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 anargy, 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)

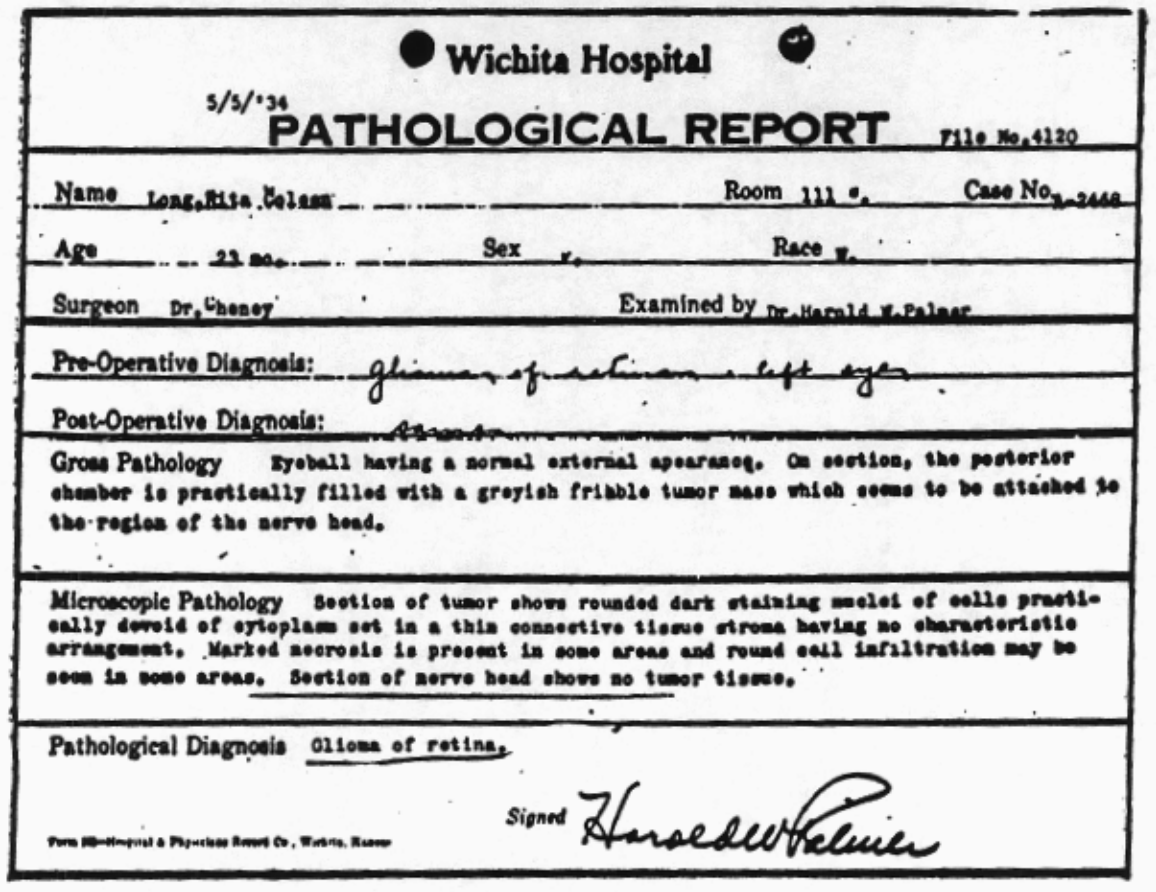
Gross Pathology: eyeball having a normal external appearance. On section, the posterior chamber is practically filled with a grayish friable tumor mass, which seams to be attached to the region of the nerve head.

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 Nelson Room 111 e. Case No. 3-2468

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: Same

Gross Pathology Eyeball having a normal external apearance. 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 Glioma of retina.

Signed Harold W. Palmer

Form Wichita 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 maturate 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:

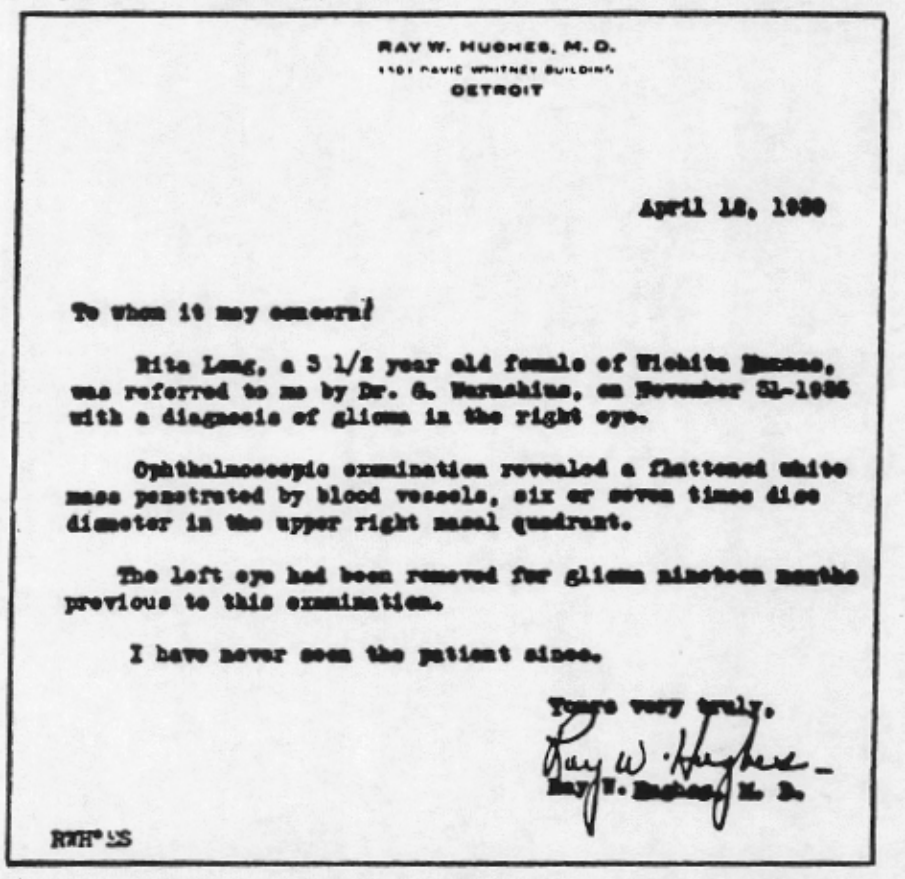
“Rita Long, a 3-½ year old female of Wichita Kansas, was referred to me by Dr. G. Warnshuis, on November 31, 1935 with a diagnosis of glioma in the right eye.

“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.
1101 DAVIS WHITNEY BUILDING
DETROIT

April 18, 1930

To whom it may concern:

Rita Long, a 3 1/2 year old female of Wichita Kansas, was referred to me by Dr. S. Nanahima, on November 21-1925 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.

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:

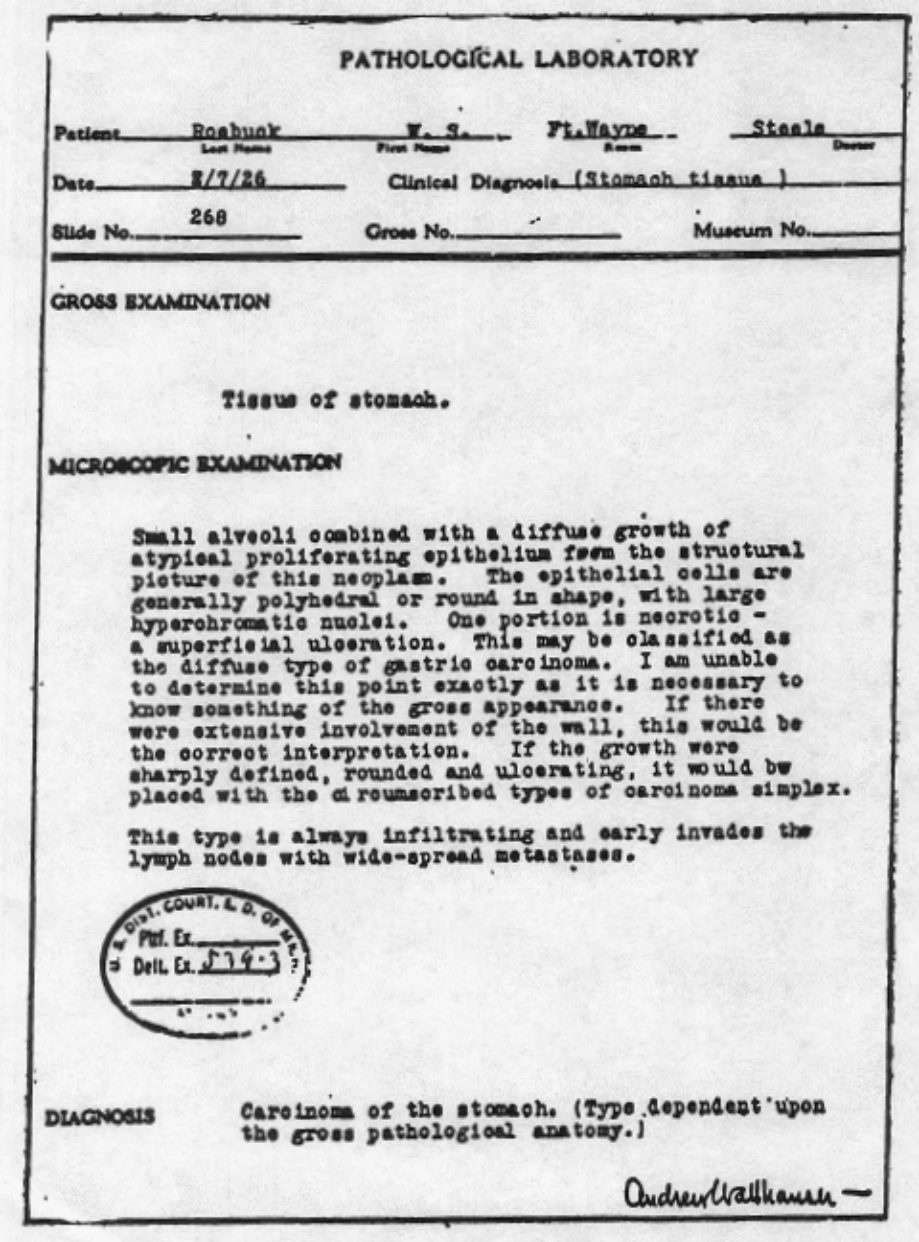
One, a farmer, age sixty-nine, was operated June 28th, 1926, in the attempt to overcome obstruction of the lower end of the stomach due to cancer. This operation was done to postpone death from starvation for a time. He had much pain and had been vomiting practically all of his food. He was helped for 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 (Last Name) W. S. (First Name) Ft. Wayne (Room) Steele (Doctor)

Date 8/7/26 Clinical Diagnosis (Stomach tissue)

Slide No. 268 Gross No. Museum No.

