

William F. Koch, Ph.D., M.D.

Physician, Scientist and Humanitarian

By

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During his lifetime, Dr. William F. Koch presented to the world medical community a new concept and method for the treatment of cancer and its allied diseases based upon his medical research and studies of the body's natural immune system.

One might ask, who was Dr. William F. Koch (1885-1967)?

Dr. William F. Koch¹ elected to attend the University of Michigan in 1905 where he studied chemistry under professor Moses Gomberg, Ph.D. (1866-1947), the father of the chemistry of free radicals. Dr. Koch received his B.A. in 1909, M.A. in 1910, and Ph.D. in 1916 from the University of Michigan. While in graduate school and attending medical school at the U. of M., he was an instructor in Histology, Physiology and Embryology. Also, while at the U. of M., Dr. Koch was taught the principals of Homeopathic Medicine from Dr. A. W. Dewey, Professor of Materia Medica and Therapeutics, University of Michigan College of Homeopathy. Dr. Dewey wrote the following in 1926:²

Dr. Koch was a member of my family beginning in 1907. He lived with me during his collegiate years in the University of Michigan. He was in my home when he took his B.A., M.A., and Ph.D. degrees. He was with us when he served as instructor on Histology, Physiology and Embryology in the University.

My wife was a mother to him, my son a comrade and I was a sort of medical father to him, perhaps of the 'Poor Papa' kind. But in our affections he remains and always will remain a member of our family.

In 1914, Dr. Koch was appointed Professor of Physiology at the Detroit College of Medicine and subsequently became Chairman of that Department. While conducting his independent cancer research and at the same time teaching physiology and physiological chemistry at the Detroit College of Medicine, he completed his medical training and received his M.D. degree in 1918 from the Detroit College of Medicine.

Dr. Koch's medical research was from a physiologist's point of view. This research started with his studies at the University of Michigan and it opened the door to his understanding of the basic causes of disease conditions and how the body fights off the toxic state caused by diseases. Through this research, Dr. Koch was able to develop his theories on how the chemistry of the natural immune system of the body worked. He then applied these theories in the treatment of different disease conditions by working with the body's natural immune system, not against it as so many medications and present day cancer

¹ Upon graduation from High School in Detroit, Michigan, William F. Koch was the winner of the National Scholarship for Chicago University, Chicago, Illinois.

² The Koch Cancer Treatment, Bulletin of the Koch Cancer Foundation, October, 1926, p. 3.

Please note that the emphasis and underlining used herein are those of the author of this paper.

treatments do.

Initially Dr. Koch's research interest focused on the function of the parathyroid glands. He wrote several papers on this subject concluding that the *tetany*, which followed the removal of the parathyroid glands was not due to a disturbance of the calcium metabolism but instead *resulted from an accumulation of certain toxic substances in the body*. He also observed that the urine of the animals without parathyroid glands *carried large amounts of lactic acid*, which meant that the oxidation process was badly handicapped by the substances that were produced in the parathyroidectomized animals. *These substances had blocked the normal tissue oxidation process*. This turned out to be a momentous discovery, which paved the way for his original cancer research. By studying the tissues that survived the longest, he found out that the common feature was the presence of the di-carbonyl groups. This discovery led to a study of the tissue oxidation process and its relationship to cancer. Building on these discoveries, Dr. Koch began to study how the body's natural immune system functions in fighting off other disease conditions. As a result he developed his theories on the chemistry of natural immunity, a revolutionary approach to the understanding of human diseases.

Early Research Papers By Dr. Koch

The following provides a very short overview of the development of Dr. Koch's medical theories from the point of view of a physiologist. The reader is invited to follow the evolution of this thinking and how his theories evolved from his original research on the parathyroidectomized animals.

Dr. Koch's first three research papers were written while at the University of Michigan when he was investigating the functions of the parathyroid glands. These papers included: 1) *On The Occurrence Of Methyl Guanidine In The Urine Of Parathyroidectomized Animals*,³ 2) *Toxic Bases In The Urine Of Parathyroidectomized Dogs*,⁴ and 3) *The Physiology Of The Parathyroid Glands*,⁵ It was also at this time that Dr. Koch started his original cancer research. *Tetany And The Parathyroid Glands*,⁶ was his fourth research paper on the parathyroid glands that was written at that time he was Professor of Physiology and Physiological Chemistry at the Detroit College of Medicine.

In 1913, it was Dr. Koch's second publication that alerted the interest of the editor of the Journal of the American Medical Association that he had come upon a new approach to the understanding of the function of the parathyroid glands and their relationship to toxicity and to disease. In the J.A.M.A.'s editorial *Chemical Consequences of the Removal of the Parathyroid Glands*, Sept. 27, 1913, Vol. LXI, No. 13, p. 1049, the editor reported on the importance of this research. This editorial concluded with this statement:

³ Journal of Biological Chemistry, Vol. XII, No. 3, 1912.

⁴ Journal of Biological Chemistry, Vol. XV, No. 1, 1913.

⁵ The Journal Of Laboratory And Clinical Medicine, Vol. No. 5, Aug. 14, 1916.

⁶ Medicine and Surgery, Jan. 1918.

The outcome of the discovery of the toxic bases in the urine is the suggestion of Koch that the parathyroid secretion appears to be concerned also with anabolic processes related to the synthesis of nuclear contents. Whether or not such a hypothesis can be further substantiated remains to be seen; in any event the *final successful isolation of recognized toxic chemical products of traceable origin has paved the way to definite conceptions and specific lines of inquiry where hitherto the explanations have been vague and the outlook unpromising.*

This parathyroid research of Dr. Koch was subsequently confirmed by the research of Professor D. Noel Paton three years later. In *Part IV, The Parathyroids: -Tetania Parathyreopriva*, Professor Paton wrote:

Lastly, the observation of Koch that methyl-guanidin appears in the urine of dogs after parathyroidectomy seemed also to hint at the connection of such compounds with the onset of tetany. In Professor Paton's conclusions to Part IV, he said: The symptoms of tetania parathyreopriva are not primarily due to decrease in any constituent of the body, e.g. calcium ions; and The Symptoms are identical with those produced by the administration of salts of guanidin and methyl-guanidin. In Part V, Professor Paton goes on to say: W. F. Koch in 1912 and 1913 recorded the presence of increased amounts of guanidin, methyl- and dimethyl-guanidin, along with other bases in the urine of dogs after parathyroidectomy. At the end of Part V, in his conclusion he stated: There is a marked increase in the amount of guanidin and methyl-guanidin in the blood and urine of dogs after removal of the parathyroids and in the urine of children suffering from idiopathic tetany. (Department of Physiology, University of Glasgow - September 11th, 1916).

Subsequently, Professor Paton, received the Triennial Prize in Medicine from Harvard University for his research on the function of the parathyroid glands in 1918.

Professor Meyer Bodansky, Ph.D., in his textbook *Introduction To Physiological Chemistry* (1927) p. 327 wrote:

Certain physiologists (Koch, Noel Paton and others) have attributed the symptoms of parathyroid tetany to guanidine or methyl-guanidine, which Koch found to be present in the urine of parathyroidectomized dogs. According to this view, the parathyroids control in some way the metabolism of guanidine. In the normal animal, guanidine is presumably detoxified by these glands.

In July 1919, after nine years of cancer research, Dr. Koch published his preliminary report on his cancer research to the medical profession, "A New And Successful Treatment And Diagnosis Of Cancer," in the *Detroit Medical Journal*. At that time he was seeking the assistance of local oncologists that could provide

him with several hundred cancer cases to treat for a final report on his cancer research. I quote the following from this paper:

A NEW AND SUCCESSFUL TREATMENT AND DIAGNOSIS OF CANCER

By WILLIAM F. KOCH, Ph.D., M.D., Professor of Physiology,
Detroit College of Medicine and Surgery; Research Pathologist to
the Woman's Hospital; Director of Laboratory to the Jefferson
Clinic

"Statistics show that there are over 200,000 cases of cancer in this country alone. The mortality is one out of eight for females, and one out of twelve for males, in spite of the great advances in diagnosis, surgery, and in the use of X-ray and Radium. It is hardly to be wondered at that the successful treatment of this disease should be sought in some other field of endeavor, as chemistry, for instance. I am glad to be able to announce that such a search has not been barren, and that indeed a number of inoperable cancer cases have already been clinically cured through a bio-chemical treatment with which a fair portion of the Detroit Profession is now familiar.

"It is the purpose of this paper to explain briefly the history and principle of this treatment in order to engage interest and co-operation in this very necessary work.

"In 1912 and 1913 (1), I reported the occurrence of the toxic quantities of guanidine, methyl-guanidine and other alkylated guanidines in the urines of parathyroidectomized dogs, and concluded that these substances were responsible for the symptoms and death of such animals. In 1917 (2), this work was amply confirmed at the University of Glasgow. In the meantime, I was able to isolate from parathyroidectomized dogs' urines the precursor of the guanidines, namely, methyl cyanamide. (3) This substance is formed by other body cells than those of the parathyroid glands after parathyroidectomy quite quickly combines the amino group liberated in the metabolism of amino-acids and thus becomes a guanidine.

"I was never able to isolate guanidine from any normal tissue or unputrified protein. So it was presumable that whatever guanidine was formed in the body had its origin in a cyanamide. Now by preparing the protein of the various living organs so as to kill immediately all the ferments, dry it, and free it from all fats, those groups, which are metabolically active, are preserved for study. And by applying a certain chemical compound which readily binds the cyanamide group, it appeared that all normal tissue proteids contained this group. On testing cancer proteid, however, a peculiar behavior was observed which differentiates cancer and normal protein.

"This substance when purified, taken up in water and immediately injected subcutaneously into a cancer patient, causes practically no local reaction; but instead, after about 24 hours, a very decided focal reaction takes place. Wherever the cancer tissue may be, its' cells are killed, their ionic concentration increases, the osmotic pressure increases, they take up water, swell and disintegrate. The swelling causes pain and the

absorbed, disintegrated products are oxidized causing fever.

