

Chapter Twelve

Pus Infections

IT APPEARS that the Koch System is the first chemotherapeutic achievement whose use is followed by an increase in the efficiency of the leukocytes instead of injury to them. The more efficient the function of a tissue is found to be, the less of that tissue is needed to accomplish a given piece of work. This holds also for the leukocytes and it is well known that as the toxicity of an infection increases, the greater is the stimulus to the production of leukocytes and the greater the number of these cells that appear in the blood and at the sight of the infectious focus, especially when their antitoxic action fails. Moreover, in some persons the production of efficient leukocytes is so poor that infection can go rampant, neither being walled off at its focus, nor burrowed to an exterior surface to be discharged. In such instances a Treatment is needed to give the leukocytes and the tissues that generate them the energy they need for effective function.

When such Treatment is effective, leukocytosis will be sufficient to bring about successful burrowing and drainage when needed, and exert adequate anti-toxic action to overcome the stimulus to leukocytosis. Pus will then diminish rapidly. The *Case of Dr. Kolisch's son* illustrates the first achievement. The *Case of the Reeves boy* whom Dr. Andrews testified about is another illustration. In this hopeless fulminating case not only had the double pneumonia gone chronic, but the kidney infections, and the heavy infection of the blood stream with *Staphylococcus aureus* cleared up quickly and completely, and an uncontrolled osteomyelitis of the tibia was localized; the dead bone was walled off, and burrowing was started to the surface so that the surgeon could easily locate and clear out the debris. True permanent recovery followed, instead of death or invalidism, the usual chronic sequelae of osteomyelitis where the infection persists and healing is never completed.

The *Pennock Case* gives a measurement of increase in efficacy of the leukocytes in helping to remove the toxic stimulus to leukocyte formation. Immediately after the Benzoquinone was administered, the white blood count dropped at a rate of 3,500 cells per day towards normal and at the same time, recovery from the bowel obstruction, from the pain, inflammation, and fever, progressed with equal rapidity. Toxicity thus decreased with the drop in leukocytosis.

The *Case of Mrs. Peabody* reported in the Testimony of Dr. Wendell Hendricks presents another example of regeneration of efficient natural immunity. This Testimony established the quick reversal and recovery after a dose of Glyoxylide from an acknowledgedly incurable and far-advanced progressive bronchiectasis. This case also demonstrates the dependence of an allergic condition, asthma, upon lung infection and shows that removal of the allergy progressed with the disappearance of the infection. Thus, Dr. Koch's working Hypothesis is again substantiated by fact.

There is also the Testimony on the chronic infection of the temporal bone of *Dr. Loeffler's daughter* that would not improve under seventeen years of continuous care by the best experts obtainable. Yet after the Koch Treatment the disease process was quickly reversed and brought to gratifying recovery with redevelopment of some of the injured ear structure so that some of the hearing function was restored. In this case the whole life was changed as a result of the

restored health. The Testimony of *Dr. Woodruff about his son* is analogous and also very instructive.

In the *Case of Major Nobre* every joint in his body was fixed immovably. The bones were grown together by scar tissue, which had developed to wall off the infection. A dose of Benzoquinone solution was followed by disappearance of the infection amid absorption of the scar tissue, which doubtless was no longer necessary as a protective measure. The joint surfaces that had been replaced by scar tissue were regenerated and motion was restored to 95% or so of the original normal.

Many other cases of infection could be abstracted from the Testimony. They were offered as proofs of the successful protection that quickly results after the administration of the natural type of auto-oxidants in stepped-up form. Until recently, such recoveries were too wonderful to be understood or accepted, but now that the beneficial work of penicillin has become widely known, it will be easier to appreciate the even greater efficacy of the natural immunity process of animal tissues. That the animal body has in its tissues a more efficient system of protection than can be borrowed from the mold, *Penicillium Notatum* or its relatives, has just been demonstrated by Dr. Sperti, and reported in the lay press in 1947. He used *Staphylococcus aureus* as the infecting agent and brain extract as the protecting material, 100% protection was secured. This compares well with the protection secured by the Synthetic Natural Immunity Anti-toxins we are discussing when used in human beings. Dr. Koch reported on this natural immunity as residing in heart and brain lipoids as curative in cancer, 30 years ago. His report was made in the Medical Record of New York, October 1920. Geiger and Conn have demonstrated just recently, also, that compounds containing the conjugated system of Carbonyl and ethylene are curative against these infections when present in certain compounds thus, confirming Dr. Koch's publications of the past and the Testimony given in his various Federal Trade Commission and Federal Court Trials. Many other such publications are being made now, including the work of Warren, and that of Wesley and Rusch, which show that such structures cause the inductive oxidation of cancer producing poisons in confirmation of Dr. Koch's teaching and Testimony.

The essential activity of Koch's System was well demonstrated in animal and test tube experiments. The work on dairy cows with the Koch Treatment as detailed in the Testimony of the Ministry of Agriculture of the British Columbia Government, and the University of British Columbia, which demonstrates the efficacy of auto-induced oxidations in infectious diseases that do not respond well to mold products or sulfa drugs. The facts produced in this rebutted Testimony support Koch's conclusions that disease-producing germs can be restored to harmlessness by re-establishing an effective oxidation catalysis and thus, again be enabled to function harmlessly, in the great biological cycle. This is demonstrated by the fact that, badly infected udders that yield bloody, pusy, milk or very seriously toxic fluid, as milk with bacterial counts running high in the millions, lose their inflamed gangrenous condition fairly soon after receiving the Treatment and yield good commercial milk, with bacterial counts in the thousands and of the same types as those present before Treatment; yet, this milk is not toxic but entirely healthful. The germs moreover linger in higher numbers than normal only so long as tissue debris remaining from the original toxic injury is still present. Thereafter, they disappear and good commercial milk is produced with a bacterial count lower than ordinary. The general health of the cow is improved in a marked degree. The milk production may be increased, the fat

content increased, and the reproductive capacity improved. Restoration of tissue function is thus re-established with the restoration of the natural immunity, and Koch's working Hypothesis that the oxidative production of energy for tissue function depends upon the same oxidative catalysis that converts disease toxins into harmless substances, is still further supported.

During five years of extensive, painstaking, investigation of Glyoxylide as a Treatment for infections in dairy animals by the Department of Agriculture and the Veterinary College of the University of British Columbia, their experts have confirmed both the Theory and practical value of the Koch Treatment, as reported in the Official Report of the Minister of Agriculture to Parliament each year from 1944 to 1948. In March 1948, the final report was printed in the Official Report to Parliament. This Report is in sharp contrast to the hopeless destructionistic report of the Dairy Cattle Health Committee of the American Dairy Science Association, which met at Guelph, Ontario, in the summer of 1947. For Johne's disease, a fatal form of Para tuberculosis, these dairy experts recommended slaughter of all suspected animals. The British Columbia Report showed that in their experience, the disease was promptly cured by the Koch Treatment. For infertility from Bang's disease and ovarian cysts, and other causes, cure was established by the Koch Treatment with continuing fertility, and the best of milk production; instead of the great loss to the dairymen of some twenty or more percent of their cattle. For Mastitis likewise, instead of the high steady universal loss of from twenty to thirty percent of the cows, cure and persisting practical freedom from the disease could be gained from use of the Koch Treatment. Thus conservation and constructive gain and saving was proved possible by use of this Treatment instead of the great annual loss of twenty to thirty percent of the cattle because of these diseases they could not control otherwise, and can not even pretend to control by slaughter.

THE CASE OF DR. JOSEPH M. KOLISCH'S SON

"My son, age 18, became ill in July, 1940, in a military camp. I was in Oregon on a vacation and was notified by telephone that the boy had been operated for appendicitis. I returned home and found him in the University Hospital in Culver City as a patient of Dr. Lamont. In spite of the operation being a success, the patient was still under a high fever and the appendix did not show anything. From the complaints, which the boy gave to me and the history, which he had related to me, the diagnosis of appendicitis seemed justified, but there was not any appendicitis at all. He had a high fever and the impression I gained was that it was a septic condition and I treated him and watched him. I treated him conservatively and expectantly for a few days. By conservatively, I mean that I did everything to support the system, in view and in the face of an infection, origin unknown. The surgeon and I were on the case at the same time. I tried to establish a diagnosis. A few days afterwards, the location there indicated it was possibly a pyonephritic abscess. That is, an abscess, which might follow an infection, transmitted to the blood, usually caused or often seen after boils or other surface infection.

"This was the working diagnosis at the time. Then, pus showed up in the urine and it was followed somewhat later by a pain, a rather severe pain in the kidney region and then later in the prostatic region and this gradually developed into a condition, which made the diagnosis of a prostatic infection plausible. So, he was treated accordingly.

“In order to arrive at this diagnosis, as I have made this diagnosis, I would never have been able to arrive at it so quickly, had I not taken into consideration the history and I received the history from the patient that he had not been well really for a month prior to this, following an incision of a boil, which developed while he was at the camp there. Following this incision, for a few days he had a fever. He was quite ambitious, so he went back to his duties and he never felt really well after this. Coming down here he thought he had the flu. He saw a doctor. I was not here. Then he went to the beach. He went out one day and the following day he had a severe attack of chills. I took care of him then in the hospital. It was established that it turned out to be mostly septic in nature and I took him to my clinic. My wife used to be a nurse and she took care of him.

“He was in the University Hospital in Culver City for about three weeks. Then he went home to my clinic and he stayed there and things became rather, well, like he had a septic condition. It would seem that he would get a little better and then it would get worse again. He was treated at the time. I had treated him already in the hospital with sulfanilamide and then he received Vitamin B and Vitamin C and liver extracts to keep the blood up.

“Then about the middle of September or so he got quite bad again. The pain got worse and he perspired and it seemed like a new whole thing had started with a new infection again. I was greatly worried, and, having established the diagnosis and knowing the origin of the boil, I thought there was great danger of his developing a heart condition following this thing in a protracted course. Then, it being the genitourinary system affected, I inquired, and I was given the name of Dr. Hagar, as a competent specialist in that line, and he was also seen by Dr. Bacon.

