous bed confinement, practically free from pain, complexion good, no temperature, cyanosis or tachycardia and has a good appetite. Patient continues to have exceptionally good regular cycle reactions. Thus, from a doomed man with only a few weeks to live, there is hope and feeling of continuous improvement through Glyoxylide Therapy.

OPHTHALMO IRIS SYMPTOMATOLOGY
By E. H. Weise, M.D.

CHRONIC DISEASES are those which owe their origin to a chronic miasma. They constantly extend, and notwithstanding the most carefully regulated mental and bodily habits, will never cease to torment their victim with constantly renewed suffering to the end of his life, if left to themselves without the aid of specific remedies for relief. These are the most numerous, and the source of great suffering to the human race. The most robust constitution, the best of habits, and the greatest energy, if unaided, are unable to resist them.

The origin of chronic diseases may be acquired, or caused by:
1. Heredity, Endocrine and Nervous Disorders;

2. Neglected acute diseases, colds, etc. Poliomyelitis;

3. Trauma, Post-operative treatments, unnecessary surgery;

4. Strong allopathic doses of medicine, as the recent modern drug-therapy proves;

5. Uncured tropical diseases, such as Malaria, Typhus, Typhoid;

6. Suppressed children's diseases, such as Measles, Scarlet Fever, Diphtheria, Whooping Cough, Pneumonia, Influenza, etc.;

7. Venereal diseases; Page 52

8. Nutritional: Chemical deficiencies; Vitamin deficiencies;

9. Acidosis — Alkalosis, giving finally fertile soil to diseases such as Tuberculosis and Cancer.

Medical research at large has tried to discover the origin of degenerative disease, and to find the answer, why a hitherto healthy, normal organism has become somewhere in its tissue a victim of neoplastic tumors, or malignant sores, and what those chemical changes are that we term pre-cancerous which precede the appearance of new growth, either of a benign or malignant nature.

We see that diagnostic procedure has become a problem, in order to be really able to lay convincingly our hands on our findings and to know where the chronic ailment had its origin.

Why not consider the finest indicative mechanism of our body, the eye, as a source of information?

It should be of greatest interest to every physician to know and believe that eye diagnosis makes early discovery of chronic ailments and predisposition thereof, possible. We will have to acquaint ourselves more and more with the modern achievements in Ophthalmo Symptomatology, by which one is able to determine many of the preceding factors, which lay the foundation of degenerative disease.

Late Dr. Paul Kersch had asked us the question: “What will you gentlemen do, if there ever should come a time in which all modern equipment and devices, which are now at your disposal for diagnostic purposes and treatments, will be destroyed. Are you prepared and equipped then to use your own intellect?” This could conceivably occur in our days of wars and rumors of wars.

Every physician, if he knew, would marvel at what the eye is able to reveal. For office examination I use the Zeiss Binocular Lupe with Slit Lamp. The eye as a whole, and as an indicator of all nervous disorders and chemical changes in the body, gives us the best information available. The eye is so located that observation is easily made possible. Pathological changes are indicated by various symptoms in all the tissues of the eye, including the humors of the eye. Hereditary causes, endocrinological and nervous disorders are directly manifested in the papillary margin and iris itself. Multiple are the symptoms and keen observation is required.

Neglected acute diseases, such as colds, poliomyelitis, manifest themselves in the action and reaction of the pupil and in changes of the tissues in certain sectors of the iris. Such symptoms frequently appear, especially in the respiratory, sinus, throat, head or abdominal area. e.g. There is an increase of fibrin which filtrates into the fibers, causing a white appearance, like a fine white cloud or fine woolen thread-like structure.

According to the tendency or vitality of the disease, the structure or accumulation of infiltration may be lighter or stronger, superficial or deeply imbedded in the deeper layers of the iris. The stronger the color, the deeper the symptom, the more advanced a pathological condition in the body. Traumatic conditions may appear in the corneal margin, not to be mistaken for an ulcer, which is entirely different. Traumatic conditions, causing often blood clots, not having been observed and absorbed, often become the cause of severe ailments, possibly resulting in cancer.