"Those two things, focal pain and fever, constitute a reaction which lasts all the way from 6 to 48 hours, depending upon the amount of cancer tissue killed, and of course this depends upon the quantity of substance injected. Such a reaction occurs only in cancer cases and only in the presence of cancer tissue. After the cancer tissue has disappeared, no more reaction can be elicited, no matter how large an injection is given, an important diagnostic aid. The specificity of the substance for cancer is evidenced by the fact that while giving these injections in rapid succession (that is daily or every two days for a period of five weeks), a blood count will rise from 2,850,000 to 4,600,000 red cells and the haemoglobin from 37% to 82%. Thus the delicate red cells are not injured. At the same time a mass of cancer tissue, the size of a large cabbage, will entirely disappear, and all the signs and symptoms of the particular cancer will disappear with it, function return, and the patient become clinically cured.

"Stomach, liver and rectal cancer clear up the quickest. Uterus cancer responds slightly more slowly. Squamous cell carcinoma responds about one-half as fast as stomach cancer. No cases of cancer that have previously received X-ray or Radium treatment respond to this treatment at all since these agencies have altered the chemistry of the cancer cell. I therefore, cannot make any statements regarding breast cancer, since those breast cases that I have treated have all been previously rayed.

"Before presenting a few brief case descriptions, I wish to express my gratitude and appreciation to Dr. Carstens, Dr. Judd, Dr. Paterson, Dr. Irvine, Dr. Palmerlee, Dr. Palmer, Dr. Blain, Dr. Watkins, Dr. Hewitt, Dr. Friedlander, Dr. Hackett, Dr. John Burleson, Dr. Ash, Dr. Van Baalen, Dr. Hurst, for the excellent cases they have offered and for their kind co-operation in the treatments of their cases. I think that interviewing them would prove more interesting and instructive than any mass of details that I could here append. (Seven cases were briefly reviewed in this paper:)

"It appears from these brief case histories, that each injection does its work and that the growth does not become immune to the treatment, that destruction of the cancer removes all its noxious activities as eroding blood vessels, nerves, etc., and that the toxic products are no longer generated, so that the cachecia disappears and a return to the normal strength, body weight and blood count ensue.

"I believe that you will appreciate the importance of this cancer work and believe that you are all interested in my request for co-operation. I wish to work up very fully several hundred cases for final report. I shall be glad to interview anyone regarding this matter, but for reasons that you will appreciate, wish only cases that have not received Ray treatments."

BIBLIOGRAPHY

- (1) Koch Jour. Biol. Chem., 1912, Vol. XII., p. 313; Jour. Biol. Chem., 1913, Vol. XV., No. 1, p. 43.
- (2) Paton, Findley, Watson, Burns, Sharp, Wishart, Quart. Jour., Phys. 1917, Vol. X., Nos. 3 and 4.
- (3) Koch Jour. Of Med. and Surg., Jan., 1918, pp. 1 to 9.

This preliminary medical report was subsequently read by a local reporter who then investigated Dr. Koch's medical research. On September 7, 1919, The Sunday Edition of the Detroit News published a half-page article⁷ on Dr. Koch's cancer research and treatment with favorable comments by several leading Detroit oncologists.

a) Dr. Alexander W. Blain said:

"Dr. Koch is one of the most brilliant physiological chemists in the country....what he has done is this: 'He has made people well who were so far gone with cancer that they had only a few weeks to live. Several patients he treated for me are working hard and enjoying life a year after they should have been dead...I believe—even if he has not discovered an absolute cure for cancer, he has added years to the lives of cancer victims....What he has already done is a boon to humanity and a great step forward in physiological chemistry'."

b) Dr. Walter L. Hackett said:

"There is no question of Dr. Koch's sincerity and ability.... I have enough confidence in his treatment to let him inject his serum into any cancer patient of mine. I had, as a patient, an old woman who was very far gone. At Koch's suggestion, I operated on her and took out such cancerous growths as were apparent. Later, the cancer grew again. Dr. Koch gave her four injections and she is now apparently entirely well. I have seen some excellent work done with radium, but never anything so remarkable as this. Dr. Koch should be given every opportunity to prove the value of his treatment."

c) Dr. C. Hollister Judd, President of the Medical Board, Women's Hospital said:

"When we stop to consider that one woman in every seven and one man in every 12 have cancer, the importance of the work Dr. Koch is doing can not be overrated, though it is too early to say that he has a cure for cancer. He has been working under many handicaps. The cases given him have been the 'hopeless' ones, where the surgeons saw the uselessness or impossibility of further operation, and his treatment has shown remarkable results."

At the time Dr. Koch had been experimenting with twenty-two different compounds to determine the degree of therapeutic effect each may have on different forms of cancer. This unofficial experimental cancer research had been conducted by Dr. Koch with the full cooperation of a group of local A.M.A. doctors, who permitted their terminal cancer patients to be treated by Dr. Koch in various Detroit Hospitals.

Subsequently certain doctors, members of the Wayne County Medical Society, publicly took great interest in Dr. Koch's cancer research and treatment and they came up with their plan on how they would promote his cancer treatment throughout the United States⁸. When Dr. Koch would not go along with

⁷ Reports New Cancer Serum, Sunday Detroit News, September 7, 1919.

⁸ Doctors See Progress In Cancer Fight, Wayne County Medical Society Plans to Give New Serum to the World.

their plan, because he was still in the research and development phase of his cancer research, these doctors became antagonistic to him. At the time, Dr. Koch knew that it was premature to release detail information on the composition of the twenty-two substances he had been working with since he knew at that time that some of these substances had some therapeutic activity on certain forms of cancer and other substances had no curative effect at all. He also did not want incompetent doctors to try to duplicate his research and fail, because their failure would bring discredit to his research. After some members of the Wayne County Medical Society's Cancer Committee failed to live up to their commitments to Dr. Koch for conducting an investigation of his discoveries, he wrote the following letter on December 22, 1919, to his medical society in which he reviewed the history of his medical research and the aborted investigation of his cancer treatment by the medical society.⁹

WM. F. KOCH, A.M., Ph.D., M.D.
Detroit, Michigan

December 22, 1919

"To the Wayne County Medical Society:

"Gentlemen – A committee appointed by the Wayne County Medical Society met me last Friday and requested me to present information regarding my cancer treatment.¹⁰

"I was told the information was desired so as to ascertain:

1. Whether the work was worth continuing.
2. To dispel misunderstandings and prevent further false reports that have arisen against my methods.

"Now the first question requires no answer. This method has tentatively cured a sufficient number of cancer cases to demonstrate that there is a scientific principle underlying it. This principle needs development, both chemical and clinical, so there can hardly be any question about whether the work is worth while.

"The second question can be answered by a short history of this work.

- 1 " Only cases beyond other means of help have been treated by me. For a long time, indeed, most of the cases that have come to me were moribund before treatment. A large number of these cases needed most urgent relief from changes secondary to the cancer. They offered material for experiment rather than cure.
2. "The first compounds used were tentatively curative in carcinoma of gastrointestinal and endometrial origin, but there was the

⁹ Letter of December 22, 1919 to the Wayne County Medical Society attached.

¹⁰ Note that Dr. Koch refers to his treatment as a "cancer treatment", not a "cancer cure"; it was the Wayne County Medical Society refers to this treatment as a "cancer cure".

possibility of preparing a large number of closely related compounds all of which should possess some positive or negative value in treating cancer. Moreover, there were types of cancer that did not respond to the first series of compounds and the fact that rayed cancer was clinically different from unrayed cancer made it paramount to prepare as many of the compounds of the series as could be prepared and to try them clinically for positive or negative value. Most of the time since last March was spent preparing and testing these compounds. Now, when we remember that the rule in advanced cancer is that the patients run their course and die, instead of getting well, as in pneumonia, for instance, and since the vitality of my patients was, as a rule, very low, and because they were treated by compounds of uncertain action used in sequence as they were prepared, the number of tentative recoveries was necessarily small; but yet some valuable information has come from the small amount of autopsy material. Likewise, pieces of tissue removed during treatment have given valuable information. Of the clinical results, a number of tentative cures have been established, also a number of clinical improvements, all of which has demonstrated that among the 22 compounds used, as far as can be judged from the small number of cases treated, one compound specifically kills cancer arising in the gastrointestinal tract and endometrium and endocervix; one compound kills breast cancer of one type only, specifically; one compound kills rodent ulcer specifically. Several compounds have no demonstrable effect, and several recently prepared compounds very markedly increase the rate of growth of cancer of the gastrointestinal tract and prostate.

"So much for the results to date.

"The maintenance of the work was for the first year entirely personal. The meager facilities of the Laboratory of Physiology of the Detroit College of Medicine and Surgery were used then also. Since March about 30 percent of my patients have contributed to the work. The other 70 percent are treated free.

"In regard to cooperation: I am greatly indebted to those member of the Wayne County Medical Society that have given their clinical support. I believe they are physicians in the true sense of the word. It must be expected, however, that the necessary element of falsifiers have in their number those and their adherents who at one time expected that financial advantage would accrue to them from the work. Moreover, there always are those who are jealous.

"My aim is entirely idealistic, and so far as I know now, I shall contribute my findings in every detail only when I can establish them completely scientifically, so completely, indeed, that any question can be answered by the scientifically obtained facts in hand.

"In order to establish this work in such a way, money is needed to pay a clinical staff. Ehrlich was given a million dollars to find a remedy for syphilis. I have attacked this heretofore impossible cancer problem on my own resources, together with the very small facilities of my college laboratory.

"From this effort something tangible has developed, which, if applied in the treatment of cancer, should relieve many sufferers, and which, when scientifically extended, should afford new means of relief.