“Dr. Hagar wanted to take him to the California Lutheran Hospital so he took him there and he was under Dr. Hagar’s care. He received sulfathiazole there. I had given him some sulfathiazole at my place already. He was not there very long and I decided to take him back to my clinic. He had symptoms of developing quite a pain in the bladder and the region of the urethra.

“I did not run a metabolism at the time, as I did not think there was any indication. I took all the blood counts, urine, sedimentation, blood cultures, and cultures from the urine.

“The disease was a prostatic abscess infection of the prostatic gland, brought about by way of the blood streams from this boil.

“After he came home he was in very much pain. His fever took a new swing up and I could not see anything but a recurrence again of a general septic condition, which he had already gone through a few times in the course of this disease. He would get better and then get worse, and then get better again, and, while I was always successful in keeping his general condition up, he started to show definite signs of slipping. He was actually sick since sometime in July, and in August he was operated on.

“He had the best of care, but to a man of experience and judgment it was just a matter of time if the resistance of the system would break down and the abscess would appear some other place on the body or a heart condition could have come up. Most anything could have happened. So, at the time, I remembered the Koch claims and Treatments and also the experience, which I had

learned and I ordered the Glyoxylide and gave it to him. I telephoned Dr. Koch to ascertain his opinion, what his ideas were and to get a fair impression myself, before I would administer it and to get what he had to say, and what I could expect, and to have as much personal contact as I could. I told him the condition and he told me that he had quite a good experience with similar cases about the prostatic abscess, and then, he told me on the telephone that he expected the abscess to break within seven days.

“The Treatment was administered. The next day, from my observation, the boy was definitely better. He was definitely improved. There was a definite change. The change was one such as you observe at a sick bed. I watched him from the next day on. The boy improved. He had an appetite then. He complained less. He was less nervous and he had less pain. His general condition was definitely improving until the day when the abscess broke, which was the seventh day. It was not a surface abscess. It was the prostatic gland and it showed all physical symptoms possible of being an abscess and it broke and discharged. The pus discharged through the penis and this pus was cultured and it showed Staphylococcus aureus.

“There were repeated blood cultures made but the blood cultures did not show any growth of bacteria.

“On the day the abscess broke, he had quite some pain and after this he was to all appearance well. I kept him in bed, and under close observation, but he was perfectly all right. His temperature was normal. I have the temperature charts taken at the time in my possession and he was all right. He was eating well. He commenced to eat better. Of course, he showed the effects of the sickness but he had no more of the septic condition. The fever never came back again.

“I think the sulfanilamide and sulfathiazole had a deleterious effect on the treatment of this disease.

“I attribute the change which resulted in his recovery to the administration of Glyoxylide.”

THE CASE OF NORMAN REEVES

Paraphrased from the Testimony of Dr. L. L. Andrews

“In the summer of 1940, I had a patient by the name of Norman Reeves. I believe he was about five years old. I was called to him at his home. That was, I believe, June 13th. He had a very high fever. It was around 104° and 105° that afternoon. I saw him around two o'clock or three o'clock with intense pain in his left leg. From his ankle up to the knee it was decidedly swollen and very red and hot and very painful on palpation and I said to the parents, ‘There is undoubtedly infection here in this leg and we want to know whether it is in the bone or not, so I ordered him to the Victoria Hospital for an X-ray of the leg that afternoon.

“He went down there immediately and had the X-ray that evening. The roentgenologist's report was that there was no involvement of the bone at that time, so it was negative and his report was that there was no periostitis there at all, and from the condition found from this report, I sent the child home, and was called to see him the next day and his temperature was still high, and, in

fact, there was a rigidity of the spine. That is, he was stiff. The abdomen was very tender and with the X-ray negative, the apparent condition shifted to the abdomen. It then became a question of whether the original infection was in the leg or in the abdomen. But, after I examined him, I still came back to the leg. I said, 'I think the trouble is here,' but I ordered the child back to the hospital and I called in Dr. Barge as a consultant. He came around noon. This was July 15, 1940.

"We saw the child together and decided that our best probability of trouble was in the leg; that we would operate there and if we found nothing there then we would open the abdomen, and the operation was performed and he was my assistant and we let out of that left leg close to half to two-thirds of a pint of pus. We took cultures immediately and it proved to be a pure culture of *Staphylococcus aureus*.

"We opened the wound practically from the ankle up to about three inches, I think, of the knee and put in drains and put the child to bed with transfusions of blood and local serum solutions and general medical care. The child's temperature came down after the initial effects of the anesthesia, but there developed, from that infection in the leg, a pyelitis. That is infection in the kidneys. We got a pure culture of *Staphylococcus aureus* from the urine. Then from the last infection, there developed an infection, which appeared in the lungs and there developed a double infection of both lungs and it went into lobar pneumonia. Then we made cultures from the blood and we got a pure culture of *Staphylococcus aureus* from the blood.

"I think the records will show somewhere around 10,500 cc. at a time. We were anxious to find, if possible, a patient or some individual who had had a severe case of *Staphylococcus aureus* infection and had recovered. We were not able to find one. When such a case can be found, a certain degree of immunity develops in that patient and if you can take his blood or get a transfusion from him to your new patient, you get better results than you do with a straight transfusion.

"So as to do all that we could for this child, his brother, a young man, was giving his blood and so he was willing to be treated with the vaccine of this *Staphylococcus* infection that we got from the little child. So, we treated his big brother with the vaccine made from the infection from the child for somewhere of about ten days, endeavoring to build up in the brother a strong resistance to the *Staphylococcus* infection. Then we took his blood and transfused it to the child.

"There was at this time sulfathiazole. It was just appearing. My house physician, Dr. Williams, I believe, was her name, who assisted me with the care of the case, said she believed there was a man here in the city that had a little for experimental purposes that had been sent out to him. I said, 'Well, get it, if you can.' She succeeded in getting a few grains of it in tablets, and at the same time, I wired the manufacturing plant for a supply of the drug for this child. We began immediately to treat this child with the sample that we obtained from this local physician.

"As I recall, we divided the dose about in two, giving him about three or three and a half grains every four hours. The child did not react well. I think it was the second or third day there was a severe rash on the child. That was indicative that he was not taking the drug properly; it was acting as a poison, so we discontinued it until the skin cleared up. Then we tried it again with the

same result and we discontinued it and we tried it again. I think the record will show three times. Each time there was a reaction that was indicative that the drug was having a very poisonous effect upon the child and could not be continued.

“During all this time, of course, the wound was properly cared for, dressing it each day, and was cared for by a private nurse. His mother was present all the time. He had first quality care; everything that a good hospital could throw around the child was given, and, so far as I know, everything was done for the child that science could do at that time. The child showed a little clearing of the lungs.

“The records will show his radiograms were made, I do not know how many times, but there are the prints with the interpretations of them and the condition of the lungs showed practically a complete consolidation of the left lung; probably just a little bit of air in the left lung with a little larger space in the right lung, but during the program those conditions began to clear up a little and with every ray of slight improvement, or index of something that might be considered as an improvement, we noted the time on the progress notes. During all of this time, of about three weeks in the hospital, the child was gradually failing, losing in weight; losing in what we call morale, all sense of fighting power; he was becoming intensely weak, refusing food. We were keeping the child alive, apparently, just with a transfusion every two or three days. The parents are not blessed with a lot of funds. The bill had reached somewhere around a thousand dollars and apparently we were running a losing game. The child was getting weaker all the time.

“One day I told the Mother the child would not be able to live and she agreed with me, and I said, ‘You had better take the child home to see what you can do for him at home, or we will do whatever we can. We can’t keep him alive on transfusions forever.’ She agreed to it. So we went home and both of us agreed that the hope for life was practically negligible. Then we tried sulfathiazole again there at the home with the same results, no improvement. He reacted badly to it. We could not give it to him and the child got so weak he could not turn himself over. He could not lift his head. His skin was dry like leather and he was refusing to eat. We had great difficulty in getting a little water down him. So, I said to the father and mother then, ‘There is one other Treatment.’ I advised the parents then to try Dr Koch’s Treatment, and she agreed. So, I wired for a Treatment and I gave it to him. The child showed improvement in twenty-four hours and he was taking water then without forcing it to him, and within forty-eight hours, he was taking food and the improvement was right up the line, getting better.

“The diagnosis was the child was improved, remarkably improved.

“The name of the disease was a pure Staphylococcus aureus infection of the lungs, of the kidneys, of the bloodstream, and of the bone. The leg was running pus and it was refusing to heal over the skin wound. That is, there were several foci of infection in there where it was pouring out pus. After the Treatment, or by the administration of this Treatment, there was a marked pick-up in activity of the healing of the skin area, but with the pus coming out, I felt I ought to have another X-ray picture, so I took him to my office and did an X-ray of the leg, and it showed a felucrum of the body section of the bone that had been undermined and was there as a necrotic substance. It is a piece of necrotic bone that has been practically separated from the parent bone, by pus. In such an instance, the wise and simplest thing to do is to remove that piece of tissue

bone and so I advised them to go to the hospital and open the wound and curette this out. I took the child to the Jackson Hospital and there opened the wound and thoroughly curetted the bone the entire length of the tibia, from what we call the ephitheseal to the diatheseal line. That was the left leg. The child continued to gain rapidly; he made an uneventful recovery and is sound and healthy today.

“I gave him a second Treatment when he arrived home. The reason for that was this, anesthesia has a deleterious effect upon the activity of this particular synthetic medication. It tends to lower its efficiency, so I gave it to him for another pickup. He made a rapid recovery right on. I have seen him lots of times. I saw him just a few weeks ago; a strong, vigorous, healthy child, and he has never been sick, since. He seems to be immune to everything.

“I think the primary cause for his recovery was this Synthetic Treatment. Now, the surgery was an important factor all right; important that it took away a lot of infection immediately and gave the Treatment a better chance to do its work, and gave the child a quicker recovery.

“I believe the sulfathiazole and other medication had a deleterious effect.”

Mrs. Reeves told of how ill Norman was when they took him home from the hospital. It was because they expected him to die soon and that nothing more could be done for him at the hospital. He was placed in bed so he could see the family for he was too weak to turn or move his head.

