CHAPTER 4

PROOFS OF REVERSIBILITY

Official Test

The first official cures of cancer of the vital organs in the far advanced stages were had in 1919 under the auspices of the Wayne County Medical Society branch of the American Medical Association. Five cases were selected by an officially appointed committee of surgeons and one pathologist numbering five in all. The cases were officially selected as fit for the test, and the test was officially closed three weeks after the patients were treated and improvements began to show. Five years later it was seen that three of the cases were cured and possibly a fourth who lived too far away to be examined, but through the results in his case, new patients were sent to the writer, five years later. One of the test patients with cancer of the uterus, proven at laparotomy as extending throughout the abdomen and perforating the stomach so as to cause severe bleeding, lived fifteen years in good health after the Treatment, died from an accident, and the coroner's autopsy showed no cancer was present, and the cause of death had been a brain injury. Yet the Official A.M.A.-W.C.M.S. Committee reported no results, and the W.C.M.S. Cancer Committee that was appealed to five years later to change the false report, refused to do so and summarily denied all the diagnoses made by the Official Committee. The cures, however, could not be denied. They refused any further tests. No other official test was ever made. Every request for one has been refused. But the false report is still being circulated.
(A complete record of the W.C.M.S. research is reprinted in Dr. Koch's article, *A Vindication of My Patients,* is available on this website*)*.

NATIONAL STATISTICS

Cancer mortality statistics during the decade, 1920 through 1929 inclusive, for the six largest cities of the United States, reported by Hoffman, in the "*Spectator*", and elsewhere while we specialized in cancer treatment at Detroit, are given below. Since the only variable that entered the picture was our own therapy, we take the credit for the drop in the death rate in Detroit and its lesser increase in cities that sent us patients, as compared to the high increase in death rate in all largest cities that did not send us patients. While Philadelphia and Los Angeles showed a 30% increase in this decade, Detroit showed a drop of over 20%, and it was the only large city that showed any fall whatever in the death rate from cancer.

National Statistics

Individual case studies that support this thesis are taken from the testimony of collaborating physicians in the U.S. Federal Court where they were proven factually incontestable. They demonstrate the different features of the reversibility.

SIX LARGEST CITIES IN 1930	CANCER DEATH RATES (per 100,000 pop.)		
	1920	1923	1929
New York City	107.9	106.0	115.4
Chicago	104.9	103.7	107.7
Philadelphia	103.9	116.3	135.8
Detroit	96.7	67.4	74.5
Los Angeles	96.8	130.4	128.1
Cleveland	93.8	89.9	104.2

UTILITY IN GENERAL PRACTICE

What is most important to the physician is the field of utility of Synthetic Survival Factor Therapy. The following table is contributed by Dr. Wendell Hendricks as part of a paper given before a convention of collaborators who were making observations with this Therapy. The best showing is in the viral diseases which gave a 100% recovery rate, measles, mumps, infantile paralysis, and the acute infections as gonorrhea, rheumatic fever, sinusitis, etc., and influenza. The poorest showing was in Arthritis Deformans which gave only a 50% cure rate. This disease is 100% incurable otherwise, however, and perhaps the patients did not stay with the Treatment long enough to give it a chance. In the 100% incurable hyperthropic type of arthritis a cure rate of 82% of 144 cases is certainly a good service with observations showing the permanency of the cures over a period of 4 years of checkup.

NAME OF SICKNESS	Number of cases	Age of patients	Average weeks between reactions	Time required for cure	% of cures	Years since cured
Allergies nasal	282	1-70 yrs.	9	18 w.	82	6
Acute Tonsillitis	61	2m-54 yrs.	0	3 d.	100	4
Chronic Tonsillitis	20	2-84 yrs.	3	6 w.	80	3
Vincent's Angina	35	2-57 yrs.	0	6 d.	89	4
Arthritis Deformans	16	22-57 yrs.	9	36 w.	50	5
Arthritis Hypertrophic	144	24-82 yrs.	9	27 w.	82	4
Gonorrhea	15	22-55 yrs.	0	3 w.	100	3
Bronchitis acute	64	2m-56 yrs.	0	2 d.	94	4
Bronchitis asthmatic	460	1-69 yrs.	9	27 w.	80	6
Bronchitis chronic	35	3-67 yrs.	3	18 w.	80	4
Brucellosis	35	29-58 yrs.	9	18 w.	93	3
Coccidioidomycosis	70	7-63 yrs.	0	3 w.	95	3
Cholecystitis	44	26-58 yrs.	3	18 w.	84	2
Coryza acute	100	6m-74 yrs.	0	2 d.	100	5
Eczema	120	1-68 yrs.	9	27 w.	80	6
Rheumatic Fever	20	4-11 yrs.	3	6 w.	100	3
Gout	10	30-55 yrs.	0	12 w.	90	6
Influenza	51	8-65 yrs.	0	8 d.	100	3
Nephritis acute	22	6-66 yrs.	3	6 w.	90	3
Nephritis Chronic	20	22-68 yrs.	6	18 w.	85	3
Neuritis	67	17-84 yrs.	0	3 w.	85	4
Pneumonia	22	1-69 yrs.	0	6 d.	82	3
Poliomyelitis acute	10	3-16 yrs.	0	3 d.	100	4
Poliomyelitis chronic	2	23-33 yrs.	9	18 m.	100	3
Syphillis chronic	10	24-47 yrs.	9	36 w.	80	4
Sinusitis acute	38	12-63 yrs.	0	3 d.	92	3
Sinusitis Chronic	27	2-66 yrs.	3	18 w.	78	3
Urticaria	75	1-72 yrs.	9	18 w.	88	4
Combined total of measles, whooping cough, mumps and scarlet fever	66	6m-36 yrs.	0	3 d.	100	3