"Whether or not the Wayne County Medical Society wishes to cooperate with me is up to the society. The cooperation must be spirited. In the first place, the attitude expressed in the editorial in the Bulletin of December 22 must be corrected. The first paragraph of this editorial is false, as the editor could have easily determined if he had taken the trouble to ascertain. The third paragraph is also a misrepresentation. The Board of Health and the Wayne County Medical Society offered something which at first promised to become the long hoped for chance for a scientific study, but very soon proved to be only an opportunity for something not worth while, simply a preliminary clinical report.

"Such a report we already have, and no report is of value unless the compounds are reported. This I will consent to do only when I can make a scientific report showing the how and why certain compounds act on cancer.

"To make such a report, a clinical staff and at least one paid chemist and one assistant chemist is necessary. I was not able to secure a chemist under less than one-year contract, and the beds at Herman Kiefer hospital were not allotted for that time. Indeed, the superintendent informed me four weeks after the beds were granted that they would be needed for contagious diseases. No working arrangement could thus be made for the desired report. Then the committee did not cooperate with me. One member never visited the hospital and only attended the final meeting to subscribe his name to the report of my negligence.

"Another member, who is supposed to have a corner on cancer tissue, when this work was first started and when I was introduced to him to ask for cancer material, turned his back on me and refused the introduction. Other members of the committee, who seemed to be fair and unbiased at first, soon came under the sway of those whom they knew and said were distinctly unfriendly to me and my work. There was thus no common aim and could be no cooperation.

"The fourth paragraph says I promise much and charge well. Nothing is further from the truth. I promise nothing. My patients know this, and I require them to be examined from time to time by their physician that refers them to me. This aids my judgment as to the results and keeps the patients informed accurately. I have referred already to the 30 per cent that pay and the 70 per cent that do not.

"The last paragraph of the editorial touched on the secret of my success. I try to discuss this problem with those I respect sufficiently in the hope that they will offer encouragement and guidance; and from them only do I wish to receive it.

"Otherwise the best cooperation the Wayne County Medical Society can give is to leave alone a matter they have never advanced. I should not be asked to give my time to any activity that cannot aid me in placing this work for the treatment of cancer on a distinctly scientific basis. All of my time is needed and given to this end. In the future I shall have no time for any

further activities that are not directly constructive to the intrinsic value of this work."

Sincerely yours,

W. F. Koch

On Christmas Day, December 25, 1919, the following article appeared in the Detroit Free Press. This newspaper article illustrated the importance of independent financial support for basic medical research, free from the control of the politicians and the medical associations.

**"KOCH ASKS AID TO TEST CURE"
"Won't Some One Pay Cost of
Real Trial? Is Plea of Cancer Foe"**

"Is there not some rich man in Detroit with enough interest in his fellow men to pay the bare expenses of the trial of a cancer cure that has already shown enough tentative cures to have attracted the attention of physicians of prominence in New York, Chicago and Detroit, as well as of minor practitioners in all parts of the country?"

"This was the query Wednesday evening of Dr. W. F. Koch, whose assertion that he has discovered 22 chemical compounds useful in the treatment of as many different varieties of cancer, has been under investigation by the Wayne County Medical society. The investigation resulted in a disagreement that found an airing at last Monday evening's meeting of the surgical section of the society.

"Wants Nothing for Self"

"I don't want a penny for myself,' continued Dr. Koch, referring to the reported intention of the Wayne County Medical Society of asking the city authorities to pay him a salary of \$5,000 a year and place a full staff at his disposal for 12 months in an effort to fully test his claims. 'What I want and what I am determined to get before I go ahead with any test are the right conditions.

"The Ford Hospital, for instance could easily place 50 beds at my disposal, or rather at the disposal of the test, for one year. The city could provide nurses and chemists and other attendants necessary for a proper investigation of the results of the treatments. It would cost probably \$65,000, but this is an insignificant amount when you remember that Sir Edward Speyer gave Ehrlich

\$1,000,000. and that the German scientist experimented with 610 compounds before he discovered the famous '606'.

"I have an offer to go to Chicago but have decided to refuse it because the conditions are not the ideal ones for which I am searching. '

"In Touch With Other Cities"

"I probably will read a paper before the February meeting of the American Congress of Internal Medicine in Chicago and I am in touch with New York doctors of prominence. If Detroit will not prove itself big enough for this thing, I am sure some other city will."

Following the December 22, 1919, Wayne County Medical Society's Weekly Bulletin's first biased, untruthful and misleading report on the Cancer Committee's investigation of Dr. Koch's cancer treatment, a second report by the Cancer Committee was published, on January 5, 1920, with more false and misinformation. This second report, in their Bulletin, ended with the following paragraph:

"The study is now 'experimental and improperly supervised,' but when Koch is willing to cooperate he should have a sufficient number of beds and cancer cases so that he can carry on his experiments in a scientific manner. We recognize Dr. Koch's ability as a chemist, and with proper supervision and material he may in chemistry find something worth while. Certainly, medical research along any line is a thing to be encouraged, but only a few investigations turn out to have immediate positive value."

What Dr. Koch wanted, and what he was asking for, was the full support of the public and the local medical profession to permit him, as the research scientist and discoverer of a new method for the treatment for cancer, to be able to carry on his scientific research with up to date scientific facilities, free from the control of third persons, who had contributed nothing in the past to his research and who did not understand the scientific principles on which his treatment for cancer worked. Dr. Koch knew that his cancer research was still in the research and development period. With the full cooperation of several friendly local doctors, he had already been able to demonstrate a few "clinical cures" in the treatment of some forms of cancers for a period of less than the approved "five years period", the accepted standard guide for establishing a complete "cancer cure." He wanted to expand the scope of his research and perfect his treatment before it was to be given to the public for general use.

At that time Dr. Koch, was a member in good standing of the American Medical Association and a Fellow of the Scientific Assembly of this association. Subsequently, when Dr. Koch would not bow to their demands, he was ostracized by them. This was followed by a nationally attacked on him by the American Medical Association in two editorials that appeared in its Journal on

February 12th and 19th of 1921.¹¹

Seven months prior to these editorials, Dr. Koch wrote a letter on August 3, 1920 to Dr. George H. Simmons, the editor of the J.A.M.A. In Dr. Koch's letter he proposed submitting for publication in the Journal a preliminary report with ample material to explain the working of his treatment for cancer. He further suggested that the material for a final report be based upon further research at the University of Michigan Hospital, if such a step could be arranged with the help of the American Medical Association. Dr. Koch knew, from past experiences, in Detroit, that further tests with his cancer medications had to be carried on outside of the Detroit area. This was due to the power of certain members of the Wayne County Medical Society's Cancer Committee who had opposed him for not submitting to their demands.¹²

Dr. Koch, by seeking A.M.A. cooperation in doing his further research at the University of Michigan Hospital, knew he would now have available to him a lot of terminal cancer patients to treat.¹³ Dr. Simmons, in his reply letter, proposed that Dr. Koch turn his research information over to others for evaluation. Dr. Koch's proposal to Dr. Simmons, the spokesman for the A.M.A. was not acceptable to Dr. Simmons and Dr. Simmons proposal to Dr. Koch was premature since Dr. Koch had not yet completed the experimental phase of his cancer research. Dr. Koch subsequently learned that if he did not follow the dictates of organized medicine in the America, all official medical research by him would be forever blocked and prohibited in the United States. Thus, without having the cooperation of the A.M.A., meaningful medical research by him became impossible in the United States. Dr. Koch found it necessary for him to go to Europe and finally to South American to carry on further meaningful scientific research.

In the first part of November 1920, Dr. H. Edward Lewis, Editor-in-Chief of American Medicine, read Dr. Koch's first nationally published cancer research paper¹⁴ that had just appeared in the October 30, 1920 issue of The Medical Record. Dr. Lewis, having been so highly impressed with Dr. Koch's original cancer research paper, immediately wrote the enclosed letter to Dr. Koch on November 4, 1920¹⁵ soliciting future cancer research papers from Dr. Koch for publication in his medical journal, American Medicine. Dr. Koch responded to Dr. Lewis' letter on November 9th and said: "In the near future I shall have something to present which I hope will prove worthy to appear in your unexcelled publication." On December 6, 1920 and on March 3, 1921 Dr. Koch wrote two

¹¹ The William F. Koch Cancer Remedy, Vol. 76, # 7, p. 466, Feb. 12, 1921 and Vol. 76, #8, p. 537, Feb. 19, 1921. Subsequently over 26 negative articles attacking Dr. Koch and his treatment have appear in A.M.A. publications. On April 18, 1942; Vol. 118, # 16, p. 1373, in the J.A.M.A.'s editorial "KOCH'S CANCER TREATMENT MEETS THE LAW", the editors pointed out that they have "again and again urged federal agencies to display an interest in this matter, i.e., the Koch Treatment.

¹² Articles: "Doctors See Progress In Cancer Fight, Wayne County Medical Society Plans to Give New Serum to the World; and other newspaper articles of that day (dated Fall of 1919)

¹³ I believe that cancer research on mice had not been perfected as a research tool at that time.

¹⁴ *A New And Successful Diagnosis And Treatment Of Cancer*

¹⁵ Dr. H. Edwin Lewis letter of November 4th, 1920 to Dr. Koch

subsequent letters to Dr. Lewis about publishing research papers in his medical journal. No replies to these letters were ever received by Dr. Koch from Dr. Lewis. In fact, nothing further was ever heard from Dr. Lewis by Dr. Koch.