They again used the sulfa drug but he was not helped. The rash appeared and grew worse. It was then that Dr. Andrews suggested the Koch Treatment and he phoned for it. It arrived and was injected the next day.

Within twenty-four hours he had improved definitely. He was hungry. His temperature had dropped. That was the first time he wanted anything to eat or had eaten anything, you might say, in the length of time he had been sick. He improved rapidly after that (she explained), and especially after the second injection, and soon was in perfect health.

THE CASE OF MRS. HARDCASTLE PENNOCK

Paraphrase of the Testimony given by Dr. Chester Earl Dove

“I was called to attend Mrs. Hardcastle Pennock along in May of 1941, in Palm Beach. She had a temperature of 104°; pulse very rapid; very much pain in the abdomen; vomiting, and drawing her knees up on her chest. She was attacked with this condition around twelve o'clock at night of May 23rd. She called me the morning of the second. She had had a colonic irrigation. I diagnosed her case to be appendicitis. I based that diagnosis on the temperature and clinical symptoms of vomiting and the trying of a movement of the bowels, which would not move, and the blood count. Without the blood count, we could not have been positive.

“I consulted with Dr. Koch. He came to see her and then I administered 1:4 Benzoquinone. On the twenty-fifth, her temperature went down to 102, as I recall it, and her bowels acted more

normally. They had acted hardly at all before that; she passed mucous, and her pain was markedly reduced. She had just the one treatment.

“It will be seen that the white blood cell count dropped about 3,500 cells per day, which is what is generally considered a very big change, (from 16,900 to 10,350 in 48 hours). Correspondingly the toxemia and other symptoms improved, so that on the third day, the white cell count was just a little above normal and the patient had made similar change in her general condition.”

Paraphrase of the Testimony of Mrs. Pennock

“Several years ago I had trouble with my abdomen. I became acquainted with Dr. Johnson. This was about the latter part of May 1941, and he took some blood from me. The night before I was very ill with nausea and very loose bowels. All night long, I was in terrible pain, vomiting constantly, and I did not tell my daughter until almost daylight. I was in such distress.

“I have used Miss Touchbarry for irrigation before in my life, so I went over there. It was just at daylight and she gave me an irrigation. She gave me very little water and it did not come back. I was vomiting constantly and in terrible pain. My knees were up. I could not straighten up. She had to go up into one of the rooms and she called Dr. Johnson and Dr. Dove. Dr. Dove had been our physician for many years. He came and called Dr. Koch to see if he could get a Treatment. Dr. Koch came with a Treatment and by that time I had been taken home, in terrific pain, vomiting all the way in the car.

“I omitted one point. Dr. Johnson came and took a blood test.

“Dr. Dove gave me the Treatment and within an hour the pain started to subside and I could straighten my legs a little bit. Within three hours I was comfortable. Up until that time the bowels had not moved again after they had been moving very badly the night before, but about three or four o'clock in the afternoon, my bowels moved again normally without anything administered for them.

“Dr. Johnson came two or three days to take the blood tests and the reports were given to Dr. Dove.

“From that time on I became more comfortable. It was thereafter three or four days until I was in very good condition. I felt much better. I was in bed two weeks. After this two week period, I was up and around and felt fine.”

THE CASE OF GRACE LOEFFLER

Paraphrase of the Testimony given by Dr. A. J. Loeffler

“My daughter, Grace Loeffler, is now twenty-one years old. When she was one year old, she had diphtheria, scarlet fever, bilateral mastoiditis, and double lobar pneumonia, all within a month's period, and very nearly died. She was so sick that nothing could be done at that time about her mastoids. They went un-operated, and she developed, of course, the accompanying otitis media,

which is an ear infection.

“Following this attack, for seven years she had a chronic discharging ear, the right one. This ear was always moist in the external canal. The odor of the discharge was very foul. She would find it in her hair and on the pillow. She developed a sort of inferiority complex over the thing, and she was conscious of this odor all the time, and, of course, lost all hearing in that ear. We took her to different doctors, without any results. Some suggested that the only method was a radical mastoid.

“On May 10, 1940, I gave her a treatment of 2 cc. of Glyoxylide. Nothing happened for a period of six or seven weeks, that is, no change took place that I could see. There was no lessening of the discharge, no change in the appearance of the eardrum, which had a perforation for seventeen years. There was no change in odor.

“But after a period of approximately six months, without any more treatment, not even irrigation, this discharge gradually let up, the odor disappeared, and the opening in the eardrum apparently healed over and remained that way for a year and a half, at which time she had a sudden feeling of pressure in her ear and a recurrence of a discharge, but without odor. This discharge lasted about a week.

“She has had three injections over this period of a year and a half. To bring the story to date, she has no discharge from the ear, she can hear a coin click at fifteen feet, and is very happy about the thing because of the fact that she no longer has this dirty, foul, messy, ear. I can only attribute these facts to the fact that the Koch Treatment helped her. This particular disease, from which she had been suffering, is called otitis media chronic, suppurative.”

Bronchiectasis

In bronchiectasis, we find a form of infection that appears quite hopeless. Here, the infection attacks the bronchus walls, weakening them until they sag and bulge, forming cavities that harbor the infection in a way that is not possible to drain out, except for the overflow of pus, so to speak. Large accumulations of pus developed and are coughed up at intervals, especially in the morning. The bronchus walls are invaded by and generate the infection, serving as foci for its extension further and further into the lung.

The patient is, of course, quite intoxicated by the infection, and the injurious results may affect her in various ways, causing asthma, for example. The hopelessness of the situation is well expressed by Christian in his 15th Edition of Osler *“Practice of Medicine,”* 1944, p. 814, where he states, “Lobectomy (removal of the affected lobe of the lung) offers the only possibility of cure. Medical treatment is palliative only, since it is impossible to heal the cavities.”

Osler further describes the disease on pages 810 and 813 thus: “The course is long with almost inevitable progression; Exacerbation may follow an acute infection, as a rule, with a superimposed pneumonic consolidation. There may be pleurisy with marked thickening. Hemorrhage is common and may cause death. Septicemia may result. Many patients have a miserable existence from the persistent cough and general ill health. The foul odor of the sputum

is distressing to both patient and associates. If definitely established, the disease is incurable by other than lobectomy.” On page 814: “Clearly operation should be advised early, if a skilled surgeon is available.”

Cecil in his *Textbook of Medicine*, 5th Edition, p. 922, states: “Bronchiectasis is a chronic progressive disease of the bronchi or bronchioles, characterized pathologically by dilatations of the tubes and an inflammatory reaction in their walls, and clinically by chronic cough and expectoration of large quantities of purulent sputum.”

Boyd, in his *Textbook of Pathology*, p. 463 states: “Moreover, most cases of chronic bronchitis have a basis of bronchiectasis; it is this which prevents complete recovery.”

On page 462: “Although bronchiectasis is usually regarded as the dilation of a bronchus with the formation of a cavity, it is more correct to regard it as an excavation in the lung substance starting in a bronchus. Destruction, no dilatation, is the essence of the process, which results in the formation of an abscess.”

Also: *ETIOLOGY*, “Suppuration of the nasal sinuses with the constant discharge of septic material into the bronchi is probably one of the major factors. In searching for a cause of septic disease of the lung it is well to look above the clavicle.”

“Chronic fibroid tuberculosis leads to the destruction of the bronchial wall combined with traction on the wall due to the contraction of the fibrous tissue, so that large cavities may be formed.”

“For some unknown reason the left lung is more often involved than the right, and the lower lobes more often than the upper owing to stasis.”

“The size of the cavity depends upon the size of the bronchus. It is filled with pus that stagnates there owing to insufficient drainage, and still further weakens the wall of the bronchus. The mucosa is hypertrophic and may form tumor-like highly vascular papillary masses. There may be atrophy. The microscopic picture is similar to that of chronic abscess. The mucosa may be hypertrophic or atrophic, and in advanced cases the muscle glands, elastic tissue, and even the cartilage may be replaced by fibrous tissue. The most significant lesion is the destruction of the bronchial musculature and elastic tissue, for it is these, which weaken the wall and allow the dilation to occur. Septic thrombosis may occur with embolism and the formation of a secondary brain abscess.”

It is, therefore, apparent that the recovery from bronchiectasis and its sequel, asthma, following a single injection of a harmless Remedy, must result from a constructive principle at work. Thus the infection state was reversed, the injured walls healed and became strong again. The NATURAL IMMUNITY of the patient’s tissues was re-established, and toxins were oxidized to harmless substance. Even in that act, energy was liberated, and who knows, but that the toxins served a useful purpose through their full oxidation.

THE CASE OF MRS. PEABODY

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

Dr. Wendell G. Hendricks' Testimony on the Case of Mrs. Peabody can be summarized as follows; she was helped into his office by her husband on January 26, 1944. She was thirty-one years old and weighed only eighty-two pounds. She was in a very severe coughing and asthmatic state at that time. In fact, she had had a persistent asthma attack for days and had not had any sleep. She had dark circles under her eyes and she looked very haggard, very pitiful, anemic-looking; typical of a person that has given up in despair, and gave the history of having this cough and the production of this extreme amount of pus-containing sputum, for many, many, years. That she had suffered with a sinus condition; that the asthma had started three years previous to this time, and that she did not have that in the beginning. The cough was worse in the morning after she had tried to get some sleep on occasions, particularly, if she was able, at all, to lie down this would get worse as she would get up. Most of the time, however, she had to be propped up to breathe.

The examination on that date of the chest with the X-ray confirmed a diagnosis of bronchiectasis, or chronic bronchiectasis with bronchitis, and status asthmaticus, and bronchial asthma, in a continuous form.

"I noticed on my examination that there was a considerable amount of sinus drainage by using the nasal speculum and I felt that an immediate relief could be obtained, if the patient could stand it, by irrigating the sinuses, which I had had some special training in; so, I irrigated the sphenoid and the antrum.

"The antra are located in the cheek and the sphenoid lie deeper at the base of the skull and very often drip down into the throat. This was done on that date.

"The temperature was 100 degrees. The pulse was 130. The blood pressure was down to 100 over 80. It should have been up around 130.

