

Chapter One

Glyoxylide

IT WAS MORE than three decades ago that a young man by the name of William Frederick Koch received his medical degree. By the time this happened the young man had already received his M.A. and Ph.D. He had already been an instructor in Histology and Embryology at the University of Michigan. He later became Professor of Physiology and Biochemistry at the old Detroit Medical College, which is now a part of Wayne University.

Dr. William Frederick Koch's career has always been the center of storm and controversy. He dared to challenge the thinking of his day and suffered the bruises of this courage the rest of his life.

His enemies ridicule his work because they say he came upon the beginning of his discovery when he was only a little more than a year out of medical college. They fail to note the scientific background of the man before he began his medical practice. They fail to recall that Thomas Alva Edison was a comparatively young man when he invented the electric light bulb, an invention that has lifted a large part of the world into a higher standard of living. They do not know that those who went to school with young Bill Koch say that he was always way ahead of his class and was the most energetic and brilliant student they knew.

The term "Glyoxylide" is a name given by Dr. Koch to a chemical substance used in a highly diluted form and stated to be a polymer of the structure $O=C=C=O$. Dr. Koch believes this formula to represent the only substance which can explain the assembly of the particular polymers which it readily forms.

Dr. Koch is the original discoverer and for years manufactured this product for which he holds patent rights in the United States.

D. H. Arnott, M.D., of London, Ontario, a man who has closely worked with Dr. Koch for nearly twenty years, holds the rights to produce and distribute Glyoxylide in Canada. Dr. Arnott is the originator of the methods of usage and application of the remedy in the treatment of diseases of animals, particularly mastitis and sterility of dairy cattle.

The Pure Food and Drug Department of the United States and its counterpart in Canada have endeavored to prevent the distribution of this product on the grounds that it is wrongly designated on the labels and that claims are erroneously made with regard to its value in the treatment of disease. Up to the present time the Government has been unsuccessful in proving its charges, although two lengthy trials have been held. In August 1948, the Food and Drug Department dropped its charges against Dr. Koch.

Dr. Koch is a research type of man, more interested in continuing research along this completely different approach to the treatment of disease, than in combating those who seek to condemn his work and the popularity it has achieved in many places.

Dr. Koch is a friendly, kindly, sympathetic man, an American citizen of German parentage and a staunch Christian.

Experimental studies carried out while with the Detroit Medical College led to his discovery of the oxidation procedures in the animal body and to his Theories and Postulations as to the chemical reactions occurring in the oxidation procedures. Such Postulations suggested the presence of oxidizers, chemical catalysts or enzymes as being essential to the complete oxidation of food nutrients to their normal end products in the metabolism of the tissue cells of the body.

Convinced of the presence of these catalytic substances, Dr. Koch began a systematic search by chemical analysis of body tissues for their detection. For analysis he selected brain and heart tissues as being most likely to yield these Reagents since these tissues showed a greater survival against starvation than any other tissue of the body.

He succeeded after many attempts using difficult chemical analytical methods in isolating certain substances showing marked catalytic action as Oxidizing Reagents. These substances he identified as being polymers having a unit structure of the formula $O=C=C=C=O$ and $O=C=C=O$.

The former is the anhydride of malonic acid and the latter one the anhydride of glyoxylic acid. The basis of his assumption of the above formulas was the fact that they represented chemically the only substances that could explain the formation of the polymers he was able to obtain.

Dr. Koch tested the reactions of these substances in dilute solutions by animal injection and satisfied as to their safety, he commenced use of them in the treatment of hopeless cancer patients in his private practice in the Detroit area in 1918. The product has been growing in favor by all who have used it and in disfavor by all who have not used it ever since.

Thirty years is a long time for any product used in treatment of diseases to be steadily gaining favor against organized resistance and condemnation. It is indeed reassuring to be able to state at this time, that since 1946 the chemistry of the Koch products, as declared by him, has been completely proved and established by chemists of the Dow Chemical Company at Midland, Michigan. The chemical work done by the Dow chemists was commenced at the request of the late Dr. Willard Dow. The report of their investigations ends up with this statement, "The complete evidence is available to anyone interested. as a general conclusion we can say that in every single case where an experiment was possible, the results were consistent with the views expounded by Dr. Koch. We have not, as yet, secured any results inconsistent with these views."

Most of the legal and technical argument against Dr. Koch's Products and his use of them for treatment of disease conditions in man and animal, has been based upon the following assumptions by the opposition: (1) That since the chemical substances stated to be in the ampoules are recognized to be the anhydrides of malonic acid and glyoxylic acid respectively, they would in the presence of the diluent, take on water and become inert solutions of malonic acid and glyoxylic acid. (2) That regardless of whether they would or would not change to their acid form, the dilution used as stated on the dispensing label was such that the substance could not be detected by any known method and certainly such minute trace as might be present could

have no value as a treatment to cure disease. In fact, the dilutions were explained by the prosecution to the court as being “similar to a man emptying a bottle of Scotch Whisky into Lake Superior and then rushing to Niagara Falls for a drink and expecting to get a kick out of it.”

The Dow Chemists have answered Assumption No. 1 by proving that the polymers as such are present in the dose solutions and can easily be detected in dilutions much higher than those used by Dr. Koch.

In addition, Dr. Fieser of Harvard University, writing on penicillin in his book, *Organic Chemistry*, in 1944, states on page 1040, “One group (of workers) has isolated material that is active against hemolytic streptococci at a dilution of 1:32,000,000. Another group reports preparation of material that completely inhibits *Staphylococcus aureus* at a dilution of 1:30,000,000.”

And Professor Gilbert M. Smith, working at Stanford University, is reported in the February, 1947 issue of *Science Illustrated* magazine, to have effected a metamorphosis of the cells of a microscopic plant from the sessile, asexual phase, to the actively motile, mate-seeking sexual cells, by the exhibition of one part of crocetin to 250 TRILLION parts of water. There are other examples, which can be given from the current scientific literature, but these will suffice. Let no one be deceived into believing the false and unscientific propaganda put out by Morris Fishbein in the Journal of the AMA, “that because the Glyoxylide used in treating disease is so greatly diluted, it can have no effect. There are solid scientific grounds that form the basis of the dilution.”

Assumption No. 2 has been answered in part by the Dow chemists and is fully answered by the known facts regarding the chemistry of digestion and metabolism of the animal body. This may be explained as the breakdown of food nutrients as carried by the bloodstream to the tissues for utilization in the production of heat, energy and sustenance of the cellular units. Each step or stage in the utilization of these nutrients is brought about by enzymes or catalysts and most of the breakdown is by oxidization procedures in which the catalytic substances in the tissues promote the oxidization reactions but are themselves not destroyed in the process. Analogous to this is the breakdown of food in digestion, whereby every step in the process is brought about by enzymes in the digestive juices. These enzymes not being used up or destroyed in the chemical reaction, which occurs. Each food substance, proteins, carbohydrates, and fats are acted upon in successive stages of breakdown by different enzymes. In the breakdown of protein foods alone, at least four different enzymes are required and possibly several more are involved.

It is a well-established fact that these enzymes (the catalytic reagent of the digestive juices) are formed and produced by the glands of the digestive tract from the food nutrients supplied to the animal body. For example the milk-fed animal produces a gastric enzyme known as renin, this enzyme not being produced in the gastric juice of animals not receiving milk in their diet. However, if milk is again included in the diet, renin is shortly reformed in the gastric juice. It is Dr. Koch's belief that all of the enzymes and catalysts, essential to the complete metabolic activities of the body can be formed by the body, thereby, obtaining a complete and adequate diet. The biochemist, the nutritionist and the physiologist do not yet know what constitutes a complete and adequate diet for the animal body, man, or beast.

When some food nutrients, minerals, or vitamins, are absent from the diet there may occur a failure to further produce some of the essential enzymes, and so the catalysts may cease to be reformed; those present may become lost or dissipated so that complete oxidization of other food nutrients cannot take place. These un-oxidized nutrients remain in the tissues and accumulate—acting as foreign bodies irritating to the tissues. Ketones, and acetone bodies are known products formed in just this manner, these substances produce the disease of Acetonemia so very serious to the dairyman. It is reasonable to suppose that many other such partially, oxidized substances accumulate, interfering with normal physiological function, well-being, and the general health of the body, so that resistance to disease becomes low and immunity to disease is lost. Pathogenic organisms and viruses, thereby, are able to invade the body and establish disease, or continued irritations of the tissues may, in certain organs and structures, lead to stimulation of cellular proliferation and cancer.

Dr. Koch points to the often occurring spontaneous recovery of animals and man from serious disease, and he attributes such recovery to a change in diet, or an improved quality of food materials that bring about a reforming of the missing catalysts, which immediately are able to bring about completion of metabolic oxidization procedures, restoring physiological function and the resulting return to health. The body tissues themselves then are enabled to throw off disease or attack and remove excess tissue proliferation.

Dr. Koch recovered two of these catalytic Oxidizing Reagents from animal tissues. He proved their chemical structure and has synthetically reproduced them. He believes there are more of these, maybe many more, which are yet to be discovered and identified. Those that he has identified, have been successfully used by Dr. Koch and others to bring about recovery, restore good health to man and animals suffering from various pathological states, as well as from some very specific pathogenical diseases.

Dr. D. H. Arnott, an outstanding Canadian medical man who has worked with Dr. Koch and used his Treatments for almost twenty years makes this statement in regard to cancer “This Treatment may be used by any family Doctor, in the homes of his patients, with it he gives hope always, considerable relief from pain generally and an absolute cure sometimes.”

The extensive trial usage of Glyoxylide in the treatment of mastitis and sterility of dairy cattle, as conducted by the British Columbia Department of Agriculture, showed beyond any question of doubt that the Treatment had merit and that it did bring about recovery in mastitis and restoration of function in sterility conditions. This work has been published and is available to anyone.

It is necessary to point out to the reader that wherever this product is being used for the first time in animal work, because of skepticism, only the worst cases, many of which are of long standing, have been submitted for Treatment. Results in many of these cases have been little short of miraculous. The same is true of the human cases that are being treated; they are in general, cases given up by medical institutions and supposedly hopeless. The Glyoxylide Treatment is asked for and sought by these people or their relatives as a last remaining hope. Here again recoveries occur much more often than mere chance could ever account for, many such recoveries are, in the words of the patient and friends, “miraculous.”

At this point in the unfolding of our book, let us quote freely from a leaflet written by Dr. D. H. Arnott of London, Ontario, Canada, entitled, "*The Prosecution of Dr. Wm. F. Koch.*" This leaflet, while brief, gives an excellent summary of Dr. Koch's prosecution, as well as some historical information, which could not be secured from anyone but Dr. Arnott.

"In May 1941, Dr. Koch sailed for Brazil, where he became engaged in demonstrating his Therapy with such good effect that the federal authorities pressed him to remain and develop what he had initiated. He did stay until late in November, during which interval he had accomplished much in health matters and had pleased the high-ranking administrative officials.

"Soon after his return to the United States, he was visited by an agent of the Pure Food and Drug Administration who led him to infer that the Administration wished to change its hostile attitude towards his discoveries, and therefore, would like to get a chance to base such change on some sound ground, and to this end desired Dr. Koch's cooperation.

"He complied by giving the agent a dark liquid with directions about its proper dilution and its administration in the successful treatment of the sick. Many times, I had seen Dr. Koch make this type of Glyoxylide concentrate, and I had produced it myself in Canada, and with other Canadian doctors used it with considerable success. It had been employed freely in the province of Alberta, where the fine results generally obtained created such popular appreciation, that in the latter part of March 1942, Dr. Koch and I were invited to visit Alberta for the purpose of giving clinical demonstrations in the use of Glyoxylide, and for which the government would place every facility requisite at our disposal.

"Arrangements for this invitation were agreed upon at a regular caucus of the members of the Legislature of the political party in power, held about the middle of March 1942, when three members were authorized to take appropriate action to obtain this demonstration, which would be carried out by Dr. Koch in person. That these members had been successful, that Dr. Koch and I were coming at an early date to put on the demonstration solicited and would pay our own expenses, became fairly well known to political circles in Edmonton. A week later Dr. Koch was arrested and placed under heavy bond not to leave the United States.

"There was much which was precipitate in the arrest of Dr. Koch and his brother Louis, excused by Government explanation that they feared Dr. Koch would flee to Brazil. There was no intention of his doing any such thing in face of the opportunity to carry out a strong demonstration of his Treatment for the Government of Alberta under the favorable conditions assured. If the Federal authorities of the United States believed that Dr. Koch would prove, himself, to be a charlatan while he conducted the clinical work in Alberta, why did they interfere and prevent him doing so?

"The first court action against Dr. Koch did not commence until February of the next year. It lasted four months and ended with the jury in disagreement.

"The second trial began just three years after the first trial had been commenced, during which period Dr. Koch was continued under heavy bond not to leave the United States, and was

enjoined, by court order, to take no action which could be construed as advertising.

“The charges at the second trial were identical with those of the first trial, and since Glyoxylide is the particular molecular structure, which we have been using in Canada, here from the court record are the charges, all of which the prosecution promised the jury they would prove.

Page 67, going over to Page 68, Court Record:

“MR. LOVERUD:

“Now with respect to the third type of drug, (Glyoxylide) that also has the same statement in here ‘synthetic antitoxins.’ Down below it says ‘For allergy, cancer, infection.’

“And, the Government expects to prove that those representations are false and misleading, because that represents that the drug is effective in the cure, or treatment, or mitigation or prevention of three types of diseases mentioned, allergies, infections, and cancers, whereas it is wholly ineffective for these purposes.’

“The prosecution made little effort to prove this.

Page 71:

“The evidence will also show...there is always in your body an amount of glyoxylic acid, millions if not billions of times more THAN YOU OBTAIN FROM THE AMOUNT OF GLYOXYLIC ACID WHICH IS FOUND IN THE AMPOULES.’

“The prosecution never found Glyoxylic acid in any of the Koch ampoules.”

Page 78:

“MR. LOVERUD:

“The glyoxylic acid or Glyoxylide was likewise tested out on animals and human beings. . . It was tested out for allergies because it is also offered for allergies.

“It was tested out for infection on animals and on living human beings who were sick, and found to be ineffective.’

“This shows the prosecution presented the Koch Glyoxylide as being identical with solutions of glyoxylic acid. The experts of the Dow Chemical Company proved this was not true, as the record has disclosed.

“The methods used for the pre-determined conviction of Dr. Koch were bold and unscrupulous. Those concerned threw away all ordinary, reasonable, legal precautions, through the observance of which proof of the good faith of the prosecution should be established as prescribed. The prosecution was active throughout six and a half years on the assumption that provisions of the

enactment absolved the authorities entirely from being obliged to show there ever had been any intent, on the part of Dr. Koch, to deceive the profession and the public. Therefore, should the jury be misled into believing Dr. Koch had been in error on any technical point, this would be sufficient to urge conviction.

“The most obvious source of such evidence lay in the obscurities of the chemistry which Dr. Koch had originated. What the Government expert chemists lacked to promote the conviction of Dr. Koch, they did not hesitate to invent. For Dr. Koch’s Glyoxylide, they substituted solutions of glyoxylic acid, which they presented as identical to that produced and distributed by him (Dr. Koch), and which the prosecution maintained was found in the ampoules containing genuine Koch Glyoxylide. In the next breath, they asserted they had been unable to determine that the Koch solutions contained anything but distilled water, and therefore, had assumed nothing of any therapeutic importance could be in the genuine Koch solutions.

“Glyoxylic acid in water produces a clear colorless solution. The Government expert chemists never diluted and used the dark liquid with which Dr. Koch, in good faith, had provided them in the fall of 1941, or they would have obtained the same fine clinical results, which medical men and veterinarians, associated with me, had observed.

“In order to convict him, they substituted glyoxylic acid for the material they had received from Dr. Koch and these solutions of glyoxylic acid, their experimental and clinical experts gave evidence that they had been found useless for therapeutic purposes. Under cross-examination by defense counsel, the Government top chemists were obliged to admit that they had known the chemical reactions used by Dr. Koch might yield a solution very much different from that, which the prosecution had substituted for the purpose of having him convicted.

“Members of the staff of the Dow Chemical Company gave evidence that Dr. Koch had correctly described the chemical structures, which he had discovered and had employed in the treatment of the sick, and that this solution contained no trace of glyoxylic acid.

“So punishing was the defense cross-examination of these Government expert witnesses, followed by the unshaken evidence of experts from the staff of the Dow Chemical Company, that the Government offered no evidence in rebuttal.”

“At the first trial I had been four days on the witness stand during which I had given evidence in defense of Dr. Koch. I had promised to appear again in his defense at the second trial. I was prevented from so doing by united action, which is without precedent, I believe, taken by the Department of Justice, the Department of State, and the trial Judge. Instead of being allowed to give evidence, again in defense of Dr. Koch, after the second trial had been proceeding for a month, these two Departments united in notifying me that the prosecution expected me to appear as a witness against Dr. Koch. This request I refused in the following reply:

“March 8th, 1946.

“Mr. Charles E. B. Payne,

“American Consulate,

“Sarnia, Ontario.

“My Dear Mr. Payne:

“Canadian vital statistics reveal that coronary thrombosis with the much less common but closely related condition, angina pectoris, produced 455 out of every 1000 recorded deaths; while cancer is responsible for only 118.5 fatalities.

“In 1935, I found that the Koch Treatment controlled the progress of coronary thrombosis and angina pectoris, and reversed the pathological trend, with the result that in 90% of these conditions a measure of dependable good health was restored.

“In 1936, my brother, Dr. H. G. Arnott was stricken with a very commanding attack of coronary thrombosis. I gave him the Koch Treatment and he is alive today.

“In 1940, I, myself, suffered from a very prostrating attack of coronary thrombosis and injected the Koch Treatment with the result that I am comfortable and active today.

“For these and other reasons I refuse to appear ‘as a Government witness at Detroit.’

“Yours sincerely,
“D. H. ARNOTT.”

“Were I to have acted as a Government witness, no matter how few, trivial, or irrelevant might be the questions which the prosecution would asked me to answer, the rules of Michigan Court procedure would have precluded my presentation of the evidence, which Dr. Koch’s lawyers had obtained from me for his defense.

“Upon my refusal to become a Government witness, a suggestion was made to the Judge by prosecution attorneys, that I might be extradited like a criminal and thus brought into court against my will. When this proved to be impossible, the Judge declared he would consider holding me as a material witness if I ventured within his jurisdiction during the trial.

“Upon advice of my own Canadian attorney, I refused to enter the jurisdiction of the Court unless a stipulation as to my personal freedom were given. As this was not forthcoming, counsel for both sides was informed that if my Testimony were required it would have to be taken by a Commission in London, Ontario.

“These three Federal powers united in preventing the defense from offering important direct evidence, which Dr. Koch’s attorneys had received from me, and this advantage seized early in the trial by the prosecution, never was modified during the remaining four months of court action.

“During the first trial, I had struck a powerful and surprising blow against the prosecution when I produced strong evidence that under my direction, Koch’s Glyoxylide had been used freely and successfully to cure, to mitigate, to treat, and to prevent recurrence of mastitis, the number one

destructive disease affecting fine dairy cattle. This work had continued to make notable progress in Canada, under my direction, with results so favorable that in spite of the united action to prevent me from appearing again for the defense of Dr. Koch, a thousand pages of evidence, highly favorable to the use of Glyoxylide in Veterinary Medicine, was presented so effectively that the Government offered no evidence in rebuttal. It was based upon actual fieldwork in the use of Glyoxylide, which had been carried out by the Department of Agriculture of the Province of British Columbia through a Committee appointed by the Minister on October 4th, 1944. Seven men on this Committee volunteered to appear in Detroit, and to help in the defense of Dr. Koch. Each had played an important part with me in the work done by the Government in British Columbia, and felt it to be his duty to do so.

“The Government had undertaken to prove the Koch Therapeutic Materials were wholly ineffective ‘in the cure, or treatment, or mitigation or prevention of the three types of disease mentioned’ which were allergy, cancer, and infection.

“They made no consistent attempt to do so; instead, they proved something different, which Dr. Koch never had used, was wholly ineffective. They had no case. But they had a Judge, and he directed the jury to find Dr. Koch guilty as charged, even if from the evidence adduced they decided that the Koch Materials had been successful in treating all known forms of cancer, all known infections, and all allergies, except one.

“Nevertheless, the jury again disagreed and to that extent the prosecution again had failed.”

Dr. Arnott is still in the battle, fighting, trying to make those who will not see learn the truth he has known for so many years.

On the other hand, when the background material for this book was being gathered, it was quickly apparent that there was too much to be used.

There were incidents, which came to our attention that seemed almost unbelievable if they were not so well corroborated by witnesses who were willing and did give sworn affidavits to prove these happenings.

For example, two ladies living in Michigan who were potential witnesses, in behalf of Dr. Koch, were subjected to such a stream of abuse that it is difficult to believe such things could happen in America.

These ladies are Mrs. Paul E. Worley and Mrs. John Duda.

An actual attempt was made to eliminate Mrs. Worley via a hired thug who came to her when she was alone to “talk about Dr. Koch.” Mrs. Worley never knew what good health was until she took the Koch Treatment. She was a specimen much gone over by the University Hospital in Ann Arbor. She was born with a spinal curvature and was in very bad shape with cancer, a bad heart, and general sickness. She was one of those persons who had been sick most of her life.

Mrs. Duda suffered so severely from rheumatoid arthritis that she had to sit and lift herself up

from step to step, in order to reach the second floor of her home. She is completely free of the complaint and now takes care of her family of four all by herself.

These two ladies have been such a shining example of what the Koch Treatment can do, that dozens of people from their community have taken advantage of Dr. Koch's discovery and been helped.

Consequently, they were made the object of a telephone campaign of threats of violence, if they kept up their promotion of the Koch Treatment. Strange voices called them at peculiar times and did this for years, made threats to them, and then hung up. If we had not been directly involved in some of these incidents, it would have been hard to believe.

There must be a strange reason why these enemies of mankind want to do away with the Koch Treatment, when they go to such great lengths to intimidate and stop witnesses from testifying. They must have a powerful motive. For some reason, they have chosen just Mrs. Duda and Mrs. Worley as objects of this type of their activities. The big question, the reason for this insane and frantic opposition to Dr. Koch begins to unfold in the next Chapter.

As the 1954 edition goes to press, we wish to add the note that Mrs. Worley passed away last year. After the brutal attack on her by a member of the Purple Gang*, who attempted to murder her and did succeed in giving this little lady many blows at the base of the neck, before her dogs got loose and ran the attacker off the scene, she was never the same. Serious complications from the beating and choking took their toll. She will always be remembered, by all who knew her, as a courageous person who was not afraid of the truth. *(The Purple Gang or Sugar House Gang, was a criminal mob of bootleggers and hijackers composed predominantly of Jewish-American gangsters operating in Detroit in the 1920's. Known for extortion, murder, armed robbery, kidnapping, and assaults.)

Chapter Two

THE QUESTION

WHY SHOULD Mrs. Worley and Mrs. Duda have been the objects of attack by a group of un-American individuals who constantly harass them merely because they have desired relief from sickness? These vicious threats are but a phase of the general activity of certain groups which have attempted for more than two decades to prevent the public from knowing about a system of Treatment which really works. The entire story cannot be told in a single volume, no, not in ten volumes, nor a hundred. We can merely briefly bring to the attention of the readers to the facts, which have been denied the public for so long, and let the reader decide what action should be taken.

Those who have been responsible for preventing the public from securing information on something that can help them in sickness should be brought to justice. Their names should be known and the public should be aware of how these individuals and groups have duped them for so many years.

It did not take Justice Pierce of the Supreme Court of Massachusetts very long to denounce greedy opposition to the Koch Treatment as "a moral crime of the very worst kind." This castigation was made at a hearing before that August court in May 1927, with Judge Pierce presiding. Cured patients, healthy people, who were cured of far-advanced stages of cancer of the stomach, uterus, and other organs, all testified. So did the surgeons who made the exploratory operations and the biopsies that revealed the nature of their sicknesses. They told of the Treatment, described their return to health and the disappearance of their diseases.

Many more witnesses were waiting to testify, but after sufficient evidence was produced to establish the efficacy of the Treatment, no further time was taken to pile up accumulated evidence, and the case was closed in one day!

The reader may well wonder why there is so much opposition to the Koch Treatment, if there really is something worthwhile in it. The public has long been deluded into thinking that medicine and some of the other sciences are exact and precise. They have been led to believe that there is a united front in the scientific world. Nothing is further from the true facts. The medical world is as disunited as politicians and religious sects. That is the way it should be in a free country. People should have a right to their opinion. No one man or one group should have a monopoly on progress. Each group, each man, each opinion must be weighed and tried. It should be absorbed and used if good and discarded if bad. However, when groups of coldhearted men line themselves up to prevent the public from having a simple, and relatively inexpensive Treatment for their ills merely because they have millions invested in the drug industry, in certain apparatus, and in large hospitals, then they are acting like dictators, and they should be treated accordingly. Such individuals have no right to live among free men because, by their selfish acts, they would enslave those with whom they enjoy liberty.

Untold millions are invested in hospitals, drugs, radium and X-ray apparatus. No small wonder that it has been the popular thing in recent years to pound into the public mind the idea that there

is not the remotest possibility of a cure for cancer, for example, except with radium, X-ray, or surgery. This claim has been demonstrated to be entirely false. Even those people who advocate the use of such methods the most must admit the dismal failure and disappointment which comes in the long-run use of these so-called therapies for cancer. Still, to the public and the laymen are given such articles as appeared in *The Saturday Evening Post* for December 21, 1946, which states, "a doctor who claims to know an effective treatment for cancer not involving surgery, radium, or X-rays is an *ipso facto* quack." A popular booklet put out by the John Hancock Mutual Life Insurance Company in cooperation with the American Society for the Control of Cancer, states: "The only weapons against cancer are surgery, X-ray, and radium. They not only act as preventives by removing pre-cancerous conditions, but they also act as cures by taking away the cancer itself. Sometimes radium and X-ray are used with surgery as a treatment. They are also used alone to cure or help patients with cancer. Both radium and X-ray are used to the same end, the destruction of the diseased tissues, but not of the healthy tissues."

These quotations are in the literature, which the public reads. The impression is purposefully given that there is no other possible treatment except the three mentioned above. The idea is to make laymen believe that this is the firm opinion of all medical men. Fortunately, this is not the case, for these are only the opinions of a particular group, and those who collect for "control" of cancer by passing around canisters in the theaters and on the streets.

Dr. D. O. MacFarlane, a throat specialist testifying in the proceedings of the Cancer Commission for the Province of Ontario in Canada, states regarding cancer of the throat, "The only treatment we have had that I have had any experience with is X-ray and radium and they have been both most unsatisfactory." (Page 77)

Dr. C. Everett Field, Director of the Radium Institute of New York, many years ago stated: "Blindly we have been attacking cancer in its advanced stage for many generations, with surgical effort, only to find prompt recurrence after removal." (*The Function of Cancer* p. 9.)

Already more than twenty years ago the man considered by many to be the greatest American authority on cancer, L. Duncan Bulkley, who was senior surgeon of the New York Skin and Cancer Hospital declared, first that cancer is not a surgical disease, and that neither surgery, X-ray, nor radium have changed in anyway whatever the ultimate mortality of cancer in forty years. It was 90% in 1884; it was 92% in 1924. This is the result of surgery, X-ray, and radium treatment.

At that same time, Dr. W. A. Dewey, former Professor of Medicine at the University of Michigan and later of Middlebury, Vermont, wrote: "I can elaborate Dr. Bulkley's declaration, for in a practice of nearly forty-five years I have yet to see a single case of cancer save a few semi-malignant epithelioma, that these measures have cured, and my experience has been in hospitals of both this country and Europe."

Dr. J. W. Kannel of Fort Wayne, Indiana, testified under oath before the Ontario Cancer Commission: "I was very badly discouraged with my first twenty-four years experience with surgery and X-ray and radium, and I was glad to find something (the Koch Treatment) that would even cure a few of them, and I do say that it has cured a few."

Dr. E. C. Folkmar, Fellow of the American Medical Association and Editor of *Scientific Therapy and Practical Research*, wrote already more than 20 years ago: “The people are losing faith in surgery, X-ray and radium, they are losing faith in the teachings of the American Society for the Control of Cancer.”

Warning of the dangers of radium, Dr. Folkmar writes: “It is no wonder when such a physician has attended a patient with an extensive radium necrosis with fistula between the bladder and vagina following the application of radium needles in the cervix, or has seen the entire side of a face, below the eye, even extending down into the neck and part of the jaw, sloughed away some months after the injection of radium ‘seeds’ into these tissues, that he should say, ‘Never will I again recommend the use of radium. The remedy seems to be worse than the disease.’”

Writing that long ago, Dr. Folkmar warned: “The greatest progress of medical science has been along the lines of preventive medicine. Radium is not a preventive therapeutic agent. Too many surgeons and dermatologists have purchased and are using radium. There are said to be over 2000 registered radiologists today (i.e., in 1926), 2000 persons recommending, applying to, and injecting into trusting, hopeful patients a substance which may be their undoing. IT IS TIME TO CALL A HALT AND TO PUT UP THE DANGER SIGNAL.”

Writing even more specifically, Dr. Folkmar says: “A very serious problem now confronts a number of physicians. How are they to treat cancer? The methods now indorsed by Organized Medicine, surgery, X-ray and radium have proved inefficient even in the most skilled hands.” *

High School students taking Biology classes learn that one of the duties of the white blood cells is to watch and guard against bacterial infection. It is known to physicians that these rays have a pronounced detrimental effect on both the lymphocytes and the polynuclears. The X-rays and radium treatments diminish or destroy the ability of these white blood cells to guard against and battle against bacterial infection. Besides this detrimental effect to the protective system nature has provided, these rays cause severe burns, which are too often fatal.

**THE CANCER SITUATION*, E. C. Folkmar, M. PH., D.S.S., M.D., The Medical Press. Inc., Washington, D. C., 1926. The *Bulletin of the American Society for the Control of Cancer* of April 1930, is forced to admit: “Radium treatment has had a distinct rise in popularity both in Europe and in America, but in Regaud’s Clinic in Paris, where the results have been most carefully checked, this mode of treatment has been found useful only in cancer of epidermal origin. “In other words, in skin cancer only. Still, the awful results of using these rays for internal cancer are to be found today.”

In a news dispatch appearing in the *Detroit Times* for October 12, 1930, Dr. Warren H. Lewis, nationally known cytologist and former professor of Anatomy at Johns Hopkins University, is quoted as admitting: “We might as well face the fact that as yet we know little of the cause of cancer. Radium has been a disappointment.”

On April 22, 1930, the Jackson, Michigan, *Tribune* carried an editorial on “Radium and Cancer” and gave information on the opinions of great physicians, which it sums up as follows:

“The cancer victim of today finds himself generally in the hands of one of two classes, either the surgeon or the specialist in irradiation. Neither can do much more than promise relief that guarantees, according to the best statistics available, fatal consequences.”

Time magazine, May 25, 1931, admitted in its medical section that X-ray, radium, and surgery “can cure certain types of cancer in reachable parts of the body. They also, especially X-rays and radium, can do profound harm.”

The same issue of *Time* states: “With advanced cases of cancer, the specialist can only make the victim more comfortable while he slowly, painfully dies.” We ask the reader to remember this last statement when advanced cancer cases are discussed further in the book. In other words, advanced cancer cases all die with so-called “orthodox care” given by “approved” American Medical Association procedure.

It is a rule among medical men that a patient who is apparently cured of cancer may not be said to be successfully cured until at least five years have elapsed without recurrence. This information will help understand what even such men as Sir G. Lenthal Cheatle and Dr. Max Cutler mean in their book on “*Tumors of the Breast*” on page 549, when they write: “Of the cases entering the hospital with recurrence after operation only 3% are alive and well. The addition of pre-operative or post-operative prophylactic X-ray treatment or radical operation gave no greater percentage of five-year successful results.”

Dr. Stewart W. Harrington, of the Mayo Clinic, in the *American Journal of Cancer*, September 1933, page 64, states:

“Post-operative roentgen (X-ray) treatment is not a definite auxiliary to surgical treatment. In selected highly malignant cases it may be of value but it is of no benefit in cases of low-grade malignancy.”

In recent years, even the so-called orthodox and approved scientific researchers are coming closer and closer to the things which Dr. Koch pointed out many years ago, namely that cancer is a systemic condition and that the cure is to be found in chemistry and not in surgery and radiation.

This Chapter could be extended to voluminous pages, if all the information available on X-ray, radium, and surgery as treatments for cancer, were given. Obviously, since these methods are so widely used they are widely recommended. The lay reader may not be blamed for believing that no other remedy for cancer exists but the three discussed here. It has been the aim and objective of those who control the interests in these procedures to make the public believe that there is no other treatment for cancer. Some of the large drug industries are quite zealous in guarding their interests in making money by supporting the propaganda which teaches that any doctor who believes that cancer can be treated with other methods than these three, is an “ipso facto quack.” Their interest lies in the necessity of keeping cancer victims full of hope in order to combat the uncontrollable, excruciating pain irradiation adds to that of the advancing disease.

Those who have observed some of the pitiful cases of cancer victims, and others who have been burned to a cinder by irradiation, cannot too loudly condemn the false and misleading information which tells the public that this is the "only approved" way. If this section does nothing more than make the reader realize that there are two very definite sides to the X-ray, radium, and surgery questions, it will have served a useful purpose. The public should be aware of the fact that medical men are divided as to the value of these "approved" treatments.

Chapter Three

THE MODERN PASTEUR

FOR THE ENLIGHTENMENT of some of our readers, we feel that a Chapter dealing with the background of Dr. Koch would be most valuable at this point. The discoveries of this distinguished scientist could have no doubt saved the lives of many more thousands of people during the last three decades, if the power clique in Organized Medicine hadn't been operating to prevent people from knowing that such a thing as the Koch Treatment actually existed.

While there are thousands of people throughout the world who owe their health and life to the results achieved with the use of the Koch Treatment, it is to their courageous family physician, as well as to Dr. Koch, to whom they are indebted. Numerous medical men throughout this hemisphere have taken the trouble of investigating the efficacy of the Koch Treatment, and they have been using it diligently, very often the patient not realizing that a system of the healing art long opposed by "money-mad" men, was responsible for his restoration to health.

According to the *National Cyclopedia of American Biography* and other sources, William Frederick Koch was born at Detroit, Michigan, on April 6, 1885, the son of Martin and Christine (Faulstich) Koch, both natives of Germany. His father came to America in 1859. The son was graduated with an A.B. at the University of Michigan in 1909. He also received both his M.A. in 1910 and his Ph.D. in 1917, at the University of Michigan. He received his medical degree at the Detroit College of Medicine of Wayne University. During 1910-1913, he was Instructor in Histology and Embryology in the University of Michigan, and from 1914-1919, he was Professor of Physiology in the Detroit Medical College.

Meantime, devoting his attention to research work in physiology and pathology, he discovered the normal functions of the parathyroid glands, previously debated. His interest was eventually drawn to the problem of the nature of cancer, with the hope of discovering an effective method for its treatment and cure. As the result of extensive clinical observations, he formed a Theory, distinctly original in its terms, with apparently excellent prospects of affording a sufficient understanding of this baffling malady. He advanced the novel proposition that what he terms "cancer behavior" is to be regarded as "a protective response to a toxic product generated within the body." This conclusion he explains in the following sentences, which seem to contain an excellent summary: "Clinical observation disclosed the persistence of toxemia over a period even as long as twenty years previous to the advent of the growth. After the growth has come these toxic manifestations disappear, or nearly so. After a surgical removal of the growth they return and with recurrence of the growth again disappear. We designate these symptoms as the pro-growth symptoms, for they differ from those consequent to the activity of the growth itself. The strongest and the sufficient proof that cancer is a response of protection against a definite toxin, however rests with the fact that removal of the toxin and destruction of the toxin source is followed by complete involution of all cancer tissue, complete healing of the regions involved, return to health with absence of growth and pro-growth symptoms, and the absence of recurrence."

Following these concepts, Dr. Koch produced a Synthetic Antitoxin, described in the *Journal of*

the American Association for Medico-Physical Research, in 1925, which has been used successfully in numerous cases, both advanced and incipient. His Theory and specific Treatment have been the subjects of much comment in the medical profession and have been welcomed in many quarters as truly “epoch-making” at a time when the efficacy of radium has been widely questioned.

Dr. Koch was Professor of Physiology at the Detroit College of Medicine and Pathologist to the Women’s Hospital at Detroit when the opposition started. This was back in 1916, the time when a certain medical clique held tight control over the facilities for medical research around Detroit. Because of Dr. Koch’s earlier work in biochemistry, it seemed that they actually feared he might be successful in his attack on the cancer problem and organized to block him from the start. Chemical dealers were ordered not to sell him materials, and cancer tissues removed at operations were refused him.

However, through his many faithful students who were assisting in the operating rooms and who understood very well the nature of the obstructive policies put into action against him, he received sufficient material.

When Dr. Koch’s work was first successfully demonstrated in the fall of 1919, it did not take very long for the medical manipulators to invite him to Chicago. In addition to offering the doctor a starter of a million dollars in cold cash for his cooperation, they planned to write up him and the Treatment gloriously all over the world and place him on the pinnacle of fame. The token they required of Dr. Koch, in addition to complete and full rights to his discovery, was too much for his Christian spirit to consent to give. The small, powerful minority within the profession, which believes that all progress must come either from them or through them, was defeated at this attempt to force young Koch into their bondage. It has been only too well demonstrated in a number of instances (observe the same attempt in the comparatively recent “Krebiozen Case” and Dr. Ivy) how this group can order and coerce those whom it has favored, to go and testify to untruths and sometimes testify against their knowledge and better judgment under oath. Because Dr. Koch accepted no gifts, favors, or special privileges from these sources, he later became the object of their most bitter reprisals.

It is well known in certain circles that an automobile tire has been invented which would never need replacing for practically the full lifetime of any car. It isn’t hard to imagine what would happen to tire repairmen and to the tire industry if such a tire were actually put on the market. The discovery has never been given to the public.

Whether the men who wanted to get control of the Koch Treatment would have acted in a similar manner, is of course speculation. The fact that it costs something like \$6,000 on an average for a person to die of cancer, may help influence those who receive this money, to keep the Koch Treatment from general use because prospective spenders of such huge sums are restored to health for a mere fraction of that amount. The public should not be so gullible as to believe that certain medical interests are so philanthropic that they ignore the scent of such things as filthy lucre. In writing, in this manner, we are not thinking of the thousands of doctors and scientists who really work because they want to help humanity. Instead, we refer particularly to the monopolized trusts and the drug industry, to the highly financed hospitals, and those who own

interests in the raw materials, which are needed to keep these groups supplied.

Physical Culture magazine has long been exposing the real reasons why we have smallpox scares, syphilis clinics, and terrific campaigns to sell serums to the public. Sometimes, a patient may receive as high as 1,500 injections or more with no apparent results in improved health. Figured at a conservative \$1.00 each, this is a terrific amount to pay out in experimentation. It is no wonder that many families are kept poor because of mounting health bills. Some people within the acquaintance of the writers, have paid half of their meager incomes to doctors for almost thirty years, until discovery of what the Koch Treatment can do for them, has helped them to get on their feet.

The group spurned by Dr. Koch many years ago has, thank God, failed in its attempt to destroy the Koch Treatment. It has, however, hindered its use for the benefit of untold numbers of other people during these same years. With its false reports and whispering campaigns, it has attempted to make doctors believe this Treatment is a piece of quackery, which is absolutely ineffective.

It is the attitude and the persecution of this group which caused Dr. C. E. Phillips, revered member of the Orange County, Texas, Medical Society for many years and its past president, to say in a public deposition to the Federal Court in Detroit, which was trying Dr. Koch on a technical charge trumped up by the medical dictator, "I have not many years to live and if I can keep you people from putting this medicine out of the earth, I will prevent one of the most heinous crimes that has ever been perpetrated upon the American public or any other country."

Instead of using the Koch Treatment on one patient, or five, or six, by administering the Treatment incorrectly, in the manner of those from Organized Medicine who testified against its efficacy, Dr. Phillips did research with it for over fifteen years, on dozens of cases in several fields. Although he has never met Dr. Koch personally, he felt it his privilege to testify in his behalf and tell of the results he has attained with its use.

It would be possible to fill this entire book with Testimonies given by reputable physicians who have had widespread experience with the Koch Treatment. Let us take here, for example, the sworn Testimony of one of these men. The Court Record tells the following regarding the Testimony of Dr. Wendell G. Hendricks:

TESTIMONY OF DR. HENDRICKS

"I am a physician, surgeon, and an osteopath practicing in Bakersfield, California. * In addition to my general practice, I have given special attention to allergies and a large amount of my practice is infections, and I have quite a pediatric practice as well.

"Yes, I have knowledge of a drug called 'Glyoxylide.' I was practicing in Arvin in 1939, when I first heard of Glyoxylide and it was out of a book called *Natural Immunity*, by Dr. William Frederick Koch, which I came across at that time. I was treating allergy cases and I was not having any success with them except palliation, and I was looking for some answer for the successful treatment of these conditions. I read this book and it appealed to me. I felt that I

possibly had found the answer and so I immediately began to use it.

“I have used approximately 1,535 ampoules of Glyoxylide in treating human patients. These patients were treated for both infection and allergy, separately.

“In my ordinary practice, I keep a case history of each of my patients. I have brought to this Court certain of those case histories of patients treated with Glyoxylide. In most instances, a history of the condition was tabulated and a record of progress of that case was kept.

“I have administered approximately 820 injections of Dr. Koch’s Benzoquinone.

“Acute infections always respond more rapidly to the Treatment by comparison with chronic infections.

“Chronic cases respond also to Koch Glyoxylide. Chronic cases also respond to Koch Benzoquinone.

“Malonide and Glyoxylide are very efficacious in the cure, mitigation, treatment, or prevention of allergic conditions. This is based on my professional experience.

“From my personal and professional experience Glyoxylide is very efficacious in the cure, mitigation, treatment, or prevention of infections. This is also true, based on the same sources, of the Koch drug, Benzoquinone. It is efficacious.

“From professional observation and experience I have formed the opinion that Koch’s Malonide is efficacious as an antitoxin. This is also true of Glyoxylide and Benzoquinone.

“I believe Benzoquinone is very efficacious in the cure, mitigation, prevention, or treatment of sequelae. Based on my experience, I believe Malonide is very efficacious in the treatment of diseases in man.

“I have professionally administered approximately 2,400 Koch Treatments.

“From my professional experience, about 85% of the treatments of each of the drugs, Glyoxylide, Malonide, and Benzoquinone, proved efficacious as an antitoxin. There was 15% failure.

“The opinions that I have expressed here are based upon approximately nine year’s practice of my profession.

“The most recent figure that I have made is about 45% recovery in cancer with Glyoxylide.

“I think that the basis of disease is dependent upon the state of the resistance of the body as well as the invasion by bacteria. Anything that will burn up the toxins of the infection will be a great aid to recovery. The Koch Treatment is built up on this principle and I have seen it destroy infection quickly and successfully right along. For instance in undulant fever, and in San Joaquin

fever the immediate cures are 100% in my experience. In older infections, recoveries are also very rapid, and there have been no sequelae or complications in any case that I have ever treated where I used the Koch Remedy. I have used plenty of other remedies in my practice as a basis of comparison. That is why I use them in the difficult cases, when other remedies have failed. *

*(Federal Court Testimony, pp. 2939-3017)

Before we bring this Chapter to a conclusion, let us include some more of the Official Testimony, which appears in the Federal Court Records, regarding the Koch Treatment. Here is the Testimony of Dr. David H. Arnott, of London, Ontario.

TESTIMONY OF DAVID D. ARNOTT, M. D.

“My name is Dr. David H. Arnott and I reside in London, Ontario, Canada. I am three years younger than my brother, Dr. Henry C. Arnott. At present I am carrying on research work. I was educated for the medical profession at the University of Western Ontario and was graduated in 1899. My father had been a physician and helped to start the medical faculty of the University of Western Ontario as their first Professor of Medicine, but I began to practice alone and have been there in London ever since.

“I broke down in health forty years later, in November 1940, and have not been in active family practice since, but I have carried on research work with Glyoxylide. I have known Dr. William F. Koch since about November 1926. I came to Detroit at that time and told Dr. Koch that I was interested in a certain patient that had cancer of the breast and I wanted to know what the chance of recovery was, provided she got his Treatment, because in all my practice I had never had a case of cancer of any kind recover following this operation. We discussed it backwards and forwards and he interested me and invited me to return, and I came back and spent the 7th, 8th, and 9th of December at his Clinic; seeing him tend to patients and to re-examine them when they were reporting in, and to listen to him discussing the clinical progress with the different doctors who were there besides myself and acting like myself. After that I came back once a month for the next eight consecutive months, and followed up a lot of cases that I had seen, some carrying on from the first day I was there. I took notes and brought them with me and compared them with Dr. Koch’s office notes and found his notes were just like my own.

“I have been coming back to see Dr. Koch’s work off and on ever since, and in May 1927, I first used it in my practice. I used it on myself about March 1927; lived on the diet for the purpose of seeing what effect it would have on me, and followed the diet so that I felt, from actual experience, that I was fit to give advice.

“I have up to this time used it on some 400 patients and have particularly used Glyoxylide.

“Some of the ailments for which I used Glyoxylide are: cancer of the sigmoid, tuberculosis of the lungs, of the kidneys, and bladder; asthma, emphysema, epilepsy, coronary thrombosis, cataract, multiple fibroma, infantile paralysis, thrombosis of arteries, thrombosis of obliterative endarteritis, arteriosclerosis, ulcer of the stomach, ulcer of the duodenum, undulant fever, and boils. These are some of the ones for which I believe Glyoxylide to be an effective remedy.

“I have an opinion on why Glyoxylide might be effective in so many different pathological states. Life is supported by the food that we eat. It is promoted and reproduced on that basis. The potential energy comes from food, through living processes, which are natural and inherited and remakes life, as we know it. This is brought about by the oxygen in the air, going into our lungs, and into our blood, uniting with the food after it has been digested, for the purpose of continuing life. It is an oxidative mechanism that makes the transfer of potential energy and food into living energy. Dr. Jonathan C. Hakins, Professor of Medicine at Magill University, published an article in the *Canadian Medical Association Journal* in July 1935, the title of which was, ‘The Breath of Life.’ He summed it up in this expression: that oxygen is the breath of life and the cell is the seed of life, and he made the explanation that the union of oxygen with the processed food took place on or in the surface of the cell and that is the way life went on. This is the general basis of the continuation of life. We have inherited not only our shape as human beings, but also our powers to resist disease. All the different functions that go on in our bodies must be balanced, not too much of this one or too little, not too much of that one or too little. That keeps us going in a normal way and is what we call good health. This is all based upon the adequate amount of food, proper variety of food, and then upon it being effectively transferred into living energy by this natural oxidative process of the body. It is my opinion that a different remedy for a different disease is not necessarily needed.”

These individual Testimonies could go on to great lengths. Many more will be added when a series of Court-Record cases are presented for examination.

In 1925 Robert Murray in his, “Science and Scientists in the Nineteenth Century,” gave proof from every phase of science to indicate that the generally accepted “open-mindedness” of scientists, is everywhere disproved by the history of that century. He wrote: “Is there any punishment equal to that which, in the name of science and with the august authority of science, has been inflicted upon Jenner and Simpson, Joule and Darwin, Pasteur and Lister, in some cases by ignoring their epoch-making ideas and in other cases by fighting them to death? One would have thought that the thanks of the whole scientific world would at once have been their rightful due. In not a single case was this so. We may be told that such things do not happen nowadays. Of this we are by no means sure.”

We have the modern example of vicious medical monopoly rearing its snobbish head against Elizabeth Kenny and the wonders that she has been able to accomplish with the use of the Kenny Treatment. It is within the recollection of every reader when the top men in the American Medical Association referred to Sister Kenny as a quack and a fraud. It took the faith of her friends who knew the value of her therapy to fight on her side until public opinion could be aroused to such a high degree that it forced the AMA to withhold its castigation of this noble woman. When Elizabeth Kenny left the United States in the spring of 1947 to instruct in Europe, one of her final statements indicated that her treatment still had not been recognized by the American Medical Association. How long will the American people permit confidence placed in this group to be abused? How long before Congress will call an investigation into the activities of the leaders of the AMA to see whether they are really serving the best interests of the public or the best interests of themselves!

When a man of the caliber of Dr. William J. Hale, the late Research Director of the vast Dow

Chemical Company says, “Dr. William Frederick Koch is the modern Pasteur,” it behooves those, who have so readily snapped at the bait of the *Journal of the American Medical Association*, to investigate for themselves. Dr. Hale’s company employs many very prominent scientists and chemists, who are known to be finished scholars. Yet leaders among them confess, without hesitancy, that Dr. Koch is one of the great, if not the world’s greatest, living Biochemist.

The Congress of the United States has investigated trusts and labor unions. Surely the time has come when a complete investigation must be conducted to show the public and the members of the Medical Association, how the leaders of the American Medical Association have been misleading the masses, how they conduct a racket which is the most ruthless in the country, which denies to citizens the right to utilize the discoveries and practices of those scientists who refuse to bow the knee to tyranny and become the slaves of a medical dictator. A demand on the part of the American laymen and the American doctor for Congress to bring to light the shady practices within the top rank of the AMA ought to be heard from coast to coast.

Chapter Four

MEDICAL DICTATOR

IN THE *JOURNAL of the American Medical Association* of April 18, 1942, Morris Fishbein, the editor, takes the credit for having influenced the Food and Drug Department to make its attacks on Dr. Koch.

It has been Morris Fishbein and his cohorts, then, who have attempted to keep the medical men ignorant of the truth concerning the Koch Treatment and thus denied the use of this Therapy to the general public. Hundreds of doctors, however, have spurned the stigma, which the AMA bosses would attach to them for using the Treatment, and have gone right on helping the sick in a way never thought possible with some of the so-called orthodox treatments “approved” by the medical hierarchy.

The Case of Dr. Koch is not alone in the advancement of American science, which has felt the wrath of Morris Fishbein, the medical dictator. The American people have awakened to a considerable extent to the menace of communism, to the ruthlessness of some union bosses, to the abuses of trusts and capitalism. The public, however, is not aware that the AMA has the most ruthless, heartless, and diabolically clever leaders of any strong-arm union in the world! These men turn cold shoulder to suffering humanity, which they purport to serve! If greed determines their opposition to some type of therapy, then they cruelly smear and misrepresent the sponsor of such therapy. They use their vast means of propaganda through the control over practically every medical journal in America, and the many leading lay publications. These men, then, are more dangerous to America than any leader in any other closed shop in the country! They deal with the health of the people. They try to convince the Government and the public that anything, which does not have their “seal of approval” is something, which is fraudulent or a brazen piece of quackery. Thus, they would control all scientific progress in the medical arts and turn up not only their noses but also slander and smear any progress made outside the confines of their narrow bigotry.

Dr. Bremer of Germany took sixty long years of his life to attempt to convince the medical profession that air was a good thing for the sick. Then, all of a sudden, others in the medical profession seized the new idea and many patients were nearly frozen to death in tents and open-air buildings so they would get plenty of fresh air.

After Dr. Bremer forced the medical doctors to recognize the value of fresh air, the AMA hurriedly sent one of their most distinguished members up into the rarified air of the Adirondacks on a quest for scientific knowledge. The doctor “discovered” that pure, fresh air was not injurious, but of great benefit to the sick. So American medicine took credit for the discovery of a man who fought for years to aid humanity and his profession.

We shall see in a later Chapter that the same leaders in medicine are attempting to import the Koch Treatment from a foreign country by very subtle means, taking credit for introducing it into the United States, while Dr. Koch has been wearing himself out for almost forty years to teach, instruct, and debate, the value of his Theories which have been borne out so well in the Clinic.

When they could no longer argue with Dr. Koch on the basis of facts, then they used a group of “opinion witnesses” who had no experience or understanding of it, to condemn it and so to cause the Federal Court in Detroit to issue an injunction against Dr. Koch, which made it practically impossible for him to even answer his enemies, smearers, and attackers, without being liable to violation of the law. This, unfortunately, is the state of affairs in medicine in America. If you cannot answer a scientist with counter-scientific arguments, then use your governmental influence to get an injunction against your opponent. That will stop him from daring to debate your own narrow medical views. That will put an end to his impudence in daring to defy the great powers which would like to control or commercialize all medical thought in America.

When the AMA was formed in 1847 it was purely a social and scientific organization. Its founders intended it for this purpose, and it is still believed to be so by many of its members. In those early days the AMA never dreamed of going into the trust, monopoly, or shakedown business.

Around the turn of the century, at an AMA Convention in St. Paul, Minnesota, a trio of medical politicians conceived the idea of forming a closed corporation for their own mutual benefit. At this time the idea of a medical dictator was born.

Dr. George H. Simmons, then an advertising quack, Dr. J. N. McCormack of Kentucky, and a certain Dr. Reed were the founders. A Charter was procured in Springfield, Illinois, by which the three were made absolute, in the affairs of the Association, as practically all non-profit Corporation Charters do. A Constitution and Bylaws were drawn up and ratified by a future convention under which it looked as though the members themselves had a voice in the conduct of the Association. It must be remembered though that a Charter and a Constitution are two different things.

In the beginning of this power group, Simmons was general manager, secretary, and editor. McCormack was social worker and Reed was the “legislative works” or lobbyist. These three medical misfits proceeded to form a political steamroller at the head of the body with a smaller political machine in every state in the Union.

In 1912, Rush Medical College graduated a young man by the name of Morris Fishbein. Bealle * tells the story of Fishbein briefly, as follows:

“How he (Fishbein) got his degree is of no moment here. The fact remains that he got it. And how he procured his medical license is still another story. Classmates claim he was very irregular in his attendance and was generally hustling about trying to find additional ways to gather in the coin of the realm. Others say that when he entered medical college, he had been practicing to become a circus acrobat, or tumbler.

(* *MEDICAL MUSSOLINI*, Morris A. Bealle, Columbia Publishing Co., Washington, D. C., p. 30 ff.)

“After receiving his diploma, Fishbein spent five months as an intern at Durand Hospital, then resigned to take a position under Dr. Simmons as publicity man for the American Medical

Association. (Please note that all other medical graduates ARE REQUIRED to serve two-year internships in some ‘accredited’ hospital.)

“For awhile Fishbein was practically Simmons’ office boy. Then Simmons got into trouble when he tried to get rid of his wife by ‘framing’ her on an insanity charge. She proved in court that he had made a dope addict of her. It was brought out also that he was the biggest advertiser the medical profession had ever had and that he boldly and brazenly advertised ‘a limited number of lady patients can be accommodated at my residence.’

“The trial raised such a furor that Simmons realized it would be to his own advantage to publicly withdraw from AMA activities. He did. And in his place, set up his young stooge and student, Morris Fishbein. This happened in 1924.

“Fishbein proved an able politician and businessman. But his accession to editorship of the *AMA Journal* was a travesty on modern medicine, since he had never practiced medicine a day in his life. Furthermore, he had no possible way of knowing the problems of the bedside physician or of the honest physician, who has to make ends meet when collections are poor and patients scarce.

“Fishbein discovered ways to dig money out of manufacturers and advertisers that Simmons had never dreamed of. And though the dignity of the medical profession suffered and its prestige took a horrible beating, Fishbein continued to rake in the money for himself and Simmons—and the Organization. The million dollars a year that is dug out of the earnings of the small practitioners, who must join the AMA or suffer ostracism and ‘whispering’ at the hands of their fellows, is only part of the loot.

“Fishbein works on the theory that he is safe so long as he can show that ‘the affairs of the organization are prosperous.’ That his Medical Chamber of Commerce is prosperous no one denies—if we consider worldly goods, obtained in the ways, which would make a yeggman blush with shame, a gauge of prosperity.

“The Medical Chamber of Commerce now has the richest medical graft in the world, owns \$2,074,807.19 in real estate, buildings and equipment; \$2,511,309.16 in gilt-edged bonds, a bank vault full of cash, a half dozen medical journals, controls 35 or more and did a business of \$1,880,135.90 in the year 1942.

“As to being ‘progressive’ it can take a bow there too. That is, if you include in the category of progress an agenda which attempts to do all the medical publishing, to control all the medical offices, to dictate to all the medical colleges and hospitals, to control all medical teaching, advertising, and manufacturing, to dominate all public health boards, and the medical journals, and on the side, goes into the job of printing, book publishing, paper selling, office furniture, sticker making, button manufacturing, and numerous other commercial pursuits.

“As I have noted, Dr. Simmons proved an able politician and a good racketeer, but the young office boy has far outstripped the tutor. In fact, he has made himself very unpopular with a good many doctors within the ranks of the Association. He has even gone so far as to not only

organize but also print at intervals a “black list” of those doctors and manufacturers who have incurred his ill will.

“Morris Fishbein recently sold a series of alleged health articles to the Scripps-Howard News Syndicate. At the bottom of each article, he exhorted his readers to ‘clip this out and become your own doctor.’

“Even though the public doesn’t know that Fishbein never practiced medicine a day in his life, and is not qualified to advise the layman, much less the doctor, on how to treat the sick; any intelligent man or woman is aware that you cannot treat in a standardized manner by tumbling through newspaper clippings. Any intelligent layman is bound to think less of the medical profession after reading these bought-and-paid-for blurbs, written by the nation’s supposedly ‘leading’ medical man.

“The *Journal of the AMA*, and many of the thirty-two State Medical Journals which are controlled by Dr. Fishbein, and are chock-full of advertising, as the high-pressure sales force of the Cooperative Medical Advertising Bureau at Chicago, can put in them. Much stress is laid on the business end of healing. In fact, the Medical Directory carries a ‘Purchaser’s Index’ which seems to say to the public ‘Buy only from those who come across.’

“The art of healing is about the last thing in the world that should place dollars first. Many honorable and capable physicians agree on this point and put it into effect in their own practices. There are many hundreds of real physicians in this country who have thousands of dollars ‘on the books’—overdue and unpaid bills from poor people who probably will never be able to pay. Yet, if one of these doctors is called to attend a patient in dire need of help, he will not hesitate to get out of his bed in the middle of a cold winter night, and administer to him—knowing that he will never get a cent for it.

“But the public does not know this. What it does know is that if the ‘head doctor’ of the country does not collect for an advertisement, the advertiser will be dunned by collection agencies and sued by AMA lawyers. His product will be “knocked” by as many doctors as will repeat the Fishbein slander in the Medical Journals, and he will never get another inch of space until he settles up.

“The most spectacular example, in recent years, of the Medical Mussolini’s persistent penchant for putting dollars ahead of the public health was the amebic dysentery epidemic in Chicago during the World’s Fair of 1933. Although Fishbein’s high-powered Propaganda Department was able to keep most of this sorry story out of the newspapers, it didn’t succeed in completely smothering it. Of those publications that knew about it, only the magazine *Time* had the courage to tell the truth about what amounted to wholesale murder by the officers of the AMA and the Chicago Board of Health.

“According to a belated report by the latter, an epidemic of amebic dysentery centered around the Congress Hotel, in the summer of 1933. The plumbing in the hotel was believed by the Board to be one of the causes, also it was thought that certain of the kitchen employees weren’t exactly clean and were carriers of the disease—a disease which completely wrecks the health and is fatal

fifty percent of the time. Now, the Chicago Board of Health was then in charge of a medico-politician and politico-medical man named Bundesen, who ran for Governor in 1936, on the strength of his ignorance of health matters.

“The World’s Fair was really a Big Business. All told, 39,052,236 visitors from all parts of the United States paid the 50-cent admission charge, and spent many times that amount at the various concessions. This doesn’t include many millions spent in the Chicago hotels, restaurants, stores, and so on.

“Had the Chicago Board of Health been a board of health instead of a commercio-political subdivision, steps would have at once been taken to check this spread of dysentery immediately upon its discovery. Had Morris Fishbein considered the American Medical Association a medical association, instead of a politico-commercial racket, he would have seen that this was done,

“But, no! This might stop a few visitors from coming to Chicago and leaving some good money with those business interests, which support the Chamber of Commerce and advertise in the medical journals. So what did they do?

“The Board of Health just postponed action until the last visitor had passed through the World’s Fair turnstiles and until the last visitor had paid his bill and checked out of his hotel. Fishbein kept quiet and thus permitted hundreds of visitors to spread amebic dysentery all over the United States.

“It was not until after some wealthy lumber barons who had attended a lumber convention in Chicago at the Congress Hotel contracted the disease and died that *Time* gave the story to the world.

“The dysentery incident alone is enough to justify every medical doctor in the country calling for a clean-up of the Association if he doesn’t want things to get so bad in a few years that a Senate or House Investigating Committee will do it for them.

“And if a Committee of Congress ever turns loose on this esteemed Association, and learns how it is now being used by Fishbein as an instrumentality to pull in the shekels by any means through which they can be pulled in, it will wash so much dirty linen that the 15% who now go to medical doctors for medical treatment, will be reduced to about 15% of the present number.”

The manner in which the American Medical Association became an autocracy is in itself an illuminating chapter in the history of dictatorships. The public is indebted to an editorial, which appeared in the *Illinois Medical Journal* for December 1922. This publication is the organ of the Illinois Medical Society, and is one of the few component parts of the Medical Dictatorship, which has always had the courage to speak out and protest against any usurpation of power by medical racketeers. The article is entitled, “THE AMA BECOMES AN AUTOCRACY.” It is indeed gratifying to note that some doctors of the AMA had the courage to come out and tell the true facts regarding the Simmons’ influence, which was perpetuated more strongly than ever by his protégé, Morris Fishbein. Let us remember that Fishbein controlled all funds of the American

Medical Association. In 1910 Simmons had the Constitution changed and the Charter amended to provide for this very thing. By controlling all funds of the Association, by making the President and the Treasurer mere figureheads, Fishbein had as much power in the Association as Mussolini had in Italy, Hitler had in Germany, or Stalin had in Russia.

Here is the editorial from the *Illinois Medical Journal*. It may look too long to read, but it is so revealing because of its source, that a proper understanding of the AMA must behoove the reader to indulge its length.

‘THE AMA BECOMES AN AUTOCRACY’

“The Journal management (then George Simmons, but now Morris Fishbein) dictates the ways in which the Association’s money shall be spent. The editor of the *Journal* has assumed the functions of General Manager of the Association and, ex-officio, of every physician in the United States. Such despotic authority was never conferred upon him, either by the House of Delegates or by the physicians themselves.

“When the reorganization plan was adopted (1902) it provided for the first time for a House of Delegates, and stated specifically that this should be the legislative and fiscal body of the Association, and that the funds of the Association should be appropriated by the House of Delegates. Today the Editor of the *Journal of the AMA* and his Board of Trustees have nullified the House of Delegates and have assumed the right to make appropriations for the entire Association.

“The editor of the *Journal* has assumed, entirely without warrant, that he is the general manager of the Association, and not of the *Journal* only. The President of the AMA has been degraded into a mere automaton where control of the organization is concerned, with even this puerile power of ‘recommendation’ for appointment further weakened by the power of the veto, assumed by the Board of Trustees.

“The policy of the present management of the AMA has been and is the accumulation of money for the erection of buildings and to make a big showing for the *Journal*. This feature has been worked overtime while the economic welfare of the individual physician and the profession at large has received a minimum, if any, attention.

“Here is where the AMA falls down with a vengeance. Instead of serving the individual doctors of the Association as a great labor organization stands up for its members, the AMA does nothing to help physicians maintain their economic position in society.

“Since the reorganization it is apparent that the management of the AMA prefers to take its advice from men out of touch with the daily needs of the profession. The struggling doctor is left to fight his own way unaided.

“Few of the members of the AMA realize the centralizing changes that have taken place in their organization within the last twenty-five years. So adroitly and insidiously have these changes been brought about that the majority of members, even those best informed regarding the

organization, have been so dazzled by the material prosperity of the AMA that they have entirely overlooked the fact that, during this period of expansion, the Association has been converted from a democratic and self-governed body of professional men into a highly centralized machine with absolute control concentrated in a single individual.

“The majority of attacks which have been made on the management of the Association during this time have been directed entirely at the editor of the *Journal*. These attacks have been futile and have been welcomed by the management for the reason that these criticisms have diverted the attention from the gradual steady absorption of all the authority and control of the organization.

“By 1901, the *Journal* had developed to a point where reorganization seemed necessary. It is significant that the Financial Statement for this year was headed, Report of the Trustees of the *Journal of the AMA*.”

“This reorganization plan for the first time provided for the delegate body to be known as the House of Delegates. It provided for the following officers: President, four Vice-Presidents, a Secretary, a Treasurer, and nine Trustees. It stated specifically that the House of Delegates should be the legislative and fiscal body of the Association and that the funds of the Association should be appropriated by the House of Delegates. At present, the editor of the *Journal* and the Board of Trustees attend not only to appropriating the funds but also to most of the other functions of the House of Delegates.

“The new By-laws further provided that all matters of the Association pertaining to the expenditure of moneys (that is, money for other purposes than the publication of the *Journal*), shall be referred to the Board of Trustees, who shall make a report of the same within twenty-four hours, and if the House of Delegates orders the expenditure of money, the payments shall be made by the Treasurer.

“It will be seen from the above that the reorganization plan specifically gave the power of appropriating money to the House of Delegates; that the function of the Board of Trustees were purely advisory and that the action of the House of Delegates in appropriating money was final. Any claims, therefore, that the present method of controlling finances of the AMA were approved by the Association at the time of the reorganization in 1901, are entirely without foundation as shown by the official records.

“At that time, the only source of revenue of the Association was the *Journal* and the only purpose for which money was expended, with the exception of some slight Association expenses were the expenses of publishing the *Journal*. It was, therefore, perfectly natural that all bills should be approved by the editor and all checks signed by him.

“It was perfectly natural that, as the only responsibility of the Board of Trustees was the publication of the *Journal*, the voting of the appropriations should be left in their hands. It was early recognized by those desirous of concentrating the powers and resources of the Association THAT WHOEVER CONTROLLED THE FINANCES OF THE ASSOCIATION WOULD ULTIMATELY CONTROL THE ASSOCIATION ITSELF, since no action could be taken, no

committee function, no officers could carry on any activity, except as the necessary expenses for such purposes were authorized.

“In the twenty-five years of expansion of the Association and the *Journal*, the anomalous condition has developed whereby the *Journal*, which is the property of the Association, now absolutely controls the Association to which it belongs.

“The editor of the *Journal* has developed into an absolute DICTATOR of the Association and its affairs through his control of the finances of the Association, while the Board of Trustees of the *Journal* has been converted into a Board of Directors of the Association which now assumes to control all the activities of the Association, and even to dictate to the officers, Boards, and Committees of the Association, as to what they can do, and how they can spend the money which is the property of the Association.

“This conversion of the Association from a democracy to an absolute autocracy has been brought about so slowly and shrewdly, so surely and so persistently, that even the members of the House of Delegates themselves have not been aware of this overthrow of self-government and the substitution of an oligarchy for a rule of the members.

“These changes have resulted in converting the Board of Trustees from the supervising committee of the publication of the *Journal* into a Board of Directors of the Association which now claims the right to act on and control all activities of the Association. Another instance of the tail wagging the dog.

“What has come about, then, since 1901, is that the County Medical Societies have delegated their authority to the State House of Delegates; the State Association, through its State House of Delegates, has delegated all its authority to the House of Delegates of the AMA; the House of Delegates of the AMA has delegated all its authority to the Board of Trustees, which is now the Board of Directors, and the Board of Directors practically has delegated its authority to the editor of the *Journal*, who, as an unauthorized and self-constituted general manager of the Association, controls all of the activities, finances, and functions of the organized medical profession. A pyramid, with one man sitting on the top.

“It was recognized long ago that whoever controls the finances of the Association will control the Association. So we have, today, the anomalous and absurd situation that the *Journal*, which is the property of the Association, not only spends what money is necessary for its own expenses, but also the surplus earned by the *Journal* each year, which does not belong to the *Journal* itself but the Association, as well as all the funds of the Association itself. They are controlled by the *Journal*, so that this money cannot be used for any purpose whatever unless it is in line with the policies and plans of the editor.

“Measured from a penny-wise standpoint, that the Association has prospered, is conceded, but what relation does this temporary financial success bear towards medical ideals, and the betterment of professional conditions?

“In the latter respect, FAILURE IS COMPLETE. That the AMA had done little or nothing for

the rank and file of the profession is murmured everywhere, and not without justification. Instances galore could be cited.

“THE AMA IS NOT A BUSINESS ENTERPRISE.

“Its success is not to be gauged in dollar bills or buildings, but in what it does to benefit its member and to restrain the confidence and merit the support of physicians.

“In other words, ‘what does it profit a man if he gains the whole world and loses his own soul?’ What does it profit the AMA to accumulate land, bonds and mortgages with which to erect a whitened sepulcher for the genuine interests of the profession it was organized to safeguard?”

This exposé of the real AMA made in 1922 came just two years before Master Politician Simmons turned his scepter over to Master Business Man Fishbein and “retired” to direct the medical union from the obscurity of anonymity. Simmons prepared the Association for permanent autocratic control by himself and his stooge.

There has been no change in that control since, and, while some doctors have been led to believe that some past presidents and members of the Board of Trustees really controlled Fishbein, there is no evidence to support this belief. The last financial report of the *Journal* indicates that that magazine still controls and handles all the money of the Association. As long as the *Journal* holds the purse strings of the Association, the man who controls the *Journal* will continue to control the Association—until that power is taken away from the *Journal* or until public opinion forces the Medical Dictator out of that powerful position which affects every single person in the United States, regardless of occupation!

It is important to add the following remarks to this chapter, which did not appear in the previous editions. It is to the credit of the members of the American Medical Association that in the summer of 1949, a short time after this book first appeared, Morris Fishbein was deposed from his position by the Annual Convention of the Association.

The unusual part of this action is that Fishbein was not merely let out of his job, but that he was publicly castigated and “ordered” not to write or speak on controversial matters without permission of the House of Delegates. He was humiliated and degraded in the public eye.

New Physical Culture (now *Macfadden’s Health Review*) for January-February, 1950, stated in a review of *The Birth of A Science*, “According to reports, this book had much to do with the overthrow of Dr. Morris Fishbein, the former medical Czar who persecuted Dr. Koch since the First World War.”

It remains to be seen whether this move was sincere or not. It could have been done just to please the public, making the people think a real house cleaning is in progress. We like to believe it is sincere and that the corruption of the original purposes of the AMA by Fishbein will be stopped and a more liberal, less tyrannical attitude toward those with whom it disagrees will prevail.

In view of the Krebiozen and Dr. Andrew Ivy Case which occurred since Fishbein’s overthrow,

it appears that some of the highest AMA leaders still carry on the same tactics of Simmons and Fishbein. These recent actions have paralleled the persecution of Dr. Koch in earlier days.

Chapter Five

THE GREAT DECEPTION

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,” says Alfred Walton, M. D. (* Bealle continues, in part, as follows:)

“For a doctor to advertise himself is considered an unpardonable crime in the lexicon of medical ethics. Many a conscientious but obscure doctor has had ‘the works’ put to him by his county medical association for doing this very thing.