GROSS EXAMINATION

Tissue of stomach.

MICROSCOPIC EXAMINATION

Small alveoli combined with a diffuse growth of atypical proliferating epithelium form 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.

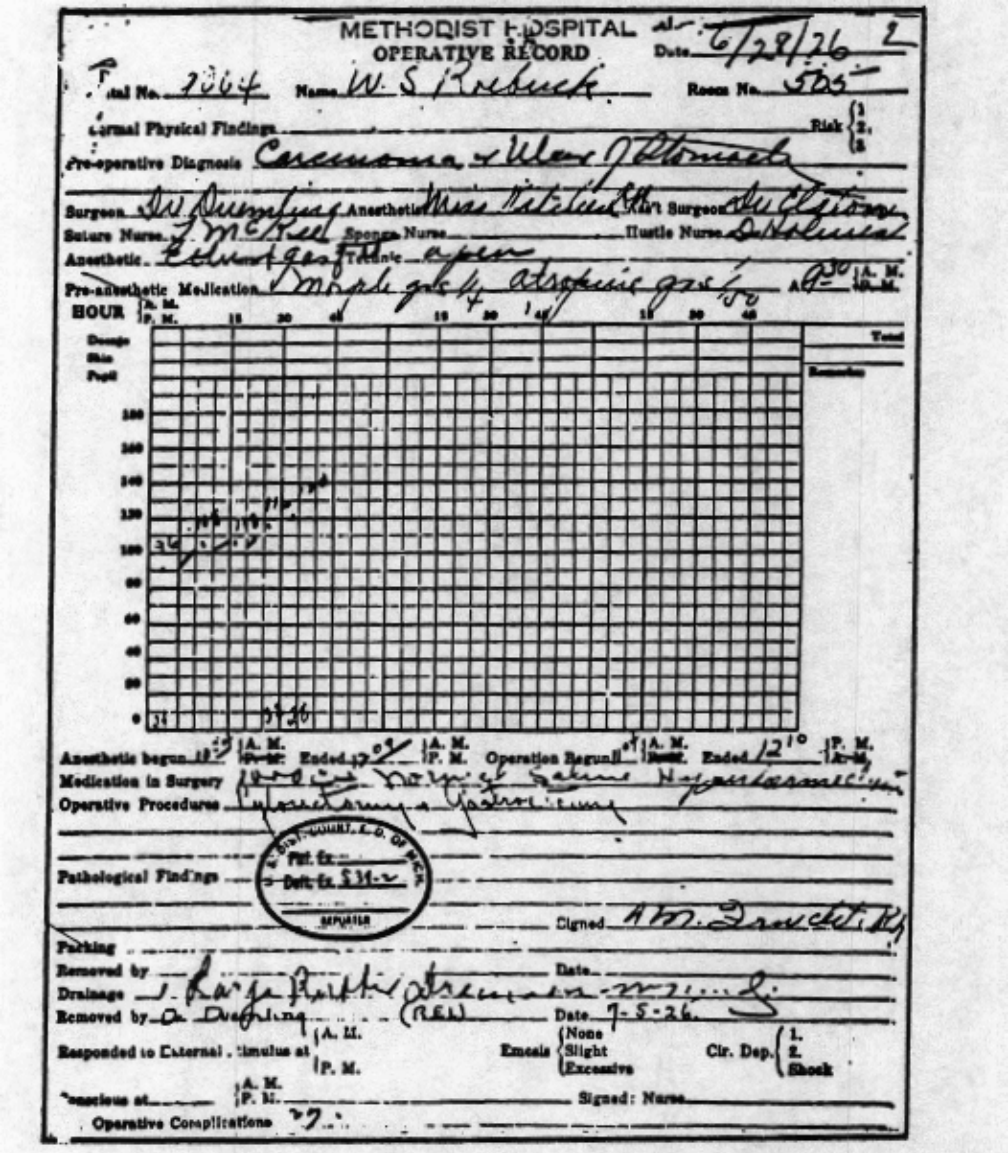
Dist. Court, E. D. of Mich. Plf. Ex. Deft. Ex. 379-3

DIAGNOSIS Carcinoma of the stomach. (Type dependent upon the gross pathological anatomy.)

Andrew Waltkamer

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
Date 6/28/26
Name W. S. Roebuck
Room No. 505
Pre-operative Diagnosis Carcinoma of Stomach
Surgeon Dr. Quenzing Anesthetist Miss Pittenger Asst. Surgeon Dr. Clifton
Suture Nurse J. McKee Sponge Nurse Hustle Nurse Dr. Holmes
Anesthetic Ether-gas Technic open
Pre-anesthetic Medication Morphine gr 1/4 Atropine gr 1/150
HOUR
Pulse
Temp
Anesthetic begun 12:05 Ended 12:09 Operation Begun 12:10 Ended 12:10
Medication in Surgery Procaine Novocain Solution Hypodermoclysis
Operative Procedure Laparotomy & Gastrectomy
Pathological Findings
Signed H. M. Quenzing M.D.
Packing
Removed by
Drainage
Removed by Dr. Quenzing
Date 7-5-26
Responded to External Stimulus at
Emesis None Slight Excessive
Cir. Dep. 1. 2. Shock
Conscious at
Signed: Nurse
Operative Complications

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 by 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 diagnosticated 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.

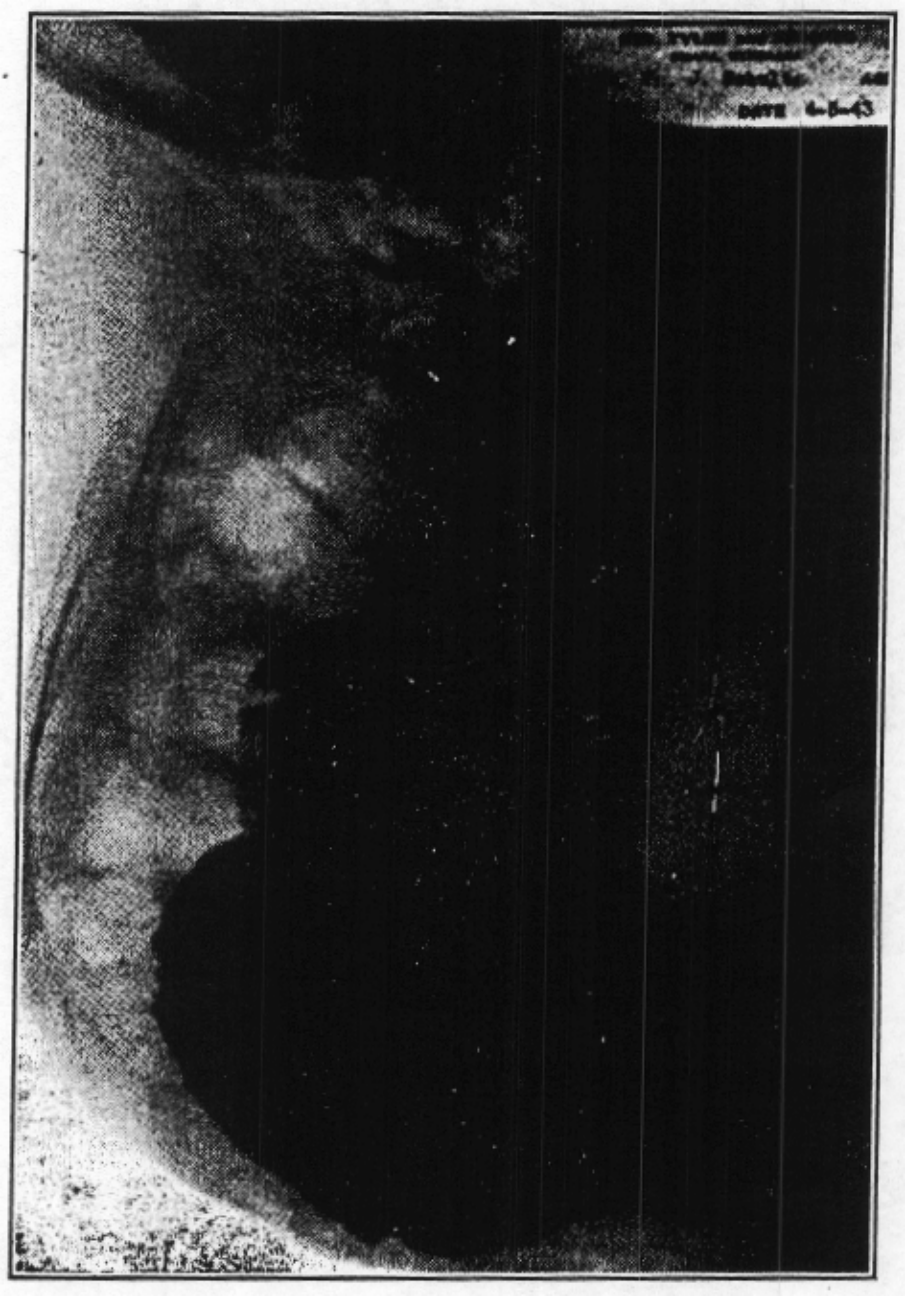
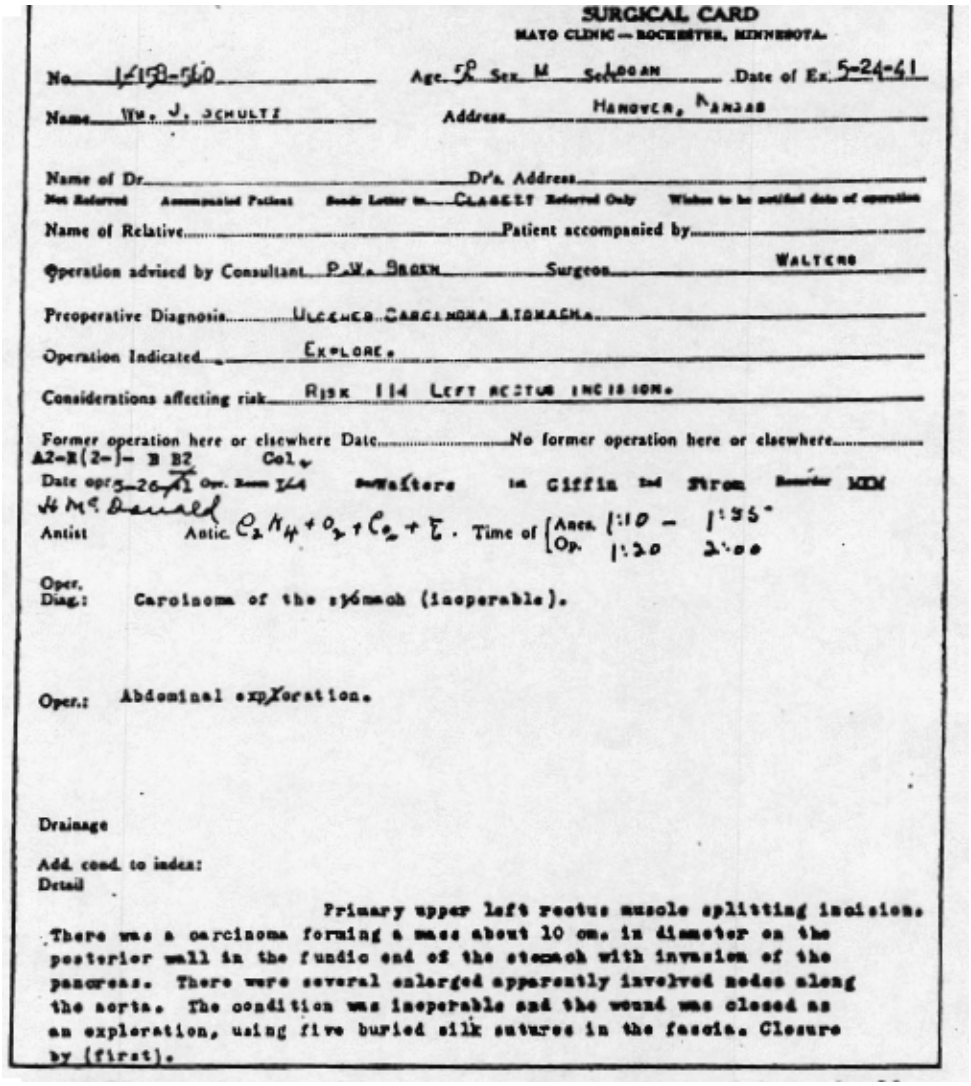