"Her appetite was good in spite of all this trouble, and she could sleep okay, if she were propped up. Between these attacks, she could get some sleep; in fact, she was so exhausted that she would sleep in spite of it, in spite of her labored breathing; and the bowels were okay.

"The red blood cell count was four million and the hemoglobin was 80 percent.

"The patient was given an injection of Glyoxylide on the 28th of January, 1944, two days later; and, she was instructed to have colonic treatments, if needed.

"A prescription was given for visyneral capsules, a combination of vitamins and minerals, one daily.

"On the 19th of February, 1944, approximately three weeks from the injection, she had a three week reaction of chills and fever.

“On the 27th of March, 1944, her pulse was 80; dropped down from 130. Blood pressure was up 12 points to 112 over 80. Her weight had increased 10 pounds. She was 92 pounds. Her temperature, however, had dropped to 99.2 from 100.

“On that date she told me that she had had no asthma since the 19th of February, which was the previous visit three weeks after the injection.

“On the 17th of April, 1944, approximately three weeks later, her temperature was 98, her pulse 72, which is normal, and her blood pressure 110 over 80.

“On the 8th of May, 1944, the temperature was 99.6, and the pulse was 74, which is in the normal range. Blood pressure was 120 over 80, which is absolutely normal for that individual. Her weight was up another pound, to 93 pounds. She had been taking colonic treatments once weekly, due to the extreme amount of pus and mucous, which was producing in the chest and we did not want them to accumulate in the bowel, so we washed that out and we made a notation to continue colonies once weekly.

“On the 29th of May, 1944, temperature normal, 99. Her weight, however, had gone down two pounds, to 91; it fluctuated. Pulse 76, normal range. Blood pressure, 130 over 80, still normal range.

“On the 20th of June, 1944, the patient was having relief from her coughing and her asthma, but her sinuses were giving her a considerable amount of pain and on the 20th of June, 1944, on the 3rd of July, 1944, and on the 10th of July, 1944, she was given irrigation of these sinuses, as I did in the beginning, to relieve that congestion and the headache that followed the congestion, which it did relieve.

“On the 4th of August, 1944, there was, I would say, almost a complete recovery of the condition. She had an occasional coughing, but nothing to compare with the original condition; in fact, it was so slight she did not complain about it much, and no asthma. This was the twenty-seventh week after the first injection. As I remember, the patient almost forgot to keep her appointment, as she had a bridge club, and the date slipped her mind, and it certainly impressed me because, in the first place, she was almost beyond going when she first came to me and then to think that she was so well that she forgot to come to see me, impressed me quite a bit as to the recovery she had obtained on this occasion.

“She was given a second ampoule of Glyoxylide on that date, August 4, 1944.

“Now, this patient was seen on, I think, two or three occasions during the year 1945, and she would brisk herself into the office to tell me how she felt and it was that she felt fine; that she did not think she needed any more Treatment; that she did not have any more asthma, and she was not coughing, so she did not see any reason to come to see me. The last time I saw her was either the latter part of February or the first part of March, and she just felt fine.

“I attribute this recovery to the Glyoxylide.”

The X-ray films submitted in court are described by Dr. Omer G. Hague, a noted radiological expert.

TESTIMONY OF DR. HAGUE

(FILM NO. 1)

“This film shows the bony thorax of a rather small female.

“These shadows here are the breast shadows. The central shadow is a long, narrow, poor-vitality type of heart. The left lung is reasonably clear.

“There are some hilar shadows; not more than you would expect in a patient with chronic drainage from the nose.

“The right lung shows exactly the line of the pleura between the two lobes of the lung, between the lower lobe and the middle lobe.

“These soft white shadows in this region are indicative of an infectious process in the active portion of the lung tissue.

“Bronchiectasis is a chronic infection of bronchioles, usually due to a drainage from an upper respiratory tract infection, such as repeated sore throats, repeated sinus trouble with drainage down the post-nasal space.”

(FILM NO.2)

“This shows a little more clearly the outline of the breast shadows and a little better contrast in the type of X-ray showing the dark and the light shadows more clearly in relief. It shows quite definitely that this diseased process in the right lower lung has practically all disappeared.

“The reason that this type of condition more often hits the right lower lung than the left is that the bronchus coming down from the trachea through the right descending bronchus is nearer a straight line than on the left side.

“On the left side it has to go around the right and then up, so that this is a more direct infection into that area.

“But, this film shows that the diseased process has gone away, and that both lungs are almost of equal brilliance.

“In my opinion as a radiologist, the change in the condition (Mrs. Peabody from January of 1944 to August of 1944 represents a favorable recovery process, definitely.”

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

Dr. Douglas gave the rebuttal “opinion” that bronchiectasis in this case got well because Dr.

Hendricks washed the nose out a few times and that bronchiectasis gets well anyway. This “opinion” is contrary to the facts in this case since the bronchiectasis had continued for many years progressively getting worse and the X-ray shows that large portions of the lungs were involved.

According to the authorities quoted, and these are the leaders in medicine, recognized by all, the affected part of the lungs must be removed surgically to obtain a cure. No other Treatment is effective in this progressive disease, once it is established. It must be also pointed out that irrigation of the sinuses a few times does not remove the infection from them, for the walls are injured in much the same way as they are in the bronchi and the germs develop in pockets within the walls that are not accessible to an irrigating solution. The walls of the sinuses and of the bronchi generate the infection. If any trickles down into the lungs from the sinuses, it only adds to the pus that is overflowing from the cavities within the lungs themselves. Thus, the pus added from the sinuses only increase the overflow from the lungs and does not cause it.

By referring to the statement of the authorities, the error of Dr. Douglas’ rebuttal should become evident.

It would be well to point out that surgery would have no place in this case. One-half of the right lung, at least, would have to be removed. Probably also one-half of the left lung. A woman so depleted who couldn’t get her breath would have little chance of sustaining such an operation.

THE CASE OF DR. F. F. WOODRUFF’S SON

Paraphrase of the Testimony of Dr. F. F. Woodruff

“I have used the Koch Treatment on my son. He was afflicted at the beginning with a severe cold, and it developed into recurrent oposthotons (convulsions), infection with involvement of the ears. The middle ear was involved to the extent that both drums were lanced. I called into consultation a friend of mine to assist me in this case. The boy had to be given sulfathiazole, and he gradually become worse. He became unconscious, and we were all quite concerned as to the outcome. I wired Dr. Koch, and an injection of Glyoxylide reached me the next day. He gave definite symptoms of meningial involvement. We term that condition as opisthotonus, which is from brain irritation, meningial irritation; He was unconscious and running a temperature between 103 and 104 continually.

“I noticed changes the evening following the morning that we administered the Treatment. He showed some signs of improving. The next day he was conscious, and he made a rapid recovery. I attribute the recovery to the Koch Treatment.

“I would say that I rely on Dr. Koch’s Treatment in those stubborn resisting cases, the various types that we run into. Many cases that will come to me do so on account of my profession, to avoid surgery. I have had several such cases, so I will resort to this Treatment in my effort to avoid surgery, as in goiter, and cases of chronic synovitis, where they have been recommended to me. I have had some results in cancer cases. We get some very bad cases referred to us by other satisfied patients from cancer. My opinion is that there is a definite value in Dr. Koch’s

Treatment.”

Rheumatic Fever

THE CASE OF EDNA NEWTON

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Edna Newton, age 11. Joints were painful, hot, swollen. Knees were the worst. There was high fever, sore throat, and pain over the heart. These symptoms had progressed five days previous to the visit to my office. There was contraction, swelling of all the joints causing the limbs to be markedly flexed. Heart murmur, pulse 120, temperature 102, throat inflamed, tonsils swollen, and severe adenoiditis. Diagnosis was acute rheumatic fever. July 3, 1942, the girl was put on a liquid diet and given an injection of 1:4 Benzoquinone. The next day the temperature was 100, pulse down to 108, her throat and knees were better. Two days later, temperature 99.2, pulse 100, throat clear, all joints better.

“July 9th, 1942, all joints normal, normal function, no pain or swelling, temperature 98.6, pulse 78, throat normal. Heart murmur gone. Adenoiditis gone. Patient is well.

“Rheumatic fever is one of the diseases for which no treatment has been developed, which has any beneficial effect except the Koch Treatment. We are happy in having had all of our Rheumatic Fever cases respond very well to the Koch Treatment. Since this disease generally leaves some sequel that in later years rises up to threaten the health or life of the patient, it is indeed gratifying that the Koch Treatment gives prompt and completely satisfactory results in the cases where it has been used so far.”

TESTIMONY OF MR. SHEAD NEWTON

“My wife was working when our little girl got sick and we sort of neglected her. I thought she had probably been stung by a bee. Her ankle swelled up to the knees and then her joints and she got to drawing and just sort of pulling together, her feet and head coming together. The third day after Dr. Hendricks gave her the shot, I am almost positive that her temperature was back to normal. It was no time until the swelling and everything was gone and she was coming along fine.”

TESTIMONY OF MRS. SHEAD NEWTON

“In July, 1942, my daughter, Edna, 11 years old, was ill a week before we took her to Dr. Hendricks. She could not stand on her feet. Her feet and hands were drawn, her heartbeat too fast, and she had a fever. She complained of her throat. After the Doctor gave her the injection, the first morning we did not notice any difference. The second morning she had no fever and the third morning she was really lots better. She was in bed another week and the third week she was able to be up and around. She has had perfect health since then. We have never had her back to the Doctor for anything. Her heart seems to be all right. She is a little nervous yet, but nothing like she was before we took her to the Doctor. She does not shake at all.”

Advanced Rheumatoid Arthritis

THE CASE OF LUCILLE JAMISON

Paraphrase of the Testimony of Dr. Wendell G. Hendricks

“Lucille Jamison, age sixty, February 6, 1941. Six years ago fell on tile floor and injured right knee. Arthritis started in both knees and progressively became worse. A year later developed nodules of the popliteal fossae and subcutaneous nodules of the hand. Examination showed arthritic process of the metacarpal phalangeal joints with atrophy of the muscle between the thumb and first finger. Hyperthropic arthritis of both knees very marked, swollen, subcutaneous nodules, one in the tissue of the dorsal surface of the right hand, and one in the popliteal space. There was general inflammation and general disability of all her joints.

