

Chapter Eleven

Anterior Poliomyelitis

THE INTENSE SEARCH for a vaccine to counteract the polio virus has received national publicity for the last several years. Finally announcement was made amid much fanfare and acclaim that the cure for polio was at hand in the Salk vaccine.

Never before in the history of medical research has there been such a glorification of a medical announcement. Medals were handed out; Mrs. Salk became a sought after writer for women's magazine and the tremendous work of inoculating millions of human beings was well underway.

It is too early to put a final stamp of approval or disapproval on the Salk vaccine. It is not too late, however, to review some of the things, which added to the confusion. Even as this is written, the Associated Press (10-8-56) carried front page stories about Dr. Albert Sabin of the University of Cincinnati who plans to give live polio virus by mouth to a group of volunteer prisoners at the Chillicothe, Ohio, Federal Reformatory.

An article appeared nationwide on July 6, 1956 giving information on polio from Dr. Theodore J. Bauer, the top health expert on this subject. One was clipped from the *Arizona Daily Star* of Tucson on the above date. The same subject was covered in some news magazines, etc.

In it Dr. Bauer says that among the nearly 30,000 polio cases of all types reported in 1955, about one-third "could not be identified in the laboratories as poliomyelitis."

Later in the same article, Dr. Baeur refers to this one-third as "non-polio viruses."

Bear this one bit of information in mind that according to Dr. Baeur and the U. S. Public Health Service, whenever you read polio figures comparing this year's (1956) cases with last year's (1955), you must deduct one-third off the 1955 figures, which could never be identified as polio viruses.

One week later, the International News Service reported on July 12, 1956 (clipping is from *Los Angeles Examiner*, July 13, 1956) the following, and herewith the article is quoted in full:

Sometimes a doctor will point out that so many of a certain number of new cases in a given area were investigated and none of them had had the Salk vaccine. BUT, those given the Salk vaccine have been known not to contract the disease, while they carried it to others.

**WEEK POLIO CASES
LESS THAN IN '55**

WASHINGTON, July 12,—(INS) — The Public Health Service said today there were 275 new polio cases across the nation last week, compared with 405 for the same week a year ago.

So far this year there have been 2931 polio cases in the U. S. This compares with 4111 a year ago.

By applying the information Dr. Bauer gave the public one week earlier the above article *should have read* as follows:

**WEEK POLIO CASES
HIGHER THAN IN '55**

WASHINGTON, July 12,—(INS) — The Public Health Service said today there were 275 new polio cases across the nation last week, compared with 270 for the same week a year ago.

So far this year there have been 2931 polio cases in the U. S. This compared with 2741 a year ago.

Whole families were stricken last year in this manner. Who can tell how many of those injected with Salk are carriers or not carriers of the disease while not getting it themselves?

Even the *Journal of the American Medical Association* in its issue of January 21, 1956, contained an article by Herbert Ratner, M. D., the Health Commissioner of Oak Park, Illinois, containing serious warnings about the entire production and distribution system of the Salk vaccine. Hardly any layperson read this article and possibly few doctors took the time to do so.

Dr. Ratner concludes his informative article with these lines: "Neither the public nor the medical profession was informed of these justified uncertainties, nor is it certain that we are yet being adequately informed. Finally, we should recognize that only one side of the ledger is being presented by the promoters of this vaccine. The price that has been paid and the risks that have been taken for the dubious results that have been obtained are not mentioned. The price that we have paid, and are continuing to pay, goes far beyond those known vaccinated children who have come down with poliomyelitis."

Go to your public library reference room and see pages 231-232 of the *JAMA* for January 21, 1956, Volume 160, No. 3, for the entire article.

It is well known that the virus of anterior poliomyelitis is able to attack any portion of the central nervous system, but that it generally finds certain areas preferable for its development and destructive action. Therefore, polio cases conform clinically to certain types. It is also known that viruses change their characteristics quite easily. This fact is well demonstrated in the new "killer type" of polio that selectively attacks the vital centers in the brain stem and causes early

respiratory paralysis. The symptoms of the bulbar type of polio have not been described satisfactorily so far as we can find. Among different patients, a great variation of symptoms can be presented. There is, moreover, a periodicity in the severity of the symptoms during the advance of the disease that is worthy of consideration. This periodicity is also expressed in the decrease of their severity during their recovery.

It is well known that viruses, even more than ordinary germs, are subject to destructive oxidation. The Koch Therapy serves as an auto-oxidant to induce the destructive oxidation of the polio virus in the patients considered in this report.