I believe that the reason for the failure of Dr. Lewis to write to Dr. Koch was due to the influential control the Journal of the American Medical Association had over all "authoritative medical publications" in America. The following example illustrates this influence; Dr. Steadman, the editor of the Medical Record, who had published Dr. Koch's scientific paper "A New and Successful Diagnosis and Treatment of Cancer" on October 30th, 1920, told Dr. Koch that the Editor of the Journal of the American Medical Association had told him, Dr. Steadman, right after the above paper was published in the Medical Record, that he, Dr. Steadman, was not to publish any further scientific papers by Dr. Koch. It now appears that this J.A.M.A. editor had also contacted the editors of other medical and scientific journals, including Dr. Lewis, and directed them also not to publish any of Dr. Koch's research papers. To think that a person and/or a few persons connected with the A.M.A. could actually control the content of scientific medical publications in this country seems impossible. This power of organized medicine seems almost unbelievable, but then one should read the Yale Law Journal's 84 page investigation into the activities of the American Medical Association.¹⁶ This detail analysis of the A.M.A. points out to the public both the good and the bad activities of the A.M.A. and its publications over the years. It makes reference to the J.A.M.A.'s monopolistic position as the spokesman for and its control over the medical profession in this country. This influence and power can destroy any doctor, or the manufacturer of pharmaceutical products, if the A.M.A. finds that that said doctor or pharmaceutical company does not conform to the A.M.A.'s philosophy in the practice of medicine and/or the method of treatment of diseases with unapproved medications.

On page 1018 of the Yale Law Journal the following statement was made:

Limitations on AMA Power

No other voluntary association commands such power within its area of interest as does the AMA. It holds a position of authority over the individual doctor, wields a determining voice in medical education, controls the conditions of practice, and occupies a unique position of influence in shaping governmental health policies. Despite the dangers inherent in such a concentration of power, no interest group enjoys more freedom from formal control than organized medicine. The individual physician, subjected to disciplinary authority of the medical society in his local community, has little redress outside the framework of organized medicine. Courts, comparing society membership to affiliation in fraternal or benevolent organizations, find that expulsion or denial of membership deprives the doctor of no property rights, and are reluctant to interfere unless the society's own prescribed formalities were not observed. Even if the scope of judicial review

¹⁶ The American Medical Association, Power, Purpose, and Politics in Organized Medicine; Yale Law Journal; Vol. 63, 1954, pp. 938-1022

encompassed an examination of the merits, and resulted in admission or reinstatement of unreasonably disciplined physicians, the remedy might still be of little use. Legal process cannot prevent informal sanctions and ostracism. And within the framework of organized medicine, the doctor who challenges AMA authority to determine his method of practice is tried and judged by fellow physicians who may have an economic interest in proscribing his allegedly offensive conduct. (687)

And, Footnote 687 stated:

"A physician may be brought up for discipline before a committee of doctors that might include his chief competitors in his private practice. In our civil or criminal courts we would not tolerate a situation in which the judges might profit financially as a result of the verdict they rendered. We should not permit such a situation to exist in medicine.' Letter from Thurman Arnold, Esq., to Channing Frothingham, M.D., dated July 2, 1947, copy on file in Yale Law Library"

A perfect example of the illegal use of its power by the A.M.A. is best illustrated by the A.M.A.'s conviction for the violation of the Sherman Ant-Trust Act in 1938. In January of 1943, this conspiracy conviction of the A.M.A. for the violation of the Sherman Anti-Trust Act was upheld by the United States Supreme Court.¹⁷

A very important investigation of the American ^{Medical} Medicine Association and its influence over the medical profession was conducted by Benedict F. FitzGerald, Special Counsel on behalf of the Senate Interstate And Foreign Commerce Committee. A preliminary report on this investigation was released in 1953. However, upon the death of Senator Charles T. Tobey, the Chairman of this committee, this investigation was stopped by his successor. Drew Pearson's article on this investigation appeared in his August 20, 1953 "Merry-Go-Round" column.

"Drug Report Raps AMA"

"WASHINGTON -- Ohio's statuesque Sen. John Bricker ordered it suppressed before even reading it, but a confidential report on cancer has been sent to his desk highly critical of the American Medical Association for attempting to suppress a new drug which helps to relieve cancer.

"This blistering report was prepared under the direction of the late Sen. Tobey as chairman of the Senate Interstate and Foreign Commerce Committee and was submitted to Bricker, the new chairman, by the investigator appointed by Tobey.

"The report charges: (1) that 'the AMA has been hasty, capricious, arbitrary, and outright dishonest' in its opposition to the cancer drug, krebiozen; (2) that AMA's treasurer, Dr. J. J. Moore, 'attempted to get the distribution rights' for krebiozen for two Chicago businessmen, and, after failing in this, 'he embarked upon a course to ruin . . . the drug'; and (3) that 'public and private funds have been

¹⁷ See Newspaper article: "AMA Loses in High Court", January 19, 1943 attached.

thrown around like confetti at a country fair to close up and destroy clinics, hospitals, and scientific research laboratories which do not conform to the viewpoint of medical associations.'

"Finally the report suggests that 'the machinations of Dr. J. J. Moore could well involve the AMA and others in an interstate conspiracy of alarming proportions.'"

"These shocking charges are based upon the investigation of Senate Agent Benedict Fitzgerald, who was given a secret assignment by the late Senator Toby to investigate alleged AMA hamstringing of cancer research. The probe was kept secret because Toby feared the powerful doctors' lobby which last year was listed as the No. 2 lobbyist in Washington. The lobby spent \$309,514.93 last year to influence Congress, making it second only to the electric power lobby.

* * *

"BRICKER SAYS NO - After Toby's death, Bricker, who replaced him on the Interstate Commerce Committee, promptly ordered the investigation stopped. He refused to so much as see Fitzgerald, though the investigator offered to fly to Ohio at his own expense for an interview.

"Instead, Bricker's office ordered Fitzgerald to 'forget' the whole thing and above all, not to talk to the press. If he followed these instructions, Fitzgerald was told, he would be 'taken care of.'

"However, Fitzgerald wrote a sharp letter to Bricker, saying he was 'surprised and even shocked' at the runaround. He then sent copies of both the letter and his report to every Senator on the committee.

"Fitzgerald's report does not claim that krebiozen is a cure for cancer. It simply sets forth the results of the research so far, adding: 'The heavy toll of life being taken by cancer requires a searching investigation.'

* * *

"DIFFERENCE BETWEEN DOCTORS - In particular, the report cites the findings of Dr. Andrew C. Ivy, Vice President of the University of Illinois Medical School, who directed medical research for the Navy during World War II and discovered a chemical to make sea water drinkable and an ointment to protect the skin against extreme heat and cold.

"He has also made other important medical discoveries such as enterogastrone for treating peptic ulcers. Dr. Ivy is so respected in medical circles that he was also called upon to evaluate cancer therapy for the American Cancer Society and expose quack treatments.

"In the case of krebiozen, however, Dr. Ivy did not find that it was a 'quack' drug. He tested it first on animals to make sure it was nontoxic, then he tried it out on cancer patients.

"On the conclusion of his preliminary study,' the Fitzgerald report states, 'he issued a statement that 70 per cent of the cancer patients receiving krebiozen derived benefits from the new drug ranging from relief of pain to complete healing. A 1000-page compilation prepared by him, supplemented by laboratory records, gives case history on 500 patients treated by 232 doctors in 150 clinics and hospitals throughout the Country.'

"Though Dr. Ivy had once served on its board, the AMA promptly censured him and expelled him for three months from the Chicago

Medical Society. Because of the controversy, he also took a leave of absence from the University of Illinois and was prevented from continuing his research there.

"The Fitzgerald report points to Dr. J. J. Moore, for 10 years treasurer of the AMA, as 'the spearhead behind attempts to have the drug ostracized.'

"NOTE 1 – Sen. Bricker's office when queried, stated flatly that Bricker intended to do nothing about the cancer report. Asked whether Bricker had read the report, the reply was 'no'.

"NOTE 2 – Many doctors disagree vigorously with the American Medical Association, feel that it has gone too far in engaging in politics.

Not only were licensed doctors at the mercy of the American Medical Association and its state and local societies, but also politicians could be and were under their influence. If a politician did not follow the dictates, of the AMA, that politician could be voted out of office through the political spending and efforts of the local AMA societies. As for example:

The following article appeared in the New York Times.

"In 1950 the A.M.A. lobby spent approximately \$2,500,000. and distributed 43,000,000 pieces of literature in the campaign against so-called 'socialized medicine.' This placed it at the top of lobbies reporting to Congress." Also "Former Representative Andrew J. Biemiller of Wisconsin calls it 'the most massive and heavily financed lobby in the country.' He was beaten in the 1950 elections, and the A.M.A. accepts partial responsibility for the fact that he no longer is in Congress."¹⁸

The power of the American Medical Association again is illustrated by the Dr. Andrew C. Ivy matter and his independent investigation of Krebiozen in 1951.

"ILLINOIS U. Vice President Censured in Ethics Case"

"Special in The New York Times"

"CHICAGO, Nov. 13 – Dr. Andrew C. Ivy, noted physiologist and vice president in charge of the professional schools of the University of Illinois, was found guilty tonight of unethical conduct and ordered suspended from the Chicago Medical Society for three months for the part he played in introducing Krebiozen, the controversial cancer drug.

"The verdict was reached at a meeting of the society's council. Dr. Ivy appeared before the tribunal to plead his own defense, but what he said was not disclosed to reporters, who were barred from the hearing."¹⁹

These are but a few examples of the many ways the officials of the American Medical Association have acted to accomplish their goal. It can act as prosecutor, judge and jury when a licensed physician and medical researcher steps out of line and does not agree with the dictates of the policies of A.M.A.

¹⁸ New York Times, Sunday, June 15, 1952, Sec. 4, p. 7, Col. 6.

¹⁹ The New York Times, Wednesday, November 14, 1951, p. 22, col. 5.

I believe the following illustrates good examples of A.M.A. opposition to Dr. Koch's medical research and his treatment:

- 1) On July 11, 1921, Dr. Koch wrote a letter to Brig. Gen. Charles E. Sawyer, M.D., Department of Welfare for the War Department, Washington, D.C.. In this letter he advised Gen. Sawyer that he (Dr. Koch) had developed a treatment for cancer that consisted of a synthetic compound which he wished to give to the profession and that he was requesting official aid from Gen. Sawyer in this matter. Dr. Koch offered to treat 50 to 200 or more cancer patients to demonstrate the effectiveness of his treatment for cancer. In Gen. Sawyer's July 13, 1921 reply, he said:

"Your letter and enclosure relative to your cancer treatment came duly to hand, the contents of which I have noted with interest.