“February 9th she was given Glyoxylide. She had a local reaction after this injection. There was a definite improvement, a limbering up of the joints. October 3rd a Treatment of Benzoquinone. January 7th, 1942, I noticed a small nodule forming in the left hand on the dorsal surface. The nodules had all disappeared on the right hand and the back of her knees and her joints were practically limbered up. I felt that she had had as much recovery as she was going to get, but after a temporary enlargement of the joints and another reaction of fever I gave her another injection of Glyoxylide February 20th.

“After the third injection, Mrs. Jamison was so well that she just felt like she would never need any more. She was doing her own housework and walking uptown where before she had been in a wheel chair and had to be helped all the time, helped out of bed and suffering all the time.

“The fourth and fifth injections were given at the yearly interval from the last injection because it seemed that about once a year there would be a little stiffening of the joints. Even though the patient was out and around doing her normal occupation, I gave her an injection. She is in good shape. She has recovered.”

TESTIMONY OF LUCILLE JAMIESON

“My trouble started about ten years ago and got worse all the time. Finally, I could not get up without assistance, could not raise my hands up, and could not wear shoes. My ankles were swollen and my hands were deformed. I could not hold anything in my hands, turn my head, or raise my arms. I had been doctoring with no results from May 1934, until I went to Dr. Hendricks in February 1941. He put me on the Koch Diet and then gave me the injection. In about ninety days, I got to feeling much better. My joints limbered up and the pain started to go away. That burning sensation was gone. It has been disappearing ever since until it is gone. I feel very good, get around well, and do my own work”

Eunuchoidism

Joseph S., fourteen years old, was brought in by his sister, Dr. S., a physician. He was

considerably overweight and had the shape characteristic of the female, narrow shoulders, big hips, also the fine hair, soft voice, and the general impression of a girl. Examination revealed that the penis was infantile, the scrotum very small, merely a fold of skin and empty. The testicles were not present in the scrotum, nor could they be palpated in the canal. It was evident that this was a case of total eunuchoidism—the most extreme form of primary genital insufficiency. True eunuchism is where the sex glands are removed surgically or destroyed.

Both maladies are recognized as incurable. In extreme eunuchoidism, the glandular system that is defective involves not only the sex glands, but also the pituitary and others. There is no known way of restoring the deficiency so that a normal development can take place. However, the use of gland extracts and synthetic products may help reduce the female appearance to a little extent, but very slightly if at all; but the development of the testes and sex organs is not helped. So true is that that Meachin states in his text, "*The Practice of Medicine*," p. 862-865—'the treatment of primary genital hypo-function is almost as unsatisfactory as in the eunuch.' Since the eunuch has no testicles to stimulate or act upon, medical treatment is useless and so with this extreme form of eunuchoidism; whatever rudiment of testicle tissue that might be present in the body, it is not sufficient to show any effect of stimulation by gland therapy.

However, the inhibitative agency that prevents the proper development of the glands is present in a dominating way and what is needed is to remove it if normalcy is to be attained. Then nature can go ahead and complete the development of the pituitary and testes to their normal design and structure. What the nature of the inhibitative agent is appears quite clearly from the fact that it is destructible by oxidation inducible through an auto-oxidation. It thus belongs to the class of substances that are causative to both allergies and anergies, to cancer, and to hyperthyroidism, hypothyroidism, etc. It is able to act as an oxidation inhibitant and allow food material to accumulate as fat instead of being burned to produce energy. And it belongs to the class of fluorescent substances that can transfer energy away from chemical systems where it belongs, to systems where it does not belong. It may thus resemble the viruses and some other parasites in their means of obtaining energy or delivering it from where it belongs, according to Dr. Koch. In this way the tissues of the urinogenital ridge may be deprived of the energy required for their development, and when the interfering substance is removed, normal development can progress.

(Author's note: The boy was given a dose of Glyoxylide about fourteen years ago. He began to change very soon. In twelve weeks, he showed a marked development of the sex organs and his physique changed. In another three months, he was totally normal. The testes had fully descended and were large and firm. The penis was fully developed. He grew much taller; lost his fat hips, and his shoulders and jaws developed. He became a veritable "Marine." Years later during the war he joined the Marines and became a Corporal, is married and has children that are normal. This case should be studied closely as a pattern of a group of similar type.

The case is described by Dr. S. as follows:

"I am an osteopathic physician and surgeon. I practice in Detroit. I have a brother, Corporal Joseph S., age twenty-seven. He is approximately ten years younger than I am and I helped take care of him when he was a young boy. He is now in the United States Army at the Army Law College in Washington,

“When he was twelve or fourteen years old I took him to Dr. Koch for examination. He was very obese for his age and we were rather worried about his condition because he was always backward in school, also his general condition was bad. His genitals were not developed as they normally do in a boy that age. His testicles had not descended and the penis was very small; it was almost infantile. He did not respond to endocrine therapy.

“Dr. Koch was consulted and gave him an injection, and within three months he lost weight and his left testicle began to descend, and within the next three or four months they both had descended; his penis grew out. He grew taller and mentally he was more alert. His health is excellent. He is living a happy, normal sexual married life.”

Toxic Nodular Goiter

Mrs. M. Jones

Mrs. M. Jones, age thirty-five, in July, 1943, was examined by Dr. Julian F. Baldor of Tampa, Florida, and found. to have lost considerable weight, and to have suffered recently from excessive nervousness, tremor, pains in the legs, terrific heart palpitation, shortness of breath, and such extreme weakness that she had to be carried into the car to be brought to the doctor. The blood pressure had risen to 190 over 110, indicating a general sclerotic and dangerous hypertension. There was throat constriction and muscle twitching.

Examination revealed a woman with well-developed tremor and muscle twitching, exophthalmus, tachycardia, loss of weight and strength, nodular thyroid enlargement. The basal metabolism rate was 104, July 8, 1943. The heart failing. The systolic pressure in the next few weeks dropped to 170, while the heart heat became weaker and the diastolic pressure stayed up to 110, showing the fundamental toxic state was not abating. (Plate 34)

PLATE 34. The laboratory report of La Beneficial Espanola, in the Case of Moseitta Jones showing that her basal metabolic rate was plus 104%.

LA BENEFICA ESPAÑOLA
LABORATORY REPORT

Patient Monetta E. Jones
Address 916 E. Hamilton
Dr. Baldor
Date of Specimen 7/8/43
Date of Report Adm

Basal Metabolic Rate: Plus 104%

Pulse during test: 114

Body Temperature: 98.6 F.

Signed M. Falsch

From July 8 to November 10, 1943, iodine was tried with absolute rest and ice packs to the thyroid gland, but the condition steadily grew worse. She was inoperable. The iodine (which is only useful for a short time and which is only applicable to certain cases and not to the nodular type of toxic goiter) was not succeeding in preparing her for operation and the heart had to be protected from further toxic injury. The nodules on the thyroid kept increasing.

Therefore, since she could not be operated, the Koch Treatment was used. Two c.c.'s of Glyoxylide was given intramuscularly, and, in a few days, one could see that the trend of the disease was reversed. The tremor improved, the heartbeat stronger, she could soon get around on her own strength; the whole picture steadily changed so that by the end of the twelfth week she was back to work, a normal woman. The tremor was gone, the exophthalmus was gone, the nervousness was gone, the blood pressure was normal, 145/90, and later 140/80, had strength instead of weakness. The heart rate was 80 to 90. The thyroid was normal in size and the nodules were gone. Instead of being carried and helped, she was on the go, working.

Her basal metabolism, March 16, 1944, was a very fine normal, namely plus 6. (Plate 35)

PLATE 35. This is a metabolism report from the Laboratory of Clinical Pathology showing that Mrs. Jones' basal metabolic rate, after the Koch Treatment, was a fine normal "plus 6%."

LABORATORY OF CLINICAL PATHOLOGY
 911 CITIZENS BUILDING
 TAMPA, FLORIDA

HERBERT S. SMILLS, M. D.
 FELLOW OF THE AMERICAN SOCIETY
 OF CLINICAL PATHOLOGISTS

HOURS: 9:30 A. M. TO 6:00 P. M.
 PHONE 4008

SEROLOGY AND METABOLISM

PATIENT Mrs. Albert C. Jones **DR.** Baldor

BLOOD	SPINAL FLUID
Kolmer	Kolmer <i>Reap 35</i>
Kolmer Dose Serum	Colloidal Curve
Kahn	Cell Count
	Differential Count
COMPLEMENT FIXATION:	Smear for Bacteria
For Tuberculosis	Sugar
For Gonorrhea	Chlorides
For Echinococcus	Protein
	Culture
BASAL METABOLISM	
BMR plus 61	
Pale 100	
Temperature 98.6	
Pulse was taken after violent coughing spell.	

March 16, 1944
 (Date) *H. Smills*
 (Pathologist)

This was an instance where a life was saved which could not be done in any other way as experience shows. Moreover, instead of removing or destroying an important organ, it was made normal by removing the toxic cause of its pathology. This, too, was done in a physiological way. More than this was accomplished, the cause of the thyroid disease was the cause of an arteriosclerosis that affected the body in general, and it caused other injuries. The removal of this fundamental toxic agent, by a process of body cell normalized oxidation is an ideal accomplishment in medicine that speaks volumes of hope for future medicine.

THE TESTIMONY OF MRS. MOSETTA B. JONES

“I used to have a dance orchestra but I had to give it up. My hands became useless. I could not play the piano anymore. That was in February, 1943. First, my trouble started in my fingertips with throbbing. It seemed as if the blood circulation was half stopped. My hands began to swell and I could not wear my rings at all. I had terrific pains, and then I began having trouble with my legs. It went from one bone to the other. I began to have contractions of the muscles. My toes would draw up into knots. I was in such pain I could hardly stand it.

“I went to Dr. Baldor about it. He gave me first one thing and then another, but I did not improve any. He sent me to the clinic to have a metabolism test made, and after that started a different treatment. It was some drops. All the time I was taking on like crazy. I could not sleep at night; my husband had to lift me up in bed. My hands and legs got steadily worse. Finally, I got so bad my husband had to pick me up and put me into the car. I could not get in; my legs would just turn to water.