The amount of recovery from paralysis depends upon the amount of actual destruction of nerve cell bodies that occurred in the spinal cord. Some cells are irreparably dead, but others appear incapacitated by the virus infecting them over a period of many days or years over which they can regain ascendancy, after the Koch Treatment. Thus, by a restored auto-oxidation of the normal type, these cells overcome the virus and regain good working structure. It appears also from Dr. Koch's studies that the virus is able to inhabit the muscle, and that an attempt at walling off with diffuse or nodular fibrosis is the result. These, too, are found to disappear when the virus is overcome and the atrophied muscle regenerates and functions again in a major way. The amount of restoration of function cannot be predicted, but where the paralysis has existed only for a day or two, full recovery is often possible. Where it has existed for three years with marked atrophy, nearly full recovery is possible, and where it has existed for twenty years with extreme atrophy, the atrophy has been overcome sufficiently for good physiological activity. Good muscular legs were restored. The patient gets about as well as anyone without the use of braces or other contraptions. The case histories here given explain these observations.

A case of bulbar poliomyelitis with extensive paralysis is supplied in the Testimonies of Dr. David H. Arnott of London, Ontario and of Dr. Koch in the court record. He was treated in August 1936.

The patient, J. K., age 17, had been ailing for a few days before the paralysis set in. His chief complaint at that time was pain in his ribs on the left side, and some headache. Two days later the right leg became paralyzed. He was running a fever and was suffering much pain in the back, ribs, and head. The bladder failed to function and the paralysis started four days preceding our first visit. When first seen by Dr. Arnott and Dr. Koch he was semi-comatose, bloated, cyanotic, and both legs and arms were paralyzed. There was both respiratory and abdominal wall paralysis. The abdomen was greatly distended and flaccid. There was no respiratory excursion. If any breathing took place, it was too shallow to be observed and would have to be diaphragmatic. Yet, no breath could be detected, and he made a peculiar pain noise from time to time. The right eye was turned outward and the eyes were twitching. Swallowing was paralyzed, we learned later. He was given a dose of the combined polymers, and in ten minutes a respiratory excursion plus tightening up of the abdominal muscles was observed. They then catheterized him and gave colon lavage. They found that the whole torso was paralyzed, just as flaccid as a rag, the neck muscles too, for he could not hold his head up at all, as though he were under an anesthetic. The heart rate was very rapid and weak. All of this paralysis, excepting the right arm and legs disappeared within a few hours, and by morning he was able to swallow and talk. The cyanosis was gone, but still he appeared to be near death. After twelve weeks he could walk, but though

the heart rate improved rapidly, every week on Sunday during the recovery the heart would go into a similar exhibition of tachycardia and weakness developed. This lasted a little over a day, and then subsided, to be repeated again the following seventh day, until the twelfth week had passed.

He still carried a residual atrophy, to some extent, of the right calf and hamstring muscles and the right transversalis abdominis. He walks about, and can dance as well as anyone, but cannot climb stairs as well as a normal person. Otherwise, he is in good health.

Thus a widespread paralysis, which was terminating fatal at the very moment of receiving his Treatment, was quickly reversed, and the life was saved. Some of the paralysis that existed for over four days did not completely recover, but the rest did, and a useful, happy life with a minimum of handicap was secured.

Acute Poliomyelitis with Paralysis

In 1931, Walter Novikoff was two and one-half years old. He was carried into Dr. Koch's office by his father. Both legs were paralyzed. For a day or two before this he had been crying, vomiting, had fever, and complained of pains in his legs. Then he could not get out of bed in the morning or stand up. It was found that the knee jerk was absent and he could not stand. His legs were not under control and were attacked by a flaccid paralysis and foot drop. Examination also showed irritation of the spinal cord. He was very ill. The paralysis had lasted over twenty-four hours.

The polymers were injected intramuscularly. In about an hour he unconsciously swung his legs, and, on testing, could control them. He was carried home, and within twenty-four hours recovery was complete. No sequelae remained from the attack. The paralysis was fully overcome and his health good. He is now a big strong boy of eighteen years and perfect musculature, weighing 180 pounds.

Polio with Paralysis

REPORTED BY MRS. NOVIKOFF, THE MOTHER

"I took my son, Walter, to Dr. Koch when he was two and one-half years old. He had been playing the night before, but during the night he did not sleep and cried, and when he got up he could not walk. I did not take his temperature, but felt his forehead and thought that he had a temperature. His leg was still sore, so the next day we took him to Dr. Koch's office. My husband had to carry him because he could not stand.