“Often, for reasons not hard to guess, Fishbein accuses, and punishes, doctors who are not only innocent of advertising but of even trying to do so. Like the New York Roentgenologist, for instance, whose technique so fired the admiration of a famous author that this author wrote about it in a national magazine of large circulation.

“But there is no record of either the Chicago Medical Society or the Illinois Medical Society, or any of the 3,000 odd county medical societies whose members have been affected by Fishbein’s poltroonery and by the gullibility of the Scripps-Howard newspaper editors, asking that Fishbein’s license be taken away.

(*ibid, p. 45.)

“If such a request should be made it would be on solid ground because Fishbein has never given any evidence of a right to call himself a doctor, other than graduation from a routine medical course. And when examination day came, he only made 48 in Anatomy—the very foundation subject of the study of any kind of healing.

“A doctor who has gone to college for four years and REALLY STUDIED, then served a two-year internship and later practiced for fifty years still doesn’t know everything. He doesn’t consider himself capable of acting as a medical adviser to 130,000,000 people by the scrapbook method, or any other long-distance method. Mr. Fishbein’s time in Rush Medical College was taken up largely with extracurricular activities. Before his internship was up, he quit to take a job as publicity man for Simmons and the AMA. He never practiced medicine a day in his life.

“How, then, does Mr. Fishbein know anything of the problems of the bedside physician? What can he know about treating the sick that the ordinary layman cannot get out of a medical book? In what way can he possibly be qualified to advise the American people through a newspaper column on how to cure their ills?

“The only answer that suggests itself to us is that he is a ‘quack,’ pure and simple. Webster’s Dictionary describes a quack as a ‘pretender to medical skill, a charlatan.’

“Consider the scandalous advertisement of Morris Fishbein. In a circular advertising one of his

numerous books on how to cure yourself and keep yourself well, he modestly calls himself a 'distinguished doctor' and then proceeds to launch into a diatribe against all whom he styles as 'quacks.'

"Not a word about being a quack pretender to medical knowledge and experience is said of himself. Not a word about the fact that he never had a day's bedside experience in his life. Not a word about the fact that he knows so little about the human body that he could only make 48 in Anatomy when he applied to the Illinois State Medical Board for a license to call himself 'doctor.' Not a word about the fact that the Board gave him no rating at all in the very important subjects of physical diagnosis, gynecology, etiology and hygiene.

"In another circular he describes himself thus: 'Doctor Fishbein is one of the most active figures in the American Medical World. His literary judgment and ability have been called into the service of important review media. The useful results of his many activities have been a broadening of the mutual interests of the doctors and their public.'"

"And here is another recent estimate of himself given to the *Chicago Daily Times*, with his photograph:

"Consider the case of Dr. Morris Fishbein—doctor, author, lecturer, and one of the most feverishly busy men in town.

"He is editor of a half dozen magazines, including the *Journal of the American Medical Association*, spokesman for the 100,000 members of that organization; author of many books and articles, professor at Rush Medical College and the University of Illinois.

"He reads 3,500 manuscripts a year for business purposes.

"Reads 10 books a week for pleasure. 'Makes 130 addresses a year. 'Turns out 13,000 words a week for publication.'

"Keeps four secretaries running to and fro with dictation (100 letters a day correspondence)."

"Now compare this with the estimate of Fishbein by three Minnesota citizens who recently filed a suit in the Federal Court at Chicago, seeking by injunction a stoppage of the Fishbein activities which are detrimental to the public health and welfare.

"The complaint charges that blackmail is used on packaged medicine manufacturers to force them to 'advertise' their wares in the Fishbein *Journal*. It charges that hospitals are sandbagged into knuckling under to the Medical Dictator, under pain of having both patients and physicians diverted to other institutions. Among the overt acts with which the Medical Dictator is charged in the complaints are:

"Defendant corporation has for many years and yet does, utter, print and circulate throughout the United States its weekly magazine designated as the *Journal of the American Medical Association*, which said magazine or journal has a weekly circulation of more than 90,000

copies;

“Said *Journal* is published not for scientific value but as a medical, political vehicle catering to a selected group who can be relied upon to carry out the dictatorial policies of the Association, Morris Fishbein, and other members who profit thereby; as a means to libel and blackmail doctors and manufacturers into becoming members of said Association or advertisers in the said *Journal*;

“Defendant corporation threatens, direct or implied, that it will in the columns of its said *Journal* expose and condemn such medical institutions, hospitals, and schools as do not accede to the rules, orders, commands, and regulations of it, the said defendant.

“The conduct and activities of the AMA constitute a nullification, mal-administration, and interference and usurpation of the police power in premise of each and every state.

“The AMA is without power other than the duress aforesaid but does upon its own motion rate, berate, and classify the hospitals of the United States from which action of the defendant corporation there is no review or appeal and which action is an usurpation of the prerogative of the body politic.

“Defendant awards or withholds at its pleasure to and from all hospitals in the United States its own Class A Rating which is an invitation of the defendant and has no meaning or significance whatsoever than such arbitrary meaning as is invested in it by the defendant, and that the said defendant (AMA) upon its own motion decides and adjudicates what hospitals and medical schools in the United States do and do not meet the alleged requirements.

“If any hospital in the United States defies, denies, or refuses to be guided and bound by each and all or any of the rules and regulations prescribed by the AMA, the defendant does thereupon in its said *Journal* asperse and condemn or berate the name to the damage or injury of said institution and to all citizens.

“Defendant secures and procures the appointment and the placing of its own members and its own officers and ex-officers upon the said Medical Board of each and every State in the Union and defendant does thereby control and dictate the policies, methods, and judgments of each and every such said Medical Examining Boards in each State in the United States.

“Defendant publicly in its journal aspersion, berates, and condemns 564 hospitals because in the sole judgment and opinion of the defendant, they were not satisfactory to the defendant, and which conduct by the defendant does constitute the violation of the Constitution of the United States.

“Defendant maintains what it calls a Hospital Register and upon its whim and caprice alone it therein registers or refuses to register various hospitals, government or otherwise, of the United States and their names are omitted from all publications of the American Medical Association. As a result of this the unregistered hospitals are eventually compelled to cease operations.

“The AMA through threats and coercion, has induced the Federal Communications Commission, which said Commission regulates broadcasting privileges through the United States, to exclude any person, remedy or proprietary medicine from the airways except and until said person or remedy shall have been approved by the dictators of said American Medical Association.

“Said American Medical Association controls an insurance company, which insures doctors against damages from malpractice and thereby prevents any doctor testifying against a member of the American Medical Association in any case involving malpractice, thereby, in many instances obstructing justice.

“Said American Medical Association has created a committee within its own membership constituted of members who are subversive to the dictates of Morris Fishbein, which said committee is designated and does place its seal of acceptance upon certain foods, drugs or remedies being solely guided by the sums of money paid to the said Association for said approval, withholding said approval from those foods or remedies manufacturers of which refuse to pay for said approval or to advertise said remedy in the American Medical Journal at an exorbitant charge.

“Said Association maintains a “bureau of information” solely for the purposes of blackmailing and intimidating individuals engaged in treating human ailments, who do not follow the dictates of said Dictator.

“Said Association requests and commands of every State Government the right to dictate who shall constitute the examining board in said state, thereby attempting to control the public health of the United States; through said boards, it does dictate who shall practice the healing arts regardless of their fitness and training.

“Like all dictators, the Medical Dictator is clever up to a certain point. Just before it became necessary to file an answer to the aforementioned lawsuit, he arranged to have it withdrawn by the plaintiff. Thus, he escaped an airing and the proving of some or all of the allegations in open court, and he escaped the admission of weakness, which he would have had to show in his answer, since answers in Court are under oath. He couldn’t give the court the 99% false balderdash which he fills up his medical journals and other printed blacklists with unless he wanted to take a chance of going to prison for perjury.”

“Mr. Fishbein never loses a chance to break into print. In fact, it was O. McIntyre who said in his widely syndicated *Broadway Column*:

“Ziegfeld glorified the American girl but Morris Fishbein seeks to glorify Morris Fishbein. The sooner the medical profession muzzles him the better.”

“Fishbein, who answers so completely Webster’s description of a Quack, seems to be always calling other people ‘quacks.’ There is no one who should be more reticent in stirring up this ugly word than he. The dictionary defines a quack as a ‘pretender’ to knowledge or ability he doesn’t possess. Mr. Fishbein pretends to be a doctor of medicine and even goes so far as to try to be the family doctor to 130,000,000 Americans via the scrapbook method.

“Yet we find that he never even finished his required internship. We find he couldn’t even pass an examination in Anatomy, the very fundamental of a medical education. We find that he knew less than 50% as much as doctors are supposed to know about the human body. And, doctors say, it is a good thing he never went in for surgery or he might have tried to find the gall bladder in the pelvis, the appendix in the throat or the aorta in the ankle.

“The American Medical Association is styled ‘a corporation not for pecuniary profit’ in the records of the State of Illinois.

“In 1942, according to the *Journal of the American Medical Association*, the AMA made a gross profit of \$1,880,135.80, which brought its net worth up to \$4,711,215.32. Why should a ‘non profit’ organization have to have stocks and bonds, cash and real estate, buildings and equipment worth the sum of \$5,030,178.02? What is the nature of a ‘non profit’ corporation when its gross earnings are over a million and four-fifths dollars a year? How can a capitalistic corporation, piling up each year a greater cash surplus, still call itself a ‘non profit’ corporation?

“In 1897, fifty years after its organization, the total receipts of the American Medical Association for the year were only \$56,182.48; cash on hand \$9,075.94. In 1942-45 years after this, and thirty years after boss Fishbein took control, its receipts reached the total of \$1,975,236.30, and its cash on hand and bills receivable were \$810,984.81.

“The Auditor’s Report for 1942, shows that the net earnings of the American Medical Association, after all expenses had been paid, were \$330,415.34. Assets in the form of real estate, buildings, and equipment totaling \$2,074,807.19 were shown.

“Government, railroad, municipal and utility bonds, \$2,541,309.16; coin of the realm, \$676,541.78; bills receivable, \$134,443.03; and inventories of stock on hand, \$154,139.72. These assets total \$4,238,682.40, and after deducting the Association’s liabilities it left a net worth of \$4,711,215.32.

“If a manufacturer refuses to advertise just as heavily as the Fishbein organization orders him to, the word is passed around not to have anything to do with that product. It is put on the ‘Black List’ and labeled as ‘quackery.’ If it is a product which the general public buys, then an effort is made to have its normal market destroyed by the Federal Trade Commission, the Food and Drug Administration, and the Better Business Bureau, by charging that it is ‘fraudulent’ advertising.”

“The revelations contained in the book, *“Medical Mussolini”* are worth reading. The big stick of the ‘seal’ of the American Medical Association is described vividly. Old Dr. Simmons first used this seal. In the hands of Fishbein, it has become a power to whip in line all those who might stray from what he thinks is proper. The only way a product can be ‘no good in the estimation of Morris Fishbein, is when the producer refuses to ‘kick in,’ either with a large advertising contract or with an extortionate fee for a ‘test.’

Witness the following specific case, as detailed by Bealle:

“Here is as clear cut an example of an attempted shakedown as I have ever seen. It involves the effort of Fishbein to force C. Carl Gildner of Los Angeles, California, distributor of a product known as King’s Maelum, to accept an inordinate advertising schedule in the numerous medical *Journals*, which Fishbein owns and controls. King’s Maelum is a pure food product, made and distributed from the Pacific Coast.

“I have before me the whole story in photostat form letters from the American Medical Association’s two dummy ‘bureaus’—the so-called ‘Bureau of Co-operative Advertising’ and the so—called ‘Committee on Foods’ which appear to be the only two aliases the Medical Dictator used in his effort to club this particular manufacturing into ‘kicking in.’

“C. Carl Gildner of Los Angeles had a contract with King’s Laboratories of Calimesa, California, manufacturers of this product, to distribute it nationally. Through bad advice the laboratories themselves applied for and secured the ‘seal of approval’ of the American Medical Association, under the erroneous impression that the awarding of the seal meant the product had been examined and found to be pure and safe for human consumption.

“Immediately thereafter, Mr. Gildner was solicited to accept and pay for a large advertising campaign in the several AMA and thirty-one state medical journals, all under the control of the American Medical Association and its subsidiaries. Mr. Gildner declined to meet this schedule, whereupon, the ‘approval’ was revoked.

“Not only that, but the Medical Dictator became so incensed at Mr. Gildner that he attempted to bulldoze King’s Laboratories into violating their contract with the distributor. This in itself is a violation of the Federal Trade Commission Act, which issues orders to Cease and Desist against small concerns which, in the language of the Commission’s rulings ‘Induce employees of competitors to violate contracts.’

“The methods of the Medical Dictator, the Better Business Bureaus and the Federal Trade Commission, as described by the U.S. Circuit Court, is a violation of another FTC ruling, which prohibits: ‘Making false or disparaging statements respecting competitors’ products, their business, financial credit, etc.’

“To show the brazenness with which certain Government agencies and quasi-public organizations assist Fishbein in this racket, one has but to read the Decision of the United States Circuit Court of Appeals, 6th Circuit, in the case of the Raladam Company versus the Federal Trade Commission.

“In a decision handed down June 28, 1930, the Court said, in discussing the official thuggery which Fishbein amazingly calls into play when a manufacturer incurs his displeasure:

“The record here shows, without dispute or by implication which would hardly be denied, that the American Medical Association is engaged in a campaign against those proprietary remedies which it believes ought to be used by the public either not at all or only under supervision.

“It has a Bureau for that and other purposes, and the Bureau employs a director. When it is

thought that a particular advertisement should be stopped, this director takes the matter up with the Federal Trade Commission and with the Association of Better Business Bureaus, which are scattered over the country.

“Thereupon, the Commission, if it approves, files a complaint and eventually, if it is convinced of the truth of its complaint, makes the order to desist and refrain. The Better Business Bureaus explain to their local newspapers and to the general periodicals that it would be wise to refuse this advertising.

“The Chairman of the Commission, in public addresses and in correspondence, advises the newspapers that they will be subject to prosecution by the Commission as defendants, to be joined with the advertisers, if they do not desist from such publications; and the newspapers may suspect that if they do not comply with the advice of the Better Business Bureaus, their general advertising patronage from the membership of these bureaus will fall off.

“It is to be hoped that as many physicians as possible read this article, for of the 185,903 odd physicians in the United States, the vast majority are honorable, honest and capable, and 122,741 of them help pay the freight for the American Medical Association. Aside from attending an occasional meeting of their city or county medical society, this is as far as the average doctor’s interest in membership goes. Consequently, by taking advantage of the faith of these hardworking doctors whose time is taken up too much with the healing of the sick to investigate what is going on in Chicago in their names, Fishbein and his little group of sub-politicians are working the meanest racket in the land—and using the names of these capable and honest doctors of medicine to lend it respectability.

“On October 27, 1931, the Medical Dictator, writing on stationery headed “Committee on Foods” and showing Fishbein as ‘Chairman,’ advised that King’s Maelum “is being accepted by this Committee and the company is entitled to display the seal on the package label and in advertising.”

“Two weeks later on November 10, another form letter on the stationery of the “Cooperative Medical Advertising Bureau” informed the distributor that it had been advised that the Committee on Foods had accepted King’s Maelum and had given it the ‘seal,’ This letter also brazenly announced the exorbitant advertising ‘fees,’ which the Medical Dictator expected this product to take in recognition of the favor done for it by giving it the ‘seal of approval.’ This ‘offer’ was turned down by Mr. Gildner, the distributor. On November 16, just six days later, the big stick of Morris Fishbein fell and in a letter to another laboratory informed the receiver that the ‘acceptance of King’s Maelum’ had been withdrawn!

‘Too long the public has been led to believe that the ‘seal of approval of the American Medical Association’ means safety, purity, etc. The evidence indicates otherwise.

“For example, the Land O’Lakes Butter Company advertised as early as 1931 that it was the ‘First to be accepted by the Committee on Foods of the American Medical Association.’

“Five times in 1930, the Land O’ Lakes Creamery people were haled into the Federal Courts of New York and New Jersey for selling adulterated butter and misbranded eggs. The product in each case was condemned, but the defendants were allowed to go free “under bond.” (These cases may be found on the docket of the New York District Court Nos. 18017, 17992, and 17697. The docket number in New Jersey was 17882 and in Maryland 18020.)

“In the latter case, it was admitted by the Creamery people that part of the 399 cans of frozen eggs involved (with ‘purity’ guaranteed by the ‘seal’ of the AMA) were filthy, decomposed, and that sugar had been added, presumably to disguise the smell.

‘There is no record that the AMA ‘seal of approval’ against this Creamery was ever withdrawn before or after these public cases were shown against it. If King’s Maelum product, against which no charge (much less a conviction) has ever been brought of impurity or adulteration, was rejected by the AMA because Mr. Gildner didn’t want to help swell the millions of Fishbein’s non-profit corporation, then why is it that a company charged in Federal Courts with purity violations, is permitted to keep its seal?’

‘An even more alarming incident was the failure of the AMA to investigate the toxic qualities of alleged poison contained in Phillip Morris Cigarettes, which spends nearly \$30,000 a year on advertising in medical journals alone.

‘The extensive advertising campaign of the Phillip Morris people was based on a single sales smash, namely, that because of the use of the drug diethylene glycol as a hygroscopic agent, instead of the glycerine used by other cigarette manufacturers, Phillip Morris cigarettes prove ‘less irritating to the throat.’

‘The advertising copywriter, utilizing the full scope of his imagination, even wrote in one of the advertisements carried in the *Journal of the AMA*: ‘Patients with coughs were instructed to change to Phillip Morris cigarettes. In three out of four cases the coughs disappeared completely. When these patients changed back to cigarettes made by the ordinary method of manufacture, within a limited number of days, coughs had returned in one-third of the cases. This Phillip Morris superiority is due to the employment of diethylene glycol as a hygroscopic agent, which proved a major advancement in cigarettes.’

“Many other advertisers have been pounced on by the Federal Trade Commission for a milder flight into the realm of fiction than that. If Phillip Morris’ statement was true and the diethylene glycol was not dangerous, then every other major cigarette company in America would have changed to its use.

‘The Phillip Morris Company is said to have based these statements on the bought and paid for “opinion” of two physicians whom it hired for the purpose—Dr. Michael G. Mulinos of Columbia University and Dr. Frederick B. Flynn, also of New York.

‘In the fall of 1937, seventy-two people died as the result of using a drug called Sulfanamide Massengill in which it was demonstrated that diethylene glycol, the solvent, was the poisonous agent responsible for the deaths of these people.

“Now if Fishbein and his dummy front committees were really interested in the public health the way they claim, they should have stopped all advertising of the Phillip Morris cigarettes and made exhaustive examinations to see whether this poison found to be responsible for seventy-two deaths was dangerous in the small doses found in cigarettes.

‘Instead Fishbein jumped to the defense of his advertiser who spends nearly \$30,000 a year advertising in medical journals alone. In his *Journal of the AMA* on October 30, 1937, he wrote: ‘There is no evidence that the ordinary use of diethylene glycol in industry, or as an ingredient in the manufacture of cigarettes, is harmful.’

“The only evidence that this agent was toxic was the death of some seventy-two people, but evidently Fishbein doesn’t consider this as ‘evidence.’ The important part that Fishbein omitted in the above editorial is that the AMA had no evidence that diethylene glycol is NOT harmless when used in cigarettes!”

Bealle continues with another striking example of the Fishbein questionable activities:

“Many capable physicians, who give to the world a new discovery or an improved method of curing or healing, have been approached with demands for royalties to ‘lay off’ them. Failure to ‘kick in’ means that every doctor in the country will be told about this ‘quack’ product or that ‘harmful’ method. And, naturally, not knowing anything about the American Medical Association, this information is passed on in perfectly good faith by doctors, thus doing irreparable injury to the business of the manufacturer or doctor.

“George Starr White, M. D., of Los Angeles, who needs no introduction to the medical fraternity, is reputed to have the largest personal practice of any physician in the United States. Dr. White incurred the enmity of the Fishbein Medical Association and thereby hangs a tale. Let Dr. White tell it:

“Before I located in Los Angeles, California, I arranged with a lecture-tour manager to carry on a course of lectures to registered M.D. ‘s throughout the United States. As soon as I located in Los Angeles I had my large equipment shipped on here from New York City and set it up in the same house that I still own and occupy. I started in lecturing to registered M.D.’s only, going to all the large cities throughout the country.

“Among other cities was Chicago, Illinois. I had not been at my hotel in Chicago long one day before two men came to call on me and told me they were physicians sent from the headquarters of the American Medical Association in Chicago to have an interview with me.

“They told me that they knew of the work that I was doing and teaching and that if I would let certain officers of the AMA in with me so as to get a royalty on my teachings and books, as well as credit for some of my discoveries, that I would have no opposition from them; but if I refused, every obstacle would be put in my way.

“I told these two doctors in very plain and emphatic language that I would not give bribes to

anyone and would not compromise myself to please the AMA or any other person or persons living. They told me that I would regret my action and went out.’

“A little later, and in true character, the Fishbein put ‘Doc’ White down on his printed ‘Blacklist’ as a ‘quack’ and a ‘what-have-you.’”

“A member of the American Medical Association, located in the District of Columbia, brought to my attention a case of obvious sandbagging, which he said was an extremely sore subject with medical doctors who paid dues to the AMA. He pointed out that a product known as Ergosterol is ‘banned’ by the AMA while an identical product known as Viosterol is ‘approved.’ Another product known as Befsal was ‘disapproved’ while a practically identical product known as ‘Atophan’ and another identical product known as ‘Cenophan,’ were ‘approved’ by Dr. Fishbein.

“According to this physician, District of Columbia doctors interpret this as simply meaning that the manufacturers of Viosterol, Atophan, and Cenophan have ‘kicked’ into the powers that be in Chicago, while the makers of Ergosterol and Befsal have refused to be shaken down in this manner. Now let’s see how near right these District of Columbia doctors are.

“Viosterol is manufactured by Mead, Johnson & Company, and several other powerful ‘advertisers’ in the Fishbein journals and medical directories. The identical product, Ergosterol, is sold by Glogau & Company of Chicago, which concern refuses to ‘kick in’ to the AMA kitty. Not only does the American Medical Association refuse to ‘approve’ Ergosterol—while approving an identical product which is nothing in the world but Ergosterol which has been exposed to violet rays—but Fishbein went out of his way sometime ago to ‘blacklist’ this product of Glogau & Company, called Ergosterol.

“The point of demarcation between a product made by the manufacturers of Athopan and Cenophan, and one made by the manufacturer of Befsal is more clearly defined. Befsal was made by Dr. Lewis S. Summers at Amnbler, Pennsylvania, now deceased. There was a feud of long standing between Dr. Summers and the Medical Dictator, which ended only with Dr. Summers’ death.

“Dr. Summers was forced to fight incessantly to protect his business. He sent out volumes of letters and circulars to the medical profession, in which he gave many testimonials of cures. This incensed both Simmons and Fishbein—no doubt because they could not force Dr. Summers to ‘advertise’ in their sundry medical journals. They went far out of their way to poison the minds of the entire Allopathic profession with hatred and prejudice against Dr. Summers and his product.

“Had the Federal Trade Commission been on the job in July, 1936, it would have haled Mr. Fishbein before it and caused him to cease and desist what the Commission calls unfair competition against a medical magazine known as *MEDICAL ECONOMICS*. This publication is printed at Rutherford, New Jersey, has no connection with the Medical Dictatorship at Chicago, and, in fact, wants nothing to do with it.

“For previous ‘affronts’ to his regal dignity, Mr. Fishbein has long sought an excuse to destroy

this independent magazine. The best he has been able to do, however, is to browbeat its advertisers and to attempt to destroy his competitor's business by methods, which the Federal Trade Commission has often officially ruled illegal when committed by others.

“For in the issue of the *Journal of the American Medical Association* dated July 18, 1936, the editor ‘warned’ his readers not only against *MEDICAL ECONOMICS* but against sixty of the one hundred-four products advertised in the June issue of the latter magazine.

“Undoubtedly Mr. Fishbein was killing two birds with one stone, for it is evident that these sixty advertisers were gentlemen of independent thought and a somewhat stiffer backbone than the others—advertisers who had refused to advertise in the *Journal of the AMA* or in any of the other thirty-three magazines in which the editor has space for sale.

“These studies on Morris Fishbein and the power group within Organized Medicine are important to the reader. Without them, it is impossible to realize how shackled medical progress is in America. Without them it is impossible to understand the closed shop of the AMA, which attempts to stifle, all medical thought not controlled or extolled by it.

“Possibly the most vicious assault on medical progress perpetrated by Fishbein is that directed toward the Koch Treatment. This has been one of the big deceptions perpetrated on the medical profession and the public.

“One of the writers of this volume has told in a medical paper given before state, national, and international medical groups, how he had been deceived for years by the Fishbein propaganda against the Koch Treatment. He had been reading in the *Journal of the AMA* the attacks on the Koch Treatment and had considered them sincere conclusions of wide experiments. ‘This doctor was aghast to discover how the *Journal* condemned and approved without actually making tests and experiments, which would warrant a conclusion in either direction. This doctor conducted independent tests with the Koch Treatment in New York State on nearly 300 patients, with results never dreamed possible. This is something Fishbein has never done and yet he felt qualified to lie about the Koch Treatment to the more than 100,000 doctors who read the *Journal*, which he so arbitrarily edited supposedly for the benefit and enlightenment of the entire Medical Association.

“Possibly the most flagrant deception on the part of Fishbein regarding the Koch Treatment happened in March of 1947. Let the reader recall that Benzoquinone, or Koch's BQ, was one of the products of the Koch Laboratories in Detroit. The Indictment against the Koch Laboratories brought by the Food and Drug Department, upon the instigation of Morris Fishbein, declares that BQ is ineffective in the treatment of any disease. This indictment has stood for almost five years without the Government being able to prove its truth, in spite of the fact that millions of dollars of the taxpayers' money and the two longest court trials in the history of the Food and Drug Department were brought into play to do so.

“A Federal Injunction against Dr. Koch and his laboratories brought about by mere “opinion” witnesses whom the Koch people were unable to even question, firmly holds the Koch Treatment in a narrow, limited space.

“In the meantime, *Magazine Digest*, a layman’s periodical, of March, 1947, brought out an article entitled: ‘DIME STORE DRUG OUTDOES PENICILLIN.’ This article extols a product known as BQX, or Benzoquinone therapy. It is supposed to have been discovered in France by a brewery doctor called Dr. Paul Frixon. Although Dr. Koch has worked for countless years to convince the medical profession that BQ, the weakest of his products, is an advanced Remedy for certain types of diseases, it took the editor of *Magazine Digest* only a few months to contact France and confirm the good news of Dr. Frixon’s discovery. This is an article about a cheap imitation of the Koch Treatment, attempting to make the lay public believe that it has been discovered in France, and that only recently. The main part of the article and the real purpose behind it all is the part that shows that export licenses, etc., are being duly granted to bring the treatment into the United States.

‘Now, recall that it is Fishbein who takes the personal credit for having influenced the U.S. Government to pounce on Dr. Koch and hold him down with an Injunction because Benzoquinone Therapy is ‘ineffective.’

“Now, we may well ask, who is the contributing medical editor to *Magazine Digest*? Of course! Morris Fishbein!

“Doubtful readers need only examine the Federal Indictment against the Koch Laboratories regarding Benzoquinone Therapy and then read the article in *Magazine Digest*, to see that Morris Fishbein is deceiving the good doctors and laymen of the land! There is indeed a great deception.”

Chapter Six

INTENSE OPPOSITION

WHILE JUSTICE PIERCE of the Supreme Court of Massachusetts quickly denounced the greedy opposition to the use of the Koch Treatment as “a moral crime of the very worst kind,” the Morris Fishbein and his slavish followers in the state and county medical societies and in the Better Business Bureaus continued to oppose the Treatment. Contrast with Justice Pierce’s statement, two Federal Court Trials, together lasting nearly a year; numerous Federal Trade Commission Hearings all over the country with the expenditure of several millions of dollars of the taxpayers’ money with which the Government tried to wipe out the Koch Treatment on a charge of false labeling, trumped up under the leadership of Morris Fishbein. Each time these charges were proved false. On the contrary, the Treatment demonstrated itself a great boon to humanity both from the standpoint of practical results and as a contribution to scientific progress. It revealed the nature of the chemistry of natural immunity, that it is dependent on the cellular oxidation of sugar for function and growth; that auto-induced oxidation initiated by the Carbonyl group of correctly constructed molecules renders germs and their poisons harmless. Thus, a new concept and also a new aspect of sugar metabolism are revealed wherein the precious life process is observed to be automatically self-perpetuating.

The Testimony in the Federal Court Records indicates that this immunity mechanism is general in its scope and applies to all types of infections tested so far, to the common allergies and to cancer. The Treatment, which Dr. Koch developed to reproduce this immunity chemistry, is demonstrated to be something like 100% curative in the acute infections; something like 80% curative in the common allergies; and something like 45% in the advanced cases of cancer in various parts of the body, and curative in chronic infections that fail to respond to other methods.

The first cancer cures were obtained in 1918 and 1919 and reported in the *Medical Record of New York*, October 20, 1920. Here Dr. Koch showed that the tissues of the body, especially the heart and brain, possess unstable substances, which are curative to cancer in a masterly degree. He identified the curative principle with the auto-induced oxidation belonging to the Carbonyl group when conjugated with ethylene linkages, with an acetylene group, or in a ketene arrangement, and when in series with other Carbonyl groups.

Dr. Koch demonstrated that the same molecules are superiority curative in the infections. Recently a Cincinnati Institute reported the same highly curative action of extracts of brain tissue in staph-aureus infections in animals (reported in *Time Magazine*, January, 1947). Thus, Dr. Koch’s concept was confirmed from this aspect only recently. However, in 1933, Maisin of Louvain University in Belgium, and Rouso of Buenos Aires in 1939, confirmed his findings regarding the curative action of tissue extracts on cancer.

The biochemistry which Dr. Koch has put to use for over a quarter of a century is in the last four years receiving increasing support from the world’s most renowned Biochemists Warren and Wasley and Rusch.

Even the most intimate physicochemical activities of the cancer producing poison involving

fluorescence and photochemical sensitization in the production of cancer from a normal cell, is being supported.

It is evident therefore, that the work of Dr. Koch has led by many years the advancement in revealing the nature of the processes, which produce disease and the nature of a chemical process, which protects against disease.

Anyone will realize that a cure of a far-advanced case of cancer where there is much destruction of the vital organs and a general depletion of the tissue reserve is much more difficult to attain than the cure of an early simple case, where all the factors are in favor of recovery. Yet, in the fall of 1919, the efficacy of the Treatment at that time was three cures out of seven of far-advanced cases of the internal organs, when only the most meager opportunity to take care of the patient was given. This effectively was demonstrated in an official test under the auspices of the Wayne County Medical Society, one of the strongest arms of the American Medical Association. The test was not made to prove to the world that a successful treatment is available. About the same time, another false report was made on another treatment by a Royal Commission in Australia. That Royal Commission report on the Kenny Treatment for infantile paralysis declared that her treatment was absolutely ineffective, while the patients cured by her therapy were standing around encouraging that fighting nurse to continue regardless of what "organized medicine" said about her.

Thus, the Wayne County Medical Society test was arranged as a basis for a smear campaign. The good results were denied and the Treatment denounced as a fraud throughout the world ever since, even though the permanency of recovery was actually demonstrated, in at least one instance, to have been fifteen years! When this particular patient suffered a fatal accident, an autopsy proved her free of cancer.

The same efficacy is reported in the far-advanced cases of cancer that were the subject of the Testimony of doctors throughout the country. Thus, at a death rate of some 300,000-cancer victims in the United States and Canada each year, over 8,000,000 died since the AMA proved that three out of seven could be cured in the advanced stages. Thus, over 3,000,000 might have been saved that were denied knowledge of this Treatment through smear campaigns conducted by Fishbein, and his cohorts willing or otherwise. With such a high figure of deaths from this one disease alone, it is not difficult to understand how the work of the Fishbein element against this superior Therapy has been referred to as mass murder.

The benefits denied the world in the fight against infection is even a greater loss, for as the Court Testimony will show, tuberculosis in its far-advanced stages that failed to yield to modern methods, may often be rapidly cured by the Koch Treatment. Likewise, poliomyelitis where paralysis is established in the acute stages is also quickly cured without any remnant of paralysis. Undulant fever, acute rheumatic fever, fulminating types of staph-aureus, and other infections, which had failed to yield to modern treatments were immediately changed to recovery by the Koch Treatment.

The Court Testimony that follows will show that the great loss to the dairy industry resulting from mastitis and undulant fever and amounting to 30% of dairy cows could be reduced to a

minimum perhaps of 3% were this Treatment made available to the farmers and veterinarians.

It is, therefore, not too difficult to estimate the great wrong done to our people by this persistent opposition of Morris Fishbein and the interests which he represents. The full meaning of Justice Pierce's summary that this opposition is "a moral crime of the very worst kind" can be seen from the Testimony given in these Federal Trials, a bit of which is prefaced in the following Chapters. It will be up to the reader to decide if the United States Government should be permitted to play a strong part in this crime any longer, and use millions of the taxpayers' money for this vile purpose.

WAYNE COUNTY MEDICAL SOCIETY'S "INVESTIGATION" OF THE KOCH TREATMENT

It was the late Senator Couzens, then Mayor of Detroit, who requested Dr. Koch to submit his work to the Committee appointed by the Wayne County Medical Society in the fall of 1919. Mayor Couzens promised that he would stand behind the Koch Treatment with all of his millions if the Treatment showed even the slightest benefit to any cancer victim. Dr. Koch knew the fierce enmity of the five surgeons who were appointed to pass judgment on his work. He also understood their particular brands of integrity, but he believed in Mayor Couzens and cheerfully submitted to the "test."

The Committee selected seven far-advanced hopeless cases of cancer involving the internal organs. They were brought from other states and distant towns in Michigan to the Herman Kiefer Contagious Disease Hospital, at Detroit. It was the duty of each member of the Committee to examine each patient on entry and record his findings over his signature before the Treatment could be started.

Three weeks passed without one examination or signature of a member of the Committee appearing on the records. The patients were failing fast. Most of them were already close to death. So, Dr. Koch appealed to the President of the Wayne County Medical Society, Dr. George MacKean, explaining what the situation really was. Dr. MacKean was furious about the delay and promised that he would permit no crooked work to be done while he was president of this society. He demanded immediate action on the part of the Committee. There was no response except in one instance. The examination of one patient, Mrs. Edith Fritts, was made and the signatures of Dr. Carstens and Dr. Joseph Andres were subscribed. The antagonistic intentions of the Committee had thus become evident; so all seven patients were treated immediately to prevent the unjust condemnation that would result from any deaths following the prolonged delay, before the experiment could be begun. However, after the Treatment was given, in each instance, the trend of the disease was reversed. At the end of three weeks, several had progressed so far in their recoveries that the Committee was seized with panic, and the Investigation was closed by the Committee, under the allegation that Dr. Koch would not cooperate with them. The American Medical Association took advantage of its press connections and broadcast throughout the world that there were no results and that the Treatment was a fraud.

However, three of the seven patients, at least, were cured in spite of the aborted chance to treat them. The patients were then sent home by the Committee to the distant cities from, which they

were collected, and warned by the Committee not to attempt to get further Treatment from Dr. Koch. One might conclude, that the great distance from which these patients were brought revealed that the Committee expected good results, and the condemnatory report was anticipated at the start. If these patients would be making a good recovery and then be sent home to far away places where Dr. Koch could not practice and attend them, they might then be left to die with the Koch Treatment taking the responsibility. For instead of seven patients, the Committee could have collected seventy indigent sufferers in need of help from any of the hospitals in Detroit where they could be treated continuously and a fair estimate made of the value of the Treatment.

As previously stated, one of these three patients lived over fifteen years and obtained a perfect cure. She died as the result of an accident as revealed by the coroner's autopsy, and no cancer was found in her body. This patient had had an exploratory operation performed by the leading surgeons of Toledo, Ohio, six months previous to serving as an "Investigation" case for the Koch Treatment. The exploration revealed that cancer starting in the uterus had spread throughout the whole abdomen and had eaten through the stomach causing hemorrhages of increasing severity, which were threatening her life at the time of Treatment. The disease was so far advanced in this case that she had to be carried into the investigation ward on a stretcher. This was the only case of the seven that received an examination, which was recorded and signed by any members of the Committee. They reported in this examination that the whole pelvis was involved and completely frozen, — in other words, that this was a far-advanced, hopeless case.

In the data given by the authorities, which follows in the discussion of cancer, it will be seen that the advanced state of cachexia that had developed in this patient, prognosticated an early death, probably a matter of weeks or months. An affidavit signed by her husband, gives a clear history of this case and shows that her recovery started early after Treatment. Within three weeks after this injection, she was up and about for short periods, able to encourage the other sufferers.

Another patient, Mrs. Rider, who made a recovery, was likewise a far-advanced case of cancer of the uterus. She suffered greatly from pain and took large doses of opiates. Her recovery also was prompt, and several years later she was met in her hometown in Toledo when boarding a streetcar. She stated she was perfectly well. The hemorrhages, discharges, pains, and the growth had all disappeared, and she appeared perfectly healthy. Her bladder was again functioning normally and her health was fully restored. The need for large quantities of opiates was fully eliminated shortly after the Treatment was given.

The affidavit of another of the cured cases, that of Mrs. James, is also in the hands of the writers. This patient was brought in from Union City, Michigan, a small town in the Western part of the state. She was referred by Dr. Hancock, a local surgeon, who found her to be an inoperable case of cancer of the stomach. She suffered much and had quite frequent and severe hemorrhages from the stomach, which were vomited and much blood also that passed from the bowel. The large mass of cancer tissue could be easily felt in the stomach region. Her recovery was steady, but rapid. She was encouraged by Christian Science, also under the curse of the AMA, but very helpful in this instance in protecting her from medical meddlers.

The affidavits herein referred to were taken with others in 1923 when Dr. Koch asked the Wayne County Medical Society to take over his work. His letter to the President of the Medical Society

was ignored. The answer given by the Propaganda Department of the *Journal of the AMA*, settling the matter, is herewith reproduced:

“October 29, 1923
“Dr. Harry C. Saltzstein,
“306 Kresge Building
“Detroit, Michigan

“Dear Mr. Saltzstein:

“There appears to be no reason or warrant for a further examination of the ‘Koch Cancer Cure.’ This man had his opportunity; in fact, two opportunities, with the results that are a matter of record.

“In spite of the unfavorable report of the Wayne County Medical Society and the publicity that was given to this report, both through the society’s official *Bulletin* and also through the *Journal of The American Medical Association*, Koch has continued to commercialize his alleged cure.

“To take any further action in this case would, in our opinion, simply serve to advertise Koch and give his ‘cure’ a dignity which is not in the public interest.

“Very sincerely yours,
“THE JOURNAL A.M.A.
“Propaganda Dept.”

The meeting of the cancer committee was held on November 1, 1923, to discuss the Koch situation. Note that the date on the AMA letter above indicates that the inquiry of the Wayne County Medical Society was answered even before it was made.

Dr. Koch’s efforts to gain the interest of the Medical Society had failed even though he demonstrated to the Society’s Cancer Committee a number of patients that the local profession had diagnosed as hopeless cancer, cases which they could see were cured under his Treatment, and other cases that were still under Treatment. The Committee refused to accept these demonstrations as indicating anything. They denied the diagnosis of the cured cases and persuaded some of the cases under Treatment to give up Dr. Koch and let them operate on them. As an example of the type of “honesty” this effort on the part of Dr. Koch encountered, we give the case of Mrs. Plumb. The following is an affidavit signed by Mr. and Mrs. Charles Plumb on July 8, 1924, indicating the true facts in her case.

AFFIDAVIT OF MR. AND MRS. PLUMB

“The sickness first started in the fall of 1918, with tiredness and pain under the shoulder blade. The lump in the right breast behind the nipple, being about the size of a hickory nut, was starting to pain. We consulted Dr. James Davis in August 1919. In the presence of witnesses, he made an examination, measuring the lumps in the breast, armpit, and over the collarbone, in the neck, and recorded the ulcerated, bleeding condition of the nipple and surrounding area. Also consulted Dr.

Davis in October 1919 he examined her again. The body weight had dropped from 170 lbs. or over to between 115 and 120 lbs. Before witnesses Dr. James Davis gave a diagnosis of Paget's disease and upon being asked to explain what Paget's disease was, he explained to all present that it was the fastest growing cancer on record and had never been known to have been cured, and that Mrs. Plumb must go to Providence Hospital immediately so he could remove her breast and have the whole armpit cleaned out. He stated that it was possible she could not use her arm again as he had to remove the cords from under the arm, and that the longer she waited the worse she would be. Mrs. Plumb asked if that would cure her, and Dr. James Davis answered that he could not promise that it would cure.

"Mrs. Plumb refused the operation and stated that she would go to Dr. Koch for Treatment. Dr. Davis said that it was foolish, that she could get no help from Koch. He requested, however, to watch the progress of the Koch Treatment. Dr. Koch was glad to have Dr. Davis watch the progress of the cure. Dr. Davis watched the progress of recovery under the Koch Treatment to its completion. On December 19, 1919, Dr. Davis examined Mrs. Plumb and said that she was no better. This was about two weeks after the first Treatment. On January 25, 1920, Dr. Davis examined her and found her all well and said so. He also noticed much improvement in her general health. On May 15, 1920, Dr. Davis examined Mrs. Plumb again, found her all well and without a trace of cancer. On July 26, 1920, Dr. Davis examined her again, and again found her in perfect health, cancer-free and healed without a scar. Dr. Davis stated that she was cured, as there was no sign of cancer left.

"Mrs. Plumb and Mr. Plumb asked Dr. Davis to take Mrs. Plumb before the Wayne County Medical Society and demonstrate this case as a cured cancer, as he said she was cured of cancer. But he said he would think about it. He did not question the diagnosis of cancer nor the cure, but he did not take Mrs. Plumb before the medical society.

"Mrs. Charles Plumb is still cured of cancer and weighs 180 lbs., in perfect health, working hard every day without fatigue or any sort of inconvenience, and without any evidence or suspicion of cancer.

Signed,

"MRS. CHARLES PLUMB,

"MR. CHARLES PLUMB.

"Subscribed and sworn to this 8th day of July, 1924. Signed—Mrs. Gertrude Whitesell, Notary Public. My commission expires Jan. 31, 1926."

Follow this case very closely, if you want to know the honesty of this Cancer Committee of the AMA. You have just read an affidavit from the cancer patient and her husband. Below is an affidavit sworn on the same date and at the same place before the same notary, which gives Testimony from a witness to Dr. James Davis' diagnosis of Mrs. Plumb's case of cancer of the breast.

AFFIDAVIT OF MRS. EDGAR BRITTON

“On or about October 14; 1919, Dr. James Davis examined Mrs. Charles Plumb before me and said after thorough examination that her disease was Paget’s disease, the most fatal form of cancer on record and never known to have been cured. He said immediate operation was necessary.

“Signed—Mrs. Edgar Britton.”

Now, you have several witnesses who heard Dr. Davis make the diagnosis of Mrs. Plumb’s condition as cancer of the breast of the most fatal form. Still, instead of reporting the fact, the Committee obtained the following false statement from Dr. James Davis, under which it attempts to sneak out of confessing that this serious cancer case was cured. Mrs. Plumb was before then, and every doctor on the Committee could see that she was well and without cancer. Consequently the only thing left to do was to get the man who made the diagnosis to lie out of it and claim she never had cancer. This Dr. Davis did. The report of the 1923 Committee said, “Demonstrated as Paget’s disease—Wrong diagnosis. Was not Paget’s disease, but simple ulceration without associated lymphadenitis—There was a slight irritation of the skin surface with very slight fissuring. A diagnosis of cancer was not made. She presented a normal appearing breast.” Here we see a hopeless case of cancer suddenly become just a scratch on the nipple! When Mayor Couzens was apprised of the fact that three of the seven “Investigation” cases treated in 1919 had been cured, he refused to keep his promise and thus saved his money. Such was the cooperation available at that time.

Dr. W. A. Dewey, for many years professor of Medicine at the University of Michigan, was present during the negotiations conducted by Dr. Koch with this Committee. His statement regarding this fracas is given herewith as further evidence of the type of “Investigation” that organized medicine conducted.

DR. DEWEY’S ESTIMATE OF THE “INVESTIGATION”

“Dear Dr. Koch:

“I have received what is termed the latest report on your Treatment.

“This claims to be an account of the séance held on November 5, 1923, at which I was present and took notes of each case.

“For a studied intent to falsify, a premeditated determination to condemn everything, and an unscientific, un-American assumption to be judge, jury, and prosecuting witness, the report of this so-called Committee outstrips in bias, unfairness, and mendacity anything that has ever been my lot to observe in a medical practice of forty-four years.

“The frankness with which you presented these cases, giving the Committee all the details and referring them to original records and to the family physicians, showed your honest desire to have an honest investigation of your method.

“The composition of the Committee being for the most part surgeons and radium or X-ray ‘experts,’ a class that assumes cancer to be curable only by these methods, was unfortunate in the first place, and in the second place, no member of the Committee was in my opinion, qualified to sit in judgment on your Treatment, by education, experience, or by right.

“The greatest American authority on cancer is doubtless L. Duncan Bulkley, senior surgeon of the New York Skin and Cancer Hospital; he has probably seen and treated more cases ten times over than has been seen or treated by the combined membership of this ‘official’ Committee. Dr. Bulkley declares - first that cancer is not a surgical disease, and that neither surgery, X-ray, nor radium have changed in any way whatever the ultimate mortality of cancer in forty years. It was 90% in 1884. It is 92% in 1924. This is the result of surgery, X-ray, and radium treatment.

“I can corroborate Dr. Bulkley’s declaration, for in a practice of nearly forty-five years I have yet to see a single case of cancer, save a few semi-malignant epitheliomata, that have been cured by these measures, and my experience has been in hospitals of both this country and Europe.

“However, to return to this really grotesque report—anyone who reads it will be impressed by its ‘scientific’ deductions.

“I hope that some day your Treatment will have an investigation before a body of seekers after the truth. These you will not find in American official medicine, which is a trust to keep all progress not coming from its own, out of the field.

“Should the Pasteur Institute investigate it, I am quite sure you will not suffer from false and trumped up reports upon it, and moreover, the investigation will be thorough, with a foremost desire to find out the truth, and not to get control of your procedure.

“Best wishes,

“W. A. DEWEY,

“Middlebury, Vermont,

“October 25, 1924.”

Three years later, in 1926, the International Congress of Cancer experts was held at Lake Mohonk in New York State under the auspices of the American Society for the Control of Cancer. A month or more before the congress was to assemble, Dr. Koch requested the American Society for the Control of Cancer to permit him to demonstrate cured cases and explain his Treatment to the assembly or to any committee they would appoint. But again, there was a refusal with the excuse that the meeting was not intended for the discussion of new treatments of cancer. This, of course, was false. Thus, the authoritative channels for dedicating this Treatment were cut off. The profession was denied its use, and sufferers had to go on dying miserably without the help it demonstrated it would perform.

DR. MITCHELL WARNS DR. KOCH

However, many prominent surgeons who still clung to the time-honored precept of their profession to think of their patients' interests first and above all else, could not with conscience brush away the outstanding results the Treatment had produced. One of these was Dr. A. R. Mitchell, long-time Chairman of the Board of Trustees of the American Medical Association. He conducted a personal investigation and wrote Dr. Koch a letter, which showed his attitude. (The letter is reproduced later.) Dr. Mitchell warned Dr. Koch not to publish the details of his preparation of the chemical substances constituting the Treatment, or how they act, and thus avoid providing his enemies with a chance to force experts in these lines to testify denials of such truths; and, in this way form a basis for the destruction of his work. It would have been better if Dr. Koch had heeded even more the advice of Dr. Mitchell! If he had waited for a number of years to pass so that time could experience more physicians with the Treatment before giving out its details, what did happen would not have happened. Dr. Mitchell knew the plans of the controlling group and how correct his warning was, may be seen in the extent of the Testimony given at the Federal Court Trials and before the Federal Trade Commission.

It is interesting to note that the 'big-wigs' of the AMA evidently considered Dr. Mitchell's letter and other letters of sufficient importance to send a sexy young girl to the Koch offices to attempt a Delilah act to recover this material, before Dr. Koch could use it in his defense. Dr. Koch was in no way enamored or tempted by this offensive attack on his character. Today that young Delilah, Paulette Goddard, is a famous movie star out in Hollywood whose name is known to everyone who attends the movies.

Here is Dr. Mitchell's letter:

"AMERICAN MEDICAL ASSOCIATION
"Lincoln, Nov. 12, 1924

"Dr. William F. Koch,
"Detroit College of Medicine,
"Detroit, Michigan

"Dear Doctor:

"I received the material sent me a few days ago from your laboratory. This I understand was through the courtesy of Dr. Lynch. The office girl tells me that a letter came from you before the package. I did not see the letter, which came during my absence and was evidently mislaid or lost,

"The case on which I expected to use the material is not in favorable condition at this time. Shall I return the tube to you or to Dr. Lynch or retain it myself? I have another case, which I believe is a very favorable one. The case is from another city so that I see it only once in a month or six weeks. I shall be guided by Dr. Lynch in the use of the material. Have been watching this case at Fairbury and am convinced that whatever the substance is, it is efficient. I had the pleasure of reading your article in the October number of "*Cancer*" and it is certainly the most intelligent

and enlightening discussion of the subject I have ever read. For years, I have been convinced of the utter uselessness of surgery in true cancer cases and have made myself disliked somewhat by my opposition to surgeons going about the country lecturing upon a subject of which they themselves knew nothing. 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.

“Very sincerely,
A. R. MITCHELL.”

Chapter Seven

THE ENEMY STEPS IN

VERY SOON THE more advanced scientists in Europe and some of the English aristocracy became acquainted with the results of the Koch Treatment. Trips abroad became necessary. It appeared that it was impossible to gain support in this country through the cooperation of the leaders in medicine. Two examples of persecution of prominent surgeons, who attempted to lead in the battle and bring the Treatment to the profession, should be mentioned.

One prominent surgeon in New Orleans, Dr. Carroll W. Allen, who is well remembered to this day for his expertness and fine character, became interested in the work because of two far-advanced cases of cancer. These patients returned to New Orleans from Detroit, greatly benefited by the Treatment. One of these persons was a very wealthy woman who had gone from clinic to clinic seeking help for cancer of the uterus. She was given the limits of X-ray and radium treatment, and finally found herself at the Mayo Clinic where it was discovered that no help could be offered, and that the disease was advancing.

On her way back to New Orleans in the winter of 1926, she met a friend who had been cured of cancer of the rectum and he advised her to go to Dr. Koch. She was bedfast and suffering intensely and had to take large doses of opiates. The Treatment was given and the brilliant response brought great joy to Dr. Allen, when he next examined her. At the same time another patient returned to New Orleans. This poor fellow had left for Detroit on a stretcher with a tube in the urinary bladder, a tube in the gall bladder, and a colostomy opening in the abdominal wall to overcome the various obstructions produced by cancer that had spread throughout his body. Less than three months of Treatment at the Detroit Clinic, made such an improvement that the tubes were discarded, the openings were healed, natural functions restored, and he was able to return home carrying his own suitcase. So impressive were these improvements that Dr. Allen decided he must go to Detroit and investigate the Treatment. He stayed two weeks, studied the situation intensely, examined many cured patients, and learned the recovery process. He hoped that through his professorship of Surgery at Tulane University, his position as Chief of Staff at the New Baptist Hospital, and his large consulting surgical practice, he could bring this truth to many physicians who should know about it.

Dr. Allen was not opposed openly until he personally secured some definite cures with the Treatment in cases that were judged entirely hopeless by the regular standards, and used them as material for demonstration. Then the enemy of the Treatment within Organized Medicine stepped in and hit without mercy. Dr. Allen was required to retract his statements under threat of losing his professorship, his professional leadership, and the referred surgery that constituted his practice. He was forced to retract a medical paper he had given, upon pain of losing everything for which he had worked all of his life. At Dr. Koch's request, he consented to withdraw from the work but his persecutions did not end; he died a few years later.

About the same time, a friend of Dr. Allen's, Dr. Bryan, Professor of Surgery at Vanderbilt

University Medical School, gave a relative the Koch Treatment. She was suffering with a rapidly fatal form of cancer that involved the region about the heart. It had already prevented swallowing and was now restricting breathing, to the point that death was imminent. After the Treatment, the trend of the disease was rapidly reversed and she made a quick recovery. Dr. Bryan then gave the Treatment to a number of other hopeless cases of advanced cancer. The medical bosses did not receive these good results with enthusiasm. They made the same threats to Dr. Bryan as they had to Dr. Allen. At Dr. Koch's request, Dr. Bryan also discontinued the work.

It was soon learned that Fishbein's field of influence extended beyond the boundaries of the United States. It happened that the Honorable Forbes Godfrey, a prominent physician in Toronto, who was Minister of Health and Education of the Ontario Government for twenty-six years, became acquainted with the results of the Koch Treatment. He considered it his duty to make a personal investigation, and he did so with great care and thoroughness. So impressed was he with the results that he undertook the treatment of patients himself and his own good results brought forth a statement in favor of the Treatment before Parliament. This happened on an occasion when an appropriation was requested for the development of the radium mines in Northern Ontario in 1931. Dr. Godfrey's statement is quoted from the *Toronto Globe and Mail* for April 2, 1931.

GODFREY ATTACKS ROBB RADIUM PLAN

Dr. Robb spoke of the value of radium in certain cases of cancer, particularly in its early stages. He declared that there was a feeling there should be more radium in Ontario, for use in various forms.

"When the Minister of Health concluded his address his predecessor, Hon. Dr. Forbes Godfrey, voiced his strong opposition to the use of radium in any form for the treatment of cancer.

"The full attention of the House became focused on the former Minister of Health.

"I definitely disagree with my honorable friend on this matter,' said Dr. Godfrey. 'In the first place, cancer, in my humble opinion, is hereditary, and in the second place, when radium gets into the system, you cannot get it out. I am entirely opposed to the use of radium in any form for the treatment of this disease.'

"If I am so unfortunate as to become cancerous, I will die from it rather than take radium,' declared Dr. Godfrey. 'I have had an experience extending over many years, the same as my friend, Dr. Robb.'

"DETROIT METHODS"

"The former Health Minister told of visiting a Clinic in Detroit two years ago, where he saw what he said were miraculous cures effected. The method used there was quite harmless and left no bad effects. In fact, he had used the Treatment himself with beneficial results, as he was slightly inclined towards cancer.

“If you are going to do anything about radium, I will produce 10 patients who will testify to the benefit they have derived from the methods used in Detroit,” said Dr. Godfrey. “Radium has a dangerous effect on the human system. In a couple of years people who have used it usually die suddenly because it affects the heart. If anything is attempted in this province along this line, it is entirely up to the Government, but I will never cease to talk about the danger of radium.”

Dr. Godfrey had hoped that his work with the Koch Treatment would be the crowning achievement of his Ministry, for he firmly believed that it would be adopted by his Government as a means of saving lives and preventing untold misery. His reward was like that of Dr. Allen. He died in disappointment and grief shortly afterwards. This and other examples will point quite strongly to the fact that the opposition to the Koch Treatment is in the hands of a group which is international, which knows no boundaries of geography, or decency, but which considers itself above anything national.

DR. KOCH GOES TO BELGIUM

Things fared better in Belgium. At Louvain University, under the direction of Dr. Joseph Maisin, the leading Cancerologist of Europe, the most advanced cancer research was in progress. In 1932 and 1933, Professor Maisin was publishing articles on tissue extracts in the treatment of cancer, quite similar to the reports published by Dr. Koch in the *Medical Record of New York* in 1920. Dr. Koch decided that he would visit Louvain and acquaint Professor Maisin with what he was doing, and discuss his Theories on the oxidation mechanism and its relation to cancer. Maisin was thrilled with these developments. After securing the permission of the Rector of the University, he requested Dr. Koch to stay with him and start the work there. The reception was entirely sympathetic and honest. Six weeks elapsed before Fishbein’s group learned of Dr. Koch’s presence at Louvain. By this time, some far-advanced cases of cancer were well on the road to recovery. Certain cases of incurable infections were also completing their cures under the Treatment. This provided fortunate proof of the insincerity of the shower of telegrams, telephone calls, letters, personal appeals, etc. from the leaders in the American medical professions, that soon arrived. Those who owned large quantities of radium and extensive X-ray equipment, and those in control of the many millions of dollars donated by the public for cancer research, were most eager to denounce Koch as the world’s greatest charlatan and requested Professor Maisin to send him back to America to be properly dealt with here.

Drs. Max Cutler of Chicago and Francis Carter Wood made personal trips across the ocean to accomplish this purpose. Frank Morris, the American Ambassador to Belgium attempted to use his influence. But Dr. Maisin refused them, stating that the Rector had ordered him to stand behind the Treatment if it were truth. Since it was truth, both scientifically sound and clinically efficient, he had to see it through; therefore, he refused to yield to this pressure. It seemed strange that these leaders in the American profession should be so anxious to get Dr. Koch back before the work at Louvain was completed. If Dr. Koch was a “quack” as they claimed, then his work would have no results and he could interest no one. And as Dr. Maisin answered, “If Belgian charlatans would go to America, no doctor here would spend a cent to get them back.” The power group in America, however, spent lots of money and used lots of pressure to prevent Dr. Koch from making a showing before a hearing and investigation that they knew they could not stop, since it was a little beyond their influence at that time to “order” Louvain to cease its

tests.

The work continued at Louvain and was published in an introductory way in the world's best scientific Journal, the *C.D. de la Soc. Francais de Biology*, in July 1935, in two articles by Maisin and Koch. Later, many articles were published and appeared in the leading scientific journals of the continent by Maisin and others of his staff, as well as by leading British clinicians.

Animal experiments with the various infections of interest to the Belgian Government, such as leprosy, sleeping sickness, tuberculosis, and venereal disease revealed the outstanding efficacy of the Treatment. It was decided that Maisin should institute the Treatment in various centers of the Belgian Congo, both for human beings and animals.

DR. KOCH INVITED TO TREAT LEPERS IN MEXICO

The success in the cure of leprosy, soon reached the ears of the Minister of Health of the Mexican Government. So in 1940, Dr. Koch was requested to go to Mexico by the Minister of Health to get the Treatment started in the leper and tubercular institutions, under his care. The trip was made, but before the patients could be treated, the Minister of Public Assistance intervened at Fishbein's request, and refused to provide the money necessary for the further support of these patients, if the Minister of Health persisted in his intentions. So the battle raged between the two Ministers for over a week in which time the allotted period that Dr. Koch had arranged for the work was exhausted, and he had to return to Detroit to resume his duties.

DR. KOCH'S OFFER TO TREAT U. S. LEPER COLONY GRATIS, REFUSED

Another instance of a similar type took place in 1937 in the office of the Surgeon General of the Public Health Service of the United States. Some prominent citizens, among them the late Harold McCormick and a past assistant Surgeon General, who had devoted many years to the health problems of Hawaii, requested Surgeon General Parran to give Dr. Koch permission to treat the lepers at Carville, Louisiana, because of the good results obtained by Maisin. Dr. Parran refused. He was told by his technical adviser, Dr. Voegtlin that there was no such Treatment and he chose to follow Dr. Voegtlin's dictum. A copy of a letter, in the possession of the authors, indicates that Dr. Voegtlin was not telling the truth, and that he knew there was such a thing as the Koch Treatment. Later on, during the first Koch Trial in the Federal Courts, this same technical advisor, Dr. Voegtlin, appeared on the witness stand bedecked in military brass and braid, as an "opinion" witness against Dr. Koch. During the cross-examination, he was confronted with this statement made to the Surgeon General. Dr. Voegtlin admitted under oath that he lied to Surgeon General Parran, and that he knew he was not being truthful. Following this great "service," Technical Advisor Voegtlin was promoted to higher honors and a larger salary.

DR. KOCH CALLED TO LONDON TO TREAT A ROYAL

In June of 1939, Dr. Koch received an urgent telephone call from a member of the British peerage to come to London at once. The full details of the reason for this urgency was not made known to Dr. Koch, but since he knew that Lady --- had had a personal experience with the result

of the Treatment, he left immediately. The Lady's family was traditionally close to the Royal Family.

When Dr. Koch arrived in England, he was carefully questioned by the port authorities. From the line, which the questioning took it was quite certain that the opposition was working way over there. He was admitted to the country and a car picked him up immediately, sent by this noble person. He was taken to a palatial estate and ushered into the room of the patient who needed his help. The personage involved necessitates the anonymity utilized in describing this occurrence. The individuals close to her are still living, but now exist under different political and social conditions than formerly prevailed.

Let it merely be recorded here that the effects and results of this Treatment are known in such circles. More cannot be said without breaking confidences.

DR. KOCH MAKES CONTACT WITH BRAZILIAN DIPLOMAT

Then the final provocation, which required real drastic action, took place. It happened in Brazil. Dr. Koch went to Brazil in May 1941. The ship's surgeon was removed from the boat for the draft, an hour before the ship sailed from New Orleans. The only available physician was Dr. Koch, then a passenger. He contracted to take over the duties as ship surgeon as far as Buenos Aires and back to Rio de Janeiro, by which time another doctor could be transported to Rio to take up the duties. When the ship was on its second day out, an important Brazilian diplomat, returning from a special mission to the United States, suffered a severe hemorrhage of the stomach that threatened to prove fatal. So sudden was his great loss of blood that his staff members could only pick him off the floor and prop him in a corner, before Dr. Koch arrived. There he was found with his head dropped, livid, his jaw fallen, and the pulse undetectable; his heart was failing fast. It appeared that over a gallon of blood congealed on the floor. A thorough examination was impossible at that time, but a bulging tumor of large dimensions was felt in the stomach region and there were other growths in various parts of the body, especially near the collarbone.

Later history proved that a diagnosis had been made of cancer of the stomach. The evidence observed here showed that it was far advanced. Dr. Koch had ampoules of his Treatment with him and used one immediately. The bleeding stopped and the patient revived and recovered exceedingly rapidly. In a few days, he was eating macaroni and other soft foods without any more bleeding. Before Rio was reached, he was eating in the dining room and one of the growths had almost disappeared. The recovery continued to completion after arrival home and this important servant of the Government of Brazil has remained in perfect health ever since. His personal physician, the noted Professor Uenato de Sousa Lopes, was so impressed with his progress that he requested Dr. Koch to treat other cases. At this time, a man dying of cancer of the liver was under his care. This man had had an exploratory operation, which was conducted by Rio's most reputable surgeons. They found a large primary adenocarcinoma of the liver, which had extended deep into the pelvis on the right side. This poor fellow was unable to turn in bed. He was emaciated to skin and bones and was a deep brown-green color from the jaundice. He was propped up on his right side vomiting the contents of his stomach every few minutes. It was reddish-black in color. He was unable to take food and the doctors estimated he could not

live more than a week. They also decided that if Dr. Koch's Treatment could keep him alive for three weeks, definite merit would be proved. The Treatment was given and the patient had regular reactions with fever on his third, sixth, ninth, and twelfth weeks, and complete absorption of the growth; also a gain of over twenty pounds of weight was noted during this period. He was able to walk about and tend to some affairs. When the sixth month had passed, his recovery was definitely complete. He has remained in perfect health ever since.

Other cases that were judged incurable and far advanced were also treated; some of which recovered and others did not. It was observed that where the dietary regime was seriously violated, the success of the Treatment was greatly curtailed. A number of men high in the Government were treated with good results. The Minister of War arranged with Dr. Koch to establish the Treatment at the large Military Hospital in Rio, where he was to teach the officers of the medical staff its clinical application, and the chemists of the army, the method of preparing it. Cases were also successfully treated at this hospital; cases that were doomed to death from various infections, and which would not respond to sulfa drugs, or any other known procedure. Certain virus infections that are always fatal were also treated. A large number of patients were treated in the leprosy hospital and tuberculosis institution. Even though Dr. Koch's visit was short, definite cures were observed by him and the staff members. A few patients were treated in the Government's Insane Asylum in Rio. One case was chosen in particular because he was a young man with acute dementia, which promised to prove fatal shortly. This patient had received over 1,500 injections of cardiazol and metrazol, without the least improvement and he continued to grow worse. It was evident to Dr. Koch that the mental condition was the result of serious toxic agents and he saw a possibility of his Treatment accomplishing its destructive oxidation. Five days after the treatment was given, the man was discharged from the hospital as cured. At Dr. Koch's next visit, the following week, he was met by a representative of Parke-Davis & Company who clenched his fist in Dr. Koch's face and told him that they were going to see to it that he would not interfere with things in South America anymore. One could easily calculate that if cardiazol and metrazol only cost \$1.00 a shot, the quick cure of such profitable patients by the Koch method would not be very pleasant for the drug trusts to contemplate.

FDA REQUESTS DR. KOCH TO RETURN FOR LABEL DISCUSSION

It did not take much longer than the mails could travel for Dr. Koch to receive notice from the Food and Drug Administration in Washington, D. C. that they wanted to discuss his labels with him personally. So Dr. Koch left his work in Brazil and returned to the United States for this purpose.

At the interview with the officials of the Food and Drug Administration, Dr. Koch presented sufficient proof of the correctness of his labels, but these officials paid little heed to the proof. They notified their victim that he would be hauled before the Federal Court. This event was delayed until March 1942. On the evening of Good Friday, he was arrested and taken to the Federal jail in Miami, Florida. The United States Commissioner at Miami, however, must have known a few things about the methods of the leaders of the American Medical Association, and so he did not permit Dr. Koch to be placed in a dirty cell awaiting the arrangement for bond the next day. * *(Dr. Koch's brother, Louis Koch, who managed The Koch Clinic was also arrested over Easter weekend.)

It was shortly after this arrest that a ‘high government official’, who knew the workings of the Food and Drug Administration, informed Dr. Koch that the Government was “out to get him” and used the label strategy as a convenient method.

Perhaps someday the identity of the Parke-Davis lobbyist in Washington will be revealed. Maybe the indictment folder will be opened and those who gave False Testimony will be identified and held responsible for their deeds. At any rate, a Grand Jury was deceived and the drug industry has profited greatly by it.

FDA OBTAINS INDICTMENT THROUGH DETROIT GRAND JURY

At the setting of the bond the next morning, the District Attorney demanded a \$10,000 bond, which the United States Commissioner would not grant because, as he said, this was not a murder charge, but an argument about a label. The District Attorney persisted tenaciously for a \$10,000 bond, which forced the Commissioner to demand a reason for such a high bond. Then the District Attorney let the proverbial cat out of the bag. He stated that the District Attorney in Detroit who had obtained the Indictment had telephoned him requesting that he insist upon a \$10,000 bond because Dr. Koch had started work in Brazil and they did not want him to go back and finish it. “And,” he added with a laugh, “when the United States Government gets through with Koch, he will be all washed up and won’t be able to go anywhere!”

FDA BRINGS CHARGES ON FALSE LABELING

The first charge was made by the Food and Drug Administration which stated that the Koch labels were false, fraudulent, and deceptive, in that they stated on the Glyoxylide label, “for cancer, allergy, and infection” and on the Malonide label, “for allergy” and on the Benzoquinone label, “for infections and their sequelae.” The Government contended that the Remedies were indistinguishable from distilled water and had no effect in the prevention, mitigation, treatment, or cure of these diseases. The Federal Trade Commission next challenged Dr. Koch’s Theories, which credited the tissue oxidation mechanism with the ability to destroy the toxins that cause disease. They ridiculed the idea and offered the “opinions” of so-called experts who knew nothing about the Koch Remedies and nothing of note about the oxidation mechanism. On the basis of these “opinions”, they requested the Federal Court to grant a Temporary Injunction against any professional advertisements favorable to the nature or results produced by these Remedies. This Temporary Injunction was granted until the matter could be settled through a thorough Federal Trade Commission Investigation.

THE FTC TAKES UP WHERE THE FDA LEFT OFF

By these two strokes, the Government’s strategy is revealed. Koch’s work was severely smitten, and at the same time, the privilege of telling about it, or defending it was denied him. For eight years, this “Temporary” Injunction** has been holding, and victims of cancer, tuberculosis, and poliomyelitis, who might have benefited from the Treatment, were left with only ordinary, ineffective agencies at their disposal, and have spent billions of dollars uselessly in their quest for health. The Testimony that follows will show how welcome the help from the Koch

Treatment would naturally be.
(* The Injunction was made permanent in 1950.)

This attack on Dr. Koch was in reality a restriction of physicians to practice medicine according to their best knowledge and skill and constituted an infringement, which the Food and Drug Administration was never given the right to do by Congress. The Koch Treatment is dispensed to physicians only. The Koch Laboratories went through much red tape to be absolutely certain that those who use their products are real physicians. Physicians are experts whose training provides them with the necessary ability to choose the Remedy for any particular case. Many of the doctors using the Koch Treatment have used thousands of doses and treated thousands of cases with them. They have had the experience, which makes it possible to estimate the value of a Remedy, as well as, the ability to use it successfully. The Testimony of some of the men has already been given, and that of others will follow.

The officials of the Food and Drug Administration would not give credit to the Koch experts for what they could do. Investigators were sent throughout the country to search out faults and failures, but to *disregard* the miraculous cures and the high percentage of good results obtained by honest doctors who used the Treatment, because it effected the best service for their patients!

One investigator in California, confronted with the question as to why he did not make notes on the good things told him about the Koch Treatment, stated that he was only sent out to find *adverse comments*, something they could use against Koch. You will see from the Testimony that was given before the Court that not one single fact was brought forth against this Treatment. Not one single statement could be made or proved against it, and that all attempts to discredit it were shown on cross-examination to be based on falsehoods, or in reality, turned out to prove that when used correctly in cancer and the other conditions, that it yielded most heartening results.

THE FDA DESTROYS KOCH TREATMENTS

Among those who misused a few ampoules of the Koch Treatment was the same Dr. Max Cutler, who with large sums invested in radium and who also crossed the ocean to convince Dr. Maisin that he must move Dr. Koch out of his institution. Five or six ampoules, or some such number, were used by Cutler, half of them on patients that had been irradiated previously. (Before these ampoules were used, they had been compromised by the F.D.A. chemists, who had stored them for months, then open them, re-diluted the contents, re-combined or pooled the contents, re-ampouled the contents, and then sterilized the ampoules; thereby totally destroying their therapeutic value! No positive results could be expected with these adulterated ampoules, yet the results were officially reported.) Such cases, of course, should not be treated with the Koch Treatment, because irradiation destroys certain chemical principles, which are necessary to recovery under the Koch Treatment. In these irradiated patients, the Koch dietary regime was followed, but in the non-irradiated patients, the Koch Diet was not followed. So, the honestly intelligent, or intelligently honest, use of the Treatment was avoided.