“I went back to Dr. Baldor, and he gave me the Koch injection. About two or three weeks later, I felt like a new woman. My strength came back, my legs and hands cleared up, and I can use them again. I now have a job demonstrating. I carry a suitcase weighing fifty pounds in and out of homes.”

Hay Fever and Hemorrhage Urticaria

THE CASE OF MRS. WANDA L. RYAN

Paraphrase of the Testimony by Dr. Wm. F. Koch

“I treated Mrs. Ryan in May, 1934.

“She had a multiple allergy and it expressed itself in a multiple of ways too. She had hay fever intensely. She had asthma. She had Urticaria of a hemorrhagic type, that is, the blisters that developed on her were bloody. Then, she had a bowel disturbance that went with it. She would blow up with gas and passed volumes of gas from her rectum. Besides that, there was a urinary disturbance.

“She had been under the treatment of someone at the University of Michigan Hospital, who had arranged a very skimpy diet for her which she was on, but her symptoms were just as bad anyway. They had made a number of tests, which, from the history, at least, would show that she was allergic to sixty or so different things.

“I gave her a dose of Glyoxylide, and, in the course of a month, she was very much improved; and in the course of three months, she made a complete recovery.

“She was allowed to eat anything on the list that I recommended. Yes, that was the Koch Diet, but she went beyond that and ate other things.”

(Authors' Note: It would be interesting to many to know that Mrs. Ryan still claims full freedom from her illness—in 1948. Can any other Treatment accomplish this?)

TESTIMONY OF WANDA L. RYAN

“I had a condition which was very bad. It lasted about a year and a half. It was like a severe hay fever. I was constantly sneezing, and had a discharge from my nose. It was naturally worse at times than others, but I was never entirely free of it during that time, in the morning, when I

awakened, and it usually took until noon before it cleared up. There were days, usually these periods lasted for two weeks, when I would be so miserable, I just could not do anything else but attend to my nose. My eyes would water and I just could not breathe. I just was not fit to do anything but look after myself during that period. I became very discouraged.

“Blotches would appear on various parts of my body, fairly good sized, dark in color, maybe kind of a reddish blue. They were distressingly itchy at first, and then the itch would disappear after six weeks or more, that is, that severe itching, but the blotch would stay there a year and in many cases, two. It did not appear on my face. These blotches were sort of pus-like at first. They would eventually dry. I had very much trouble with my bowels.

“August, 1933, I went to the University Hospital. They gave me skin tests and put me on a diet. There were sixty different things to avoid. In the spring of 1934, I went on a trip and I was very, very miserable. There were nights when I could not sleep at all; and when I was in the car, I just had no relief whatsoever all day long.

“In the meantime, Dr. Koch had come back from Europe and gave me the Treatment. I took another trip after the injection, about three weeks after, and I decided to eat what I wanted to. From that time, I have been able to tolerate anything and sleep on feathers and have a cocker spaniel. I began to have beneficial results within a month. It was perhaps two months when I was entirely free.”

Coronary Thrombosis

THE CASE OF DR. HENRY C. ARNOTT

Paraphrase of the Testimony by Dr. David H. Arnott

“On December 8, 1936, I treated my brother, Henry, for a very commanding seizure of coronary thrombosis and I gave him Glyoxylide.

“The following indicated he had coronary thrombosis. The history of walking down Young Street and being seized in Toronto a few days before with a pain in the center of his chest, which passed off when he rested, but this attack came on while he was sitting quietly in his own home, and it was not relieved by resting and was a very, very, severe attack, and the pain was there in spite of giving him morphine to make him unconscious. When he came out of the influence of the morphine, the pain was still there and the pain was in the center of the chest. My brother said it was a terrible pain; it was a terrible pain. My brother is a brave man. That is the diagnosis, sir, and he looked very ill.

“The Glyoxylide gradually relieved his pain and eventually he got up and around, and I am sure that the turn for the better came because of the use of the Glyoxylide.

“Electro-cardiograms were taken of my brother. They were taken sometime after I gave him the Treatment.”

(The documents referred to were marked Respondent's Exhibits No. 179 and No. 180 for identification.) (Plates 36 and 37)

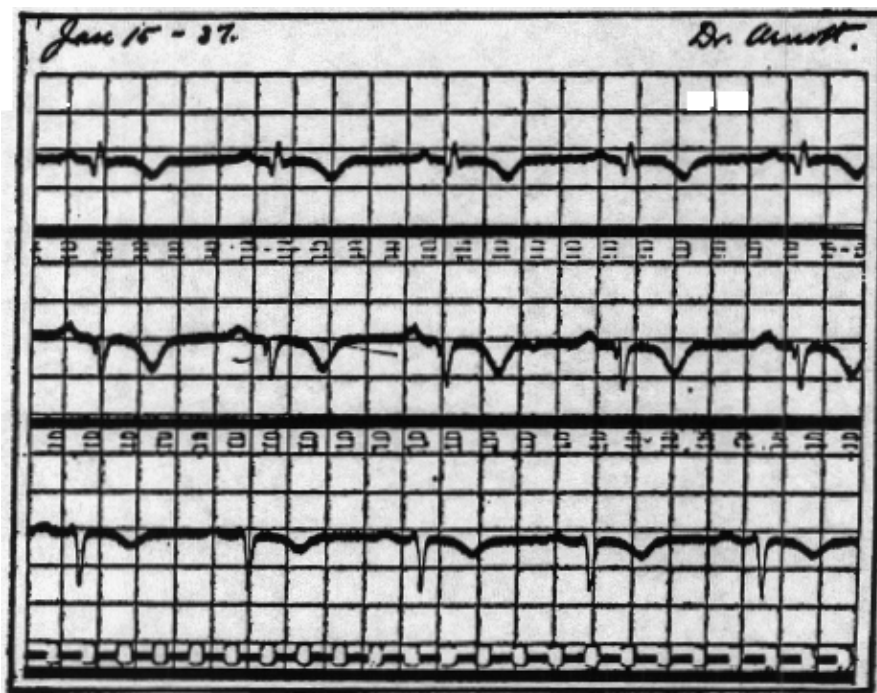
"Yes, these exhibits are the electro-cardiograms.

"No, I did not arrange to have them taken. These men were interested in my brother, and came out and took them, and it was all right with me.

"From the standpoint of my brother's condition at that time, I do not think that rest alone in bed would have brought him around. I say this because of the severity of the attack, the type of the attack. I think he would have died in a very short time.

"Coronary thrombosis is a common disease today. It is more frequent now than it was ten years ago. The vital statistics from Canada for ten years, as of 1940, show that 455 deaths take place out of every thousand due to angina pectoris and coronary thrombosis."

PLATE 36. The above is an electrocardiogram made five weeks after the Koch Treatment when pain was entirely gone, January 15, 1937, in the Case of Dr. Henry C. Arnott.



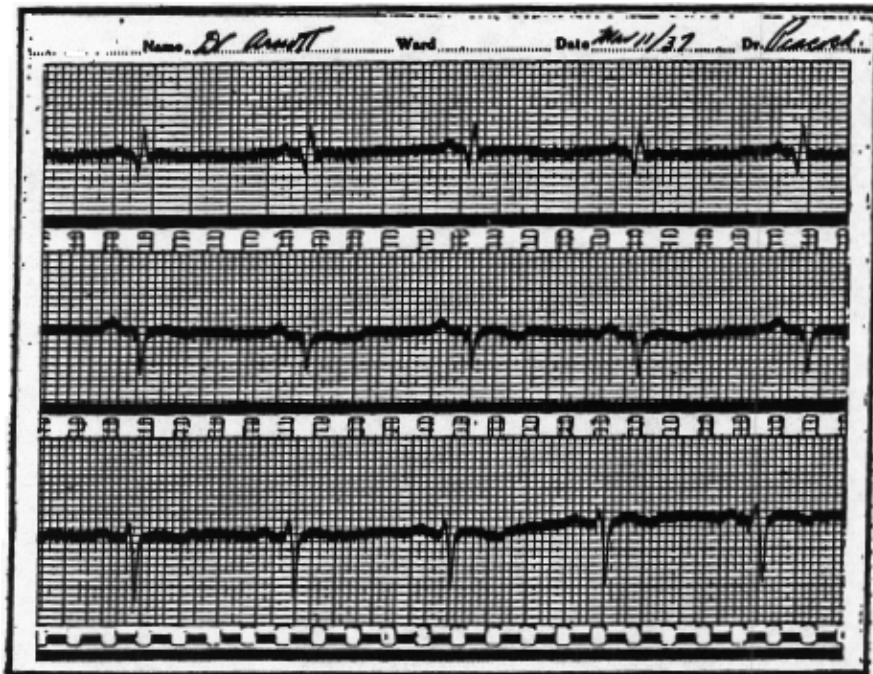
TESTIMONY OF DR. HENRY C. ARNOTT

"I live in Burlington, Ontario, am seventy-two years old, and retired from practicing medicine about six or eight years ago. I am an M.D. Received my medical training in part at Western University in London, Ontario, and graduated from the Detroit College of Medicine in 1898. I also got a degree in Edinburgh Medical School in 1898 or 1899. I practiced in Marlett, Michigan, and then I practiced in Hamilton, Ontario, most of the time. Dr. David Arnott is my younger brother.

“A few years ago I was in industrial medicine, and feeling as well as usual. I went to Toronto one day to get myself examined, and I had an attack on the street. I had a very severe pain in the pit of my stomach. I had to stand still to catch my breath. I had just had lunch, and thought it was acute indigestion. It passed off in a few minutes, and I went to the oculist to have my eyes examined. I went home that night, and went to work the next day, feeling as well as usual.

“Four or five days later, at dinner, I had a very severe pain in my stomach near the end of the meal. The pain was so terrific that I had to crawl upstairs on my hands and knees. My wife prepared a hypodermic, and I took a half-grain of morphine by hypodermic.

PLATE 37. The above electrocardiogram was taken eight weeks after that shown in Plate 36, indicating that recovery was established.



“My wife called my brother in London, and he came and gave me a hypodermic. I was in bed after that for practically four months before I was able to get out.