"Dr. Koch gave him an injection in the leg. We were in the office about an hour, and soon after he had had the shot he wanted to get off my husband's lap onto the floor. He could stand a little, but we carried him to the car and kept him in bed that day. The next day he was up and playing. That was the summer of 1931 or 1932."

Acute Poliomyelitis with Paralysis

THE CASE OF ROBERT LAWHEAD

Paraphrase of the Testimony of George Franklin Smith, M. D.

“Robert Lawhead was eight months of age when I first saw him. He was having convulsions and fever of 99 degrees. He had also been vomiting. The child would draw his hand up to his shoulder. The eye turned toward the side of his head so that the dark part was not visible. The face muscles twitched and the foot drew up. This convulsion stage lasted several days, and was followed by flaccid paralysis of the muscles of the right side. He became limp. When he was pinched there was no response. Neither motion nor reflexes could be elicited.

“I diagnosed the case to be infantile paralysis, and gave a dose of Glyoxylide. Improvement was gradual, and at the end of a week he was fully recovered. Today the child is eight years old, and no ill effects are present.”

Acute Poliomyelitis with Paralysis

THE CASE OF THE INMAN CHILD

Paraphrase of the Testimony of Dr. Michael Rabe

“The Inman child was ten years of age. He complained of headache and pains in the legs and back, and stiffness in the neck, with a temperature of 100 degrees. On September 8, 1941, this child could not move his hands or legs, and complained of pain in the back. He had no reflex action, except in one knee, which was exaggerated. Later on, this knee showed no response. This leg had also become paralyzed. A Kernig test was performed. The diagnosis was infantile paralysis. The Health Officer was called in, and he confirmed the diagnosis of infantile paralysis. I believe the child had had the disease from six to eight days by the time he was treated.

“He was given an injection of polymers on the 13th and again on the 18th. On the 14th, he felt better, on the 15th, less pain and could bend leg better. On the 16th, there was less paralysis. The child gradually improved and could go downstairs. Recovery did not require more than two weeks.

“At present he is in normal condition.”

Acute Poliomyelitis with Established Paralysis

THE LOMAN ATKIN CASE

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Loman Atkin lives at Porterville, California.

“Loman was examined by me on the 4th of February, 1945. The first I knew that he was ill was about 8:00 or 9:00 o'clock that morning, when I received a telephone call from his mother in

Porterville telling me of her boy's symptoms. I anticipated a severe condition, and I told her to bring him to Bakersfield by ambulance, as I felt the case was a contagious one. I thought it was infantile paralysis (anterior poliomyelitis).

"The mother brought the boy to Bakersfield in an ambulance, took him to his grandmother's residence, and as soon as he arrived she gave me a call by telephone, and I went down to this grandmother's residence and examined Loman.

"It was between ten and ten-thirty when I arrived, and Loman was screaming with pain. You could hear him outside. In fact, when I talked to his mother over the phone just before coming down, I heard the boy screaming over the phone, so I immediately went down.

"The examination revealed this boy to be in a very painful condition; his neck was rigid, thrown back; he assumed a very marked extended position; his legs were paralyzed from the hips down, because I examined them and asked him if he could move them, and he could not.

"He had been ill for approximately twenty-four hours or more. As I recall, his condition started with a gastric upset, and it progressively had gotten worse until he developed these severe headaches and pains in his arms, legs, and in his back, which he still complained of, and very intensely so, during the examination.

"I diagnosed the case as anterior poliomyelitis on the symptoms I observed, and to confirm my findings, I did a spinal puncture, and the spinal fluid came out under forty millimeters of mercury pressure, which is extremely high. I withdrew only a few c.c.'s for the laboratory test to rule out meningitis. The test findings were consistent with polio and ruled out meningitis.

"To do a spinal tap, we prepare the back with an antiseptic, and then insert a spinal needle in between the vertebra into the spinal canal, and out through that needle comes the spinal fluid. Normally, the fluid will come out under a pressure of about eight to ten millimeters of mercury, which is normal, at a slow drip; but Loman's shot out, and the pressure reading on the monometer was forty.

"That is a diagnostic feature of polio. I asked Loman, after the withdrawal of the spinal fluid, if he felt any better. He said, 'No.' In fact, he was very restless and kept hollering with his headache and the pains in his legs. We waited a half hour to see if there would be any relief. There was not any relief. So, I injected an ampoule of the polymers intramuscularly, and I instructed the mother to please keep a reading of his temperature about every hour or two throughout the rest of the day, and that I would check on the boy later on in the day.