"The Department of Public Welfare has not been authorized, as yet, by Congress, and consequently there are no cases coming under my jurisdiction in which your treatment could be used. I would therefore suggest that the most effective way to introduce your treatment would be to bring it to the attention of the Rockefeller Foundation.

"Thanking you for your courtesy in furnishing me with your pamphlet upon the above subject, I am with kind regards,
Very truly yours. Charles E. Sawyer, Brig. Gen., M.R.C."

In 1923, Dr. Koch wrote a second letter to Brig. Gen. Sawyer in an effort to once again interest the United States government in his medical research. His efforts also went without success. Dr. Koch received the following November 2, 1923 letter from Charles E. Sawyer, Brig. Gen., M.R.C.:

"Your letter of October 18th, enclosing Bulletin of St. Mark's Sanitarium, came duly to hand and I thank you for your courtesy in forwarding this information.

"The status of the Department of Welfare remain about the same as indicated in my letter to you of July 13, 1921, and, as stated therein, there are no cases coming under my jurisdiction in which your treatment could be used."

- 2) On September 17, 1926 Dr. Koch offered to present evidence of his personal cancer research before the International Symposium held on September 20-24, 1926 under the auspices of the American Society for the Control of Cancer at Lake Mohonk, New York. Again Dr. Koch's offer was turned down even though the purposes of this meeting was to update all information on the treatment cancer, i.e.: **"What is the world doing to control cancer?"** Not only did the director of this conference turn Dr. Koch down on his offer to present proof of the therapeutic activity of his medications, Dr. Isaac Levin publicly denounce Dr. Koch at this conference. One of the many world

renowned cancer researchers, of that day, who attended this conference was Professor Joseph H. Maisin, Director of Cancer Institute at Louvain University, Louvain, Belgium. This is the same Professor Maisin who was willing to and did conduct successful cancer and other medical research with Dr. Koch using some of Dr. Koch's medications at Louvain University nine years later. In 1935, Dr. Francis Carter Wood tried, without success, to dissuade Dr. Maisin from having anything to do with Dr. Koch.²⁰ However, Dr. Maisin continue his medical research with Dr. Koch in spite of Dr. Wood's interference. Together, Dr. Koch and Dr. Maisin published the results of their research in a leading European medical scientific publication of that day. After Dr. Koch returned to the United States, Dr. Maisin continued his own additional medical research with the Koch medications and published the results of his research in established scientific Europe medical journals from 1935 to the time Germany took over his country during World War II.²¹

- 3) In 1936, Dr. Koch offered to treat polio patients at the Georgia Warm Springs Foundation, Inc. and again he was turned down even though his treatment had saved my brother's life when he came down with polio in August of 1934. This foundation had previously been informed about the successful use that had been obtained with the Koch treatment for polio. In response to Dr. Koch's offer to treat its polio patients, he received the following March 16, 1936 letter from Mr. Michael Hoke:

"Let me thank you for sending me a copy of your reprint 'Natural Immunity.' I had heard of your investigations from other sources, especially the late Mr. Hardcastle Pennock. **Work of this kind interests me very much, though, of course, it is, strictly speaking, out of my bailiwick entirely.** I like to keep in touch with new things, and as you have further publications I hope you will be so kind as to let me have such references."

Though this Foundation did sponsor research and treatment for polio patients, Mr. Hoke and the administration of the Georgia Warm Springs Foundation showed no further interest in Dr. Koch's research. Could this lack of interest have been due to the influence of the A.M.A.? It should be noted that the Board of Trustees of the American Medical Association had become, in 1935, an advisory committee to investigate Polio treatments and was acting in this capacity for the Georgia Warm Springs Foundation at that time.²²

²⁰ In a Detroit Free article, on January 29, 1943, a reference was made to Dr. Francis Carter Wood's, (director of St. Luke's Hospital, New York) acknowledgement in court that he tried to stop the Koch - Maisin research in 1935. Dr. Wood testified for the government as a cancer expert at the 1943 F.D.A. trial.

²¹ The Use of Peroxide of Diformaldehyde and Organic Unsaturated Compounds in the Treatment of Anergy and Hyperergy, Joseph Henri Maisin, M.D., Director, Institut du Cancer, Louvain University; The Medical Press and Circular, Sept. 7, 1938, Vol. CXCVII, No. 5183

²² A History of the American Medical Association 1847 to 1947, Morris Fishbein, M. D., p 422

- 4) In 1936, Mr. Harold McCormick, a member of the Chicago McCormick family (of the Harvester Company) arranged a meeting on September 16th, 1936 in Washington, D.C. for Dr. Koch with Dr. Thomas Parran, Surgeon General of the U.S. Public Health Service, and his advisors, Dr. McCoy and Dr. Carl Voightlin. At this meeting accompanying Dr. Koch was Dr. Leland Koffer, a former Assistant Surgeon General, who had been in charge of the Government's leprosy program in Hawaii for some years. Dr. Koch explained the chemistry and theory of his treatment and told Dr. Parran about the successful use of his treatment for lepers in the Belgian Congo. Dr. Voightlin, who was already familiar with the joint research of Dr. Koch and Professor Maisin, produced a copy of the Koch-Maisin research paper that appeared in C. R. Soc. Biol. T. 120, p. 106 (1935). The purpose of this meeting was to obtain permission from the U. S. Government for Dr. Koch to be able to carry on a clinical medical research program, with his medications, in the treatment of the lepers at the Federal Leper Colony in Louisiana. Dr. Parran, on advise of Dr. Voightlin, who could not understand the chemistry that supported Dr. Koch's research, refused to allow the treatment of any leper by Dr. Koch even though this McCormick family member would have financed this research project. Dr. Koch was never given this opportunity, or any other opportunity, by our Government to personally scientifically demonstrate the therapeutic effect of his treatments for cancer, allergies and/or infections. Such a scientific test would have taken months of Dr. Koch's time, which he was willing to donate to this cause. He had already contributed nine months of his time demonstrating and teaching his cancer research to Professor Maisin in Belgium starting in 1934. After which, Professor Maisin was able to continue this research on his own. Subsequently he published several papers demonstrating his accomplishments in the use of the Koch therapeutic medications that he was taught how to make.

One might want to ask the question: *Why does organized medicine in the United States want to prevent Dr. Koch from doing his medical research in the United States and in other countries?* Are they afraid to accept the scientific truth that his medications do have therapeutic effect in treating various disease conditions in man and animals. Is organized medicine afraid of the fact that once Dr. Koch's medical research is accepted in other countries, that organized medicine in this country will be held accountable for its opposition to and its failure to accept these medical truths in the United States?

During the 1940's, successful animal research was being conducted in British Columbia with the cooperation of the Department of Agriculture. This evidence was produced, by the defense, in court during the 1946 F.D.A. trial. The F.D.A. made no attempt to rebut the British Columbia cattle research or the Dow expert testimony on the chemistry of the Koch medications. The real Koch Glyoxylide was used in the British Columbia experiments, not the F.D.A.'s

substituted glyoxylic acid which the F.D.A. knew was not the real Koch medication. This is a perfect example of fraud on the part of the F.D.A. Likewise, the F.D.A., by testing malonic acid as a substitute for Koch's Malonide in its tests was another example of fraud by this governmental agency. Also, when the F.D.A. agents had proof of the therapeutic effectiveness of the Koch medications, as illustrated by the William J. Schultz cancer case, they withheld this information from the court. It should be further noted that the Government, in both the F.D.A. case and the F.T.C. case, relied upon prejudicial unscientific opinions evidence by A.M.A. doctors and government experts to support its unfounded charges. It should also be noted that when Dr. Koch was doing his medical research in Brazil in 1941 and again in 1949 up to the time of his death on December 9, 1967, he continued to have interference in his research by United States medical interest.

Albert Szent-Gyorgyi, Ph.D., M.D., N.L. said in an interview²³ that he had found a substance that he called "Retine" that had the ability to retard neoplastic cell division and growth. In this same interview he said "*when 'retine' is present in sufficient concentration, no cell division can occur while vital cellular processes go on unhindered,*" and he "*estimated that \$200,000, which is merely a crumb of the big cancer fund pie, would allow him in two years time to come 'very close to an actual cure for cancer.'*" In 1975 he explained his theory on cause and cure of cancer in his article *The Search For A Natural Cure For Cancer*.²⁴ In this article he confirmed the independent research conclusions of Dr. Koch on the importance of the dicarbonyl chemical structure in solving the cancer problem. This independent research of Dr. Szent-Gyorgyi, had he been able to complete it, would have vindicated Dr. Koch in 1975. Such a vindication of Dr. Koch could not be allowed by the United States government. The vindication of Dr. Koch would have required both the A.M.A., and our Governmental agencies [the Food & Drug Administration and the Federal Trade Commission] to explain their part and actions in trying to destroy Dr. Koch and his method of treatment of cancer and its allied diseases in the United States.

In April of 1953, the AFL NEWS-REPORTER reported that the American Medical Association acknowledged its part in putting a censor in the health department of our government. "The American Medical Association admits that the special assistant to the Secretary for Health and Medical Affairs, the new Eisenhower cabinet post, will be a watchdog and censor for the A.M.A."²⁵ In the July 2, 1960, Saturday Review article *Drugmakers and the Govt.—Who Makes The Decisions?* the author examines the improper activities, chicanery and misbehavior of Henry Welch, Ph.D., which resulted in his \$275,000.00 plus unauthorized outside income being earned by him while he was working as a full time employee of the Food and Drug Administration. This unauthorized activity lead to his resignation from his post as chief of the antibiotics division of the F.D.A. This is the same Dr. Henry Welch who testifies for the government in the two F.D.A. trials of 1943 and

²³ Liver May Hold The Secret of Cancer Prevention, Jane Kinderlehrer, Prevention, Nov. 1972, pp. 124-131.