“In the light of what had happened to me, I realized that I had had several attacks. I did not know that I had an attack of coronary thrombosis when I was in Toronto. I thought I had an attack of acute indigestion, but in the light of what happened after that I am quite sure my previous attacks were heart attacks.

“This attack, when I was in bed four months, was preceded by a pain in my stomach. That epigastric pain was the dominating thing in my life. It was terrific, and the morphine I took didn't relieve me at all, as far as my sensations were concerned. There was no other pain. This pain in my stomach led me to diagnose my trouble as coronary thrombosis. Pain in the epigastric region is very often indicative of that.

“My brother told me that he had given me Glyoxylide when he came and gave me an injection at the time of that attack. I don’t think I could say that I could notice any change in my condition, I was too sick.

“In my own practice, I don’t think I have seen any case as severe as mine. From my experience, I thought I was through. I think that the rest in bed helped considerably, and I don’t think there is any doubt that the Glyoxylide had to do with it. I was very careful of myself for a time after that. I retired completely.

“I haven’t had any attacks since then. At the present time I am quite active. I am a gardener in the morning. I do a good deal of walking, and go up and down stairs as frequently as I like without any apparent discomfort. In fact, I think I am a pretty healthy man for my years.”

Psoriasis

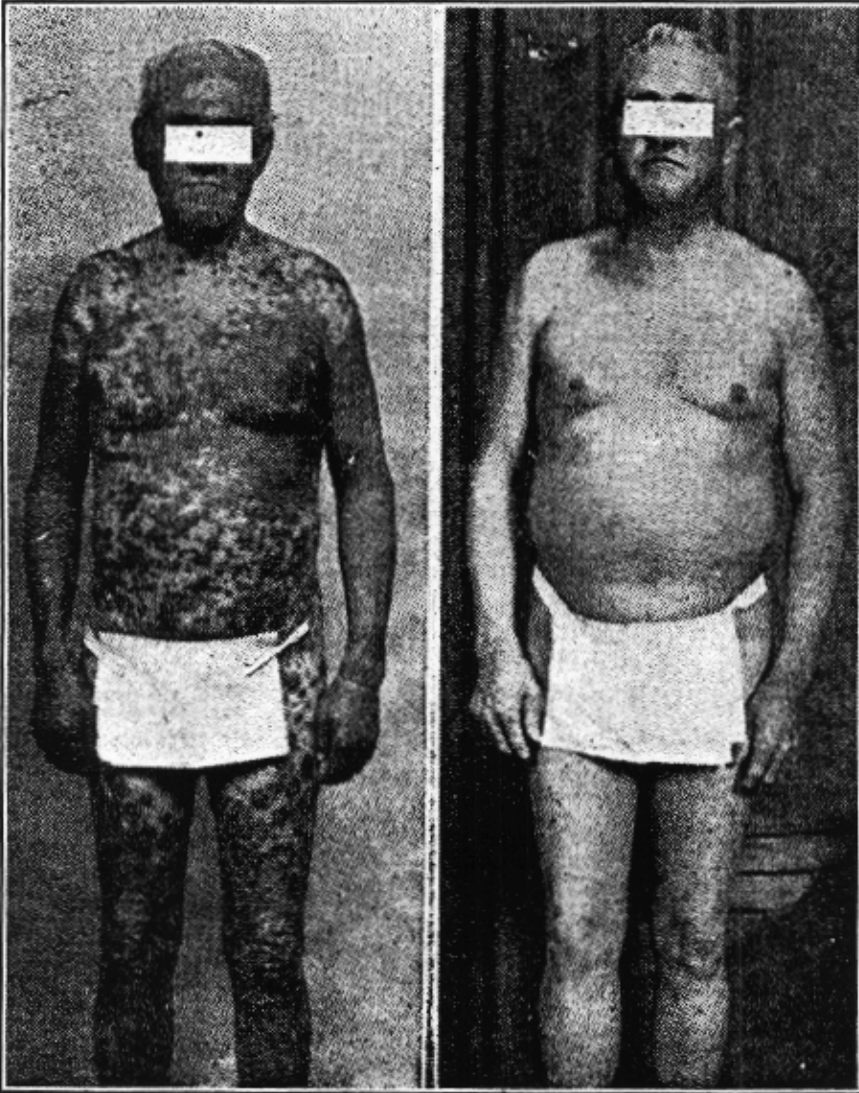
THE CASE OF HENRY W. COLE

Paraphrase of the Testimony by Dr. Chester Earl Dove

“I am an Osteopathic physician and surgeon and have practiced in West Palm Beach since 1919. Henry Cole came to me in July 1934. He was suffering from a condition we call psoriasis. He was in very much pain, complained about not sleeping. His skin, in places, was as dark as the ace of spades. In spots, where the epithelium had died and broken away and on other places on his back and body, the blood would come through his two shirts. He had large scales and when he would take off his shirt they would come off and fall on the floor.

“This condition was all over him, from his head to the bottom of his feet; his eyes, eyelids, ears, privates, and every other place, not a fraction of an inch apparently that was not covered. I put him on a diet for a few days and then gave him Dr. Koch’s injection, Glyoxylide. I consulted with Dr. Koch about the patient’s condition.

PLATE 38. The “before and after” pictures were made of Henry W. Cole, who made a complete recovery from psoriasis after the Koch Treatment was administered, according to sworn Testimony.



“He had some wonderful reactions as time went on, in a few months, he began to clear up at times and then he would have a reaction. During his bad reactions, that first six or eight months, you would think the man was getting worse, because it draws the poison out apparently and cleans out the system. Then he would get better, and he kept on that way until he was well. In October, 1934, I gave him another injection and have given him one every year or so since.”

(Note: This testimony was given before the Federal Trade Commission hearing held at Palm Beach, Florida. Dr. Dove saw Mr. Cole in January, 1948, and stated that Mr. Cole appeared to be free of his former disease, and in good health.)

TESTIMONY OF HENRY W. COLE

“I am 73 years old and a lumber mill worker. In 1931 or 1932, I began to have trouble with my skin. It came on gradually, first spots and it got all over me. I felt mighty bad. I would scratch it hurt. I was nervous and would jerk. I was covered from the top of my head to the soles of my

feet. I went from one doctor to the other. They gave me medicine and violet ray, but they did not help me. Dr. Brantly gave me a letter to Dr. Dove.

“Dr. Dove had photographs of me. The skin on both arms and under my chest was perfectly red and mostly scaly, but the smooth part looked like a raw piece of beef. My fingernails came off; the bottoms of my feet came off, the whole sole. It was just like ripping off a shoe sole and I had to take it out and bury it, it was so large.

“I could not sleep. When I lay down, it was like lying in a bed of ants, and they seemed to be all over me. Dr. Dove gave me several injections, the first around the 17th of July 1934. I just gradually got better, and about a year later, the condition was all gone, and it has never recurred.”

Appeared in Santa Ana (Calif.) Register and other newspapers in the west. September 7, 1950

Baxter's Views

Koch Therapy In Spotlight

By DAVID BAXTER
PART 1

Looks like we've really taken the bull by the horns in our little adventure into the realm of medicine. I haven't



realized how little I knew about it until I happened, by the grace of God, to mention Dr. Koch and some near-miraculous bona fide, certified cures of not only cancer but some

other ailments given up as hopeless by older methods. Since then I've been educated as fast as I can digest books sent to me on the subject, discussions with doctors, and with laymen who have actually had certain diseases. Doctors generally don't wish to be quoted but one of them, Dr. C. A. Newcomb, M. D. of Santa Monica, Calif. has, I am happy to say, given me permission to quote a letter he wrote, as a public service. It is as follows:-

"May I congratulate you on the stand you have taken for Dr. Koch. I have been a prescriber of Glyoxylide for over 15 years and Dr. Koch is a very close friend of mine. In fact I have had many patients who have taken the Koch treatment and some are living in Santa Ana and vicinity. If there were more men like you who were fearless, the public would greatly profit."

While I can't agree with Dr. Newcomb about being "fearless" I am glad he was willing to permit his name to be used by way of giving a good work a little moral support. Further correspondence with him has resulted in an invitation to actually let me see and talk with certain patients who have taken the Koch treatment and it may be that one or two of

them will give me permission to write about them.

Before going any further I wish to present my evidence for statements made about the case of tiny Judy McWhorter. It is in the form of an affidavit sworn to before a notary public in Parker county, Texas, June 28, 1950. It is as follows:

"To whom it may concern: In order to put on record the facts as known concerning the illness, treatment and recovery of our daughter, Judnita McWhorter, hereinafter referred to as Judy, we make the following statement...without promise of or hope of remuneration and having previously received no remuneration of any kind. After a normal birth Judy before the age of six weeks showed signs of illness. Her abdomen was enlarged, she was restless and her face did not show the repose of a healthy baby. Her physician was a doctor in good standing, a member of the American Medical association, and a man whom we trusted and still hold in high esteem, could find nothing wrong with her until her checkup and examination at the end of her eighth week. At that time the doctor found her abdomen hard and much distended. During the period from August 20, 1948 to August 27, 1948 a tentative diagnosis of cancer was made and X-rays were given altho the X-ray technician stated that it was hopeless to expect a recovery. By the time Judy was three months old the attending physician and another surgeon made an exploratory operation on Judy's abdomen at which time a biopsy was made. The physician reported to us that the biopsy showed a high degree of malignancy which involved 85 percent of the child's liver. They told us that nothing could be done to save Judy's life... Her life expectancy was placed at 21 days... For some time prior to this Mr. Joseph O. Noah, a neighbor and old friend of Mrs. 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 the treatment. When our doctor was consulted he assured us it was useless. He said he would not give it to his own child under the same circumstances and that it would be an unnecessary and useless infliction

of pain. He also made the statement that he would believe in the treatment if he could see one case recover from the use of it where a biopsy had shown positive malignancy.