PLATE 15. This X-ray of the stomach of William Schultz was made on June 15, 1944, showing a normal stomach, after the Koch Treatment.

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. 1458-560 Age 52 Sex M Soc. LOGAN Date of Ex. 5-24-41
Name Wm. J. SCHULTZ Address HANOVER, KANSAS

Name of Dr. Dr's. Address
Not Referred Accompanied 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. BROSN Surgeon WALTERS
Preoperative Diagnosis ULCERCA CARCINOMA STOMACH.
Operation Indicated EXPLORE.
Considerations affecting risk RISK 114 LEFT RECTUS INCISION.
Former operation here or elsewhere Date No former operation here or elsewhere
A2-R(2-)- B B2 Col.
Date oper 5-26-41 Oper. Room 144 Surgeon Walters 1st Giffin 2nd Strom Recorder MEM
Anest. H McDonald Anest. $C_2H_4 + O_2 + C_{O_2} + E$. Time of Anes. 1:10 - 1:35
Op. 1:20 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.

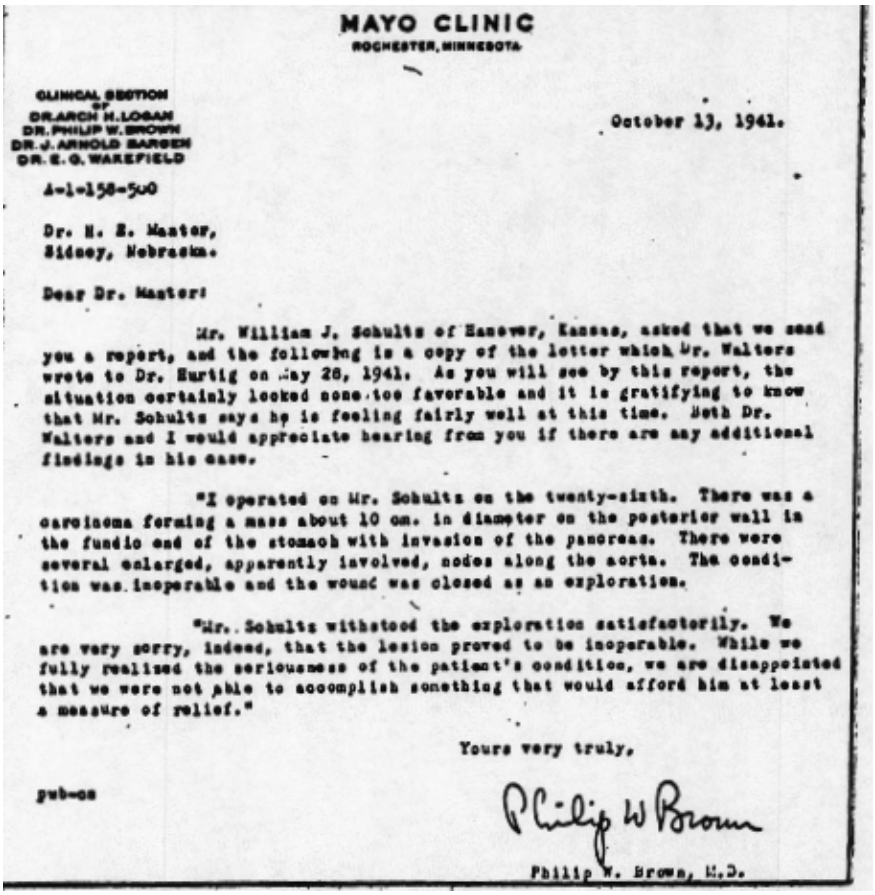
"He was a pretty sick man. I sent him to a private nursing home. He said that he had had an exploratory operation at Mayo's a few weeks before that he was in an exhausted state, weak, depressed, anemic, and his color was extremely bad.

"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.



MAYO CLINIC
ROCHESTER, MINNESOTA

CLINICAL SECTION
OF
DR. ARCH H. LOGAN
DR. PHILIP W. BROWN
DR. J. ARNOLD BARGEN
DR. E. G. WAKEFIELD

October 13, 1941.

A-1-158-500

Dr. H. E. Mantor,
Sidney, Nebraska.

Dear Dr. Mantor:

Mr. William J. Schultz of Hanover, Kansas, asked that we send you a report, and the following is a copy of the letter which Dr. Walters wrote to Dr. Hurtig on May 28, 1941. As you will see by this report, the situation certainly looked none too favorable and it is gratifying to know that Mr. Schultz says he is feeling fairly well at this time. Both Dr. Walters and I would appreciate hearing from you if there are any additional findings in his case.

"I operated on Mr. Schultz on the twenty-sixth. 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.

"Mr. Schultz withstood the exploration satisfactorily. We are very sorry, indeed, that the lesion proved to be inoperable. While we fully realized the seriousness of the patient's condition, we are disappointed that we were not able to accomplish something that would afford him at least a measure of relief."

Yours very truly,

pub-cs

Philip W. Brown

Philip W. Brown, M.D.

“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.

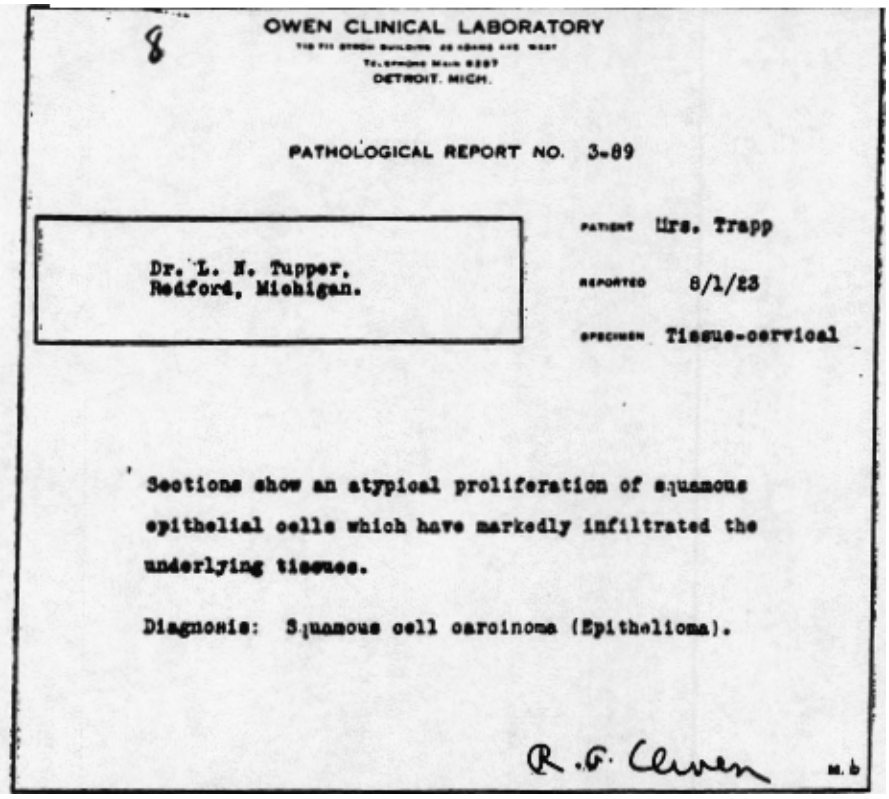
THE CASE OF MRS. CHARLES TRAPP

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. (Plate18)

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

DETROIT, MICH.