²⁴ The Search For A Natural Cure For Cancer, 1975, Albert Szent-Gyorgyi, Ph.D., M.D., N.L.

²⁵ AFL NEWS-REPORTER, WASHINGTON, D.C., Friday, April 10, 1953.

1946. Did someone pay him for his testimony? How many other F.D.A. employees may have done similar things to enrich themselves?

There are many other examples on how organized medicine in American, in the past, has breached its duty to the American public by opposing Dr. Koch and his medical research and by failing to acknowledge the therapeutic activity of the Koch medications. As for example:

- 1) The case of Judy McWhorter, a 6 week old baby, who developed cancer involving 80% of her liver and who was sent home to die with a life expectancy of 21 days. After she received a Koch treatment on September 18, 1948, over the objections of her family doctor, Judy made a complete recovery. Her original doctors who examined her over a year later could not find anything wrong with her. These doctors reported to the press that they were convinced that Judy cured herself even though they had been told that Judy had received the Koch treatment subsequent to the time they had given her up to die. She did make a full recovery. I believe she is now living in the south west area of the United States. Dr. Mulloy was the doctor who gave Judy the injection of Glyoxylide. His reward was to loose his medical license to practice medicine in Texas for using Glyoxylide, an unapproved medication according to the A.M.A. standard of practice of medicine.²⁶
- 2) The case of Mary Lou Barnes, a 19 year-old Ohio State University student who was stricken with polio in August of 1949. She too was given Glyoxylide, a drug that was blacklisted by the American Medical Association. She also recovered from her illness. However, her treating doctor almost lost his license to practice medicine in Ohio for using the Koch treatment.²⁷
- 3) Dr. J. W. Kannel lost his privileges to use the A.M.A. approved Medical Center Hospital for his patients because the Allen County Medical Society and the American Medical Association did not approve of his use of the Koch Cancer Treatment. The hospital management wrote to Dr. Kannel on July 29, 1942 the following: *"Since I must depend on my good standing in these Societies for my business I think it advisable to ask you to discontinue to use our hospital."*²⁸ Subsequently on January 26, 1944, Dr. Kannel was found guilty of unethical conduct in the practice of Medicine and expelled from the Fort Wayne Medical Society for the using the Koch treatment. It should be noted that Dr. Kannel had testified in the 1943 F.D.A. trial for the defense, Dr. Koch and Koch Laboratories, about the cure of his cancer patient, Mr. W. S. Roebuck, who Dr. Kannel had treated with Glyoxylide. Mr. Roebuck, the cured cancer patient, appeared in Federal Court as a witness for the defense

²⁶ See attached Affidavit of Mr. & Mrs. Otis McWhorter, Jr., with the history of Judy's illness and the 1949 The Fort Worth-Star-Telegraph article: "Doctors Convinced That Little Judy Overcame Cancer Ailment Herself." Where her doctors refused to acknowledge and credit Glyoxylide for her recovery.

²⁷ See Toronto Daily Star article of August 22, 1949; CO-EDS Swift Recovery Mystery Even to Doctor by Harold Greer. "Girl, said Polio Victim, Recovers After Black-Listed Drug Used."

²⁸ Copy of July 29, 1942 letter to Dr. Kannel from Medical Center Hospital.

with his medical records in support of Dr. Kannel's testimony.

- 4) The matter of Dr. C. W. Allen, Professor of Medicine, College of Medicine, Tulane University and his personal investigation of Dr. Koch and Koch Treatment for cancer in 1924-25. The Dr. Carroll W. Allen matter is another good example on how far some members of the American Medical Association can go, and are willing to go, to destroy a doctor, his good name, his reputation and his medical practice when that doctor tries to put scientific truth and the interest of his patients above the dictates of his medical society. When Dr. Allen first read the negative propaganda about Dr. Koch and his treatment for cancer, that had been published by the Journal of the American Medical Association in the early 1920's, he believed that these false allegations about Dr. Koch and his cancer treatment were true. He considered Dr. Koch's treatment for cancer as a fraud and that was it. Nothing more to say.

It was not until after Dr. Allen had personally investigated the Koch treatment that he learned the truth about Dr. Koch, his research and his cancer treatment. It was when he started to speak out in support of the Koch Cancer Treatment and report on his personal investigation of Dr. Koch and his cancer treatment to other local doctors that Dr. Allen started to get into trouble with his local medical society. His position as Professor of Surgery at Tulane University and his right to successfully practice medicine were all put into jeopardy by his local medical society that was under the direct control of the American Medical Association and its state organization.

Based upon Dr. Allen's personal investigation of the Koch Cancer Treatment and the favorable information he had learned about Dr. Koch and his cancer treatment, he contacted several doctors in New Orleans to tell them of his investigation. Finally on April 27, 1925, he read his report, *SOME INFORMAL REMARKS ON THE TREATMENT OF CANCER*²⁹ to the Orleans Parish Medical Society. This report included a brief history on how he became interested in Dr. Koch's cancer research and treatment and the results of his investigation. In this report Dr. Allen said:

"Last October a patient of mine suffering from an inoperable cancer of the rectum asked my advice about the Koch treatment. I strongly advised him to have nothing to do with it, that it had been investigated and pronounced worthless, and that I regarded it as a fraud. He, however, was determined to go to Detroit and consult Dr. Koch. At that time he was emaciated, weighing less than a hundred pounds and was so weak that he had to be carried to the train on a stretcher. Two months later he returned to New Orleans weighting more than 130 pounds, and now weighs 170 and attends to business as usual though there is still some local evidence of his trouble.

²⁹ Printed in the September, 1925, issue of the Journal New Orleans Medical and Surgical Society Orleans, pp 169 - 174.

"I am frank to say that I was amazed at the wonderful improvement in this man. I then called on another patient here who was treated by Dr. Koch at the same time. After talking with these two afflicted persons I was deeply impressed, not only by their personal experience but also by statements concerning others with whom they came in contact while being treated.

"A doctor friend whose wife was in a hopeless condition from carcinoma called on me to discuss the matter and as his wife was unable to travel we wired Dr. Koch and received a treatment. In a similar way I received a dose for a hopeless bladder case of Dr. Walther's. With these treatments Dr. Koch sent some directions and information as to what would happen following its use.

"The results were so strikingly as he predicted that I became extremely interested.

"I looked up Dr. Koch's earlier contributions to medical literature and learned that he had written several creditable papers on the parathyroid glands, such as one would expect from a high class laboratory man. Dr. Koch's method of procedure in the above work was quite original and his deductions and conclusions were at first not accepted but later were recognized and the proper credit given him. Paton of Glasgow won a triennial prize by a paper on the same subject in which he gave Dr. Koch due credit for what he had done. These papers will be found in the Jour. Biol. Chem., 1912, XII. 313; Jour. Biol. Chem., 1913, XV. 43-63; Jour. Lab. & Clin. Med., 1919, 1,299; and Jour. Med. & Surg. Jan., 1918, 1-9; that by Paton will be found in the Quart. Jour. Phys. 1917 Nos. 3 and 4.

"In the A.M.A. Journal of 1913, Page 1049, there is a lengthy editorial devoted to Koch's work on the toxic bases in the urine of parathyroidectomized dogs. Dr. Lewellys Barker on the subject of tetany in a paper read at the Southern Medical Association, in 1922, quotes extensively from Dr. Koch. These papers, are however, of more than passing interest in this investigation as it was through the application of methods of reasoning in cancer similar to those that he used in his work on the thyroid (parathyroid gland) that he feels he was able to recognize the specific toxins which formed the basis of his work on cancer.

"Dr. Koch had a bachelors', a master's and a doctor's degree before he obtained the M.D. degree to give him clinical opportunities to pursue his study of cancer. He, however, does not care for practice of medicine and is not a clinician but strictly a chemist and physiologist.

"I was so deeply impressed with the conviction that Dr. Koch had discovered something that at least brought about certain more or less definite reactions indicating some direct or specific effect on cancer that I decided to go up there and make a personal investigation.

"Arriving there December twenty-seventh I began a systematic study of his cases and saw many in all the various stages of reaction. Everything was absolutely open to my closest scrutiny and Dr. Koch was often not present during my examinations though always available to answer all questions, which he did with perfect frankness, both to me and the patients. Results were not always favorable, some were slow and uncertain, and he expressed doubt regarding others. He stated that 20 percent of his cases failed to react. All this was done in a spirit of perfect candor and openness that disarmed at once any feeling of the possibility of subterfuge or evasion that may have existed in my mind.

"The most interesting and impressive thing was the cured cases; of these I saw a large number and questioned them most closely. There remained no doubt but that they had had cancer as they all gave a perfect clinical history. Some were primarily inoperable, many had been operated with recurrence, the majority had had the usual routine of X-ray and radium. They all had been hopeless surgically and had come to Dr. Koch as a last resort.

"The interesting thing in questioning these cured cases was that they all had gone through the same course with its varied reactions and toxemia as those I saw under treatment. This naturally increased my interest and encouraged my closer study of the phenomena which they presented. While many of these were quite sick it was apparent that they were not running a cancer course. The typical cancer symptoms were slowly giving way to a toxemia in which nausea, vomiting, temperature and prostration were the most prominent features with a progressive diminution of pain and finally just a soreness to remind them of their former suffering. During this time, or as long as the toxemia and temperature persisted there was a steady loss of weight until they were reduced to an extreme degree. As convalescence set in, recovery was at first slow later more rapid, and many of them told me that their physical condition and general health was better than they had ever enjoyed formerly.