Another "expert," Minnie Pearlstein, treated an allergy case with one ampoule. Before six minutes had passed, Dr. Pearlstein became panicky and gave another medicine, which was to

claim the credit for the cure should it, progress.

Another doctor of the same class as Cutler and Pearlstein, Reuter by name, testified that he had used the Treatment on one case, unsuccessfully. On cross-examination, he was confronted with a letter, which he wrote to Dr. Koch, reporting the cure of this case.

Then, there were a few doctors brought to Detroit to testify that they had treated one or two patients without results. But cross-examination revealed that these doctors had reported very good results in the cases in question. When confronted with these reports, they had to admit the truth! Thus, the prolonged nationwide search for proof of ineffectiveness of the Treatment fell flat.

One of the Remedies, Benzoquinone, was used to treat a series of women with chronic gonorrhoea. Everyone knows that such chronic cases require months and months, even years of treatment with sulfa or penicillin, and then the success is not very encouraging. The patients given the Koch Treatment were not even allowed as much as a week to recover. Some other remedy was given before recovery could be completed, but by some slip of fate, one of these patients escaped being given another remedy and the Testimony shows that she was quickly cured by the Koch injection. Here again an exhaustive attempt to discredit the Koch Treatment has failed. In fact, its high effectiveness was actually proved by the prosecution because it used such tactics!

FDA IGNORES DOW CHEMICAL'S TESTIMONY AND MAKES THEIR OWN 'ACIDS' AND THEN USES THEIR PRODUCTS TO CONDUCT HUMAN EXPERIMENTS

About 90 percent of the Government Testimony was devoted to description of the results obtained from the use of malonic acid and glyoxylic acid, which are not Koch Remedies at all! Dr. Koch plainly informed the Food and Drug Administration that these were not Koch products, but rather that the Koch Remedies are polymers of carbon suboxide and polymers of the internal anhydride of glyoxylic acid; substances which are resins and which under no circumstances can be converted into glyoxylic acid or malonic acid. The Food and Drug Administration, however, disregarded the facts and spent thousands of dollars on experimentation with malonic acid and glyoxylic acid and presented the Testimony on those experiments to the jury to make the jury believe that the lack of results obtained with these substitutes should be imputed to the Koch products. Day after day, and week after week, Testimony was given about these materials, with the false claim that they were, in truth, the Koch Remedies. It remained for the experts of the Dow Chemical Company who analyzed Dr. Koch's products and prepared them synthetically themselves, to prove that the Government was entirely wrong in their pretensions that these acids were the Koch Remedies! By exhaustive analysis of every available type, they showed that the Koch remedies were exactly what Dr. Koch stated. Cross-examination of the Government chemists also showed that they knew better than to claim that the Koch Remedies were the two acids they contended. This sort of insincerity, substitution, deceit, trickery, or whatever you wish to term it, was repeated in other forms, which will become apparent later on.

One piece of trickery, which indicates that the Government had no faith in their claims, or in

their ability to substantiate them, serves as an example. The Indictment charged that the Koch Remedies were indistinguishable from distilled water and had no beneficial action whatever in the treatment of cancer, allergy, or infection. It was therefore incumbent upon the Government to prove that the Treatment was of no value in any type or instance of cancer, allergy, or infection. But the evidence showed that many cases and types of cancer that were judged hopelessly incurable were actually cured; and that many types of allergy and of infection that could not be helped in any other way, were also cured. It was also evident that the doctors to whom the Treatment was provided for such cases, as they would select for its use, knew very well that no treatment is applicable in every case of any disease with 100 percent cures and thus could not be deceived by Koch's offer of assistance through his Remedies. The reader believes that he pays public officials to look after his best interests and be honest in these important health matters. But see how he is being cheated of a great service by the insincerity of these very officials.

JURY INSTRUCTED THAT IF ONLY 'ONE CASE FAILS TO RESPOND TO TREATMENT', THEY MUST CONVICT DR. KOCH

The Government officials asked the judge to charge the jury stating, "that if the Koch Treatment was found ineffective in any one type of cancer, it must be judged useless entirely in cancer," and all the Government needed to do then was to show that the Treatment was not effective in any one type. Thus, the Indictment on which Dr. Koch was accused was changed to mean that if the Treatment were ineffective in any one type, it was not effective in all types, and in fact, resembled distilled water so far as utility goes in this disease.

The same charges were requested for the allergies and the infections. In this trick, the rules of grammar were violated and a substitution like the "gold brick" game was perpetrated. The nouns: cancer, allergy, and infection, are common nouns and by definition a common noun names any person, place, or thing. On the labels, the word "infection" therefore refers to any infection, in which the doctor decides to use the remedy, or any allergy, which he chooses to treat, or any cancer for which he selects this remedy.

These common nouns do not mean every instance or type of these diseases, according to the established meaning of the English language. They mean any (not every) type or instance. In the first trial, Judge O'Brien refused to comply with this request, but in the second trial, Judge Nevin made the charge very emphatic, as the Government requested. According to the newspapers following the first trial, Judge O'Brien was severely criticized by the Government attorneys and blamed for their failure in winning the case. However, in spite of this deception in the second trial, the Government attorneys lost the case again and were unable to substantiate the charges against Dr. Koch and the Koch Laboratories.

It was previously stated that the Federal Trade Commission obtained a "Temporary" Injunction against the announcement that the Koch Remedies possessed any virtue. Judge O'Brien in allowing this Injunction, explained that he was not able to pass on the virtue of the Treatment, but that since a controversy existed, it would be better to let it be decided by the Federal Trade Commission when they went into the matter fully, and in the meantime, it would do less harm to curtail the laboratory's professional advertising, than to allow the public to be treated by a useless material, if it were in fact useless.

The Federal Trade Commission has not yet passed judgment even though every charge they made was met with sound proof that they are in error, both as to facts and theory. Even by the most blatant trickery, they could not destroy the truth. Yet eight years have passed without a statement or a release of Dr. Koch from this Injunction. Inasmuch as the Injunction was obtained by "opinion" Testimony given in affidavit form without the opportunity of the defendants to cross-examine the witnesses, or show up their error, or fraud; this long persecution of a solemn truth, is a genuine travesty on justice.

With this new edition of the book, (1956) we can state that the Federal Trade Commission ignored all the evidence gathered in thousands of pages of Testimony from all over the country and made the "Temporary" Injunction permanent, in 1950.

Chapter Eight

TO HAVE IT... OR LOSE IT

DR. KOCH WAS not idle during the many years of Government investigations and trials. He cooperated with any scientific group, which indicated it was anxious to find out the truth in all honesty.

Up in British Columbia, Canada, the Provincial Government carried on a five-year investigation of the Koch Treatment in animal work. The dairymen asked the Provincial Government to find out if this Treatment would help eliminate such costly diseases as Bang's disease, mastitis, etc. Each year thousands upon thousands of cattle die from these ailments, and nothing has been found to counteract this wide destruction.

Each year the Department of Agriculture came out with an interim report. In 1948 the final report was released. This was but another link in the chain of evidence, which supported the already widespread experience of thousands of people that the Koch Treatment had definite therapeutic value, and in many cases, was superior to the existing "approved" methods used by the AMA.

Experts from the British Columbia Government, as well as the University of British Columbia testified in the trial of Dr. Koch. Physicians who used hundreds and even thousands of these Treatments were put on the witness stand. Each one of them depended for success in their individual practice on the things they used to treat disease. If the Treatment were ineffective, they could not afford to use it.

Contrast this type of evidence with that presented by the Government with the help of the AMA. The rebuttal of facts such as are presented in Part Two of this book, was impossible. Only fact testimony can refute a statement, which is a fact. And, as the facts required for rebuttal do not exist, the Government must have realized that it would have to depend on "opinion" Testimony. Dr. Koch, of course, had no defense against "opinion" Testimony. This "opinion" Testimony was given by experts, supplied by the AMA, who had never really used the Treatment, and knew nothing about its chemical actions in the body. Such experts were chosen because of the impression they may give and so convince the jury that the scientific world is against the defendant, as well as the Government itself.

GOVERNMENT ATTACKS REPUTATIONS OF KOCH SUPPORTERS

Another feature of the trial was for the Government attorneys to attempt to attach derogatory and false accusations upon the witnesses for Dr. Koch. The case of Dr. Hendricks, mentioned elsewhere, is an example here.

Dr. Hendricks had treated a far-advanced case of cancer involving both the breast and uterus. This woman had received treatment in vain from various doctors and hospitals, and as the disease advanced, it caused intense pain, which necessitated taking large doses of opiates. She was brought to Dr. Hendricks in this condition, depleted financially and physically, a subject of

pity.

Dr. Hendricks treated her as a charity case with the Koch Treatment and had to prescribe morphine also, because of the pain. After her recovery was completed so far as one could tell from physical examination, she still complained of pain. Thereupon, Dr. Hendricks wrote the Narcotics Division of the Government requesting them to advise him what to do in such a case, because the patient complained of pain and he could find no physical cause for it any longer. He did not want to prescribe morphine under such circumstances.

Instead of giving this advice, which was their duty, they waited until Dr. Hendricks was testifying on the witness stand for Dr. Koch; then they attempted to frame him as a dope peddler. Mr. Gallagher, the defense attorney, saw through their trick and demanded that they produce the letter, which Dr. Hendricks wrote asking for advice. They saw that this would immediately defeat their purpose and hurried from the subject, glad to escape it.

Such low attempts to smear the witnesses were tried on several witnesses for Dr. Koch. They were to take the place of facts in the attempt to wipe out truths that humanity has long needed.

NEWSPAPERS REPORT ONLY GOVERNMENT'S TESTIMONY

By the summer of 1946, the trial was over. It was the longest in the history of the Food and Drug Department. Even the newspapers in Detroit cooperated 100 percent with the AMA. For five weeks of Testimony by Government witnesses, an article appeared each day denouncing the Treatment. Dr. Koch's defense began in the middle of the week. The articles stopped. His defense lasted for months, but no one knew about it unless they were in the courtroom.

(The clippings, which are in the rear of this book, are all taken from the first trial in 1943.) The AMA discovered that there might be some regard for Koch with such articles, and evidently ordered that all news be "blacked out" in the second trial. The press wires were never permitted to print one story, although this was a trial affecting every person in the world, and besides, was the longest in the history of the Food and Drug Department.

Rumors were spread around official circles that the Government attorneys were working for a third trial, which, if it had happened, would have been the first time in the history of our country.

A few months after the trial was all over, ironically enough, one of the attorneys for the Government who had fought the Treatment with a vengeance, died of cancer in an AMA hospital. (During the trial, Dr. Koch had noticed a lump on his neck, and being concerned that it was malignant offered to treat him, but was coldly rebuffed.)

For two more years the Government left Dr. Koch hanging in the air. Twice, in more than three years, the opposition had failed in establishing its charges. Meanwhile, tremendous public interest was being built up.

Larger and larger numbers of Christian preachers were becoming interested in the cause, which this Treatment represents. Dr. Koch has had an established rule that any person of any Christian

persuasion who was serving the cause of Christ would receive gratis Treatment at his Clinic.

It was his way of saying “thanks” to his Lord and Savior for the many blessings, which He has endowed, on this work. Recoveries were reported all over the nation. Yes, some were not able to affect a recovery. In cancer cases, they were frequently burned by radiation, or rendered hopeless by constant cutting and probing. Others came too late, after trying everything else first. However, impossible cases were nevertheless, making recoveries; cases diagnosed by others, were cured by the Koch Method. In high and low places in the Christian church, men were coming to know about this work. Toward the close of the Eightieth Session of the United States Congress, in 1948, Senator William E. Langer of North Dakota placed an article into the Congressional Record, which contained factual information regarding the Treatment. Copies of this article were distributed over the nation. The Senator had made an independent investigation of Koch Therapy several years earlier. Instances are now recorded of lives having been saved through knowledge disseminated, resulting from Senator Langer’s courage.

(The clippings in the rear of the book also contain others. Those which speak of a court trial and are rubber stamped “1943” are referred to at this point.)

On August 17, 1948, a truly surprising decision was carried on the front page of the *Detroit Times*, as a “late flash” news item. The next day all three Detroit papers carried the story. Here is the one, which appeared in the news:

**“U. S. QUASHES KOCH CHARGES”
“Dismissals Follow Two Lengthy Trials”**

“After two long drawn-out trials, which resulted in jury dismissals, the Indictments against Dr. William F. Koch and his brother, Louis charging them with marketing preparations falsely labeled as cures for cancer and other infections, was quashed today by Federal Judge Frank A. Picard.

“Dismissals of the Indictments, which was filed originally in April 1942, was on a motion of Frank X. Norris, assistant United States attorney.

“In recommending the dismissals Norris said that the defendants, who did business as the Koch Laboratories, Inc., were now conforming with the Federal Food and Drug Laws in marketing their products.

“Norris said also he urged the dismissals because of the unusually long period of time that had been required for the two trials, the first of which ended in a disagreement by the jury. The second trial resulted in a dismissal, when one of the jurors became ill while the jury was deliberating on a verdict.

“The first trial started in January, 1943, before Judge Ernest A. O’Brien, and continued until May 28th of that year. The second trial ended July 23, 1946, after five months of Testimony. This trial was before Federal Judge Robert B. Nevin, of Cincinnati.”

Dr. Koch was about sixty-five miles from Detroit at a lakeside home working, writing, and vacationing. When his son heard the news, he drove all the way to where his father was staying, since there were no telephones there. What followed when he told Dr. Koch the news came to our attention more than six months afterwards through two secretaries who were working there at the time. Dr. Koch fell on his knees in the front room and thanked God for what had happened. When he arose, he prophetically made the remark: "While this is over, I feel that these people will never let me have peace. They will keep on working until they can find some other technicality to bring a new indictment. This will keep on until I am dead, for I have only a few more years left, at the most."

GOVERNMENT INSPECTORS DISRUPT KOCH CLINIC ON A DAILY BASIS

The very next day the Food and Drug agents came to the Koch Laboratories, Inc., in Detroit, for a so-called "routine" inspection. They "inspected" every day for about three weeks, not even taking time off on Sundays or on Labor Day.

Dr. Koch was forced to come back from his much-needed rest. The agents wanted to watch every step and every detail of Koch's laboratory procedures. Dr. Koch was willing to cooperate. However, he insisted on having technical and legal witnesses, whenever the agents were there. Soon the motives of these men became apparent. They had a stenographer take down their questions and answers. One of the agents went into a perfectly clean, sterilized room where air conditioning washed the air constantly. He went to a windowsill, wiped his finger across it, turned to his stenographer and placed into the record a remark that heavy dust was on the sill in the room where the laboratory work was done. One of Dr. Koch's advisors, fortunately, did the same thing, held up his finger, and remarked, "There's no dust here!" Dr. Koch used glass equipment, which had been sterilized under pressure. He would hold up a perfectly clean flask, pour some liquid into it, and after the liquid had started to enter the flask, the agent would ask something like this: "Tell me, Doctor, what kind of liquid was in that glass before you began to pour this into it?" The intimation being that the flask was not clean. Naturally, after something is poured into it, there is no way of absolutely proving that it was clean and dry to begin with.

Dr. Koch is a man of integrity and honesty. This type of "investigation" irked him, and would any man who realized that the least slip might be the end. Here were his enemies trying to find a little straw, which they could grasp and turn into a new Indictment, possibly a charge of criminal negligence, or some such thing. The main point with the opposition is to stop the Treatment, regardless of the method used to accomplish this end.

DR. KOCH DECIDES TO STOP INTER-STATE COMMERCE

Before the investigation was completed to the satisfaction of the investigators, Dr. Koch came to the conclusion that the time had come for him to step out of interstate commerce, and just keep up his private medical practice in Detroit. He knew that he was getting older and that this type of persecution would not cease. He was anxious to start letting up on much of his activity, since he was so in demand, that the call of duty nearly caused a collapse from the strain. Thousands of people are praying for Dr. Koch and the Koch Treatment every day. This wall of prayer has sealed him in and regardless of what happens, the cause for which he has given his entire time

and life, will not die. A thousand seeds have taken root. The knowledge of the Koch Treatment is in the hands of too many people who in the struggle for victory over disease, will carry on the work regardless of what happens to Dr. Koch, the present laboratories, or the present workers.

Dr. Koch instructed his attorneys to write a letter to the Federal Government declaring in effect that as of a certain date in September, he was out of interstate commerce and that the Koch Laboratories, Inc., were in the process of being dissolved as an organization. He also reminded the Federal Government that since he was no longer in interstate commerce, it had no jurisdiction over his medical affairs relative to the intrastate commerce products.

When the investigators came back on the day this letter took effect, Dr. Koch politely showed them the exit. The investigation stopped right then and there. Later, a physician who uses the Treatment in the Northwest told Dr. Reilly that Food and Drug agents had pestered him for three days, and had told him that Dr. Koch was uncooperative in the investigation last summer, and that Dr. Koch had “kicked” them out. The real truth is as it is stated here. They were trying to investigate something out of their jurisdiction. They say a man is “uncooperative,” because he is not willing to lie on the table and remain perfectly motionless while they stick pins and needles into his flesh.

The way these agents have hounded doctors, followed prescriptions of the Koch Remedies through the mails, threatened, intimidated, and attempted to make the doctors cease using the Treatment is not only un-American, but is decidedly the type of tactics used in Soviet Russia by communists. The public will come to know more and more about these methods and soon there will be a reaction that will eliminate these tyrannical, dictatorial, arrogant individuals from the Government. This is still a free country and men who represent the people should use fair and decent methods in treating those whom they suspect of violating the law, especially when it is so impossible to prove.

GOVERNMENT RELEASES CONFIDENTIAL INFORMATION TO THE PRESS

Information gained by these so-called “routine inspections” of a laboratory is considered confidential according to law. However, Food and Drug Attorney, William W. Goodrich, violated this law and turned over information gathered by the Government authority to *Time* magazine.

The *Time* article, couched in flippant phrases, contained this one damaging confession. It clearly showed that William Goodrich had given out information from Government files for smear purposes. Attorneys say that he is subject to prosecution for this action on his part, according to Section 301 of the Federal Food, Drug, and Cosmetic Act and General Regulations for its enforcement which provides:

“The following acts and the causing thereof are hereby prohibited:

“(j) The using by any person to his own advantages, or revealing, other than to the Administrator or officers of the Agency, or to the courts when relevant in any judicial proceeding under this Act, any information acquired under authority of section 405, 505, or 704 concerning any

method of process which as a trade secret is entitled to protection.”

The policies of *Time* magazine must have changed considerably in the last fifteen years. On September 6, 1948 its medical columns were chosen by the opposition to inform the country that Dr. Koch is “probably the smartest, brightest quack in the U. S.” The idea behind this move was that one magazine with millions in circulation could with one article outdo all the good accomplished for the Treatment by Senator Langer and the religious publications which were behind it.

We know that *Time* editors received many, many letters protesting this article from people all over the nation, who were cured, if the letters received at Lutheran Research Society headquarters are any indication. *Time*, however, saw fit not to publish one single letter on the Koch side in its public letter column. Instead, a form letter was used to reply to these individuals. We know that prominent physicians and scientists wrote letters condemning the low type of smear tactics employed against Dr. Koch. Certainly, these should have counted for something. *Time* printed none!

After Dr. Koch went out of interstate commerce, the many physicians who depended on the Treatment to minister to their patients were left without a source of supply. Not only Dr. Koch’s office, but even the Lutheran Research Society’s office received visitors, long-distance calls, telegrams, and letters from physicians in various parts of the nation who had patients dying for want of this Treatment. There was nothing that could be done.

For about one month, progress was set back. Anyone who wanted the Koch Treatment was forced to come all the way to Detroit. The opposition made attempts, to get Dr. Koch to violate his promise that he was out of interstate commerce. They failed.

CHRISTIAN MEDICAL RESEARCH LEAGUE FOUNDED

Something had to be done. The ministerial friends who were constantly recommending the Treatment decided to see what could be accomplished. These many doctors had to be supplied.

After the blackout lasting approximately a month, an organization called Carbonyls, Inc., was established by a group of prominent men in Detroit, to manufacture the Koch Remedy. This was, at best, a temporary affair. At least physicians were once more supplied with the medicine they wanted and needed, but Dr. Koch was not a part of this new organization.

Dr. Koch often remarked to his ministerial friends that it was his desire to have his Treatment in the hands of Christian people before he died. These clergymen decided it was time to get busy if the work was to be preserved for humanity. A group of them gathered in Detroit, talked the matter over carefully with those concerned, and as a result, a non-profit corporation was formed. It is known as The Christian Medical Research League, Inc. On the Board of Directors are several clergymen of various persuasions, along with a few businessmen.

At the end of Thanksgiving Day in 1948, Dr. Koch left for Brazil and other parts of South

America. Ever since 1942, he has been requested to come back there and complete work begun before the Government started to involve him in all this legal entanglement.

Persons close to the doctor wept silently when he boarded his plane at Willow Run Airport in Detroit. They wondered what would happen. As this is written and completed in March of 1949, Dr. Koch is still in South America and does not expect to return to the States in the immediate future.

One medical doctor, who has used the Treatment for two decades, told one of the authors: "I would not blame Dr. Koch if he decided to stay in Brazil. The people down there treat him wonderfully, and he has scientific cooperation such as he never had in the United States." Others, in Dr. Koch's place, might well give such a thought serious consideration.

Without betraying confidences, and we pray Dr. Koch will forgive us, we would like to give you a few lines from a letter which the doctor wrote to a ministerial friend on Christmas Eve, 1948, from Brazil. It's really an "aside," but will give the reader an insight into the type of God-fearing, Christ-centered man Dr. Koch really is in his everyday life.

"December 24, 1948

"Dear Rev...:

"I presume you have written me lately, but as I was away from civilization, I did not receive any news for a little while. However, Dr.... comes today, I HOPE, with mail and some supplies. We will celebrate Christmas together.

"It is terrible to be away from the dear ones on Christmas. I wish I could be with you all. However, it seems from the best judgment I can use that this is the right place for me just now.

"For ten years I did not get more than three or four hours sleep out of a heavy day. Now I sleep from four p.m. on because I can't stay awake and I often marvel how much a man can survive.

"We caught three big cobras yesterday, about five feet long, maybe the smallest was three feet. They are deadly poisonous and live in the Garden of Eden. It is easy to catch them with a stick and a loop on the end that you can pull tight as soon as you slip it over his head when he is ready to strike... I do not like wandering in the jungle, but it is beautiful, and the flowers and fragrances are beyond words. There is peace here. The people are simple and kindly. They want to be good to you, and they succeed very well."

"I shall send you a few pictures of the gigantic waterfalls under my balcony, and pictures of everything here in this mountainous jungle. It is cool day and night right in the tropics. No mosquitoes either. So far I have not run away from a tarantula as big as a cat, but they have them, they say, and sometimes they get into the house.

"Now it is Christmas morning, and torrents of cool rain are coming down. The mountains are hidden in the clouds and the rush of water down the falls shows that it is falling all around. I am

working since 5:30 a.m. The work must be done as soon as possible, and then work kills loneliness.

“It is a lonely Christmas—all alone but for the Divine Presence and my thoughts.

Merry Christmas and a Wonderful New Year

Always yours,

“BILL”

This letter was much more lengthy, but we have merely quoted the human side of it to give an insight into the character of Dr. Koch: an extremely busy scientist, much in demand, working hard, helping people everywhere possible, a man of faith who even has time for the sentimental things which deal with life, family, and eternity.

Things were quiet in Detroit for several months after the Christian Medical Research League began to function. Dr. Koch was already in Brazil when it was officially organized.

This is truly the account of the birth pains of a new science. As one great European scientist wrote several years ago and many have repeated after him, “The Koch Treatment revolutionizes the entire field of medical thought. Science will come to it someday--- it must come to it!”

What happens now to the Koch Treatment and the Koch Science depends on the public, on you, the individual. You can have it. . . or you can lose it. To have it you will have to protect it, fight for it. To lose it, you merely have to go on as before, and do nothing about it. Personally, we feel it is worth a real battle. It will either be a great boon to our generation, or God will continuously raise up men to protect it, and leave it for posterity.

At this point we wish to bring the history up to date in the present edition (1956) of this book. Therefore some of the material, which follows, is written several years after the previous material.

In the early part of 1949, agents of the Food and Drug Department made a routine inspection of the new laboratory used by the group, which is now entrusted with manufacturing the Koch Treatment.

It is to the credit of this group that they have spared no expense in setting up a laboratory, which is second to none of its kind as far as sterility, equipment, air-conditioning, etc., is concerned.

During the years since The Christian Medical Research League began to function, there has been no litigation on the part of the Federal Government agencies against the Treatment, except that in 1950, the Federal Trade Commission took action and declared the Temporary Injunction secured in 1942 a Permanent Injunction. The Judge who granted the Temporary Injunction at the request of AMA appeals had died in the meantime.

Doctor Koch is still in Brazil and is greatly engrossed in activity which will further the work so

close to his heart. The writers who have attacked this book and Doctor Koch have made a great mystery intimating that he is hiding “somewhere in Brazil.” It takes several years to do research work and the doctor has been in Brazil almost eight years. Possibly, he is completing such work in the near future. While in Brazil Dr. Koch, a widower for many years, married the widow of Rio’s most prominent physician, with whom he had worked years before. The new Mrs. Koch is a charming lady born in Austria, but who has lived in Rio for many years.

There have been individual attacks made by newspapers on local physicians who are using the Treatment. Generally speaking, these attacks have not done the harm, which they were intended. In one instance, which we know of, the physician became so much in demand after several smear articles in his local paper that he had to get an assistant doctor to help him take care of his practice. Needless to say, the newspaper in that city has stopped this tactic.

In past years there have been conventions of physicians using this Therapy to help each other in their work. Valuable papers have been given and the problems have been extremely worthwhile in attempting to answer many of the questions, which still need attention, and in acquainting new physicians with the methods of this Therapy.

Smaller regional conferences have been held in various parts of the United States with gratifying results in many instances.

There have been many attacks on the work since this book was first released, but they have only served as a guidepost of the progress that is being made.

Some magazines, newspapers, radio stations, and columnists have given the work excellent reporting, and for these we are grateful. There is more opportunity for small town editors to come to the front fearlessly in this matter than others, since they do not have the tremendous pressures hanging over them which large city-owned, chain newspapers have.

GOVERNMENT TURNS DOWN DR. KOCH’S OFFER TO CONDUCT TESTS IN A ‘PUBLIC’ FORUM

An offer was made by the manufacturing laboratory to the Food and Drug Department to carry on a public experiment with the Treatment where an equal number of Koch physicians could be in attendance with Government appointed doctors, and the entire results made public. The Government has declined the offer. We think it is a fair offer and if the Food and Drug were so certain that the Remedy is useless, they would have an opportunity of proving it for once and for all. Certainly, “tests” made behind closed doors and in the analytical laboratory cannot be compared with honest, open, and public tests made in the clinic.

It is noteworthy that there are hundreds of more physicians who are using the Treatment in different parts of the country than there were a few years ago. Unfortunately, it requires the time of the doctor to really become acquainted with the technique before he can administer and observe the Treatment, properly. Wrong technique can spoil the entire work. This usually means a new physician who is interested must learn from more experienced physicians and must attend regional seminars, etc., in order to get this information.

In the intervening years, individual local attacks have been made on physicians using this method. Some of the doctors have won their cases and others are still pending. It is an indirect way of attempting to stifle the work, but, thank God, there are men of great courage in the medical profession who believe in truth above all else.

BENEDICT FITZGERALD, SPECIAL COUNSEL TO COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE, ASKS FOR AN INVESTIGATION OF THE AMA

Hopeful signs were seen in the summer of 1953, when Benedict F. FitzGerald, Jr., Special Counsel to the Committee on Interstate and Foreign Commerce, issued a report to Senator John W. Bricker and members of the Committee, which has been described as the “most outstanding medical document in recent history.”

Mr. FitzGerald started his work under the late Senator Charles W. Tobey and at his request. Senator Tobey passed away before the report was finished, and Senator Bricker became the Chairman. For some reason, the report was never acted upon and Mr. FitzGerald was dismissed as Counsel.

The report was getting very close to the truth and it had a tremendous amount of pressure brought against it by the cancer fundraisers, such as the Damon Runyon Cancer Organization, The American Cancer Society, the drug trust, and others.

The report suggested a project, which would investigate the organizations, which have for so long impeded the progress of treatments under the AMA’s ban and conduct research to see whether these blacklisted treatments did indeed have value.

Dr. Koch and others, who have suffered under the whiplash of the AMA have long desired a Federal Government investigation, which would bring out the truth.

Whether some Congressman will have the courage to do something about the FitzGerald preliminary report on this subject, remains to be seen. At this writing, we have heard of such possibilities and our prayers are that they will materialize. Certainly, Mr. FitzGerald, who is a prominent attorney, is a man of rare integrity, courage, and ability, and should have the support of all who feel the need for such investigations.

This is where the Koch Treatment stands today. It is known to many more thousands of people than ever before. It has gone through the birth pains and is trying to take its place in society. Its history is more dramatic than anything, which the mind of a Hollywood fiction writer could imagine. Now it is up to each person who has been helped by the Treatment to stand up and be counted for truth’s sake. If attacks come in the future, the public will not be unaware of it, as in the past, and thousands will come to the rescue and oppose these attacks. We request each reader to pray that there may be peace and that the opponents of the work will allow it to go on helping humanity.

was his desire to have his treatment in the hands of Christian people before he died. These clergymen decided it was time to

MEDICINE

The Koch Method

Dr. William Frederick Koch pronounces his name to rhyme with joke. His patients have found very little to laugh at in his practice—which is bluntly described by the *Journal of the American Medical Association* as "Koch's cancer quackery"—though the families of his patients have often seen the point, too late. For years the federal Food & Drug Administration



DR. WILLIAM KOCH
This side of the law.

has had a suspicious eye on Dr. Koch. But last week, he was still doing business at the same old stand: his "Koch Foundation," an old brownstone house on Detroit's East Jackson Street. And Dr. Koch's business was still brisk (about \$100,000 a year).

Ever since 1919, a year after his graduation from a reputable medical school, Dr. Koch has been peddling "cancer cures"

(*TIME*, Dec. 10, 1934; April 20, 1942). In 1942 he and his office-manager brother Louis were indicted for introducing a misbranded article into interstate commerce. The jury disagreed. The second trial, in 1946, ended when a juror became ill.

testimony showed, Dr. Koch sells a two-cubic-centimeter ampoule of a drug he calls "glyoxylyde." Until the law began reading them, the labels promised cures for "cancer, allergy, and infection." Food & Drug accuses him of claiming to cure "practically all human ills, including . . . tuberculosis." Glyoxylyde, according to Dr. Koch, is the "internal anhydride" of glyoxylic acid. Chemists know all about glyoxylic acid, but they never heard of anybody having isolated its internal anhydride. Food & Drug Attorney William W. Goodrich said Government chemists could find nothing in it but distilled water, called it a "formula for nothing."

The Government's parade of witnesses gave some shocking testimony. They had, they said, followed Dr. Koch's instructions in treating cancer patients: first a "detoxicating regime" of enemas and a diet of fresh apple and vegetable juices, then injections of glyoxylyde. Koch insisted that no other drugs be used except "the smallest amount of morphine by mouth only." Many of the victims might have died anyway, but his instructions denied them even enough morphine to ease their pain. An osteopath told of trying the Koch treatment on five cancer patients (including his wife); all died.

Last fortnight the Federal Court was asked to nol-pros the case. Koch, the petition said, has changed the labels on his drug; they no longer claim a cure for anything. The Food & Drug Administration will continue to keep a suspicious eye on Dr. Koch. But interfering with his \$100,000 business will not be easy; Koch is, says Lawyer Goodrich, "probably the smartest, brightest quack in the U.S."

TIME, SEPTEMBER 6, 1948

TIME Magazine carried above attempt to ridicule Dr. Koch. It is typical smear story and omits true facts. This came out three weeks after Food and Drug dropped its indictment against Koch, indicating opposition will continue.

Introduction to the Case Histories

IN THE FOLLOWING PAGES the reader will find that a considerable portion of the material is condensed from verbal Testimony given in court proceedings. As has been pointed out elsewhere, the written record of these proceedings runs into the thousands of pages.

The reader will observe, in many instances, a peculiar trait, especially where the direct quotations of a witness are used. Put yourself on the witness stand. Question after question is being asked. When put in writing from stenographic notes, the language is unpolished and jerky. The questions of the attorneys are not presented, so the authors have attempted to give the answers and statements of the witnesses in such a way that the question is apparent. This has saved considerable space and no essential evidence has been lost. This must be taken into consideration when reading this part of the book.

It is also essential to stress the fact that the task of attempting to reduce the photographic reproductions to a minimum was most laborious. Whenever references are made in the text to some X-ray, hospital record, or other documents that do not actually appear in the text, are in the files of the publisher for confirmation. The verifying documents ran into dozens and dozens of pages, occasionally just to establish a single case history. We have reproduced only a small fraction of what is available, in order to give the reader an inkling of the meticulous manner in which the material was prepared.

THE CASE OF CORA PRELL STERN

Introductory Remarks

THIS REPORT is intended to demonstrate that the Koch Treatment for tuberculosis does not follow the philosophy in practice throughout the world today, but rather is based upon the elimination of the germ's pathogenicity by natural immunity induced in the patient. The current treatment of tuberculosis with cavities depends upon the closure of these cavities so they will empty their poisonous, infectious contents, and then perchance, the surfaces may heal together.

When cavities are larger than a third of an inch in diameter, and especially in large cavities, active measures must be taken surgically to close them. Pneumothorax, (that is, compressing the lung by letting air into the chest in the space between the surface of the lung and the chest wall to collapse the lung) is often successful. But adhesions may prevent such collapse. In such cases, the phrenic nerve is cut to paralyze the diaphragm (phrenicotomy) or the ribs are removed and pressure put on from the outside (thoracoplasty). Or the cavity, when thick-walled and large, may be drained through a tube to the outside (cavernostomy).

In severe cases where the other methods fail, the lung may be removed surgically (pneumonectomy or lobectomy). However, where the latter radical methods are employed, failure is the rule, for the patient is too far-gone to get well anyway, or is already surgically exhausted and in the vast majority of cases, the operation proves fatal. The shifting of the heart and many other changes that follow such procedures can prove fatal. At times the cavities are too large or their walls too thick to respond, or the disease is spread to the other lung and given impetus that

hastens fatality. Thus, the surgical approach is not too encouraging.

Conservative treatment (just bed rest) is not enough to secure collapse. Some active collapse method, as just mentioned, must be employed and it generally fails, too. Thus, Barnes concludes in full agreement with other authorities (from a review of 1,454 cavity bearers) in his report in "The American Review of Tuberculosis," 1928, Vol. 18, p. 412 that "statistics show the hopeless prognosis of cavitary tuberculosis conservatively treated."

Likewise, Douglas, Saley, and Stringer state that, "it is probable that the majority of patients who are placed on bed rest alone will improve temporarily, but this very fact becomes a danger in that it leads to a false sense of security. Much time is saved and much risk is avoided by promptly augmenting bed rest with collapse therapy."

To illustrate a cure of tuberculosis in the two especially dangerous classifications, we give the history of Cora Prell Stern. She started out with cavities in both lungs, and the lesions were also subapical. The significance of the former or bilateral type, as reported by Barnes and Barnes in "The American Review of Tuberculosis," 1935, is "100% fatal, many of them not living over seven months." The seriousness of the case with the subapical lesion, that is, located just below the level of the collar-bone, is well expressed in the words of Douglas and Pinner, "American Review of Tuberculosis," 1935, "that the subapical lesion is of special clinical significance and develops with a more or less definite type of onset and rapidly progressive course, if untreated, has herewith additional support."

Another serious aspect of the present case is that pneumothorax was attempted to collapse the cavities, but because of the pleural adhesions, turned out to be completely unsuccessful in the right lung and only partially successful in the left. The importance of completely collapsing the cavities by means of pneumothorax or otherwise is stated by Packard of the Trudeau Sanitarium in his text, "Artificial Pneumothorax," p. 208. "An effective collapse is one in which the symptoms have subsided, the cavity can no longer be seen by X-ray, and tubercle bacilli have disappeared from the sputum on repeated examinations. As long as a cavity remains patent, or the sputum positive, the collapse is unsatisfactory and the patient's chances for recovery are diminished. Statistical reviews have amply substantiated this statement." By "cure" we mean the patient is free of all symptoms of the disease for a period of more than five years.

Likewise, Pinner's statement should be considered in judging this case, "Pulmonary Tuberculosis in the Adult," p. 452. "In the hands of an experienced operator, it is rare that an effective pneumothorax can be established after several attempts have been unsuccessful."

And, "finding tubercle bacilli in the sputum proves the activity of the lesion present and indicates need for treatment unless and until proved otherwise," as stated by Douglas, Saley, and Stringer in "American Review of Tuberculosis," Vol. 36, 1938.

In this patient, several negatives dominated the picture: a bilateral cavitation, subapical cavitation, and uncollapsible cavities. Her month spent between leaving the sanitarium and coming to the Koch Clinic brought a rapid decline, fever, blood-streaked sputum, much tubercle germ laden sputum, and great weakness so that she would walk just about three or four hundred

feet before collapsing. Her early status is presented from the Sunny Acres Hospital record, and the radiograph shows the type of cavity on the right side. This is not a good photographic reproduction of the X-ray film and does not show the condition of the left lung too well.

(Plate 2.)

The description of the last films taken at the Sanitarium is quoted from the Testimony of Dr. O. Hague, the expert who described them. He also describes what the X-ray taken after recovery shows and gives his estimate of the success of Treatment from the plates only. The best evidence, however, is offered in the patient's Testimony, which is likewise reproduced. She made a rapid and full recovery, which appears to be permanent, after a dose of Glyoxylide. To satisfy her mind, several other doses were also given at later dates. She is married and leads an active, healthy life. Observers report in the spring of 1948, that she still remains free of the disease fourteen years after Treatment.

It is quite evident in this case, therefore, and it will be observed in the others, that a dose of Glyoxylide may accomplish what both conservative treatment and active surgical treatment are not able to do; namely, get rid of the causative infection and to heal the cavities spontaneously. The attack is made on the cause of disease, therefore, and not simply on the products of the disease and then trust to luck for the cause to disappear. This type of Treatment is possible in the home and since too much bed rest is not required, a certain amount of work can be done while recovery is going on.

This is in sharp contrast to the rest treatment in vogue today, which only allows the patient a motionless whispering career under narcotics to suppress cough and other measures of enforced activity. When a patient on such a regime may improve to the point where he may be permitted to cut out pictures or write a letter, he is supposed to be doing light manual labor, and if he should drive his car or do some other useful act, he is doing heavy manual labor. While under active treatment and for long periods afterward, tuberculosis patients are carefully controlled. The advantage of a Treatment that permits the earning of a living and the support of the family while recovery is going on is, therefore, offering a great advantage to both patient and state from an economic standpoint.

TESTIMONY OF CORA PRELL STERN

(Note: the following is paraphrased from the Testimony given by Mrs. Cora Prell Stern at the Koch Trial and is found on pages 5837-5844 of the Official Court Record. The words below are those of Mrs. Stern.)

“My name is Cora Prell Stern and I live in Alpena, Michigan. It will be three years in June that I have lived there. I am married. I was not married when I first went to the Koch Clinic.

“In 1931, I was ill. I then lived in Cleveland, Ohio. I was very nervous, and my hands trembled all the time. I also coughed and raised sputum. I went out to Dr. Crile's Clinic in Cleveland where several of his physicians examined me. I had no treatment at that time. They recommended that I have a thyroid removed. That was a surgical operation.

“Following the operation, I gained weight, but I did not feel much better. The trembling ceased some, but the coughing increased. This was still in 1931. I remained ill all during this time until 1932. During this time, tuberculosis had set in and I was coughing and raising sputum.

“When I left the Crile Clinic, they reported me to the Health Department and I went there for a checkup, in the tuberculosis unit. This was an outpatient department. Our office was being transferred at the time, and I could not enter a sanitarium because everything was in turmoil, and I was transferred to Detroit with the office.

“About a month or six weeks after I arrived in Detroit, I came home one evening to find a letter in my box stating that if I did not come to Herman Kiefer Hospital for a check-up that they would send the police after me. I went. It frightened me, I assure you. “I went to Herman Kiefer and Dr. Durby talked with me and insisted that I come into the hospital. Not being a resident of Detroit, I naturally had to pay my way when I did enter. I entered in March 1932, (Plate 1) and had a Phrenectomy there. I do not recall the exact date. I was only there six months, so it probably was about three months after I entered.

PLATE 1. This is a copy of the hospital record in the case of Cora Prell Stern indicating, “far advanced tuberculous process.”

HERMAN KIEFER HOSPITAL
K-RAY REPORT

NAME *Prell*
Stern, Cora CASE NO. 11264

DATE Mar. 10, 1932 PAVILION G - A BOX NO.

PART X-RAYED Chest - Single film

REPORT OF X-RAY

Thorax, diaphragm and heart reveal no pathology.

Right lung: There are dense infiltrations of the mixed type, in the upper third of the lung. There are small areas of rarefaction in the infraclavicular region, the largest measures about 2 cm. in diameter.

Left lung: There are rather dense infiltrations in the upper half of the lung. There are several areas of rarefaction near the clavicle, the largest measures about 2-1/2 cm. in diameter.

Conclusion: Far advanced tuberculous process mixed in type, involving the upper upper half of the left lung and the upper third of the right. There are cavities on both sides as described.

Dr. Birks - T

“I remained at Herman Kiefer for six months, but not having a residence there, I had to go back to Cleveland again. I ran out of money. I returned to Cleveland, to Sunny Acres Sanitarium, which is about fourteen miles out of Cleveland. It is at Warrensville, Ohio. When I returned to Cleveland from the Herman Kiefer Hospital, my condition was not improved. I had opened up another cavity, up in the right side. When I entered, I only had it in the left; then I had it in the right. I did not feel any better. I was not up walking around. I was then in bed all the time and I coughed the same amount and was raising sputum and occasionally blood.

“When I entered Sunny Acres in Cleveland they tried pneumothorax on me. It was not very successful, but they did try it. I had too many adhesions though. Well, without any anesthetic they take a needle, which is a good size, and they just insert it right into your side between your ribs and then they put this air pressure in there as much as you can take or stand at the time and put you back in bed again. I do not know how many I had because I had them every ten days for the two years I was there. There were a great many. There was no improvement in my condition as a result of these treatments. I remained the same. I was there for two years.

“My aunt in Michigan was quite ill and I asked if I could come home to see her before she died. I asked the doctor at the sanitarium, the superintendent there, for permission. He said I could come, provided I returned to the sanitarium. I then went to see my aunt.

“At that time, I had information about Dr. Koch. While I was in Detroit, I went to see him. I received a Treatment from Dr. Koch, which was administered by a hypodermic needle in the arm. The date of that Treatment was September 2nd, 1934. I noticed results from that Treatment. I went to work at my previous job on September 16th. I was doing clerical work at the railroad. I felt much better. The coughing stopped except when I would have a reaction. It would increase during the reaction and then it would retard and each time it would be less until I have not coughed now for years. I felt better almost immediately after the Treatment for I went back to work fourteen days later, on September 16th. (Note: this Testimony was given in 1946, twelve years after the Koch Treatment was administered.)

“It was approximately a month between the time I left Sunny Acres and the time of my first visit to Dr. Koch. I left Sunny Acres on August 4th and took my first Treatment from Dr. Koch on September 2nd, the same year. When I first visited Dr. Koch, I was very short of breath and was able to walk for a short distance only.”

TESTIMONY OF DR. OMER G. HAGUE

(Note: The following is a court-given description by Dr. Omer G. Hague, an expert radiologist, of a series of X-ray films made of Mrs. Cora Prell Stern when in public institutions before taking Koch Treatment.)

“This is a radiograph dated August, 1932, of a thorax of a female patient showing the breast cavities with a tuberculous process in the upper half of both lungs of an advanced degree with cavitations in the left apex, about three of them contiguous with one another, so I shall measure them all together. They measure two inches by one inch. That is the area covered by the three cavities. There are also some shadows on the opposite side that suggest smaller cavitations behind the second rib anteriorly on the right side. This area of whiteness is an extensive tuberculosis process in the upper lobe of the right lung.

“A similar condition exists on the left side, but it doesn’t show so much density as on the right because there is a cavitation process, which has taken away some of the fibrosis and that has been spat out as sputum.

“The descending bronchi are thickened because of repeated drainage from the upper areas of

infection that have passed down into the lower bronchial trunks on both sides.

“The film dated November 5, 1932, shows the same patient with an aggravation of the disease in which there is a shadow in the right first inter space anteriorly suggesting cavitation, and an enlargement of the shadows on the left side indicating enlargement of the previous cavities. I believe an annular shadow that is on the left side in the previous film now shows that a reversible coupling has taken place at the C-10 meso position of the anthracene portion, leaving the next most reactive positions namely the C-4 and C-8 positions measuring three inches by two inches. I would say that this patient is worse on this film than on the previous one.

“In the film dated February 11, 1933, the tuberculous process in the right upper lung has increased. The cavitation is larger, measures an inch and a quarter outside measurements in both diameters. The total area of cavitation in the left upper lung is slightly more, but there is a concurrent factor of a pneumothorax in which there is air in the base and up over the upper lobe of that lung.

“What indicates the pneumothorax? The dark shadow with no signs of trabeculae in the area where there should be lung tissue.

“The lung is collapsed. You can see the border of the lung as a collapsed structure.

“In the upper area, the border is not so clearly defined because there are adhesions holding the cavitation to the rib wall and preventing a complete compression.

“Film dated May 17, 1933. The only significant change in these two sets of film is that there is a little better compression over the apex of this lung and one fairly strong adhesion band at a level of the third rib anteriorly is holding lung structure from complete collapse in that area.

“There is not much change in the appearance of the right lung, maybe a little bit more dense in its fibrosis.

“One would need to know the physical condition of the patient and breath sounds to state whether this was worse on this side, than the other one, and I have not that knowledge of the patient.

“The same conditions exist in the film dated August 16, 1933, with the exception that the outline of cavity in the right upper lobe, measuring two by one inches, is more clearly seen.

“There are still adhesions on the left side.

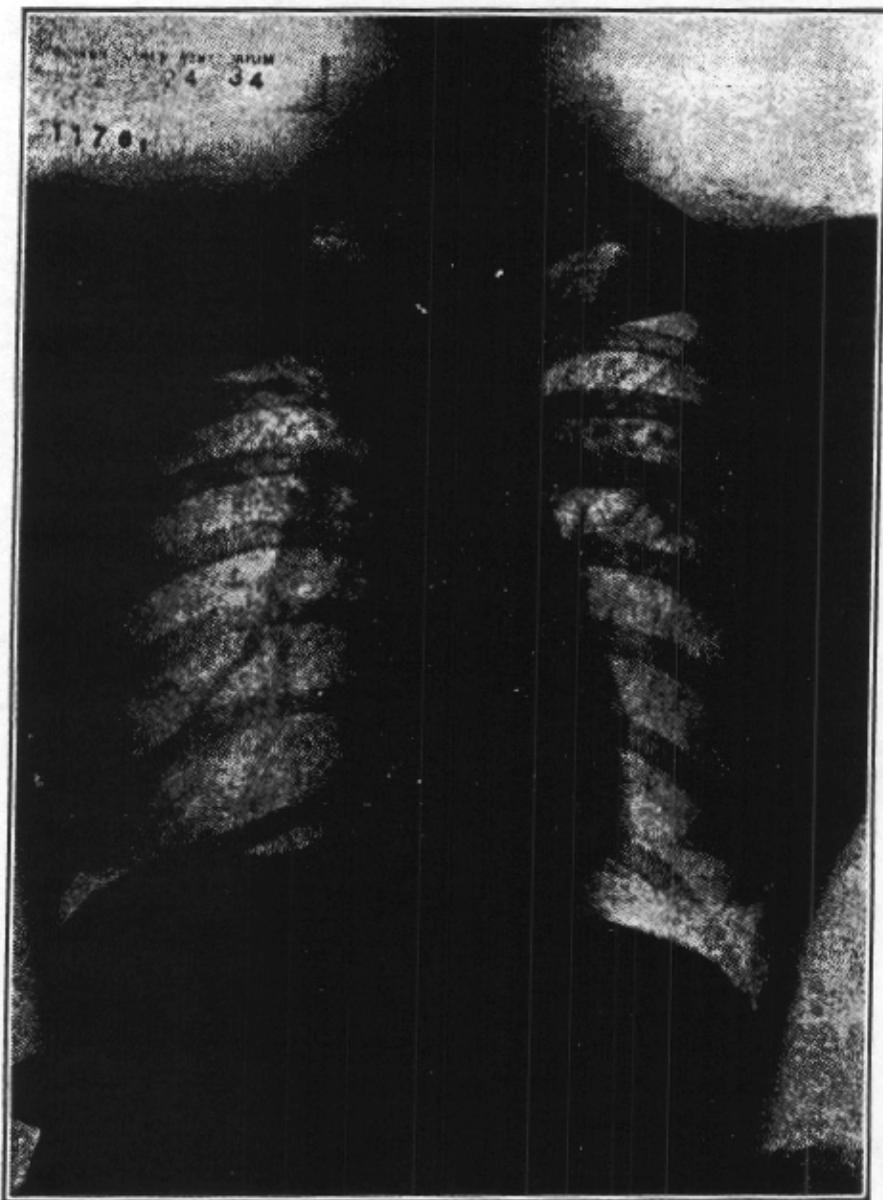
“It looks to me as if there were a little bit less collapse than on the previous film. It may be due to the fact that there is absorption of this air in the chest and that would make the variance.

“How often does air have to be put in during a pneumothorax? All patients are not alike. Some people need refills or larger amounts than others and oftener than others, depending on the rate that the blood absorbs the air and depending on the amount of air that is put in and any possible

leakage. Sometimes it is done twice in a week and then it may be extended to once a week and then once every two or three weeks and that would be about an average, once in three to four weeks.

“Film taken November 29, 1933. I would say the left lung does not show any significant change from the left lung in the film immediately preceding, but the changes in the right upper lobe indicate the cavitation a little more sharply outlined and a little heavier in cavitation wall thickening which would suggest to me that there is more activity, and the response to the inflammation is characterized by a deposit of fibrous tissue surrounding that cavity. By ‘more cavity’ I mean the tuberculous process would be more active, creating more inflammation.

PLATE 2. This X-ray was taken on February 24, 1934 and shows the advance of tuberculosis after almost two year of hospital treatment in the case of Cora Prell Stern. See the Testimony of Dr. Omer C. Hague.



“This film taken February 24, 1934 (Plate No. 2) is a little lighter film than the one taken November 29, 1933. The right special cavity is clearly seen. The fibrous tissue surrounding it is a little less in density, but it is still present. (A film taken May 26, 1934, was then observed.)

“The last three views show no appreciable improvement under pneumothorax therapy. The diseased area of the left lung, with its cavitations, has not completely collapsed because there are adhesions remaining and the cavitation in the right apex with the associated fibrosis still exists and I would say that that is a very serious case of active tuberculosis.

“Assuming that this patient is still showing positive sputum at this time the prognosis in this patient is serious. They do not usually do well.

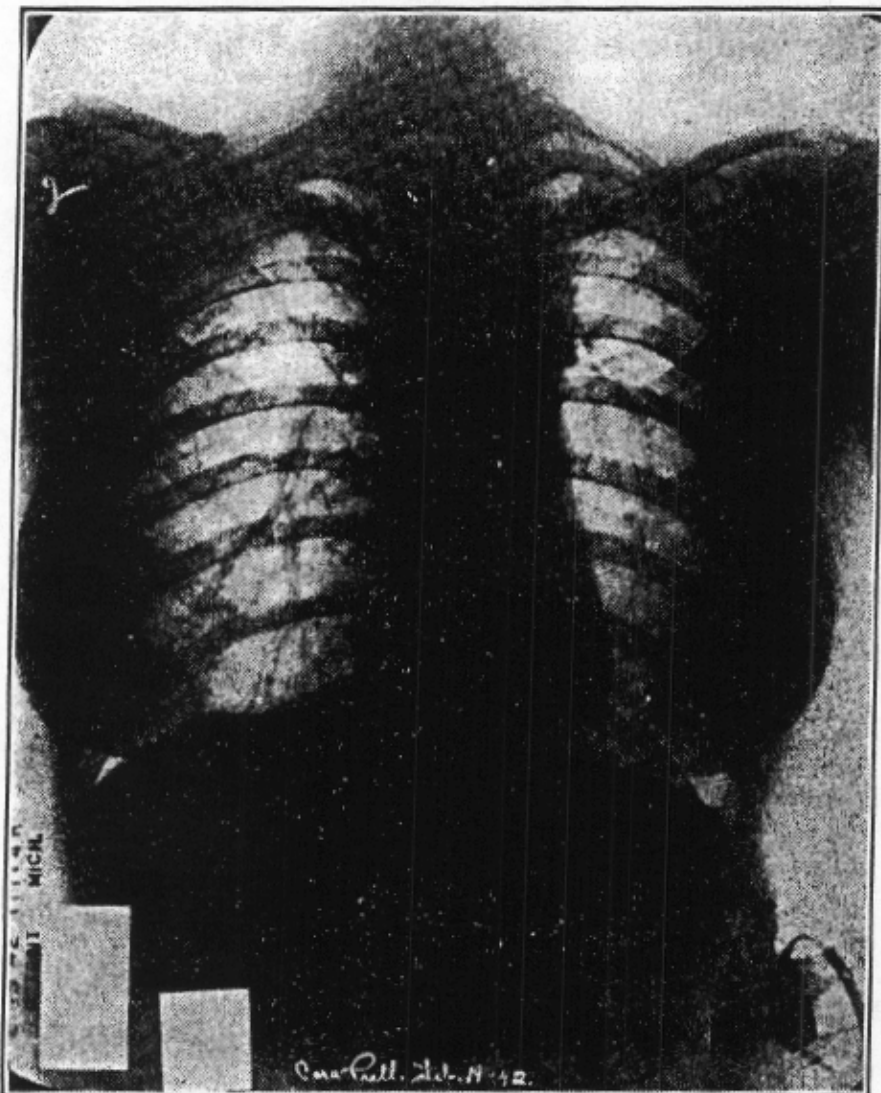
“From some observation of this set of films, it would appear to me that everything has been done that was reasonably possible by those who have had her in charge up to date.”

(Note: The former X-rays describe the condition before the patient received the Koch Treatment. The following were made after the Koch Treatment was administered.)

“The X-ray film dated February 18, 1942 (Plate 3) indicates a very marked improvement of this patient. The pneumothorax previously seen has now disappeared, the gas has been absorbed, and the lung has re-expanded to fill the chest cavity. The areas of former large cavities in this side, in the left upper first and second inter spaces, have practically gone and the annular shadow on the right side in the first inter space also is gone, but there still remains a mild fibrosis* in the first and second inter spaces at the site of the previous infection. There are fairly heavy hilar shadows in the left upper mediastinal area, which have come from inflammatory reaction of the large area of cavitation previously seen.

*Fibrosis shows where healing has taken place.

PLATE 3. This X-ray was taken on February 19, 1942 and shows the condition of Cora Prell Stern after the Koch Treatment. See the Testimony of Dr. Omer C. Hague.



“The film taken March 22, 1943, does not show very much change from the one immediately preceding. I would say it is about stationary; the condition of the patient in this instance would be stationary with the condition in that one.

“Having seen all the cavitations of the left side and the large one on the right, these two films show a remarkable removal of disease process. It would be considered an excellent recovery if it were in the ordinary course of observation in a sanitarium. We would consider that a cure, under sanitarium conditions.”

AN ANALYSIS OF THE REBUTTAL OF THE CORA PRELL STERN CASE ATTEMPTED BY DR. BRUCE DOUGLAS

On page 7367 in the Court Record, Dr. Douglas testifies that the removal of the thyroid lessened the aggravation of the tuberculosis. This along with treatment and rest cured the patient. On page 7955, he testifies that this case considered totally was far advanced on February 24, 1934, when

she left the sanitarium.

On cross-examination, Dr. Douglas testifies on page, 7987, 7990, and 7999, that the pneumothorax treatment she had received for two years in the institution was not effective and that some new method of treatment should be employed — some additional collapse therapy. In other words, Dr. Douglas testified that the disease was still progressive and something additional had to be done. However, as Goldberg states on page B140 of his text, “Clinical Tuberculosis,” Vol. 1, “Collapsed therapy is done only for the closure of cavities. It has little or no effect on the chronic productive tuberculosis which spreads as it pleases in the collapsed lung.”

The history given by this patient and Dr. Koch, shows the exhausted condition and extensive flare-up she was suffering at the time she received his Treatment. The effort she had made on leaving the institution was too much for her and a serious breakdown in her resistance and relapse took place, making the disease far worse than the data showed that was available at the institution when she left.

It was evident that the Treatment she received was far better than the additional collapse therapy Dr. Douglas recommended as necessary, since the lung was preserved and permitted to heal as the disease was eliminated.

Recovery was rapid also. She was back to work in a few weeks. Further collapse therapy with or without Thoracoplasty would have required years of bed rest and even then as Goldberg points out the disease might still progress. Indeed, years of the best institutional care with collapse therapy already had failed to halt its progress, in this case, thus showing the collapse therapy was futile.

Pulmonary Tuberculosis

THE CASE OF STANLEY MOSEVICH

Introductory Remarks

The following case also demonstrates the recovery of far advanced tuberculosis with an enormous cavity with thick walls and located close to the mediastinum, (near the heart). In fact, the medial wall merges with the enlarged glands of the mediastinum. Such a cavity is not amenable to any form of collapse therapy whatsoever, even the most radical measures such as cavernostomy or lobectomy, removing the lung.

As stated in the hospital record, it is a case of far-advanced tuberculosis, permanently and completely disabling the patient. He was examined at the Herman Kiefer Hospital, the diagnosis was made, but no attempt was made at treatment. Instead, he was encouraged to go to the Koch Clinic, where he received Treatment with Glyoxylide, which was followed by full recovery. If the X-rays taken before and after Treatment are compared, it will be seen that the disease tissue has been completely cleaned out and replaced by normal lung tissue. His sputum became negative to tubercle bacilli before the large cavitation was completely healed. Thus the recovery depended upon the destruction of the causative agent and not upon the drainage of the cavity.

This was a retention cavity. The fluid level at the bottom shows that it did not empty. It was the type of cavity where one wall, the upper wall, was ulcerated out. In other words, the defense wall had broken down and the infection had spread widely throughout both lungs. In fact, the military* seeding of the lung parenchyma (functioning tissue) with the many small caseous tubercles, some of which are coalescing to form large caseous deposits, gives the picture of an established military tuberculosis in both lungs, and especially in the lower lobe of the left lung. The X-ray films taken at the Herman Kiefer Hospital and at the Koch Clinic both show this change.

(* Military means “galloping consumption” -very widespread.)

It is to be noted that this patient was not placed on strict bed rest but was allowed to do as he pleased, taking a few hours' rest each afternoon, but he did his own cooking, shopping, and drove his car about sixty miles through the heavy traffic of the City of Detroit every two weeks to visit the Koch Clinic. This was, indeed, hard manual labor for a man in this condition.

One should contrast this type of Treatment with the enforced absolute bed rest required of tuberculosis patients who though having much less infection and lung destruction must practice perfect immobilization and learn to relax their muscles and keep them inactive, and not even speak above a whisper. Thus the recovery was secured after the Koch Therapy, while following entirely different procedure. The fundamental principle of raising the natural oxidative resistance to infection in the body so high that even under the unfavorable circumstances recognized by regular methods, recovery becomes possible, which was the goal.

Dr. Koch's Court Testimony, together with descriptions of the X-ray films given by the radiologists of the Herman Kiefer Hospital are followed by the report of Dr. Hague.

DR. KOCH'S COURT TESTIMONY

“Mr. Mosevich came to me on October 20th, 1938, with a history of a father who died of intestinal obstruction. His previous illnesses were pneumonia in 1935, pleurisy before the pneumonia set in, and the pleurisy was in the left chest.

“In September, 1938, he began feeling badly; he began coughing and arising; had night sweats.

“He went to the Herman Kiefer Hospital for X-ray pictures and the diagnosis of tuberculosis was made (far advanced, permanently disabled)

“We took his sputum and sent it into the Michigan State Board of Health for a report, and we ran our own tests too, and the sputum showed tuberculosis. We received the report from the Board of Health that it was positive and we confirmed it.

“We also made an X-ray picture of the chest which showed a huge cavity in the left lung located at the root of the lung, that is, at the hilar region.

“The bottom of the cavity shows a horizontal line straight across, which is a fluid level showing that this cavity contained fluid. It belongs to the class of cavities called retention cavities and that fact gives it a very important significance.

“Retention cavity is one that leads into a bronchus that is closed or stenosed — closed down so tightly that the contents cannot escape — that is, escape completely. Of course, some debris remaining in that cavity, which is always being absorbed, gets out. But, there is a certain amount of infection and tissue and poisoning the individual, and which is the source for spread of the infection through the rest of the system.

“That shows that the cavity is not the type which collapses readily. In order to collapse naturally, the contents of the cavity must be eliminated, squeezed out, whether it is air or pus or whatever the material may be. And a retention cavity does not close; it remains open, because of tension, the pressure on the inside is greater than the outside. The procedure for handling such cavities is to remove the lung or to cut a hole through the lung, through the cavity wall, to secure drainage and to help collapse it. However, with a thick wall, collapse is not possible in this position.

“I made a diagnosis of far-advanced tuberculosis of the lungs.

“I gave him a Treatment of Glyoxylide on October 24th, 1938, at which time his weight was 153½ pounds, his normal weight being 182 pounds.

“The hospital record contains the following letters:

“Dear Doctor:

“With reference to the above, named, I wish to advise that our X-ray examination of 9-16-38 revealed as follows:

“Diaphragm: The costophrenic angle on the left is obliterated. The heart is normal. Right lung: There is a small amount of fibrosis visible in the infra-clavicular region. No other abnormality is found. Left lung: There is considerable mottling throughout the lower 2/3 of the lung with a large excavation near the root, measuring about 7 cm. in diameter and showing a definite fluid level. Sputum examinations have been reported as positive for tubercle bacilli.

“Hospitalization has been recommended. If this meets with your approval kindly let us hear from you in order that the necessary arrangements can be made.

“Yours very truly,

“A. P. Derby, M. D.

“Director, Out-Patient Dept.”

“March 10, 1939.

“Chrysler Industrial Association,

“7900 Jos. Campau Avenue,

“Detroit, Michigan.

“Dear Dr. Mosevich:

“In re: Stanley Mosevich

“Stanley Mosevich was examined here on July 19th and I have procured the films from Dr. West for comparison.

“This man has a far advanced pulmonary tuberculosis and while there has been some clinical improvement since last September, still there is evidence of quite extensive disease of both lungs and sputum, tests run last month in the laboratory here showed the sputum to be strongly positive for tubercle bacilli. With a disease of this extent existing for this length of time, it would be my opinion that this man is totally and permanently disabled because of pulmonary tuberculosis.

“Yours very truly,

“Bruce H. Douglas, M. D.

“Tuberculosis Controller.”

“Film No. 2 was taken July 8th, 1939. That is less than a year after Film No. 1 was made.

“In Film No. 2 you do not see the cavity as such anymore. However, the tubercular scattering through the lung, which is observed in Film No. 1, is observed in these little speckles throughout the field, and also in the right lung, there is some indication of the spread of myriads of small lesions of tuberculosis.

“They are very definite in the left lung. In fact, below the large cavity, there is an accumulation of tubercles, forming an agglomerate an inch in diameter, which looks as though they might break down to form another cavity, if they had time to do so. However, in Film No. 2, which was taken almost, a year after Film No. 1, the large cavity does not show and there are favorable changes going on in these scattered lesions of tuberculosis.

“The changes indicate improvement. This type of change we observe in our films quite frequently, in that the lesions become vascularized, and they show these soft densities. Moreover, the agglomerate of small tubercles, that formed a fairly large mass below the cavity, has lost its individuality. It is being absorbed and is disappearing as seen in the third film.

“In Film No. 3, one can easily see that the lung is clear; there is no sign of a cavity left. This film is dated June 18th, 1940.”

During this time, he was doing what is considered hard manual labor for a tuberculosis patient. He went to the Dodge Motor Plant to work in 1942 and Dr. Ford, the factory radiologist, made X-ray films during the health examination for admission. These showed complete recovery and his ability to do hard manual labor, not only at regular hours but overtime as well. The Government did not ask Dr. Ford to testify, but the films were admitted and showed Mosevich was cured. He worked as a metal polisher for several years, and then in a brewery a number of

years, where he carried heavy casks of beer. He remains in perfect health and was so reported on June 4, 1946. Another thing that is important, under ordinary treatment this man would be kept absolutely bedfast: he would not be allowed to turn in bed, hardly. Under the Koch Treatment, he was not restricted except being told to use common sense and not let himself get tired. And it was not very long afterwards that he was moving around as he pleased and was working within a couple of years (1942).

A matter of interest can be found in two Photostats in the publisher's files. They show that the Department of Health sent this hopeless Mosevich case to Dr. Koch and immediately notified the Police Division, Major Roehi, about it. This was to watch the patient come to an early death, as such cases regularly do in their experience. As soon as Mosevich should pass on, we suspect Koch was to be arrested on some sort of frame-up. However, Mosevich got well rapidly and stayed well.

COURT TESTIMONY OF DR. OMER GRENVILLE HAGUE DESCRIBING THE X-RAY FILMS ON THE STANLEY MOSEVICH CASE

“The radiograph of September 16, 1938, is that of a male chest with the bony cage and ribs and collarbones and heart shadow in the middle and diaphragm down here. There are some infiltration shadows in the parenchyma, or the active tissue of the lung in these areas, in the fourth, fifth, sixth, and seventh, inter spaces anteriorly and a large cavitation shadow in the mid-lung zone. I am measuring the left lung. That cavity measures 2½ inches by 3¼ inches, a little better than 3¼ inches. The outside measurement of the capsule of the cavity.

“By a little better than 3 ¼ inches I mean about ½ an inch more. The reason I am not saying that with certitude is that the upper border of that cavity is very, very thin and very, very faint, but we can see the line that it follows and I would say it would be 3 ¼ inches at least. That is being very conservative.

“There is a small fluid level at the bottom of that cavity. There are, also, some heavy hilar shadows, and some thickening of the peribronchial trunks; that is, the lymphatics that follow the bronchi and smaller bronchioles. Those shadows indicate repeated infections that have resulted in inflammation and the inflammation has gone on scarring.

“The film dated July 8th, 1939, appears to be a film of the same chest; the ribs strip with the previous film. The lung tissues on both sides show soft infiltrated shadows throughout the lower two-thirds of both lungs.

“There is an interlobar line, indicating a thickening of the pleura between the middle and lower lobes, on the right side. There is a shadow in this area. It is smaller than the cavity on the left side previously referred to. It is in the same inter-space level, so that I conclude it is related to the previous cavity. It measures 1½ inches by 1 inch. The wall of this cavity is less distinct. That is why it is a little harder to see. The shadows in the lung are of a soft consistency, which would suggest an activity of disease in the lung structure itself.

“In the film dated September 16th, 1938, the linear markings are fairly well fibrosed, hard. In the

film dated July 8th, 1939, we see them softened and in an active state of inflammatory change. In the film dated June 18th, 1940, this inflammatory reaction has disappeared and the outline of the cavity is very, very faint, practically disappeared. It would be about one inch by an inch and a quarter. The general appearance of this chest is much better than in the films taken September 16th, 1938, and July 8th, 1939.

“Cavities almost of any size are a poor prognosis type of tuberculosis cases. The tendency usually is that individuals who have cavitation develop more cavitations rather than less. Cavities usually tend to get larger and unless they are treated successfully by a pneumothorax, or some other compression therapy, and are held down for a long time, they usually get worse and the patient’s outlook is serious.

“The cavity in the film dated September 16th, 1938, I think is about as large a one as I have ever seen and I would say that that patient’s condition would not be a good risk at all.

“The two succeeding pictures dated July 8th, 1939, and July 18th, 1940, show that there has been an extensive constitutional change taking place; that is, the soft tissue of the lung has undergone a remarkable exudative change; that is, there is a softening of the structure all through and in an instance like this that patient would have more cough and more sputum and it might be in the healing phase following this type of a chest. For instance, the tubercle from this cavity may have been coughed up and spread out throughout the whole lung and that might be a cause for the infection from here to become broad spread in that chest almost like a tuberculous pneumonic condition and then in this view, Film No. 3, this pneumonic process has disappeared and the shadows in the lung are back to what you would expect of an individual of this age and following conditions of a tuberculous recovery.

“The prognosis on the first film, dated September 16th, 1938, would indicate a very serious situation.

“The prognosis on the third film dated June 18th, 1940, without knowing anything about the other two, would be very good.”

THE TESTIMONY OF STANLEY MOSEVICH

(Note: The following is paraphrased from the Court Testimony of Stanley Mosevich, pages, 7516-7538.)

“My name is Stanley Mosevich, and I live in Detroit, Michigan. I am employed as a metal finisher in the Fisher Body Plant. In 1938 I went to see Dr. Podezwa in Hamtramack, Michigan. He sent me to the Herman Kiefer Hospital where a diagnosis of far-advanced tuberculosis was made. No treatment was given me there since they decided my case was too far-advanced to get well. I, therefore, chose to go to the Koch Clinic and the doctors at the hospital thought it was a good idea.

“My symptoms were that I was sweating at night very profusely and I was coughing up blood and pus. I had become quite weak from all this and there was some pain in the left side and in the

back between the shoulder blades. This started in July 1938 and was very annoying by September. The Board of Health and Herman Kiefer Hospital found my sputum to contain the tubercle germs.

“I took Dr. Koch’s Treatment. After that I had some reactions, times during which I felt feverish and coughed more than usual, but after each reaction, I improved and finally the reactions were so light, they were scarcely noticeable. This was at about October 1939, and after that there were no more reactions to be noticed. I had gained weight, going up from 153 to 204 pounds by this time, which was just a year after I received Dr. Koch’s Treatment.

“My strength improved in the same way, too. In fact, I did not let myself get too weak by lying in bed too much. I did as Dr. Koch directed me; that is, not to get too tired, but to be up and about some, taking rest when I felt I needed it. So I got up early in the morning, about seven o’clock and stayed up until afternoon when I took a few hours rest in bed.

“Then I got up for supper and went to bed at nine in the evening or later, I also went about and did the shopping and the cooking and I drove to Dr. Koch’s office through all the Detroit traffic every week or two and back to the country, a total distance of about sixty miles or perhaps more. I stayed in the country about two years and then returned to Detroit where I finished my recovery.

“In 1942, I took a job at the Dodge Auto Factory and worked overtime as a metal polisher for a long time. This is heavy work. I thrived on it, too. Recently, I have been working at carrying and piling up kegs of beer and more recently I have been carrying large heavy pieces of plate glass.

“My health is perfect and has been since about two years after taking the Koch Treatment. If I ever get tuberculosis again, I want Dr. Koch’s Treatment.”