"As I recall, this injection was given at 11:00 A.M., and the temperature at that time, just previously, was 104.6 degrees, which is very high, and which goes right along with the polio. His pulse was 128.

"At 6:00 P.M., I checked him again, and that boy could move those legs, about as well as he ever could. There was no paralysis. His neck had become limber and the whole examination was normal. His temperature had returned to normal. In fact, I think it went just a little bit below

normal.

“I checked with the mother again the next day, and that night, after I had left, Loman had eaten a slight supper and had wanted to get up. His mother would not let him. But, the next morning he had gotten up and had walked unassisted to the bathroom.

“When I found that out, I instructed her to please keep him in bed, because I did not know just what the future results would be, and I wanted him kept under strict surveillance. I thought that, having an acute infection of that nature, it would not be wise for him to get up immediately on general principles.

“I saw him again on Wednesday, and at that time the boy was dressed and ready to go home back to Porterville. I had told them that he could go Wednesday if he was all right. He was all dressed and raring to go. He walked out to the car and got in just as normally as anybody.

“From that time up until the 18th of February, 1945, there was no recurrence; there was no recurrence of that fever, paralysis, or any of the symptoms whatever. This boy was perfectly normal, although I did have him stay in bed from the Sunday, I treated him until the following Sunday, just for good reasons.

“On the 18th of February he had a slight attack of chills and fever, which lasted, I believe, about three hours, and after that the boy was perfectly normal again.

“The mother did not understand why these chills and fever came up and then went right away, but it left the boy with no other symptoms and immediately disappeared. I interpreted this occurrence as a third-week reaction from the Treatment, a usual event in many cases.

“My diagnosis in Loman’s case was that of an acute condition. Within my experience and by my knowledge, this condition was a progressive condition; one that would grow progressively worse, definitely. I regarded the situation as one of emergency. That accounts for the fact that I administered Dr. Koch’s Treatment so quickly.

“Then, later on, in April, Loman’s two brothers came down with mumps, and they were very ill. They were sick for about a week. Loman took the mumps. He swelled up just a little bit, and in twenty-four hours he was completely normal, and he had no recurrences; did not even stay in bed more than twenty-four hours.

“From that time until this, on repeated occasions, I have seen him, and there has been no recurrence whatever of the polio symptoms.”

THE MOTHER’S TESTIMONY

“My name is Mrs. Ardis Atkin, and I live at Porterville, California. I am the mother of Loman Atkin.

“I was with Loman during the illness described. I personally observed the illness.

“He came to me about five o’clock in the morning, and he appeared to be in some distress with his stomach. He informed me that it was hurting, but I have three other youngsters, so I thought nothing of it and told him to go back to bed. But he seemed to have a slight temperature. I lay there, though, and heard him crying and moaning a little bit. And then later I got up, about seven o’clock, and he seemed to be in more distress, and I noticed about nine o’clock he appeared to be in much more pain. He was complaining about his head, it was aching quite badly. And I also had taken his temperature. I keep a thermometer in the house at all times, and I noticed that the temperature was rising, and it seemed that it was doing so rather fast, from five in the morning until nine was not a very long period of time. There were a number of polio cases in our locality at that time, and as this pain started to spread into his arms, I became sort of alarmed and thought of polio immediately.

“That was Saturday of the first week in February, 1945.

“Between nine and ten o’clock, sometime right along in there, this pain spread into his arms and his complete head, the front and back; his muscles started jerking, and I prepared a tub of rather warm water for him, and picked him up and carried him in there, and, of course, that relaxed him, and he seemed temporarily relieved. But it would seem to come back. I did that about three times, and then I was exhausted and I put on the hot fomentation. I did that that morning, but it was not long until it seemed that he did not have much relief. The pain just continued on.

“That Saturday, the temperature rose to 104°, and it seemed to stay approximately that temperature the remainder of that day. And, of course, he screamed with pain. That afternoon it was frightful, and he was looking very bad. His eyes were glassy, and the pain did not seem to ease at all. That night was very bad.

“We had information regarding Dr. Hendricks, and we acted on that information. We engaged the ambulance and took the child sixty miles to Bakersfield by ambulance. We handled him very, very, carefully because he was in such severe pain and could not move his legs. We took him to my mother’s home in Bakersfield, where Dr. Hendricks attended him. I was present when Dr. Hendricks examined Loman and injected the medicine. I remained with Loman after that Treatment.