Innumerable are the cases where the Ophthalmo Iris diagnostician can exactly outline the symptoms in the pupil and also in the iris itself. Besides the structural changes, such as trauma

fingers, trauma bogen, trauma bridges and rope dancers, etc., other symptoms are noticeable in the iris itself, such as pigmentation of neurogen pigment, classified into mild and pronounced forms of pigments, varying in color, size, and arrangement. To be able to interpret these manifold symptoms is the art of the diagnostician. We do not claim a complete accuracy from the eyes only, but it is certainly the finest mechanism the human body has to offer. Think of the physician at the bedside. Even at the bedside of a patient, one is able to diagnose in this manner. A great advantage indeed.

The eye is also indicator of the pH. Factor. We know that the pH. Factor is of great importance, not only in digestive functions, but also in the biochemical changes and reactions that occur in the metabolism of organic life. Here again, the eye is the greatest earliest indicator. When one sees these symptoms appearing in the eye, it is time to approach the patient with proper knowledge of a health program, to start at once preventive medication and treatment. That is why Dr. Koch stresses the alkaline diet to counteract and prevent further accumulation of acids in the system, which is the secret of successful Therapy. It has been pointed out that as in food, so likewise in the metabolism of life, the majority of the toxins have an acid or low pH., lactic acid, carbonic acid, uric acid, etc. It is also an axiomatic truth that if an alkali is combined with an acid, a salt is produced.

Nature in her evolution of highly specialized organisms has used hydrochloric acid not only to assist in the digestion and assimilation of food, but also to keep the necessary equilibrium of the acid base equation in blood and lymph stable, this equation being pH. 7:3 to 7:4, as has been proven by many investigations. As mentioned this pH. factor can approximately be determined also by the eye. At the first glance one can observe the stomach area in the eye and the degree of intensity of the pigmentation will give the information of a high or low pH. condition present. Whereas lack of pigmentation or atrophic pigmentation, where the upper layers expose the lower layers, and the sphincter is visible, indicate a pH. toward alkalosis.

The equation of blood and lymph will be disturbed therefore, the area in the outer circumference in the cilliary region will show forth many lymphatic congestive symptoms, which have been called “Woelfsche Knoetchen” by previous writers. These are lymphatic symptoms indicating lymphatic congestion in their respective sector. Observation of sclera reveals intense redness of conjunctiva and vascularization in sclera is immensely increased. These symptoms are often found in chronic rheumatism and arthritis, fundamentally all caused by acidosis, an abnormal salt supply into the bloodstream.

Early symptoms of cancer are always in connection with either an acidosis or alkalosis condition. These are the fundamental chemical changes and causes of degenerative diseases.

Acidosis and alkalosis conditions can be determined by examining the eye, and according to findings indicated, preventive and curative measures can be taken. A timely Therapy, as has been given to us by Dr. Koch, will be able to meet the requirements of such conditions. Due to the Koch Therapy and the possibility of preventive and curative medication for early cancer, it is of vital importance to school ourselves in order to be able to recognize early symptoms indicative of such destructive diseases.

It is most interesting and astonishing to observe in the eye how, under the oxidation treatment and chemical therapy as outlined by Dr. Koch, the abnormal pathological symptoms are disappearing and reconstruction is taking place. The pupil changes in structure and mobility. The iris becomes clearer and infiltration symptoms disappear as patient improves in health.

In this lecture I have tried to give some brief ideas of the advantages of iris diagnosis, and I sincerely hope that in time it may be introduced and made available to students entering the field of medical arts.

A pretender is a Quack. His unwillingness to investigate any other system, except as indicated by orthodox medical men and other than that with which he is familiar, or to investigate the defects of his own methods, stamps him as prejudiced in mind and, therefore, unworthy the respect and confidence of thoughtful and fair-minded men. *—Alfred Walton, M.D.*

DEAF SMITH COUNTY
A Texas Land Mecca

DEAF SMITH COUNTY in West Texas, is being described by scientists and nutrition experts as the eighth wonder of the world ... because of phenomenal immunity to ordinary tooth decay enjoyed by its residents. Hereford, the county seat, was recently described in a national magazine as “the town without a toothache.”

Dr. George W. Heard, dentist at Hereford, was the first person to note the low incidence of caries among natives of the area. Having practiced in Alabama and elsewhere, he knew that some underlying, local cause lay behind the condition, which if explained might lead to one of the most important dental discoveries in history.