(Note: This latter Testimony was given in the 1946 Trial.)

AN ANALYSIS OF THE REBUTTAL OF THE STANLEY MOSEVICH CASE ATTEMPTED BY DR. BRUCE DOUGLAS

The rebuttal was offered by Dr. Douglas who stated on direct examination for the Government on page 7869 and 7877, “The improvement was entirely compatible with what might be the course of a case of tuberculosis of this extent under a moderate rest program, while not working.” Contrast with this statement required by the Government, the statement made by Dr. Douglas when Mosevich was examined by him and only a health problem was at stake, thus from page 14 of the hospital record we read: “This man is totally and permanently disabled because of pulmonary tuberculosis.” Also contrast with it the statement made by Dr. Douglas on cross-examination appearing on page 8006 and 8049, that “pneumothorax for two years at a minimum which would have to be continued more or less indefinitely would be required on the treatment of this patient.”

Even in this statement the ultimate prognosis of fatality is suggested. It is evident that the Koch Treatment which Mosevich received proved far superior to the treatment just suggested and

rescued Mosevich from the condition described in the hospital record as hopeless and permanent.

The enforced bed rest which is always required of such patients involving complete relaxation of the muscles, restriction of breathing to the most shallow that can be sustained, the prohibition of talking above a whisper, bedpan service, etc., and if the patient is permitted to do light manual labor, it is merely the writing of a short letter, intermittent periods of reading, or cutting out pictures while the patient is lying flat in bed, or the exercise of being wheeled in the chair to the bathroom and back, or the eating of a meal while sitting up, must be compared with the work which Mosevich carried on from the start of his Treatment which involved doing the chores about the house, cooking, going shopping, and driving his car some 30 miles each way across dense traffic of Detroit every week or two as he testified, in comparison, these acts are heavy manual labor and are sufficient to tire many healthy people who do not have tuberculosis. So, Dr. Douglas' Direct Testimony in rebuttal does not apply in this case as the facts reveal, but he is forced to admit on cross examination as reluctantly as he could, the truth of what he stated in 1939 when he first examined the patient — "This man is totally and permanently disabled because of Pulmonary Tuberculosis."

Pulmonary Tuberculosis

THE CASE OF STANLEY SANCHEZ

Introductory Remarks

The case of Stanley Sanchez is one in which modern tuberculosis surgery went the limit without success. For five years, from June 1929, to March 1934, he was under the most expert care that modern institutions can offer and yet with all the sacrifice and suffering nothing was gained. He steadily became worse. Strict bed rest and collapse therapy, including many pneumothorax attempts and complete left side thoracoplasty (removal of his ribs) done in three stages, could not close the cavitation. The sputum was copious, positive to the tubercle bacillus and occasional serious hemorrhages took place, plus a good deal of streaking in between. Finally, after five years of this, it was decided by the staff of the municipal tuberculosis hospitals of Detroit in conference on his case that further surgery was required. (Plate 4)

All that could be left for surgery to attempt would be a revision operation or a pulmonectomy, the removal of the lung surgically and that could not be done because of the great number of adhesions that had formed between the lung and chest wall and because of the already bad position of the heart and mediastinal structures. These attempts would be grasping at straws, indeed.

In order to make plain the position of the patient at this time, it would be well to review the statements of authoritative writers on the subject. Thus, Julius L. Wilson, M.D. Ulin. No. Amer. 29: 445 (March) 1945, Selected Writings, Ochsner Clinic, New Orleans, June 30, 1945, Vol. IV, P. 43 and 44, states:

"Pulmonary Resection—The second method of treating the tension cavity resisting other forms of therapy is pulmonary resection. Since lobectomy or even pulmonectomy of a non-adherent

lung is a simpler operation than a two or three-stage thoracoplasty, there is a temptation to substitute one of these radical methods of resection for the other measures of collapse therapy. However, pulmonary tuberculosis in the stages severe enough to require major surgical procedures is seldom confined to one lobe or even to one lung and, of course, the lesion here is only a manifestation of a generalized disease.”

Pinner, p. 467, states:

“After unsuccessful thoracoplasty, revision operations have been attempted but are very dangerous. Many of these patients run the entire gamut of all possible collapse measures, ending usually with an unsuccessful thoracoplasty. At this point, patient and physician face the various modifications of ‘revision’ operations, such as anterior costectomy and resection of the regenerated ribs. These operations, particularly the latter, are technically difficult and their danger is potentiated because they are performed on ‘surgically exhausted patients.’ The rate of success of revision operations is small in most published series and probably still smaller in unpublished work. The operative mortality is relatively high.”

In the Sanchez Case, the infection had gone beyond the chest confines, moreover, as Wilson explained above, and in this case, it had produced a rectal fistula, a branching abscess caused by the tubercle bacillus, which emptied into the rectum. It was operated on, but not successfully, and he still carried this infection when he was taken to Dr. Koch for Treatment, as Dr. Koch’s Testimony showed. Up to this time, the only activity he had was to be wheeled to the bathroom and back to bed. Otherwise, he was on strict bed rest.

FROM DR. KOCH’S TESTIMONY WE TAKE THE FOLLOWING DATA

His color was sallow, very anemic, somewhat cyanosed and the heartbeat was very rapid and weak and the respirations were quick and labored. He was coughing a great deal and raising quantities of tubercle-laden sputum and appeared quite exhausted even in bed. He could not walk without help. On March 26th, 1934, his weight was 117 pounds, he claimed. His first injection of Glyoxylide was given on April 3rd, 1934. Other injections were made each year to insure the permanency of his recovery, whether needed or not.

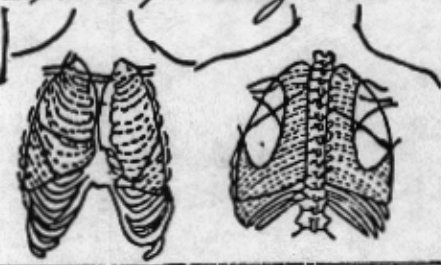
The recovery was quite rapid in that the sputum became negative in about four months and except for the reaction periods there was very little or no sputum at all after that. At his fifteenth week reaction there was a copious hemorrhage. After that the recovery was more rapid. He was soon engaged in heavy manual labor at which he continues to date.

From the large hospital record a few pertinent statements are extracted and the final sheet is also reproduced where it states, “February 26th, 1934, — conference voted to refer to surgeon for further surgical collapse of left lung.” This was just before he was taken to Dr. Koch and shows he was desperately in need of help. (Plate 4)

PLATE 4. This is one of the sanitarium records in the Case of Stanley Sanchez. Note particularly the last entry, “February 26, 1934, Conference voted to refer to surgeon for further surgical collapse of left lung.”

WM. H. MAYBURY SANATORIUM
Progress Summary

Name Arthur Sinsley Date 2-2-34



SYMPTOMS	
Cough <u>+</u>	Pain <u>-</u>
Expectoration <u>3/4</u>	Appetite <u>good</u>
T. B. <u>as lab. +</u>	Bowels <u>++</u>
Chills <u>-</u>	Urination <u>s. r.</u>
Fever <u>-</u>	Menses <u>-</u>
Sweats <u>-</u>	Throat <u>-</u>
Hemorrhage <u>small</u>	Weight <u>145 1/2 lbs</u>
Dyspnea <u>-</u>	Exercise <u>Tablets 4/5</u>

Special Notes:

General condition does not change much. Still has some blood streaks in sputum.

Rt. lung - Exaggerated by etc. exaggerated appearance. Venous ribs corresponding to those on opposite side. Signs probably all due to effects of disease & operation on left.

Left lung - Throughout w. v. as at previous exams. may still throughout, as before or increased. Should be considered as + possibility of further surgical collapse.

2/3/34. Doing well. but for occasional blood spitting. ?; sputum continues negative. In question as to whether further operation is justifiable. We should discuss.

4/26/34 Conference noted to refer & arrange for further surgical collapse of left lung. CRD

H.S.W.

From the hospital record of the Herman Kiefer Hospital, Tuberculosis Division, dated June 23rd, 1929, the following statements are taken.

The diagnosis: "Admission — pulmonary tuberculosis."
Add the figures, "VII—B."

Under date of November 4th, 1930, Case No. 8006, under the caption, "Interval History:"
"Patient was transferred to Maybury on November 3rd, 1929. Artificial pneumothorax was instituted prior to his discharge from here. At Maybury, the patient had several small hemorrhages. Also developed effusion. Was transferred here for thoracoplasty."

The operative procedure, August 29th, 1929: "One inch incision posterior border sternocleido;
scalenus exposed by blunt dissection. Phrenic bound crossing the outer border of the scalenus. It

was injected, severed and 17 centimeters removed. Wound closed with two skin clips.”

Second operation, November 7, 1930: Surgeon: D. O’Brien; Assistant: Dr. Brown; Assistant: Dr. Lullock; Surgical Nurse: Miss McCarty. Started the operation at 8:50 a. m.; finished it at 9:10 a.m. “Clinical diagnosis: Pulmonary tuberculosis. Left first lower stage thoracoplasty. “Operative Procedure: 10 inch incision paravertebral; thoracic cage exposed. Sections of the 8th, 9th, 10th, and 11th ribs removed subperiostally. About 10 centimeters of each removed. Posterior stumps removed with Sauerbruch. Wound closed without drainage. No complications.

This operation, November 28, 1930: Surgeon: O’Brien; Assistant: Klein; Assistant: Lullock. Surgical Nurse: McCarty. The time of the operation, started at 9:00 a.m., finished, 9:21 a.m. “Clinical Diagnosis: Pulmonary tuberculosis. Left second stage thoracoplasty.” “Operative Procedure: 10 inch incision paravertebral; thoracic cage exposed. It was necessary to make about 3 inch transverse incision at the middle of the wound. About 14 centimeters of the fourth, fifth, and sixth ribs, removed superiostally. Posterior stumps removed with Sauerbruch. Wound closed without drainage. No complications.”

From the same hospital record: still another permission for operation, Estanislao Sanchez, third-stage thoracoplasty. And under date of December 19th, 1930, the same patient, Estanislao Sanchez, Case No. 8006, the same surgeon, O’Brien; Assistant, Brown; Assistant, Lullock; Surgical Nurse appears to be McCarty and Connor. Time that the operation started, 10:00 a.m., time finished 10:35 a.m. Clinical Diagnosis: Pulmonary Tuberculosis. Third upper stage thoracoplasty. “Operative Procedure: 12 inch incision paravertebral, thoracic cage exposed. 1.4 centimeters of the second and third ribs, and 8 centimeters of the first, removed superiostally. No complications. Wound closed without drainage.”

From the same hospital record: still another permission for operation, signed by a member of the Sanchez family, the same Case No. 8006, under date of June 30th, 1931. This time the surgeon is Dr. Corbett. Assistant Doctor, Lullock. Clinical diagnosis is: Rectal fistula, probably tuberculous. Fistulectomy. “Operative Procedure: Two fistulous openings were found posterior and to the left of the external sphincter. These were found to communicate with a large undermined area external to the external sphincter. Fistulous tract was found to communicate with the rectum immediately about the internal sphincter. The entire fistulous tract was laid open and cauterized with the actual cautery. One iodoform was inserted.” This shows that the disease had spread beyond the chest to other parts of the body, and was not under control.

THE TESTIMONY OF STANLEY SANCHEZ

“My name is Estanislao Sanchez. I am better known as Stanley. I live in Detroit, Michigan. I am a gasoline station attendant. I am a tune-up man. I overhaul generators, starters, distributors, anything about an automobile, such as brake checks, taking mufflers off and putting new ones on, greasing automobiles, selling gas, anything in the line of the automobile.

No internal stuff such as rings or valves; we do not do that as we do not have the time or space.

“I work under all kinds of conditions. We have no heating in this garage. It is damp and in the

wintertime it does get kind of chilly and in the summertime when we tune up an automobile, we use caseite, we make a lot of smoke and fumes and that is kind of bad.

“I was ill in 1928. I thought I had a severe cold. I had chills and a cough and I was feeling bad all around. I consulted medical advice and was examined and X-rayed and the doctor here said that I was sick, that I had a contagious disease or something; anyway, my dad, at the time took me down to Texas.

“Another doctor gave me some kind of shots to keep me going for a while. I was down in Texas several times on short visits. I was down there the first time about a month and then I was there about three different times. I cannot tell you exactly how long each time, but I was back in Detroit in June 1929.

“The state of my health then was bad. I was out playing baseball, and I had a bad hemorrhage from the lung. We called a doctor and I was told that I was supposed to go to Herman Kiefer Hospital.

“I went there and they started giving me some pneumothorax; they put a needle in between my ribs and pumped some gas, or something, into me to collapse the lung. I remained at Herman Kiefer Hospital at that time about three to four months.

“Just before I left Herman Kiefer they gave me a phrenectomy, an operation at the neck, and I do not know what they did; all I know is they were supposed to pull a nerve, or something, up to lift my lung up, and then they sent me to Northville, to the Maybury Sanitarium. That is about 30 miles from Detroit.

“I went directly there and my condition did not improve at Maybury Sanitarium. I went to the Maybury Sanitarium in October or November and stayed there just about a year.

“I received pneumothorax treatments there. My condition did not improve while I was there. I became weaker. I stayed at Maybury Sanitarium for about a year.

“They then sent me back to Herman Kiefer Hospital in Detroit. I received my first stage of thoracoplasty there, about a week or two after I had been back from Northville. This thoracoplasty was an operation on my back and naturally I cannot see on my back, but they operated on my back and they removed some ribs, so they said, anyway. When they finished with me, I was taped with adhesive tape underneath and then they had a binder over me. They kept me like that for several days and the worst part of it was about a week and it was rather a painful affair, as I believe anybody that has an operation where a bone is involved would testify. I was confined to my bed following that operation. I could not move around.

“They had me on the top of the side I was operated and I was supposed to lie on it with pillows under my back holding me without moving one way or the other.

“I did not have a chance to notice any result of that first thoracoplasty. Three weeks later they had me up again for another one. I had a second thoracoplasty just going right through the same

procedure as it did on the first one; everything went on the same; what I mean by that is, I was in bed, and I went through the same thing with my second as I did with my first.

“I did not notice any results from the second thoracoplasty. I was still in the same position when I got my third operation. I had a third thoracoplasty, the same thing as the other two.

“It was several months before they let me sit up in bed and I was rather thin, weak; did not gain much weight. I was still coughing, raising a very little. Right after the operation, I was not raising any blood. I started raising blood after a while. I would say after about three or four months I started streaking. When I was streaking, I would call that a little bit of blood on the sputum.

“I was in Herman Kiefer Hospital on that occasion, for the series of operations, for about eight months. I weighed about 117 pounds at that time.

“I was then sent back to Maybury Sanitarium at Northville. That would be in 1931. I was put in bed and kept right in bed until I left. I was still coughing. I certainly did hemorrhage. At that time I remained in Maybury Sanitarium about two years and seven months. Altogether, it was four years and nine months, during the stretch; Herman Kiefer, Northville, back and forth; but that last one was about two years and eight months, something like that at Maybury Sanitarium.

“At the end of that time at Maybury, I observed that I was getting nowhere. I was flat in bed. I was not gaining any weight; I was coughing, hemorrhaging. Every time I would raise sputum it would be clouded with blood. All in all, I was not getting any place. I was in bed, and I weighed 122 pounds.

“After I had been there for that time they were going to give me another operation under the apex or under the arm. I had already written a letter to Dr. Koch. I had heard about him, so I figured I would go home and take a chance with Dr. Koch’s Treatment rather than another operation.

“I went to see Dr. Koch and received a Treatment from him on April 2nd, 1934. I started feeling better. About five weeks after I received Dr. Koch’s Treatment, I was able to walk around a little, not too much, but I was able to walk around. I observed other results. On reaction weeks, I really felt bad. I had heard about reaction weeks. I did not experience it up to this, but I was feeling perfectly all right. In fact, I was feeling extra good. I started getting a headache and at the time I was home, so the next thing to do was to go back to bed because I had heard that it was supposed to be a reaction. Then I started getting a temperature. One minute I would feel hot and the next minute I would feel cold. I had about six blankets on me and a hot water bottle on my feet. This lasted for about two or three hours. One week it would affect me one way and the next it would be different. Sometimes it would affect me for two or three hours. I was weak and would have a temperature. It would go up to about 103 degrees and I would cough and raise a lot, but after the reaction, I would feel better than before I had gotten sick. During the reaction, there was evidence of blood in the raising of the phlegm or sputum.

“I would say I had my last hemorrhage after I had been with Dr. Koch for about a year, but I raised blood in the sputum for about a year and a half after I was with him.

“I had a second Koch Treatment during my fifteenth and sixteenth week. I could not tell you the exact date, but it was during the fifteenth and sixteenth week. I had a hemorrhage and the doctor thought it wise to administer another right there. That was administered at the nursing home.

“After this second Treatment, I felt much better. I was feeling better all the time, then I would get a setback. Now, by a “setback” I do not mean every three weeks, but our reaction week. It might have missed on the third and hit on the sixth; it might hit on the twelfth, or miss me on the fifteenth, or something like that, but during the reaction week, I would feel badly. In other words, I would not feel normal, like I did ordinarily, but after that reaction it seems to me that the severer the reaction was the better I felt afterwards and gradually my reactions disappeared and I felt better, more and more, oftener and oftener, and the first thing I knew I was feeling fine all the time.

“During this period my coughing decreased. My hemorrhaging stopped. I gained weight.

“I had a third Treatment about a year and a half later. I continued to improve.

“I do not recall exactly how many Koch Treatments I have had altogether, but I would say about eight or thereabouts. You see after my third Treatment I did not pay any attention whether I got one or not. I was feeling all right and if Dr. Koch gave me one, well, it was probably because it was his idea, not that I thought I needed it. These Treatments from Dr. Koch were given from about 1934 to March 1941 or 1942. I do not know exactly.

“After I left the Maybury Sanitarium and after I took the first Koch Treatment, I did not take any other treatments of any kind. I did not take any other therapy of any kind. Since the time of the first Koch Treatment, I have received no medical attention other than from Dr. Koch.

“I weigh 175 pounds now. I feel fine.

“My working hours vary. One day I work in the morning and the next day I work in the afternoon, but all in all I work about forty to forty-five hours a week.

“I do not cough now, I never raise blood. My appetite is fine. I do not tire easily. The general condition of my health is fine.”

Visitors to Stanley Sanchez’ gasoline station in 1950 report him still active and working hard every day.

ANALYSIS OF THE REBUTTAL OF THE STANLEY SANCHEZ CASE ATTEMPTED BY DR. BRUCE DOUGLAS

This case was classified by Dr. Douglas, on page 7959 on direct examination, as a far advanced case on admission in October 1930. On page 7491, he testified for the Government on direct examination that Mr. Sanchez had received his benefit from the treatment received in the five years under sanitarium care, plus the rest he received.

On cross-examination, however, he admitted that further treatment was necessary, removal of the lung or part of it or a revision operation of some kind. This was an admission that the patient was in most serious condition and that all of the previous sanitarium care including the thoracoplasty had failed to stop the progress of the disease and now the patient, in an exhausted condition, had to have an exceedingly dangerous operation as a last attempt to halt the infection.

The quotations from Wilson and Pinner given earlier show that little hope for benefit lay in that direction. He was surgically exhausted, the infection was not halted, mediastinal shift, and extensive adhesions made removal of the lung out of the question. The extensive fibrosis of the lung as revealed in the X-ray plate exhibits, removed any hope of collapsing such a lung so as to obliterate the cavities causing the hemorrhage and harboring the infection. But in addition, the infection had reached the intestine and progressed in spite of careful surgery. Surely this man needed something more than the attack against the injuries done by the disease. He needed his defense mechanism restored, and his chemistry repaired so he could no longer harbor disease-producing germs. Since recovery followed the Koch Treatment rapidly and steadily until good health was reestablished, we are forced to conclude that the Koch Treatment offers the correct method of attack, and should be made available to all sufferers from tuberculosis that desire it.

Pulmonary Tuberculosis

THE CASE OF MARIE BLANCHARD HALL

Introductory Remarks

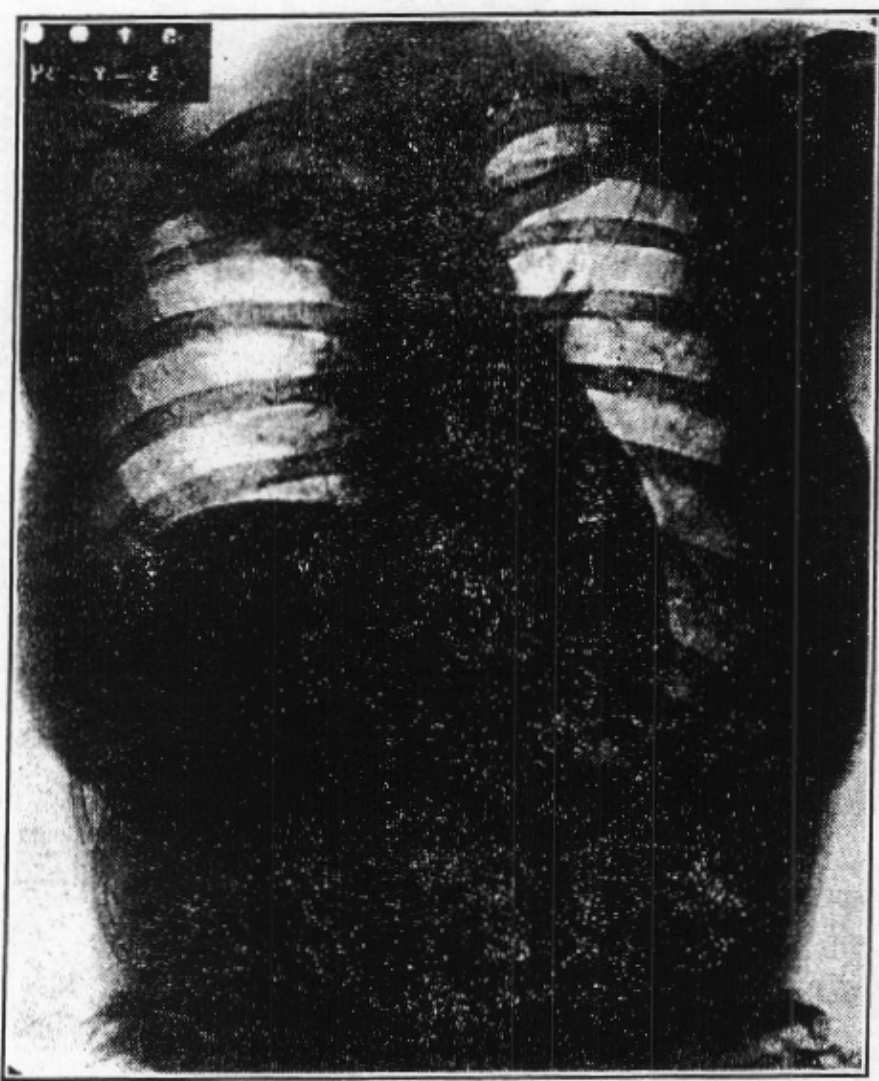
This is another case where cavity collapse was not accomplished during 3½ years of hospitalization. Phrenectomy was performed. That is, the phrenic nerve was partly removed to paralyze the diaphragm. This operation deprives the patient of the ability to cough out the germs and tissue debris that accumulate so rapidly in an advancing infection by the tubercle germ. The idea of the operation is to quiet the lung, but its value is now being doubted, and it is also recognized as harmful in many instances.

At the age of twenty-four, in August 1931, Mrs. Marie Blanchard Hall caught a severe "cold." Much coughing, fever, weakness, and raising of considerable sputum brought her to the Herman Kiefer Hospital (the City of Detroit Tuberculosis Hospital) where X-rays and sputum examination showed an advanced stage of tuberculosis. She entered this institution for their care and was also cared for at the Maybury Sanitarium, another municipal institution. The sputum stayed positive and the disease advanced.

To demonstrate the progress of the disease while at the Detroit tuberculosis hospitals, four X-ray films were presented. The first two showed the condition when she entered the Herman Kiefer Hospital in August 1931 and in April 1932. After resting there a while she was transferred to the Northville Tuberculosis Sanitarium, another municipal institution. These films show the major tubercular deposits in the apex of the right lung. The next Film, No. 3, showed the state of this deposit in January 1934. It is evident that a large cavity has formed at this place. The lung tissue rotted out, to speak plainly. The thick ring represents the wall of the cavity.

Film No, 4 (Plate 5) shows the condition of this same region on March 8th, 1934, just three weeks before she left the Maybury Municipal Tuberculosis Institution. It is evident from the changes in this film that the disease was advancing. Thus, the wall of the cavity has thickened and formed a nodular outgrowth that extended into the surrounding lung tissue. Moreover, the products of lung destruction have been piling up in the cavity leaving less emptiness. The films show these changes plainly. This nodular increase in the walls of a cavity is well recognized as a sign of uncontrolled progress of the disease. A smooth wall means, conversely, that the situation is improving.

PLATE 5. This X-ray was taken on March 8, 1934 in the Case of Marie Blanchard Hall, indicating that the tuberculosis was advancing.



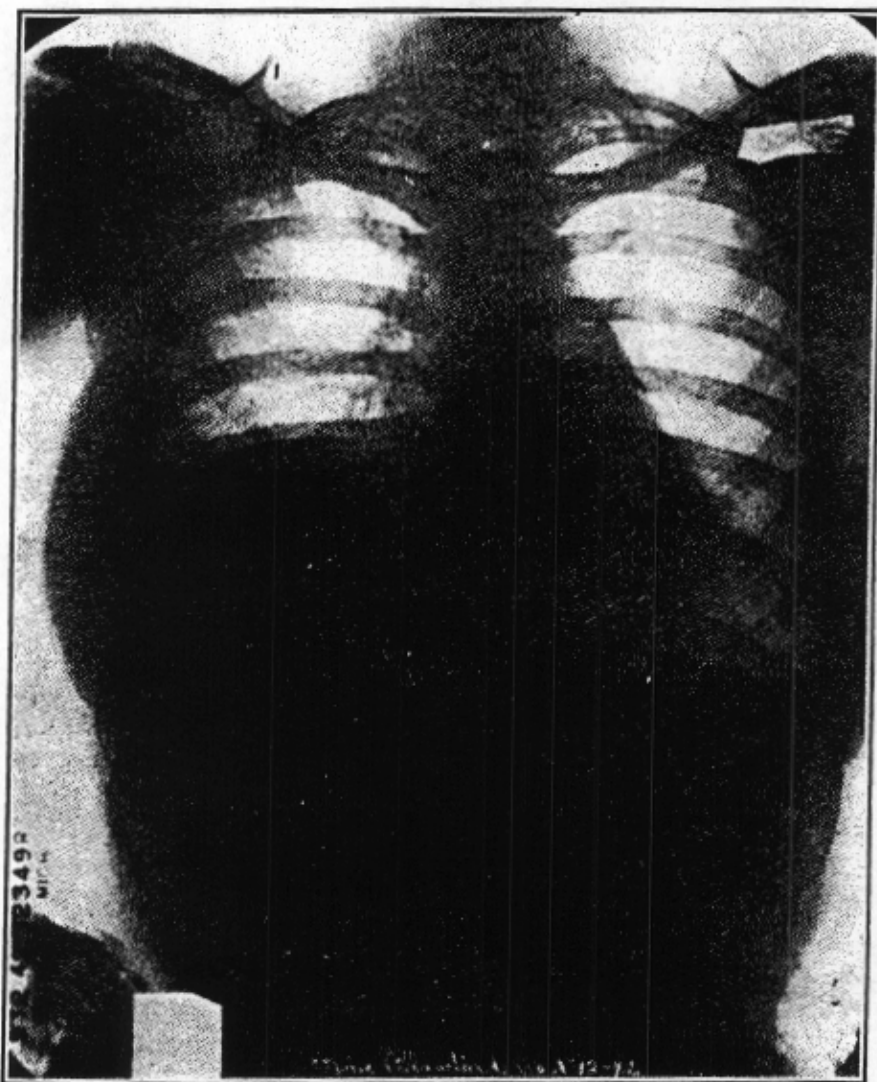
No film is accessible showing the condition when she left the institution, March 29th, 1934. For several weeks at this time the physicians there were trying to explain to her, as her Testimony shows, that she must have her ribs removed if she wanted to live; “thoracoplasty or death,” she

reported to us, was their argument. She was running a fever that hovered about 104 degrees and “was a very sick girl” all this time, as she expressed it.

What the radiographs would have revealed at that time, had they been made, can only be conjectured from certain facts in addition to the condition revealed in Film No. 5 taken September 24th, 1934, six months after she left the institution and six months after she received her dose of Koch’s Glyoxylide, April 2nd, 1934. This film must be interpreted in the light of the important fact that she was in good health, physically strong, in good nutrition, no cough, negative sputum, strong, steady pulse, easy breathing, and normally not fatigable. The cavity is clean with smooth walls and surrounded by healthy lung tissue. It, therefore, is healing and though not yet replaced by normal lung tissue and healthy fibrosis, it is on the way with a good start. The cause is removed and not further injuring her. Thus healing can progress. That this did progress to completion is demonstrated in Film No. 6 taken a few years later and showing that the recovery is permanent. (Plate 6)

We must conclude that though the cavity is larger in Film No. 5 than in Film No. 4, it represents a stage of transition from a worse condition at the time she left the sanitarium and when thoracoplasty was considered urgent, and she was carrying a fever of 104 degrees, with rapid thready pulse, rapid labored breathing, yet cyanotic though flushed from fever, and presenting the picture of an acute tubercular pneumonia of a rapidly fatal military tuberculosis (galloping consumption). This cavity in Film No. 5 may reasonably be considered to represent an area of marked lung destruction that had not healed as yet, but was already free of infectious activity.

PLATE 6. This X-ray was taken on September 12, 1942, in the Case of Marie Blanchard Hall, eight years after taking the Koch Treatment. It indicates that complete recovery from tuberculosis is still maintained.



These characteristics, demonstrated in the several films, show that the cure of tuberculosis following Glyoxylide takes place before the cavity has healed. The disease cause is disposed of first and the cavitory defects are cleaned out and healed afterward, not by collapse, but by replacement with normal tissues. This is the ideal mechanism and the natural way that recovery can take place after the germs causing the disease are killed. Tests showed that long before Film No. 5 was taken the sputum was free of tubercle bacilli.

After the germs are destroyed, the fibrotic cavity wall can be absorbed for, since it is produced to imprison the germs and limit their activity, it is no longer needed. It can, therefore, be absorbed and replaced by lung tissue as is seen in Film No. 6.

The details of this case are presented in the patient's own Testimony and extracts from the hospital records.

TESTIMONY OF MARIE BLANCHARD HALL DIRECT EXAMINATION

(Note: The following is paraphrased from the Testimony given by Mrs. Marie Blanchard Hall at the Koch Trial and which may be found on pages 6000-6010 of the Official Court Record. The words below are those of Mrs. Hall.)

“I was ill in August, 1931. I had a severe cold which I thought was a cold, and it was tuberculosis.

“I was sent by my doctor to have an X-ray taken and the report came that I had several spots on my lungs. After they took the X-ray, I entered Herman Kiefer Hospital. The doctor who sent me there was the one who took the X-ray. (Plate 7)

PLATE 7. This is a hospital record indicating the “far advanced” tuberculosis when Marie Blanchard Hall first entered Herman Kiefer Hospital in Detroit.

HERMAN KIEFER HOSPITAL			
X-RAY REPORT			
NAME	Blanchard, Mary	CASE NO.	11049
DATE	AUG. 31, 1931	PAVILION	E - 1
		BOX NO.	
PART X-RAYED	Chest - Single film		
REPORT OF X-RAY			
Thorax, diaphragm and heart reveal no pathology.			
Right lung: There are scattered infiltrations of the mixed type, throughout the upper third of the lung. There are areas of rarefaction near the clavicle, the largest measures about 3 cm. in diameter and shows a small fluid level. The remainder of the lung is clear.			
Left lung: There are exudative infiltrations visible at the 1st interspace. We see no cavities. There are less dense infiltrations in the apical region and at the 2nd interspace.			
Conclusion: Far advanced tuberculous process of the mixed type, involving the upper third of both lungs. There is a large cavity on the right as described.			
Dr. Birkalo - T			

“I had bed rest after I entered there for about a month and a half and they suggested a phrenectomy, which I had. The phrenectomy was a pulling of the nerve and they cut it so as to make it permanent. They did not give me an anesthetic. They do not with the phrenectomy. It hurt very much. I will never forget. To my knowledge, I did not observe results from that operation.

“I remained at Herman Kiefer until May 12th, 1932. I did not feel any better after I left there than when I went in. I was coughing, and raising sputum. I was very weak. I went to Maybury Sanitarium at Northville, Michigan. I did not receive treatment there. I only had bed rest. My condition did not improve very much with bed rest.

“I remained at Maybury Sanitarium from May 12th, 1932 to March 31st, 1934. During this time I had nothing but bed rest as treatment. There was no change in my condition. I was still coughing and raising sputum. I had high temperatures off and on. I felt very weak.

“When I left in March of 1934, I asked Dr. Willis for permission to go home, which he did not want me to do. At that time I was raising a temperature up to 104 degrees. He refused but I said I could sign my release if I want to and he said, ‘all right, you are taking chances.’

“I did sign my release. I left right there. I came home and went to see Dr. Koch. That was March 31st, 1934. I received the Treatment on April 2nd.

“I noticed results from that Treatment after twenty-four hours. I woke up during the night with a sore chest and found it hard to breathe and almost thought I was dying. It was only a reaction, which I did not expect that was taking place and it lasted about one day, but I was very sick. I was not able to get out of bed, but after it lasted twenty-four hours, I was all right and I never had any severe reaction after that. I stayed at the nursing home six weeks after that first Treatment.

“I do not recall how long it was before I had a second reaction because it was so slight that I would not remember. It is twelve years ago, so I would not remember very much about it. I do remember the first one because it was so severe.

“After the reaction had passed I felt grand. I felt like I could live again.

“After I left the nursing home I went to live with friends in Berkley, Michigan, to get fresh air and rest, but I waited on myself and did all my work. I remained at Berkley from June to October, the same year, and after that I left there and came to live with my sister from October until the next May, which was 1935 and in May I went to work and I have been working ever since. I worked in a factory all the time and before I was married, I did housework. I worked during this last war; did war work and bench work and different jobs on the bench. That was right in the factory. The conditions in the factory were not so healthy. It was dusty because we were piling steel tubing.

“I had about three of Dr. Koch’s Treatments. I have not had any other treatments medically since I first took Dr. Koch’s Treatment.

“I do not have any cough at all and I do not raise sputum. I feel fine. I have felt well for twelve years. My appetite is very good. I weigh 134.”

(Note: Mrs. Hall has been observed in good health as late as June 1950. She is working daily and also maintains her home.)

AN ANALYSIS OF THE REBUTTAL OF THE MARIE BLANCHARD HALL CASE ATTEMPTED BY DR. BRUCE DOUGLAS

On Direct Examination, page 7469, Dr. Douglas testified for the Government that when this

patient left the Maybury Sanitarium in 1934, the chances of recovery were favorable and on page 7873 he testified that the Koch Treatment had no effect because the recovery, which took place in that case is that which would be fully expected from a case that had this rest in addition to the sanitarium period.

You will observe in the case history that this patient, both according to her own Testimony and that of Dr. Koch, was in a condition which is found after a serious breakdown and the disease is on the gallop, such as in a widespread tubercular pneumonia or acute military tuberculosis. She could not even be moved safely for X-ray examinations. Patients in this condition are dying from tuberculosis.

On page 8058 and 8066 Dr. Douglas testified the patient needed further treatment and thoracoplasty would be necessary. In other words, the favorable prognosis given on direct examination is reversed on cross-examination when the full situation was brought to Dr. Douglas' attention. The Testimony shows then that Marie Hall was drastically in need of help when she was given the Koch Treatment. Her recovery shows the help was real and efficient.

Acute Military Tuberculosis

WITH TUBERCULAR MENINGITIS AND SPONTANEOUS RUPTURE OF LUNG

Introductory Remarks

Another form of tuberculosis, the most rapidly fatal type, may develop on an infection previously established where the resistance is not good and a further breakdown permits widespread infection to develop through the blood stream; so that millions of new foci are set up all over the body, including the lung structure generally, the brain, bones, the spleen and kidneys. This event is made possible by the rupture of a tubercle into a blood vessel so that the infected caseous contents, with its billions of germs, are distributed to all the rest of the body.

THE CASE OF NORA ALDRICH RINEHART

A case of this type is reported here. She was a girl of 14 years when treated back in July 1922. She had been in the Detroit Tuberculosis Sanitarium about six months previously. (Plate 8) She tended to run high temperatures from 102 degrees to 104 degrees from the entrance into the hospital up to the time she left and thereafter. The radiographic findings at the time of entrance into the hospital on January 30, 1922, are available for study. They show the lesions to be of the rapidly disseminating type.

PLATE 8. This document indicates the official sanitarium diagnosis of "advanced parenchymal tuberculosis" in the Nora Aldrich Rinehart Case, six months before taking the Koch Treatment.

The Detroit Tuberculosis Sanatorium	
X-RAY EXAMINATION	
NAME Aldrich, Nora	CASE NO. 3711
DATE January 30, 1922	X-RAY NO. 2004
<p>Both diaphragm leaves are clear. The trachea shows no compression or deviation. The heart shadow is normally placed. Increased deposit at the hilum on both sides. Some accentuation of the linear markings throughout the right lung field. No definite evidence of a parenchymal lesion in the right lung field. There is extensive parenchymal infiltration throughout the left lung field, with the greatest changes in the upper half. Several small annular shadows at the apex and at the level of the first and second ribs anteriorly. We believe these represent small cavity formations.</p>	
<p>DIAGNOSIS: Advanced parenchymal tuberculosis confined to the left lung field.</p>	

At the time of Dr. Koch's first visit, she was emaciated, bedfast, in a stupor, comatose, had been vomiting projectively for three weeks, was cyanotic, with rapid weak respirations, very rapid, thready practically uncountable pulse, and with head drawn back stiffly, in a continuous spasm. The physical examination showed the heart to be drawn over into the right side of the chest; the left chest was empty so far as recognizable lung tissue was concerned. It contained fluid that could be heard to splash when her body was shaken. No breath sounds or signs of a lung could be found in the left chest. The lung had spontaneously ruptured. The right lung showed consolidations and cavities, an especially large one near the right axilla. The abdomen revealed a large tumor in the region of the spleen and left kidney. Whether it was a large tubercular spleen or large tubercular kidney could not be differentiated at that time. It could have been either or even both. At any rate she was dying. To better understand the seriousness of this condition a few authoritative statements are given, for comparison with the facts in this case.

(a) She was a young girl at the age when the disease develops most rapidly.

"The mortality rate is generally low between the ages of five and adolescence when there is an abrupt rise, reaching its peak in females in the early twenties and somewhat later in the males." Cecil, "Textbook on Medicine," page 315.

(b) She reacted with prolonged fever. All the time she was in and out of the hospital and when she was seen by Dr. Koch the fever was 105 degrees.

"Clinical symptoms measure in an approximate degree the patient's reaction to the infection. Thus, a young girl who reacts with prolonged fever usually 'does badly.'

"Young tuberculosis girls have notoriously unstable lesions and the mortality is relatively high; there is a similar trend, somewhat less striking, among young boys." Cecil, page 341.

(c) She had a spontaneous rupture of the lung, which is so quickly fatal.

"Most of these patients die soon after accident (perforation). Of Sauerbruch's, fifty-seven cases,

forty-three died within a week. In our series of twenty-one patients with permanent perforation, only two with open drainage are living, one and four years after the accident, and in each the fistula is still open." Packard, Hayes, Blanchet, "Pneumothorax," page 155.

(d) She had the generalized military form with the fatal meningitis.

"In the acute generalized military form, the lungs are quickly and uniformly seeded with small tubercles, which as a rule do not ulcerate because death intervenes." Cecil, page 324.

"Death occurs usually within six to eight weeks, occasionally with meningeal involvement." Cecil, page 355.

The Glyoxylyde Treatment was given in July 1922. The recovery was rather rapid. The vomiting ceased, the spasticity of the neck and opisthognathous disappeared. She was able to take nutrition again and she gradually recovered. The heart stayed on the right side for over a year longer, and the pulse was very rapid for about two years. But gradually the heart began to come back during the second and third years after Treatment and the pulse slowed down. This slow return of the heart to the left side shows that much more repair had to take place than the difficult job of healing a ruptured lung. The elasticity of the lung was greatly reduced by generalized tubercular invasion and fibrosis, and by the vascularization that temporarily replaces the lesions preceding the formation of functioning lung tissue. This necessary process kept the lung solid for a while and together with fluid kept the heart from going back in place. Steadily, however, she normalized and some years later, was married. She has two healthy twin children who are exceedingly resistant to infections and especially to the epidemic infections that affect the other school children. Thus, a hereditary resistance has been handed down. She has remained a picture of health all these years, very active and well. The radiographs show her lungs to be normal and also show signs of the extensive healing that was required to overcome the terrible destruction that once laid them waste. The large tubercular kidney (or spleen) absorbed completely and physical examination reveals no trace whatever.

AN ANALYSIS OF THE REBUTTAL OF THE NORA ALDRICH RINEHART CASE ATTEMPTED BY DR. BRUCE DOUGLAS

Dr. Douglas gave the "opinion" that this case did not present a true tubercular meningitis but rather an irritation of the meninges by the poisons present, a condition which he called meningismus. He also gave the "opinion" that the large mass described by Dr. Koch as possible tuberculosis of the kidney was rather an accumulation of pus in that region.

Regardless of these interpretations, the fatal state of the girl, presenting enormous lung destruction, spontaneous rupture, extreme toxicity, could not be denied and her recovery was equally phenomenal.

However, an advanced case of tuberculosis of this type presents an overwhelming infection by the tubercular bacillus, and any injury to different organs could not escape influence by this germ. Moreover, the most likely hard, irregular enlargement occurring in the region of the left kidney, in such a case, is either tuberculosis of the kidney or tuberculosis of the spleen. This, Dr. Douglas carefully avoided mentioning. This large tumor could have been tuberculosis of the

spleen and no alternative diagnosis given by an expert could properly escape mentioning this fact. To rule out ordinary pus infection, one must recall that such infections are not only highly fatal when so extensive, but they cause severe pain requiring large doses of opiates. An examination of the infected area by palpitation must cause excruciating pain. These were not present in this case, so Dr. Douglas' "opinion" was not in accord with the facts with which he was acquainted. Whether or not meningismus or meningitis was present, Douglas had no way of determining except that meningismus does not cause the projective vomiting, which was present in this case. So, it would have been more proper, in view of the facts, to leave the designation as tubercular meningitis, which is so often a complication of a terminal case such as this.

This was the most serious case of tuberculosis ever described that recovered, as far as we can determine. This recovery followed one administration of the Koch Treatment.

Tuberculosis of the Spine

Introductory Statement

Tuberculosis of the spine is one of the most hopeless and pitiful forms of the infection. Occurring in children so often, the little things start out on life with intense suffering and privation. Nothing is so pleasing to a human heart as to see a cure of this terrible disease by a truly scientific approach, so that the orthodox course of treatment, which is usually unsuccessful and very miserable, can be avoided.

The usual treatment depends upon absolute rest and immobilization of the affected bones. To secure this, the patient must always be lying down on his face or flat on his back. He is strapped in a shell or other contraption that fixes the spine absolutely and removes the weight and pressure from above the lesion. If he is to be turned, he is turned carefully in one piece, as it were, so that no motion will develop between the bones about the lesion. Otherwise, he is not allowed to turn or move from his position. He is so held two or three years as a rule.

Surgery may be performed, either the Albee splint operation or some other, the object of which is to transplant bone into spinous processes to fix the bones immovably. Even though this is performed, an additional year or more in bed is required with the patient flat on his back. The correction of the hump or deformity is not expected and does not take place either, except perhaps to a minor degree. Healing of the lesion with immobilization of the affected parts is all that is expected, but it only too often does not occur and the patient goes on through his torture to a miserable death. There is no satisfactory ambulatory method of treating tuberculosis of the spine known up to this demonstration of the value of the Koch Therapy.

It might be enlightening to quote some of the leading American authorities.

"Immobilization of the spine accomplished by the rest in bed, support on a firm frame, plaster shell, or brace until healing by bony consolidation of the diseased area is complete. Prolonged recumbency is necessary." Christopher, page 437-8, Saunders & Company, 1945.

The angulation, hump, or kyphosis deformity are not corrected by the orthodox method but are

encouraged to persist to keep the remaining parts of the crumpled bones together, so as to favor union.

Philip Lewin, Prof. of Bone and Joint Surgery, Northwestern University, Chicago, in his textbook, "Backache and Sciatic Neuritis," Lea Febiger and Company, 1934, 1944. Page 288-289, states:

"If a khyphos (hump) has developed, due to the collapse of vertebral bodies, it is not wise to try to correct the deformity by quickly forcing the collapsed vertebral apart. Prevention of the collapse is warranted and should be attempted but an empty space should not be produced 'in the anterior column healing by solid bony fusion in the diseased area requires a long period.'

"In children with tuberculosis of the lumbar spine, when the process apparently has started in the disc and has invaded contiguous areas of the vertebrae, solid bony fusion will often result in two or three years, without operative influence.

"Spontaneous fusion requires, on average, over six years. "Patients who have definite evidence of metastatic involvement have a mortality of almost 70% and no surgical treatment other than emergency measures to relieve pain or abscess should be attempted."

(The next case, the Aldrich boy, was a metastatic case as the evidence shows.)

"The best results are obtained when patients are carefully selected for operation, when spine fusion is employed during the period of healing of the disease and when such treatment is supplemented by conservative treatment for a prolonged period.

"No surgical treatment can be considered a substitute for conservative treatment."

Swett, Bennett, and Street, "Bone and Joint Surgery," Vol. 22, page 678, 9940, conclude:

"After an indefinite length of time the lesion may heal, but in a large number of cases healing fails to occur." "Even when healing does occur the time during which the process often remains unhealed is long. About one-third of the patients die within a few years. There is no advantage in the operative treatment over the non-operative."

THE FOLLOWING DATA IS PARAPHRASED FROM DR. KOCH'S TESTIMONY GIVEN ON THE JAMES ALDRICH CASE

The present patient was a child of three, when he was seen by Dr. Koch in August 1925. He had a definite hump in the lumbar spine. He wore a tight brace that made it possible to walk. He had been to the leading orthopedist, Dr. Laferte, Sr., before being brought in. This specialist fitted his brace and advised placing him on a frame for at least a year and possibly an Albee splint operation to immobilize the vertebrae that were attacked. There was much muscle spasticity about the diseased area. No radiographs were made at the time, since those taken by the orthopedist were available, however, these are not available now twenty-one years afterward and one must rely on what the healed spine shows to demonstrate the pathology that existed formerly.

“This radiograph taken for the Federal Trade Commission Hearings, absorbed in part and fused together to make the spine one vertebrae too short, however, there is no hump and the bodies of the vertebrae are in perfect alignment in all directions. Hence, there is no distortion, in one of the upper thoracic vertebral bodies an area of density exists the size of a large pen showing where another lesion had started and was healed before it could do injury. The very dense bone making up this repaired area shows the nature of the process of healing. (It also shows this to be a metastatic case, the type with 70% mortality rate according to Dr. Phillip Lewin.)

“The history of the case is that of pain starting at night when he relaxes in his sleep. Later he could not move without pain and if he fell down he could not get up. The condition was quite advanced when he was brought in and a different brace was fitted, which was worn for about six months. It was rather loose, but kept him from making gross changes in posture when sleeping. It did not relieve the diseased area of the weight of the body nor did it keep the diseased bones from moving, as is required by all accepted rules for care of these patients. It did not relieve the pain entirely either. Thus the brace, which was worn only six months, protected him while at play from serious fracture, and also limited his movements at night during sleep, and reduced the muscle spasm about the lesion.

“The Glyoxylide was injected immediately. This was done in August 1925. Recovery was quite rapid. In six months, he refused to wear the brace and could walk and play without it. The hump had disappeared and so had the spasm of the muscles of the region. The spine appeared definitely shorter, however, he grew up like other children, played their games, and has maintained good health ever since.”

TESTIMONY OF JAMES ALDRICH BEFORE FEDERAL TRADE COMMISSION HEARING

“The first thing I remember in my life is when I was three years old. I went to my uncle’s cottage that summer. It was shortly after that time I started having pains in my back. I remember my father taking me to the chiropractor and I remember my father said I had a dislocated spine. I was taken to several other doctors. I remember X-rays being taken. I remember Dr. Koch giving me a shot. I remember wearing a brace. It inhibited me, when I fell down I could not get up. I wore it all day for four or five months, then my mother finally consented to taking it off at night and not long after that I stopped wearing it altogether.” (Tells incident of getting up and walking without the brace. About a week after that, he wore it no longer. No trouble with back after that.)

“I believe I was still wearing the brace when I started in Kindergarten. I was wearing it when Kindergarten opened and perhaps in September or October. I do not think any longer than that. As nearly as I can recall, I discarded it finally about the first part of November 1925. I think when I started to Kindergarten was when I was just wearing it days. My mother had taken it off that summer. I was particularly uncomfortable in hot weather and it was that summer she started removing it at night.”

Here again is a demonstration that recovery is secured by getting rid of the cause of the disease, not by killing germs by a powerful germicide, but by a harmless process of restoration of the

natural immunity of the body. Thus, recovery took place and the dead bone debris was cleaned out as the result of getting rid of the infection. This gave Nature a chance to repair the damage in a masterly way. She absorbed whatever bone interfered with proper alignment so that no hump remained and the whole spine carried the body weight perpendicularly. This is an entirely different result than occurs after orthodox methods, or spontaneously so to speak, which leave the deformity, or even accentuate it. Even at that the patient is lucky to get out of the trouble in this deformed condition.

Since the X-rays in the hands of the Federal Trade Commission are not available to us at this time, we have others that are not so well made, and are not large enough to show the metastatic lesion in the thoracic vertebra, which is shown in the Federal Trade Commission films. Yet they show the bone absorption, the evening off, and the perfect union, where the lesion formerly was. They also show that the hump is no longer present. An incident occurred in giving the Testimony in this case; Dr. Koch did not have the history of this case with him, since this was taken about twenty years previously, and was misplaced. He therefore had to give the history from memory, and misstated the year in which Jimmy was treated as being in 1923, instead of 1925. Dr. Koch on returning home from Washington where the Testimony was given, found evidence that he made this error and asked the privilege of correcting it. However, the Federal Trade Commission attorney refused with the words, *“Not in your life will you correct it, except over my dead body.”* Of course, the matter was too trivial for such an event, yet it shows how a truth-finding commission, as the Federal Trade Commission is supposed to be, hates the truth when certain interests are not favored by truth. It might be added that the Sur-rebuttal requested by Dr. Koch, to show up the errors and falsehoods of the Government’s rebuttal, “opinion” expert witness, was denied him by the presiding judge. In matters of soapboxes and neckties, such refusal to get the truth, the whole truth, and nothing but the truth would not be so serious, but in matters of health, suffering, and life and death, a very serious situation exists. Here, the whole truth is important regardless of the consequences.

AUTHOR’S ANSWER TO THE REBUTTAL OF THE JIMMY ALDRICH CASE ATTEMPTED BY DR. BRUCE DOUGLAS

The Rebuttal in this case was that the brace, which Dr. Koch employed for a few months, actually brought about the recovery. It must be recalled that this brace was loose, that it did not keep the weight of the body off of the diseased bone and it did not prevent motion at that area. Please refer to the quotations from the authorities a few pages back. It is emphasized there that absolute immobility must be maintained, that if the patient is to be turned over it must be done as one piece and that the shell or cast which holds him absolutely rigid is made for that purpose. Then, it requires years of such immobilization to secure an occasional fixation of the parts, with the kyphosis (hunchback) deformity still present, or even emphasized.

Contrast with this the rapid healing while the child was running around and the absence of a kyphosis deformity; the spine actually straightened out with recovery. Thus, the recovery under the Koch Treatment was different in every respect from the best results obtained by immobilization.

Dr. Douglas’ Rebuttal, therefore, does not conform with the facts nor with authoritative opinion.

Chapter Ten

Cancer

LET US GO on with the mechanism of producing cancer as Koch views it, and explain how he arrived at some of the important facts that feature his research. This exposition may require a little repetition for clarity. The delicate fibrils that make up the oxidative functioning mechanisms may be injured by mechanical means* and, of course, by the exhaustion of fatigue. Injury reduces or destroys the power to burn sugar energy and then the cell must resort to a more primitive and far less efficient means of securing energy, namely, glycolysis, which is the splitting of glucose to lactic acid. This is the process used by cancer cells that have lost their functioning mechanism and by embryonic cells that have not yet developed one.

For many years, the biochemists recorded the figures showing lessened oxidation and increased glycolysis from injury when tissues are cut in thin slices for studying in a Warburg Chamber. But the fact that mechanical injury reduced the oxidative powers was not recognized except by a few scientists, such as Roger Williams.

*Anti-oxidants arising in the intestinal tract, automobile exhausts, chemicals present in coal tars, incompletely oxidized germ products, and synthetic carcinogens.

The glycolysis process does not provide the substances that are able to induce the oxidation of poisons that produce cancer, mal-developments, or other disease. Now as Dr. Koch pointed out, mechanical injury or chemical fatigue injury by stopping the oxidation process robs the cell, be it tissue or germ cell, of the power to burn an antioxidant to harmlessness and this antioxidant can then remain in the cell unchallenged and unchecked in conducting any disturbance it is able to produce.

Dr. Koch showed that the double bonds between carbon atoms and between nitrogen atoms, not only confer the antioxidant properties, but also the particular fluorescence that produces the specific pathogenic action of the substance.

He also saw in these double bonds the means of destroying the specific pathogenic structure and action. Fluorescent substances have the ability to absorb the energy from exothermic reactions going on in the field and emitting this energy at a lower grade from that received. They can thus stop the progress of a chain reaction by blocking the energy required for the next step. Thus, they are able to stop a special cell function and produce what is known as an anergy, or suppress normal development, or cause an atrophy.

But should this absorbed energy be emitted at a level where it can be accepted by some functional mechanism, it passes into the chemical processes of this mechanism and forces that function in a way that is not under physiological control, and so some forms of allergy are brought into being.

If the contractile mechanisms of a system of tissue cells accept the energy, spasms as of asthma arise. If the secreting fibrillae of the cells of mucous membrane accept this energy, uncontrolled

secretion as of hay fever results; if the conducting fibrils of a system of neurons of the nervous system accept the energy, fixed ideas of insanity, the compulsions of a neurosis, or the spasms of multiple sclerosis, epilepsy, etc., come about.

It will then be evident that the fundamental cure of all these disease expressions is the induced oxidation destruction of the causative toxin, but this had to be done by supplying the catalyst that will restore with proper vigor the normal oxidations in the affected cells, as we have already ascertained.

And so Dr. Koch used this double bond fluorescent property of the toxin, which he announced years ago, for the oxidative destruction of its injurious powers. Is it not interesting that today, just in the last three years, the fluorescent factor in cancer is being photographed and reported in the scientific journals as a great discovery? Confirmation of the correctness of Dr. Koch's work is springing up on all sides.

THE CASE OF RITA LONG

The highly fatal retinoblastoma, (glioma of the eye) that attacks children from two to four years of age, has also been cured following the Glyoxylide Treatment. The case here presented is especially interesting in that both eyes were affected. This disease is one of the outstanding examples of a specific tumor process with a characteristic clinical history, as well as characteristic structure and thus, is readily diagnosticated. (Ewing, p. 470, Duke Elder, Vol. 11, 1938, p. 1337-1377, Vol. III, 1940, p. 2168-2170, May, p. 208, 233, 299, 1941).

The Case of Rita Long — This child gave the first symptoms of loss of vision as observed by the parents in March 1934, when she was fourteen months old. It was evident that the left eye had become blind. An expert, in diseases of the eye, examined her and the diagnosis "glioma of the retina" was made. The eye was removed and the diseased tissue was observed to involve the optic nerve region. The right eye at this time was found to be normal, but several months later the same trouble started in the right eye and progressed in exactly the same fashion as in the eye that was found to be cancerous.

The same specialist examined the right eye and found exactly the same condition that made it necessary to remove the left eye. However, the right eye was not removed nor was it subjected to X-ray treatments, as the specialist suggested. Instead, another eye specialist was consulted and he recommended that the child be given the Glyoxylide Treatment. She was brought to Detroit to Dr. Koch's Clinic.

In as much as twenty-three percent of such cases develop glioma in both eyes, and the disease is so highly fatal, the results that followed the Koch Treatment are most gratifying.

The Glyoxylide was given on November 25th, 1935, and a second dose was given August 18th, 1936, after considerable improvement was evident. The eye stopped being irritated and the paralyzed, dilated pupil soon normalized, the vision returned, and recovery was complete within a year. During the recovery process, reactions occurred every three weeks. They were characterized by general grippiness, and some irritation of the eyeball, and sometimes by fever.

Each reaction became successively lighter and following each there was a more definite improvement. This went on until recovery was complete. This patient is a young lady now in good health and with a good healthy eye that has good vision.

The hospital record contains the data about the operation and microscopic findings. The results of Dr. J. O. Cheney's examination of the second eye, and Dr. Hugh's examination are also given.

Dr. Cheney who removed the left eye after making a diagnosis of glioma (blastoma retinae or retinoblastoma) described his diagnosis and operations as follows in this paraphrase:

He examined the child in the spring of 1934, and found the eye blind and painful due to increased tension, which is caused by this type of cancer and from his examination he made the diagnosis of glioma of the retina. He removed the eye and the pathologist, Dr. Harold Palmer, examined it. His report shows the external and internal appearance of the eye and the microscopic findings. On section, the posterior chamber was practically filled with a grayish friable tumor mass, which seemed to be attached to the region of the nerve head. The pathological diagnosis was glioma of the retina.

In November 1935, the child was again brought to him complaining of dimming vision and ophthalmoscopic examination showed, "what I believed to be a similar condition to the one which had existed in the left eye," he explained. He advised X-ray treatments, but the parents refused this and brought her to Dr. Koch.

TESTIMONY OF MRS. BONNIE MANN

"Mrs. Long is my sister, and I have known Rita since she was born. I saw her very often. One time it happened that the light was thrown in her face just at the right angle to show a yellow light in her eye, and that eye was bulging and out of focus. I blurted out that she was blind. I could see the blindness. I saw her often at the hospital, and watched the other very closely because I was afraid it would come back. I saw the same thing in that eye, except it wasn't as bad as the other eye, the first one. It wasn't bulging as much. It was slighter than the first one. You had to look a little closer to see it. I took her to Dr. Cheney that day, and he told me to bring her back the next day, but I didn't take her as they had already planned to take her to see Dr. Koch."

THE TESTIMONY OF MRS. MILDRED LONG

"My daughter, Rita, was born in 1932. By the time she was a year old, I noticed some difficulty about her eyes. I noticed a reflection of light upon the eye, and a sort of a whiteness to the eye reflected the light. This was the left eye. We could see the change all along. We could tell that she had no vision in that eye, by covering the eye that seemed to be normal and then passing our hand over the eye that was affected. When she was two years old, I took her to an oculist here in Wichita, Dr. Cheney. She was taken to the hospital, and an enucleation of the eye was performed. She recovered from the operation. Sometime later, when she would wake up in the morning she couldn't see plainly; it seemed as though there was 'dust' in her eye. She would rub her eye, and this 'dust' would seem to move. That is, it would come and go. It lasted several minutes. This was about a year and seven months after the operation. She was taken back to Dr.

Cheney by my sister.

“We went to Detroit to see Dr. Koch, and stopped on our way to see Dr. Bonine in Niles, Michigan. Dr. Koch examined Rita, and we took her to a nursing home there, and she had the preparation that was recommended for the Treatment.

• Wichita Hospital •

PATHOLOGICALREPORT File No. 4120

Name Long, Rita C.

Room 111.

Case No. 1-2468

Age 23 mo.

Sex F.

Race W.

Surgeon Dr. Cheney

Examined by Harold W. Palmer.

Pre-Operative_Diagnosis: Glioma of the eyes

Post-Operative Diagnosis: (not readable)

Gross Pathology: eyeball having a normal external appearance. On section, the posterior chamber is practically filled with a grayish friable tumor mass, which seems to be attached to the region of the nerve head.

Microscopic Pathology: Section of tumor shows rounded dark staining nuclei of cells practically devoid of cytoplasm set in a thin connective tissue stroma having no characteristic arrangement. Marked necrosis is present in some areas and round cell infiltration may be seen in some areas. Section of nerve head shows no tumor tissue.

Pathological Diagnosis: glioma of retina.

Signed

Harold W. Palmer

PLATE 9. This is a Wichita Hospital pathological report in the Case of Rita Long, demonstrating that she had “glioma of retina” which was a cancer in the left eye. The eye was removed.

Wichita Hospital		
5/5/34	PATHOLOGICAL REPORT	
File No. 4120		
Name Long, Rita, Celena	Room 111	Case No. 3448
Age 23 mo.	Sex F.	Race W.
Surgeon Dr. Cheney	Examined by Dr. Harold W. Palmer	
Pre-Operative Diagnosis: glioma of retina, left eye		
Post-Operative Diagnosis: glioma of retina, left eye		
Gross Pathology Eyeball having a normal external appearance. On section, the posterior chamber is practically filled with a greyish friable tumor mass which seems to be attached to the region of the nerve head.		
Microscopic Pathology Section of tumor shows rounded dark staining nuclei of cells practically devoid of cytoplasm set in a thin connective tissue stroma having no characteristic arrangement. Marked necrosis is present in some areas and round cell infiltration may be seen in some areas. Section of nerve head shows no tumor tissue.		
Pathological Diagnosis <u>Glioma of retina.</u>		
		Signed <i>Harold W. Palmer</i>
Form 10—Hospital & Physicians Record Co., Wichita, Kansas		

She was given the Treatment, and remained in the nursing home three weeks. There were changes; nothing dramatic, no big change at the time, but she would seem to be responding to the Treatment in various little ways. She didn't have the 'dust' in her eye while we were there.

"During the reactions, she would have the same symptoms that she had before the Treatment was given; recurrence of this 'dust,' colds, just generally seemed to feel bad, and we thought at times that she had a little pain in her eye. Each time the reaction would subside, she would be definitely better.

"At the end of three years, we felt that she was all right. Of course, long before that, the eye apparently was all right, but there would still be these reactions and minor occurrences of some of the symptoms. We followed the diet very rigidly for three years. She started to school at five, and has gone to school right along. She is an A student. She has had glasses fitted to her, and she wore them for reading and close work, but the last time her eye was examined they thought she didn't really need them, but I felt for close work, perhaps it would be better, so we had them fitted again. A year or more after the first Treatment, Dr. Koch gave her another injection, and she had another in Florida two years ago."

TESTIMONY OF RITA LONG

"I am in the seventh grade and I got all A's. I always tie for about top or second in my grade. I

rarely study at home because I can get my lessons at school. I read library books at home. My eye never bothers me at all, and I read everything the teacher gives me. I have no trouble seeing motion pictures.”

TESTIMONY OF MR. ROMAINE G. LONG

“I am the father of Rita Long. Rita was born May 29th, 1932. At about the time she was one year old and even previous to that, I observed something unusual in Rita’s condition. It was quite gradual at first. Her left eye appeared weak and there would be intervals when water would discharge from her left eye and as time progressed that became more of a matter of course and there would be times when she would wake up in the morning that her eye would be entirely sealed shut with this maturation, and I would say it was at that stage after she was a year old.

“She would a lot of times, even though she was very small, rub her eye quite a little and we noticed, or imagined that we noticed, an enlargement of the left eyeball and she would complain of ‘dust’, and was quite irritable at times indicating that there would be something wrong with her eye. After this had progressed to such a degree we could see in the optic part of her eye instead of being dark it was white, such as a plastered wall. We would look in there and we became quite concerned about it. At different times I had made tests to satisfy by covering her right eye and moving my hand in front of her left eye to see if there was any reaction. At one time, I finally concluded that there wasn’t any vision there. Before this we had wondered quite a lot if there was anything wrong. But, after we found that the vision was entirely gone, that was when we became concerned and took her to an eye specialist in Wichita.

“The specialist that saw Rita at that time was Dr. Cheney. He was located in Wichita, Kansas.

“He examined the eye and said it was glioma and suggested an operation for removal of the eye the first of the following week. This was on Friday. At that time Rita was hospitalized, and received surgery. I do not remember the exact date of the surgery, but it was the forepart of May, before she was two years old.

“The wife and I both were in the operating room and saw the removal of the eye.

“Her condition, generally speaking, immediately following seemed quite normal. However, in the meantime we were concerned, naturally, and had done some investigating and inquiring and learned quite a bit of the character of the disease that she had and to satisfy ourselves, intermittently at regular intervals of about every sixty days, took her back to this same doctor for an examination.

“After time progressed, and I believe it was in the neighborhood of a year and a half, we took her again to this same doctor for an examination after she had complained about ‘dust’ again and her eye acted the same as the left eye, by watering; and later, as it progressed, there was some maturation. We took her to this same doctor and he found a growth, as he explained it, the recurrence of the same growth as far as I know.

“After that examination, he suggested that we submit to a series of X-ray treatments; that, in our

investigation from what results we could find on records, did not satisfy us. We had in the meantime heard of Dr. Koch of Detroit. The wife and the daughter and myself and my mother and father got in the automobile and we came to Detroit to see Dr. Koch. It was a short time before Thanksgiving Day in 1935.

“On the occasion of our visit to Detroit, Rita received a Treatment from Dr. Koch. It was a hypodermic injection in her hip. I would say the first results came after two weeks. After the Treatment was given, we stayed three weeks. At the end of this three week period, we observed, that is, the wife and I and also Rita that she complained of being chilly or cold and we noticed on her body little red spots, both on her stomach and on her back. We took her then to see Dr. Koch and he examined her again and was satisfied by his expression that she was reacting, so we went back home.

“After we arrived home, the wife continued with the diet for the daughter and at these various intervals she would become quite sick.

“At different intervals, she would become quite sick and even her right eye would mature as it had previous to coming to Detroit. Each time it seemed, however, that these periodic sicknesses would become worse until eight or nine months after she had taken her first injection. Each and every time, however, between those times it would become quite noticeable that her eye was much clearer and there was not any watering or maturation other than these times. They were so severe at two or three times that I even called Dr. Koch on the phone to talk to him about it. I thought it might be that she was maybe becoming worse or as bad as she was before we went to Detroit, but he would check the time the injection was given, and in a very consoling way would say, ‘That is very fine, that is just what we want. We expected that.’

“All of this time, he insisted that we not have any examination by using any other medicine or any other light, severe light, because of the delicacy of the eye. Then the wife and daughter came back to Detroit. I am not sure of the date. It is my understanding that she did get her second Treatment at that time.

“After the first Koch Treatment, it seems to me, it was in the neighborhood of eight or nine months before she did not have these terrible reactions.

“She has never had any other treatment but the Koch Treatment, since she first received the Koch Treatment.

“Rita will be fourteen the 29th of this month, May. She attends school regularly and she reads normally.

“I notice nothing out of the ordinary in observing her eye now. It is perfectly healthy, as far as I can see. She has not complained at all, not in the least. It is about seven or eight years since Rita last complained about her eye.

(Communication from the Long's as late as 1953 indicates no recurrence. Rita's eye is in excellent health. She was married this summer.)

No fact Testimony could be secured by the Government to rebut this case. They canvassed numerous experts and placed the facts of the case before them, requesting them to try to rebut the facts or give "opinion" Testimony to the contrary; but they were turned down. In the second trial, no rebuttal whatever, not even "opinion" Testimony, was offered.

PLATE 10. This is a confirming letter, from a Detroit physician, showing that Rita Long had a tumor in her right eye when he examined her on November 31, 1935. This eye was saved by the Koch Treatment and is normal to this day, more than twenty years later.

RAY W. HUGHES M.D.

April 18, 1935

"To whom it may concern:

"Rita Long, a 3-½ year old female of Wichita Kansas, was referred to me by Dr. G. Warnshuis, on November 31, 1935 with a diagnosis of glioma in the right eye.

"Ophthalmoscopic examination revealed a flattened white mass penetrated by blood vessels, six or seven times disc diameter in the upper right nasal quadrant.

"The left eye had been removed for glioma nineteen months previous to this examination.

"I have never seen the patient since.

"Yours very truly,

"Ray W. Hughes M. D."

RAY W. HUGHES, M. D.
1181 DAVID WHITNEY BUILDING
DETROIT

April 18, 1939

To whom it may concern:

Rita Long, a 3 1/2 year old female of Wichita Kansas, was referred to me by Dr. S. Wernickus, on November 31-1936 with a diagnosis of glioma in the right eye.

Ophthalmoscopic examination revealed a flattened white mass penetrated by blood vessels, six or seven times disc diameter in the upper right nasal quadrant.

The left eye had been removed for glioma nineteen months previous to this examination.

I have never seen the patient since.

Yours very truly,

Ray W. Hughes
Ray W. Hughes, M. D.

RWH:LS

The "opinion" Testimony offered in the first criminal trial was produced by the expert at the University of Michigan. His Testimony is exceedingly valuable — in that it shows there is no method known to him whereby this disease can be controlled. He testified as follows: (page 1149 transcript)

"Another type of cancer which we see too much of and have no control over is that type which no doubt most of you read about in the newspapers a few years ago. An instance in Chicago where a child was affected with a tumor and the other eye was also affected by this tumor, and the great question arose as to whether both eyes should be removed, whether the parents would rather have a child with... (interruption)

"I am going to give an example in just a few minutes, Sir. As to whether both eyes should be removed in an attempt to have a blind but living child, or whether one eye should be removed and the other eye given X-rays, or whether no operation should be done at all.

"We had just about two months ago in our clinic a little boy who was sent down by a doctor from the northern part of the lower peninsula because he had a tumor in his eye.

"This tumor we call retinal blastoma, sometimes called glioma. This type of tumor affects children, usually within the first three years; sometimes they are born with it; and this is probably one of the most malignant tumors in childhood.

“Therefore, we took the eye out of this little boy, as the only possible hope that we had of saving his life. Examination of that eyeball showed no evidence that it perforated the outside of the ball.

“The examination by the pathologist showed that it had not established beyond the optic nerve where it was severed. So, we had the best assurance by the best means we knew that the tumor had been completely eradicated. However, no one knows whether that tumor had spread to the other portions of the body.

“He came back last week or the day before yesterday, and we found he had a recurrence in that orbit and the mass which had filled the orbit there was as large as the former eyeball. When that occurs, the chance of saving this child’s life is practically nil. There are few things one can attempt. You can only hope that it had not spread any further than the optical tissues.

“We remove the contents of the orbit — it leaves there a hole in the child’s face almost large enough to put a fist in and no plastic function will restore the child’s function.

“There is no treatment, X-ray or anything that we know of in scientific work that can fight this.”