“I observed the developments after that Treatment. The doctor requested that I keep a chart of his temperature that evening, and it was 104.6° before the Treatment, and it steadily went down. Every time I took that temperature upon the hour, it was a little bit less than the reading previous, and by night, sometime in the early evening, it was sub-normal; a tiny bit below normal. I do not remember the exact temperature. He moved his legs slightly in the early evening, and he ate food. He appeared to be in much less pain during the afternoon, and he slept that night.

“On observing Loman the next morning, which would be Monday morning, he appeared to have gone through an illness, by his face, rather pale, but he was not in pain from all appearances. He got up and walked to the bathroom, and he wanted breakfast. He was hungry.

“I have been with Loman constantly since that illness. I have observed him to be a normal and

healthy boy.”

PARAPHRASE OF THE TESTIMONY OF LOMAN ATKIN

“My full name is Loman Elwood Atkin, and I live at Porterville, California.

“I feel all right. I play baseball and football. My daddy is a foreman on an orange ranch. I help pick oranges and run little errands from the shop to the cow barn. I climb trees.

“I was sick two years ago. I had pain at that time. It started in my head and went into my arms, and in my back, and in my legs. My legs hurt badly. I could not move my legs while I was sick. I first felt sick at five o’clock in the morning. I got up and went and told mother that I did not feel well. Mother put me to bed and she thought it would be all right. I did not go back to sleep. I stayed in bed the rest of that day. I was sick; the pain got worse. Mother went and got a hot tub of water and gave me a bath and put me back to bed, and then did the same thing over again, and she got tired and gave me hot fomentations. They helped my pain a little bit. Then the pain came back. I stayed in bed that day.

“At nine o’clock the next morning, mother got me up and put me in the ambulance and took me to Bakersfield to my grandma’s residence. There I saw Dr. Hendricks. He went and pulled spinal fluid out of my back and then he gave me an injection in the arm. I do not remember now how I felt after the injection. I felt better late that Sunday afternoon. I tried to move my legs and could move them some, a little bit. Late that Sunday afternoon, I got hungry and had some supper. That Sunday night I slept.

“Monday morning when I woke up, I wanted to get up and walk around, and mother would not let me. I did get up to go to the bathroom. Then I went back to bed.

“I can run now and can climb stairs. My legs feel about the same as they did before I was sick.”

AN ANALYSIS OF THE REBUTTAL OF THE LOMAN ATKIN CASE ATTEMPTED BY DR. DONALD COOK YOUNG

This rebuttal of an “opinion” witness shows the danger of “opinion” testimony, because it actually distorted the facts upon which the diagnosis was built, and gave highhanded “opinions” contrary to common, everyday, knowledge among both profession and laity.

If the witness were present when the examination was made or had participated in it, he would not have made the following erroneous statements.

(a) He stated that careful examination to test the ability of the patient to move his legs was not done. He said that the absence of reflexes was not determined so the presence of paralysis could not have been ascertained. The history shows that these statements are false. The knee jerks were absent; passive motion and tests of ability and inability to perform active motion were made. The patient was not simply told to move his legs but when commanded to make motions of his legs the power of the various muscles to contract,—that is, both flexor and extensor contractions were

found to be absent. Moreover, the history shows that the patient was unable to use his legs at all, to move them in bed or to stand on them. He was not even able to move his toes.

This state of flaccid paralysis lasted over twelve hours before the Treatment was given and continued about three hours afterwards before movement set in. The improvement was very rapid; complete restoration of motion came within twelve hours. Fairly good motion was had in five hours.

The witness stated that the patient was sitting up when the spinal puncture was made. This shows his lack of comprehension of the case. The patient was placed in a sitting posture while lying on his right side in bed; that is, he was placed on his right side and his legs flexed at the hips so that he was given a sitting posture. The stiffness of the back muscles and those of the neck, the witness had to admit, is characteristic of polio. The witness denied that it would be characteristic of polio, in this case, because it was too pronounced.

(b) The witness stated that the spinal fluid study did not confirm the presence of poliomyelitis. This is not true because the high pressure of the fluid as occurred in this case is characteristic in poliomyelitis. It may occur in meningitis also, but the cell count and other characteristics of the fluid showed it could not be meningitis and thus, the only disease that remained that could produce the paralysis observed and possessed this spinal fluid was poliomyelitis.

Other diseases were thereby ruled out. The witness stated that it is quite unlikely that a patient with 104° fever would have polio. Of course, this is absolutely untrue since polio is no longer an obscure disease. This high temperature range is known to be very common in the most serious forms of the disease where the paralysis is progressing up the spinal cords. This is the type that proves fatal.