When he reported conditions in Deaf Smith County to members of the profession in nearby Amarillo, his colleagues laughed and ridiculed his professional ability. It was the old, old story of a man being mocked for claiming a fantastic truth. Dr. Heard at last became secretive about the health of Deaf Smith County residents, whispering the story only to men whose professional stature permitted them to grasp truth without preconceived opinion.

He secured the attention of such a man in Dr. Edward Taylor, dental division director for the Texas Health Department, while at a convention in Amarillo. In privacy, he discussed conditions obtaining in Deaf Smith County with Dr. Taylor, urging that the state dental director pay the area a visit.

With the assistance of a teacher and social worker who selected homes at random where residents would be asked to submit to examination, Dr. Taylor made a spot check of 56 persons whose age ranged from two years to past middle age. Forty-three of the group were native born, continuous residents, and among them, not one cavity was found.

It was apparent that Dr. Heard had accurately described dental health in the area, and Dr. Taylor made a thorough study, hoping to find in local conditions a formula, which might be duplicated throughout the world. When finished, he summarized nine tentative conclusions, as follows:

“The incidence of caries in the Deaf Smith County area is approximately only half as high as the lowest heretofore reported in the United States and much lower than the average.

“The incidence of caries in the non-continuous resident people in Deaf Smith County is much lower than that for the whole group.

“The incidence of caries in the non-continuous resident people who have resided there five years or more during their lifetime, in all counties considered in these studies, is comparatively low.

“Caries immunity is at least partially acquired after the eruption of the teeth.

“A combination of factors rather than a single factor is responsible for the immunity.

“Fluoride is contributory either by consumption or by application (bathing the teeth), or both, to immunity, but that cannot be considered the only factor.

“There is a desirable median point of saturation of fluorides in communal waters ranging in the neighborhood of two parts per million. Water containing more than approximately 2 p.p.m., produces extreme fluorosis and decalcification to the extent that caries susceptibility is produced.

“There is a comparatively high phosphorus content in the vegetables and animal food produced in Deaf Smith County.

“The incidence of dental caries is directly proportionate to the count of Lacto bacillus acidophilus in the saliva.”

Dr. Taylor electrified the American Dental Association’s 83rd Annual Convention when he presented evidence that Deaf Smith County has certain elements of climate, water, milk and food products of the soil that not only make it possible for natives and long time residents of the area to enjoy freedom from caries, but enable newcomers to experience improved dental health.

Dr. Taylor told the convention that it was his goal to obtain a formula, which would produce a high degree of immunity to dental decay by the proper combination of fluorides, phosphorus, calcium and vitamin D and probably other factors in the food and water intake.

“Actually, the people in Hereford don’t realize what immunity they enjoy,” he said. “They have something unique on the face of the earth, for the low rate of dental caries found among them is only indicative of their general state of excellent health.”

Deaf Smith County lies astride a high, level plateau, the topsoil of which is dark, sandy loam. Below the top layer of soil is a clay containing a high percentage of calcium carbonate. In all four directions, the land slopes almost imperceptibly from the plateau. Had those who established the boundary lines been conscious of picking a 40 by 50 mile rectangle squarely atop the plateau, they could not have done a better job.

As a rule, climate makes soil. Over a long period of time, changes from freezing to thawing, precipitation to evaporation, from calms to high velocity air movements, have the effect of grinding and reducing rocks to cultivable soils. When the Deaf Smith country is viewed with some knowledge of what climate can do, it is clear that conditions here are different from elsewhere in the United States.

Most of the soils from eight to 80 feet deep in Deaf Smith

County are “blow soils” ... dust, blown in over many centuries. The airborne particles, which have through the ages been forming in these soils, are seldom noticeable as dust. Over a period of 30 days, however, a film of dust will form on any smooth surface, although no dust storms have prevailed. When collected into a small heap, such dust is so filled with particles of minerals that when exposed to the pull of a strong magnet, they adhere to its sharp corners until it becomes wooly with pulverized metal.