Fact Testimony could not be produced to rebut the fact that Rita Long completely recovered, and so it still is, twenty years after she received the Treatment. Furthermore, the affected eye, which was not removed, has returned to normal and the eye functions perfectly.

The process of recovery with its three-week cycles of reactions clearly shows here too that the recovery was a feature of the Koch Treatment.

EXTENSIVE CANCER OF THE STOMACH RECURRENT AFTER OPERATION

THE CASE OF MR. WESLEY ROEBUCK

Introductory Remarks

It is well known that when cancer of the stomach is first recognized after it has caused definite clinical symptoms, it is too far advanced to be cured by operation. This is true always of the types that metastasize early and infiltrate widely and vigorously. Two such cases are here given:


One, a farmer, age sixty-nine, was operated June 28th, 1926, in the attempt to overcome obstruction of the lower end of the stomach due to cancer. This operation was done to postpone death from starvation for a time. He had much pain and had been vomiting practically all of his food. He was helped for a few weeks, but the disease soon returned even more extensively than before the surgery. It again caused obstruction that threatened an early death. A large, hard, bulging cancer mass occupied the upper abdomen involving the liver and the vomiting became worse than ever. Emaciation, cachexia, and weakness rapidly developed. This was the condition August 20th, 1926, at the time his physician, Dr. Harrison, brought him to Dr. Koch and the Glyoxylide was given.

Following this Treatment, there was a rather rapid recovery. In from six to nine months, the large

cancer masses were absorbed, the stomach healed, and perfect health was established except for the fact that the stomach is smaller than normal and with less capacity. He remained well up to the time of his death, over a quarter century later when he died, just a few years before his 100th birthday.

As will be seen from the pathologist's examination of the tissue, this was the type of cancer that spreads far and quickly, metastasizing early. It is observed from the pathologist's report also that only a part was removed and examined, so the great bulk of the growth must have remained in the stomach wall and in positions in the abdomen where removal was impossible. (Plate 11)

PLATE 11. This is a pathological laboratory report of the Methodist Hospital in Fort Wayne, Indiana, regarding the Case of Wesley Roebuck, dated July 7, 1926. The diagnosis at the bottom indicates cancer of the stomach.

PATHOLOGICAL LABORATORY			
Patient	Roebuck	W. S.	Ft. Wayne Steals
	Last Name	First Name	Room
Date	8/7/26	Clinical Diagnosis (Stomach tissue)	
Slide No.	268	Gross No.	Museum No.
GROSS EXAMINATION			
Tissue of stomach.			
MICROSCOPIC EXAMINATION			
<p>Small alveoli combined with a diffuse growth of atypical proliferating epithelium from the structural picture of this neoplasm. The epithelial cells are generally polyhedral or round in shape, with large hyperchromatic nuclei. One portion is necrotic - a superficial ulceration. This may be classified as the diffuse type of gastric carcinoma. I am unable to determine this point exactly as it is necessary to know something of the gross appearance. If there were extensive involvement of the wall, this would be the correct interpretation. If the growth were sharply defined, rounded and ulcerating, it would be placed with the circumscribed types of carcinoma simplex.</p> <p>This type is always infiltrating and early invades the lymph nodes with wide-spread metastases.</p>			
			
DIAGNOSIS	Carcinoma of the stomach. (Type dependent upon the gross pathological anatomy.)		
<i>Andrew Wallhausen</i> —			

The hospital record here reproduced gives the interesting pathological details that should be studied to appreciate the seriousness of the case. (Plate 12)

PLATE 12. This is an operative report from the same Methodist Hospital in the Case of Wesley Roebuck with cancer of the stomach.

METHODIST HOSPITAL
OPERATIVE RECORD

File No. 7064 Name W. S. Roebuck Room No. 505 Date 6/28/26

Normal Physical Findings _____ Risk $\begin{matrix} 1 \\ 2 \\ 3 \end{matrix}$

Pre-operative Diagnosis Carcinoma of Wall of Stomach

Surgeon Dr. Cummings Anesthetist Miss Titchell Asst. Surgeon Dr. Peterson
 Suture Nurse J. McKeel Sponge Nurse _____ Nurse D. Holman

Anesthetic Ethyl Chloride Tonic _____

Pre-anesthetic Medication Morphine grs 4 Atropine grs 1/50 A.M. _____ P.M. _____

HOURLY RECORD

Drops Shot Pain	10 A.M.	15	20	25	30	35	40	45	50	Remarks
	11 A.M.	12	1	2	3	4	5	6	7	
	100	110	120	130	140	150	160	170	180	
	90	100	110	120	130	140	150	160	170	
	80	90	100	110	120	130	140	150	160	
	70	80	90	100	110	120	130	140	150	
	60	70	80	90	100	110	120	130	140	
	50	60	70	80	90	100	110	120	130	
	40	50	60	70	80	90	100	110	120	
	30	40	50	60	70	80	90	100	110	
	20	30	40	50	60	70	80	90	100	
	10	20	30	40	50	60	70	80	90	
	0	10	20	30	40	50	60	70	80	

Anesthetic begun 12:10 A.M. Ended 1:09 P.M. Operation begun 1:10 A.M. Ended 12:10 P.M.

Medication in Surgery 1/2 gr. Morphine, 1/2 gr. Atropine, 1/2 gr. Sodium Hyposulfite, 1/2 gr. Sodium Bicarbonate

Operative Procedures Gastrectomy, Gastrojejunostomy

Pathological Findings _____
 Path. Ex. _____
 Det. Ex. 531-2

Signed A. M. Drueckler

Packing _____

Removed by _____ Date _____

Drainage Large Right Pleural Drainage Date 7-5-26

Removed by A. Drueckler (R.W.)

Responded to External Stimulus at _____ A.M. _____ P.M.

Emesis $\begin{matrix} \text{None} \\ \text{Slight} \\ \text{Excessive} \end{matrix}$ Cir. Dep. $\begin{matrix} 1. \\ 2. \\ \text{Shock} \end{matrix}$

conscious at _____ A.M. _____ P.M. Signed: Nurse _____

Operative Complications 0

The recovery process came to completion in from six to nine months, and was characterized by reactions with aggravation of symptoms, fever, and general achiness for a few days at a time on three distinct occasions, including the twelfth and twenty-fourth week reaction periods. Between these reactions, improvement was rapidly progressive and recovery became complete.

TESTIMONY OF WESLEY ROEBUCK

(Note: The following is paraphrased from the Testimony given by Mr. Wesley Roebuck at the Koch Trial as found on pages 2845-2887 of the Official Court Record. The words below are those of Mr. Roebuck.)

“My name is Wesley S. Roebuck and I live about a mile and a half from the city of Fort Wayne, Indiana. I am in my eighty-second year and am a farmer. I have lived around Fort Wayne for forty-one years. When I was about thirty-five years old I had stomach trouble and it continued

until I was about fifty. A few hours after I would eat I would get very sick and throw up my food. This continued for about fifteen years and I would work many a day without eating.

“During one winter the folks went to Florida and I discharged all the men except enough to keep the green house going and then I dieted myself. I baked my own bread out of whole wheat, soda, and buttermilk without any shortening, a little bit of sugar, and a spoonful of salt. My stomach got better and better and one day without giving any warning, it took a crazy spell and got well. Then I did not have any more stomach trouble until about 1925 or 1926.

“I did not move into town, but stayed on the farm and was elected Treasurer of Allen County; Treasurer pro tem of the City of Fort Wayne, which was the county seat of Allen County. I got along well for the first year and then along in the winter of 1926 my stomach began to go bad again. But this time it was different than any stomach trouble I had gone through. I could tell it was more serious. I got so that nothing would pass through my stomach and I would vomit everything that I ate.

PATHOLOGICAL LABORATORY

GROSS EXAMINATION: Tissue of stomach.

MICROSCOPIC EXAMINATION: Small alveoli combined with a diffuse growth of atypical proliferating epithelium from the structural picture of this neoplasm. The epithelial cells are generally polyhedral or round in shape, with large hyperchromatic nuclei. One portion is necrotic—a superficial ulceration. This may be classified, as the diffuse type of gastric carcinoma. I am unable to determine this point exactly as it is necessary to know something of the gross appearance. If there were extensive involvement of the wall, this would be the correct interpretation. If the growth were sharply defined, rounded and ulcerating, it would be placed with the circumscribed types of carcinoma simplex.

This type is always infiltrating and early invades the lymph nodes with wide—spread metastases.

DIAGNOSIS: Carcinoma of the stomach. (Type dependent upon the gross pathological anatomy.)

I went to Dr. Duemling and was sent to the Methodist Hospital in Fort Wayne. After X-rays they operated on me. I was there about five weeks. I was all right for about six months and then the stomach trouble came back as it had the first time. It hurt so much that I could not eat anything and would always throw up if I tried to eat. Finally, my daughter and Dr. Harrison of Butler, Indiana, took me to Detroit to see Dr. Koch. I had not known Dr. Koch before that.

“Dr. Koch examined me and gave me specific directions as to how to prepare for the Treatment. I went home and followed them to the letter. In about ten days, he gave me an injection. Then I went back home again. The first thing that happened was that I wanted something to eat. I was desperately hungry.

“I took to eating and in about five or six weeks, I had gained my original weight which was my

usual weight—around 120 pounds. I was down to 105 pounds before I took sick. I was comfortably up and about almost right away. I kept at my business and did not hardly know I had a stomach. I had another Treatment four or five years later, but just for general condition, not because I needed it. I have not had any recurrence of this stomach trouble since then.”

A DISCUSSION OF THE REBUTTAL ATTEMPTED IN THE ROEBUCK CASE

The rebuttal in the Roebuck Case was the “opinion” that the operation might have removed all the growth and cured him. This “opinion” the witness based upon his idea that 4% of cases of cancer of the stomach can be cured by operation. He did not state whether or not he considered the fact that only the very early cases of the types that do not infiltrate early or widely, and are discovered by accident while doing some abdominal operation, and before cancer symptoms call for the operation, was in his mind when he gave that percentage. The consensus of opinion we learn from the authoritative writings and discussions with physicians of experience is that the growth must all be removed, and it is too late to do so after symptoms of cancer call for the operation.

The facts in this case, however, show that the growth was not all removed. The pathologist shows this when discussing the tissue from which he made the tissue slide. He states in his report here reproduced, “I am unable to determine this point exactly since it is necessary to know something of the gross appearance.” Thus, he shows that the whole growth was not removed to give him the gross appearance for his diagnosis, but only some “Tissue of the Stomach” as the “Gross Examination” reveals. If this pathologist had received a part of the stomach wall, which should be removed with plenty of healthy appearing tissue about it, he would have had the gross appearance and would never have made the comments present in his report. He would have before him enough growth, to answer all the questions made in his report.

He would have had the whole growth, could describe and study the gross appearance and would know how extensively the wall was involved.

This was, therefore, not a removal of the growth but a patch-up or palliative operation that secured a temporary relief from the obstruction. But, the disease was not all removed, since it was only a few months before it had progressed to a worse state than when first operated. All the symptoms returned as the facts show and besides an enormous growth sprang up, which could easily be seen to bulge and was easily felt to bulge outwardly, and to be fixed deep within the abdomen, and to involve the liver and surrounding structures. The renewed obstruction with its vomiting, pains that were worse than ever, and the cachexia that goes with far advanced cancer, are revealed in the facts in this case and these contradict the “opinion” of the Government witness.

The most important fact presented here, and one, which the Government could not even attempt to rebut, is the fact that recovery went hand in hand with the cyclic reactions that characterize the recovery from cancer under the Koch Treatment. The most important of these were the reactions soon after the Treatment, and those of the twelfth and of the twenty-fourth week. This recovery process is unique to the Koch Treatment and denies the “opinion” of the witness.

Inoperable, Far Advanced Carcinoma of the Stomach

THE CASE OF WILLIAM J. SCHULTZ

Introductory Remarks

The defense in this trial was well aware of the great distance a Government “opinion” witness, posing as an expert, will deviate from the truth in order to discredit the defense testimony. Thus, in several of the rebuttals, it was stated that the biopsy might have removed the entire growth, even though the facts showed this was not true nor possible. Here we present a case of far advanced cancer of the stomach, easily diagnosed correctly by the physical examination and history, confirmed by the X-ray, and again confirmed by thorough exploratory operation by the Mayo Clinic experts, but no biopsy was taken because such procedure was not necessary for a complete perfect diagnosis. Not one bit of tissue was removed, so this case was presented to eliminate the rebuttal trickery just mentioned.

The case just previously detailed is one in which the biopsy diagnosis predicted the inadequacy of surgery, which was actually admitted in the record by the surgeons. The case to be described now had reached the terminal stage with its marked cachexia and enormous wide-spread cancer development, which had destroyed over half of the stomach wall, and spread to other organs, and up along the large blood vessels leading into the chest. Obviously, biopsy was not needed as an aid to diagnose in such a case. Here all the developments that biopsy predicts for the disease, as it reaches fatality, had already taken place and were well established at the time the exploration was made at the Mayo Clinic in May 1941.

Two weeks before this exploration was made, the X-ray examination (May 12, 1941) gave an accurate picture of the destruction of the stomach wall. (Plate 13) This was the first radiograph that showed any stomach lesion. Pictures made in 1940, showed no lesion whatever. The type of cancer present, therefore, was exceedingly malignant and grew and spread rapidly.

PLATE 13. This X-ray of the stomach of William Schultz was made on May 12, 1941, showing accurately the destruction of the stomach wall as a result of far-advanced cancer.



After being sent home from the Mayo Clinic, as a far advanced, hopeless, inoperable case of cancer of the stomach with metastases along the aorta, and with involvement of the surrounding structures and pancreas, he continued to decline rapidly and cachexia became extreme. Finally, he was taken to Dr. Mantor of Sidney, Nebraska. He could not walk without help. He was given an injection of Glyoxylide and the trend of the disease was reversed. In six months, he had regained much of his natural vigor and was able to do considerable work. The following year, he did the farm work and husked hundreds of bushels of corn. X-ray made April 5th, 1943, at Tyler Clinic (Plate 14) showed about 75% improvement. His health was improving at this time. It is possible the defect remaining was due to scar tissue, which replaced the cancer tissue that was absorbed, but which was not yet replaced with normal stomach tissue. His health remained well

and on June 15, 1944, a further X-ray was made at the Roche Hospital, Sidney, Nebraska. This shows a normal stomach. The deformities have disappeared and the stomach behaved normally ever since. (Plate 15) (Plate 16)

PLATE 14. This X-ray of the stomach of William Schultz was made on April 5, 1943, showing 75 percent improvement in the cancerous condition.



PLATE 15. This X-ray of the stomach of William Schultz was made on June 15, 1944, showing a normal stomach, after the Koch Treatment.



PLATE 16. This is a reproduction of the surgical card from the Mayo Clinic, showing that William Schultz was afflicted with cancer of the stomach, which was so far advanced that it was inoperable.

SURGICAL CARD
MAYO CLINIC - ROCHESTER, MINNESOTA

No. 1-13-560 Age 52 Sex M Sect. LOGAN Date of Ex. 5-24-41
 Name Wm. J. SCHULTZ Address HANOVER, KANSAS

Name of Dr. _____ Dr's Address _____
 Not Referred Anesthetized Patient Sends Letter to _____ CLASSIFY Referred Only Wishes to be notified date of operation _____
 Name of Relative _____ Patient accompanied by _____
 Operation advised by Consultant P. W. BRANN Surgeon WALTERS
 Preoperative Diagnosis ULCERCA CARCINOMA STOMACHA
 Operation Indicated EXPLORE
 Considerations affecting risk RISK IN LEFT RECTUS INCISION

Former operation here or elsewhere Date _____ No former operation here or elsewhere _____
 AZ-R(2)-B B2 Col ✓
 Date op 5-26-41 Op. Room 164 By Walters in Giffin End Strom Recorder MM
 Anest. Mc Donald Antist Antic C₂ H₄ + O₂ + C₂ + E Time of {Anes. 1:10 - 1:35
 {Op. 1:30 2:00

Oper. Diag: Carcinoma of the stomach (inoperable).

Oper.: Abdominal exploration.

Drainage _____
 Add. cond. to index: _____
 Detail _____

Primary upper left rectus muscle splitting incision.

There was a carcinoma forming a mass about 10 cm. in diameter on the posterior wall in the fundic end of the stomach with invasion of the pancreas. There were several enlarged apparently involved nodes along the aorta. The condition was inoperable and the wound was closed as an exploration, using five buried silk sutures in the fascia. Closure by (first).

These two cases illustrate that very far-advanced cases of cancer of the stomach that had no hope from other methods, actually secured permanent recoveries after a few Treatments of Glyoxylide.

Dr. Mantor gives a brief history of the case as follows and Mr. Schultz' Testimony is also presented.

PARAPHRASE OF THE TESTIMONY OF DR. H. E. MANTOR

"William J. Schultz was brought up to see me by some of his friends.

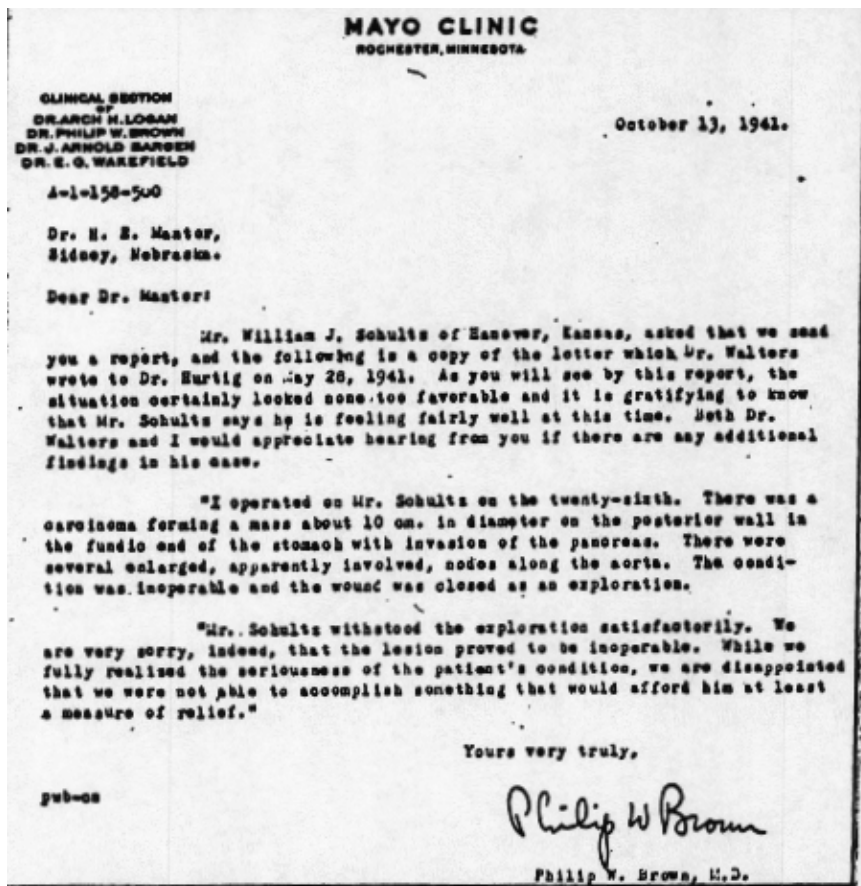
"He was a pretty sick man. I sent him to a private nursing home. He said that he had had an exploratory operation at Mayo's a few weeks before that he was in an exhausted state, weak, depressed, anemic, and his color was extremely bad.

"I did a crenation test, and his red cells did not crenate in a one percent salt solution. On physical

examination, I found on his abdomen a linear scar of recent date, and he still had a dressing on it, and on palpitation, I could feel a massive induration in the epigastrium. The mass appeared to be in the stomach. Not only could you palpate it, but also you could see it protruding very plainly when he was lying down.

“He said he had had stomach trouble for about a year and a half, progressively worse. He took some treatments in some clinic in Kansas for a supposed gastric ulcer, but he had no benefit from it. Dr. Hurtig, his local physician, sent him to Drs. Tyler and Simonds, leading roentgenologists of Omaha, and he was given a diagnosis there of cancer. Dr. Hurtig told him he had best go to Rochester. He was operated on in the latter part of May, (Plate 17) and he came to me in June. I gave him Glyoxylide on the 16th of June.

PLATE 17. This is a letter from the Mayo Clinic to Dr. Mantor, describing the fatal condition of William Schultz before the Koch Treatment was administered.



“He went home and came back to me the ninth week. He told me he was doing fine and suggested another injection. I said, ‘No, you are doing fine, it’s too early.’ He had gained in weight, color improved, was more active. On examination of his abdomen, I could not palpate any induration whatever. The tumefaction had disappeared.

“The twelfth week I gave him another injection of Glyoxylide. At that time, he showed still

further gain in weight; he was stronger, and more active. He was working some, and his complexion had cleared up nicely. In walking down the street with me, he could out walk me without getting out of breath. I didn't see him for two years. He was in fine condition and told me he was doing a great deal of farm work. I examined him in my office this morning. He seems to be in a very normal condition for his age. His skin was alive and flexible, and different to what we find in a toxic condition. It is a little characteristic that means a lot to a doctor in examination. The skin on his body was a nice texture and color."

TESTIMONY OF WILLIAM SCHULTZ

(Note: The following is paraphrased from the Testimony given by Mr. William J. Schultz at the Koch Trial as found in the, Official Court Record. The words below are those of Mr. Schultz.)

"I live in Hanover, Kansas. I farmed for two years, and then I sold out and moved to town. Now I deliver ice. In 1940 or 1941, I had some sort of trouble. I didn't know what it was. I went to Halstead two or three times in that winter, but they did me more harm than good. Then in May, I went to Mayo Brothers. I had been troubled for about a year before I went to Mayo's with pains in my stomach, day and night. My normal weight was 155 or 150 pounds, and I had gone down to 120. I had had to give up my farm on account of these ailments.

"Dr. Hurtig, in Hanover, sent me to Omaha, and had Dr. Tyler take pictures of my stomach. My stomach was very swollen, and Dr. Hurtig talked me into going to Mayo's. Two weeks after the operation at Mayo's, I was in awful pain, my stomach was swollen, and I was vomiting.

I went to see Dr. Mantor, and he put me in a nursing home for three days, put me on a diet, and gave me an injection in the arm. It didn't take long after I got back to Hanover before I began to feel better. I got to feeling so good that I went to work, farming 170 acres and taking care of forty-five head of cattle with the help of my brother. I feel fine now and can eat anything. I have had three injections in all, about a year apart.

"Dr. Hurtig took me up to Dr. Tyler's again about a year ago to have more pictures taken of my stomach. Dr. Hurtig came over and asked me to go, and I did it just to accommodate him. I didn't pay for the pictures, and I was not paid for going."

The Food and Drug Department paid for the pictures just mentioned to ascertain the patient's progress. The information gained from comparing the first set of pictures taken at the Tyler Clinic and the second set, under discussion, showed the stomach had recovered about 75% and is so recorded on the Tyler Clinic cards in the hands of the Federal Trade Commission, at present, as exhibits. However, this improvement after the Koch Treatment was not reported by the Food and Drug Department to the American people, who paid for the information. It was suppressed and instead an attempt was made to discredit the value of Glyoxylide in such a cancer condition as Schultz's.

ANALYSIS OF THE REBUTTAL OF THE WILLIAM SCHULTZ CASE ATTEMPTED BY DR. BELL

The rebuttal in this case was the “opinion” offered by Dr. Bell, of the Hertzler Clinic, a possible rival of the Mayo Clinic. He offered the “opinion” that the disease, which the Mayo experts actually observed when they opened the abdomen, and examined the stomach, the pancreas, and the lymphatic glands along the aorta, and actually found to be a far advanced carcinoma of the stomach, was only a “typical picture of gastric ulcer.”

Dr. Bell explained the lesions he never saw, as widespread inflammation due to infection. In other words, that Mayo’s doesn’t know the first thing about making a diagnosis, and to be in harmony with this wrong conclusion, Schultz would have to be lying in bed tightened up with pain, too tender to be touched, the abdomen hard as a board, with high fever, and passing out from the toxemia of the infection. The facts show that Schultz never was in such a condition, and hence, Dr. Bell’s “imagined” diagnosis is not supported by the facts, for that is exactly the condition he would be in, if Bell’s “opinions” were correct. Thus, neither the symptoms Schultz presented, nor the facts observed by the Mayo experts, support the “fancies” of Dr. Bell.

It must be recalled that Dr. Collar, the surgeon of the University of Michigan Hospital, testified in the first trial that he could and did consistently diagnose cancer and other disease that occur within the abdomen correctly with 100% accuracy by exploratory operation and his diagnoses were proven correct by microscopic check-up. Other surgeons are known to be correct over a period of twenty-five years through similar check-up. The “opinion” given by Dr. Bell is therefore quite a shock.

The Mayo experts did this exploratory to make a thorough and correct diagnosis. If there was a shadow of a doubt, they would have made a biopsy for a scientific, as well as, a moral obligation. If they had found inflammation, they would have recorded it and identified the germ that was responsible, so as to be able to give appropriate treatment. But in a clear-cut case of cancer, which carried no complicating factors, the biopsy was not needed and to inflict injury, which added nothing to the certainty of the diagnosis, is simply bad practice for which Mayo’s do not have the reputation.

Dr. Bell also gave the “opinion” that the diet, which Dr. Mantor had Schultz follow, was responsible for the cure. Here again, Bell is contradicted by the fact that the diet used with the Koch Treatment is a high-roughage diet, which ulcer cases do not tolerate. The whole theory and practice of gastric ulcer treatment forbids the Koch Diet in gastric ulcer, but relies upon a soft bland diet, and the use of alkalies instead of the acids of the Koch Diet. There is no scientific or clinical basis for Dr. Bell’s claim, therefore. The very opposite is true.

Let us, to help Dr. Bell, admit that the high acid, and high-roughage diet Schultz followed did coat over and soothe the ulcer in the stomach. But, how on earth would it get to the pancreas and the lymph glands, and along the aorta to soothe them? Here we see once again the travesty of permitting an “expert” to pass judgment on something he never saw, when as the other witnesses for the Government admitted, you cannot make a diagnosis without observing the patient yourself, or you will not know what you are talking about. Dr. Bell could not be quite so

uninformed as not to know this.

THE CASE OF MRS. CHARLES TRAPP

**Far Advanced Cancer of the Cervix Uteri Cured Over Twenty-five Years Ago,
Gave Birth to Healthy Children, Perfect Health Still Remains.**

Introductory Statement and Testimony Data

THIS IS A CASE of inoperable cancer of the cervix uteri in a young woman of thirty-one years who was treated with Glyoxylide in August 1923, and made a perfect recovery, remaining well for a quarter of a century. She also gave birth to four healthy children after being cured. The mother and the children all remain well. This woman had been married several years and was unable to bear a child. One abortion occurred a few years before cancer began to show symptoms of attacking the uterus. There had been profuse irregular bleeding, mucopurulent discharge, for a year or more and then pain and an irritable bladder with reduced capacity. A biopsy was made by Dr. L. N. Tupper and the laboratory report is reproduced. (Plate 18)

PLATE 18. This document shows the laboratory report in the Case of Mrs. Charles Trapp, made on August 1, 1923, indicating cancer of the Uterus. After taking the Koch Treatment, Mrs. Trapp not only recovered, but also gave birth to four healthy children during the next twenty-five years.

8

OWEN CLINICAL LABORATORY
110 THE STROM BUILDING 200 GRAND AVE WEST
TELEPHONE MAIN 8827
DETROIT, MICH.

PATHOLOGICAL REPORT NO. 3-89

Dr. L. N. Tupper, Reaford, Michigan.	PATIENT Mrs. Trapp
	REPORTED 8/1/23
	SPECIMEN Tissue-cervical

Sections show an atypical proliferation of squamous epithelial cells which have markedly infiltrated the underlying tissues.

Diagnosis: Squamous cell carcinoma (Epithelioma).

R. G. Clever M. D.

“The patient on examination was found to present a massive, far advanced, cancerous

involvement of the cervix uteri, the body of the uterus, and adnexa on the right side. The cancer mass was fixed, and “froze” the involved tissues into one immovable hard mass, which obliterated all normal contours and was palpable above the pubes one-third of the way to the umbilicus. Thus, the disease was extensive and entirely inoperable. Bleeding was frequent and profuse.

“Two injections of Glyoxylide were given, one on August 7th and one on August 21st, 1923. The recovery was rather rapid, with the reaction phases every three weeks until recovery was completed within thirty-six weeks after the Treatments were given.

“At this time there was a well-healed, freely movable uterus, and normal adjacent tissues, but there was some deficit in the cervix and uterus structure, where full restoration of destroyed tissue had not yet been completed. However, in some six months the uterus was quite well reconstructed. Pregnancy took place the next year and a normal child was born after a normal term. Three other normal children were born at subsequent periods. There was no return of malignant involvement and the patient and her children remain in good health, these twenty-five years.

“This case ought to illustrate the permanency and completeness of recovery and the restoration of tissues and function, also the resistance to cancer that is established. Thus, the trauma of four pregnancies failed to cause a return of the disease, so a true recovery is actually established.

“This Case of Mrs. Trapp offered facts, which could not be rebutted. The slide carrying the biopsy specimen was held at the Owen Clinical Laboratory until shortly before the first trial, when a defense attorney, Mr. Long, went to the laboratory and asked if they would produce the slide. The answer was that the slide was on file until a few days ago when Federal investigators asked for it, since which time it was no longer to be found.” The reader can draw his own conclusion.

However, the original biopsy report was admitted into evidence after being identified through its signature of Dr. Robert Owen, the pathologist. The identification was established by handwriting experts. Thus, the diagnosis could not be successfully rebutted. The case was also presented before the Federal Trade Commission, but the Testimony was not allowed. The Testimony shows that the specimen removed by Dr. Tupper was placed in a small bottle, which the husband brought home and which the brother-in-law took from the home to the Owen Clinical Laboratory. Since this bottle was not given exactly the same description by both of these gentlemen, when testifying more than twenty years after they had seen it, the trial examiner for the Federal Trade Commission would not allow the Testimony to be presented.

However, it was not the bottle that was the subject of the biopsy; it was the specimen carried in the bottle and removed by Dr. Tupper and examined by Dr. Robert Owen.

Here is an instance of a cure of cancer of the uterus following the Koch Treatment, knowledge of which should be of the greatest value to cancer sufferers throughout the world. But this is denied public record by the Federal Trade Commission trial examiner. Thus, one can see what the attitude of the bureaucrats is, in a matter of such great importance where the public welfare is

concerned. More flagrant instances will also appear in this writing.

Mrs. T. showing three of her four children born after recovery. The fourth was born one year later.



Cancer of the Uterine Cervix

THE CASE OF MRS. LAURA JANE JOHNSON

Introductory Remarks

Another case of cancer of the cervix uteri is that of Mrs. Johnson, age thirty-two, when entering the Koch Clinic, November 25, 1931. Her diagnostic and surgical history, are given by the hospital records. She made a complete recovery following the Koch Treatment and remains well

now after seventeen years.

This was a terminal case, in the very last stage, where cachexia was well established and the cancer tissue had invaded the whole pelvis “freezing” the tissues into a solid structure with loss of the natural anatomical contours, and landmarks. The Microscopic Diagnosis was, “Well developed Medullary Carcinoma,” Surgical Diagnosis, — ‘Advanced carcinoma of uterine cervix’. Examination showed the cancerous growth to have developed from deep in the pelvis to half way up to the umbilicus. The bladder wall was involved to a great extent and the bowel wall also, so that urinary difficulty and partial obstruction of the bowel resulted. (Plate 19)

Highland Park General Hospital

NAME *Laura Johnson* NO. *26379*

ADDRESS *13722 17th* SERVICE *Army*

AGE *28* COLOR *W* SEX *F* OCCUPATION *Housewife*

ADMITTED *5/28* 1928 AT *4:30* P.M. DISCHARGED *June 4* 1928 AT *9 P* M.

ADMITTING DIAGNOSIS *Pole's Case of uterus*

FINAL DIAGNOSIS *Medullary carcinoma of cervix*

RESULT *Unimproved* DOCTOR *L. Johnson*

PLATE 19. This final diagnosis of “Medullary carcinoma of cervix,” was made by the Highland Park General Hospital in 1928 in the Case of Laura Johnson.

“Much of the cancerous growth was already gangrenous, causing putrid drainage, bleeding, etc. Certain cerebral symptoms suggested that the metastases had spread to the brain. At any rate, there were convulsions without the loss of consciousness. The patient was so weak she had to be almost carried into the office. She had lost much weight, the tissues were waterlogged, (transparent), and the typical yellow tint to eyes and skin showed advanced hemolysis. She was in the last stage of the disease.

“Before the disease reached this stage of advancement, attempts were made to retard its progress and to reduce hemorrhage by cauterization of the cervical necrotic area and by tying off some of the blood vessels that nourished the uterus. Delay might have been secured by this means for a few months. However, the disease is often markedly stimulated into greater malignancy and widespread metastases by surgical measures that fall short of complete removal. Perhaps the great advancement of the disease at the time of the Koch Treatment is thus explained.”

This case illustrates very well that recovery can take place in spite of the stimulation caused by anesthetics, cauterization, and surgical manipulations, the bad effects of which are so well known and recorded by experts, as seen in the following quotations:

“Statistics favor the conclusion that operation, on the whole, shortens life in recurrent cases, although sometimes rendering it more tolerable. Handley’s recurrent cases lived 29.6 months, while in the above series, the duration of life of un-operated cases was 27, 29, 34, and 48 months respectively. This conclusion is strengthened by theoretical considerations, as well as, by

observations on the rapid course of many recurrent cases. It is clearly proved in many instances by the increasing anaplasia exhibited in the structure of recurrent tumors.

“In estimating the economic importance of the surgical treatment of mammary cancer, there must be charged up the cost of acquiring surgical skill, and the deplorable conditions following local recurrence. There can be no doubt that operation shortens life and aggravates the terminal suffering, in the great majority of recurrent cases.” Ewing, pages, 597-598.

“There can be little doubt that the rough manipulation of cellular tumors, in the preparation of the patient and in the excision of the growth, widens the field of infection by forcing cells through vessels and tissue spaces.” Ewing, page, 73.

“Arising from remnants of the original growth recurrence is usually prompt, multiple, in the line of incision or near by, and of the same type as the original growth or more malignant.” Ewing, pages, 73 and 74.

“Injury, whether a bruise or massage, to a pre-existing cancer, has been associated with an apparently extraordinary dissemination of the disease due to it. Aspiration of breast lumps for diagnosis falls into this category. Aspiration biopsy should be given up entirely.” Pullen, page, 245.

“Rapid and progressive multiplication of tumor-cells without notable intermission or hindrance is characteristic of most highly malignant neoplasm.” Ewing, page, 44.

“Cancer of the cervix is found inoperable the first time it is discovered at the first examination. The MORTALITY from uterine cancer is very high. Cullen states that of cervical cases, 50% are inoperable when first seen.” 1% are permanently cured; 8% live five years, (of operable cases).” Ewing, page, 620.

“Gaylord offers experimental evidence to show that prolonged anesthesia and hemorrhage reduce the resistance to cancer.” Ewing, page, 597.

“The rapid progress of the disease is illustrated by Mackinrodt’s observations who found the disease beyond the uterus in half of 18 cases examined within four weeks after the earliest definite symptoms. After the second month, 20 % of his cases were inoperable; after six months, 40%.” Ewing, page, 616.

“In cervical carcinoma the early involvement of the parametrium and its nodes was fully demonstrated by Kundrat who in 160 cases found this structure involved in 55%, while Lamaris and Kermanner saw such extensions in 57 1/2; Baisch in 36% and Schauta in 64 %.” Ewing, page, 617.

“The clinical course of the advanced disease is dominated by the secondary invasion of neighboring organs.” Ewing, page, 619.

“Characteristic cachexia in uterine cancer develops in the terminal stages of the generalized

disease, but when the lesion is localized in the pelvis, cachexia is missing.”

In view of the foregoing established knowledge, the reviewers conclude that the advanced stage of cachexia, which existed at the time of the Koch Treatment, showed conclusively that the terminal stage of the disease had been reached and that death was not far off.

DATA FROM DR. KOCH’S TESTIMONY

“The first dose of Glyoxylide was given November 25, 1931. A reaction took place in twenty-four hours, with chills, fever, and general achiness, and a slight erythematous rash. After about ten days a definite improvement developed. This improvement was progressive with reactions intervening at three-week intervals. The reactions were like the first showing chills, fever, and a general malaise and achiness, but grew less intense each time, and were of shorter duration.

“The periods between reactions showed more improvement as time went on, until full health was restored. This took about a year, and the gain in weight went from 130 pounds to 180 of good healthy solid flesh. The cancerous extensions throughout the pelvis steadily absorbed leaving the parts normal, but the uterus itself was not completely restored to a normal shape until two years had passed. An examination made in April 1946, revealed a normal pelvic and uterine structure and her health remains perfect. There is no recurrence of the disease.”

THE TESTIMONY OF LAURA JOHNSON

(Note: The following is paraphrased from the Testimony given by Mrs. Laura Johnson at the Koch Trial as found on pages 5931 of the Official Court Record.)

Mrs. Laura Jane Johnson resided in Port Huron when she testified at the first trial and in Sacramento, California, when she testified at the second trial. She lived in Detroit, Michigan, at the time of her illness and when she first received the Koch Treatment.

About 1928, she experienced bad pains in the lower abdomen and found it difficult to walk. She was twenty-eight years old at the time. She then went to see Dr. Livingstone, accompanied by a friend. She didn’t feel any better after she left Dr. Livingstone. Her second doctor was Dr. Van Amber Brown, who was in a clinic on Woodward Avenue in Detroit. Dr. Brown sent her to the Highland Park General Hospital on May 28, 1928. The hospital record is Exhibit No. 130 in the first trial. It reads in part: “She was advised that these findings were suspicious of a probable malignancy of the uterus and that prompt surgical treatment in any event was indicated.”

The pathology report made by Dr. Brown and dated May 29, 1938 reads in part:

“Well developed Medullary carcinoma.” An extirpation by cautery of the cervical growth was made on May 29, 1928. She was discharged from the hospital on June 4, 1928, with the tumor removed. She returned to the hospital on June 13, 1928, because of a severe hemorrhage, which followed the operation. The report on June 14, 1928, gives the following: “Diagnosis: Advanced carcinoma of the uterine cervix.” Pathology report: “chronic endocervicitis erosion.”

Mrs. Johnson left the hospital for the second time on July 1, 1928, but felt no better. She wasn't comfortable at any time. She went back to her native state, North Dakota, in July 1929. During all this time, she saw Dr. Brown three or four times a week. She had no X-ray or radium although it had been advised. She seemed improved for a short time after returning from North Dakota to Detroit. Suddenly an attack with severe pain took hold of her on the way to taking her children to school. She then went to see Dr. Rose who had taken Dr. Brown's place. He examined her. She saw him for about two months. She didn't feel any better, but she had no hemorrhage. Next she went to see Dr. Koch in November 1929. Dr. Koch examined her. She told him her history and he put her on a diet and then gave her the Treatment. Her husband was with her.

Mrs. Johnson began to feel improvement in about three or four weeks. She had been in pain and mostly in bed for a year and a half since she left the hospital and before she received the Koch Treatment. A few weeks after Dr. Koch treated her she could get around the house and do a few things. She had reactions which acted like a "grippe" but they decreased in intensity each time as she continued to get well.

She received a second injection of the Koch Treatment six months after the first. This was given by Dr. Stiers. Her recovery became even more rapid. The third, was six months after the second and was administered by Dr. Koch, personally. She said she didn't need it, but her husband insisted. Mrs. Johnson testifies that she now feels fine and has never had a return of pain or symptoms, such as she experienced before she took the Koch Treatment. She has had no other medical treatment and testified in 1946 as to her good health. She has had four children; one died in childbirth. Her cancer case had been biopsied and neutral hospitals made the diagnosis. She has had no recurrence even after fifteen years of enjoying fine health.

ATTEMPT AT REBUTTAL

In the first criminal trial, the Government failed to produce any rebuttal Testimony, fact or "opinion," and the case stood unchallenged, it is also evident from the authoritative quotations just given, that "opinion" Testimony could not possibly stand a show of contradicting the facts presented by this case.

It was admitted throughout all trials, by various Government "opinion" witnesses that it is necessary to personally observe and examine a patient, before a diagnosis can be made. Thus, the "opinion" Testimony given in the various cases is acknowledged by the witnesses that give it to be worthless, it does seem strange that "opinions" of fairly inexperienced and little known physicians, who have never seen the patient they are testifying about and never observed the manifestations of the diseases they are testifying about, should be permitted to be given before a jury; or to a commission, for the purpose of discrediting the diagnosis of such well-known experts of such broad experience, as carry the responsibility for the Mayo Clinic, the University of Michigan Hospital, the Henry Ford Hospital or of Dr. Kannel of Fort Wayne, Indiana. This is especially true when the opinions recorded in the hospital records, are based upon careful study and examination of the case during the presence of the disease, when all of the factors that constitute the disease are plainly before the experts. In other words, how could a second-rater, who has never seen the patient, know more about the diagnosis than the experts who studied the

case and made examinations of the diseased conditions that actually existed, right when they existed?

This is all the more evident when all experts, including the second-raters, claim they must first see the patient and examine, personally, to arrive at an accurate diagnosis. The New Deal Government, therefore, was not giving the jury, the commission, the suffering public, or the Treatment they tried to condemn, anything like a square deal. Still, at the second trial, Dr. Wirth hazarded an "opinion" that the cure was due to the cautery and starvation ligature to some of the blood vessels that feed the uterus. But this "opinion" is not valid, since the disease was only retarded for a period, and continued to spread to a richer blood supply when it burst forth with great vigor and spread throughout the pelvis and to distant parts. Thus, the facts defeat Wirth's "opinion." It must be stated too, that had the blood supply been completely severed from the affected parts so as to actually starve the cancer, the patient would have died of gangrene long before she ever saw Dr. Koch.

LYMPHOSARCOMA

Lymphocytic Cell Type

THE CASE OF MRS. MERVIN SPARLING

The most rapidly fatal type of cancer is the lymphosarcoma of the lymphocytic type. Such cases are inoperable. They may give a brief favorable response to irradiation, but in a short time the disease returns with violence and kills. It is recognized that irradiation does not lengthen life one day in this disease. Lymphosarcoma of the lymphocytic type is fatal in six weeks to three months as a rule. Cachexia does not set in until the terminal phase and when it does show up, one can count on an early fatality. The consensus of authoritative opinion is quoted herewith, to show the sort of disease with which we are dealing.

"Yet it was one of the most malignant diseases, resisting attempts to extirpation, and proving a veritable 'noli me tangere'" ('touch me not'). Ewing, page, 422.

"The usual course is progressive, and fatal within a few months. Wide extensions are observed chiefly with more prolonged course. After local treatment, extirpation, internal use of arsenic, or application of X-ray, the disease has often appeared to be arrested only to recur after a brief period." Ewing, page, 423.

"The tumors arise in a chain of lymph nodes or in a localized lymphatic structure, and rapidly produce bulky growths, which obliterate the outlines of the separate nodes, infiltrate surrounding tissues, and tend to result in necrosis, and ulceration of skin and mucous membrane. The more rapid cases are fatal; while the growth is chiefly local, but widespread extensions and metastases are commonly observed. Fever is often a prominent symptom, but anemia and cachexia may not appear until toward the end of the disease. In comparing cases of lymphosarcoma with those suffering from Hodgkin's disease, it may often be noted that the former do not appear to be very ill until shortly before death, while the typical Hodgkin's case is feeble, emaciated, and cachectic for a long period." Ewing, pages, 422-423.

“The disease, which is invariably fatal, may involve the entire lymphoid apparatus of the body, not only the lymph nodes, but the lymphoid tissue in the pharynx (tonsils, etc.), gastro-intestinal canal, spleen, bone-marrow, liver, and other organs. Often the lesions are much more marked in one position than another, and indeed the disease appears to begin in one part of the lymphatic system and spread slowly from one group of glands to another, so that we may distinguish a cervical, mediastinal, and abdominal form, the glandular enlargement in these regions dwarfing that observed elsewhere.” Body, page, 809.

The present case is one of the rapidly fatal type, which had gone into the terminal stage of cachexia and she was failing rapidly at the time she received her Treatment with Glyoxylyde.

The history shows that there was some sensitivity of the right side of the neck to cold air in 1943. Boils developed under the axilla on both sides, and sulfa drugs and frequent lancing did not help.

However, an autogenous vaccine did help and recovery from this was apparently complete.

In September 1944, the neck became stiff and enlarged on the right side forming a tumor that was hard and attached and rapidly infiltrated into and beneath the neck muscles and the tonsillar region within the throat. Other tumors quickly appeared in the axilla and the groins. Biopsy was made removing not more than a third of the projecting parts of the growth in the neck, on October 14th, 1944, by Dr. J. M. Jones of Bay City, Michigan. The laboratory report by a very reliable pathologist is reproduced. (Plate 20)

PLATE 20. This is a reproduction of the laboratory report in the Case of Mrs. Sparling. Note the diagnosis: “Lymphosarcoma.”

DOWNTOWN CLINICAL LABORATORY
711 STROM BUILDING
DETROIT 26, MICH.

CLARENCE OWEN W. MITCHELL
NO. E-1589 Oct. 18, 1944
PATIENT Mrs. Marvin Sparling DOCTOR J.M. Jones
SOURCE OF SPECIMEN Neck gland

Gross examination:
The specimen consists of a nodular mass of tissue which measures approximately 2.5 cm in size.

Microscopic examination:
The specimen is a lymph node with complete loss of architecture. The lymphoid follicles and germ centers no longer exist. There is a widespread lymphoid hyperplasia with a considerable amount of variation in size of cells although most of them are small. An occasional one is multi-nucleated. The cells have large hyperchromatic nuclei and very little cytoplasm. In some areas there is considerable amount of hyalinization.

Diagnosis:
Lymphosarcoma.

EXAMINED BY [Signature]

After this biopsy was made the growth developed very rapidly.

Physical examination made by Dr. Koch on October 27th, 1944 and reported in his Testimony, revealed considerable cachexia, the lemon, yellow color of the skin of profound hemolysis, emaciation, and rapidly developing weakness.

The neck showed swelling inside in the tonsillar region of the right side and a hard fixed infiltration tumefaction involving all the tissues on the outside of the neck from the ear to behind the clavicle. It bulged out forming quite a tumor and reached from the spine behind to the larynx in front. The scar showed where the biopsy was taken and an area of central necrosis had developed at that point. Both sides of the neck showed single, gland involvement and both axilla and groins, especially the right groin, showed the same type of tumefaction. A large, hard, fixed mass was felt in the epigastric region, like the top of a man's head. It had grown up from deep within the abdomen and could be felt to bulge quite definitely.

The injection of Glyoxylide was given intramuscularly October 27th. There was a definite improvement in a week, both in the size of the tumors and in the degree of the cachexia. In six months, all tumor tissue had been absorbed, so far as examination could determine, and she appeared to be entirely well. She had a few severe reactions, particularly during the third, sixth,

ninth, and twelfth weeks, and at the twenty-fourth, and thirty-sixth week. Chills, fever, general aches, and soreness, of the affected parts and areas where tumefactions had disappeared, characterized these reactions. Her recovery appears to be complete

From the Testimony of Dr. Jones, one of the best and most experienced surgeons in Michigan, it is evident that the disease was not removable surgically, and that it still existed in its rapidly growing form when the Koch Treatment was given. The cure must, therefore, be credited to the Koch Treatment, and not to the removal of the biopsy specimen, as the rebuttal habitually claims no matter how contrary to the facts, such a claim is proved to be.

PARAPHRASED FROM THE TESTIMONY OF DR. KOCH

Mrs. Sparling is a young woman who became affected with lymphosarcoma of the violent type, the lymphocytic cell type of lymphosarcoma. I had the opportunity of observing her on October 27th, 1944. I found that on the right side of the neck there was a tumor that measured about two inches in width and two and three-quarter inches in length, and had projected out from the side of the neck, possibly an inch or so. There was an incision of the skin where the biopsy was made and there was an opening, some scab on the surface.

Her nutrition was not good; she appeared to have lost weight. Her color was quite yellowish even at night, with the electric light, and her skin dry. The color indicated a blood destruction and a very toxic condition. The whites of her eyes were tinted a little towards yellow, also. The lymph gland enlargements were found not only in the neck, where the neoplastic tissue had infiltrated the muscle from the thyroid cartilage to the neck muscles posteriorly and from the ear above to the collarbone below, but they were also found in both axillae, in the groins, and in the abdomen. Here a large tumor mass that extended from the posterior abdominal wall to the anterior wall was fixed hard and almost bulging, and presented the dimensions of a man's head.

She was given an injection of the Glyoxylide and the result was an energetic recovery that took about six months to become complete. Recent examinations indicate the recovery to be complete. There is no evidence of the sickness existing now and her good health has returned, natural weight, etc. (Court Record: Pages 5680-5684.)

TESTIMONY OF MRS. MERVIN SPARLING

(Note: The following is paraphrased from the Testimony of Mrs. Marvin Sparling, at the Koch Trial as found on Pages 5684— 5695 of the Official Court Record. The words below are those of Mrs. Sparling.)

“I was ill in 1943. I had a soreness and stiffness in the right side of my neck. I could not stand wind in my ear. Riding in the car, I couldn't stand a draft on my neck. That was in the early part of 1943. I consulted medical advice. I was told to rub camphorated oil on it. My condition did not improve.”

FURTHER DEVELOPMENTS OF ILLNESS

“I had masses of boils under each arm. I also consulted medical advice about that condition. They were lanced at different times, but they always returned. The boils appeared in April of 1943, and the doctor would lance them and I would go about, perhaps a week, and they would return and he would lance them again. The doctor who did this was Dr. Slattery in Bay City. They kept reappearing all summer. He gave me something to rub on them—I do not recall what it was—but along in the fall, they became much worse. He gave me a sulfa drug, which did not seem to do any good. I broke out all over and he had to quit giving it to me.

“Then he suggested I take X-ray treatments. I took one treatment and that did me no good, so I did not take any more.

“I then got to a state where I was in bed with agony with the boils under my arms, and so I called in another doctor and he took me to the hospital and lanced the boils and put gauze on so that they would drain, but they did not go away; they kept coming back. He gave me another kind of sulfa, other than what the previous doctor had given me and as long as I took the sulfa, they stayed away. But, as soon as I quit taking it, they reappeared.

“I then consulted further advice in that matter. This doctor’s name was Dr. Woodburn. He went to the army and I went to another doctor who was working with him, Dr. James Wilcox, and he made a serum and injected eight shots into my arm, which stopped the boils. The boils then went away.”

“Every time I swallowed, I could feel a growth inside my neck and the outside continued to be very stiff and it was enlarged.

“Sometime later I was bathing and I stepped on a rusty nail and tore my foot—and in a very short time trouble came— my ankle and foot started to swell, and I was very much afraid of blood poisoning, but I did not have blood poisoning. But, my neck flared up very much at that time; became much worse. I consulted medical advice about that, the doctor asked me to have my teeth X-rayed, which I did, and found nothing wrong with my teeth. This was an ear, eye, nose, and throat specialist, Dr. Hoyser. I told him there was something in there, that every time I swallowed, I could feel it (I refer to my throat) and the gland was noticeable, quite noticeable, at that time.

“He gave me some black salve to rub on twice a day until it disappeared. For two weeks I did that and it only aggravated it and made it grow very rapidly. After I put the black salve on for two weeks, I went back to him, but he was out of town, attending a convention in Chicago, so I went to a friend who was a doctor, Dr. H. C. Moore, and he suggested surgery.

“On October 14th, 1944, I had my neck operated on by Dr. J. M. Jones, of the Samaritan Hospital in Bay City. For two days, it felt fine. At the beginning of the third day, it started to grow rapidly. I thought that it was the incision that was not healing and the day I left the hospital, which was the fourth day after I had it removed, the nurse put some drawing salve on it, thinking that it was not healing. She dressed it for me and I went home. After I got home it kept getting

larger and paining, and it did not seem to be healing as it should, so I went back to the doctor who had suggested the surgery, to have it dressed. He sent me back to the doctor who did the surgery. He told me that he would not do anything for a few days. He put a clean dressing on and that is all.

“After that it continued to grow and to be very, very, painful and more or less a gripping sensation both inwardly and outwardly. I thought it was not healing properly and I put a hot application of boric acid on with the hot water bottle, which blistered it and made it worse.

“I then went back to the doctor. He did not do anything. The doctor I went to suggested deep therapy, but I did not have deep therapy. I came to Detroit to see Dr. Koch on October 24th, 1944, but I did not see Dr. Koch at that time. I talked to Dr. Richards and another doctor who was there from South America. I was put on a diet, a three-day diet, and I went back to Bay City. They recommended enemas twice a day. “I saw Dr. Koch, personally, on October the 27th, 1944, at eleven o’clock at night. Dr. Koch came to my home, gave me an examination, examined my stomach; in fact, he examined me all over and when he hit here (indicating), I knew there was something there, although I had not known that before. I could tell by the way it sounded that there was something hard there. He examined me all over and asked me a few questions about my weight and so on.

“At that time, Dr. Koch administered his Treatment. I observed results fifteen hours later. I received the shot after eleven o’clock. I am not sure, just exactly, but I know it was eleven o’clock when Dr. Koch arrived and the next day at two o’clock in the afternoon, I felt a relaxation in my neck and I started to run a slight temperature, and I had chills, a great many chills all night, and for about three weeks I had chills and a slight fever, and some aches in my legs and arms.

“The sore where I had burned myself with the boric acid, scabbed over and dropped off within about five days after Treatment. “The swelling in my neck gradually went down; every morning I could notice a difference in it. “I do not have any swelling in my neck now and I swallow freely without discomfort. I feel fine. I do my own housework and I assist in a ladies’ dress shop, in Bay City.”

Cancer of the Spleen

THE CASE OF BEVERLY GRAVES

This is a case of sarcoma of the spleen, in a young girl of six years that developed pain in the stomach and chest with rapid breathing, some diarrhea, bulging of the abdomen, and some fever. There was enlargement of the spleen and auxiliary and inguinal lymph glands. The child was taken to the hospital and the exploration was done by Dr. J. W. Kannel, whose description is given here along with the hospital record.

DATA FROM THE TESTIMONY OF DR. KANNEL

“This operation was performed in the Methodist Hospital. I found an enlarged spleen extending

two inches below the ribs, and compressing the left lung, two-thirds of the lower part of that lung. The upper third was patent. That was the left lung. The ribs showed creasing or indentations in the spleen. It was irregular and hard. She was only sick, five days before I put her in the hospital and operated on her, because the progress of this case was so rapid.

“Her blood count the first day was 7,200 white cells, and on the twenty-third it was 16,700. We knew she had some very virulent disease there and we thought it was an abscess and when we got in there, we found it was not. The spleen is an organ that is a kind of reservoir to equalize the circulation of the blood and manufacture cells of blood. The normal, adult spleen is supposed to weigh one-half pound and occupy a position in the axillary line under the tenth and eleventh rib, so it couldn't be very big in a child. It would be much smaller than that.

“The operation of June 1943, is known as an exploratory laparotomy. I did not remove anything or change the condition of any of the organs, but closed the abdomen. The operation was on June 24th, 1943, and on the seventh or eighth day, she was sent home. After the operation and examination, on the basis of my clinical findings and the history that I received, I made a final diagnosis of cancer of the spleen. I made this diagnosis because of the rapid increase of the white blood cells from 7,200, I think, to 16,700 on the 23rd, and on the 24th, just before the operation—and that is not in your record—it went up to 22,400. We immediately sent her to the operating room.

“There was a nodular condition of the spleen, irregular, with impressions of the ribs in it, and it was very hard. The normal condition of the spleen would be more soft, and be so small that it would not have projected down below the ribs nor compressed the lung. My first diagnosis, before we looked in, was enlarged spleen, possibly malignant. My final diagnosis was sarcoma of the spleen, made on June 24th, 1943. (Plate 21)

“I later treated little Beverly in her home with a dose of Glyoxylide on July 2nd, 1943, eight days after the operation. She gradually improved and made a perfect recovery. She is now a well child and there has been a complete recovery of her splenic condition. She received no other treatment after my exploratory operation, my laparotomy, other than Glyoxylide. “I ascribe her recovery of that cancerous condition to Glyoxylide.”

TESTIMONY OF GEORGE CHARLES GRAVES

(Note: The following is paraphrased from the direct examination Testimony, given by George Charles Graves at the Koch Trial found on pages, 3820-3822, 1/2 of the Official Court Record. The words below are those of Mr. Graves.)

“My full name is George Charles Graves, and I live in Fort Wayne, Indiana. I am self-employed, being a dry cleaner.

“I am the father of Beverly Graves. I have been in the courtroom while Dr. Kannel testified to her case. I know Dr. Kannel and he is our family physician today.

“Beverly was 11 in 1943, and Dr. Kannel performed an operation on her at Methodist Hospital.

After a period of time, she went back to school. Beverly goes to school and since last September has missed two or three days.

"I received a diagnosis from all three doctors. The other two doctors were Dr. Parker and Dr. McCoy. They attended the operation.

"As far as I know, my daughter is well today."

PLATE 21. This is a reproduction of the summary sheet from the Ft. Wayne Methodist Hospital in the Case of Beverly Graves, showing that the final diagnosis of her condition was cancer of the spleen.

METHODIST HOSPITAL
FORT WAYNE, IND.

Name Beverly Graves
Room 603-6-15
Hospital No. 65813

SUMMARY SHEET

1. Admission 6/22/43

2. Character of case
Medical
Surgical Enlarged Spleen
Operative

3. Working Diag. Enlarged spleen with many adhesions

4. Final Diag. "
Sarcoma of Spleen

5. X-Ray and Laboratory Findings Negative

6. Date and Character Oper. or Delivery Exploratory
Laparotomy with splenectomy
Adhesions

7. Path. Diag. Report on specimen received at operation, etc.

8. Complications

9. Condition on discharge and prognosis Improved

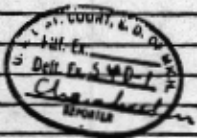
10. In case of death the autopsy findings

11. Remarks. Physicians may note the findings which led to final diag. etc.

12. Date of Discharge 6/28 43

Signed: Dr. [Signature]

NOTE—This Sheet to be Filled and Signed by Physician or Surgeon in Charge.



TESTIMONY OF BEVERLY GRAVES

(Note: The following is paraphrased from the Testimony given by Beverly Silvan Graves at the Koch Trial as found on pages, 3847-3850 of the Official Court Record. The words below are those of little Beverly Graves.)

“My name is Beverly Silvan Graves, and I live on Maysville Road, Rural Route 9, Fort Wayne, Indiana. I go to school and am in the third grade. I missed today.

“I am nine years old. I went to school yesterday.

“This is the first oath I ever took in my life. I do not know what it means yet. I just promised to tell you the truth. I understand that I might be punished by God, if I did not tell the truth.

“My father and mother are in the room now. “I know Dr. Kannel. I remember back some years ago when I was sick and Dr. Kannel operated on me. I was in the courtroom this morning when my father told you about putting me on the pony. I remember that, and since then, I have learned to ride. I have my own pony and am on him every day. I like to ride. I feel well. Since school started last September, I think I missed about three days.

“My pony and I have entered shows and have won some prizes. I have won some ribbons. It does not hurt me when I ride. That is my hobby. I play with other boys and girls in the neighborhood. “I am in the third grade.”

ATTEMPT AT REBUTTAL

Since sarcoma of the spleen in children is always rapidly fatal, and the disease had already reached the terminal stage when it was diagnosed and she was given the Koch Treatment, death would have taken her in a matter of weeks had not a truly curative process been instituted. Therefore, three years later, when this Testimony was given and the little girl appeared and testified in perfect health, there was no denying the cure. It was necessary then to deny the correctness of the diagnosis to defeat the defense. But this task presented difficulties, since by one very simple test, the jury could understand that the hardness and hard, nodular, nature of the great enlargement of this spleen, determined that it was a sarcoma and nothing else. Dr. Wirth gave the “opinion”, on rebuttal, that it was a septic spleen, that is the enlargement was due to infection. But he had to admit that a septic spleen feels hard, but he did not seem to have much confidence in the strength of this argument, so he shifted to the claim that you can’t feel a spleen, anyway, to determine if it is hard or soft, for “fear of rupturing it as the capsule is too thin.”

Everyone knows that the doctor comes to the bedside and examines the spleen when a person is sick, and he uses pressure to do it, much more pressure, in fact, than is necessary, if the abdomen is opened and when one can get it between the fingers to palpate its hardness. Yet the spleen is never ruptured by such an examination. However, expert Testimony settled this matter. A following Government witness, Dr. Westphal, who came to testify about some X-ray plates, was asked, page 8817 of the Transcript, while he described the examination of the abdomen, “Q. — How do you palpate the spleen? A. —The same way on the other side. Q. —You apply pressure?

A. —Yes, sir. Q. — Is there danger of rupturing the spleen? A. —Oh, no, not on palpation, no sir. Q. —Is it possible and proper to palpate the spleen by applying pressure to determine what it is? What would you determine by that? A. —Well, I always consider if I can feel the spleen, that it is enlarged. Q. —Is the spleen contained in a capsule? A. —Yes, sir. Q. —Any danger of rupturing that? A. —Not by palpation, you could not rupture it.”

Thus, Wirth failed to show that Dr. Kannel could not examine the spleen and palpate it to determine that it was very hard, nodular and so greatly enlarged, that it grew up into the chest to displace about two-thirds of the lung area, as well as, down into the abdomen. Since this hardness and the other characteristics determine that it was sarcoma, for no other disease of the spleen has such characteristics, the diagnosis of sarcoma of the spleen was established. Moreover, since sarcoma of the spleen is a rapidly fatal disease, and always finally fatal, its cure following the Koch Treatment is something new in medicine, that should interest all humanitarian Americans.

Affidavit

ALLEN COUNTY
SS
STATE OF INDIANA

“ON THE FOURTEENTH day of May 1948, appeared before me, Dr. J. W. Kannel of 1405 Vermont Avenue, Fort Wayne, Indiana, who deposeseth and says, that he has practiced medicine and surgery in Fort Wayne, Indiana, since the year 1899, after practicing three years in Ohio. Ever since the commencement of practice, he had free access to the hospital facilities in Fort Wayne, and made surgery a major part of his work, and was a member of the surgical staff of the Bueyrus Hospital from 1914 until 1917, and visiting surgeon to St. Joseph’s Hospital, the Lutheran Hospital, the Methodist Hospital, and Medical Center Hospital, as a desired and honored patron.

“Affiant also says that he was a member of the American Medical Association, the Indiana State and the County Medical Societies until the year 1945, when he was notified that he was no longer a member of said medical groups. This followed charges of unethical conduct without any basis in fact and without the right of affiant to defend himself with proofs of the correctness of his methods. Affiant was charged with claiming to help cancer when the method he used was condemned by the society members, none of whom knew the first thing about the method by experience, or scientific training, qualifying them to possess an opinion. The method used by affiant was the Koch Treatment, which he found so much more efficient than surgery, which he had previously employed, but he could no longer use surgery in cancer conscientiously, but was compelled by conscience to use the Koch Treatment instead. It was for offering this method to his patients that the medical society took away his membership in these medical groups, and deprived him of the rights that pertain thereto. Affiant also states that the fact that he used the Koch Treatment was the basis of said attack upon him, although an attempt was made to assign the charges to his method of answering inquirers, as to the treatment he used. That there can be no fault to affiant’s method of reply, a form of reply was used, which is herewith given, and the usual type of inquiry is herewith also copied.

“INQUIRY— ‘I am told by a friend that you have a guaranteed cure for cancer. I am deeply interested in receiving full information for a friend of mine who is afflicted. Will you kindly forward me full particulars and especially tell me if you can assure a cure?’”

“REPLY— ‘Some people recover when given the Koch Treatment, which I use. You may have a physician near you who is using it. I do not take any case unless I can first examine it. No reputable physician guarantees a cure of any disease he treats. The cost is reasonable.

“Respectfully,
“J. W. Kannel, M.D.”

Many such inquiries were received and answers were given according to the form and meaning stated above.

“Affiant further states that on August 4, 1942, he received a letter from the Superintendent of the Medical Center Hospital of Fort Wayne, Indiana, requesting him to discontinue the use of that hospital. (This letter is reproduced as Plate 22.)

“Affiant also says that in April, 1946, he was notified verbally by the Rev. H. W. Mohler, Superintendent of the Methodist Hospital, that he could no longer operate or enter a patient into the Methodist Hospital on his own standing, but would have to have a sponsor who was a member of the Allen County Medical Society and of the staff of the hospital. This dismissal came after having operated and enjoyed the facilities of said hospital from 1925 to that date in April 1946. Affiant states that previously he had operated in all the hospitals up to 1925 after which time, he transferred all his surgical activities to the Methodist Hospital. No cause was given other than that affiant was no longer a member of the local and state medical societies and of the American Medical Association. However, affiant did then, and still does belong, to the time-honored and respected National Eclectic Medical Association, and the American Institute of Homeopathy.

“Affiant further says that he was discharged from the medical societies for “unethical conduct in the practice of medicine,” which was supposed to be an instance of an answer to a letter of inquiry, such as is noted above. No proofs were given to sustain the charges and no opportunity to demonstrate the superiority of the Koch Treatment in the care of cancer cases, as proved by results obtained in recurrent, far advanced cancer of the stomach with full obstruction, and massive involvement and terminal cachexia with full recovery permanent over twenty years, in inoperable cancer of the uterus, breast, and other parts of the body... cases that had no hope, otherwise, but were restored to health and full freedom from the disease.

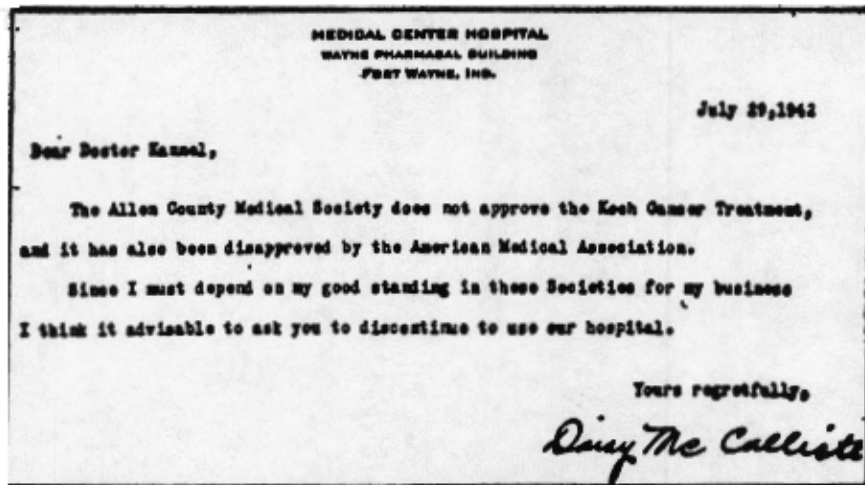
“Only ‘opinion’ by men who knew nothing about the method was raised against the affiant. Facts were not permitted in the defense.

“(Signed) J. W. Kannel, M.D.”

Subscribed and sworn to before me the 14th day of May 1948.

(Signed) Mildred Vera Verweire
My commission expires April 20, 1950.

PLATE 22. This is a reproduction of a letter sent to Dr. J. W. Kannel whose Testimony, in the Beverly Graves Case, verified the fact that the Koch Treatment brought recovery from cancer of the spleen.



Lymphosarcoma

THE CASE OF LOLA MILLER

Introductory Remarks

This is presented as a case of the type of lymphosarcoma, which grows large and kills before it has metastasized widely. It belongs to the type Ewing describes on page 422 "The more rapid cases are fatal while the growth is chiefly local."

This patient, age thirty-one, had developed an orange size tumor in the right breast, which extended into the axilla. Cachexia was developing rapidly. On July 1, 1925, the part that involved the breast proper was removed, leaving the rest of the breast tissue and the surrounding cancerous invasions including that, which developed, into the axilla. A dose of Glyoxylide was given by Dr. Kannel on July 16, 1925. Dr. Kannel was the surgeon who performed the operation. He testified that 'he did not remove all of the cancerous tissue and explained the reason for not doing a complete and radical operation in that his experience was that such operation would not prolong life one bit but would hopelessly cripple a patient and increase their suffering.'

This is in keeping with Ewing's statement on page 598. "There can be no doubt that operation shortens life and aggravates the terminal sufferings in the great majority of recurrent cases." In other words, where the skilled surgeon can see that successful operation is impossible it is useless to attempt a radical operation.

The removal of the breast lump was done to establish the diagnosis as to the type of cancer so as to be able to make an accurate prognosis. The diagnosis given herewith is a Photostat of one of the sheets of the hospital record. (Plate 23)

PLATE 23. Photostat of the Methodist Hospital laboratory record in the Case of Miss Lola Miller, establishing by biopsy the diagnosis of "malignant lymphosarcoma."

METHODIST HOSPITAL LABORATORY RECORD No. 3							
11431 - Miss Lola Miller				Room No. 422			
FOOD SUGAR				GLUCOSE IN URINE			
1st Hr.	2nd Hr.	3rd Hr.	Normal	1st Hr.	2nd Hr.	3rd Hr.	4th Hr.
BASAL METABOLIC RATE							
Date	Calories Per Square Meter of Body Surface Per Hour or						%
WIDAL TEST							
Date	Result	In serum dilutions of					
PATHOLOGICAL EXAMINATION							
Date	Tissue From	Description and Diagnosis					
7-13-20	Excised tissue	Malignant lymphosarcoma with metastases in the axillary lymph nodes and in the bone marrow.					

Following the Glyoxylide, there was rapid absorption of the axillary and other cancerous extensions and a quick recovery from the cachexia.

She remained well until 1931, when a lump appeared in the left breast the size of one's thumb. It was removed by Dr. Kannel, and was diagnosed lymphosarcoma from its clinical features only, plus the history of the former disease. Another dose of Glyoxylide was given and no further recurrences took place. Her health remained perfect. On examination in April 1946, she was found to be perfectly well.

AN ANALYSIS OF THE REBUTTAL OF THE LOLA MILLER CASE ATTEMPTED BY DR. WIRTH

The rebuttal of this case was given by Dr. Wirth, who adapted his Testimony to the length of time she stayed cured, about twenty-two years, till now. He testified, "In my "opinion" the entire course of the disease is the result first, of the local removal of the disease, secondly, on the chronic nature of the disease, lymphosarcoma."

Both "opinions" are contradicted by the facts in the case, for the whole disease was not removed in the first place, and in the second place, lymphosarcoma is a rapidly fatal disease. Thus, the experience of many years is summed up in Ewing's statement page, 423 "The usual course is progressive and fatal within a few months. Wide extensions are observed chiefly with more prolonged course. After local treatment, extirpation, internal use of arsenic or application of X-ray, the disease has often appeared to be arrested only to recur after a brief period."