The witness also stated that pain is not an outstanding symptom of patients with poliomyelitis. Such a blunder requires no discussion.

Altogether the expert, Dr. Young, was not able to deny the facts by claiming that the changes were either too pronounced or not well enough observed to make a diagnosis. Even the mother was able to make the diagnosis hours before Dr. Hendricks saw the patient.

Chronic Poliomyelitis with Paralysis and Atrophy of Three Years' Duration

THE CASE OF MYRNA ROBINSON

Paraphrase of the Testimony of Dr. Julian F. Baldor:

Myrna Robinson was brought to me in December 1943. She had had this infantile paralysis for three years. At the time I examined her, there was complete paralysis of the left leg and foot, with marked muscular atrophy. The muscle was gone, and she had no power of movement of the left foot. There was contracture of the one toe of the same foot.

“The history of the girl was as follows: she was healthy and normal until she was stricken with a

fever and a cold in the chest. After this receded, the left leg was paralyzed. She could not move the leg, and gradually the muscles disappeared.

“She had been down at the Warm Springs, Georgia, Sanitarium, but they discharged the patient without treatment, believing her beyond help. However, they put her leg in a cast for two months, and she also used a brace on the left leg to support the foot. The brace caused too much discomfort and gave no help, as the leg was too weak to use it, so the family discontinued its use.

“My diagnosis was poliomyelitis resulting in muscle paralysis and atrophy.

“It was the 11th of February, 1944, when I gave her the Treatment. Since the injection, she had two reaction periods of pains starting in the back of the head, that spread down the spine and involved the left leg, which was affected with the paralysis. I noticed the regeneration of the muscle in the left leg between examinations, and the foot that was completely loose and uncontrolled, is now perfectly and normally controlled by the girl, without wearing any shoes, and the retraction of the toe that was completely retracted, is now straight and normal. She is able to play like a normal child, and the atrophied leg has developed to be as good as the normal leg. All of this improvement took place in a few months after the injection. It is really miraculous. She does toe dancing now.”

Chronic Poliomyelitis with Paralysis and Atrophy of Twenty-one Year Duration

THE CASE OF MRS. VIOLET NICOLA

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Patient, Mrs. Violet Nicola, lives at Bakersfield, California.

“Mrs. Nicola first consulted me on the 5th of April, 1943. She was twenty-three years of age. History, infantile paralysis at the age of eighteen months, twenty-three operations, and fifty-four casts; operations meaning surgical operations. Wore braces on both legs up until three and one-half years ago. Now walks on crutches dragging the right leg, which has a brace on it. Migraine headaches. Both legs on this examination of this girl were markedly atrophied.

“There was very little muscle at all on the right leg. The circumference around the calf was four inches. There was a contracted condition of both legs. The right leg was worse than the left; spastic, no relaxation. She was brought into the office by her husband, who carried her in and set her down, and I examined her. When she stood up she had to be held up by her husband; she could not stand alone. She was in a miserable condition, markedly underweight. Her weight was eighty-nine pounds at the time. She was very sick, very ill, and discouraged, and felt that she was doomed; never would walk normally. She ran a little temperature, about 99.6 degrees. I did not know what to do with that type of case, not having had experience with chronic polio cases at that time, and I explained to her the only thing I could do was to use Dr. Koch’s medicine. I explained what it was, what it might do for her, but I did not guarantee it. I did not know what it would do, but if she was willing to take it, I was willing to give it. She was willing. Two days later, I injected an ampoule intramuscularly. It was April 7, 1943. On June 8, 1943,

approximately two months later, I could see a development in the calf muscles of the right leg especially, and there was motion. She was beginning to move that leg, and she could stand up by herself. The braces were off. She could walk unassisted around the room at that time. On August 13, 1943, she had a reaction of chills and fever, and with that reaction, she had a headache. Since that reaction of August 3, 1943, the patient had complete control, absolute complete control and power of both legs. She walked absolutely unaided with no crutches or braces. The muscles had developed, the cramps had ceased, and her weight had increased. Her outlook was wonderful at that time. In fact, she asked me if it would be all right if she adopted a baby and I told her if she could take care of a baby it was perfectly all right with me.

“On June 12, 1944, she had another reaction and had some pain in her right foot and thigh. She was given a manipulative treatment on that day to relieve the pain present. She complained of no appetite. She had some fever.