PATHOLOGICAL REPORT NO. 3-89

Dr. L. N. Tupper,
Redford, 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. Owen 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

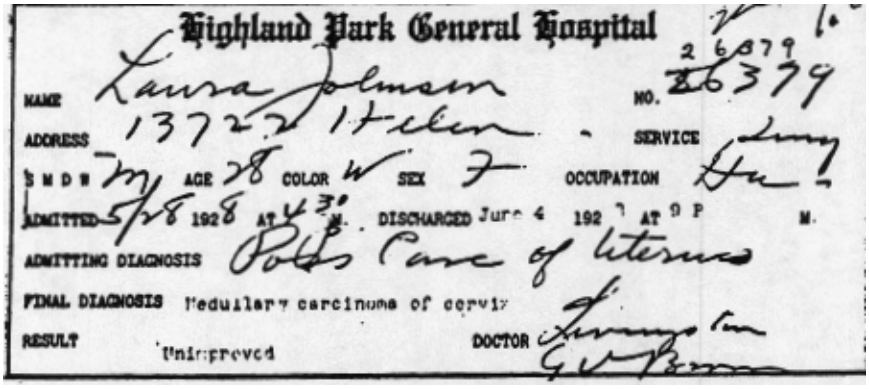
THE CASE OF MRS. LAURA JANE JOHNSON

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 1372 Helen SERVICE

S M D W AGE 58 COLOR W SEX F OCCUPATION

ADMITTED 5/28 1928 AT 4:30 P. M. DISCHARGED June 4 192[illegible] AT 9 P M.

ADMITTING DIAGNOSIS Pott's Case of Uterus

FINAL DIAGNOSIS Medullary carcinoma of cervix

RESULT Unimproved DOCTOR

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 cautery 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, cautery, 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.

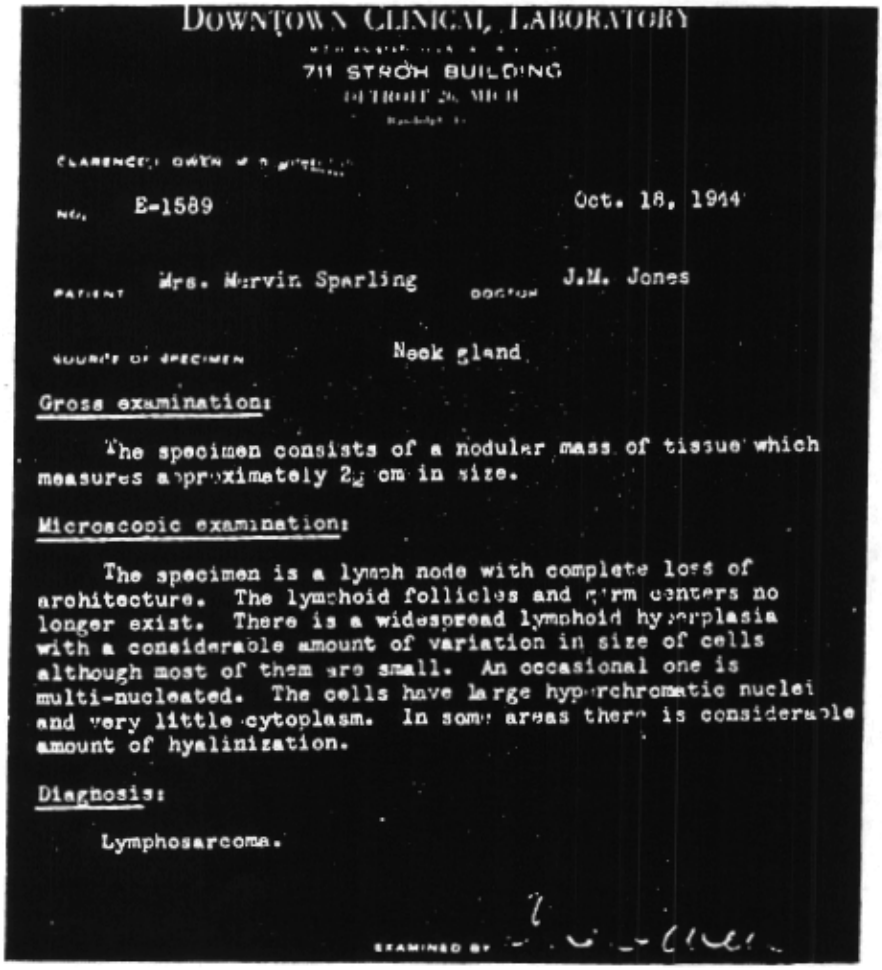
The present case is one of the rapidly fatal type, which had gone into the terminal stage of cachexia and she was failing rapidly at the time she received her Treatment with Glyoxylide.

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 tonsilar 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 STROH BUILDING

DETROIT 26, MICH.

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 2½ 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

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 tonsilar 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.

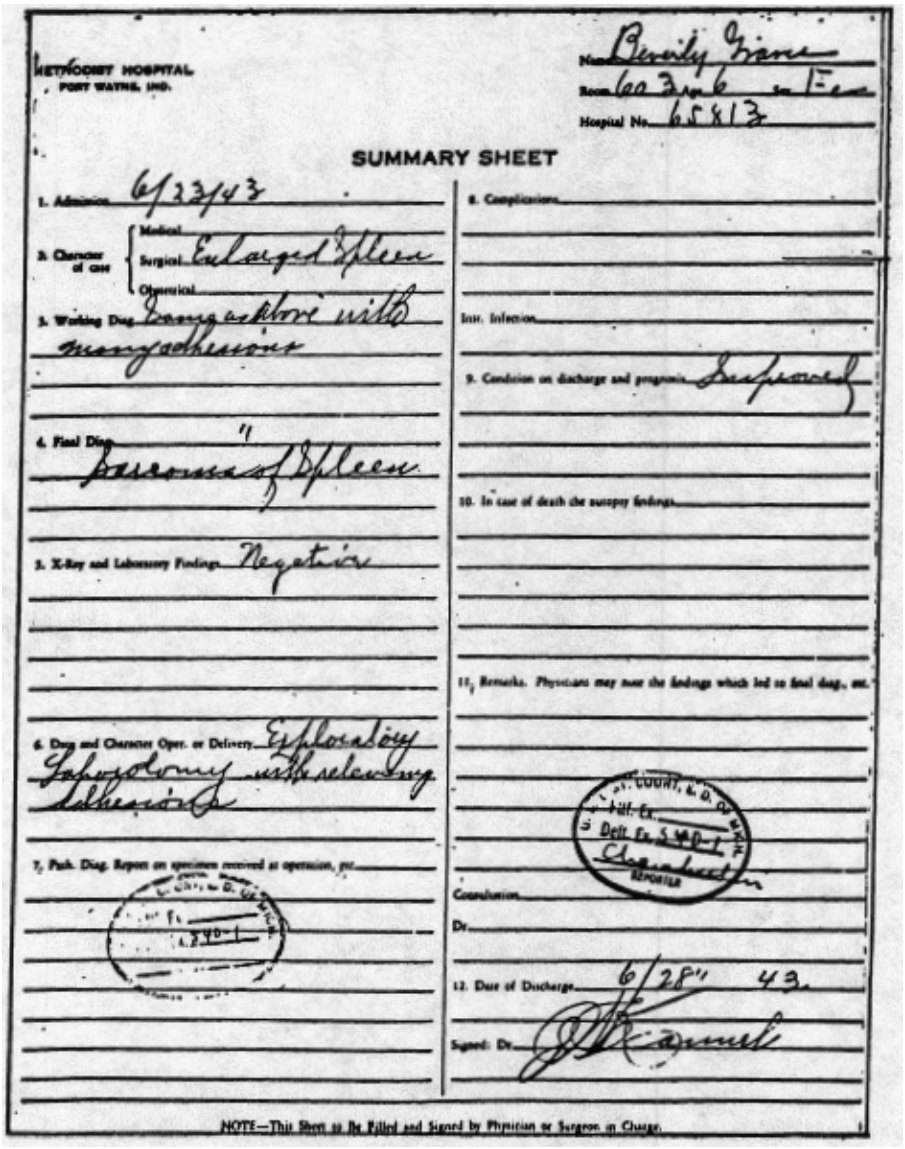
"Beverly was 11 in 1943, and Dr. Kannel performed an operation on her at Methodist Hospital.

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 60 Ward 6 Sex F
Hospital No. 65813

SUMMARY SHEET

1. Admitted 6/23/43
2. Character of case: Medical / Surgical Enlarged Spleen / Obstetrical
3. Working Diag. Pancreatitis 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 releasing adhesions
7. Path. Diag. Report on specimen received at operation, etc.
8. Complications
Intr. Infection
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.
Consultation
Dr.
12. Date of Discharge 6/28/43
Signed: Dr.

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 deposeth 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.

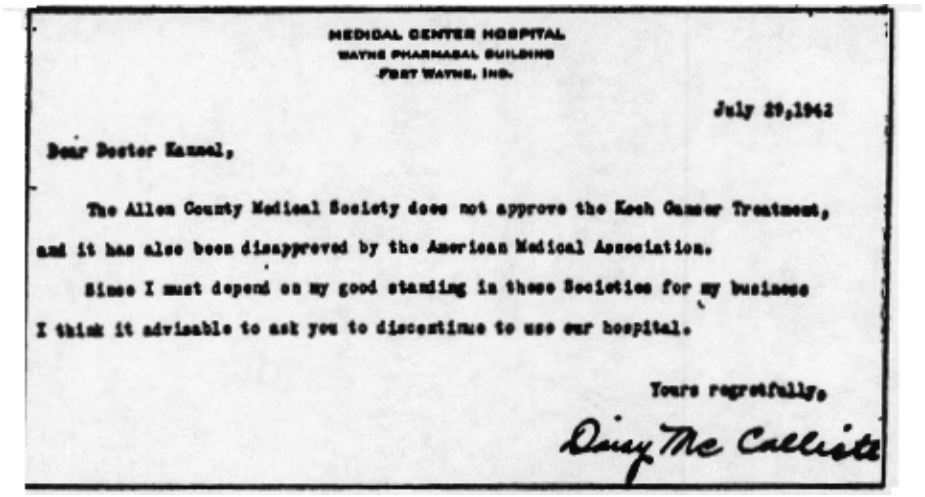
"Affiant further says that he was discharged from the medical societies for "unethical conduct in the practice of medicine," which was supposed to be an instance of an answer to a letter of inquiry, such as is noted above. No proofs were given to sustain the charges and no opportunity to demonstrate 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.



MEDICAL CENTER HOSPITAL
WAYNE PHARMACAL BUILDING
FORT WAYNE, IND.

July 29,1942

Dear Doctor Kannel,

The Allen County Medical Society does not approve the Koch Gamma Treatment, and it has also been disapproved by the American Medical Association.

Since I must depend on my good standing in these Societies for my business I think it advisable to ask you to discontinue to use our hospital.