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

"Dr. Koch's Glyoxylide was given by Dr. N. T. Mulloy of Cisco, Tex. The dose was injected into Judy's hip September 18, 1948. At that time and during the course of Judy's recovery Dr. Noah took a series of color pictures showing her progress. Previously he had taken two pictures at six weeks of age and before diagnosis of cancer... At the time the injection was given, Judy's abdomen was so enlarged that she could hardly breathe due to upward pressure on her lungs. The circulation on the surface had greatly increased and she had a bluish cast... Veins under the skin of the abdomen were plainly visible... At the time the Glyoxylide was given Dr. Mulloy expressed no hope of securing a recovery as he thought the case too far advanced.

"Within 10 days after treatment Judy showed definite reactions which raised our hopes. Shortly she began to pass large quantities of mucous with bowe movements. She also passed a large amount of water in the normal manner, sometimes requiring as many as 20 diaper changes a day. No medication was used after the Glyoxylide injection and only minor changes were made in the baby's diet... After treatment was given and until recovery was practically complete only one doctor saw Judy. That was the doctor at Azle, Tex., who removed the stitches from the healed incision about the middle of October 1948

Tomorrow we'll conclude Judy's case and give you some more fact about Koch therapy.

Wellsville Press

"Wellsville's Own Newspaper" (5)

VOLUME IV NO. 15

THE WELLSVILLE PRESS — FRIDAY, AUGUST 11, 1944

PAGE FIVE

Koch Wonder Drug Is Not A Fraud, Editor Claims After Trip To Detro

Sees Proof of Drug's Effect On Cattle Mastitis; Accuses

Veterinary Dean of Unfair Testing

(by Irving J. Zweig)

I have just returned from Detroit, Michigan where I observed the results of the treatment of dairy cows by a drug so revolutionary that it may someday turn the entire theory of human and animal medicine topsy-turvy. The whole thing is unbelievable. The drug has been denounced over and over again by the American medical association, it has been labeled a fraud, called nothing but distilled water, a fake cancer cure, valueless; its creator, Dr. William Frederick Koch has been brought to trial twice by the Federal Food and Drug Administration. Dr. Claude S. Bryan, dean of the Michigan State College veterinary association stated last March that the "material has not given one indication of being of any value in fighting the disease."

Yet I am firmly convinced that the drug is the greatest advance in medicine since the discovery of the "circulation of the blood" by Harvey. I personally have seen herd after herd of dairy cattle which were treated and cured by the drug. I spoke to farmer after farmer who will, if called on, swear that their herds are now free of mastitis and hange disease as a result of this treatment.

Some of these farmers turned to the treatment in desperation because penicillin had failed and they were threatened with losing their entire herds. And I personally know of people who have been cured of heart disease and a number of otherwise "incurable" diseases as a result of the Koch treatment. There are innumerable case records where the Koch treatment has cured polio, influenza, cancer and other diseases.

It seems impossible that organizations of doctors, veterinarians and drug men who are considered the healers of mankind should in this day and age try to block so wonderful a cure. Yet I am convinced in my own mind (without proof) that this is the case. I am sure of one thing. Glyoxylide will cure mastitis and hange disease in cattle. I therefore make this statement: Dr. Claude S. Bryan, dean of the Michigan State College of veterinary medicine is either a liar or he has not adequately and fairly tested the Koch treatment. I make this charge openly and challenge him to sue me for libel if it is false.

I can't as a layman verify the claims of this drug insofar as cancer, heart trouble, polio and other disease cures are concerned, but I do know a great deal about cattle. I know that the claims made for it, insofar as mastitis and hange disease are correct. And I therefore strongly suspect that its application to human beings

is just as beneficial and the claims made for it just as correct.

If this is true then the entire foundation of modern medicine is upside down. Modern medicine treats the effect and this medicine treats the cause. Modern medicine has specific cures for each ailment; the Koch method treats the body as a unit and makes the "body" cure the disease; modern medicine is based on the bacteria theory of disease. Koch, while admitting that bacteria produce the toxins that lead to disease, is not interested in killing the bacteria, but in stimulating or "balancing" the proper organs so that the "body" will neutralize the disease forming toxins.

Perhaps the reader does not yet gather the significance of these differences. In simple language the Koch treatment says to each and every medical college—you've been working at medicine from the wrong end. You've been doing everything the hard way and the wrong way. I admit that you can mend bones, that you can cure appendicitis by cutting out the offending organ, or tumor by the same method and that you can finally cure (sometimes) mastitis by injecting penicillin in the cow's teat. But why work at it backwards. Find out why human and animal bodies are subject to disease and then invent some chemical of high oxidizing characteristic to eliminate the cause. That's what I've done.

Well, imagine telling the medical profession which considers itself a perfect product of a perfect science that its methods are unscientific? Can you see why in the words of Willard H. Dow, president of the mighty Dow Chemical Co., Dr. Koch has been "crucified"? And can you see

why the drug industry, which stands to lose a fortune if the Koch treatment is adopted, would fight Dr. Koch. And can you see why medical specialists who have fattened on enormous fees from the gullible public would be against it. Why, if Koch is right, they lose their specialist status and their big fat fees, and you the public can save yourself a fortune in money and better health.

Are you beginning to get the point?

Now remember that I am not telling you that this drug, glyoxylide, is a cure-all for all diseases. Even the Christian Medical Research League which is now fathering the treatment claims only 40-60 percent cures for cancer. And it seldom works after the X-ray treatment has been used. It does not always work on other diseases and further research in producing other antibiotics similar to glyoxylide is now in progress. But even if, as the president of Dow Chemical Co. has said, it cures but 10 per cent of all cancer-cases, isn't it worth further study and extensive and fair testing by medical authorities? And why is your doctor afraid to use this drug? Why, if this drug is nothing but distilled water, does our government prohibit its sale in interstate commerce?—Why, if the drug is nothing but distilled water, has Dr. Koch been sued and sued and sued in the courts until he has literally been driven into doing his experimenting in Canada and Brazil? And why did the District of Columbia (Canada) department of agriculture in its official report state that "after careful study of the literature, the Minister (of agriculture) decided that an entirely new approach to the study

of this, and its treatment, has been found." "In so we have thought it well on record here, authentic data concerning an infectious disease for which except for the Koch is there is no known cure disease (mastitis) after some develop. There other available method maniae cattle against it, tion."

Could distilled water be of the experts in the de of agriculture of British Canada? Of course not body is playing tricks health and your life, Mr. America—somebody who deep-interest in your got perhaps—

To Dr. Koch, who will a copy of this paper, we bless you in your work. I forgive us for the years have tortured you by May He forgive us for of frustration that you I dured. May He forgive the shers in all the ner that you have had to re He forgive us for every that you have endured efforts to help a world th ed your efforts. God had what we have done to Galileo, to Copernicus, and Jesus and to Socrates and man who saw ahead of h man.

And may God forgive retract a word of this as of pressure from any sou

Editor Zweig is one of small town tors with courag closing paragra Dr. Koch is a c.

Member 1949
TEXAS PRESS ASSOCIATION

THE RADIO POST

WM. DIETEL & SONS, Publishers
Wm. Dietel, Editor Norman J. Dietel, Adv. Mgr.

Member of National Editorial Assn., Texas Press Assn.,
and South Texas Press Association

Entered as second-class matter September 19, 1935, at the Post Office
at Fredericksburg, Texas, under the Act of March 3, 1879.

ISSUED EVERY THURSDAY.

OFFICE PHONE NO. 9.

ADVERTISING DEADLINE: 5:30 P.M. TUESDAYS

SUBSCRIPTIONS PAYABLE IN ADVANCE, \$2.50 PER YEAR

Almost every week we get publicity from the American Cancer Society. Large funds are donated to this society to continue their research. About the only results that seem obvious today is that medical men continue their experiments with surgery, with radium and X-ray treatment. To the layman the results obtained by this treatment are null. The majority of citizens have arrived at the point where they distrust the medical treatment. It seems the research is being conducted from the wrong angle. One fact is certain, medical men believe their method is the only one and continuing their research along former lines must get results some day. Perhaps it will get results, perhaps some day mankind will be cured from this dreaded disease. Until then, however, the medical research has decreed that mankind must die from cancer, the public being fed with statements like: False notions about causes of cancer are hindering control. Unfortunately, we do not know what causes cancer, but we know that old fashioned ideas about cancer are not true.

WJD

I am reading with interest, and everybody else who has the opportunity will read with interest, The Birth of a Science by The Lutheran Research Society, Inc. of Detroit, Mich. This book contains a great deal of data from federal court records taken from the trial of a Detroit physician. The federal food and drug department brought this physician to trial. An injunction prevented him from continuing his work for years.

As you read the book you wonder, did this happen in Russia or in our own United States? It is not conceivable to ordinary citizens that the power behind the American Medical Association using the federal bureau as instigator would use every means, some questionable, to prevent a physician from curing people who have cancer. But such is the story contained in this book. Like myself, a majority of citizens will want to know, why it is that a national association of physicians will use every effort to prevent the cure of people of the ravishes of cancer by any other method than their accepted method?

WD
Luckily not all physicians agree. However the medical association has so much power that it has ruined many a physician who dared to oppose the commands of the power behind the association. What the boss in this association is carrying out is the same that the labor boss is doing. Individual members can not exercise their right. Unquestionably the time is near at hand when the power behind the medical association will be displaced. The general public and independent physicians will demand that the public benefit by newer methods dealing with health of people. If there is a remedy for cancer, it should be available to the public; if there is a remedy for diabetes, it should be available; if there is a remedy for polio, it should be available.

WD
Physicians, although they have to get as wide an education as any living being, are bound by traditions regardless of their learning. It seems that learning should at least make people free from dogma, but it does not. It is as difficult for the physician to get away from the teaching of his profession as it is for the illiterate to get away from superstition. Every reformer, the branch of medicine included, had to fight for his principles. Often these reformers were ostracized. Great reformers in the field of medicine were often denounced as quacks. Using vaccine to prevent small pox was bitterly fought by the profession. Today, after small pox vaccination is accepted, any other method to deal with the disease is fought as bitterly. Small pox is merely mentioned as an example. The Detroit physician with his cancer cure discovery may never earn the results of his labor in this country, he is continuing his work today in Brazil, but time will come when his discovery will be a cure for thousands of people afflicted with cancer. The American Cancer Society may speed up the coming of this time, but this society will not accomplish anything until they start their approach from a different angle.