“On June 16, 1944, she did not have any appetite, and some migraine headaches were persisting, and I gave her an injection of Vitamin B complex intravenously. I repeated that on the 21st, the next day, and again on the 23rd to give her an appetite. On the 23rd I also gave her another of Dr. Koch’s injections, and this time I did not do it principally for the polio, or the after-effects of polio alone, but I thought it might help the migraine condition she had.

“On September 8, 1944, she was given another manipulative treatment for her headache, and on September 11, 1944, she was given another injection of the Vitamin B.

“Now I forgot to say that in the beginning of the Treatment her right leg was an inch and a quarter shorter than the left, and she had to have her shoe built up on the outside, both heel and sole, one and one-quarter inches, in order that when she walked she would walk level.

“Now, on September 11, 1944, she had to build her left shoe up only one-sixteenth of an inch in order to compensate for the right leg.

“On November 11, 1944, she was given an intravenous injection of Vitamin B and calcium for a general tonic effect for lack of appetite.

“On November 14, 1944, she was given another injection of Dr. Koch’s medicine, and her headache was bad on that particular day, and she was given a headache powder called Saguinaria.

“Now, the patient has recovered from the paralytic condition. At the present time, as compared with four inches on the right calf, the measurement is now ten and one-half inches; as compared with ten inches previously on the left calf, it is eleven and one-half inches.

“Of course, most of the activity took place in the right leg, because that was the worst leg. There have been no recurrences of any cramps or the contractures that she had. She is able to run up and down stairs and walk or run about like other normal people.”

It is difficult to interpret this restoration, unless the explanation of Dr. Koch’s is valid, that there

is a symbiosis between the virus and nerve cells resulting in the paralysis of the cells so affected, but not their death, and with restoration of adequate oxidations, the functional mechanism is re-established, and as a result of such oxidations, the virus is destroyed. If this Theory is true, then the whole Koch Hypothesis, regarding energy transferred to the parasitic virus via the fluorescence of the toxin it employs is also true, and the nature of the auto-oxidations of function and the induced oxidations of immunity of this natural order appear reasonable. At least, this Theory seems to be substantiated by the behaviors observed in these cases, and in the cancer cases reported in this investigation. The restoration of the immunity and protective function of the white blood cells, mentioned here, are also supportive. In fact, we have a new philosophy covering the field of pathology and medical practice, which explains the unknown to date, and at the same time offers the curative agent. The utility of the entire conception is thus established.

TESTIMONY OF VIOLET NICOLA

“My name is Violet M. Nicola, and I live in Bakersfield, California. I was not born there. I lived there approximately twelve years. I have heard the Testimony of Dr. Hendricks, just given.

“For some time I suffered from a paralysis. I was stricken at eighteen months of age. I am twenty-six years old at present. From my earliest recollection, I was not able to walk. From the time I can remember, my legs were of completely no use to me at all. I was in bed practically all the time, except when I was lifted out. I could not stand up. I underwent treatments for these handicaps. I can remember I had twenty-two different surgical operations from the time I was six until I was sixteen, and then I had one other several months before I was twenty, which made twenty-three operations altogether.

“I remember most definitely the casts, first. Several of them were body casts that started under my arms, went completely down my body and down to my toes; and then some of them went from my hips down; and some went from above my knees down. The number, I could not tell you. These were casts. The steel braces that I had were rather iron, I believe, and there were iron bars up both sides of my legs, and the first ones I remember were above my knees and strapped to my thighs.

“I could not walk unassisted at the age of ten years.

“I could not walk unassisted at the age of fifteen years.

“I could not walk unassisted without braces at the age of twenty years.

“I could not walk unassisted four years ago.

“The way I got around, if I did get up, and when I did, I walked on what I would describe as three point walking. By that, I mean my crutches were two points, and I was a third point. I literally dragged myself, swung between the crutches.

“From the age of twenty until I was twenty-three, I certainly did notice a change. It seemed as though, instead of going forward, I was getting worse. I started dragging my legs again and nothing seemed to go right with them. I could not work them right, and they were, I thought, just getting useless to me again. About that time we got information regarding Dr. Hendricks. My husband took me to Dr. Hendricks as a last resort, we thought.

“Dr. Hendricks gave me a Treatment. He first explained to me the nature of the Treatment. It was in the first week of April 1943 that he treated me with the Glyoxylide.

“After I had the Treatment, within three weeks, I removed my brace, and discharged my housekeeper, who I had full time before. I did my own work and I made my visits to the doctor alone. I walk better now than I did then. I had three Treatments of Glyoxylide.