"The preparation used is a delicate, synthetic chemical compound clear and colorless. It is injected subcutaneously in one cubic centimeter dose. The treatment is based on the germ theory of all malignancy and upon the theory that the cancer mass is an attempt at protection by the host towards the invading organism. The organisms being killed the cancer becomes a foreign proteid mass which must be absorbed to be removed. The absorption of this mass is a highly toxic process and produces the various symptoms which occur during the treatment; fever, nausea, vomiting, and depression. These symptoms and reactions of the cancer tissue are subject to considerable variation. At times the mass may swell and there may be an increase in all symptoms including pain, in other cases there is an immediate subsidence in the size of the mass and a lessening of pain. The reason for these variations is not well understood. The cancer mass takes on a bluish color and there is an ingrowth of angioblastic tissue during the stage of absorption. As this vascularized tissue contracts frequent small hemorrhages occur and

it may require six to nine months for all of this tissue to disappear. Cases that are badly exhausted before treatment, where the mass to be absorbed is very large, or when the heart and kidneys are weakened are not likely to survive the toxic period.

"My duty was apparent. I should take some steps to bring this matter to the attention of the profession and I felt that the best means of accomplishing this as well as for further proof for myself was first to treat a few of my hopeless cases here and properly check this work with the aid of the laboratory. This appeared to me to be the best plan of procedure and I accordingly arranged with Dr. Koch to furnish me with as much of his formula as was needed.

"My understanding with Dr. Koch was that should any recognized group of reputable physicians make a calm unbiased investigation of his treatment and accord him due credit for having discovered something useful in the treatment of cancer, he would then make the formula public in some way, such as was done with insulin.

"I know that a great many of my friends and associates feel that I have made a mistake in going into this subject but I hope that none will question my honesty or sincerity and just as soon as sufficient time has elapsed for me to arrive at a definite conclusion, based on personal experience, for or against the further use of this remedy I propose to make a frank, positive statement of the results.

"In conclusion I wish now to present a brief summary taken from the records of cases treated."

Dr. Allen then briefly reviewed ten case histories and then said:

"I feel that your careful consideration of the above cases must convince you that they have not run a normal cancer course and if Dr. Koch has not discovered what he thinks he has, he has at least found something which profoundly affects cancer tissue and I feel it should be accorded a most liberal investigation both clinically and in the laboratory as it may at least be the beginning of tremendous possibilities.

"I have been persistently at work on the two objectionable features in the use of this preparation; its cost and its secrecy. The cost has been substantially reduced and I feel the problem of its secrecy is open to solution."

The meeting was then open for discussion. During the discussion period, the issue of the secrecy of the Koch medication was brought up as if this was the most important issue. The issue of therapeutic effectiveness was over looked. It should be noted that at that time Dr. Koch did not have patent protection because it was necessary to prove the therapeutic effectiveness of his product through recognized testing of his discoveries before he could get a patent as was the case with

Dr. Banting and the production of insulin. Dr. Banting did not release to the medical profession or the public the method to produce insulin until after he received his first Canadian patient.

Dr. F. W. Parham of New Orleans opened the discussion period with the following statement:

"It is with considerable reluctance that I rise to take the position of opposing Dr. Allen. I want to say first that if Dr. Koch had presented the matter in the same scientific spirit as has Dr. Allen, I do not believe there would have been so much feeling. I want it understood that anything I have to say shall not be construed as any reflection upon the sincerity of Dr. Allen. While I think he is mistaken in his advocacy of the treatment, I believe he is sincerely of the opinion that the treatment is of value...."

Dr. Parham, after expressing his anti Koch opinions went on to say:

"Contrary to our Code of Ethics we are dealing with a secret remedy; it is not professional for a physician to prescribe a secret remedy; many of us do it sometimes, but this is an aggravated case."

Dr. Parham continued his comments and then closed his speech with the following statement:

"Dr. Allen is sincere and I do not reflect on any statement he has made. We have talked frequently on this subject and he knows how I feel about it. He knows that I am opposed to going on with this thing as a secret remedy."

Dr. F. W. Parham asked the following question:

"Would Dr. Koch be willing to make known this remedy, patent it and turn the patent over to Tulane University or some institution that we regard as reliable? Of course, we understand in the case of insulin that that was the necessary thing to do to prevent the remedy from being improperly prepared and hastily used. After the period of probation it had met with the requirements and it then became a generally accepted remedy. Now we have insulin, which we all regard as one of the most valuable remedies, under certain conditions, that we have.

"If Dr. Koch has a remedy of value, as medical men, we ought to have nothing to do with it until he patents it and turns it over to an Institution. I do not believe the profession can be got together and acknowledge Koch's remedy as a good thing until he has removed the veil of secrecy."

"Answer by Dr. Allen:

"Dr. Koch has discussed some plan for an Institution which I will mention in closing, but he does not think the remedy should be made public until better understood."

During this long discussion period, the issue of secret remedy came up several times and had become more important to the members of "official medicine," as controlled by the American Medical Association, then the actual proof of therapeutic effect of the Koch treatment for cancer.. Subsequent to this report on his investigation of Dr. Koch's cancer treatment, Dr. Allen was called before the judiciary committee of his local medical society for his investigation and use of an "alleged secret treatment for cancer" in violation of the Principles of Medical Ethics of the American Medical Association. Although Dr. Parham had already publicly stated at the April 27, 1925 meeting that: "it is not professional for a physician to prescribe a secret remedy; many of us do it sometimes..." it was heresy for Dr. Allen to investigate the Koch Treatment. He was told that if he continued to investigate this remedy further, he should resign from his medical society. If he were to resign from his local medical society he would have to resign from the American Medical Association and this would mean he would lose all his rights to use the A.M.A. controlled hospitals and his standing in the A.M.A. controlled medical community. On June 26, 1925 the following letter was sent to Dr. Allen:

The College of Medicine
School of Medicine
TULANE UNIVERSITY OF LOUISIANA
1551 Canal Street
New Orleans, La.

OFFICE OF THE DEAN

June 26, 1925

Prof. C. W. Allen, M.D.
City

Dear Dr. Allen:

I wish to inform you that at a meeting of the Executive Faculty of the School of Medicine, held on June 24, 1925, your reappointment for the session of 1925-26, was considered.

A copy of the letter from Prof. Matas to you, dated June 23, 1925, and your reply to Prof. Matas, dated June 24, 1925, relative to your connection with the Koch Cancer cure were read.

There was considerable discussion and expressions from different members of the Faculty indicating their recognition of the importance of the situation and the discredit and criticism of yourself, the School of Medicine and

particularly the Department of Surgery in which you have served, that has resulted from your association with Dr. Koch as a promoter and endorser of the secret remedy of cancer.

The following formal action was taken:

"That re-appointment of Prof. Allen be postponed until after he has sent a copy of the same letter addressed to Prof. Matas under date of June 24, 1925, to Dr. W. F. Koch and also to the Orleans Parish Medical Society and the same has been acted upon by the Orleans Parish Medical Society."

It is sincerely hoped that your renunciation of the Koch secret remedy for cancer will, in some measure at least, remedy the harm that has been done.

It is also the hope of the Faculty that there will be no occasion to recall this unfortunate circumstance again.

Yours very truly,

C. C. Bass, M.D., Dean

On July 2, 1925, as a result of all that had happened, Dr. Allen was required to write the following letter to his Medical Society's Judiciary Committee to protect his status in his medical society, his right to practice medicine and to protect his job as Professor of Medicine at Tulane University School of Medicine.

New Orleans, La.
July 2nd, 1925

Judiciary Committee
Orleans Parish Medical Society
1551 Canal Street
New Orleans, La.

Gentlemen:

Fully recognizing the incompatibility of my duties as a member of Organized Medicine with any professional or business relations with secret or proprietary remedies as opposed to the principals of ethics which govern a liberal and humanitarian profession, I hereby declare that I have severed all professional and business relations with Dr. W. F. Koch of Detroit, Michigan, as the inventor, manufacturer and promoter of a specific treatment of cancer. I hereby make it also clearly and unequivocally understood that I shall have no further connection with the said Koch Cure as one of its advocates and endorsers, and that henceforth I shall cease to administer or distribute this treatment or recommend its administration to my patients or those of other practitioners as long as its composition and manufacture remains a secret monopoly, and only resume its use, if I deem proper, after its composition and manufacture has been wholly,

clearly and definitely revealed to the profession through the recognized organs of the medical press.

I wish, however, to qualify in this otherwise absolute renunciation of the Koch treatment with the request that I be permitted to complete the observations on the patients to whom I have administered the treatment in a purely experimental way, and for which treatment there will be no fees charged or payments collected for services relative to the Koch Cure.

In making this declaration I trust that the objection to my continuance as a member in good standing of Organized Medicine will be removed.

I will furnish your Committee at an early date the list of cases now under treatment.

Yours very truly

Carroll W. Allen

This letter was followed by the following letter to the Editor-in-chief of the N. O. Medical and Surgical Journal.

July 30, 1925

Editor-in-chief
N.O. Medical and Surgical Journal
Whitney Bank Building
City.

My Dear Doctor:

In reply to your communication regarding the publication of my paper on the use of the Koch cancer remedy I feel it better for all concerned that this not be published, which request I have made before.

There are two sides to this question — the ethical and the scientific and my discussion deals entirely with the scientific. I had been impressed with the merits of Koch's discovery and urged that something be done to make it right, feeling that if Koch did not have as effective a remedy as he thought, he at least had something that profoundly effected cancer tissue and my hope was that after putting the matter right it might serve as a key or starting point to the elaboration of something more effective when worked up and studied in our large laboratories. I did not pretend to defend the unethical side of the treatment but discussed the scientific side exclusively. The above views are amply brought out in my paper and the discussion that follows.

I feel that there are sufficient developments to bear me out in the statement that the treatment has merit. There are several cured cases here and others which have been tremendously benefited and look as if they may get well. In addition to this, other physicians, who visited Dr.