It is also known that cachexia appears, in this disease, just before death. As Ewing states on page, 423 “But anemia and cachexia may not appear until toward the end of the disease.” Ewing also states on page, 422. “The more rapid cases are fatal in which the growth is chiefly local,” and “that it is one of the most malignant of diseases, resisting attempts at extirpation and proving a veritable ‘noli me tangere’” (‘Touch me not’).

Since disturbing lymphosarcoma for biopsy leads to its increased activity, and the Testimony shows there was plenty of cancer tissue left to bring about an early mortality, which was already imminent, as shown by the cachexia, her recovery could only have been brought about by a most effective removal of the cause. The only Treatment given was the Koch Treatment. It is therefore evident that the facts, in the case, were not successfully rebutted by Dr. Wirth.

Lymphocytic Cell Type of Lymphosarcoma

THE CASE OF MRS. GEORGE GROVE

Introductory Remarks

Here is another case of the rapidly developing, early fatal type of lymphosarcoma. Such cases have to be treated shortly after the disease is recognized, or they will not live long enough to be treated at all. The case under consideration now, is a fair example of the increase of the malignancy by surgical interference.

It also exemplifies the great speed with which the reverse process, the recovery, takes place. Indeed, recovery is as rapid or perhaps more rapid than the disease progresses, even at its best

PLATE 24. A copy of the surgical pathology report of the diagnosis laboratories of the Miami Valley Hospital, in the Case of Mrs. George Grove, indicating “lymphosarcoma.”

DIAGNOSTIC LABORATORIES
MIAMI VALLEY HOSPITAL
DAYTON, OHIO

SURGICAL PATHOLOGY

Name **Grove, George Mrs.** Path. No. **95(-1)**

Last Name First Name Initial

Station **I.P.** Room **Room** Age **40?** Public **Private**

Clinical Diagnosis
(Must be stated by surgeon before operation)
Gland from neck

Surgeon's Pathology
(Must be described by surgeon following operation)

Surgeon **P. Shank**

Date of Operation **4-27-37**

PATHOLOGIST'S REPORT

Gross pathology

Cherry size mass of firm grayish-white tissue

Microscopic Examination

The normal lymphnode architecture is largely replaced by diffuse hyperplasia, including localized areas containing large pale lymphoblasts. The microscopic appearances are those of early lymphoblastoma of the lymphosarcoma type. (Does the peripheral blood show evidence of an excessive number of abnormal immature white cells? Such histologic findings in the lymphnodes may or may not be associated with leukemia).

Pathologist: _____

(The original sheet is to be placed on the patient's chart)

Mrs. George Grove, age 40, developed a glandular swelling in the back of the right side of the neck. A mass the size of a cherry was removed on April 27, 1937. (Plate 24) Though the growth removed was only the size of a cherry, it did not stay away. Within three weeks, it had recurred at the same place as a growth at least five times as large as when removed. When she appeared at the Koch Clinic on May 17, 1937, it had become as large as half of an egg, bulging outward.

It had infiltrated deeply into the tissues of the neck and was well fixed. A few other much smaller glands were also present in the vicinity. They were the size of peas, approximately. She received her one dose of Glyoxylide on the same day, and on examination three weeks later no trace of the growth could be found. It had absorbed completely, not even leaving a scar. The several smaller glands also disappeared in this same period and her health became normal.

The history further shows that the growth first made a noticeable start about five weeks before the biopsy was done. Thus, before cutting into it the rate of growth was about one-tenth what it was after it was cut. So, the recovery process had a speed equal to the growth development at its best.

Mrs. Grove never had a recurrence after the one Glyoxylide injection and remained in good health. However, four years later, she was hit by an automobile and killed. An autopsy was made but no cancer could be found anywhere in the system. Thus, this case, through the unfortunate accident, which called for an autopsy, is exceptionally valuable in showing that the disease was

entirely overcome.

ATTEMPT AT REBUTTAL

The rebuttal, in this case, was given by Dr. Shank who also did the biopsy. He gave the “opinion” that he thought he removed the whole growth when making this biopsy. However, the rapid recurrence showed that he did not remove the whole growth; but simply stimulated it, in accordance with the consensus of experience and knowledge regarding this disease. It is well known that this disease does not yield to surgery, or other destructive methods. Ewing’s statement on page, 422 of his text explains this fact most concisely. “Yet it is one of the most malignant of diseases, resisting attempts at extirpation, and proving a veritable ‘NOLI ME TANGERE’ which means ‘touch me not’” Here he also states that after extirpation it recurs “after a brief period.”

Endothelial Sarcoma of the Bone

THE CASE OF HAROLD BARNARD

Introductory Remarks

This case is best appreciated by studying the data in the hospital record, but as an introduction, a brief general statement is given first.

This patient, Harold Barnard, was perfectly healthy until forty-one years of age when he noticed pain in the right arm, with limitation of motion. Radiographs were made at his home in Jackson, Michigan. One is presented here. (Plate 25)

PLATE 25. This is an X-ray of Harold Barnard dated August 31, 1934, showing destructive Sarcoma of the shoulder joint and bones.



Then he entered the University of Michigan Hospital for complete diagnosis. The hospital record shows that several alternative diagnoses, suggested by the X-ray, had to be ruled out by blood and urine chemistry and by biopsy. It was thus established that the disease was a sarcoma of the bone arising in vascular endothelium. Since the lesions were so extensive, as to involve the humerus and scapula, and the microscopic findings showed these lesions to be a malignant form of sarcoma, the case was considered inoperable. However, the suggestion was offered that the arm and the whole shoulder girdle might be removed. He refused this operation and was given the Koch Treatment on September 17, 1934.

He was in fair nutrition, but there was a lemonish tint to the skin and eyes often found in malignant disease. He was suffering considerable pain in the right arm and shoulder. In fact, the arm had to be protected from motion or sudden jarring. He was not able to use it. Over the right shoulder blade, there was a protruding tumor mass about the size of one's fist or a little smaller. Another lump the size of a walnut was present closer to the spine. The skin over the large tumor showed the scar of the incision where a biopsy was made and it was evident that the tumor had grown some since this was done, only a few weeks previously.

It is observed, in examining the hospital records, that the removal of tissue for microscopic examination, both from the muscle that was invaded by the cancer, and from the bone were quite bloody affairs. The malignant cells had a fine chance during all this manipulation to be spread by the blood stream to all parts of the body. Biopsies on sarcoma cannot avoid spread of the disease

and where the malignant tissues are torn apart and cut as much as was done in this case, this procedure must certainly have thrown millions of malignant cells into the blood stream. Sarcoma can increase its grade of malignancy very suddenly after being scratched or pinched and the extensive rough handling that was necessary to the performance of the biopsy, no doubt, had this very effect.

As Ewing* states, page, 73, "There can be little doubt that the rough handling of cellular tumors, in the preparation of the patient and in the excision of the growth widens the field of infection by forcing cells through the vessels and tissue spaces."

"The practice of removing a portion of the tumor for diagnosis may add to the dangers of local dissemination. Arising from the remnants of the original growth, recurrence is usually prompt, multiple in the line of incision or nearby and of the same type as the original growth, or more malignant. Local recurrences usually show increasing malignancy and anaplasia."

It is an important observation, therefore, that this case of sarcoma did not form metastases and go ahead and die after the Glyoxylide Treatment. The malignant tissue disappeared, and instead, he recovered. Sarcoma of this type is always fatal as Ewing states, page, 361, "Angioendothelioma, multiple endothelioma, diffuse endothelioma, or endothelial myeloma, the entire group, is characterized by a predilection for the bone shaft, a tendency to multiplicity, a cellular and vascular structure, marked osteolytic properties, failure to produce tumor bone, and a relatively slow BUT FATAL COURSE."

We can reach no other conclusion but that the basis for malignancy, the cause of metastatic activity, and malignant reproduction of cells, was removed after this Treatment. This is in contrast to the accepted type of treatment, which is to try to cut out or destroy the malignant cells themselves. This Treatment was administered at some distance from the cancer involvement, and had to act through the bloodstream on every cancer cell.

The first radiograph taken before Treatment in August 1934, demonstrates the characteristics just mentioned by Ewing for sarcomas originating in the lining cells of the blood vessels. The destruction of bone substance demonstrated in these pictures is discussed in the University of Michigan Hospital report, as a process to be differentiated from that in Paget's disease of the bone, myeloblastoma, and where the bone is attacked by benign and malignant giant cell tumors, for these had to be excluded in arriving at the exact diagnosis.

(* Ewing is universally recognized as the greatest authority on the clinical and microscopic features of cancer.)

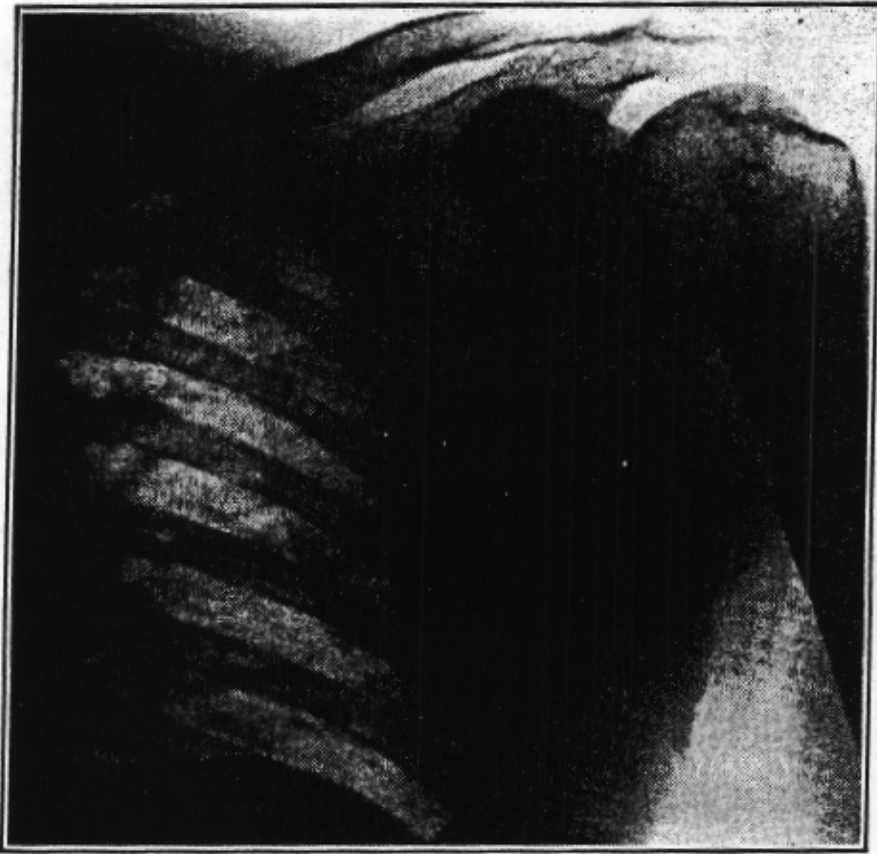
To do this, the conclusive test, the biopsy, was made though it did endanger spread of the disease. The biopsy proved the growth to be a malignant cancer. The blood analysis reported here rules out Paget's disease. Thus, the diagnosis is established beyond any possibility of doubt. The recovery is also established, since instead of dying in from a few months to a year, or so, he got well and is still well fifteen years after Treatment.

The second X-ray shows the healed bone. This was taken in 1942 during Dr. Koch's first trial.

This shows that instead of being subjected to a destructive process, the bone was restored by the production of a thicker shaft wall and many small trabeculae or bone septa, which restore the structure of the spongy part of the bone.

His arm is able to function normally again. It is as good as it ever was and as good as the other arm that always was well. The malignant growths have disappeared leaving in their places stronger and thicker bone only. Thus a good restoration to normal has taken place. (Plate 26)

PLATE 26. This is an X-ray of Harold Barnard taken in 1942 at the time of the Koch Hearings, showing recovery from the malignant sarcoma of the shoulder joint and bones.



Mr. Barnard's account of his experience is given herewith.

TESTIMONY OF HAROLD BARNARD

“Back in 1933, I started having trouble with my arm, the right upper arm. I thought it was neuritis or something of that nature. There was pain there. It was intermittent, usually worse at night when I went to sleep. I noticed a small lump on my right shoulder blade. It became worse as time went on. At first it did not interfere with my ordinary work, and then I threw a ball at a picnic and in throwing the ball, I must have done something to the arm.

“From then on it was practically useless. I could not write or shift gears on the car.

“I went to see a Dr. Brown and he sent me to the University of Michigan Hospital. That was during the summer of 1934. They took some X-rays and a biopsy.

“In the middle of September, 1934, I went to Dr. Koch. He gave me an injection. I had reactions in the form of the grippe. It was a matter of weeks before I noticed my arm changing. It was a year or two before I felt that I had recovered the complete use of the arm, as I was favoring it, naturally. Now I do not favor it at all, I can use it in any endeavor I wish to use it. The lump on the back has practically disappeared.

“The scar on the back starts 2½ inches to the left of the right armpit and goes down in a diagonal direction about a distance of three inches or three and one-half inches.”

THE ATTEMPT AT REBUTTAL

The rebuttal in this case was offered by the “opinion” Testimony of Dr. Birkelo, who thought it might be a benign, giant cell tumor, and by Dr. Wirth, who thought it might be a case of osteitis fibrosa cystica. Both of these “opinions” were based upon X-ray pictures and were also considered by the experts at the University of Michigan Hospital to whom the X-rays, in addition, suggested the possibility that the disease might be a multiple myeloma.

The “opinions” of the rebuttal witnesses do not agree with each other. But, the three possibilities mentioned were set forth and considered by the University of Michigan Hospital staff on the basis of the X-ray findings. The incorrect “opinions” offered by Dr. Birkelo and by Dr. Wirth were ruled out, both by making a biopsy, and by studying the blood chemistry. (Plate 27)

PLATE 27. A copy of the University of Michigan pathological specimen report, in the Harold Barnard Case. Note that it describes his condition as “a malignant neoplasm.”

Beard R.

UNIVERSITY OF MICHIGAN
UNIVERSITY HOSPITAL
PATHOLOGICAL SPECIMEN

Name Harold Barnard No. 554190 Date 9-1-54

Service Surg. 5E Age _____ Sex _____ Pathological No. 1715-AM

Address _____ Occupation _____

History of Case Tumor mass over right scapula posteriorly. ? myeloma.

Operated by Dr. Iglesias Nature of Operation Biopsy, Incision.

Question _____

Gross Description I. Numerous bits of cancellous bone.
II. Soft tissue from right shoulder. Bits of soft brown tissue, some pieces apparently blood clot. (I bits decal, II bits no).

Pathological Diagnosis II. This is a malignant neoplasm, the final classification of which is in doubt. It is composed of round cells, only a small proportion of which show the eccentric nucleus and basophilic cytoplasm usually seen in the plasmocytoblastomas. The arrangement of the cells is suggestive of an endotheliocarcinoma, probably hemangiosarcoma. Further report after decalcification.

H. Gordon
HJ

26

Pathological Diagnosis After decalcification. Bone is in large part replaced by neoplasm showing the same general histological characteristics as in the soft material. This is a spindle cell hemangiosarcoma.

H. Gordon

The biopsy revealed a specific type of sarcoma, which is very definite in its structure and which could not possibly be confused with osteitis fibrosa cystica, or with giant cell tumor, or even with multiple myeloma. It was found to be a malignant growth, without the least doubt and of the type called endothelial sarcoma. Microscopic studies of osteitis fibrosa cystica show that this disease is not a tumor at all, but a loss of calcium from the bone structure, plus reparative fibrosis. The microscopic picture of giant cell tumor shows that it is made up of cells, each of which is about one hundred times as large as and contains sixty to one hundred times as many nuclei as the small simple cells, which make up an endothelia sarcoma. These small cells contain only one nucleus each. Hence there could be no possibility of confusion for the pathologist who examined the specimens.

“On cross-examination, Dr. Wirth claimed he could not tell the difference between the giant cell of a giant cell tumor and the spindle cell of an endothelial sarcoma, which as we have just indicated, are as different from each other as an autobus and a wheelbarrow.” Moreover, the blood and urine chemistry (pages 55, 56, of hospital record) supported the biopsy showing that neither osteitis fibrosa cystica nor a benign tumor was present. No fact witness was produced to show error in the interpretation or description of the biopsy specimens; both of which checked perfectly and also agreed with the gross characteristics of the tumor where it broke through the bone and invaded the soft tissues outside the bone, forming a very vascular growth with marked hemorrhagic nature, as described by Ewing on pages, 361 and 366.

He also shows here that fibrosa osteitis cystica exists simultaneously with endothelial sarcoma

and that although some cases only live a few months, some may live as long as two or three years, but that the disease is always fatal. The recovery of this patient may be considered a cure, since he remains well now about fifteen years, instead of the upper limit of three years, which in this form of progressing disease ends in death. If there was any fibrosis osteitis present to complicate the disease, this hitherto “incurable” disease was also cured. So in this case, a most marvelous curative ability is demonstrated in the body following the Glyoxylide injection.

Dr. Birkelo gave the “opinion” that the disease was cured, or might have been, by a bump on the elbow, which the patient might have sustained. Thus, a disease so serious in the opinion of the University experts that even removal of the arm and shoulder girdle would fail, could be cured by just bumping the elbow, in the “opinion” of Birkelo. Here we see how competing surgeons become panicky when confronted by the successful Treatment of a cancer case.

A study of the recovery reactions shows that the cyclic features that are uniquely characteristic of the Koch Treatment identify the cure as belonging to this Treatment and it alone. The facts, thus, contradict the “opinions” of the Food and Drug Administration “experts.”

Quotations from Ewing which confirm the factual features of this case follow:

“While intermediate types of tumors occur, three structural varieties may, for the present, be recognized: (1) Angioendothelioma. (2) Multiple endothelioma. (3) Diffuse endothelioma or endothelial myeloma. The entire group is characterized by a predilection for the bone shaft, a tendency to multiplicity, a cellular and vascular structure, marked osteolytic properties, failure to produce tumor bone, and a relatively slow but fatal course.” (page, 361)

“The growth is rather slow, occupying several months; it is accompanied by pain and disability and often results in spontaneous fracture, which may be the first prominent symptom.” (page, 361)

“Osteitis fibrosa is sometimes seen in the unaffected bones, and may be detected in the roentgenogram.

“The total duration of the disease varies with the histological malignancy, and with other factors. Some subjects succumb to very rapid growth of the original tumor, and widespread secondary tumors in a few months, while others survive for two or three years. The course is, therefore, much slower than with osteogenic sarcoma.

“The mortality is very high, especially with the younger subjects.

“GROSS ANATOMY. —In the earliest stages, a considerable area of bone marrow is found to be cellular, and opaque from focal and diffuse proliferation of tumor cells. This process spreads through a large portion of the shaft, and displaces the weakened shaft outward. New bone may be laid down by the periosteum in very characteristic parallel lines or irregular deposits, but the periosteum is soon perforated, and the tumor tissue infiltrates and displaces the soft tissues, forming a fusiform, soft swelling. Most of the tumors are very vascular, and subject to rapid fluctuations in volume. Hemorrhage and necrosis occur in the central portions.” (page, 366)

The gross pathology described in the operative record fits this description by Ewing perfectly and so the diagnosis is again established and the rebuttal witnesses put to shame.

Far Advanced Cancer of the Colon In The Terminal Stage

THE CASE OF JOHN KELLY

Introductory Remarks

In this case, the patient had been ailing with a painful abdominal complaint giving various diagnosis, such as diverticulitis, etc., until obstruction of the bowel took place near the splenic flexure, and a rapidly developing cancer formed an enormous tumor that spread through the abdomen and ruptured through the abdominal wall on the left side. A fistula was thus formed that permitted the fecal material to empty out over the abdominal wall. This fistula enlarged rapidly, as the malignancy advanced to form a large cauliflower growth upon the surface. Several other fistulae formed in the same way emptying feces over the abdominal wall. Biopsy was performed and the true nature of disease was thus proved to be a very malignant form of cancer of the colon. Exploration proved the disease to be so far advanced and to have spread throughout the abdomen and to have invaded the wall so widely that it was entirely hopeless and inoperable. X-rays showing the obstruction, was made at the Henry Ford Hospital, are described in the hospital record extracts in the publisher's file. The description of the exploratory operation and the hopeless condition is likewise given. One radiograph made early in the diagnostic observation period is reproduced here.

After the exploration the patient's condition degraded rapidly, as would be expected in a case of such virulent malignancy. He lost much weight, became very weak, and was given an early terminal prognosis as the hospital record shows. (Plate 28)

PLATE 28. This is a copy of the general memo from the Henry Ford Hospital regarding the Case John Kelly. Note that the diagnosis indicates a "fungating carcinoma of colon." Especially note the remark at the bottom of the memo: "This is entirely a hopeless case."

<i>Henry Ford Hospital</i>	
NAME KELLY JOHN	DATE 1-22-42
I 2	CASE NO 41016
GENERAL MEMO	
DIAGNOSIS:	Fungating Carcinoma of Colon
OPERATION:	Electro Coagulation of Tumor Mass.
OPERATOR:	Dr. Ellis
ANESTHESIA:	Ether and Nitrous Oxide by Miss Blyss
PREPARATION:	Hexylchloro-M. Creol
 OPERATION:	
As we commenced the operation, we do consider the possibility of resection of the left half of the transverse colon. With the radio knife, we therefore cut around well beyond the margin of the fungating mass and strip back the skin flap. As we encounter the left rectus muscle, we find that the tumor mass is infiltrating throughout, so that resection is out of the question.	
*With the electric cautery, we therefore cut off the bulk of the tumor and coagulate all the protruding mass. The skin flaps are then undermined and brought together with interrupted wire sutures. Copious dressings are applied and the patient is returned to the floor in good condition.	
This is entirely a hopeless case	

He was then given the Koch Treatment and was a little better for a while, but at the fourth week following the injection he showed evidence of too much exhaustion to react profitably, so he was given another Treatment. Recovery came rapidly after this, and as the record shows, he gained in weight and strength very rapidly, like some other badly emaciated cases have done, following the Koch Treatment. He went back to work in a couple of months. As he recovered in this period, the growths that had perforated the belly were absorbed, and the destroyed areas healed beautifully.

The invasion of the intestines and abdominal structures by the malignant tissue also underwent involutions and absorption. In this way, the obstruction was also cleared away and the intestinal wall healed so it could do its work again. In fact, within six months after the Treatment, the obstruction of the bowel disappeared and his colostomy was not needed anymore; and although some fecal matter leaked through, the majority of the bowel movement came through the rectum again, in a normal way. Dr. Koch then advised that the opening in the colon (colostomy) be closed. This was done on November 23rd, 1942, as is recorded in the hospital record.

THE TESTIMONY OF DR. F. L. RICHARDS

"I first saw John Kelly in March, 1942 at our nursing home. He was removed from the Ford Hospital to the nursing home and stayed there one day. His wife came to the office and told me about the case.

"When I saw him he had at least three openings in his abdomen. They were all discharging fecal matter, and the skin was denuded, more or less, from the toxic condition, and what was

considered cancerous tissue was pressing out of the abdomen, in at least two of these openings to the extent of perhaps one inch. It must have been cancer in my opinion. I don't know what other disease would take that form. There was something peculiar about this tissue, the nature of it, and the history of the case. He had been operated on for a growth in the bowel, and the incision had broken down and this condition had developed following that condition.

"There was a lot of odor from that fecal matter, that was why we couldn't keep him at the nursing home, but one night. The odor was so terrible that we had to move him from there.

"I gave him an injection of Glyoxylide, and they took him to his home near Ypsilanti. I saw him once a week from that time on, until the latter part of May, and then I was out of town for three weeks. When I came back, I found him very much improved. He had gained some twenty pounds in that three weeks, and was looking and feeling fine. I examined the abdomen and it looked very normal, the growth had all disappeared. He was sitting up in a chair and said: 'I don't need you any more. I am getting along fine.'

"After the first visit, I made several visits there a week apart, and his condition remained about the same. At the beginning of the fourth week, after he had received the first Treatment, I gave him another Treatment because he didn't seem to be improving, as I thought he might. He had been subject to hemorrhages from the bowel at that time, and I also gave him some calcearia for the bleeding. The fourth week, I gave him the second Treatment, and he seemed to improve from that time on.

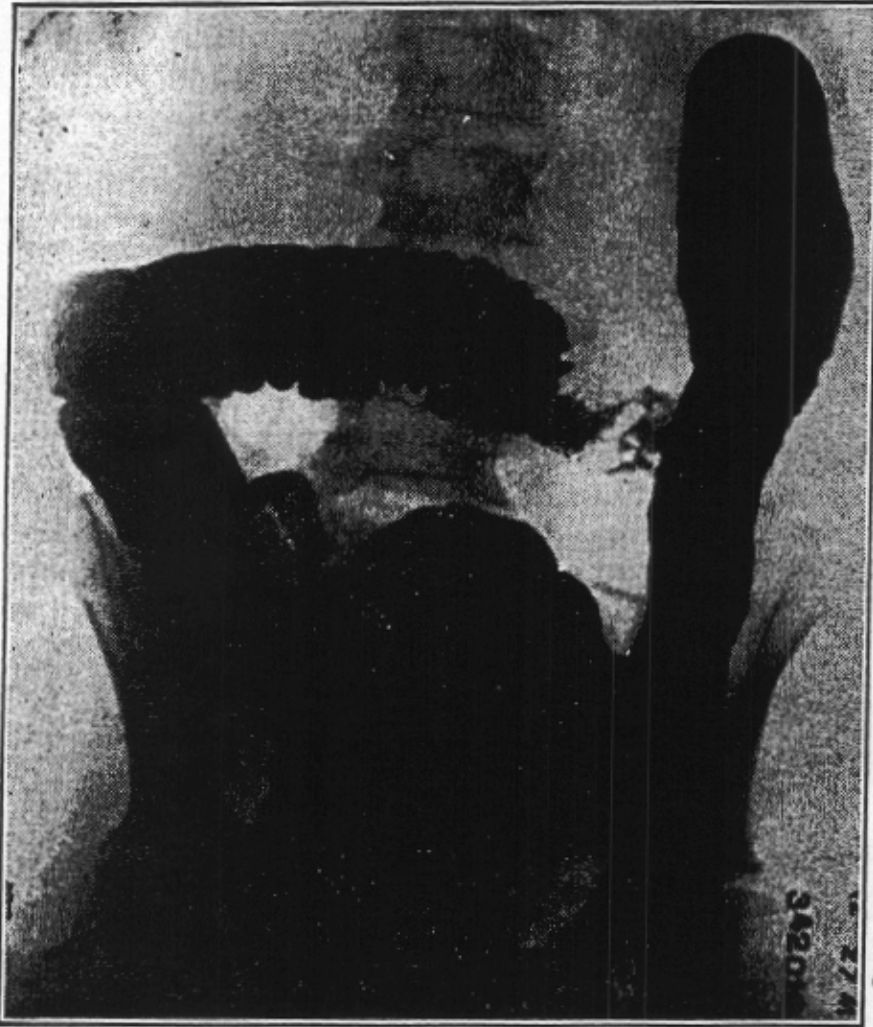
"In my opinion, the disease was cancer from which he was suffering. I saw him once or twice after the 15th of June. Now he is working every day at the Bomber Plant.

"He was on the Koch Diet, as long as I was in attendance on the case, and when he went to the Ford Hospital for later treatment, his wife told me that they kept him on the same diet when he was in the hospital."

THE TESTIMONY OF MRS. ALTA KELLY

"I am John Kelly's wife. The first time he went to the hospital in 1941, he complained of not feeling good, and he would be tired. The night we took him to the hospital he didn't sleep all night. He broke out with sweat, and rolled and tumbled, and was unable to get up the next morning. He came home from the hospital after an operation, and went back to work in November 1941. December 17th, he stopped working. He went back to the hospital for three or five days for observation, right after Christmas. They took X-rays. (Plate 29)

PLATE 29. This is an X-ray of John Kelly taken by Henry Ford Hospital showing the condition of his colon. Exactly two months after this X-ray was made, this case was judged to be entirely hopeless by the hospital.



“He grew gradually worse all through the month of January, the last week he was in bed. The first day of February, he was taken back to the hospital in an ambulance, and they performed a colostomy. As far as the colostomy was concerned, it was proving satisfactory, but his stomach still continued getting worse, and he had these pains. The incision was opening up, and there was a discharge, so they dressed it. There was an opening in the abdomen from the first operation that they had never thoroughly closed, and there was drainage.

“On February 27th they operated again. He got out of the hospital April 1st. The opening was still there, still getting larger and discharging very much fecal matter. This opening was across the abdomen where they had cut him open the first time. The colostomy was one opening, and where he had been operated on there were two openings. Beside where they had sewed him together with wire to hold the incision together, there were three or four others that would open up, and they were gradually getting larger. On the outside of the large flesh, and as each one of these places opened up, there was a growth that would come up out of these. It looked rather like raw beef, and had an awful odor.

“About the middle part of April, he got so he could get up and go outside. Then he had a

hemorrhage. It started on a Sunday, and the following Saturday he hemorrhaged from two to four, and from ten to eleven that night. The hemorrhage came from the wound in his stomach. It seemed to come from the inside of his stomach. Dr. Richards came out and gave him another injection, and gave him some medicine to clot the blood and stop the hemorrhage.

“The liquid that came from the wound would seem to irritate the flesh, and make it very sore. He was very low at that time. He could hardly raise his head off the pillow. He didn’t want to eat. Three or four weeks after he had the second injection, he was taken with a terrible chill. Apparently after he got over that he began to get better. He got up the latter part of June of that year and went back to work. The colostomy is closed, working very good.”

TESTIMONY OF JOHN KELLY

“I had very much pain in my abdomen off and on for about six months. I went into the Ford Hospital in 1941, and was there forty-one days. They operated on me after nine days. I went back to the hospital in January 1942, and was very ill when I came out. I had a colostomy operation. Dr. Richards gave me a shot some time in April, and another one about a month later.

“I went back to work in August. I went to the hospital in September, and they put a clamp on my colostomy, and again in November, I went to the hospital. That was to finish closing it. After the second injection I improved a lot. In the latter part of June 1942, I weighed 113 pounds, and I must have weighed less than that, because this was when I was able to get out of bed. Now I weigh 184½ pounds.”

AN ANALYSIS OF THE REBUTTAL IN THE JOHN KELLY CASE ATTEMPTED BY DR. WIRTH

The rebuttal offered was Dr. Wirth’s “opinion” that the recovery resulted from the surgical activities and from the infection that was present. This, as one may see, on page 12 of the hospital record, date 2-27-42, is untenable, since the results of the exploration are recorded. ‘This is entirely a hopeless case.’ It is moreover, well known, that when cancer becomes infected it also becomes more rapidly fatal and progressive. Ewing states this on page 17 of his text. The quotation will be given shortly with others.

To further show that the Wirth “opinion” has no basis in fact and is contrary to established knowledge regarding cancer, we point out that the exploratory surgery only went the depth of the abdominal wall when it encountered so dense an invasion of cancer that the exploration had to be stopped before the abdomen could be entered and explored. The place of origin of the growth could not even be approached. The biopsy was taken, therefore, from the extension of the cancer into and through the abdominal wall and is so indicated in the record as, “Metastatic Carcinoma.” However, the fungating mass that ate through the abdominal wall caused so much odorous discharge that it was sliced off and the surface cauterized to stop bleeding. However, Dr. Wirth hazards the “opinion” that this superficial trimming and cautery removed the whole cancer, with the help of the infection that caused so much bad odor.

The facts show that the great involvement with cancer throughout the abdomen was not even

touched by the surgeon so they recorded, “This is entirely a hopeless case.” Only the surface was trimmed. Established knowledge set forth by the authorities shows that instead of helping, the surgical procedures could only stimulate the growth to greater destructive activity. The further history of this case proves that this is exactly what happened. Thus, Ewing states on page 73, “There can be little doubt that the rough manipulation of cellular tumors in the preparation of the patient and in the exclusion of the growth widens the field of infection by forcing cells through the vessels and tissue spaces.” Also, “Arising from remnants of the original growth, recurrence is usually prompt, multiple, in the line of incision or nearby, and of the same type as the original growth or more malignant.”

On page 44, Ewing also states, “Rapid and progressive multiplication of tumor cells without notable intermission or hindrance, is characteristic of highly malignant neoplasms.” On page 17, “The onset of ulceration, frequently transforms a comparatively harmless tumor into a rapidly fatal process, through local or general infection, suppuration, absorption of toxic products and hemorrhage, to which chiefly must be attributed the cachexia.”

On page 597 and 598, “Statistics favor the conclusion that operation on the whole shortens life in recurrent cases.” Thus, it is evident from the established knowledge as well as from the events taking place in the Kelly Case, before receiving the Koch Treatment, that the surgery and infection could only make the disease worse and could not and did not cure him at all.

To rebut the recovery in this case, factual proofs regarding the state of the patient at the time the rebuttal was going on in court, should have been given. No such fact Testimony was produced, even though Mr. Kelly went from Montana to Detroit, so that the Ford Hospital experts could thoroughly examine his abdomen to ascertain if cancer were still present. The results of this examination were available at the time the rebuttal was going on, but no witnesses were produced by the Government to tell what the examination revealed. Why did the Government keep the facts secret? If the patient still had cancer, they surely would have made a report before the jury. Their silence, in view of the fact that he was studied for rebuttal purposes, is certainly significant. Anyway, he is in perfect health and has been running a large farm doing more than an ordinary man’s work. There is no symptom or sign left of his former disease. It might be pertinent to mention an occurrence outside of the Court Testimony, namely that Surgeon General Ernesto De Oliviera, of the Brazilian Army, just retired, was visiting America at this time, the summer of 1946. While being entertained at the Henry Ford Hospital, he was told by the surgeons that this case was examined recently by them and found cured, a case that they were unable to help.

Terminal, Far Advanced Case of Cancer of the Liver

THE CASE OF MARY GORDON

Introductory Remarks

There is no argument about the fact that all tumors originating in the liver are fatal. This is especially true when large portions of the liver are involved, and when the condition has progressed to a point where the patient is in a coma, and jaundice is deepening in spite of well

established gall bladder drainage to the outside.

There are roughly two classifications of primary cancer of the liver. One type is characterized by a few large masses of cancer; the other type presents many small tumors that permeate large portions of the organ, and can be seen to cover one or more surfaces. These tiny pea size growths develop within the lobule from the parenchyma and cause obstruction of the minute bile ducts within the substance of the liver. They thus cause a jaundice that increases as the disease advances, even while the large bile ducts are clear.

Various names have been given to this form of cancer of the liver by the various observers who have described it. It is a type of adenocarcinoma with more or less attendant, scant or dense cirrhosis. All are agreed, however, that the condition is fatal, and a rather rapidly growing, quickly fatal, type which causes death fairly soon after the jaundice is well established.

The Case of Mrs. Mary Gordon, which Dr. Arnott describes here, is one of the latter types, a terminal case of fatal cancer of the liver. So well known is the fatality of this type of liver tumor that a biopsy is not needed and indeed one can accurately describe the microscopic picture from the gross finding. They agree with Ewing's description of cancer of the liver on page 746, and with Cecil's on page 862.

Ewing states, "No sharp division exists between multiple adenoma without cirrhosis, multiple adenoma with cirrhosis, and carcinoma. Each of these conditions exhibits progressive, invasive, and malignant tendencies (Muir). With the onset of the tumor process there are added increasing anemia, cachexia, diarrhea, and hemorrhages, and the disease progresses steadily to a fatal issue. After the appearance of ascites, the duration is seldom more than a few months and often only a few weeks."

"The surface presents multiple, projecting, yellowish, or bile-stained nodules, which on section may be found to represent a large part of the parenchyma. The nodules may be numerous, small, and almost confluent, or larger, discrete, and encapsulated. One portion of the organ may be quite free, but frequently the lesion is nearly universal."

"Many authors describe a diffuse form of hepatic carcinoma (Eggel, Rolleston). Yet these cases commonly represent a very extensive development of nodular carcinoma in a cirrhotic liver, and not a diffuse growth of tumor cell."

Cecil states, "DIAGNOSIS, —An insidious onset with progressive nodular enlargement of the liver, anemia, and loss of weight and strength in a person at or past middle age are characteristic signs. The diagnosis is conclusive, if a primary malignant growth elsewhere be demonstrable. The presence of jaundice and ascites is additional evidence. Aspiration biopsy is a justifiable procedure in doubtful cases."

Here is an unmolested case, one that can be estimated fully from surgical findings and terminal clinical stage where the pathology was promptly reversed, after instituting the Koch Treatment, as this attempts to establish the catalysis of oxidation belonging to the chemistry of the Carbonyl group, carried by chemical compounds of certain specific structure. The recovery was prompt

and complete, and has so remained to this day, seventeen years. How many thousands of such cases have suffered and died without even hearing of the Koch Treatment in these seventeen years? What should be the objection to offering a harmless Treatment, that has enjoyed this success, to a hopeless victim of cancer of the liver?

THE TESTIMONY OF DR. DAVID ARNOTT

(Note: The following is paraphrased from the Testimony of Dr. David Arnott, in the Mary Gordon Case, as found in the Official Court Record at the Koch Trial. The words below are those of Dr. Arnott.)

“Dr. Ernest Williams, the surgeon that performed the operation on Mrs. Mary Gordon, first consulted me in her behalf. He is also of London, Ontario. Mr. Gordon, the husband of the patient, also called upon me in behalf of his wife.

“From the hospital records and speaking with the surgeon, it was evident that an operation was performed upon Mrs. Gordon on June 29th, 1931, in which the surgeon opened the abdominal wall over the gall bladder area. The gall bladder was brought up to the surface of the incision by forceps and held there while a tube was inserted to drain off the blood, and then the gallstones were found and removed. Then a permanent drainage for treatment was left there after the operation, and it was still in position when I saw her over three weeks later.

“At the operation, an examination was made and no gallstones were found to obstruct the flow of bile into the bowel. It was found, at this time, that there were tumors on the liver. An obstruction of the gall bladder was thought responsible for Mrs. Gordon’s yellowish-looking skin. If nothing else happened, her skin would become normal as the condition was corrected. However, Mrs. Gordon’s liver had numerous tiny, firm nodules, which would obstruct the free normal functioning of the liver, so that the bile would be absorbed into the blood and would also result in the yellowing of the skin. It appears from the hospital record of July 7th that the patient is intensely jaundiced and is feeling very miserable.

“This would suggest that the liver condition was responsible for her failure to recover after the gallstones were removed. Upon this same day the hospital record says that her condition is poor and the prognosis is poor that is hope for her recovery is poor. Reports on July 13th and July 22nd, 1931, of the hospital record, indicate that the patient still feels very sick, nauseated, and that the intense jaundice persists with prognosis still poor. “On July 24th, the hospital record indicated that the patient is still very jaundiced, has no relief from gastric pain and nausea, and that prognosis is bad; in other words, no hope for recovery. It was about this time that I first visited the patient. The hospital record indicates that I injected Dr. Koch’s Glyoxylide on July 23rd. In my opinion, no X-ray treatment, radium treatment, or operation, could have cured the patient. The opinion of the hospital, itself, stands on record as no hope for recovery. She was comatose; the gravity of this serious state was increasing.

“I gave Mrs. Gordon the Glyoxylide in the morning, as I remember, and when I saw her in the afternoon her jaundice seemed distinctly relieved to me, and by the next morning anybody could see it. From July 26th until August 10th, I was out of the country. When I returned to Canada I

went to see her at Victoria Hospital. Her condition was much improved. She had lots of stomach distress, but the jaundice was much relieved and her vitality was distinctly better. I saw her at the hospital and two or three visits afterwards. She was making distinct improvement. It is my opinion that Mrs. Gordon would have died within a few weeks, if she had not had the benefit of the Koch Treatment.

“Mrs. Gordon became completely well within six months following one dose of Glyoxylyde, 1931, and has remained in perfect health all these years. She is still in perfect health.”

AN ANALYSIS OF THE REBUTTAL IN THE MARY GORDON CASE ATTEMPTED BY DR. COLLAR

The rebuttal in this case, is the “opinion” of Dr. Collar that the diagnosis may not have been correct and that the condition might have been due to an inflammation of the liver caused by the blocking of the flow of bile from the liver, by a stone in one of the ducts leading from the liver. The “opinion” witness did not have the opportunity to see the liver at the time of operation, nor did he see the bile flow out freely from the tube in the gall bladder for a month or so following the exploratory operation. He did not see the patient at all, and was not personally acquainted with the facts, as they existed, so he did not see by personal observation that there was no obstruction to the flow of bile from the liver for a whole month between the time of operation and the time the Koch Treatment was given.

You will see, therefore, that his “fancies” did not agree with the facts. The facts show that the operation of draining the gall bladder to the outside was successful and the bile drain was free and not obstructed; hence, any inflammation that might have been caused by bile stoppage had plenty of time to disappear and with it the jaundice, before the Koch Treatment was given. On the contrary, the jaundice deepened while the bile flow was free, and thus, must have been caused by something else, which in itself was increasing in severity. The answer to this is the large number of growths that were developing throughout the liver. It was an involvement of large areas accentuated on certain surfaces and follows the description, which Ewing gives of cancer of the liver. This characteristic of large areas involved with the small tumors, and others not involved, also eliminates Dr. Collar’s “opinion” that the condition resulted from inflammation due to obstruction of the common bile duct. For such obstruction would affect the whole liver uniformly throughout, and not only in patches, as cancer does. The rebuttal “opinions” do not apply to this case, therefore.

Cancer of the Pancreas Diagnosed by Exploratory Operation

THE CASE OF MRS. VIOLA WHITE

Paraphrase of the Testimony of Dr. Rosa Barr

“My name is Dr. Rosa Barr. I live in Cleveland Heights. I am a graduate of Cleveland Homeopathic and have a certificate from the Ohio State University. I was graduated in 1904 and commenced practice in Cleveland immediately and have been there ever since. I am on the staff of Woman’s Hospital and on the visiting staff of Huron and Fairview Hospitals. I hold a

physician and surgeon's certificate, but have not done any surgery for several years, due to the fact that my left arm and shoulder were crushed in an accident and I have little use of the left arm.

"I have been the physician of Mrs. Viola White for about thirty years. On that afternoon in September 1938, I was called by Mrs. White. I found her in intense pain. The abdomen was very rigid. It was not definitely located over the appendix; in fact the pain came in spasms. I figured it was acute appendix, but it was difficult to decide definitely. At the request of the family, I called Dr. John Hepple. He came and he felt the same as I did about it. We took her to Huron Road Hospital between seven and eight in the evening and the operation took place immediately. (Plate 30)

PLATE 30. This is a copy of the operative record made by the Huron Road Hospital surgeons in the Case of Viola White. This exploratory operation showed a "tumor at head of pancreas," which the three physicians attending the operation, according to Dr. Barr, one of them, agreed was cancer and that the case was inoperable.

HURON ROAD HOSPITAL
EAST CLEVELAND, OHIO

OPERATIVE RECORD

Name *White, Viola* Room No. *423* Age *59* Hospital No. *4481* Date *9-13-38*

Surgeon *J. Hepple* First Assistant *D. Heffer*

Instrument Nurse *W. Delmuth, H. H. H. H.* Second Assistant *W. Walker*

Circulating Nurse *W. Balotti, E. Currier* Drainage *1)*

Sponge Count *Correct*

Condition of Patient *Fair* Anesthetic *E. H. De Santis*

Operation - *Exploratory Laparotomy*

Pre-operative Diagnosis *Appendicitis*

Post-operative Diagnosis *Tumor at head of Pancreas*

What was done: Signature: *John C. ...*

Under general anesthetic the abdomen was prepared and draped in the usual manner. A right rectus incision was made through the skin, subcutaneous tissue, fascia and muscle to the peritoneum which was incised and the abdominal cavity entered. The appendix was visualized and found to be normal, and was returned to the abdominal cavity. Manual pelvic examination, internally, revealed no apparent pathology. Incision was extended upward and gall bladder was examined, found to be enlarged and congested but emptied easily. The stomach was found to be apparently normal but a mass about the size of an orange, hard and smooth was found in the head of the pancreas. Tapes were removed, peritoneum was closed with continuous suture, fascia with interrupted chromic, silkman retention sutures were used and the skin was closed with clips. Post-operative condition of patient fair.

R/HE
Huron Road Hospital
9-17-38

[Signature]

"I was present at the operation, as an adviser, but could not perform it myself because it was only a short time after the accident, which injured my left arm. After some investigation, they, Dr. Hepple and Dr. Balotti, both of whom are now in foreign service, found at the head of the

pancreas a sort of mass that was about the size of an orange and it had infiltrated over to the stomach.

“The stomach was absolutely normal and Dr. Hepple just released the pancreas from the stomach and closed up. The tumor felt soft, but it was definitely nodular. I personally felt it, as well as, the other two physicians. It was just a small area of attachment to the stomach, maybe taking the area of an inch or an inch and a half. The diagnosis of all three of us was cancer of the head of the pancreas. Nothing was removed because the surgeons felt the case was inoperable.

“Dr. Hepple took care of the patient while she was in the hospital. After she was brought home, I took complete charge of her once more. Mrs. White contracted hypostatic pneumonia after the operation, but she got over that. I did not think at the time, immediately following the operation that Mrs. White would survive. It was considered a hopeless case. In fact, when her husband asked me how long she could live, I told him six months.

“I did not know anything about Dr. Koch at this time. Dr. Wingate, a practicing woman physician in Cleveland, suggested the first injection in my presence. After this shot, she seemed easier. Upon the suggestion of Dr. Wingate, I personally administered an identical shot in the arm on the 11th of November. Mrs. White received one additional injection about six months later. This was after I advised Dr. Koch of the progress of her case.

“I gave Mrs. White nothing else. Her case was an absolutely hopeless cancer case. She is now completely well and in good health. I can only conclude that it was the Koch Treatment, which helped her. I examine her at least once a year. The cancer enlargement could be felt by palpation, but inside of a year it was completely gone. It has been a number of years and Mrs. White is still in good health.”

A PARAPHRASE OF THE TESTIMONY OF MRS. WHITE

“My name is Mrs. Viola H. White and I am a housewife living in Cleveland, Ohio. My husband is the Secretary and Treasurer of the Mutual Drug Company of Cleveland. I have lived there about thirty years.

“Dr. Rosa Barr has been our family physician for thirty years. On the 15th of September 1938, I was taken with an attack of nausea at the university Y. M. C. A. where I was attending a luncheon. After I was brought home, I called Dr. Barr immediately. She came and then I was taken to the Huron Road Hospital. Before I went to the hospital, however, Dr. Barr had called in a Dr. Hepple, as a consulting physician. Dr. Hepple is in the armed forces at present. He said I should be taken to the hospital at once. That same night I was operated on and remained in the hospital for about two weeks. I was in bed about six months altogether under Dr. Barr’s care.

“I suffered a great deal in my stomach for two or three weeks. These pains continued right up to the time I had the first injection of Glyoxylide. I felt much better and gradually came to be more comfortable. I had a total of three injections between October 1938, and March 1939. I have been in perfect health since and have had no recurrence of the difficulty. I am now back to my normal weight.”

AN ANALYSIS OF THE REBUTTAL IN THE VIOLA WHITE CASE ATTEMPTED BY DR. WIRTH

Rebuttal in this pancreas case was given by Dr. Wirth, who hazarded the “opinion” that the growth was an inflammatory affair rather than cancer. Of course, an inflammatory affair the size and shape of an orange would have to be an abscess; and an abscess of the pancreas would not reach that extent, without causing high fever, great pain, and vomiting, and would have demanded a much earlier operation, special drainage, etc.

An abscess of the pancreas could be recognized by the surgeon, and it would have been opened and drained or the patient would have died. This growth was not opened and drained and the patient did not die. So, it was not an abscess.

On the contrary, the facts show that instead of having the characteristics of an inflammation, it was a nodular growth, which had infiltrated the stomach as cancer of the pancreas has the habit of doing. It had infiltrated other surrounding structures as the record shows. Dr. Wirth’s “fancies”, therefore, do not agree with the facts. This Testimony characterizes the purpose of the attack on Dr. Koch.

Cancer of the Palate, Recurrent After Operation

THE CASE OF MR. ABRAM JOHNSON

Introductory Remarks

It is so well established that unless cancer is fully and completely removed at surgical operation so that not even one trace of it remains, it will come back and generally with much increased malignancy and destructiveness, and a more rapid tendency to spread. The Case of Abram Johnson, here given, shows that even in a simple, readily accessible case of low-grade malignancy, surgery can fail and also bring about a rapid recurrence with widespread dissemination of the disease. Here again it is seen that though the disease is made inoperable, the use of an appropriate antioxidant can be followed by a recovery.

Mr. Johnson, age sixty, was first seen by Dr. Koch December 1st, 1932. His condition was cancer of the palate — the roof of the mouth, and of the glands in the neck. Examination showed the palate, hard and soft, to be covered with a large growth and about a dozen smaller ones. Some of the glands under the jaw and in the neck, close by, were enlarged, fixed and hard. He gave a history of having been at the University Hospital at Ann Arbor, Michigan, October 15th, 1931, where an operation and touching up with electric cautery was done. The areas healed and all was well for a number of months and then many growths of the same type returned and were widespread; and in addition caused considerable neck involvement.

From the history of the University Hospital a Photostat is presented to give the details of the diagnosis and of the operation. (Plate 31)

PLATE 31. This is a reproduction of the University of Michigan Hospital pathological specimen report in the Case of Abram Johnson. The final diagnosis was made as “cornifying squamous cell carcinoma arising in a papilloma” on the palate.

UNIVERSITY OF MICHIGAN UNIVERSITY HOSPITAL PATHOLOGICAL SPECIMEN	
Date <u>10-14-32</u>	Registration No. <u>276177</u>
Service <u>OTO</u>	Pathological No. <u>2258-A7</u>
Patient's Name <u>Abram Johnson</u>	
Address _____	
Age <u>59</u>	Sex <u>Male</u> Occupation _____
History of Case <u>Papillomatous, wart-like growth on palate.</u>	
Operated by <u>Dr. Maxwell</u>	
Nature of Operation <u>Cautery and excision tumors.</u>	
Question <u>Nature of tissue?</u>	
Pathological Diagnosis <u>Cornifying squamous cell carcinoma arising in a papilloma.</u> Infiltrates into the neighboring mucous glands. If the portion examined represents the deepest infiltration, this should give a good prognosis, with complete local excision since metastasis is not likely to occur early.	
Small text at bottom left	C. V. Velten Pathologist

After the Glyoxylide was administered on December 3rd, 1932, he had a series of reactions with grippiness, chills, and fever at intervals, and there was appreciable improvement even in a week. The recovery progressed steadily so that in less than a year it was complete, all tumors had been absorbed and healing was perfect. He also gained good body weight and became stronger and enjoyed better health than he had experienced for many years and still remains well, without recurrence of the trouble, sixteen years after the Treatment.

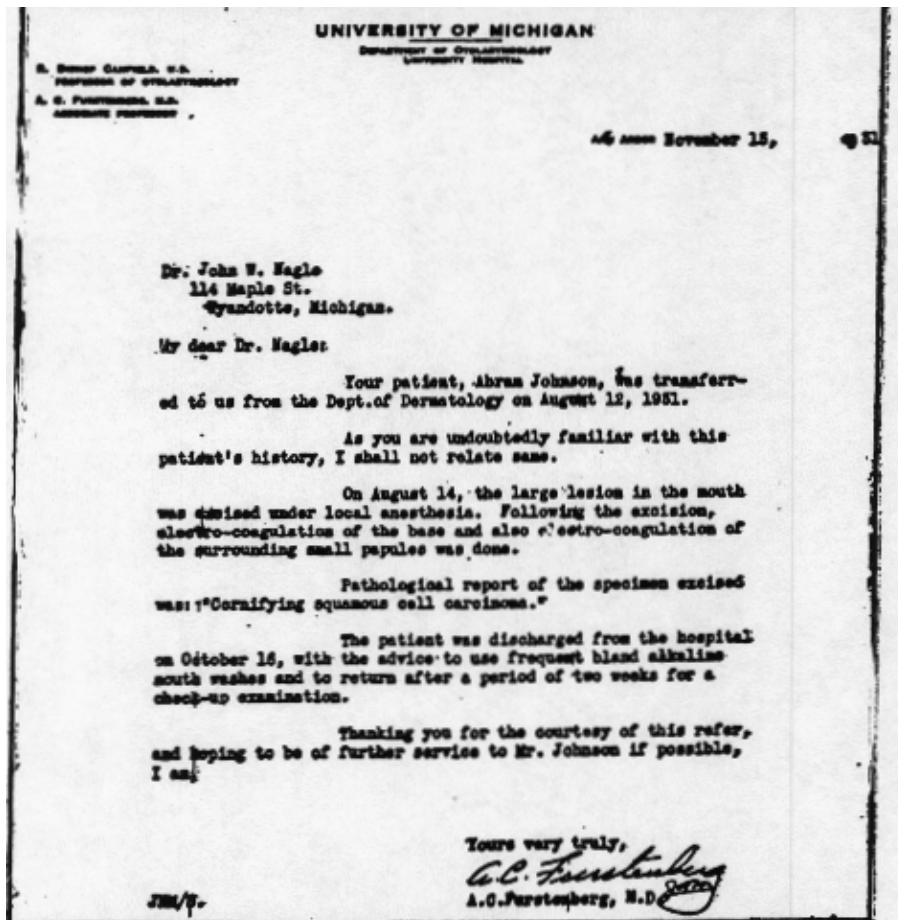
A PARAPHRASE OF THE TESTIMONY OF ABRAM JOHNSON

“I have been a watchman at the All Metal Products Company in Wyandotte, Michigan, for practically thirteen years. I was on nights for the first three and a half years and now I am on days all the time.

“I am seventy years old. If I remember right, it was on the 12th day of August 1931, that I went to the University of Michigan Hospital in Ann Arbor. Prior to that time, I had seen a doctor in Wyandotte by the name of Dr. Nagle.

“I had a growth in the back part of my mouth, way back, and it was giving me some trouble and I did not know what it was. I did not pay much attention to it for a little while. One morning I was sitting in a chair and I dozed off to sleep. It seemed when I woke up this place in my mouth just turned outside of me. I could hardly get it out of my mouth; it was so thick. It was down in my mouth. At that time that was the only growth I had in my mouth. This incident occurred on Friday night, as I recall and I went into Dr. Nagle’s office on the Saturday morning. He did not give me any treatment at all for it. (Plate 32)

PLATE 32. Copy of a letter written by Dr. A. C. Furstenberg of the University of Michigan Hospital to Dr. John Nagle regarding the Abram Johnson Case in which he confirms that Mr. Johnson’s condition was diagnosed as “cornifying squamous cell carcinoma.”



“He advised me to go to Ann Arbor at once, not to hesitate. I then went to the University of Michigan Hospital at Ann Arbor, where they examined me for about one full day. I do not remember how many doctors examined me but there were a lot of them, and also a lot of nurses that examined my mouth along with the doctors. This was on Monday and I believe the operation was performed on Thursday.

“They did not put me to sleep for the operation. I believe they injected something into my mouth. It was numb; there was no feeling.

“I went into the hospital on Monday morning and I left there on Friday evening of the same week.

“For a while my mouth was not so sore, the soreness was there, of course, but it seemed to kind of go away for a short time and then later on it began to get sore again.

“There were some small growths that came around in my mouth back where this last one was taken out. As well as I can remember now, there were nine places that came around right back where that one was and around the outside, of where it was taken out. They hurt and it was pretty hard for me to swallow and get anything back there without causing it to hurt me.

“I went back to the hospital in Ann Arbor twice before I was released from the hospital. They did not give me any treatment, just looked at me. I also went to Dr. Nagle again. He did not give me any treatment or medicine or anything of that kind. The day following my visit to Dr. Nagle, I went to see Dr. Koch and he examined my mouth. I followed his advice regarding diet and things of that kind, and in three days I went back and Dr. Koch gave me an injection in my left arm. This was in the year 1931. * About the third day I felt pretty badly. I became cold. I thought I was going to freeze. The wife put me to bed. We had the hot water bottles and about all the blankets we had to cover the bed were on me. It lasted possibly an hour. About three weeks from that time, I had another cold spell, not as bad as the first. I had those cold spells for, I would say, six months, I believe, every three weeks, but they kept getting lighter.

(* Note: There is a date error in Mr. Johnson’s Testimony. He states he went to Dr. Koch in 1931, whereas it was December 1932).

“In about two weeks, something like that, I noted that these little growths began to disappear. I would say in about six or eight months after that I could not feel them. They were gone. There have been no recurrences since then, and my health is pretty good.

“I work six hours on Sunday and twelve hours on Monday, Tuesday, and Wednesday. That is forty-two hours for the week. I am working that way right along.”

AN ANALYSIS OF THE REBUTTAL IN THE ABRAM JOHNSON CASE ATTEMPTED BY DR. FURSTENBERG

The rebuttal was contributed in this case by Dr. Furstenberg, of the University of Michigan Hospital. He gave an “opinion” that the growths might all have been removed by the cutting and cauterization applied in this case. His “opinion” was that the growths that formed later were the scars from the cauterization used to irradiate them. He never saw them so he did not know.

However, an examination of the facts shows that they deny the “opinions” given. Thus, in the first place, there were twice as many more growths formed when the disease returned than there were when the operation was done, and much wider involvement was evident when the Koch Treatment was given, than when the operation was done. The soft palate and neck glands had become involved and swallowing and speech were impaired. Therefore as cancer behaves, its

seeds having spread to distant places and between the visible places that were touched up with the cautery, it was natural to observe growths develop where they could not be seen at the time of the operation, and where no cauterization was done. These growths could not have been caused by the cautery, since they came in places where the cautery was not applied. Since they were papillomata, they could only have been extension of the disease.

Dr. Wirth was also called upon to testify as to his “opinion” on behalf of the Federal Trade Commission. He gave the “opinion” that the new growths were inflammatory tissue resulting from the operation. However, the facts deny the correctness of this “opinion,” because the growths came after the operated areas were healed and after the inflammation had long disappeared. They were neither scars nor inflammatory reactions, but tumors of the papillomatous squamous cell type, readily recognized by their gross characteristics.

It should be observed, also, that the distribution of the new growths is exactly what takes place as the disease spreads, because the glands in the neck and under the jaw develop tumor masses, along with the appearance of the recurrent cancer in the mouth. It is evident; therefore, from the facts that the disease was made to spread more rapidly and become more malignant because of the “touching up” it received at the University Hospital. For as Ewing states on page 53, “There can be little doubt that the rough manipulation of cellular tumors in the excision of the growth, widens the field of infection by forcing cells through the vessels and tissue spaces.” Also, “Arising from the remnants of the original growths, recurrence is usually prompt, multiple, in the line of incision or nearby, and of the same type as the original growth or more malignant.”

A conclusive fact in the defense Testimony, which the Government did not even try to rebut was the fact that after the Koch Treatment was given, the recovery follows definite cyclic reactions peculiar only to the Koch Treatment. Mr. Johnson demonstrated those reactions very definitely and undeniably.

Thus, the nature of this disease at the time of the Koch Treatment is firmly established and a hopeless case of cancer of the mouth, stimulated to increased activity by inadequate surgery, became a permanent cure after the Koch Treatment. Friends spoke to Mr. Johnson recently and find that he remains in perfect health and is very grateful.

Hypernephroma, Metastasized to the Chest

THE CASE OF MRS. SHAW

A Paraphrase of the Testimony of Dr. H. E. Mantor. “Mrs. Shaw first saw me in 1917. She had a severe hemorrhage from the uterus. There was very excessive bleeding. This bleeding persisted for some time, and in June 1917, Dr. Jones, of Omaha, removed the uterus and found that a large fibroid tumor was the cause of the bleeding. She did not regain her health very well. She was a delicate little woman, and for a couple of years she wasn’t able to do her work herself.

“November 5, 1923, she developed an acute cystitis inflammation of the bladder. Examination revealed an enlargement of her right kidney. It was large enough so it could be palpated below the costal region or margin. There was tenderness on pressure there, and she had some pain in

her back and on the right side. Microscopically, I found red blood cells in the urine, and granular casts in the urine, indicating a breaking down of the kidney cells.

“My professional diagnosis at the time was a stone in the kidney. I was in error, but that was my opinion at the time. In the fall of 1926, the attacks were much worse, harder, and more persistent than they had been. October 13, 1926, I was called out to their place, and she was having a severe attack of pain. I found her right kidney was greatly enlarged and was rigid clear to the crest of the ilium. I X-rayed the kidney a few days later, it showed an enlargement of the kidney and liver, and one of the mediastinal glands about the level of the aortic arch was enlarged to about the size of an egg. All this indicated a malignancy with a metastasis. That type of growth will extend by way of the lymphatics, and there was a lymphatic gland right in that position. At that time she weighed 108 pounds.

“I didn’t treat her until December 21, 1926. This was the first case I ever treated with the Koch Remedy, Glyoxylide. On the 29th, she was free from pain. January 5th, she was down to 99 pounds, but the right kidney had receded to the point where I had to reach up under the costal margin and the lower ribs to feel the lower part of the kidney. The liver had returned to its normal size. The patient herself felt a great deal of improvement. May 28, 1927, I took an X-ray again. The mediastinal gland was reduced to one-half the size it showed the previous time. The kidney and liver were still normal in size, and she had no distress from it. There were no abnormalities in the urine. The kidney was functioning normally, she was feeling well, and weighed 120 pounds. My diagnosis of the case was hyper-nephroma with metastasis.”

AN ANALYSIS OF THE REBUTTAL IN THE CASE OF MRS. SHAW ATTEMPTED BY DR. WIRTH

The rebuttal Testimony was offered by Dr. Wirth, and his favorite alternative to cancer was again applied, namely that instead of cancer the condition was infection. The kidney had turned into an abscess, and the enlarged gland in the mediastinum was also an abscess. Infections of such great extensiveness, as Wirth claimed this was, must naturally cause much fever, but Wirth says not. Yet, the amount of pus and fever produced depend upon the activity of the defense mechanism and when one is very active, so is the other. Thus, with this great amount of pus, we would expect the body to produce a high fever. In this case, fever was not present or at least noticeably high. It is also known that when a pyonephrosis develops from a hydronephrosis, or in ordinary English, when a kidney is enlarged by the blockage of the flow of urine, it will turn into an infected kidney or abscess, and must be removed. The severe pain and toxicity from the infection and the high fever demand drainage by large and deep incision through the back, as an emergency measure, and the removal of the infected kidney, besides. This was not necessary in this case, nor was it done. Thus, the “opinion” of Wirth is not in accord with the well-established facts. Nor would so extensive an infection wait from October 13 to December 21st of any year for active treatment. The patient would have been dead in days or weeks and would not last two months, without drainage of so great an infection. No medical treatment, not even oceans of penicillin, can cure such a case without the aid of drainage, so the one dose of the Koch Treatment showed its superiority over all other forms of medical treatment known today, if in fact this was an infection, as Wirth stated. But those who understand and write about kidney tumors agree with Dr. Mantor’s diagnosis, and so it is more likely that the disease in the kidney

and in the chest were both cancer, as Dr. Mantor decided.

Massive Uterine Fibroma with Possible Malignant Change

THE CASE OF MYRTLE A. ROBERTSON

A Paraphrase of the Testimony of Mrs. Robertson

“About twelve or fourteen years ago I suffered from some trouble in my abdomen. I had a kind of rash on me and then I went to a doctor and he told me I had a tumor. I just felt miserable all over and I had kind of uterine hemorrhages. This had not lasted for very long. The first doctor sent me to Dr. Henderson. Neither of them treated me. Dr. Henderson had told me that I would have to have an operation. This was before Dr. Koch treated me.

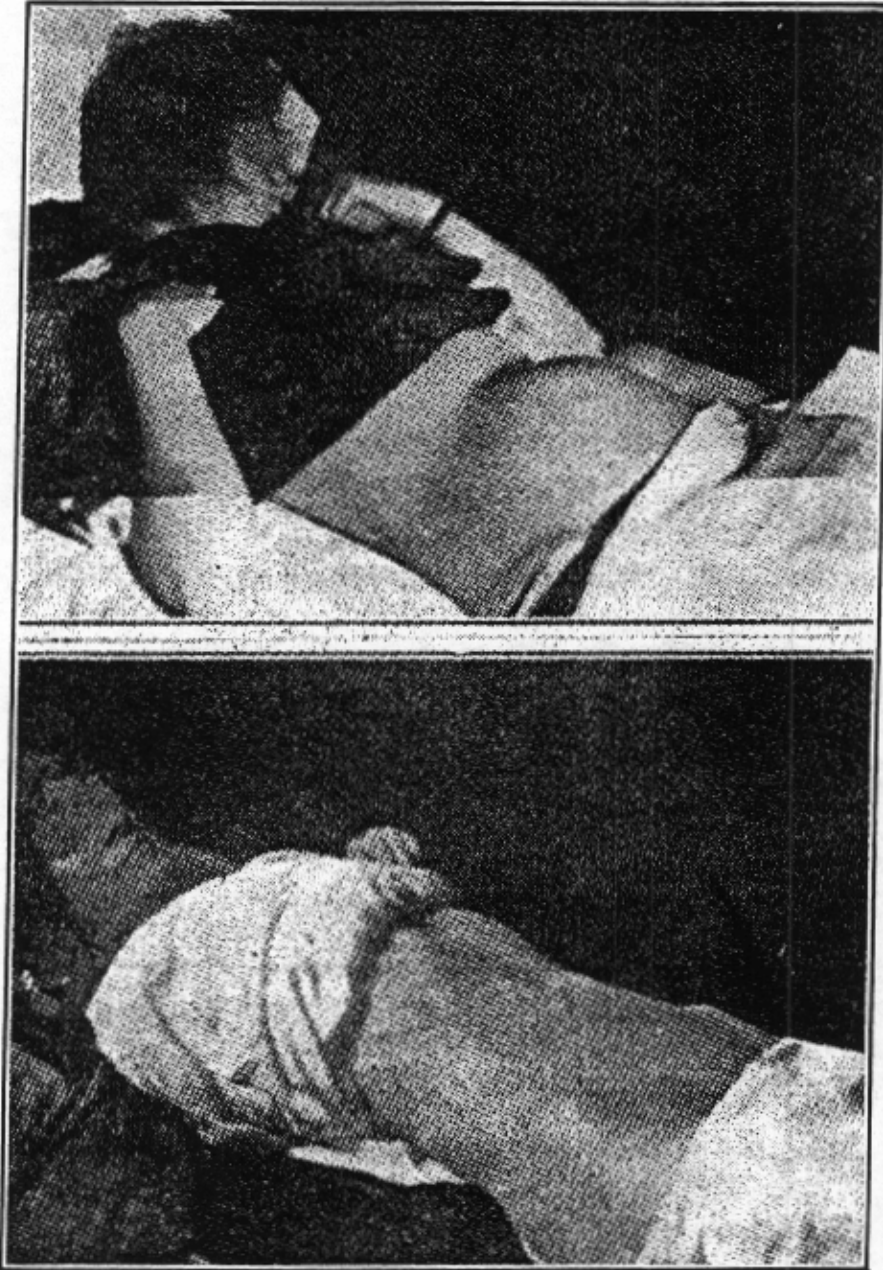
“I went to Dr. Koch and some pictures were taken of me. The first one was in September 1930, and the second, at the end of 1931. (Ex. 171 and 172). At the time of the picture 171, Dr. Koch put me on a diet and gave me an injection. With the shot and the diet, the trouble in my abdomen seemed to gradually disappear. I felt better generally and the hemorrhages stopped and everything.

“There would be kind of reactions, but after it was all over I felt a lot better. I had two injections, it may have been three, but I believe it was two. I have been well since then, have gained weight and am much better.”

TESTIMONY OF DR. KOCH

(Photographs of this patient were introduced. They were Exhibit Nos. 171 and 172.) (Plate 33)

PLATE 33. These are “before and after” photographs of Myrtle Robertson. In the photograph above, taken before the Koch Treatment, the large, bulging growth that filled the lower abdomen and compressed its contents is easily seen, in the lower picture, after recovery, every trace of the growth had been absorbed, and the abdomen is normal.



“Mrs. Robertson was in pretty good nutrition, but she was rather hard of hearing for a long time. You had to yell at her to get her to understand what you were saying, I remember that. Then she had this large tumefaction in the abdomen, which was different from the ordinary fibroid in that it was fixed, and did not move as readily as a fibroid would, and it was not as smooth as the picture indicates, to the feel, at least. It looks pretty smooth there, but in feeling it, it was not so smooth. It was rougher and more lumpy, as it were, than fibroids would be of that size. On examination through the vagina, one found that the uterus had become this large mass and by examination through the rectum, one could feel that it was pressing the bowel very seriously and, no doubt because of the history of slow growth, had been compressing that bowel for some time.

“Yes, I believe that would be the cause for the constipation that she reported. She had to have her bowel movements fairly well liquefied to get by because the pressure, the squeezing of the anterior layer of the bowel to the posterior layer, was quite tight; that is, one had a hard job getting a finger up between the posterior wall and anterior wall of the bowel. The growth was a uterine growth; it was the uterus itself that had undergone this enlargement. Of course, in looking at her for the first time, one would not know whether she had a sarcoma or a fibroma, at the time I examined her at the start.

“She had three Treatments, December 2, 1930, May 16, 1931, and May 9, 1932. Between the first and the second Treatment, she had a rather rapid disappearance of these extra portions of the growth, as it were, the lumpiness and the fixation, so that it began to resume the character more of a fibroma. It was movable then and subsequently was rather slow in disappearing. It took a couple of years and I gave her these other two Treatments to help it along, so my interpretation of that case is that here is a case of a fibroma that had undergone a malignant change.” (Paraphrased from the Official Court Record, pages, 5181 ff.)

AN ANALYSIS OF THE REBUTTAL IN THE MYRTLE ROBERTSON CASE ATTEMPTED BY DR. WIRTH

The rebuttal in this case was given by Dr. Wirth who disagreed with Dr. Koch’s decision that there was a “frozen pelvis.” Of course, the condition known as “frozen pelvis” is ascertained by feeling with the fingers the structures found through the vagina and the lower abdominal wall. The “opinion” witness is at a disadvantage, and should not hazard an “opinion” without the opportunity of examining for himself. Dr. Wirth suggested that “frozen pelvis” might come from infection, but the physician who examines the patient knows if infection is present from the history and general status of the patient, as well as, from the texture of the tissues, which are vastly different when infiltration are produced by malignant invasion than when produced by infection. Moreover the progress of the disease tells what it is.

An infected pelvis of such great extent, as the affected area in this case, would cause so much pain and fever that an emergency operation to drain off the pus would be soon required, and in the meantime, other anti-infection procedures would be needed. This is understandable by any layman who looks at a photograph of the patient when the Koch Treatment was given. A person with such vast infection could not run about town day after day. She would be bedfast, crying with misery every time she passed urine, or the bowels moved, and all the time in between.

Dr. Wirth testified also that a fibroid of this size would disappear spontaneously after the menopause. We know of no one who has ever seen such a thing happen. But if it would with the gradual let up of ovarian activity, the disappearance would be slow at first and increase in rate as the ovaries were completely atrophied, and no more secretion was present to stimulate its development or support its presence. On the contrary, the facts show that the disappearance was rapid at first and slow toward the last part of its dissolution. Thus, Wirth’s “opinion” again is not supported by fact or experience.