“I am now married. I met my husband in an ambulance. He was the driver and I was the patient. I have an adopted baby girl. She is two years and four months old, and she is a wonderful baby. I care for her personally, with the exception of when I work. I do my own housework and I am a stenographer and bookkeeper in a department store. I am a member of the American Credit Women’s Association and of the Bakersfield Women’s Club. I am Assistant Secretary for the California Auxiliary Highway Patrol, and I am also Secretary to our Kern County Kennel Club.

“I have not had any other treatment than vitamins, except Glyoxylide.

“Before I went to Dr. Hendricks, I was not able to exercise my limbs.

“My ability to walk today, compared with that of one year ago, is almost perfect. It certainly has improved. I can dance and I do dance.

“My limbs have changed in size in the last three years, definitely. My right leg has extended one and one-fourth inches, and both legs have grown inches in circumference.

“I wore braces all my life until three or four years ago. I do not wear braces now. I do not wear crutches or carry them now, whereas I did. I wore specially made shoes, but I do not now.

“When I first went to Dr. Hendricks, I weighed eighty-nine pounds. Two years ago, 119 pounds. My average weight is now 113. I would like to weigh a couple pounds more. *I feel perfect now. I am extremely happy.*”

Special Note: This Nicola case was one of the most interesting of the many presented by Dr. Koch’s defense attorneys in the 1946 Trial. For five weeks previously, the Detroit newspapers carried stories every day boosting the Government’s side. The defense began on a Thursday. At once all stories about the trial were stopped. The writer called the editor of what could be termed the “fairest” paper in town. The only excuse he received was that the Testimony was now technical and scientific and thus, not interesting to the general public. You have read the type of marvelous Testimony being given during this time. Of course, the fact that the yearly cancer drive was on . . . looking for a treatment for cancer, and the fact that Federal Court Testimony of countless recoveries, would have made the drive look insincere, if the papers carried the defense stories, possibly had much to do with the fact that the local papers refused to print the Koch side of the trial. Dr. Reilly)

AN ANALYSIS OF THE REBUTTAL OF THE NICOLA CASE ATTEMPTED BY DR. DONALD COOK YOUNG

The rebuttal in this case was that exercise of the muscles was what brought about the development and restoration of function. This is contrary to the facts because the patient could not use her muscles for a period of over twenty years that is, from the age of 1½ years to the time she received the injection from Dr. Hendricks in April 1943. It took still several months after the injection before she could move them well, but she made the same efforts to try to move and use her muscles before the injection as she did afterwards. There were twenty-one years of a controlled period in which she had plenty of time to develop her muscles and overcome the paralysis and just as much incentive to do so as after she had received the injection. It was only a matter of a few weeks after she had the injection that the muscles started to regenerate and work.

It is also important to note that she had the characteristic reactions of fever, grippiness, etc., that go with the Koch Treatment and characterize the recoveries obtained by this Treatment and no other.

Any decent citizen will deplore the insulting attempt of an “opinion” witness to give such Testimony to rebut this case; it shows how depraved some of our Federal Court attorneys can be. Please read the Testimony of the witness and Dr. Hendricks’ again.

Chronic Poliomyelitis In a Pekinese Dog with Paralysis and Atrophy

SUBMITTED BY DR. B. J. MYERS

“This Pekinese dog gave birth to puppies in May, 1943.

“I first saw her August 12, 1943, with a partial paralysis of hind leg, symptoms of extreme nausea, and high temperature. By August 15th, there was paralysis of tail and other hind leg, in the following week she was completely paralyzed—four legs, tail, and vocal muscles. Muscles not affected were the neck and those of mastication. Abdomen was completely relaxed, and the high temperature persisted. This condition lasted until December 15th. During this time, she was given supporting treatment. Her colon was completely paralyzed, so that the feces had to be expressed mechanically. Prior to the injection, the legs and other muscles had completely atrophied and had started to contract and distort. The tissues of the legs were hardened on the verge of ossification.

“On December 15th she was given a Treatment of Koch’s 1:4 Benzoquinone. Twenty-four hours later the tail was curled, and in a natural condition; previously, it had been completely paralyzed and straight. Forty-eight hours later the dog could stand, and when supported she was able to move her legs. Three days later the dog could rise, and walk across the room. At present she is in a perfectly normal condition.

“There was a severe polio epidemic at the time in Oklahoma City, and one of the children next door, who played with the dog, was down with polio at the time, and just before the dog took sick.”