Yours regretfully,

Daisy Mc Callister

Lymphosarcoma

THE CASE OF LOLA MILLER

Introductory Remarks

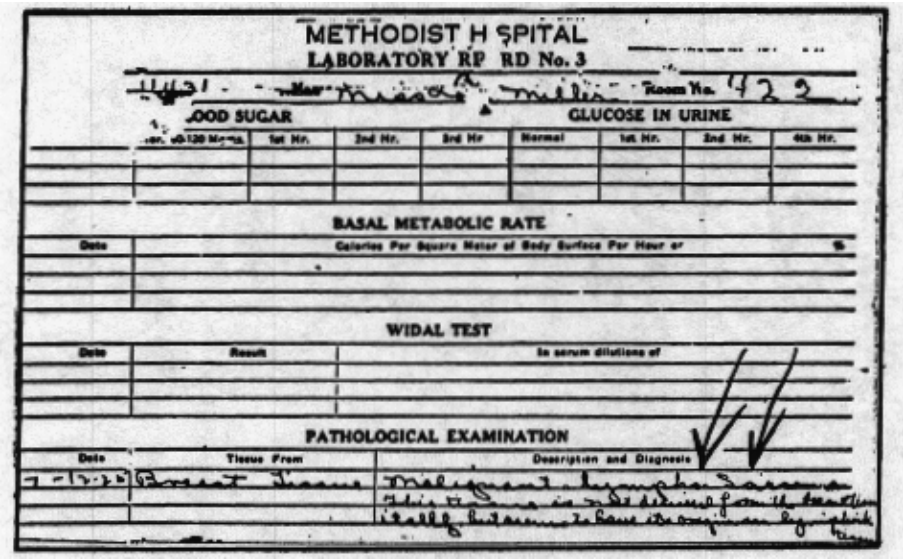
This is presented as a case of the type of lymphosarcoma, which grows large and kills before it has metastasized widely. It belongs to the type Ewing describes on page 422 “The more rapid cases are fatal while the growth is chiefly local.”

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 H SPITAL
LABORATORY RP RD No. 3
Miller Room No. 423
OOD SUGAR
GLUCOSE IN URINE
Normal
BASAL METABOLIC RATE
Date
WIDAL TEST
Date
Result
PATHOLOGICAL EXAMINATION
Date
Tissue From
Description and Diagnosis
Breast tissue
Malignant lymphosarcoma

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

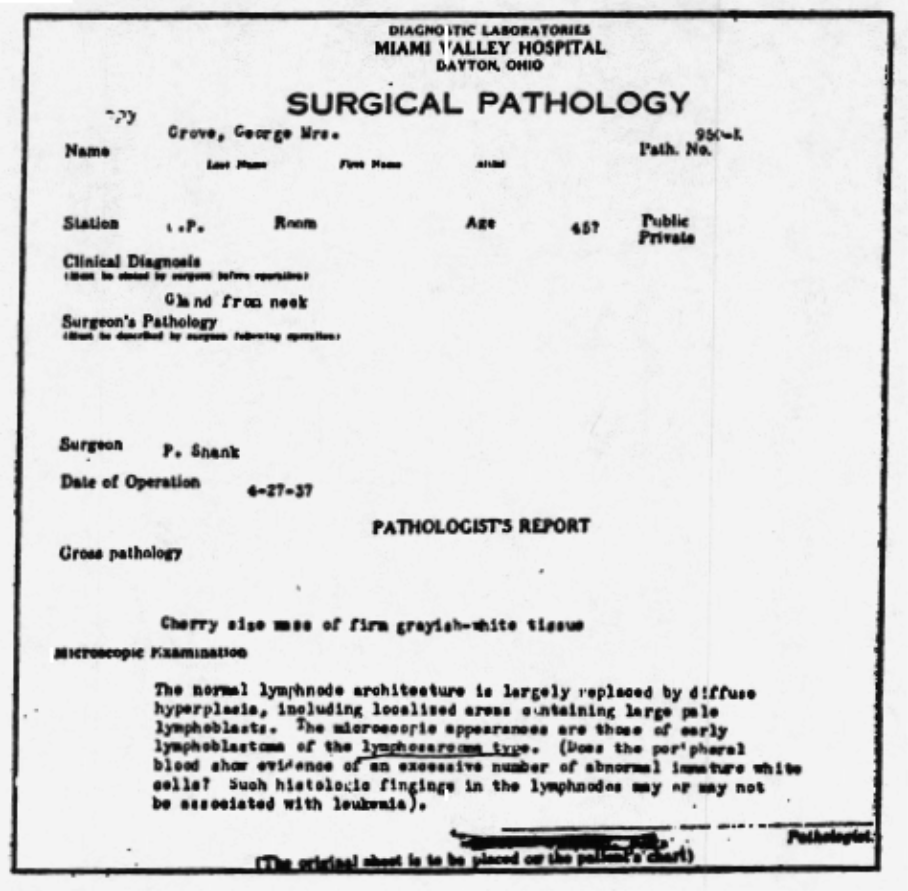
THE CASE OF MRS. GEORGE GROVE

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(illegible)
Last Name First Name Initial

Station O.P. Room Age 45? 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).

[redacted] 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

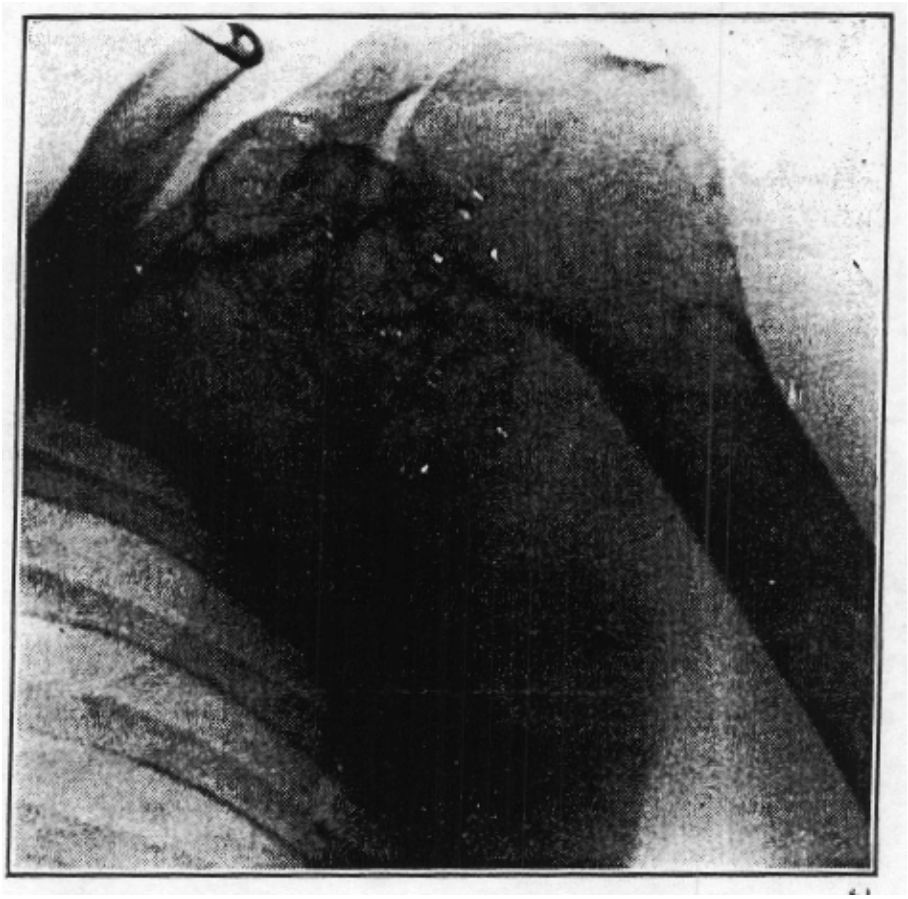
THE CASE OF HAROLD BARNARD

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.)

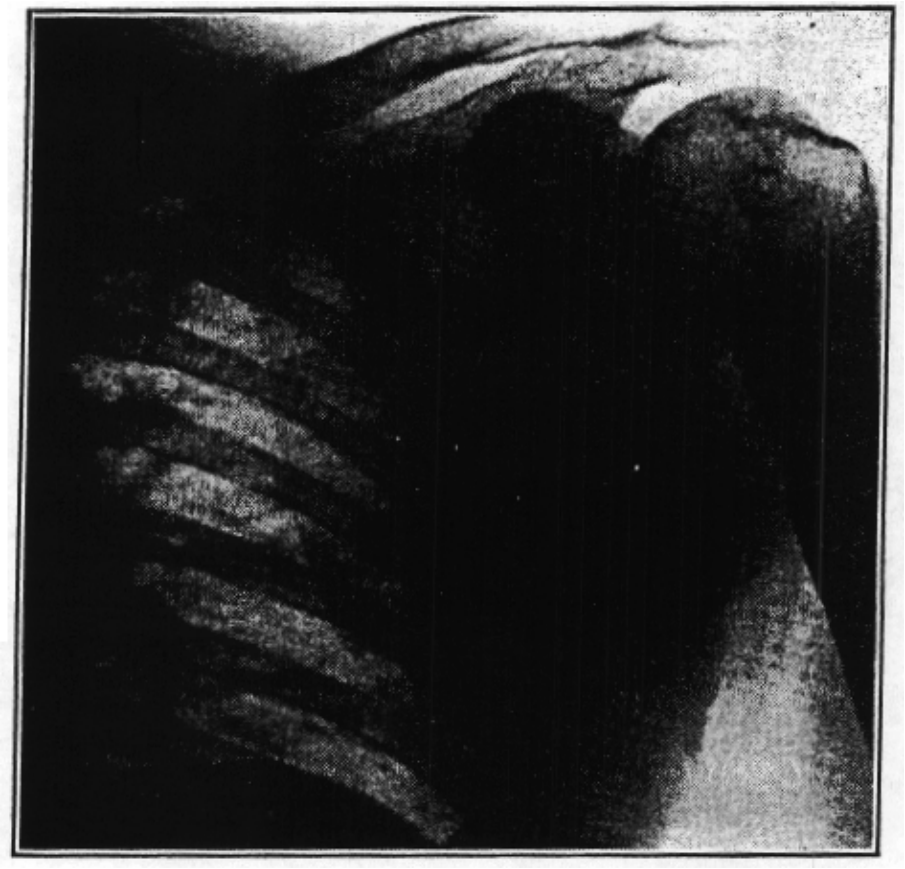
To do this, the conclusive test, the biopsy, was made though it did endanger spread of the disease. The biopsy proved the growth to be a malignant cancer. The blood analysis reported here rules out Paget's disease. Thus, the diagnosis is established beyond any possibility of doubt. The recovery is also 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.