Absorption of a large fibroma of the proportions shown here would be nothing to take lightly either.

Terminal Recurrent Retroperitoneal Leiomyosarcoma

THE CASE OF BERYL F. CUMMINGS

We wish to present two cases in this new edition of the book, which came about as a result of reading the earlier editions. Space does not permit more, although a great many have been reported to us.

The history of this case shows a father who died of cancer. She had eleven major operations at various hospitals beginning with removal of a tumor from the breast in 1929, a cancerous pregnancy in 1937 involving hysterectomy, and finally, the removal of a kidney in 1952.

These operations began in 1929, but the case became serious in April 1950, when she experienced considerable difficulty, because of a kidney block and subsequent infection. She underwent surgery under very capable hands and a large tumor mass was removed from the abdomen.

In 1952, difficulty returned and the malignancy attacked the Renal Pedicle, at the base of the left kidney. This made necessary the removal of this organ, because its arterial supply was involved. From tissues sent to Doctor's Hospital in Seattle came the biopsy report (Path. No. 52-1706) with diagnosis from same as "Recurrent Retroperitoneal Leiomyosarcoma with invasion of Renal Pedicle Structures and Gastro-Hepatic Ligament." The future was dim.

About three years later in July 1953, difficulty and pain struck again. It was discovered at the hospital that the malignancy had spread widely through the abdominal cavity and that it now completely surrounded the aorta. There was no surgical answer to this development, so the patient was sent home with a terminal prognosis. The biopsy from Doctor's Hospital gave the diagnosis as "Recurrent Retroperitoneal Leiomyosarcoma."

The husband of Mrs. Cummings writes: "It was just about this time that someone presented me with a copy of *'The Birth of a Science'* and this person must have been a real friend to give me, the husband of the patient, so cherished a gift for I found out that the book was at that time out of print and irreplaceable. What it told me set me on a quest of inquiry into the facts."

As a result the patient was brought to Dr. R. H. Barker, of Seattle, on a stretcher. She was given the Koch Treatment on January 8, 1954, and Dr. Barker intelligently explained the importance of food and diet and showed the patient a new way of living. He did not believe there was much hope to save Mrs. Cummings, because of all the adverse factors and the terminal prognosis made some months before at the hospital.

In about fifteen days after receiving Glyoxylide, the patient was off of all narcotics. Pain was not entirely gone yet, but it was bearable. At the end of six weeks, she was allowed to go home, a blessed event for her children and husband. By the middle of October, the full time housekeeper was only needed a half a day and by the end of 1954, she only came one day a week to do the heavy cleaning.

On Christmas Day, 1954, the patient entertained the entire family at dinner and by May 1955, she took an auto trip with her husband to visit relatives in the East, whom she thought she would never see again. The 8,500 mile trip was accomplished without a bit of trouble or even tiring in the least. As this is written late in 1956, almost three years after receiving the Koch Treatment she remains in the best health she ever had.

Now let us look at the rather famous Judy McWhorter Case down in Texas.

THE CASE OF JUDY Mc WHORTER

85% Involvement of Cancer of the Liver In a Six Weeks Old Infant

Occasionally a cured patient, who received the Koch Treatment, breaks through the silence imposed on such events by the AMA and receives newspaper and/or radio publicity. They become famous. Such is the Case of Judy McWhorter. Here is a baby ill at only six weeks and declared hopeless for recovery after an exploratory operation at age 12 weeks. The operation showed 85% involvement of the liver. This was a most spectacular case of recovery. *TIME* magazine was attacking Dr. Koch and almost caused Judy's predicted death because of the way this magazine prejudiced her parents from Dr. Koch, even though her family doctor could offer no hope.

This baby's waist measurement at the time of the exploratory operation was about 32 inches! See the pictures (Plate 33A, B, C, D, E, F, and G). Most of these were taken in color to show the difficulty more clearly, but the black and white reproductions leave nothing to the imagination.

When the AMA cancer specialists met in Fort Worth, as is indicated in the affidavit following, one of them was Dr. Reimann of Pennsylvania, who had testified against Dr. Koch at the trial in Detroit. All these experts concluded that Judy had cured herself in some unusual fashion, when most of them knew she had had the Koch Treatment! Judy's pictures appeared in the paper, but the fact that the Koch Treatment had cured her was never mentioned.

Dr. Reilly visited with the McWhorter family on October 12, 1956, just a few months after Judy celebrated her 8th birthday. She has gone well past the five years usually set aside without a recurrence, the author had not seen Judy since she was two years old when she attended a convention of Koch doctors in Detroit. At the time, she was extremely active and he took Judy and his own daughter Donna (almost the same age) on several outings around Detroit. Little Judy's activity was up to that of anyone her age. She was only too willing to show anyone who asked her scar across the abdomen received at the time of the exploratory operation when she was 12 weeks old. Her parents report her in fine health and getting straight "A's" in school. Below is the Affidavit they made in June 1950.

Affidavit

"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 just 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 not find anything 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 showed 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 Therapy was given by Dr. N. T. Mulloy, of 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 the 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 Koch Treatment 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 after the injection of the Koch Treatment and only minor changes were made in the baby’s diet. Apple juice was substituted for orange juice, and Judy liked it. After the Treatment was given and until recovery was practically complete, only one doctor saw Judy. That was a doctor residing in 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 previously mentioned 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 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 that 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 *Fort*

Worth Sun-Telegram. The piece was headed: “DOCTORS CONVINCED THAT LITTLE JUDY OVERCAME CANCER AILMENT HERSELF.”

“This in spite of the fact that all concerned knew that Dr. Koch’s 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 on the 28th day of June 1950.

Jim Bob Nation

Notary, Parker County, Texas

The wife of a prominent Christian Fort Worth publisher, who had herself been cured of undulant fever, went to talk with Mr. Noah and when she learned the name of the AMA physician-surgeon who did the exploratory operation of Judy, she discovered it was a neighbor. She called him on the phone. He verified that he had been Judy’s physician. He verified that the biopsy showed cancer of the liver. He is the doctor that told Judy’s parents that if he could see just one case of biopsied cancer recover with the Koch Treatment he would believe.

When the publisher’s wife asked him if he knew Judy had had the Koch Treatment he replied in the affirmative, but then he added that it was not responsible for the cure. He went on to say that in every 100,000,000 cases of cancer or so, there is one case, which recovers on its own, and Judy’s is one of these cases. The lady asked him if science observed 100,000,000 cases? Of course, there was no answer. There are not that many cases on record, since records began in order for the doctors to know that this was a pattern, they would have had to observe it at least five or six times, meaning observing 500 or 600 million cancer cases.

So, confronted with the facts known to his own conscience, this doctor refused to acknowledge the truth and rather used a wild story to show she made her own recovery. He told the inquirer that he would tell the world that he had made an error in his diagnosis rather than admit that the Koch Treatment had had anything to do with the cure of Judy McWhorter.

PLATE 33A. Judy McWhorter at 12 weeks with 21 days to live.

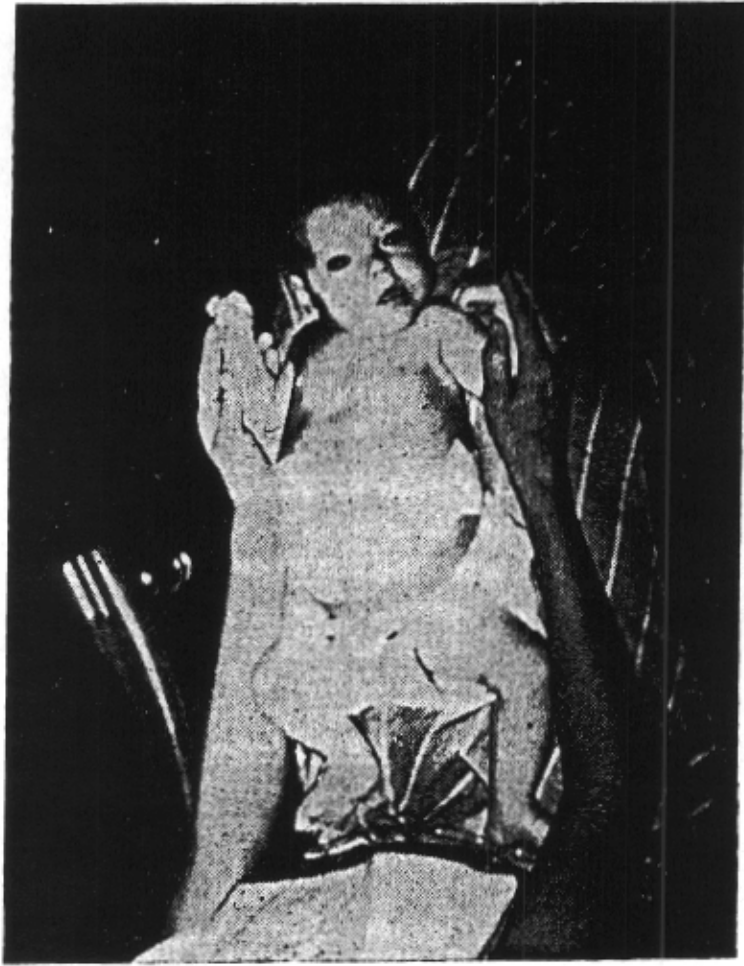


PLATE 33B- At 14 weeks showing exploratory scar.



No. III, Taken several weeks after Treatment

PLATE 33C. At 5 months of age.



No. IV, Taken a few weeks later.



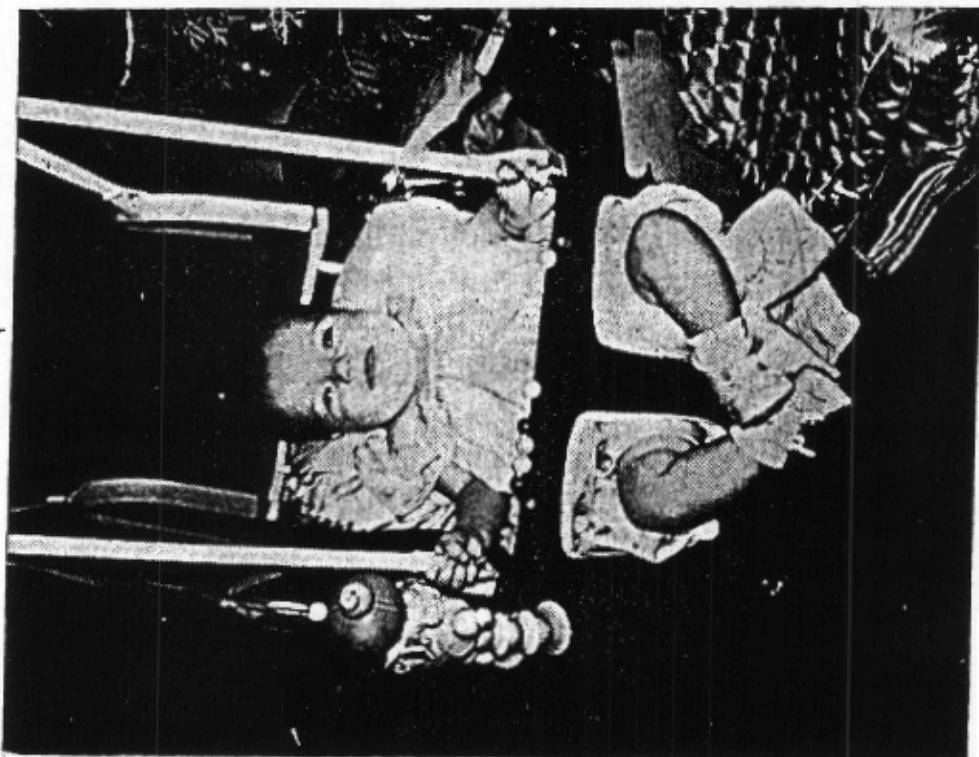


Plate 33D. At Christmas Time, 1948.



PLATE 33E. At one year of age.

PLATE 33F. At four years.



PLATE 33G. Judy in school photo eight years after being given the Koch Treatment, September 1956.



Judy McWhorter as a young lady.



Once Termed Hopeless Case

Doctors Convinced That Little Judy Overcame Cancer Ailment Herself

BY GRACE HALSELL.

Judy McWhorter is the one-in-a-million type.

Her parents think so. And a lot of doctors think the same thing.

Judy, cute and blond at 17 months, may be one of the few cases known to have cured themselves of cancer.

Doctors don't say for sure, as yet. They don't take credit for having cured her. Look at her smile, or see her romping around, and you know she feels wonderful. Once she was termed a hopeless case.

Basking happily in the attention given her, Judy wowed 200 cancer experts when she appeared before them Thursday at the Blackstone Hotel.

While her physicians were busy using big words to explain her case, Judy was busy smiling and winning friends.

The daughter of Mr. and Mrs. Otis McWhorter, formerly of Azle and now of Paris, Judy was born in June 1948 in Harris Hospital. When she was two months old, Judy had a swollen, hard stomach.

Doctors told Judy's parents the baby suffered with cancer of the abdomen, which had spread to the liver. They said 80 per cent of the liver was involved.

A series of seven X-ray treatments was given. An exploratory operation was made. Then doctors sewed the patient up again.

Doctors gave Judy only three weeks to live. They admitted Thursday that when they saw Judy being taken from the hospital, they never expected to see her alive again.

With Judy's appearance before the tumor clinic, she proved she was very much alive, and feeling almost better than anyone.

Radiologists do not claim the credit for saving Judy's life.

They say there are a few cases recorded in medical journals of patients' being spontaneously cured.

Judy, perhaps, is one of those very rare cases.



—Star-Telegram Staff Photo.

JUDY WOWED 'EM—A rare little girl with even a more rare medical history of cancer, Judy McWhorter, shown with her mother, Mrs. Otis McWhorter, appeared before a cancer clinic in the Blackstone Hotel. Judy may have cured herself of cancer.

Chapter Eleven

Anterior Poliomyelitis

THE INTENSE SEARCH for a vaccine to counteract the polio virus has received national publicity for the last several years. Finally announcement was made amid much fanfare and acclaim that the cure for polio was at hand in the Salk vaccine.

Never before in the history of medical research has there been such a glorification of a medical announcement. Medals were handed out; Mrs. Salk became a sought after writer for women's magazine and the tremendous work of inoculating millions of human beings was well underway.

It is too early to put a final stamp of approval or disapproval on the Salk vaccine. It is not too late, however, to review some of the things, which added to the confusion. Even as this is written, the Associated Press (10-8-56) carried front page stories about Dr. Albert Sabin of the University of Cincinnati who plans to give live polio virus by mouth to a group of volunteer prisoners at the Chillicothe, Ohio, Federal Reformatory.

An article appeared nationwide on July 6, 1956 giving information on polio from Dr. Theodore J. Bauer, the top health expert on this subject. One was clipped from the *Arizona Daily Star* of Tucson on the above date. The same subject was covered in some news magazines, etc.

In it Dr. Bauer says that among the nearly 30,000 polio cases of all types reported in 1955, about one-third "could not be identified in the laboratories as poliomyelitis."

Later in the same article, Dr. Baeur refers to this one-third as "non-polio viruses."

Bear this one bit of information in mind that according to Dr. Baeur and the U. S. Public Health Service, whenever you read polio figures comparing this year's (1956) cases with last year's (1955), you must deduct one-third off the 1955 figures, which could never be identified as polio viruses.

One week later, the International News Service reported on July 12, 1956 (clipping is from *Los Angeles Examiner*, July 13, 1956) the following, and herewith the article is quoted in full:

Sometimes a doctor will point out that so many of a certain number of new cases in a given area were investigated and none of them had had the Salk vaccine. BUT, those given the Salk vaccine have been known not to contract the disease, while they carried it to others.

**WEEK POLIO CASES
LESS THAN IN '55**

WASHINGTON, July 12,—(INS) — The Public Health Service said today there were 275 new polio cases across the nation last week, compared with 405 for the same week a year ago.

So far this year there have been 2931 polio cases in the U. S. This compares with 4111 a year ago.

By applying the information Dr. Bauer gave the public one week earlier the above article *should have read* as follows:

**WEEK POLIO CASES
HIGHER THAN IN '55**

WASHINGTON, July 12,—(INS) — The Public Health Service said today there were 275 new polio cases across the nation last week, compared with 270 for the same week a year ago.

So far this year there have been 2931 polio cases in the U. S. This compared with 2741 a year ago.

Whole families were stricken last year in this manner. Who can tell how many of those injected with Salk are carriers or not carriers of the disease while not getting it themselves?

Even the *Journal of the American Medical Association* in its issue of January 21, 1956, contained an article by Herbert Ratner, M. D., the Health Commissioner of Oak Park, Illinois, containing serious warnings about the entire production and distribution system of the Salk vaccine. Hardly any layperson read this article and possibly few doctors took the time to do so.

Dr. Ratner concludes his informative article with these lines: "Neither the public nor the medical profession was informed of these justified uncertainties, nor is it certain that we are yet being adequately informed. Finally, we should recognize that only one side of the ledger is being presented by the promoters of this vaccine. The price that has been paid and the risks that have been taken for the dubious results that have been obtained are not mentioned. The price that we have paid, and are continuing to pay, goes far beyond those known vaccinated children who have come down with poliomyelitis."

Go to your public library reference room and see pages 231-232 of the *JAMA* for January 21, 1956, Volume 160, No. 3, for the entire article.

It is well known that the virus of anterior poliomyelitis is able to attack any portion of the central nervous system, but that it generally finds certain areas preferable for its development and destructive action. Therefore, polio cases conform clinically to certain types. It is also known that viruses change their characteristics quite easily. This fact is well demonstrated in the new "killer type" of polio that selectively attacks the vital centers in the brain stem and causes early

respiratory paralysis. The symptoms of the bulbar type of polio have not been described satisfactorily so far as we can find. Among different patients, a great variation of symptoms can be presented. There is, moreover, a periodicity in the severity of the symptoms during the advance of the disease that is worthy of consideration. This periodicity is also expressed in the decrease of their severity during their recovery.

It is well known that viruses, even more than ordinary germs, are subject to destructive oxidation. The Koch Therapy serves as an auto-oxidant to induce the destructive oxidation of the polio virus in the patients considered in this report.

The amount of recovery from paralysis depends upon the amount of actual destruction of nerve cell bodies that occurred in the spinal cord. Some cells are irreparably dead, but others appear incapacitated by the virus infecting them over a period of many days or years over which they can regain ascendancy, after the Koch Treatment. Thus, by a restored auto-oxidation of the normal type, these cells overcome the virus and regain good working structure. It appears also from Dr. Koch's studies that the virus is able to inhabit the muscle, and that an attempt at walling off with diffuse or nodular fibrosis is the result. These, too, are found to disappear when the virus is overcome and the atrophied muscle regenerates and functions again in a major way. The amount of restoration of function cannot be predicted, but where the paralysis has existed only for a day or two, full recovery is often possible. Where it has existed for three years with marked atrophy, nearly full recovery is possible, and where it has existed for twenty years with extreme atrophy, the atrophy has been overcome sufficiently for good physiological activity. Good muscular legs were restored. The patient gets about as well as anyone without the use of braces or other contraptions. The case histories here given explain these observations.

A case of bulbar poliomyelitis with extensive paralysis is supplied in the Testimonies of Dr. David H. Arnott of London, Ontario and of Dr. Koch in the court record. He was treated in August 1936.

The patient, J. K., age 17, had been ailing for a few days before the paralysis set in. His chief complaint at that time was pain in his ribs on the left side, and some headache. Two days later the right leg became paralyzed. He was running a fever and was suffering much pain in the back, ribs, and head. The bladder failed to function and the paralysis started four days preceding our first visit. When first seen by Dr. Arnott and Dr. Koch he was semi-comatose, bloated, cyanotic, and both legs and arms were paralyzed. There was both respiratory and abdominal wall paralysis. The abdomen was greatly distended and flaccid. There was no respiratory excursion. If any breathing took place, it was too shallow to be observed and would have to be diaphragmatic. Yet, no breath could be detected, and he made a peculiar pain noise from time to time. The right eye was turned outward and the eyes were twitching. Swallowing was paralyzed, we learned later. He was given a dose of the combined polymers, and in ten minutes a respiratory excursion plus tightening up of the abdominal muscles was observed. They then catheterized him and gave colon lavage. They found that the whole torso was paralyzed, just as flaccid as a rag, the neck muscles too, for he could not hold his head up at all, as though he were under an anesthetic. The heart rate was very rapid and weak. All of this paralysis, excepting the right arm and legs disappeared within a few hours, and by morning he was able to swallow and talk. The cyanosis was gone, but still he appeared to be near death. After twelve weeks he could walk, but though

the heart rate improved rapidly, every week on Sunday during the recovery the heart would go into a similar exhibition of tachycardia and weakness developed. This lasted a little over a day, and then subsided, to be repeated again the following seventh day, until the twelfth week had passed.

He still carried a residual atrophy, to some extent, of the right calf and hamstring muscles and the right transversalis abdominis. He walks about, and can dance as well as anyone, but cannot climb stairs as well as a normal person. Otherwise, he is in good health.

Thus a widespread paralysis, which was terminating fatal at the very moment of receiving his Treatment, was quickly reversed, and the life was saved. Some of the paralysis that existed for over four days did not completely recover, but the rest did, and a useful, happy life with a minimum of handicap was secured.

Acute Poliomyelitis with Paralysis

In 1931, Walter Novikoff was two and one-half years old. He was carried into Dr. Koch's office by his father. Both legs were paralyzed. For a day or two before this he had been crying, vomiting, had fever, and complained of pains in his legs. Then he could not get out of bed in the morning or stand up. It was found that the knee jerk was absent and he could not stand. His legs were not under control and were attacked by a flaccid paralysis and foot drop. Examination also showed irritation of the spinal cord. He was very ill. The paralysis had lasted over twenty-four hours.

The polymers were injected intramuscularly. In about an hour he unconsciously swung his legs, and, on testing, could control them. He was carried home, and within twenty-four hours recovery was complete. No sequelae remained from the attack. The paralysis was fully overcome and his health good. He is now a big strong boy of eighteen years and perfect musculature, weighing 180 pounds.

Polio with Paralysis

REPORTED BY MRS. NOVIKOFF, THE MOTHER

"I took my son, Walter, to Dr. Koch when he was two and one-half years old. He had been playing the night before, but during the night he did not sleep and cried, and when he got up he could not walk. I did not take his temperature, but felt his forehead and thought that he had a temperature. His leg was still sore, so the next day we took him to Dr. Koch's office. My husband had to carry him because he could not stand.

"Dr. Koch gave him an injection in the leg. We were in the office about an hour, and soon after he had had the shot he wanted to get off my husband's lap onto the floor. He could stand a little, but we carried him to the car and kept him in bed that day. The next day he was up and playing. That was the summer of 1931 or 1932."

Acute Poliomyelitis with Paralysis

THE CASE OF ROBERT LAWHEAD

Paraphrase of the Testimony of George Franklin Smith, M. D.

“Robert Lawhead was eight months of age when I first saw him. He was having convulsions and fever of 99 degrees. He had also been vomiting. The child would draw his hand up to his shoulder. The eye turned toward the side of his head so that the dark part was not visible. The face muscles twitched and the foot drew up. This convulsion stage lasted several days, and was followed by flaccid paralysis of the muscles of the right side. He became limp. When he was pinched there was no response. Neither motion nor reflexes could be elicited.

“I diagnosed the case to be infantile paralysis, and gave a dose of Glyoxylide. Improvement was gradual, and at the end of a week he was fully recovered. Today the child is eight years old, and no ill effects are present.”

Acute Poliomyelitis with Paralysis

THE CASE OF THE INMAN CHILD

Paraphrase of the Testimony of Dr. Michael Rabe

“The Inman child was ten years of age. He complained of headache and pains in the legs and back, and stiffness in the neck, with a temperature of 100 degrees. On September 8, 1941, this child could not move his hands or legs, and complained of pain in the back. He had no reflex action, except in one knee, which was exaggerated. Later on, this knee showed no response. This leg had also become paralyzed. A Kernig test was performed. The diagnosis was infantile paralysis. The Health Officer was called in, and he confirmed the diagnosis of infantile paralysis. I believe the child had had the disease from six to eight days by the time he was treated.

“He was given an injection of polymers on the 13th and again on the 18th. On the 14th, he felt better, on the 15th, less pain and could bend leg better. On the 16th, there was less paralysis. The child gradually improved and could go downstairs. Recovery did not require more than two weeks.

“At present he is in normal condition.”

Acute Poliomyelitis with Established Paralysis

THE LOMAN ATKIN CASE

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Loman Atkin lives at Porterville, California.

“Loman was examined by me on the 4th of February, 1945. The first I knew that he was ill was about 8:00 or 9:00 o'clock that morning, when I received a telephone call from his mother in

Porterville telling me of her boy's symptoms. I anticipated a severe condition, and I told her to bring him to Bakersfield by ambulance, as I felt the case was a contagious one. I thought it was infantile paralysis (anterior poliomyelitis).

"The mother brought the boy to Bakersfield in an ambulance, took him to his grandmother's residence, and as soon as he arrived she gave me a call by telephone, and I went down to this grandmother's residence and examined Loman.

"It was between ten and ten-thirty when I arrived, and Loman was screaming with pain. You could hear him outside. In fact, when I talked to his mother over the phone just before coming down, I heard the boy screaming over the phone, so I immediately went down.

"The examination revealed this boy to be in a very painful condition; his neck was rigid, thrown back; he assumed a very marked extended position; his legs were paralyzed from the hips down, because I examined them and asked him if he could move them, and he could not.

"He had been ill for approximately twenty-four hours or more. As I recall, his condition started with a gastric upset, and it progressively had gotten worse until he developed these severe headaches and pains in his arms, legs, and in his back, which he still complained of, and very intensely so, during the examination.

"I diagnosed the case as anterior poliomyelitis on the symptoms I observed, and to confirm my findings, I did a spinal puncture, and the spinal fluid came out under forty millimeters of mercury pressure, which is extremely high. I withdrew only a few c.c.'s for the laboratory test to rule out meningitis. The test findings were consistent with polio and ruled out meningitis.

"To do a spinal tap, we prepare the back with an antiseptic, and then insert a spinal needle in between the vertebra into the spinal canal, and out through that needle comes the spinal fluid. Normally, the fluid will come out under a pressure of about eight to ten millimeters of mercury, which is normal, at a slow drip; but Loman's shot out, and the pressure reading on the monometer was forty.

"That is a diagnostic feature of polio. I asked Loman, after the withdrawal of the spinal fluid, if he felt any better. He said, 'No.' In fact, he was very restless and kept hollering with his headache and the pains in his legs. We waited a half hour to see if there would be any relief. There was not any relief. So, I injected an ampoule of the polymers intramuscularly, and I instructed the mother to please keep a reading of his temperature about every hour or two throughout the rest of the day, and that I would check on the boy later on in the day.

"As I recall, this injection was given at 11:00 A.M., and the temperature at that time, just previously, was 104.6 degrees, which is very high, and which goes right along with the polio. His pulse was 128.

"At 6:00 P.M., I checked him again, and that boy could move those legs, about as well as he ever could. There was no paralysis. His neck had become limber and the whole examination was normal. His temperature had returned to normal. In fact, I think it went just a little bit below

normal.

“I checked with the mother again the next day, and that night, after I had left, Loman had eaten a slight supper and had wanted to get up. His mother would not let him. But, the next morning he had gotten up and had walked unassisted to the bathroom.

“When I found that out, I instructed her to please keep him in bed, because I did not know just what the future results would be, and I wanted him kept under strict surveillance. I thought that, having an acute infection of that nature, it would not be wise for him to get up immediately on general principles.

“I saw him again on Wednesday, and at that time the boy was dressed and ready to go home back to Porterville. I had told them that he could go Wednesday if he was all right. He was all dressed and raring to go. He walked out to the car and got in just as normally as anybody.

“From that time up until the 18th of February, 1945, there was no recurrence; there was no recurrence of that fever, paralysis, or any of the symptoms whatever. This boy was perfectly normal, although I did have him stay in bed from the Sunday, I treated him until the following Sunday, just for good reasons.

“On the 18th of February he had a slight attack of chills and fever, which lasted, I believe, about three hours, and after that the boy was perfectly normal again.

“The mother did not understand why these chills and fever came up and then went right away, but it left the boy with no other symptoms and immediately disappeared. I interpreted this occurrence as a third-week reaction from the Treatment, a usual event in many cases.

“My diagnosis in Loman’s case was that of an acute condition. Within my experience and by my knowledge, this condition was a progressive condition; one that would grow progressively worse, definitely. I regarded the situation as one of emergency. That accounts for the fact that I administered Dr. Koch’s Treatment so quickly.

“Then, later on, in April, Loman’s two brothers came down with mumps, and they were very ill. They were sick for about a week. Loman took the mumps. He swelled up just a little bit, and in twenty-four hours he was completely normal, and he had no recurrences; did not even stay in bed more than twenty-four hours.

“From that time until this, on repeated occasions, I have seen him, and there has been no recurrence whatever of the polio symptoms.”

THE MOTHER’S TESTIMONY

“My name is Mrs. Ardis Atkin, and I live at Porterville, California. I am the mother of Loman Atkin.

“I was with Loman during the illness described. I personally observed the illness.

“He came to me about five o’clock in the morning, and he appeared to be in some distress with his stomach. He informed me that it was hurting, but I have three other youngsters, so I thought nothing of it and told him to go back to bed. But he seemed to have a slight temperature. I lay there, though, and heard him crying and moaning a little bit. And then later I got up, about seven o’clock, and he seemed to be in more distress, and I noticed about nine o’clock he appeared to be in much more pain. He was complaining about his head, it was aching quite badly. And I also had taken his temperature. I keep a thermometer in the house at all times, and I noticed that the temperature was rising, and it seemed that it was doing so rather fast, from five in the morning until nine was not a very long period of time. There were a number of polio cases in our locality at that time, and as this pain started to spread into his arms, I became sort of alarmed and thought of polio immediately.

“That was Saturday of the first week in February, 1945.

“Between nine and ten o’clock, sometime right along in there, this pain spread into his arms and his complete head, the front and back; his muscles started jerking, and I prepared a tub of rather warm water for him, and picked him up and carried him in there, and, of course, that relaxed him, and he seemed temporarily relieved. But it would seem to come back. I did that about three times, and then I was exhausted and I put on the hot fomentation. I did that that morning, but it was not long until it seemed that he did not have much relief. The pain just continued on.

“That Saturday, the temperature rose to 104°, and it seemed to stay approximately that temperature the remainder of that day. And, of course, he screamed with pain. That afternoon it was frightful, and he was looking very bad. His eyes were glassy, and the pain did not seem to ease at all. That night was very bad.

“We had information regarding Dr. Hendricks, and we acted on that information. We engaged the ambulance and took the child sixty miles to Bakersfield by ambulance. We handled him very, very, carefully because he was in such severe pain and could not move his legs. We took him to my mother’s home in Bakersfield, where Dr. Hendricks attended him. I was present when Dr. Hendricks examined Loman and injected the medicine. I remained with Loman after that Treatment.

“I observed the developments after that Treatment. The doctor requested that I keep a chart of his temperature that evening, and it was 104.6° before the Treatment, and it steadily went down. Every time I took that temperature upon the hour, it was a little bit less than the reading previous, and by night, sometime in the early evening, it was sub-normal; a tiny bit below normal. I do not remember the exact temperature. He moved his legs slightly in the early evening, and he ate food. He appeared to be in much less pain during the afternoon, and he slept that night.

“On observing Loman the next morning, which would be Monday morning, he appeared to have gone through an illness, by his face, rather pale, but he was not in pain from all appearances. He got up and walked to the bathroom, and he wanted breakfast. He was hungry.

“I have been with Loman constantly since that illness. I have observed him to be a normal and

healthy boy.”

PARAPHRASE OF THE TESTIMONY OF LOMAN ATKIN

“My full name is Loman Elwood Atkin, and I live at Porterville, California.

“I feel all right. I play baseball and football. My daddy is a foreman on an orange ranch. I help pick oranges and run little errands from the shop to the cow barn. I climb trees.

“I was sick two years ago. I had pain at that time. It started in my head and went into my arms, and in my back, and in my legs. My legs hurt badly. I could not move my legs while I was sick. I first felt sick at five o’clock in the morning. I got up and went and told mother that I did not feel well. Mother put me to bed and she thought it would be all right. I did not go back to sleep. I stayed in bed the rest of that day. I was sick; the pain got worse. Mother went and got a hot tub of water and gave me a bath and put me back to bed, and then did the same thing over again, and she got tired and gave me hot fomentations. They helped my pain a little bit. Then the pain came back. I stayed in bed that day.

“At nine o’clock the next morning, mother got me up and put me in the ambulance and took me to Bakersfield to my grandma’s residence. There I saw Dr. Hendricks. He went and pulled spinal fluid out of my back and then he gave me an injection in the arm. I do not remember now how I felt after the injection. I felt better late that Sunday afternoon. I tried to move my legs and could move them some, a little bit. Late that Sunday afternoon, I got hungry and had some supper. That Sunday night I slept.

“Monday morning when I woke up, I wanted to get up and walk around, and mother would not let me. I did get up to go to the bathroom. Then I went back to bed.

“I can run now and can climb stairs. My legs feel about the same as they did before I was sick.”

AN ANALYSIS OF THE REBUTTAL OF THE LOMAN ATKIN CASE ATTEMPTED BY DR. DONALD COOK YOUNG

This rebuttal of an “opinion” witness shows the danger of “opinion” testimony, because it actually distorted the facts upon which the diagnosis was built, and gave highhanded “opinions” contrary to common, everyday, knowledge among both profession and laity.

If the witness were present when the examination was made or had participated in it, he would not have made the following erroneous statements.

(a) He stated that careful examination to test the ability of the patient to move his legs was not done. He said that the absence of reflexes was not determined so the presence of paralysis could not have been ascertained. The history shows that these statements are false. The knee jerks were absent; passive motion and tests of ability and inability to perform active motion were made. The patient was not simply told to move his legs but when commanded to make motions of his legs the power of the various muscles to contract,—that is, both flexor and extensor contractions were

found to be absent. Moreover, the history shows that the patient was unable to use his legs at all, to move them in bed or to stand on them. He was not even able to move his toes.

This state of flaccid paralysis lasted over twelve hours before the Treatment was given and continued about three hours afterwards before movement set in. The improvement was very rapid; complete restoration of motion came within twelve hours. Fairly good motion was had in five hours.

The witness stated that the patient was sitting up when the spinal puncture was made. This shows his lack of comprehension of the case. The patient was placed in a sitting posture while lying on his right side in bed; that is, he was placed on his right side and his legs flexed at the hips so that he was given a sitting posture. The stiffness of the back muscles and those of the neck, the witness had to admit, is characteristic of polio. The witness denied that it would be characteristic of polio, in this case, because it was too pronounced.

(b) The witness stated that the spinal fluid study did not confirm the presence of poliomyelitis. This is not true because the high pressure of the fluid as occurred in this case is characteristic in poliomyelitis. It may occur in meningitis also, but the cell count and other characteristics of the fluid showed it could not be meningitis and thus, the only disease that remained that could produce the paralysis observed and possessed this spinal fluid was poliomyelitis.

Other diseases were thereby ruled out. The witness stated that it is quite unlikely that a patient with 104° fever would have polio. Of course, this is absolutely untrue since polio is no longer an obscure disease. This high temperature range is known to be very common in the most serious forms of the disease where the paralysis is progressing up the spinal cords. This is the type that proves fatal.

The witness also stated that pain is not an outstanding symptom of patients with poliomyelitis. Such a blunder requires no discussion.

Altogether the expert, Dr. Young, was not able to deny the facts by claiming that the changes were either too pronounced or not well enough observed to make a diagnosis. Even the mother was able to make the diagnosis hours before Dr. Hendricks saw the patient.

Chronic Poliomyelitis with Paralysis and Atrophy of Three Years' Duration

THE CASE OF MYRNA ROBINSON

Paraphrase of the Testimony of Dr. Julian F. Baldor:

Myrna Robinson was brought to me in December 1943. She had had this infantile paralysis for three years. At the time I examined her, there was complete paralysis of the left leg and foot, with marked muscular atrophy. The muscle was gone, and she had no power of movement of the left foot. There was contracture of the one toe of the same foot.

“The history of the girl was as follows: she was healthy and normal until she was stricken with a

fever and a cold in the chest. After this receded, the left leg was paralyzed. She could not move the leg, and gradually the muscles disappeared.

“She had been down at the Warm Springs, Georgia, Sanitarium, but they discharged the patient without treatment, believing her beyond help. However, they put her leg in a cast for two months, and she also used a brace on the left leg to support the foot. The brace caused too much discomfort and gave no help, as the leg was too weak to use it, so the family discontinued its use.

“My diagnosis was poliomyelitis resulting in muscle paralysis and atrophy.

“It was the 11th of February, 1944, when I gave her the Treatment. Since the injection, she had two reaction periods of pains starting in the back of the head, that spread down the spine and involved the left leg, which was affected with the paralysis. I noticed the regeneration of the muscle in the left leg between examinations, and the foot that was completely loose and uncontrolled, is now perfectly and normally controlled by the girl, without wearing any shoes, and the retraction of the toe that was completely retracted, is now straight and normal. She is able to play like a normal child, and the atrophied leg has developed to be as good as the normal leg. All of this improvement took place in a few months after the injection. It is really miraculous. She does toe dancing now.”

Chronic Poliomyelitis with Paralysis and Atrophy of Twenty-one Year Duration

THE CASE OF MRS. VIOLET NICOLA

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Patient, Mrs. Violet Nicola, lives at Bakersfield, California.

“Mrs. Nicola first consulted me on the 5th of April, 1943. She was twenty-three years of age. History, infantile paralysis at the age of eighteen months, twenty-three operations, and fifty-four casts; operations meaning surgical operations. Wore braces on both legs up until three and one-half years ago. Now walks on crutches dragging the right leg, which has a brace on it. Migraine headaches. Both legs on this examination of this girl were markedly atrophied.

“There was very little muscle at all on the right leg. The circumference around the calf was four inches. There was a contracted condition of both legs. The right leg was worse than the left; spastic, no relaxation. She was brought into the office by her husband, who carried her in and set her down, and I examined her. When she stood up she had to be held up by her husband; she could not stand alone. She was in a miserable condition, markedly underweight. Her weight was eighty-nine pounds at the time. She was very sick, very ill, and discouraged, and felt that she was doomed; never would walk normally. She ran a little temperature, about 99.6 degrees. I did not know what to do with that type of case, not having had experience with chronic polio cases at that time, and I explained to her the only thing I could do was to use Dr. Koch’s medicine. I explained what it was, what it might do for her, but I did not guarantee it. I did not know what it would do, but if she was willing to take it, I was willing to give it. She was willing. Two days later, I injected an ampoule intramuscularly. It was April 7, 1943. On June 8, 1943,

approximately two months later, I could see a development in the calf muscles of the right leg especially, and there was motion. She was beginning to move that leg, and she could stand up by herself. The braces were off. She could walk unassisted around the room at that time. On August 13, 1943, she had a reaction of chills and fever, and with that reaction, she had a headache. Since that reaction of August 3, 1943, the patient had complete control, absolute complete control and power of both legs. She walked absolutely unaided with no crutches or braces. The muscles had developed, the cramps had ceased, and her weight had increased. Her outlook was wonderful at that time. In fact, she asked me if it would be all right if she adopted a baby and I told her if she could take care of a baby it was perfectly all right with me.

“On June 12, 1944, she had another reaction and had some pain in her right foot and thigh. She was given a manipulative treatment on that day to relieve the pain present. She complained of no appetite. She had some fever.

“On June 16, 1944, she did not have any appetite, and some migraine headaches were persisting, and I gave her an injection of Vitamin B complex intravenously. I repeated that on the 21st, the next day, and again on the 23rd to give her an appetite. On the 23rd I also gave her another of Dr. Koch’s injections, and this time I did not do it principally for the polio, or the after-effects of polio alone, but I thought it might help the migraine condition she had.

“On September 8, 1944, she was given another manipulative treatment for her headache, and on September 11, 1944, she was given another injection of the Vitamin B.

“Now I forgot to say that in the beginning of the Treatment her right leg was an inch and a quarter shorter than the left, and she had to have her shoe built up on the outside, both heel and sole, one and one-quarter inches, in order that when she walked she would walk level.

“Now, on September 11, 1944, she had to build her left shoe up only one-sixteenth of an inch in order to compensate for the right leg.

“On November 11, 1944, she was given an intravenous injection of Vitamin B and calcium for a general tonic effect for lack of appetite.

“On November 14, 1944, she was given another injection of Dr. Koch’s medicine, and her headache was bad on that particular day, and she was given a headache powder called Saguinaria.

“Now, the patient has recovered from the paralytic condition. At the present time, as compared with four inches on the right calf, the measurement is now ten and one-half inches; as compared with ten inches previously on the left calf, it is eleven and one-half inches.

“Of course, most of the activity took place in the right leg, because that was the worst leg. There have been no recurrences of any cramps or the contractures that she had. She is able to run up and down stairs and walk or run about like other normal people.”

It is difficult to interpret this restoration, unless the explanation of Dr. Koch’s is valid, that there

is a symbiosis between the virus and nerve cells resulting in the paralysis of the cells so affected, but not their death, and with restoration of adequate oxidations, the functional mechanism is re-established, and as a result of such oxidations, the virus is destroyed. If this Theory is true, then the whole Koch Hypothesis, regarding energy transferred to the parasitic virus via the fluorescence of the toxin it employs is also true, and the nature of the auto-oxidations of function and the induced oxidations of immunity of this natural order appear reasonable. At least, this Theory seems to be substantiated by the behaviors observed in these cases, and in the cancer cases reported in this investigation. The restoration of the immunity and protective function of the white blood cells, mentioned here, are also supportive. In fact, we have a new philosophy covering the field of pathology and medical practice, which explains the unknown to date, and at the same time offers the curative agent. The utility of the entire conception is thus established.

TESTIMONY OF VIOLET NICOLA

“My name is Violet M. Nicola, and I live in Bakersfield, California. I was not born there. I lived there approximately twelve years. I have heard the Testimony of Dr. Hendricks, just given.

“For some time I suffered from a paralysis. I was stricken at eighteen months of age. I am twenty-six years old at present. From my earliest recollection, I was not able to walk. From the time I can remember, my legs were of completely no use to me at all. I was in bed practically all the time, except when I was lifted out. I could not stand up. I underwent treatments for these handicaps. I can remember I had twenty-two different surgical operations from the time I was six until I was sixteen, and then I had one other several months before I was twenty, which made twenty-three operations altogether.

“I remember most definitely the casts, first. Several of them were body casts that started under my arms, went completely down my body and down to my toes; and then some of them went from my hips down; and some went from above my knees down. The number, I could not tell you. These were casts. The steel braces that I had were rather iron, I believe, and there were iron bars up both sides of my legs, and the first ones I remember were above my knees and strapped to my thighs.

“I could not walk unassisted at the age of ten years.

“I could not walk unassisted at the age of fifteen years.

“I could not walk unassisted without braces at the age of twenty years.

“I could not walk unassisted four years ago.

“The way I got around, if I did get up, and when I did, I walked on what I would describe as three point walking. By that, I mean my crutches were two points, and I was a third point. I literally dragged myself, swung between the crutches.

“From the age of twenty until I was twenty-three, I certainly did notice a change. It seemed as though, instead of going forward, I was getting worse. I started dragging my legs again and nothing seemed to go right with them. I could not work them right, and they were, I thought, just getting useless to me again. About that time we got information regarding Dr. Hendricks. My husband took me to Dr. Hendricks as a last resort, we thought.

“Dr. Hendricks gave me a Treatment. He first explained to me the nature of the Treatment. It was in the first week of April 1943 that he treated me with the Glyoxylide.

“After I had the Treatment, within three weeks, I removed my brace, and discharged my housekeeper, who I had full time before. I did my own work and I made my visits to the doctor alone. I walk better now than I did then. I had three Treatments of Glyoxylide.

“I am now married. I met my husband in an ambulance. He was the driver and I was the patient. I have an adopted baby girl. She is two years and four months old, and she is a wonderful baby. I care for her personally, with the exception of when I work. I do my own housework and I am a stenographer and bookkeeper in a department store. I am a member of the American Credit Women’s Association and of the Bakersfield Women’s Club. I am Assistant Secretary for the California Auxiliary Highway Patrol, and I am also Secretary to our Kern County Kennel Club.

“I have not had any other treatment than vitamins, except Glyoxylide.

“Before I went to Dr. Hendricks, I was not able to exercise my limbs.

“My ability to walk today, compared with that of one year ago, is almost perfect. It certainly has improved. I can dance and I do dance.

“My limbs have changed in size in the last three years, definitely. My right leg has extended one and one-fourth inches, and both legs have grown inches in circumference.

“I wore braces all my life until three or four years ago. I do not wear braces now. I do not wear crutches or carry them now, whereas I did. I wore specially made shoes, but I do not now.

“When I first went to Dr. Hendricks, I weighed eighty-nine pounds. Two years ago, 119 pounds. My average weight is now 113. I would like to weigh a couple pounds more. *I feel perfect now. I am extremely happy.*”

Special Note: This Nicola case was one of the most interesting of the many presented by Dr. Koch’s defense attorneys in the 1946 Trial. For five weeks previously, the Detroit newspapers carried stories every day boosting the Government’s side. The defense began on a Thursday. At once all stories about the trial were stopped. The writer called the editor of what could be termed the “fairest” paper in town. The only excuse he received was that the Testimony was now technical and scientific and thus, not interesting to the general public. You have read the type of marvelous Testimony being given during this time. Of course, the fact that the yearly cancer drive was on . . . looking for a treatment for cancer, and the fact that Federal Court Testimony of countless recoveries, would have made the drive look insincere, if the papers carried the defense stories, possibly had much to do with the fact that the local papers refused to print the Koch side of the trial. Dr. Reilly)

AN ANALYSIS OF THE REBUTTAL OF THE NICOLA CASE ATTEMPTED BY DR. DONALD COOK YOUNG

The rebuttal in this case was that exercise of the muscles was what brought about the development and restoration of function. This is contrary to the facts because the patient could not use her muscles for a period of over twenty years that is, from the age of 1½ years to the time she received the injection from Dr. Hendricks in April 1943. It took still several months after the injection before she could move them well, but she made the same efforts to try to move and use her muscles before the injection as she did afterwards. There were twenty-one years of a controlled period in which she had plenty of time to develop her muscles and overcome the paralysis and just as much incentive to do so as after she had received the injection. It was only a matter of a few weeks after she had the injection that the muscles started to regenerate and work.

It is also important to note that she had the characteristic reactions of fever, grippiness, etc., that go with the Koch Treatment and characterize the recoveries obtained by this Treatment and no other.

Any decent citizen will deplore the insulting attempt of an “opinion” witness to give such Testimony to rebut this case; it shows how depraved some of our Federal Court attorneys can be. Please read the Testimony of the witness and Dr. Hendricks’ again.

Chronic Poliomyelitis In a Pekinese Dog with Paralysis and Atrophy

SUBMITTED BY DR. B. J. MYERS

“This Pekinese dog gave birth to puppies in May, 1943.

“I first saw her August 12, 1943, with a partial paralysis of hind leg, symptoms of extreme nausea, and high temperature. By August 15th, there was paralysis of tail and other hind leg, in the following week she was completely paralyzed—four legs, tail, and vocal muscles. Muscles not affected were the neck and those of mastication. Abdomen was completely relaxed, and the high temperature persisted. This condition lasted until December 15th. During this time, she was given supporting treatment. Her colon was completely paralyzed, so that the feces had to be expressed mechanically. Prior to the injection, the legs and other muscles had completely atrophied and had started to contract and distort. The tissues of the legs were hardened on the verge of ossification.

“On December 15th she was given a Treatment of Koch’s 1:4 Benzoquinone. Twenty-four hours later the tail was curled, and in a natural condition; previously, it had been completely paralyzed and straight. Forty-eight hours later the dog could stand, and when supported she was able to move her legs. Three days later the dog could rise, and walk across the room. At present she is in a perfectly normal condition.

“There was a severe polio epidemic at the time in Oklahoma City, and one of the children next door, who played with the dog, was down with polio at the time, and just before the dog took sick.”

Chapter Twelve

Pus Infections

IT APPEARS that the Koch System is the first chemotherapeutic achievement whose use is followed by an increase in the efficiency of the leukocytes instead of injury to them. The more efficient the function of a tissue is found to be, the less of that tissue is needed to accomplish a given piece of work. This holds also for the leukocytes and it is well known that as the toxicity of an infection increases, the greater is the stimulus to the production of leukocytes and the greater the number of these cells that appear in the blood and at the sight of the infectious focus, especially when their antitoxic action fails. Moreover, in some persons the production of efficient leukocytes is so poor that infection can go rampant, neither being walled off at its focus, nor burrowed to an exterior surface to be discharged. In such instances a Treatment is needed to give the leukocytes and the tissues that generate them the energy they need for effective function.

When such Treatment is effective, leukocytosis will be sufficient to bring about successful burrowing and drainage when needed, and exert adequate anti-toxic action to overcome the stimulus to leukocytosis. Pus will then diminish rapidly. The *Case of Dr. Kolisch's son* illustrates the first achievement. The *Case of the Reeves boy* whom Dr. Andrews testified about is another illustration. In this hopeless fulminating case not only had the double pneumonia gone chronic, but the kidney infections, and the heavy infection of the blood stream with *Staphylococcus aureus* cleared up quickly and completely, and an uncontrolled osteomyelitis of the tibia was localized; the dead bone was walled off, and burrowing was started to the surface so that the surgeon could easily locate and clear out the debris. True permanent recovery followed, instead of death or invalidism, the usual chronic sequelae of osteomyelitis where the infection persists and healing is never completed.

The *Pennock Case* gives a measurement of increase in efficacy of the leukocytes in helping to remove the toxic stimulus to leukocyte formation. Immediately after the Benzoquinone was administered, the white blood count dropped at a rate of 3,500 cells per day towards normal and at the same time, recovery from the bowel obstruction, from the pain, inflammation, and fever, progressed with equal rapidity. Toxicity thus decreased with the drop in leukocytosis.

The *Case of Mrs. Peabody* reported in the Testimony of Dr. Wendell Hendricks presents another example of regeneration of efficient natural immunity. This Testimony established the quick reversal and recovery after a dose of Glyoxylide from an acknowledgedly incurable and far-advanced progressive bronchiectasis. This case also demonstrates the dependence of an allergic condition, asthma, upon lung infection and shows that removal of the allergy progressed with the disappearance of the infection. Thus, Dr. Koch's working Hypothesis is again substantiated by fact.

There is also the Testimony on the chronic infection of the temporal bone of *Dr. Loeffler's daughter* that would not improve under seventeen years of continuous care by the best experts obtainable. Yet after the Koch Treatment the disease process was quickly reversed and brought to gratifying recovery with redevelopment of some of the injured ear structure so that some of the hearing function was restored. In this case the whole life was changed as a result of the

restored health. The Testimony of *Dr. Woodruff about his son* is analogous and also very instructive.

In the *Case of Major Nobre* every joint in his body was fixed immovably. The bones were grown together by scar tissue, which had developed to wall off the infection. A dose of Benzoquinone solution was followed by disappearance of the infection amid absorption of the scar tissue, which doubtless was no longer necessary as a protective measure. The joint surfaces that had been replaced by scar tissue were regenerated and motion was restored to 95% or so of the original normal.

Many other cases of infection could be abstracted from the Testimony. They were offered as proofs of the successful protection that quickly results after the administration of the natural type of auto-oxidants in stepped-up form. Until recently, such recoveries were too wonderful to be understood or accepted, but now that the beneficial work of penicillin has become widely known, it will be easier to appreciate the even greater efficacy of the natural immunity process of animal tissues. That the animal body has in its tissues a more efficient system of protection than can be borrowed from the mold, *Penicillium Notatum* or its relatives, has just been demonstrated by Dr. Sperti, and reported in the lay press in 1947. He used *Staphylococcus aureus* as the infecting agent and brain extract as the protecting material, 100% protection was secured. This compares well with the protection secured by the Synthetic Natural Immunity Anti-toxins we are discussing when used in human beings. Dr. Koch reported on this natural immunity as residing in heart and brain lipoids as curative in cancer, 30 years ago. His report was made in the Medical Record of New York, October 1920. Geiger and Conn have demonstrated just recently, also, that compounds containing the conjugated system of Carbonyl and ethylene are curative against these infections when present in certain compounds thus, confirming Dr. Koch's publications of the past and the Testimony given in his various Federal Trade Commission and Federal Court Trials. Many other such publications are being made now, including the work of Warren, and that of Wesley and Rusch, which show that such structures cause the inductive oxidation of cancer producing poisons in confirmation of Dr. Koch's teaching and Testimony.

The essential activity of Koch's System was well demonstrated in animal and test tube experiments. The work on dairy cows with the Koch Treatment as detailed in the Testimony of the Ministry of Agriculture of the British Columbia Government, and the University of British Columbia, which demonstrates the efficacy of auto-induced oxidations in infectious diseases that do not respond well to mold products or sulfa drugs. The facts produced in this rebutted Testimony support Koch's conclusions that disease-producing germs can be restored to harmlessness by re-establishing an effective oxidation catalysis and thus, again be enabled to function harmlessly, in the great biological cycle. This is demonstrated by the fact that, badly infected udders that yield bloody, pusy, milk or very seriously toxic fluid, as milk with bacterial counts running high in the millions, lose their inflamed gangrenous condition fairly soon after receiving the Treatment and yield good commercial milk, with bacterial counts in the thousands and of the same types as those present before Treatment; yet, this milk is not toxic but entirely healthful. The germs moreover linger in higher numbers than normal only so long as tissue debris remaining from the original toxic injury is still present. Thereafter, they disappear and good commercial milk is produced with a bacterial count lower than ordinary. The general health of the cow is improved in a marked degree. The milk production may be increased, the fat

content increased, and the reproductive capacity improved. Restoration of tissue function is thus re-established with the restoration of the natural immunity, and Koch's working Hypothesis that the oxidative production of energy for tissue function depends upon the same oxidative catalysis that converts disease toxins into harmless substances, is still further supported.

During five years of extensive, painstaking, investigation of Glyoxylide as a Treatment for infections in dairy animals by the Department of Agriculture and the Veterinary College of the University of British Columbia, their experts have confirmed both the Theory and practical value of the Koch Treatment, as reported in the Official Report of the Minister of Agriculture to Parliament each year from 1944 to 1948. In March 1948, the final report was printed in the Official Report to Parliament. This Report is in sharp contrast to the hopeless destructionistic report of the Dairy Cattle Health Committee of the American Dairy Science Association, which met at Guelph, Ontario, in the summer of 1947. For Johne's disease, a fatal form of Para tuberculosis, these dairy experts recommended slaughter of all suspected animals. The British Columbia Report showed that in their experience, the disease was promptly cured by the Koch Treatment. For infertility from Bang's disease and ovarian cysts, and other causes, cure was established by the Koch Treatment with continuing fertility, and the best of milk production; instead of the great loss to the dairymen of some twenty or more percent of their cattle. For Mastitis likewise, instead of the high steady universal loss of from twenty to thirty percent of the cows, cure and persisting practical freedom from the disease could be gained from use of the Koch Treatment. Thus conservation and constructive gain and saving was proved possible by use of this Treatment instead of the great annual loss of twenty to thirty percent of the cattle because of these diseases they could not control otherwise, and can not even pretend to control by slaughter.

THE CASE OF DR. JOSEPH M. KOLISCH'S SON

"My son, age 18, became ill in July, 1940, in a military camp. I was in Oregon on a vacation and was notified by telephone that the boy had been operated for appendicitis. I returned home and found him in the University Hospital in Culver City as a patient of Dr. Lamont. In spite of the operation being a success, the patient was still under a high fever and the appendix did not show anything. From the complaints, which the boy gave to me and the history, which he had related to me, the diagnosis of appendicitis seemed justified, but there was not any appendicitis at all. He had a high fever and the impression I gained was that it was a septic condition and I treated him and watched him. I treated him conservatively and expectantly for a few days. By conservatively, I mean that I did everything to support the system, in view and in the face of an infection, origin unknown. The surgeon and I were on the case at the same time. I tried to establish a diagnosis. A few days afterwards, the location there indicated it was possibly a pyonephritic abscess. That is, an abscess, which might follow an infection, transmitted to the blood, usually caused or often seen after boils or other surface infection.

"This was the working diagnosis at the time. Then, pus showed up in the urine and it was followed somewhat later by a pain, a rather severe pain in the kidney region and then later in the prostatic region and this gradually developed into a condition, which made the diagnosis of a prostatic infection plausible. So, he was treated accordingly.

“In order to arrive at this diagnosis, as I have made this diagnosis, I would never have been able to arrive at it so quickly, had I not taken into consideration the history and I received the history from the patient that he had not been well really for a month prior to this, following an incision of a boil, which developed while he was at the camp there. Following this incision, for a few days he had a fever. He was quite ambitious, so he went back to his duties and he never felt really well after this. Coming down here he thought he had the flu. He saw a doctor. I was not here. Then he went to the beach. He went out one day and the following day he had a severe attack of chills. I took care of him then in the hospital. It was established that it turned out to be mostly septic in nature and I took him to my clinic. My wife used to be a nurse and she took care of him.

“He was in the University Hospital in Culver City for about three weeks. Then he went home to my clinic and he stayed there and things became rather, well, like he had a septic condition. It would seem that he would get a little better and then it would get worse again. He was treated at the time. I had treated him already in the hospital with sulfanilamide and then he received Vitamin B and Vitamin C and liver extracts to keep the blood up.

“Then about the middle of September or so he got quite bad again. The pain got worse and he perspired and it seemed like a new whole thing had started with a new infection again. I was greatly worried, and, having established the diagnosis and knowing the origin of the boil, I thought there was great danger of his developing a heart condition following this thing in a protracted course. Then, it being the genitourinary system affected, I inquired, and I was given the name of Dr. Hagar, as a competent specialist in that line, and he was also seen by Dr. Bacon.

“Dr. Hagar wanted to take him to the California Lutheran Hospital so he took him there and he was under Dr. Hagar’s care. He received sulfathiazole there. I had given him some sulfathiazole at my place already. He was not there very long and I decided to take him back to my clinic. He had symptoms of developing quite a pain in the bladder and the region of the urethra.

“I did not run a metabolism at the time, as I did not think there was any indication. I took all the blood counts, urine, sedimentation, blood cultures, and cultures from the urine.

“The disease was a prostatic abscess infection of the prostatic gland, brought about by way of the blood streams from this boil.

“After he came home he was in very much pain. His fever took a new swing up and I could not see anything but a recurrence again of a general septic condition, which he had already gone through a few times in the course of this disease. He would get better and then get worse, and then get better again, and, while I was always successful in keeping his general condition up, he started to show definite signs of slipping. He was actually sick since sometime in July, and in August he was operated on.

“He had the best of care, but to a man of experience and judgment it was just a matter of time if the resistance of the system would break down and the abscess would appear some other place on the body or a heart condition could have come up. Most anything could have happened. So, at the time, I remembered the Koch claims and Treatments and also the experience, which I had

learned and I ordered the Glyoxylide and gave it to him. I telephoned Dr. Koch to ascertain his opinion, what his ideas were and to get a fair impression myself, before I would administer it and to get what he had to say, and what I could expect, and to have as much personal contact as I could. I told him the condition and he told me that he had quite a good experience with similar cases about the prostatic abscess, and then, he told me on the telephone that he expected the abscess to break within seven days.

“The Treatment was administered. The next day, from my observation, the boy was definitely better. He was definitely improved. There was a definite change. The change was one such as you observe at a sick bed. I watched him from the next day on. The boy improved. He had an appetite then. He complained less. He was less nervous and he had less pain. His general condition was definitely improving until the day when the abscess broke, which was the seventh day. It was not a surface abscess. It was the prostatic gland and it showed all physical symptoms possible of being an abscess and it broke and discharged. The pus discharged through the penis and this pus was cultured and it showed Staphylococcus aureus.

“There were repeated blood cultures made but the blood cultures did not show any growth of bacteria.

“On the day the abscess broke, he had quite some pain and after this he was to all appearance well. I kept him in bed, and under close observation, but he was perfectly all right. His temperature was normal. I have the temperature charts taken at the time in my possession and he was all right. He was eating well. He commenced to eat better. Of course, he showed the effects of the sickness but he had no more of the septic condition. The fever never came back again.

“I think the sulfanilamide and sulfathiazole had a deleterious effect on the treatment of this disease.

“I attribute the change which resulted in his recovery to the administration of Glyoxylide.”

THE CASE OF NORMAN REEVES

Paraphrased from the Testimony of Dr. L. L. Andrews

“In the summer of 1940, I had a patient by the name of Norman Reeves. I believe he was about five years old. I was called to him at his home. That was, I believe, June 13th. He had a very high fever. It was around 104° and 105° that afternoon. I saw him around two o'clock or three o'clock with intense pain in his left leg. From his ankle up to the knee it was decidedly swollen and very red and hot and very painful on palpation and I said to the parents, ‘There is undoubtedly infection here in this leg and we want to know whether it is in the bone or not, so I ordered him to the Victoria Hospital for an X-ray of the leg that afternoon.

“He went down there immediately and had the X-ray that evening. The roentgenologist's report was that there was no involvement of the bone at that time, so it was negative and his report was that there was no periostitis there at all, and from the condition found from this report, I sent the child home, and was called to see him the next day and his temperature was still high, and, in

fact, there was a rigidity of the spine. That is, he was stiff. The abdomen was very tender and with the X-ray negative, the apparent condition shifted to the abdomen. It then became a question of whether the original infection was in the leg or in the abdomen. But, after I examined him, I still came back to the leg. I said, 'I think the trouble is here,' but I ordered the child back to the hospital and I called in Dr. Barge as a consultant. He came around noon. This was July 15, 1940.

"We saw the child together and decided that our best probability of trouble was in the leg; that we would operate there and if we found nothing there then we would open the abdomen, and the operation was performed and he was my assistant and we let out of that left leg close to half to two-thirds of a pint of pus. We took cultures immediately and it proved to be a pure culture of *Staphylococcus aureus*.

"We opened the wound practically from the ankle up to about three inches, I think, of the knee and put in drains and put the child to bed with transfusions of blood and local serum solutions and general medical care. The child's temperature came down after the initial effects of the anesthesia, but there developed, from that infection in the leg, a pyelitis. That is infection in the kidneys. We got a pure culture of *Staphylococcus aureus* from the urine. Then from the last infection, there developed an infection, which appeared in the lungs and there developed a double infection of both lungs and it went into lobar pneumonia. Then we made cultures from the blood and we got a pure culture of *Staphylococcus aureus* from the blood.

"I think the records will show somewhere around 10,500 cc. at a time. We were anxious to find, if possible, a patient or some individual who had had a severe case of *Staphylococcus aureus* infection and had recovered. We were not able to find one. When such a case can be found, a certain degree of immunity develops in that patient and if you can take his blood or get a transfusion from him to your new patient, you get better results than you do with a straight transfusion.

"So as to do all that we could for this child, his brother, a young man, was giving his blood and so he was willing to be treated with the vaccine of this *Staphylococcus* infection that we got from the little child. So, we treated his big brother with the vaccine made from the infection from the child for somewhere of about ten days, endeavoring to build up in the brother a strong resistance to the *Staphylococcus* infection. Then we took his blood and transfused it to the child.

"There was at this time sulfathiazole. It was just appearing. My house physician, Dr. Williams, I believe, was her name, who assisted me with the care of the case, said she believed there was a man here in the city that had a little for experimental purposes that had been sent out to him. I said, 'Well, get it, if you can.' She succeeded in getting a few grains of it in tablets, and at the same time, I wired the manufacturing plant for a supply of the drug for this child. We began immediately to treat this child with the sample that we obtained from this local physician.

"As I recall, we divided the dose about in two, giving him about three or three and a half grains every four hours. The child did not react well. I think it was the second or third day there was a severe rash on the child. That was indicative that he was not taking the drug properly; it was acting as a poison, so we discontinued it until the skin cleared up. Then we tried it again with the

same result and we discontinued it and we tried it again. I think the record will show three times. Each time there was a reaction that was indicative that the drug was having a very poisonous effect upon the child and could not be continued.

“During all this time, of course, the wound was properly cared for, dressing it each day, and was cared for by a private nurse. His mother was present all the time. He had first quality care; everything that a good hospital could throw around the child was given, and, so far as I know, everything was done for the child that science could do at that time. The child showed a little clearing of the lungs.

“The records will show his radiograms were made, I do not know how many times, but there are the prints with the interpretations of them and the condition of the lungs showed practically a complete consolidation of the left lung; probably just a little bit of air in the left lung with a little larger space in the right lung, but during the program those conditions began to clear up a little and with every ray of slight improvement, or index of something that might be considered as an improvement, we noted the time on the progress notes. During all of this time, of about three weeks in the hospital, the child was gradually failing, losing in weight; losing in what we call morale, all sense of fighting power; he was becoming intensely weak, refusing food. We were keeping the child alive, apparently, just with a transfusion every two or three days. The parents are not blessed with a lot of funds. The bill had reached somewhere around a thousand dollars and apparently we were running a losing game. The child was getting weaker all the time.

“One day I told the Mother the child would not be able to live and she agreed with me, and I said, ‘You had better take the child home to see what you can do for him at home, or we will do whatever we can. We can’t keep him alive on transfusions forever.’ She agreed to it. So we went home and both of us agreed that the hope for life was practically negligible. Then we tried sulfathiazole again there at the home with the same results, no improvement. He reacted badly to it. We could not give it to him and the child got so weak he could not turn himself over. He could not lift his head. His skin was dry like leather and he was refusing to eat. We had great difficulty in getting a little water down him. So, I said to the father and mother then, ‘There is one other Treatment.’ I advised the parents then to try Dr Koch’s Treatment, and she agreed. So, I wired for a Treatment and I gave it to him. The child showed improvement in twenty-four hours and he was taking water then without forcing it to him, and within forty-eight hours, he was taking food and the improvement was right up the line, getting better.

“The diagnosis was the child was improved, remarkably improved.

“The name of the disease was a pure Staphylococcus aureus infection of the lungs, of the kidneys, of the bloodstream, and of the bone. The leg was running pus and it was refusing to heal over the skin wound. That is, there were several foci of infection in there where it was pouring out pus. After the Treatment, or by the administration of this Treatment, there was a marked pick-up in activity of the healing of the skin area, but with the pus coming out, I felt I ought to have another X-ray picture, so I took him to my office and did an X-ray of the leg, and it showed a felucrum of the body section of the bone that had been undermined and was there as a necrotic substance. It is a piece of necrotic bone that has been practically separated from the parent bone, by pus. In such an instance, the wise and simplest thing to do is to remove that piece of tissue

bone and so I advised them to go to the hospital and open the wound and curette this out. I took the child to the Jackson Hospital and there opened the wound and thoroughly curetted the bone the entire length of the tibia, from what we call the epiphyseal to the diaphyseal line. That was the left leg. The child continued to gain rapidly; he made an uneventful recovery and is sound and healthy today.

“I gave him a second Treatment when he arrived home. The reason for that was this, anesthesia has a deleterious effect upon the activity of this particular synthetic medication. It tends to lower its efficiency, so I gave it to him for another pickup. He made a rapid recovery right on. I have seen him lots of times. I saw him just a few weeks ago; a strong, vigorous, healthy child, and he has never been sick, since. He seems to be immune to everything.

“I think the primary cause for his recovery was this Synthetic Treatment. Now, the surgery was an important factor all right; important that it took away a lot of infection immediately and gave the Treatment a better chance to do its work, and gave the child a quicker recovery.

“I believe the sulfathiazole and other medication had a deleterious effect.”

Mrs. Reeves told of how ill Norman was when they took him home from the hospital. It was because they expected him to die soon and that nothing more could be done for him at the hospital. He was placed in bed so he could see the family for he was too weak to turn or move his head.

They again used the sulfa drug but he was not helped. The rash appeared and grew worse. It was then that Dr. Andrews suggested the Koch Treatment and he phoned for it. It arrived and was injected the next day.

Within twenty-four hours he had improved definitely. He was hungry. His temperature had dropped. That was the first time he wanted anything to eat or had eaten anything, you might say, in the length of time he had been sick. He improved rapidly after that (she explained), and especially after the second injection, and soon was in perfect health.

THE CASE OF MRS. HARDCASTLE PENNOCK

Paraphrase of the Testimony given by Dr. Chester Earl Dove

“I was called to attend Mrs. Hardcastle Pennock along in May of 1941, in Palm Beach. She had a temperature of 104°; pulse very rapid; very much pain in the abdomen; vomiting, and drawing her knees up on her chest. She was attacked with this condition around twelve o'clock at night of May 23rd. She called me the morning of the second. She had had a colonic irrigation. I diagnosed her case to be appendicitis. I based that diagnosis on the temperature and clinical symptoms of vomiting and the trying of a movement of the bowels, which would not move, and the blood count. Without the blood count, we could not have been positive.

“I consulted with Dr. Koch. He came to see her and then I administered 1:4 Benzoquinone. On the twenty-fifth, her temperature went down to 102, as I recall it, and her bowels acted more

normally. They had acted hardly at all before that; she passed mucous, and her pain was markedly reduced. She had just the one treatment.

“It will be seen that the white blood cell count dropped about 3,500 cells per day, which is what is generally considered a very big change, (from 16,900 to 10,350 in 48 hours). Correspondingly the toxemia and other symptoms improved, so that on the third day, the white cell count was just a little above normal and the patient had made similar change in her general condition.”

Paraphrase of the Testimony of Mrs. Pennock

“Several years ago I had trouble with my abdomen. I became acquainted with Dr. Johnson. This was about the latter part of May 1941, and he took some blood from me. The night before I was very ill with nausea and very loose bowels. All night long, I was in terrible pain, vomiting constantly, and I did not tell my daughter until almost daylight. I was in such distress.

“I have used Miss Touchbarry for irrigation before in my life, so I went over there. It was just at daylight and she gave me an irrigation. She gave me very little water and it did not come back. I was vomiting constantly and in terrible pain. My knees were up. I could not straighten up. She had to go up into one of the rooms and she called Dr. Johnson and Dr. Dove. Dr. Dove had been our physician for many years. He came and called Dr. Koch to see if he could get a Treatment. Dr. Koch came with a Treatment and by that time I had been taken home, in terrific pain, vomiting all the way in the car.

“I omitted one point. Dr. Johnson came and took a blood test.

“Dr. Dove gave me the Treatment and within an hour the pain started to subside and I could straighten my legs a little bit. Within three hours I was comfortable. Up until that time the bowels had not moved again after they had been moving very badly the night before, but about three or four o'clock in the afternoon, my bowels moved again normally without anything administered for them.

“Dr. Johnson came two or three days to take the blood tests and the reports were given to Dr. Dove.