All have observed how sweeping winds deposit airborne particles into drifts, hummocks and ridges. Areas such as the Deaf Smith County accumulate in the same manner, on an enormously large scale, so that the boundaries of the drift cannot be observed. During the span of one man’s life and within the scope of his memory, little change in elevation takes place. The process is imperceptible, but the tonnage involved is much greater than anything man attempts to move with his own effort.

Usually, rainfall is a little higher on such plateaus than on surrounding country. This ties down the soil particles as they are swept up the sides of the Deaf Smith Tableland by convectional air currents, continuing the drift-building process.

The region east of the Rocky Mountains for some distance is noted for its winds, some of which become charged with static electricity, due probably to friction of dust particles in the air. Whatever the cause, such electrically charged air currents appear able to lift dust particles with less wind velocity than takes place when static electricity is not present.

In this manner, nature has been gradually selecting a high percentage of the desirable soil minerals from lower terrain surrounding Deaf Smith County, and depositing them on top of the Deaf Smith Drift. Thus these soils are not only carrying a high percentage of these elements, but they are continually being replenished by airborne material selected from neighboring regions. A natural separator is in operation, which ultimately deposits the cream of northwestern Texas soils on the Deaf Smith Plateau.

Rains leach the minerals down into the soil where they concentrate at depths of from 18 to 50 inches from the surface. Below this stratum of mineralized loam are the old, original lime deposits, which accrued before the topsoil began to be cultivated. This high percentage lime base, when moisture penetrations are deep enough, forms a reservoir of mineral plant foods and water. Thus, over most of the region, within reach of wheat and other food plant roots penetrating to depths of seven and eight feet, there are available from 1000 to 3000 tons of lime per acre. This means that it is almost impossible to construct Deaf Smith County soils artificially, and accounts for the good teeth and robust health of the locale’s residents.

Wheat raised in this area and ground at mills in Hereford, the county seat, has a high protein content and is about six times as high in phosphorus as the average standard flour. Milk samples at a local creamery contained 30 percent more phosphorus than accepted standards. Meat was even more retentive of phosphorus.

This indicates that possibly all vegetables, dairy and meat products and water of the area are comparably high in these elements so necessary to building and maintaining tooth tissue and general good health.

An analysis of Deaf Smith County drinking water was made by the state laboratory at Austin, and showed 2.2 to 2.7 parts per million of fluorides. The calcium of these waters is 45 parts per million and the phosphorus ranged from 7.5 to 7.7.

The claim of this region to an unusual health record is supported by figures comparing United States Army rejection rates over a six months' period ending in August 1944. They reveal that only 7% of Deaf Smith County men examined were rejected. The average for the United States for the same period was 39.2% and for the State of Texas 42.9 percent.

Soil excavations and analyses made at Hereford lead research chemists to the conclusion that the minerals and vitamins available to plant life in a natural form in Deaf Smith County cannot be reproduced artificially. City officials are besieged by requests for information regarding purchase of foods produced there. Inquiries have been received concerning dried alfalfa leaves for tea, how the water from the region may be procured and for all types of food dehydrated, canned, fresh or frozen.

Butter from Deaf Smith County sells in California and Maryland at $1.50 a pound. A New York dealer paid a premium price for a carload of Alfalfa, from which to make tea. In Los Angeles, Deaf Smith country wheat has sold for as high as $1.00 a pound. Sugar beets are sold for from three to four dollars higher per ton than those grown elsewhere because of their high sugar content.

Deficiency diseases, from which so many in other parts of the United States suffer, indicate that persons who live elsewhere than Deaf Smith County are in danger of specialized starvation. The soil in their localities is obviously so depleted and naturally lacking in reserves of calcium and phosphorus, that crops grown are starved in elements essential to human health. Lowered resistance is the first symptom noted, dental destruction being a parallel manifestation.

Deaf Smith County is named after a famous Texas scout who could not hear. More than 100 years ago he cut away the bridge that would have permitted Santa Ana's men to escape at the battle of San Jacinto, trapping them around a bend of the San Jacinto River, and permitting their destruction by American forces. But, paradoxically, he never visited the section of Texas that was named after him.

Nothing great was ever achieved without enthusiasm. Nothing astonishes men so much as common sense and plain dealing.----*Ralph Waldo Emerson*