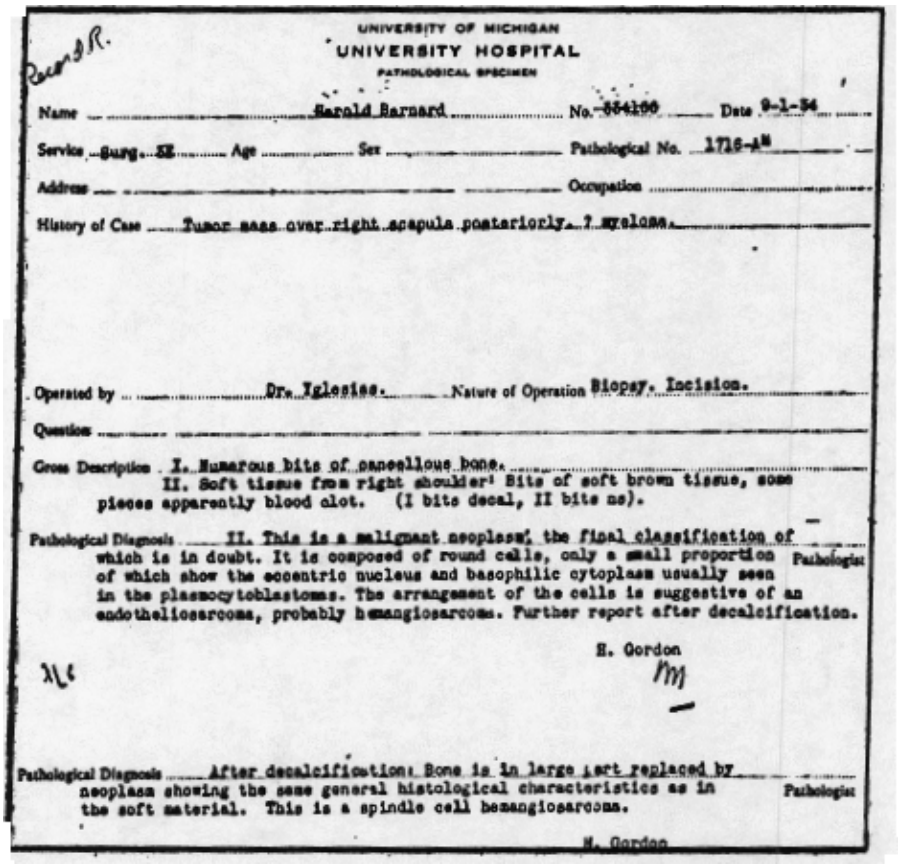
“The scar on the back starts 2½ inches to the left of the right armpit and goes down in a diagonal direction about a distance of three inches or three and one-half inches.”

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.”



UNIVERSITY OF MICHIGAN
UNIVERSITY HOSPITAL
PATHOLOGICAL SPECIMEN

Rec'd R.

Name Harold Barnard No. 554190 Date 9-1-54

Service Surg. EE Age Sex Pathological No. 1716-54

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 ns).

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 endotheliosarcoma, probably hemangiosarcoma. Further report after decalcification. Pathologist

H. Gordon

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. Pathologist

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

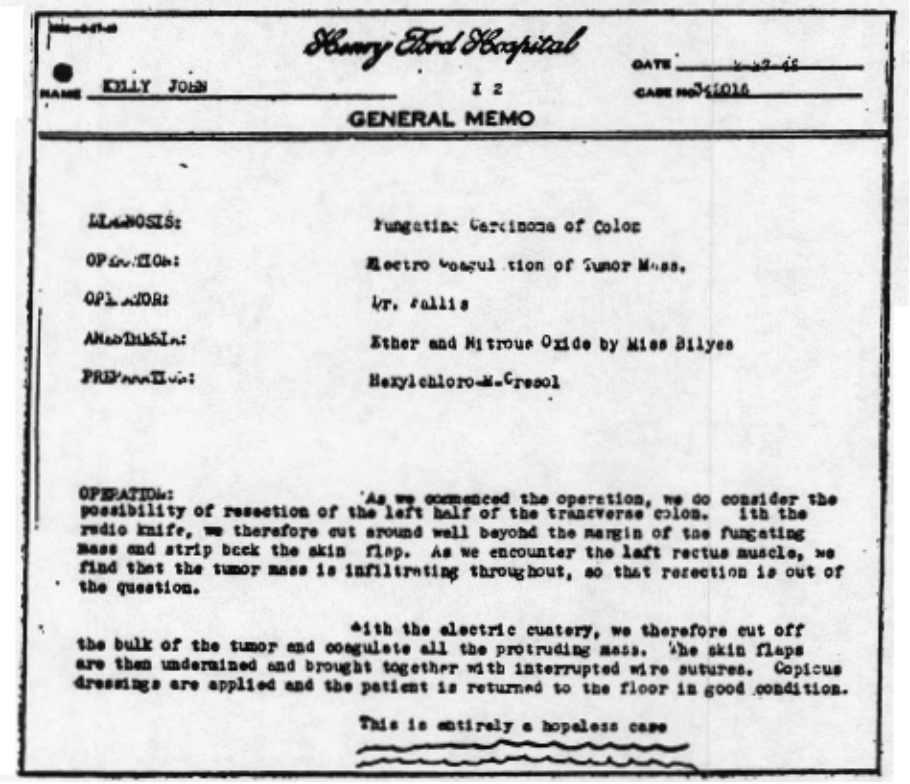
THE CASE OF JOHN KELLY

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.”



Henry Ford Hospital

NAME KELLY JOHN I 2 DATE 6-27-42 CASE NO. 41016

GENERAL MEMO

DIAGNOSIS: Fungating Carcinoma of Colon

OPERATION: Electro Coagulation of Tumor Mass.

OPERATOR: Dr. Wallis

ANESTHESIA: Ether and Nitrous Oxide by Miss Silyes

PREPARATION: Hexylchloro-M-Cresol

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 calcarea 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 Glyoxylide, 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

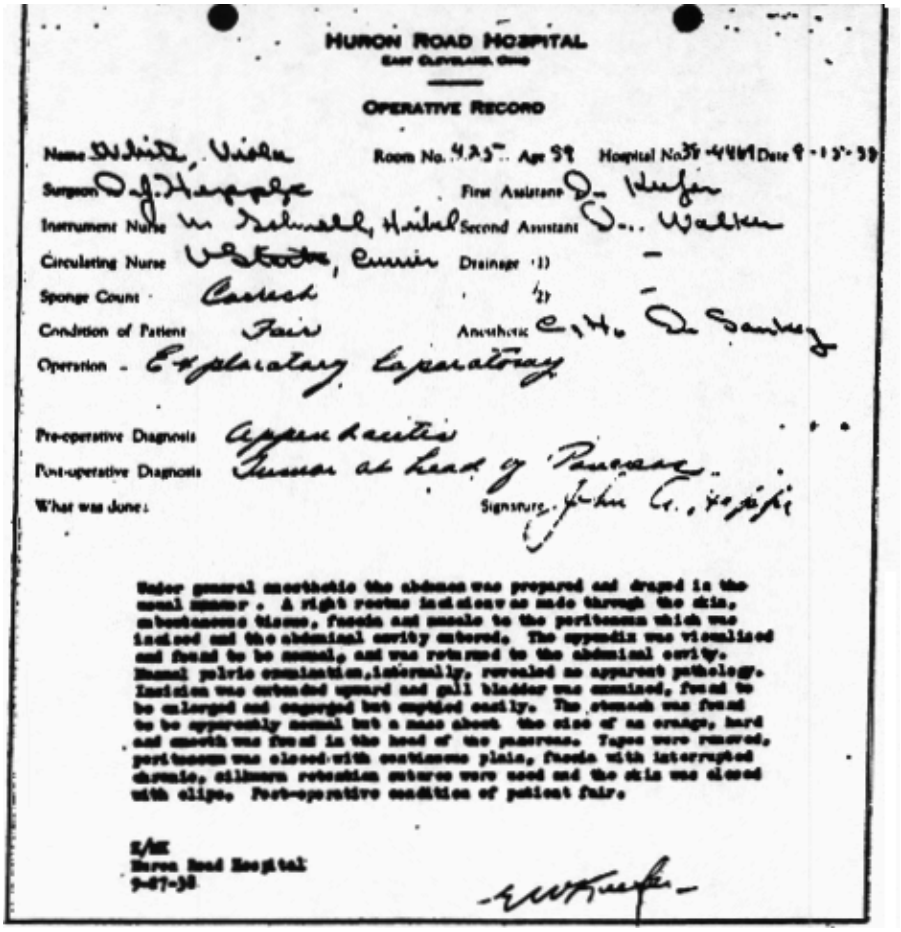
Paraphrase of the Testimony of Dr. Rosa Barr

"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. 38-4481 Date 9-13-38
Surgeon J. J. Hepple First Assistant D. Heyer
Instrument Nurse M. Schmidt, Haibel Second Assistant D. Walker
Circulating Nurse Westcott, Cumin Drainage (1) —
Sponge Count Correct (2) —
Condition of Patient Fair Anesthetic C.H.C. Dr. Sandy
Operation - Exploratory Laparotomy

Pre-operative Diagnosis Appendicitis
Post-operative Diagnosis Tumor at head of Pancreas.
What was done: Signature John C. Hepple

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 engorged 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 plain, fascia with interrupted chromic, stimson retention sutures were used and the skin was closed with clips. Post-operative condition of patient fair.