“From that time on I became more comfortable. It was thereafter three or four days until I was in very good condition. I felt much better. I was in bed two weeks. After this two week period, I was up and around and felt fine.”

THE CASE OF GRACE LOEFFLER

Paraphrase of the Testimony given by Dr. A. J. Loeffler

“My daughter, Grace Loeffler, is now twenty-one years old. When she was one year old, she had diphtheria, scarlet fever, bilateral mastoiditis, and double lobar pneumonia, all within a month's period, and very nearly died. She was so sick that nothing could be done at that time about her mastoids. They went un-operated, and she developed, of course, the accompanying otitis media,

which is an ear infection.

“Following this attack, for seven years she had a chronic discharging ear, the right one. This ear was always moist in the external canal. The odor of the discharge was very foul. She would find it in her hair and on the pillow. She developed a sort of inferiority complex over the thing, and she was conscious of this odor all the time, and, of course, lost all hearing in that ear. We took her to different doctors, without any results. Some suggested that the only method was a radical mastoid.

“On May 10, 1940, I gave her a treatment of 2 cc. of Glyoxylide. Nothing happened for a period of six or seven weeks, that is, no change took place that I could see. There was no lessening of the discharge, no change in the appearance of the eardrum, which had a perforation for seventeen years. There was no change in odor.

“But after a period of approximately six months, without any more treatment, not even irrigation, this discharge gradually let up, the odor disappeared, and the opening in the eardrum apparently healed over and remained that way for a year and a half, at which time she had a sudden feeling of pressure in her ear and a recurrence of a discharge, but without odor. This discharge lasted about a week.

“She has had three injections over this period of a year and a half. To bring the story to date, she has no discharge from the ear, she can hear a coin click at fifteen feet, and is very happy about the thing because of the fact that she no longer has this dirty, foul, messy, ear. I can only attribute these facts to the fact that the Koch Treatment helped her. This particular disease, from which she had been suffering, is called otitis media chronic, suppurative.”

Bronchiectasis

In bronchiectasis, we find a form of infection that appears quite hopeless. Here, the infection attacks the bronchus walls, weakening them until they sag and bulge, forming cavities that harbor the infection in a way that is not possible to drain out, except for the overflow of pus, so to speak. Large accumulations of pus developed and are coughed up at intervals, especially in the morning. The bronchus walls are invaded by and generate the infection, serving as foci for its extension further and further into the lung.

The patient is, of course, quite intoxicated by the infection, and the injurious results may affect her in various ways, causing asthma, for example. The hopelessness of the situation is well expressed by Christian in his 15th Edition of Osler *“Practice of Medicine,”* 1944, p. 814, where he states, “Lobectomy (removal of the affected lobe of the lung) offers the only possibility of cure. Medical treatment is palliative only, since it is impossible to heal the cavities.”

Osler further describes the disease on pages 810 and 813 thus: “The course is long with almost inevitable progression; Exacerbation may follow an acute infection, as a rule, with a superimposed pneumonic consolidation. There may be pleurisy with marked thickening. Hemorrhage is common and may cause death. Septicemia may result. Many patients have a miserable existence from the persistent cough and general ill health. The foul odor of the sputum

is distressing to both patient and associates. If definitely established, the disease is incurable by other than lobectomy.” On page 814: “Clearly operation should be advised early, if a skilled surgeon is available.”

Cecil in his *Textbook of Medicine*, 5th Edition, p. 922, states: “Bronchiectasis is a chronic progressive disease of the bronchi or bronchioles, characterized pathologically by dilatations of the tubes and an inflammatory reaction in their walls, and clinically by chronic cough and expectoration of large quantities of purulent sputum.”

Boyd, in his *Textbook of Pathology*, p. 463 states: “Moreover, most cases of chronic bronchitis have a basis of bronchiectasis; it is this which prevents complete recovery.”

On page 462: “Although bronchiectasis is usually regarded as the dilation of a bronchus with the formation of a cavity, it is more correct to regard it as an excavation in the lung substance starting in a bronchus. Destruction, no dilatation, is the essence of the process, which results in the formation of an abscess.”

Also: *ETIOLOGY*, “Suppuration of the nasal sinuses with the constant discharge of septic material into the bronchi is probably one of the major factors. In searching for a cause of septic disease of the lung it is well to look above the clavicle.”

“Chronic fibroid tuberculosis leads to the destruction of the bronchial wall combined with traction on the wall due to the contraction of the fibrous tissue, so that large cavities may be formed.”

“For some unknown reason the left lung is more often involved than the right, and the lower lobes more often than the upper owing to stasis.”

“The size of the cavity depends upon the size of the bronchus. It is filled with pus that stagnates there owing to insufficient drainage, and still further weakens the wall of the bronchus. The mucosa is hypertrophic and may form tumor-like highly vascular papillary masses. There may be atrophy. The microscopic picture is similar to that of chronic abscess. The mucosa may be hypertrophic or atrophic, and in advanced cases the muscle glands, elastic tissue, and even the cartilage may be replaced by fibrous tissue. The most significant lesion is the destruction of the bronchial musculature and elastic tissue, for it is these, which weaken the wall and allow the dilation to occur. Septic thrombosis may occur with embolism and the formation of a secondary brain abscess.”

It is, therefore, apparent that the recovery from bronchiectasis and its sequel, asthma, following a single injection of a harmless Remedy, must result from a constructive principle at work. Thus the infection state was reversed, the injured walls healed and became strong again. The NATURAL IMMUNITY of the patient’s tissues was re-established, and toxins were oxidized to harmless substance. Even in that act, energy was liberated, and who knows, but that the toxins served a useful purpose through their full oxidation.

THE CASE OF MRS. PEABODY

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

Dr. Wendell G. Hendricks' Testimony on the Case of Mrs. Peabody can be summarized as follows; she was helped into his office by her husband on January 26, 1944. She was thirty-one years old and weighed only eighty-two pounds. She was in a very severe coughing and asthmatic state at that time. In fact, she had had a persistent asthma attack for days and had not had any sleep. She had dark circles under her eyes and she looked very haggard, very pitiful, anemic-looking; typical of a person that has given up in despair, and gave the history of having this cough and the production of this extreme amount of pus-containing sputum, for many, many, years. That she had suffered with a sinus condition; that the asthma had started three years previous to this time, and that she did not have that in the beginning. The cough was worse in the morning after she had tried to get some sleep on occasions, particularly, if she was able, at all, to lie down this would get worse as she would get up. Most of the time, however, she had to be propped up to breathe.

The examination on that date of the chest with the X-ray confirmed a diagnosis of bronchiectasis, or chronic bronchiectasis with bronchitis, and status asthmaticus, and bronchial asthma, in a continuous form.

"I noticed on my examination that there was a considerable amount of sinus drainage by using the nasal speculum and I felt that an immediate relief could be obtained, if the patient could stand it, by irrigating the sinuses, which I had had some special training in; so, I irrigated the sphenoid and the antrum.

"The antra are located in the cheek and the sphenoid lie deeper at the base of the skull and very often drip down into the throat. This was done on that date.

"The temperature was 100 degrees. The pulse was 130. The blood pressure was down to 100 over 80. It should have been up around 130.

"Her appetite was good in spite of all this trouble, and she could sleep okay, if she were propped up. Between these attacks, she could get some sleep; in fact, she was so exhausted that she would sleep in spite of it, in spite of her labored breathing; and the bowels were okay.

"The red blood cell count was four million and the hemoglobin was 80 percent.

"The patient was given an injection of Glyoxylide on the 28th of January, 1944, two days later; and, she was instructed to have colonic treatments, if needed.

"A prescription was given for visyneral capsules, a combination of vitamins and minerals, one daily.

"On the 19th of February, 1944, approximately three weeks from the injection, she had a three week reaction of chills and fever.

“On the 27th of March, 1944, her pulse was 80; dropped down from 130. Blood pressure was up 12 points to 112 over 80. Her weight had increased 10 pounds. She was 92 pounds. Her temperature, however, had dropped to 99.2 from 100.

“On that date she told me that she had had no asthma since the 19th of February, which was the previous visit three weeks after the injection.

“On the 17th of April, 1944, approximately three weeks later, her temperature was 98, her pulse 72, which is normal, and her blood pressure 110 over 80.

“On the 8th of May, 1944, the temperature was 99.6, and the pulse was 74, which is in the normal range. Blood pressure was 120 over 80, which is absolutely normal for that individual. Her weight was up another pound, to 93 pounds. She had been taking colonic treatments once weekly, due to the extreme amount of pus and mucous, which was producing in the chest and we did not want them to accumulate in the bowel, so we washed that out and we made a notation to continue colonies once weekly.

“On the 29th of May, 1944, temperature normal, 99. Her weight, however, had gone down two pounds, to 91; it fluctuated. Pulse 76, normal range. Blood pressure, 130 over 80, still normal range.

“On the 20th of June, 1944, the patient was having relief from her coughing and her asthma, but her sinuses were giving her a considerable amount of pain and on the 20th of June, 1944, on the 3rd of July, 1944, and on the 10th of July, 1944, she was given irrigation of these sinuses, as I did in the beginning, to relieve that congestion and the headache that followed the congestion, which it did relieve.

“On the 4th of August, 1944, there was, I would say, almost a complete recovery of the condition. She had an occasional coughing, but nothing to compare with the original condition; in fact, it was so slight she did not complain about it much, and no asthma. This was the twenty-seventh week after the first injection. As I remember, the patient almost forgot to keep her appointment, as she had a bridge club, and the date slipped her mind, and it certainly impressed me because, in the first place, she was almost beyond going when she first came to me and then to think that she was so well that she forgot to come to see me, impressed me quite a bit as to the recovery she had obtained on this occasion.

“She was given a second ampoule of Glyoxylide on that date, August 4, 1944.

“Now, this patient was seen on, I think, two or three occasions during the year 1945, and she would brisk herself into the office to tell me how she felt and it was that she felt fine; that she did not think she needed any more Treatment; that she did not have any more asthma, and she was not coughing, so she did not see any reason to come to see me. The last time I saw her was either the latter part of February or the first part of March, and she just felt fine.

“I attribute this recovery to the Glyoxylide.”

The X-ray films submitted in court are described by Dr. Omer G. Hague, a noted radiological expert.

TESTIMONY OF DR. HAGUE

(FILM NO. 1)

“This film shows the bony thorax of a rather small female.

“These shadows here are the breast shadows. The central shadow is a long, narrow, poor-vitality type of heart. The left lung is reasonably clear.

“There are some hilar shadows; not more than you would expect in a patient with chronic drainage from the nose.

“The right lung shows exactly the line of the pleura between the two lobes of the lung, between the lower lobe and the middle lobe.

“These soft white shadows in this region are indicative of an infectious process in the active portion of the lung tissue.

“Bronchiectasis is a chronic infection of bronchioles, usually due to a drainage from an upper respiratory tract infection, such as repeated sore throats, repeated sinus trouble with drainage down the post-nasal space.”

(FILM NO.2)

“This shows a little more clearly the outline of the breast shadows and a little better contrast in the type of X-ray showing the dark and the light shadows more clearly in relief. It shows quite definitely that this diseased process in the right lower lung has practically all disappeared.

“The reason that this type of condition more often hits the right lower lung than the left is that the bronchus coming down from the trachea through the right descending bronchus is nearer a straight line than on the left side.

“On the left side it has to go around the right and then up, so that this is a more direct infection into that area.

“But, this film shows that the diseased process has gone away, and that both lungs are almost of equal brilliance.

“In my opinion as a radiologist, the change in the condition (Mrs. Peabody from January of 1944 to August of 1944 represents a favorable recovery process, definitely.”

AN ANALYSIS OF THE REBUTTAL OF THE PEABODY CASE ATTEMPTED BY DR. BRUCE DOUGLAS

Dr. Douglas gave the rebuttal “opinion” that bronchiectasis in this case got well because Dr.

Hendricks washed the nose out a few times and that bronchiectasis gets well anyway. This “opinion” is contrary to the facts in this case since the bronchiectasis had continued for many years progressively getting worse and the X-ray shows that large portions of the lungs were involved.

According to the authorities quoted, and these are the leaders in medicine, recognized by all, the affected part of the lungs must be removed surgically to obtain a cure. No other Treatment is effective in this progressive disease, once it is established. It must be also pointed out that irrigation of the sinuses a few times does not remove the infection from them, for the walls are injured in much the same way as they are in the bronchi and the germs develop in pockets within the walls that are not accessible to an irrigating solution. The walls of the sinuses and of the bronchi generate the infection. If any trickles down into the lungs from the sinuses, it only adds to the pus that is overflowing from the cavities within the lungs themselves. Thus, the pus added from the sinuses only increase the overflow from the lungs and does not cause it.

By referring to the statement of the authorities, the error of Dr. Douglas’ rebuttal should become evident.

It would be well to point out that surgery would have no place in this case. One-half of the right lung, at least, would have to be removed. Probably also one-half of the left lung. A woman so depleted who couldn’t get her breath would have little chance of sustaining such an operation.

THE CASE OF DR. F. F. WOODRUFF’S SON

Paraphrase of the Testimony of Dr. F. F. Woodruff

“I have used the Koch Treatment on my son. He was afflicted at the beginning with a severe cold, and it developed into recurrent oposthotons (convulsions), infection with involvement of the ears. The middle ear was involved to the extent that both drums were lanced. I called into consultation a friend of mine to assist me in this case. The boy had to be given sulfathiazole, and he gradually become worse. He became unconscious, and we were all quite concerned as to the outcome. I wired Dr. Koch, and an injection of Glyoxylide reached me the next day. He gave definite symptoms of meningial involvement. We term that condition as opisthotonus, which is from brain irritation, meningial irritation; He was unconscious and running a temperature between 103 and 104 continually.

“I noticed changes the evening following the morning that we administered the Treatment. He showed some signs of improving. The next day he was conscious, and he made a rapid recovery. I attribute the recovery to the Koch Treatment.

“I would say that I rely on Dr. Koch’s Treatment in those stubborn resisting cases, the various types that we run into. Many cases that will come to me do so on account of my profession, to avoid surgery. I have had several such cases, so I will resort to this Treatment in my effort to avoid surgery, as in goiter, and cases of chronic synovitis, where they have been recommended to me. I have had some results in cancer cases. We get some very bad cases referred to us by other satisfied patients from cancer. My opinion is that there is a definite value in Dr. Koch’s

Treatment.”

Rheumatic Fever

THE CASE OF EDNA NEWTON

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Edna Newton, age 11. Joints were painful, hot, swollen. Knees were the worst. There was high fever, sore throat, and pain over the heart. These symptoms had progressed five days previous to the visit to my office. There was contraction, swelling of all the joints causing the limbs to be markedly flexed. Heart murmur, pulse 120, temperature 102, throat inflamed, tonsils swollen, and severe adenoiditis. Diagnosis was acute rheumatic fever. July 3, 1942, the girl was put on a liquid diet and given an injection of 1:4 Benzoquinone. The next day the temperature was 100, pulse down to 108, her throat and knees were better. Two days later, temperature 99.2, pulse 100, throat clear, all joints better.

“July 9th, 1942, all joints normal, normal function, no pain or swelling, temperature 98.6, pulse 78, throat normal. Heart murmur gone. Adenoiditis gone. Patient is well.

“Rheumatic fever is one of the diseases for which no treatment has been developed, which has any beneficial effect except the Koch Treatment. We are happy in having had all of our Rheumatic Fever cases respond very well to the Koch Treatment. Since this disease generally leaves some sequel that in later years rises up to threaten the health or life of the patient, it is indeed gratifying that the Koch Treatment gives prompt and completely satisfactory results in the cases where it has been used so far.”

TESTIMONY OF MR. SHEAD NEWTON

“My wife was working when our little girl got sick and we sort of neglected her. I thought she had probably been stung by a bee. Her ankle swelled up to the knees and then her joints and she got to drawing and just sort of pulling together, her feet and head coming together. The third day after Dr. Hendricks gave her the shot, I am almost positive that her temperature was back to normal. It was no time until the swelling and everything was gone and she was coming along fine.”

TESTIMONY OF MRS. SHEAD NEWTON

“In July, 1942, my daughter, Edna, 11 years old, was ill a week before we took her to Dr. Hendricks. She could not stand on her feet. Her feet and hands were drawn, her heartbeat too fast, and she had a fever. She complained of her throat. After the Doctor gave her the injection, the first morning we did not notice any difference. The second morning she had no fever and the third morning she was really lots better. She was in bed another week and the third week she was able to be up and around. She has had perfect health since then. We have never had her back to the Doctor for anything. Her heart seems to be all right. She is a little nervous yet, but nothing like she was before we took her to the Doctor. She does not shake at all.”

Advanced Rheumatoid Arthritis

THE CASE OF LUCILLE JAMISON

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Lucille Jamison, age sixty, February 6, 1941. Six years ago fell on tile floor and injured right knee. Arthritis started in both knees and progressively became worse. A year later developed nodules of the popliteal fossae and subcutaneous nodules of the hand. Examination showed arthritic process of the metacarpal phalangeal joints with atrophy of the muscle between the thumb and first finger. Hyperthropic arthritis of both knees very marked, swollen, subcutaneous nodules, one in the tissue of the dorsal surface of the right hand, and one in the popliteal space. There was general inflammation and general disability of all her joints.

“February 9th she was given Glyoxylide. She had a local reaction after this injection. There was a definite improvement, a limbering up of the joints. October 3rd a Treatment of Benzoquinone. January 7th, 1942, I noticed a small nodule forming in the left hand on the dorsal surface. The nodules had all disappeared on the right hand and the back of her knees and her joints were practically limbered up. I felt that she had had as much recovery as she was going to get, but after a temporary enlargement of the joints and another reaction of fever I gave her another injection of Glyoxylide February 20th.

“After the third injection, Mrs. Jamison was so well that she just felt like she would never need any more. She was doing her own housework and walking uptown where before she had been in a wheel chair and had to be helped all the time, helped out of bed and suffering all the time.

“The fourth and fifth injections were given at the yearly interval from the last injection because it seemed that about once a year there would be a little stiffening of the joints. Even though the patient was out and around doing her normal occupation, I gave her an injection. She is in good shape. She has recovered.”

TESTIMONY OF LUCILLE JAMIESON

“My trouble started about ten years ago and got worse all the time. Finally, I could not get up without assistance, could not raise my hands up, and could not wear shoes. My ankles were swollen and my hands were deformed. I could not hold anything in my hands, turn my head, or raise my arms. I had been doctoring with no results from May 1934, until I went to Dr. Hendricks in February 1941. He put me on the Koch Diet and then gave me the injection. In about ninety days, I got to feeling much better. My joints limbered up and the pain started to go away. That burning sensation was gone. It has been disappearing ever since until it is gone. I feel very good, get around well, and do my own work”

Eunuchoidism

Joseph S., fourteen years old, was brought in by his sister, Dr. S., a physician. He was

considerably overweight and had the shape characteristic of the female, narrow shoulders, big hips, also the fine hair, soft voice, and the general impression of a girl. Examination revealed that the penis was infantile, the scrotum very small, merely a fold of skin and empty. The testicles were not present in the scrotum, nor could they be palpated in the canal. It was evident that this was a case of total eunuchoidism—the most extreme form of primary genital insufficiency. True eunuchism is where the sex glands are removed surgically or destroyed.

Both maladies are recognized as incurable. In extreme eunuchoidism, the glandular system that is defective involves not only the sex glands, but also the pituitary and others. There is no known way of restoring the deficiency so that a normal development can take place. However, the use of gland extracts and synthetic products may help reduce the female appearance to a little extent, but very slightly if at all; but the development of the testes and sex organs is not helped. So true is that that Meachin states in his text, "*The Practice of Medicine*," p. 862-865—'the treatment of primary genital hypo-function is almost as unsatisfactory as in the eunuch.' Since the eunuch has no testicles to stimulate or act upon, medical treatment is useless and so with this extreme form of eunuchoidism; whatever rudiment of testicle tissue that might be present in the body, it is not sufficient to show any effect of stimulation by gland therapy.

However, the inhibitative agency that prevents the proper development of the glands is present in a dominating way and what is needed is to remove it if normalcy is to be attained. Then nature can go ahead and complete the development of the pituitary and testes to their normal design and structure. What the nature of the inhibitative agent is appears quite clearly from the fact that it is destructible by oxidation inducible through an auto-oxidation. It thus belongs to the class of substances that are causative to both allergies and anergies, to cancer, and to hyperthyroidism, hypothyroidism, etc. It is able to act as an oxidation inhibitant and allow food material to accumulate as fat instead of being burned to produce energy. And it belongs to the class of fluorescent substances that can transfer energy away from chemical systems where it belongs, to systems where it does not belong. It may thus resemble the viruses and some other parasites in their means of obtaining energy or delivering it from where it belongs, according to Dr. Koch. In this way the tissues of the urinogenital ridge may be deprived of the energy required for their development, and when the interfering substance is removed, normal development can progress.

(Author's note: The boy was given a dose of Glyoxylide about fourteen years ago. He began to change very soon. In twelve weeks, he showed a marked development of the sex organs and his physique changed. In another three months, he was totally normal. The testes had fully descended and were large and firm. The penis was fully developed. He grew much taller; lost his fat hips, and his shoulders and jaws developed. He became a veritable "Marine." Years later during the war he joined the Marines and became a Corporal, is married and has children that are normal. This case should be studied closely as a pattern of a group of similar type.

The case is described by Dr. S. as follows:

"I am an osteopathic physician and surgeon. I practice in Detroit. I have a brother, Corporal Joseph S., age twenty-seven. He is approximately ten years younger than I am and I helped take care of him when he was a young boy. He is now in the United States Army at the Army Law College in Washington,

“When he was twelve or fourteen years old I took him to Dr. Koch for examination. He was very obese for his age and we were rather worried about his condition because he was always backward in school, also his general condition was bad. His genitals were not developed as they normally do in a boy that age. His testicles had not descended and the penis was very small; it was almost infantile. He did not respond to endocrine therapy.

“Dr. Koch was consulted and gave him an injection, and within three months he lost weight and his left testicle began to descend, and within the next three or four months they both had descended; his penis grew out. He grew taller and mentally he was more alert. His health is excellent. He is living a happy, normal sexual married life.”

Toxic Nodular Goiter

Mrs. M. Jones

Mrs. M. Jones, age thirty-five, in July, 1943, was examined by Dr. Julian F. Baldor of Tampa, Florida, and found. to have lost considerable weight, and to have suffered recently from excessive nervousness, tremor, pains in the legs, terrific heart palpitation, shortness of breath, and such extreme weakness that she had to be carried into the car to be brought to the doctor. The blood pressure had risen to 190 over 110, indicating a general sclerotic and dangerous hypertension. There was throat constriction and muscle twitching.

Examination revealed a woman with well-developed tremor and muscle twitching, exophthalmus, tachycardia, loss of weight and strength, nodular thyroid enlargement. The basal metabolism rate was 104, July 8, 1943. The heart failing. The systolic pressure in the next few weeks dropped to 170, while the heart heat became weaker and the diastolic pressure stayed up to 110, showing the fundamental toxic state was not abating. (Plate 34)

PLATE 34. The laboratory report of La Beneficial Espanola, in the Case of Moseeta Jones showing that her basal metabolic rate was plus 104%.

LA BENEFICA ESPAÑOLA
LABORATORY REPORT

Patient Moetta E. Jones
Address 916 E. Hamilton
Dr. Baldor
Date of Specimen 7/8/43
Date of Report Adm

Basal Metabolic Rate: Plus 104%

Pulse during test: 114

Body Temperature: 98.6 F.

Signed M. Falsch

From July 8 to November 10, 1943, iodine was tried with absolute rest and ice packs to the thyroid gland, but the condition steadily grew worse. She was inoperable. The iodine (which is only useful for a short time and which is only applicable to certain cases and not to the nodular type of toxic goiter) was not succeeding in preparing her for operation and the heart had to be protected from further toxic injury. The nodules on the thyroid kept increasing.

Therefore, since she could not be operated, the Koch Treatment was used. Two c.c.'s of Glyoxylide was given intramuscularly, and, in a few days, one could see that the trend of the disease was reversed. The tremor improved, the heartbeat stronger, she could soon get around on her own strength; the whole picture steadily changed so that by the end of the twelfth week she was back to work, a normal woman. The tremor was gone, the exophthalmus was gone, the nervousness was gone, the blood pressure was normal, 145/90, and later 140/80, had strength instead of weakness. The heart rate was 80 to 90. The thyroid was normal in size and the nodules were gone. Instead of being carried and helped, she was on the go, working.

Her basal metabolism, March 16, 1944, was a very fine normal, namely plus 6. (Plate 35)

PLATE 35. This is a metabolism report from the Laboratory of Clinical Pathology showing that Mrs. Jones' basal metabolic rate, after the Koch Treatment, was a fine normal "plus 6%."

LABORATORY OF CLINICAL PATHOLOGY
 911 CITIZENS BUILDING
 TAMPA, FLORIDA

HERBERT S. SMILLS, M. D.
 FELLOW OF THE AMERICAN SOCIETY
 OF CLINICAL PATHOLOGISTS

HOURS: 9:30 A. M. TO 6:00 P. M.
 PHONE 4008

SEROLOGY AND METABOLISM

PATIENT Mrs. Albert C. Jones **DR.** Baldor

BLOOD	SPINAL FLUID
Kolmer	Kolmer <i>Reap 35</i>
Kolmer Dose Serum	Colloidal Curve
Kahn	Cell Count
	Differential Count
COMPLEMENT FIXATION:	Smear for Bacteria
For Tuberculosis	Sugar
For Gonorrhea	Chlorides
For Echinococcus	Protein
	Culture
BASAL METABOLISM	
BMR plus 61	
Pale 100	
Temperature 98.6	
Pulse was taken after violent coughing spell.	

March 16, 1944
 (Date) *H. Smills*
 (Pathologist)

This was an instance where a life was saved which could not be done in any other way as experience shows. Moreover, instead of removing or destroying an important organ, it was made normal by removing the toxic cause of its pathology. This, too, was done in a physiological way. More than this was accomplished, the cause of the thyroid disease was the cause of an arteriosclerosis that affected the body in general, and it caused other injuries. The removal of this fundamental toxic agent, by a process of body cell normalized oxidation is an ideal accomplishment in medicine that speaks volumes of hope for future medicine.

THE TESTIMONY OF MRS. MOSETTA B. JONES

“I used to have a dance orchestra but I had to give it up. My hands became useless. I could not play the piano anymore. That was in February, 1943. First, my trouble started in my fingertips with throbbing. It seemed as if the blood circulation was half stopped. My hands began to swell and I could not wear my rings at all. I had terrific pains, and then I began having trouble with my legs. It went from one bone to the other. I began to have contractions of the muscles. My toes would draw up into knots. I was in such pain I could hardly stand it.

“I went to Dr. Baldor about it. He gave me first one thing and then another, but I did not improve any. He sent me to the clinic to have a metabolism test made, and after that started a different treatment. It was some drops. All the time I was taking on like crazy. I could not sleep at night; my husband had to lift me up in bed. My hands and legs got steadily worse. Finally, I got so bad my husband had to pick me up and put me into the car. I could not get in; my legs would just turn to water.

“I went back to Dr. Baldor, and he gave me the Koch injection. About two or three weeks later, I felt like a new woman. My strength came back, my legs and hands cleared up, and I can use them again. I now have a job demonstrating. I carry a suitcase weighing fifty pounds in and out of homes.”

Hay Fever and Hemorrhage Urticaria

THE CASE OF MRS. WANDA L. RYAN

Paraphrase of the Testimony by Dr. Wm. F. Koch

“I treated Mrs. Ryan in May, 1934.

“She had a multiple allergy and it expressed itself in a multiple of ways too. She had hay fever intensely. She had asthma. She had Urticaria of a hemorrhagic type, that is, the blisters that developed on her were bloody. Then, she had a bowel disturbance that went with it. She would blow up with gas and passed volumes of gas from her rectum. Besides that, there was a urinary disturbance.

“She had been under the treatment of someone at the University of Michigan Hospital, who had arranged a very skimpy diet for her which she was on, but her symptoms were just as bad anyway. They had made a number of tests, which, from the history, at least, would show that she was allergic to sixty or so different things.

“I gave her a dose of Glyoxylide, and, in the course of a month, she was very much improved; and in the course of three months, she made a complete recovery.

“She was allowed to eat anything on the list that I recommended. Yes, that was the Koch Diet, but she went beyond that and ate other things.”

(Authors' Note: It would be interesting to many to know that Mrs. Ryan still claims full freedom from her illness—in 1948. Can any other Treatment accomplish this?)

TESTIMONY OF WANDA L. RYAN

“I had a condition which was very bad. It lasted about a year and a half. It was like a severe hay fever. I was constantly sneezing, and had a discharge from my nose. It was naturally worse at times than others, but I was never entirely free of it during that time, in the morning, when I

awakened, and it usually took until noon before it cleared up. There were days, usually these periods lasted for two weeks, when I would be so miserable, I just could not do anything else but attend to my nose. My eyes would water and I just could not breathe. I just was not fit to do anything but look after myself during that period. I became very discouraged.

“Blotches would appear on various parts of my body, fairly good sized, dark in color, maybe kind of a reddish blue. They were distressingly itchy at first, and then the itch would disappear after six weeks or more, that is, that severe itching, but the blotch would stay there a year and in many cases, two. It did not appear on my face. These blotches were sort of pus-like at first. They would eventually dry. I had very much trouble with my bowels.

“August, 1933, I went to the University Hospital. They gave me skin tests and put me on a diet. There were sixty different things to avoid. In the spring of 1934, I went on a trip and I was very, very miserable. There were nights when I could not sleep at all; and when I was in the car, I just had no relief whatsoever all day long.

“In the meantime, Dr. Koch had come back from Europe and gave me the Treatment. I took another trip after the injection, about three weeks after, and I decided to eat what I wanted to. From that time, I have been able to tolerate anything and sleep on feathers and have a cocker spaniel. I began to have beneficial results within a month. It was perhaps two months when I was entirely free.”

Coronary Thrombosis

THE CASE OF DR. HENRY C. ARNOTT

Paraphrase of the Testimony by Dr. David H. Arnott

“On December 8, 1936, I treated my brother, Henry, for a very commanding seizure of coronary thrombosis and I gave him Glyoxylide.

“The following indicated he had coronary thrombosis. The history of walking down Young Street and being seized in Toronto a few days before with a pain in the center of his chest, which passed off when he rested, but this attack came on while he was sitting quietly in his own home, and it was not relieved by resting and was a very, very, severe attack, and the pain was there in spite of giving him morphine to make him unconscious. When he came out of the influence of the morphine, the pain was still there and the pain was in the center of the chest. My brother said it was a terrible pain; it was a terrible pain. My brother is a brave man. That is the diagnosis, sir, and he looked very ill.

“The Glyoxylide gradually relieved his pain and eventually he got up and around, and I am sure that the turn for the better came because of the use of the Glyoxylide.

“Electro-cardiograms were taken of my brother. They were taken sometime after I gave him the Treatment.”

(The documents referred to were marked Respondent's Exhibits No. 179 and No. 180 for identification.) (Plates 36 and 37)

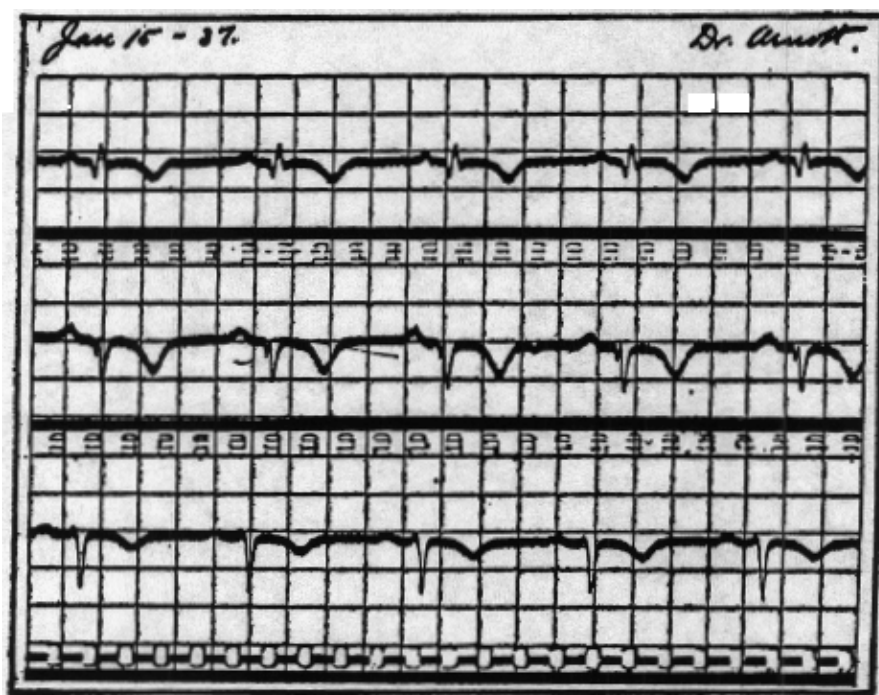
"Yes, these exhibits are the electro-cardiograms.

"No, I did not arrange to have them taken. These men were interested in my brother, and came out and took them, and it was all right with me.

"From the standpoint of my brother's condition at that time, I do not think that rest alone in bed would have brought him around. I say this because of the severity of the attack, the type of the attack. I think he would have died in a very short time.

"Coronary thrombosis is a common disease today. It is more frequent now than it was ten years ago. The vital statistics from Canada for ten years, as of 1940, show that 455 deaths take place out of every thousand due to angina pectoris and coronary thrombosis."

PLATE 36. The above is an electrocardiogram made five weeks after the Koch Treatment when pain was entirely gone, January 15, 1937, in the Case of Dr. Henry C. Arnott.



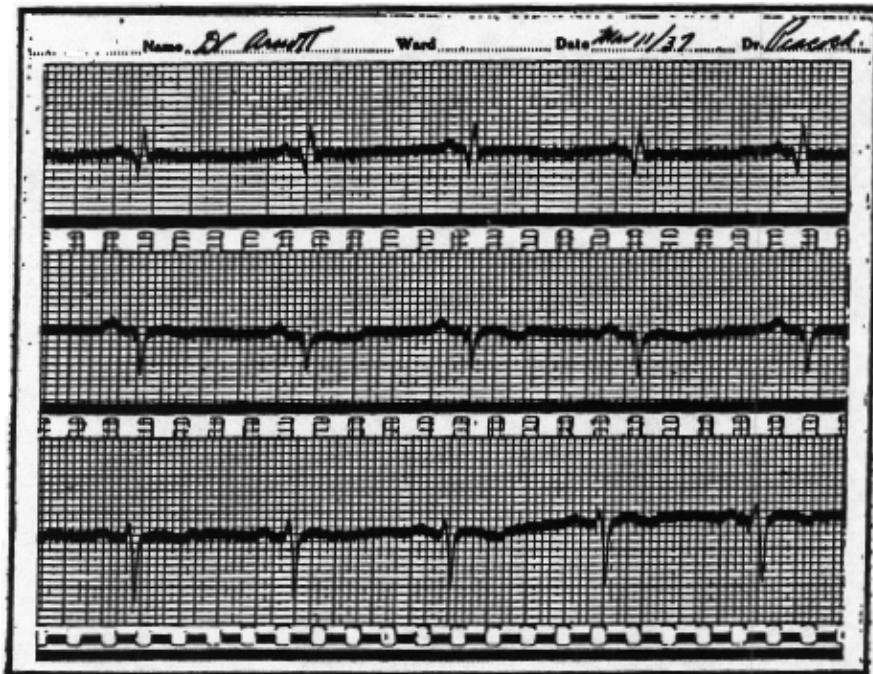
TESTIMONY OF DR. HENRY C. ARNOTT

"I live in Burlington, Ontario, am seventy-two years old, and retired from practicing medicine about six or eight years ago. I am an M.D. Received my medical training in part at Western University in London, Ontario, and graduated from the Detroit College of Medicine in 1898. I also got a degree in Edinburgh Medical School in 1898 or 1899. I practiced in Marlett, Michigan, and then I practiced in Hamilton, Ontario, most of the time. Dr. David Arnott is my younger brother.

“A few years ago I was in industrial medicine, and feeling as well as usual. I went to Toronto one day to get myself examined, and I had an attack on the street. I had a very severe pain in the pit of my stomach. I had to stand still to catch my breath. I had just had lunch, and thought it was acute indigestion. It passed off in a few minutes, and I went to the oculist to have my eyes examined. I went home that night, and went to work the next day, feeling as well as usual.

“Four or five days later, at dinner, I had a very severe pain in my stomach near the end of the meal. The pain was so terrific that I had to crawl upstairs on my hands and knees. My wife prepared a hypodermic, and I took a half-grain of morphine by hypodermic.

PLATE 37. The above electrocardiogram was taken eight weeks after that shown in Plate 36, indicating that recovery was established.



“My wife called my brother in London, and he came and gave me a hypodermic. I was in bed after that for practically four months before I was able to get out.

“In the light of what had happened to me, I realized that I had had several attacks. I did not know that I had an attack of coronary thrombosis when I was in Toronto. I thought I had an attack of acute indigestion, but in the light of what happened after that I am quite sure my previous attacks were heart attacks.

“This attack, when I was in bed four months, was preceded by a pain in my stomach. That epigastric pain was the dominating thing in my life. It was terrific, and the morphine I took didn't relieve me at all, as far as my sensations were concerned. There was no other pain. This pain in my stomach led me to diagnose my trouble as coronary thrombosis. Pain in the epigastric region is very often indicative of that.

“My brother told me that he had given me Glyoxylide when he came and gave me an injection at the time of that attack. I don’t think I could say that I could notice any change in my condition, I was too sick.

“In my own practice, I don’t think I have seen any case as severe as mine. From my experience, I thought I was through. I think that the rest in bed helped considerably, and I don’t think there is any doubt that the Glyoxylide had to do with it. I was very careful of myself for a time after that. I retired completely.

“I haven’t had any attacks since then. At the present time I am quite active. I am a gardener in the morning. I do a good deal of walking, and go up and down stairs as frequently as I like without any apparent discomfort. In fact, I think I am a pretty healthy man for my years.”

Psoriasis

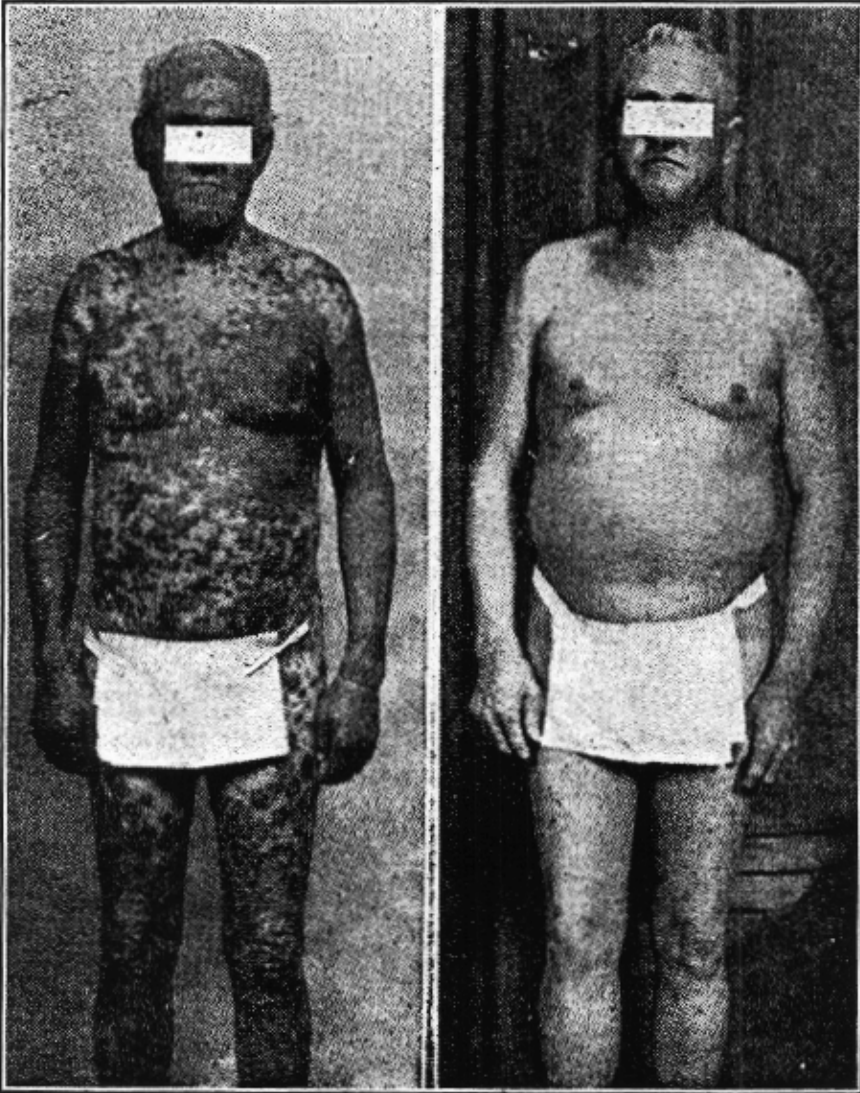
THE CASE OF HENRY W. COLE

Paraphrase of the Testimony by Dr. Chester Earl Dove

“I am an Osteopathic physician and surgeon and have practiced in West Palm Beach since 1919. Henry Cole came to me in July 1934. He was suffering from a condition we call psoriasis. He was in very much pain, complained about not sleeping. His skin, in places, was as dark as the ace of spades. In spots, where the epithelium had died and broken away and on other places on his back and body, the blood would come through his two shirts. He had large scales and when he would take off his shirt they would come off and fall on the floor.

“This condition was all over him, from his head to the bottom of his feet; his eyes, eyelids, ears, privates, and every other place, not a fraction of an inch apparently that was not covered. I put him on a diet for a few days and then gave him Dr. Koch’s injection, Glyoxylide. I consulted with Dr. Koch about the patient’s condition.

PLATE 38. The “before and after” pictures were made of Henry W. Cole, who made a complete recovery from psoriasis after the Koch Treatment was administered, according to sworn Testimony.



“He had some wonderful reactions as time went on, in a few months, he began to clear up at times and then he would have a reaction. During his bad reactions, that first six or eight months, you would think the man was getting worse, because it draws the poison out apparently and cleans out the system. Then he would get better, and he kept on that way until he was well. In October, 1934, I gave him another injection and have given him one every year or so since.”

(Note: This testimony was given before the Federal Trade Commission hearing held at Palm Beach, Florida. Dr. Dove saw Mr. Cole in January, 1948, and stated that Mr. Cole appeared to be free of his former disease, and in good health.)

TESTIMONY OF HENRY W. COLE

“I am 73 years old and a lumber mill worker. In 1931 or 1932, I began to have trouble with my skin. It came on gradually, first spots and it got all over me. I felt mighty bad. I would scratch it hurt. I was nervous and would jerk. I was covered from the top of my head to the soles of my

feet. I went from one doctor to the other. They gave me medicine and violet ray, but they did not help me. Dr. Brantly gave me a letter to Dr. Dove.

“Dr. Dove had photographs of me. The skin on both arms and under my chest was perfectly red and mostly scaly, but the smooth part looked like a raw piece of beef. My fingernails came off; the bottoms of my feet came off, the whole sole. It was just like ripping off a shoe sole and I had to take it out and bury it, it was so large.

“I could not sleep. When I lay down, it was like lying in a bed of ants, and they seemed to be all over me. Dr. Dove gave me several injections, the first around the 17th of July 1934. I just gradually got better, and about a year later, the condition was all gone, and it has never recurred.”

Appeared in Santa Ana (Calif.) Register and other newspapers in the west. September 7, 1950

Baxter's Views

Koch Therapy In Spotlight

By DAVID BAXTER
PART 1

Looks like we've really taken the bull by the horns in our little adventure into the realm of medicine. I haven't



realized how little I knew about it until I happened, by the grace of God, to mention Dr. Koch and some near-miraculous bona fide, certified cures of not only cancer but some

other ailments given up as hopeless by older methods. Since then I've been educated as fast as I can digest books sent to me on the subject, discussions with doctors, and with laymen who have actually had certain diseases. Doctors generally don't wish to be quoted but one of them, Dr. C. A. Newcomb, M. D. of Santa Monica, Calif. has, I am happy to say, given me permission to quote a letter he wrote, as a public service. It is as follows:-

"May I congratulate you on the stand you have taken for Dr. Koch. I have been a prescriber of Glyoxylide for over 15 years and Dr. Koch is a very close friend of mine. In fact I have had many patients who have taken the Koch treatment and some are living in Santa Ana and vicinity. If there were more men like you who were fearless, the public would greatly profit."

While I can't agree with Dr. Newcomb about being "fearless" I am glad he was willing to permit his name to be used by way of giving a good work a little moral support. Further correspondence with him has resulted in an invitation to actually let me see and talk with certain patients who have taken the Koch treatment and it may be that one or two of

them will give me permission to write about them.

Before going any further I wish to present my evidence for statements made about the case of tiny Judy Mc Whorter. It is in the form of an affidavit sworn to before a notary public in Parker county, Texas, June 28, 1950. It is as follows:

"To whom it may concern: In order to put on record the facts as known concerning the illness, treatment and recovery of our daughter, Judnita Mc Whorter, hereinafter referred to as Judy, we make the following statement...without promise of or hope of 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 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 her checkup 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 altho 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 physician reported to us that the biopsy showed a high degree of malignancy which involved 85 percent of the child's liver. They told us that nothing could be done to save Judy's life... Her life expectancy was placed at 21 days... For some time prior to this Mr. Joseph O. Noah, a neighbor and old friend of Mrs. Mc Whorter 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 the 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. 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 published its defamatory article about Dr. Koch, 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 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, Tex. The dose was injected into Judy's hip September 18, 1948. At that time and during the course of Judy's recovery Dr. 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... At the time the injection was given, Judy's abdomen was so 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... Veins under the skin of the abdomen were plainly visible... At the time the Glyoxylide was given Dr. Mulloy expressed no hope of securing a recovery as he thought the case too far advanced.

"Within 10 days after treatment Judy showed definite reactions which raised our hopes. Shortly she began to pass large quantities of mucous with bowe movements. She also passed a large amount of water in the normal manner, sometimes requiring as many as 20 diaper changes a day. No medication was used after the Glyoxylide injection and only minor changes were made in the baby's diet... After treatment was given and until recovery was practically complete only one doctor saw Judy. That was the doctor at Azle, Tex., who removed the stitches from the healed incision about the middle of October 1948

Tomorrow we'll conclude Judy's case and give you some more fact about Koch therapy.

Wellsville Press

"Wellsville's Own Newspaper"

(5)

VOLUME IV NO. 15

THE WELLSVILLE PRESS — FRIDAY, AUGUST 11, 1944

PAGE FIVE

Koch Wonder Drug Is Not A Fraud, Editor Claims After Trip To Detro

Sees Proof of Drug's Effect On Cattle Mastitis; Accuses

Veterinary Dean of Unfair Testing

(by Irving J. Zweig)

I have just returned from Detroit, Michigan where I observed the results of the treatment of dairy cows by a drug so revolutionary that it may someday turn the entire theory of human and animal medicine topsy-turvy. The whole thing is unbelievable. The drug has been denounced over and over again by the American medical association, it has been labeled a fraud, called nothing but distilled water, a fake cancer cure, valueless; its creator, Dr. William Frederick Koch has been brought to trial twice by the Federal Food and Drug Administration. Dr. Claude S. Bryan, dean of the Michigan State College veterinary association stated last March that the "material has not given one indication of being of any value in fighting the disease."

Yet I am firmly convinced that the drug is the greatest advance in medicine since the discovery of the "circulation of the blood" by Harvey. I personally have seen herd after herd of dairy cattle which were treated and cured by the drug. I spoke to farmer after farmer who will, if called on, swear that their herds are now free of mastitis and hangs disease as a result of this treatment.

Some of these farmers turned to the treatment in desperation because penicillin had failed and they were threatened with losing their entire herds. And I personally know of people who have been cured of heart disease and a number of otherwise "incurable" diseases as a result of the Koch treatment. There are innumerable case records where the Koch treatment has cured polio, influenza, cancer and other diseases.

It seems impossible that organizations of doctors, veterinarians and drug men who are considered the healers of mankind should in this day and age try to block so wonderful a cure. Yet I am convinced in my own mind (without proof) that this is the case. I am sure of one thing. Glyoxylide will cure mastitis and hangs disease in cattle. I therefore make this statement: Dr. Claude S. Bryan, dean of the Michigan State College of veterinary medicine is either a liar or he has not adequately and fairly tested the Koch treatment. I make this charge openly and challenge him to sue me for libel if it is false.

I can't as a layman verify the claims of this drug insofar as cancer, heart trouble, polio and other disease cures are concerned, but I do know a great deal about cattle. I know that the claims made for it, insofar as mastitis and hangs disease are correct. And I therefore strongly suspect that its application to human beings

is just as beneficial and the claims made for it just as correct.

If this is true then the entire foundation of modern medicine is upside down. Modern medicine treats the effect and this medicine treats the cause. Modern medicine has specific cures for each ailment; the Koch method treats the body as a unit and makes the "body" cure the disease; modern medicine is based on the bacteria theory of disease. Koch, while admitting that bacteria produce the toxins that lead to disease, is not interested in killing the bacteria, but in stimulating or "balancing" the proper organs so that the "body" will neutralize the disease forming toxins.

Perhaps the reader does not yet gather the significance of these differences. In simple language the Koch treatment says to each and every medical college—you've been working at medicine from the wrong end. You've been doing everything the hard way and the wrong way. I admit that you can mend bones, that you can cure appendicitis by cutting out the offending organ, or tumor by the same method and that you can finally cure (sometimes) mastitis by injecting penicillin in the cow's teat. But why work at it backwards. Find out why human and animal bodies are subject to disease and then invent some chemical of high oxidizing characteristic to eliminate the cause. That's what I've done.

Well, imagine telling the medical profession which considers itself a perfect product of a perfect science that its methods are "unscientific"? Can you see why in the words of Willard H. Dow, president of the mighty Dow Chemical Co., Dr. Koch has been "crucified"? And can you see

why the drug industry, which stands to lose a fortune if the Koch treatment is adopted, would fight Dr. Koch. And can you see why medical specialists who have fattened on enormous fees from the gullible public would be against it. Why, if Koch is right, they lose their specialist status and their big fat fees, and you the public can save yourself a fortune in money and better health.

Are you beginning to get the point?

Now remember that I am not telling you that this drug, glyoxylide, is a cure-all for all diseases. Even the Christian Medical Research League which is now fathering the treatment claims only 40-60 percent cures for cancer. And it seldom works after the X-ray treatment has been used. It does not always work on other diseases and further research in producing other antibiotics similar to glyoxylide is now in progress. But even if, as the president of Dow Chemical Co. has said, it cures but 10 per cent of all cancer-cases, isn't it worth further study and extensive and fair testing by medical authorities? And why is your doctor afraid to use this drug? Why, if this drug is nothing but distilled water, does our government prohibit its sale in interstate commerce?—Why, if the drug is nothing but distilled water, has Dr. Koch been sued and sued and sued in the courts until he has literally been driven into doing his experimenting in Canada and Brazil? And why did the District of Columbia (Canada) department of agriculture in its official report state that "after careful study of the literature, the Minister (of agriculture) decided that an entirely new approach to the study

of drugs, and its treatment been... "In so we have thought it well on record here, authentic data concerning an infectious disease for which except for the Koch is "there is no known cure disease (mastitis) after some develop. There other available method maniae cattle against it, tion."

Could distilled water be ed the experts in the de of agriculture of British Canada? Of course not body is playing tricks a health and your life, Mr. America—somebody who deep-interest in your got perhaps—

To Dr. Koch, who will a copy of this paper, we bless you in your work. I forgive us for the years have tortured you by May He forgive us for U of frustration that you I dured. May He forgive u: the shers in all the net that you have had to re He forgive us for every b: that you have endured efforts to help a world th ed your efforts. God had what we have done to Galileo, to Copernicus, y Jesus and to Socrates and an who saw ahead of h: man.

And may God forgive retract a word of this as of pressure from any sou

Editor Zweig is one of small town tors with courag closing paragra Dr. Koch is a c:

Member 1949
TEXAS PRESS ASSOCIATION

THE RADIO POST

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Almost every week we get publicity from the American Cancer Society. Large funds are donated to this society to continue their research. About the only results that seem obvious today is that medical men continue their experiments with surgery, with radium and X-ray treatment. To the layman the results obtained by this treatment are null. The majority of citizens have arrived at the point where they distrust the medical treatment. It seems the research is being conducted from the wrong angle. One fact is certain, medical men believe their method is the only one and continuing their research along former lines must get results some day. Perhaps it will get results, perhaps some day mankind will be cured from this dreaded disease. Until then, however, the medical research has decreed that mankind must die from cancer, the public being fed with statements like: False notions about causes of cancer are hindering control. Unfortunately, we do not know what causes cancer, but we know that old fashioned ideas about cancer are not true.

WJD

I am reading with interest, and everybody else who has the opportunity will read with interest, The Birth of a Science by The Lutheran Research Society, Inc. of Detroit, Mich. This book contains a great deal of data from federal court records taken from the trial of a Detroit physician. The federal food and drug department brought this physician to trial. An injunction prevented him from continuing his work for years.

As you read the book you wonder, did this happen in Russia or in our own United States? It is not conceivable to ordinary citizens that the power behind the American Medical Association using the federal bureau as instigator would use every means, some questionable, to prevent a physician from curing people who have cancer. But such is the story contained in this book. Like myself, a majority of citizens will want to know, why it is that a national association of physicians will use every effort to prevent the cure of people of the ravishes of cancer by any other method than their accepted method?

WD
Luckily not all physicians agree. However the medical association has so much power that it has ruined many a physician who dared to oppose the commands of the power behind the association. What the boss in this association is carrying out is the same that the labor boss is doing. Individual members can not exercise their right. Unquestionably the time is near at hand when the power behind the medical association will be displaced. The general public and independent physicians will demand that the public benefit by newer methods dealing with health of people. If there is a remedy for cancer, it should be available to the public; if there is a remedy for diabetes, it should be available; if there is a remedy for polio, it should be available.

WD
Physicians, although they have to get as wide an education as any living being, are bound by traditions regardless of their learning. It seems that learning should at least make people free from dogma, but it does not. It is as difficult for the physician to get away from the teaching of his profession as it is for the illiterate to get away from superstition. Every reformer, the branch of medicine included, had to fight for his principles. Often these reformers were ostracized. Great reformers in the field of medicine were often denounced as quacks. Using vaccine to prevent small pox was bitterly fought by the profession. Today, after small pox vaccination is accepted, any other method to deal with the disease is fought as bitterly. Small pox is merely mentioned as an example. The Detroit physician with his cancer cure discovery may never earn the results of his labor in this country, he is continuing his work today in Brazil, but time will come when his discovery will be a cure for thousands of people afflicted with cancer. The American Cancer Society may speed up the coming of this time, but this society will not accomplish anything until they start their approach from a different angle.

Dedication

“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 an epoch-making work and that you will ultimately secure the full credit and profit to which your service entitles you,” Dr. A. R. Mitchell, member the Board of Trustees . . . American Medical Association November 12, 1924.

DR. ALBERT L. WAHL did not live to see the completion of this book, although he manifested profound interest up to the time of his demise.

Like Luke of New Testament fame, he was a beloved physician. He served his country in the last war as a flight surgeon, making numerous trips over the hump between India and China. On one of these trips his plane exploded.

Dr. Wahl fell more than five hundred feet without a parachute. He reached the ground amid burning wreckage. Managing to roll out of the fire, he was picked up by natives. The plane was completely destroyed. Everyone else on the ship perished. The doctor spent three years in a hospital.

After being discharged, he returned to his wife and family in New York State and resumed his medical practice.

In another city where his sister and parents lived, tragedy was taking place. His sister’s life was threatened by cancer and the official diagnosis was lymphosarcoma. Now, Dr. Wahl will be allowed to tell the story as recorded in his book, *A Least Common Denominator in Antibiotics*.

“The diagnosis was made by Dr. H. H. Permar of Mercy Hospital, Pittsburgh, Pennsylvania, on the basis of biopsy study, No. 1171. The medical staff of Mercy Hospital had previously made a diagnosis of lymphosarcoma or Hodgkin’s disease. The case was far advanced at the time, my sister having been practically bedridden for six months because of weakness and recurrent infections. The masses of lymphoid tissue did not have to be palpated; they stood out on the sides of her neck and in her exhale and groins like bunches of grapes mixed with walnuts.

“When the diagnosis of lymphosarcoma had been made, and I had received written commiseration from a top-ranking staff member of Mercy Hospital, it never occurred to me to do other than offer my sister the straw hope of deep X-ray therapy. Everyone who examined her thought she would be dead within a few weeks.

“I refused to listen to my Father ‘s recommendations that my sister be treated with a substance built up from the conjugated systems of carbonyl and ethylene linkages. Because of American Medical Association propaganda, I believed that the results previously reported with this Therapy ‘approached the acme of quackery.’

“However, my Father did have my sister treated, since he personally knew of cases of cancer which were cured and remained cured after its use. This type of cancer is fatal in three to six months as a rule. My sister was in the last stages, and was said to have only a few weeks to live, according to the best knowledge on the subject. She recovered after one dose in characteristic fashion.

“Then and there, I decided to undertake an independent investigation of the Treatment. . . The American Medical Association is not yet convinced after twenty-five years. But that is an old story.”

In his introduction to the same book, Dr. Wahl stated what many other physicians have said: “The phenomena which have been observed in its clinical research have made the writer feel that he has never before practiced medicine. Things have happened which were never believed possible, and which he at least never dreamed of seeing in his professional lifetime.”

The Lord and Master of life and death saw fit to allow Dr. Wahl a few extra years on earth after indications were that he should have died with his fellow soldiers. He was an opponent of the Koch Treatment at the time of resuming his practice, having read some of the propaganda circulated by its enemies. But as indicated above, the recovery of his sister caused him to make an independent, unbiased investigation.

When he was taken to the train after speaking before a medical group in Michigan, he whispered into the ear of Dr. Reilly: “I’m ready to give my life for this work. It will not die. The eyes of the physicians must be opened like mine.”

Let us hope and pray that his prophecy will come to pass. He worked hard, in the interests of the Treatment, to the very last. A comparatively young man, part of his lung useless, walking with a limp, inside lacerations and complications from the fall and fire impossible to describe, and yet he went on.

His contributions toward the advancement of the Koch Science cannot be measured by life or death. His few years were up. He had accomplished his greatest work and the Lord took him to his eternal reward. Among his last letters there was one, which indicated that this great man of science and medicine died in the faith of the divine Savior.

We cannot regret his passing. He has gone to untroubled peace. The opposition of his former associates in the medical field can hurt him no longer. One doctor was so cruel as to return a copy of Dr. Wahl’s book to a physician using the Koch Treatment, with the inhuman notation on the cover, “He died!” Yes, our friend died. If we could speak to the unthinking physician who wrote with such heartless sarcasm, we would say, “Yes, but he lived first. He gloriously served God and man and now enjoys life eternal.”

It is with admiration, respect and solemnity that we dedicate this book to our colleague who believed so much with his heart, mind and soul, that he wrote: “Verily the hand of the great Physician is on this Treatment.”

MARCH 1949,
BESSIE L. REHWINKEL
LAWRENCE REILLY

FORWARD

THE BIRTH OF A SCIENCE represents more than two years' intensive work. The documentation and other material used in its preparation were gathered from court records, medical archives, personal interviews and a vast amount of correspondence. The Official Testimony alone consumed more than twenty thousand pages.

Dr. William Frederick Koch, the man used by a kind and beneficent Providence to give new knowledge to the world for the relief of human suffering, consented to answer questions propounded by the authors. This provided a rich fund of information upon which to draw and enabled them to fill in many details, which might have been otherwise lacking.

The authors divided their labors and classified the research work into three general categories . . .

Dr. Wahl concentrated on technical matters, couching the facts in the simplest possible language for the lay reader, since other volumes treating the scientific phases of Koch Therapy are already in existence.

Dr. Rehwinkel laboriously checked hospital records, X-rays and clinical documents relative to the various cases utilized in Part Two.

Dr. Reilly assembled and edited the material, arranged layouts and created the historical sequence.

The book was inspired by early investigations into the science of natural immunity by the Lutheran Research Society, an independent Lutheran organization.

No exaggerated claims are made for the treatment of so-called incurable diseases according to the Koch Method. The results speak for themselves. The discussion has been kept on a factual basis. All claims and case histories are meticulously documented.

At the same time, it must be remembered that many patients come to the Koch Treatment after they have tried everything else, and they are in terminal stages of disease. A few of these the Treatment has helped, but no mistaken notions must be permitted to capture the imagination. We are only endeavoring to show that Koch Therapy has therapeutic value. Of this there can be no doubt when all facts are carefully considered, the opponents of the Therapy notwithstanding.

A multitude of former sufferers who attribute their present health to the application of therapeutic principles inherent in the new science feel the time has come for such a book to be published. The authors also recognizing such a need and have tried to meet it. They are concerned that the Koch Treatment shall take its proper place among the scientific advances of the twentieth century.

The reader should be apprised of the fact that the system has advanced beyond the experimental stage. Three decades have passed since Dr. Koch made his original discovery of the broad principles from which the science emerged. The Treatment has been responsible for a sufficient

number of recoveries from diseases, even in the terminal stage, to confirm its claim as a useful, harmless, therapeutic agent.

The authors believe that physicians who apply Dr. Koch's discoveries get results surpassing other methods because they start from an entirely different premise. Germs of various kinds are essential to the human body. When they become ill, they should be treated constructively and restored to normal citizenship in the community.

The method in general use during the immediate past has been to prescribe a drug for every different ailment. This type of instruction in medical schools has been encouraged by drug manufacturers for obvious reasons. The authors have traced much of Dr. Koch's trouble and personal persecution to the fact that many drugs, from which large profits are realized, become obsolete when the discoveries of the new science are applied.

He is by no means the first contributor to the progress of medical science who has encountered opposition from reactionary and predatory interests. Many illustrious names are on the roll of victims thus persecuted including Pasteur, Harvey, Lister, Semmelweis, and others.

There is a remarkable parallelism between Dr. Koch's experience and the artificial pressures to which outstanding medical men of the past have been subjected. Perhaps Sir William Hamilton spoke correctly when he said: "The history of medicine on the one hand is nothing more than a history of variations; and on the other hand, a still more marvelous history of how every other successful variation has, by medical bodies, been furiously denounced and then bigotedly adopted."

With the appearance of antibiotics during recent years, the outlook becomes somewhat brighter. Dr. Wahl, in this book, *A Least Common Denominator in Antibiotics*, published by the Lutheran Research Society in 1947, proves that the Koch chemistry is a clean, uninhibited common denominator of many popular antibiotics. The treatise shows how the formulae of modern antibiotics contain within themselves chemical ingredients of the Koch antitoxin. For example, writing about Benzoquinone, a Koch product, Dr. Wahl says: "Benzoquinone is not only the first antibiotic but it contains the antibiotic radical common to most of the antibiotics known, and Benzoquinone contains it twice and nothing else. It has no inhibitory radical."

Koch Therapy searches out the root cause of human ailments. The following is an attempt to explain the basic principle in simple language.

The human body normally is not afflicted by disease. Poisons come into the system from food, living habits, air and various opposition forces in nature with which everyone is bombarded. The oxidation system (which was denied existence by Dr. Koch's critics when he first expounded the Theory but is now given credence in the highest scientific circles) burns off these toxins and keeps them from harming the body. Something may happen to keep the oxidation mechanism from functioning normally. The poisons remain in the system and cause a reaction, namely, disease. In one man who has certain weaknesses, it may manifest as cancer. In another, as tuberculosis and so on, depending on the type of toxin, which has invaded his body.

The immunity process is impaired. The oxidation mechanism must be restored to burn off the accumulated toxins. The Koch Treatment consists of a cleansing regime to eliminate poisons from the bowels, and to cleanse the liver and other organs by diet. This is accompanied by an injection of the Koch antitoxin, which acts as a catalyst, or stepping up agent to help restore the oxidation mechanism so that natural immunity is enjoyed. As this takes place, the disease leaves since it cannot exist in a body whose oxidation mechanism is functioning as the Creator intended.

A word of thanks is due those who cooperated in making this book possible. Several men and women of scientific training helped in various ways. Physicians in the United States, Canada and other countries gave of their time, knowledge and experience to help make possible its appearance. Book distributors ordered advance copies. A group of friends who have been blessed by the Treatment helped get the first copies off the press. The manufacturer cooperated by reducing printing costs to a minimum, he was grateful for the life of his wife who, when dying of undulant fever, was restored by the Koch method.

Without this cooperation on the part of friends, *The Birth of a Science* could not have been written and published.

It is the prayer of those engaged in this undertaking that the book will spread enlightenment and successfully defend the Treatment against forces of oppression, which are trying to keep something so worthwhile from suffering humanity. The cooperation of the reader, in getting more and more copies into circulation, is earnestly requested.

THE PUBLISHERS.

April 1949

Detroit, Michigan.

FORWARD TO SECOND EDITION

THE FIRST EDITION OF *The Birth of a Science*—a comparatively large printing, was practically consumed in six weeks. Many orders are being held as the presses start turning out the second edition. This ready response on the part of a waiting public was anticipated by the publishers.

People in all walks of life need the information set forth in these pages. Letters are being received expressing indignation for those who have tried to keep a knowledge of Koch Therapy from reaching persons who suffer.

When the authors were working on the manuscript, they seriously considered giving it the title Mass Murder. Statistics are quoted to show that the number of untimely deaths, and victims of unnecessary suffering, reaches into the millions. Dr. Koch has been fought every step of the way. Enemies no sooner exhaust one line of attack then they would take up another. It is no exaggeration to accuse those who have conspired to destroy his discoveries of murder.

Ostensibly most of Dr. Koch's troubles in late years have resulted from attacks by the Food and Drug Department of the New Deal Administration, but in reality Dr. Morris Fishbein, "dictator" of the American Medical Association, takes the credit.

The publishers feel that the interests of the American people would be served by a Congressional investigation of the persecution to which Dr. Koch has been subjected through the courts. With this thought in mind, a copy of *The Birth of a Science*, together with the self-explanatory letter reproduced below, was sent to every member of the House and Senate. The response has been most gratifying. Members of both houses of the Congress representing all parts of the country are currently looking into the matter. Many have written requesting additional information.

April 4, 1949

TO THE MEMBERS OF THE CONGRESS:

There is an analogy between the persecution of Louis Pasteur and that of Dr. William Frederick Koch. Both being master chemists, made revolutionary discoveries for the welfare of mankind. Both encountered opposition. Dr. Koch is suffering exactly as Pasteur suffered. On page 206 of *Great Scientists* by Gordon Ross, we read:

"His opponents called Pasteur a circus performer, a charlatan and a clown. Pasteur bore all this contumely with a patient smile. 'A man of science,' he explained to his wife, 'should think of what will be said of him in the coming centuries, not of the insults or the compliments of the present day.'"

After reading the case histories of Part Two of *The Birth of a Science*, you will find that we have with us one greater than Pasteur. Every part of this book is documented. In the name of several thousand Ministers of the Gospel representing all denominations and thousands of others who have been cured of so-called incurable diseases by Koch Therapy, I beg you to help remove the pressure of persecution.

Dr. Koch was arrested in April 1942. His trial lasted five months. The jury refused to convict. He was tried again in 1946. Another five months were consumed. The case ended in a mistrial. Charges were dropped in August 1948.

A "temporary" injunction was obtained by the Federal Trade Commission seven years ago in the courts of Detroit, designed to hamstring Dr. Koch and his discoveries. This sword of Damocles still hangs over his head. As recently as two weeks ago, investigators acting on orders from Washington, were out harassing physicians who have for years used Dr. Koch's discoveries in the treatment of diseases with almost miraculous results.

You are requested, as a member of Congress, to make a personal investigation of this matter. You are requested to help bring to light the forces in the background responsible for this injustice perpetrated, through the Food and Drug Administration, against sufferers who would otherwise find relief through Koch Science.

Hundreds of reputable citizens can be brought to Washington from all parts of the nation and a

dozen foreign countries—physicians, scientists, clergymen and others—to testify to the beneficial results of Koch Therapy, if the Congress will make a thorough investigation.

We humbly ask you to personally look into this problem. Then we know, in the language of the Lord Jesus Christ, that you will “believe for the very works’ sake” (John 14:11).

Sincerely yours,
LUTHERAN RESEARCH SOCIETY, Inc.
Lawrence Reilly,
Executive-Director.

FORWARD TO THE THIRD EDITION

IT HAS NOT BEEN a year and a half since *The Birth of a Science* was first brought to the public. The Lutheran Research Society had no idea of the reception, which this book would receive from people all over the world.

More than 20,000 letters have reached our office during this time from persons who have read the book and they are still pouring in so fast each day that it is impossible to keep up with them, since our staff is limited.

The book has been assailed by one group and praised by others. For the first time in thirty years, the opposition forces have felt it necessary to launch a broadside attack against the Koch Treatment, our society, the authors, the doctors who use the Therapy, and others. Great newspapers and widely circulated magazines have been used in these attacks. Walter Winchell, worried about his cancer foundation, has attacked the work on the air. The column *Daily Worker* has attacked it in its pages. All of this is a great compliment and, even though it was not intended, it has been a boost in many ways.

On the other hand there have been write-ups favorable to the Treatment in various religious periodicals, in the columns of some writers, in small town newspapers and over small town radio stations.

One west coast writer devoted his column to the Treatment a couple of times and he was so inundated by mail, he actually feared the postage and clerical costs of trying to handle it, since, he, like us, felt duty-bound to reply.

The Board of Governors of the Lutheran Research Society has instructed me to make the following request of those who read this book:

“It has cost the research society thousands of dollars in postage and clerical help to try to answer the thousands of letters directed to our office, filled with questions about the Koch Treatment. Most of the people want to know the name of the nearest doctor using it. For obvious reasons, a list of these doctors cannot be published for circulation. Many of them have suffered enough for their courage. Consequently, it requires a secretary to look up the writer’s city in an atlas and then try to determine the nearest physician who might be consulted. Of the 20,000 letters

received there was only one, which enclosed a gift of one dollar to help defray the cost of a reply. Three-quarters of the letters do not even have a stamped, self-addressed envelope. There have been periods since the book first appeared when the office force was so small that it was impossible to keep up answering letters as quickly as they should have received replies. These periods were times when funds were so low that proper secretarial help could not be employed. The Society is not subsidized and is an independent group supported by the free will offerings of Christians from every church. We hope the public will appreciate the great burden under which we have been laboring and understand this matter of replying to inquiries.”

As Executive-Director of the Society, I would like to add that we shall continue to try to give service as quickly as circumstances permit and we request that those requesting such information please enclose a long, self-addressed, stamped envelope for reply. Be sure you address it to yourself, since it saves much secretarial time and then there can be no possibility of making a mistake in reading your address.