E/MK
Huron Road Hospital
9-27-38

"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

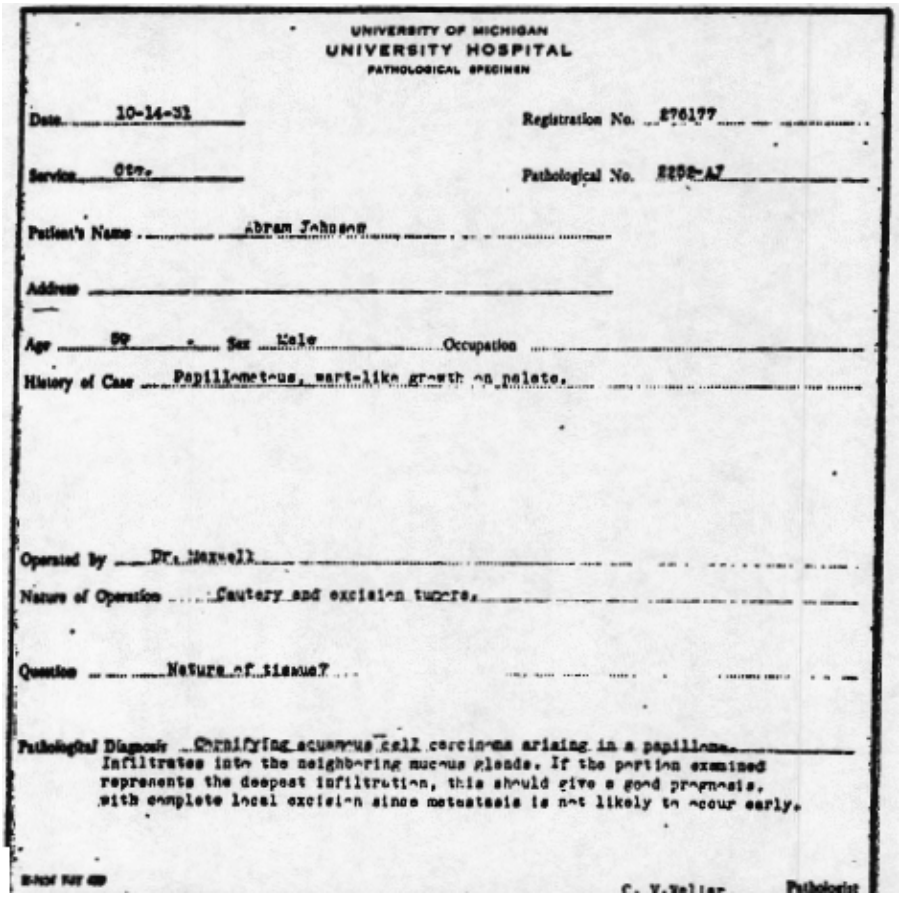
Introductory Remarks

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 10-14-31 Registration No. 276177

Service Otp. Pathological No. 2258-A7

Patient's Name Abram Johnson

Address

Age 59 Sex Male Occupation

History of Case Papillomatous, wart-like growth on palate.

Operated by Dr. Maxwell

Nature of Operation Cautery and excision tumors.

Question Nature of tissue?

Pathological Diagnosis Cornifying squamous cell carcinoma arising in a papilloma. 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.

C. V. Weller 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.

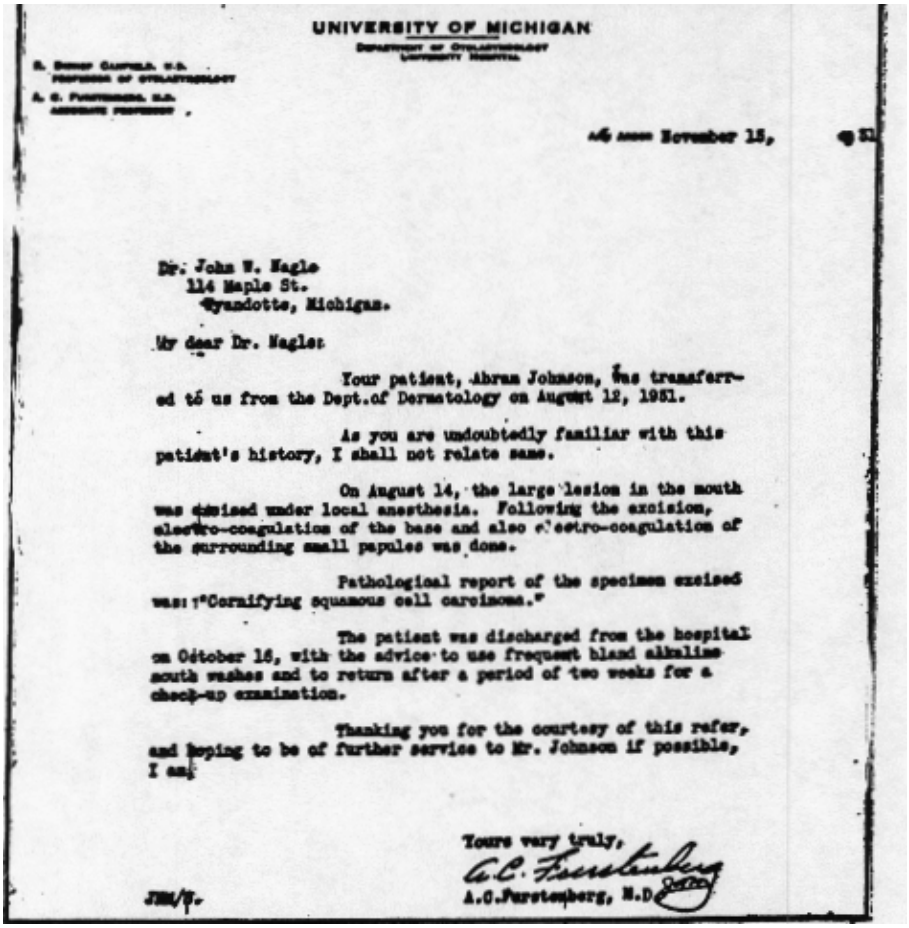
A PARAPHRASE OF THE TESTIMONY OF ABRAM JOHNSON

“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.”



UNIVERSITY OF MICHIGAN

Dr. John W. Nagle
114 Maple St.
Wyandotte, Michigan.

My dear Dr. Nagle:

Your patient, Abram Johnson, was transferred to us from the Dept. of Dermatology on August 12, 1951.

As you are undoubtedly familiar with this patient's history, I shall not relate same.

On August 14, the large lesion in the mouth was excised under local anesthesia. Following the excision, electro-coagulation of the base and also electro-coagulation of the surrounding small papules was done.

Pathological report of the specimen excised was: "Cornifying squamous cell carcinoma."

The patient was discharged from the hospital on October 16, with the advice to use frequent bland alkaline mouth washes and to return after a period of two weeks for a check-up examination.

Thanking you for the courtesy of this refer, and hoping to be of further service to Mr. Johnson if possible, I am,

Yours very truly,

A.C. Furstenberg

A.C.Furstenberg, M.D.

JHM/f.

“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 cautery applied in this case. His “opinion” was that the growths that formed later were the scars from the cautery 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.

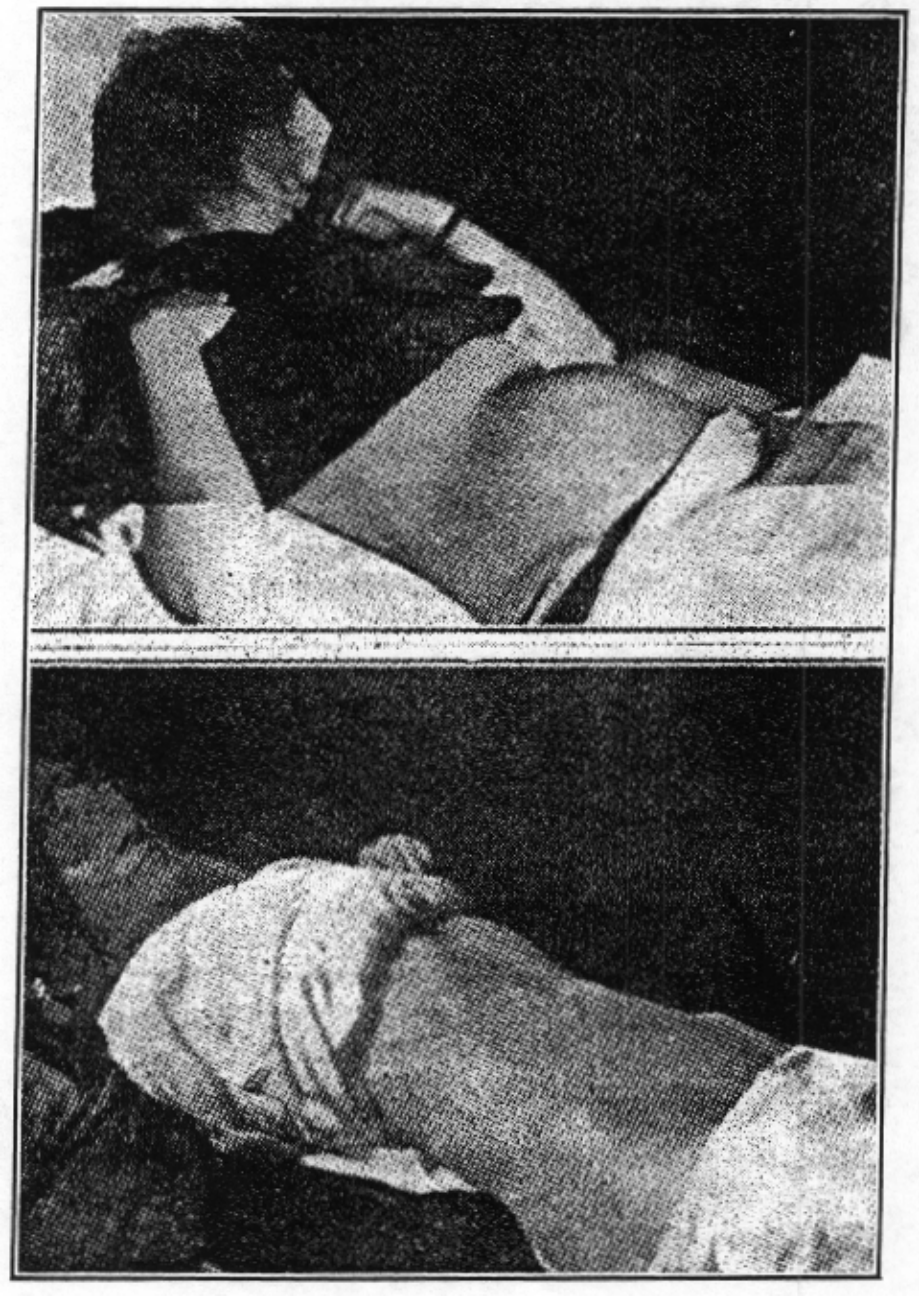
"I went to Dr. Koch and some pictures were taken of me. The first one was in September 1930, and the second, at the end of 1931. (Ex. 171 and 172). At the time of the picture 171, Dr. Koch put me on a diet and gave me an injection. With the shot and the diet, the trouble in my abdomen seemed to gradually 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 seem, 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 he 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. CUMIMNGS

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 8,5OO 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.

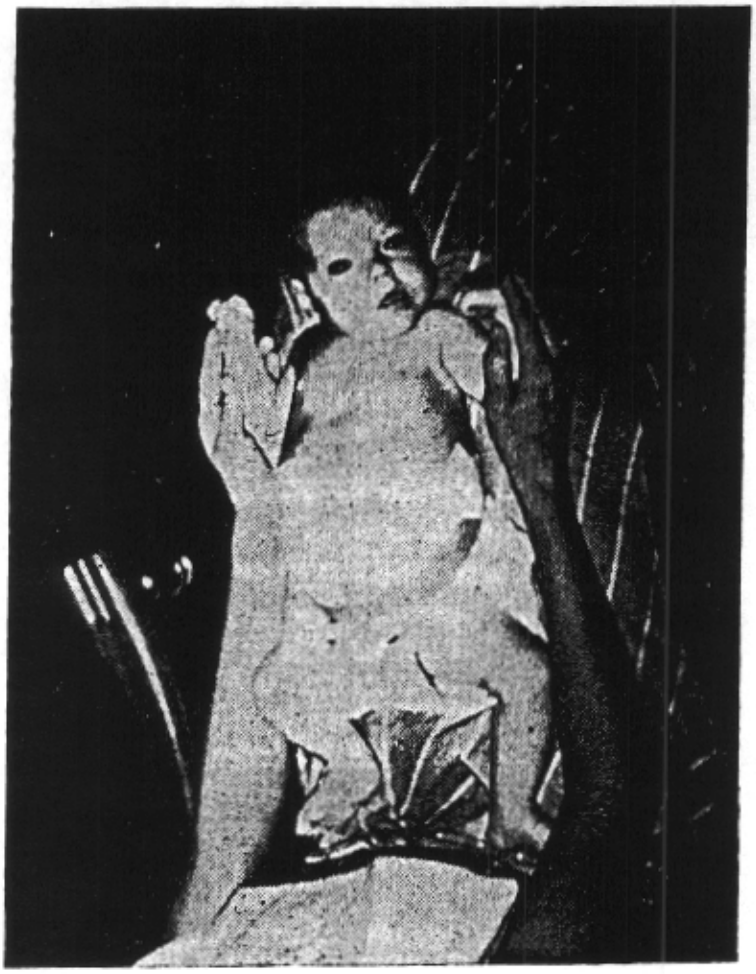
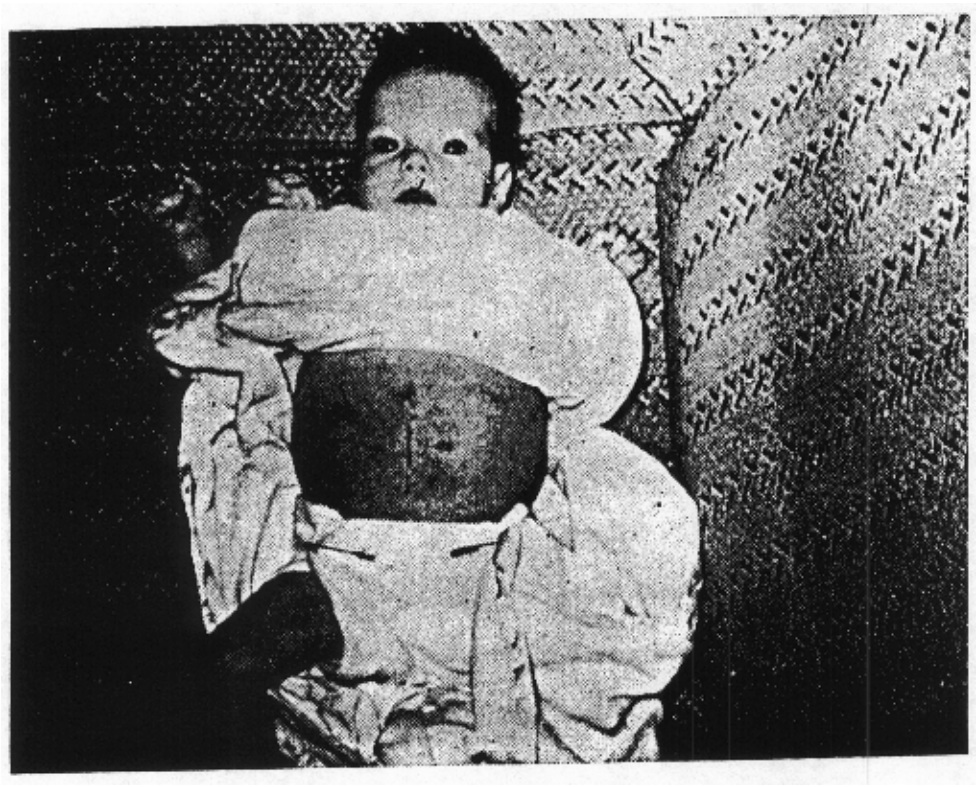


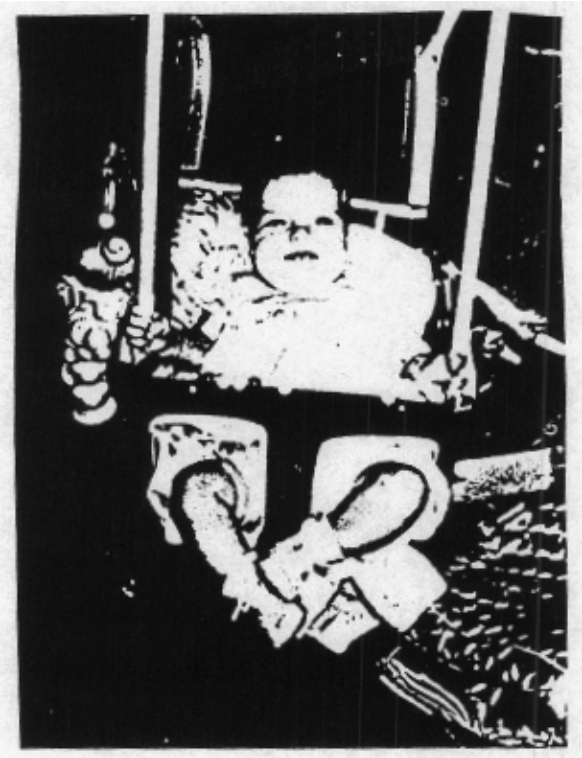
PLATE 33B- At 14 weeks showing exploratory scar.



No. III, Taken several weeks after Treatment

PLATE 33C. At 5 months of age.

No. IV, Taken a few weeks later.



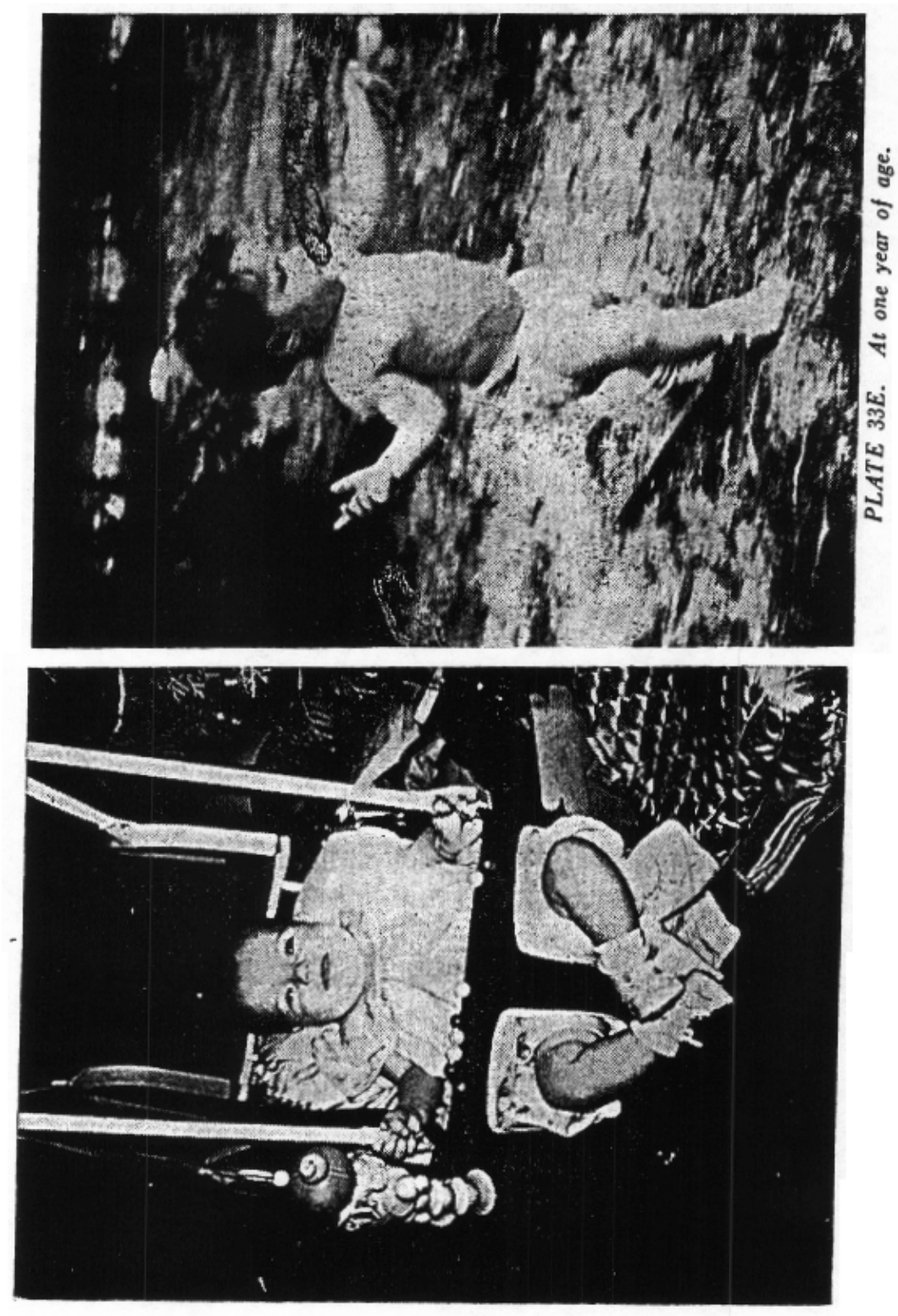


PLATE 33E. At one year of age.

Plate 33D. At Christmas Time, 1948.

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.