Koch, came to the same conclusion I did and recently the Detroit City Council took action in the matter and requested their Board of Health to conduct an investigation. I enclose a letter received from the Board of health, which explains itself.

A careful consideration of the facts as revealed by this letter must suggest to your mind a situation, which is to say the least, very unusual in view of the fact that the treatment has already been twice condemned by both the local and national medical societies, which should logically be best qualified to pass upon such matters.

It is not necessary here to recite the details of how the investigation came about or character of evidence produced. Many of these facts I can give you if wanted. It would, however, seem sufficient that the common council of a city of a million and a half people would take such action and incur the political animosity of the medical profession and place themselves in a ridiculous light, subject to the severest criticism, if the evidence produced before them had been convincingly and overwhelmingly in favor of Dr. Koch.

It is also quite significant that the Board of Health, composed of such able men as make up its personnel, should have acceded to the request of the council if they could have taken any other course. One fact in connection with the action of the council I feel I should state as it has been said that if Dr. Koch has accomplished anything those in his own community should be in a better position to know the true facts. This investigation was confined to what had been accomplished within the City of Detroit with residents of the city as the council could not concern itself with outside affairs.

It is also of interest to know that Dr. Koch was not in favor of the above procedure as he preferred to have the matter straightened out within the profession, but could not afford to stop it without having it appear that he was afraid of an investigation or wished to continue in his present status.

A notable feature in this affair is the absence of any newspaper publicity. A charlatan would have capitalized this to the fullest extent.

Immediately following the meeting at the Orleans Parish, at which I read my paper and feeling that the profession was not inclined to take any particular steps likely to result in righting the matter I wrote Dr. Koch and informed him that I had discontinued the treatment. I some time later wrote a more positive letter at the request of Tulane and agreed to absolutely discontinue both its use and advocacy in any way except to continue on the cases then under treatment, which was to be done under certain conditions.

Having renounced the further use of the treatment, on ethical grounds, I feel that publication of my paper will only have an unfavorable effect and may bring the Journal into discredit. It will certainly be gotten hold of by the lay press and as there is certainly enough to it to justify anyone trying it and there are a great many arguments that can be used

which may be very hard to answer. There is also a great deal else that I feel will come out if it gets in the lay press, which I feel is very much better left out.

I cannot help but feel that careful consideration of the subject must convince you that the above view is correct.

I will be glad to hear from you as to what action is taken in the matter.

With appreciation and thanking you for any trouble I may put you to, I am

Very truly yours,

CARROLL W. ALLEN

Dr. Allen faced the greatest dilemma in his professional life: a) must he, as a scientist, follow the dictates of organized medicine and give up the important scientific cancer research that he was now involved in which could help save the lives of many of his patients, or b) must he abandon his cancer investigation of the Koch Treatment to preserve his own status in his medical community and be able to continue on as a professor of medicine at Tulane University?

On October 29, 1923, The Bulletin of the Wayne County Medical Society reported on the history of insulin and how its method of production was kept secret until patent and copyright protections had first been obtained. Dr. Koch, in 1925, was still in the research and development phase of his cancer research. He did not have the same protection rights that Dr. Banting had to prevent incompetent and unscrupulous manufacturers from flooding the market with spurious and untested preparations that would be claimed to be Dr. Koch's medications and thus bring discredit to his medical research. This article on insulin closed with the following paragraph.

"The University of Toronto controls the world supply of insulin, Dr. Banting having patented the process and copyrighted the name so that only such firms as are able to obtain licenses from the owners of the patents can manufacture it. This action was not taken with financial gain in view, but *to prevent incompetent or unscrupulous manufacturers from flooding the market with spurious or untested preparations which might do the patient more harm than good.* Its discoverers declare that insulin is a substance which is only safe when administrated by a physician trained in its use."

At the time Dr. Koch first reported his original cancer research, he asked for cooperation of the medical profession to permit him to treat hundreds of terminal cancer patients with his medications. He said that he wanted to establish a commission of physicians to study the progress of the cases he treated. He went on to say on September 7, 1919:

"I do not want to make the formula public just yet," he declared, "because I fear it might be commercialized. The compound is difficult to make and it deteriorates rapidly. If I published it and quacks or unscientific men started mixing it and treating cancer with it, the results would be disastrous, not only possibly to the patients, but to the ultimate success of the treatment. Improperly mixed or administered the compound would fail to do its work. It would be discredited by the medical profession and it would take years to establish its value. When I have proved to the satisfaction of the medical world that it does its work, it will be time enough to make the formula public."

Dr. Koch's unwillingness to prematurely publish all of his unprotected medical research resulted in him being vilified by organized medicine in America. Subsequently all of the doctors and medical researchers who became interested in Dr. Koch's cancer research were also ostracized by their medical societies for their willingness to investigate and use Dr. Koch's treatment. The fate of Dr. Carroll W. Allen is only one example of the miss use of the absolute power and control over medicine held by the medical authorities in the United States.

- 5) Other examples of this medical injustice include the Dr. Baldor and Dr. Hardy cases. Both of these doctors were attacked and discredited by the medical authorities because they used the Koch medications.

Although Dr. Koch was able to demonstrate his cancer research and conduct additional successful medical research at the Institute du Cancer, Louvain University, Belgium, in 1935, with the cooperation of Professor Maisin, Director of the Institute du Cancer, the validity of Dr Koch's cancer research was not authoritatively recognized in the United States until 1975 when Nobel Laureate Albert Szent-Gyorgyi wrote about his own personal cancer research on his search for a cure for cancer. In this paper³⁰ Dr. Szent-Gyorgyi explained the scientific bases for the fundamental cellular problem, common to all forms of cancer, defective cellular oxidation. Dr. Szent-Gyorgyi wrote:

"...Oxygen makes oxidation, burning possible, and oxidation produces energy. Warburg, the great German biochemist, made energy responsible for the development. But energy cannot transform, build machines, it can only drive them. But if it was not energy which provoked the development, then it had to be oxygen itself which made the difference. 'Oxidation' in scientific language means taking 'electrons,' electric particles from oxidized material. All matter is built of an atomic nuclei and electrons. Taking electrons from a substance means oxidizing it. The oxygen of the air does not take electrons from the living protein, but there are atomic groups, called carbonyls, which contain oxygen which can take single electrons from protein, bringing the proteins hereby into a most reactive form, called 'free radical.' The transformed proteins have very special properties, like electric conductivity. It is here in the electronic dimension that something is out of order in cancer. Carbonyls arrest cell division and my

³⁰ The Search For A Natural Cure For Cancer, 1975

laboratory was led to the conclusion that it is still the carbonyls which arrest cell proliferation and it is the carbonyl which make the cell return to the resting state, after it completed division. If the carbonyls are missing, proliferation has to go on, and cancer results. *We were not the first to be led to such a conclusion. A decade ago a very intuitive researcher, W. F. Koch, came to the same conclusion.* Unfortunately, he did not leave us enough information to enable us to follow his trail.

"By having carbonyls as regulating agents, the problem is by no means solved. We have to find out how the carbonyl fits into the regulation, how it is produced, destroyed and how it acts. There is still a long way to go, but I am very confident that this is the right way and the end is not too far. It is very unfortunate that the research worker on this line has to fight a battle on two fronts: one against nature to learn her secrets. This battle is interesting and hopeful. The other battle is against the narrow bureaucratic thinking. This fight is uninteresting, hopeless and very discouraging, and if not long ago a small group of people, the "Bethesda National Foundation" had not come to my help, I would have had to give up research altogether. What keeps me going is not only their financial support, but also the confidence of my fellow Americans."

In 1979, Dr. Philip Garber contacted Dr. Szent-Georgyi in regards to my father's research and he had suggested that Dr. Szent-Georgyi meet with me in order that he (Dr. Szent-Gyorgyi) might learn more about Dr. Koch's theories, etc. Dr. Szent-Gyorgyi's wrote the following in his letter of November 1, 1979 to Dr. Garber.

"I can tell you, I have a great admiration for Koch. He must have been a very outstanding man. My feeling is that he had a strong intuitive feeling about the role of $C=O$ group and especially its conjugated form as $C=OC=O$ as one of the great regulating forces in nature. It is very unfortunate that he never expressed this clearly and definitely in any (of) his writings known to me. I have been working myself on these lines now for years and the subject has made very great progress and it is doubtful whether the notes of Dr. Koch could help any further.

"I would not like to become involved in the controversy around his name and, maybe, reproached later that I am led in my studies in by the posthumous notes which Paul could put at my disposal. I also doubt whether I could find the time for their study they undoubtedly deserve. I would not like either to revive the controversy around his work. That he has met by hostility is not doubtful for me. I know it from my own experience that people with intuition are regarded as an enemy by those who have none."

The average American does not know the full truth about the influence that the American Medical Association and its Journal has had upon the lives of all of us and the medical treatment we are all permitted to receive. The political

power and influence of the American Medical Association and its Journal in the past, and possibly today, is beyond belief. It is like a two edged sword: with one blade it can destroy evil and with the other blade it can do evil by destroying good. When it tries to destroy good, because that good was contrary to the financial interest of certain A.M.A. members, evil results and we all suffer. The leaders of the A.M.A. and editors of its journal have a moral duty to all of its members, to the medical profession and to the public to be morally honest and upright and a credit to the principles established by Hippocrates.

Likewise, our Federal Government has a moral duty to the public, as well as to Dr. William F. Koch, to atone for its malfeasance, misfeasance and nonfeasance in the matter of Dr. Koch and his medical research and the medicinal treatments that he discovered and developed during his lifetime. Our Government's duty is not only to recognize the correctness of his medical research and the therapeutic value of the medicinal medications he discovered, fought for and defended but also to make these medicines available to every man, woman and child who wants them, free of charge.

Paul M. Koch
April 6, 2003

Reference Material:

- 1) Copy of J.A.M.A. editorial on the Chemical Consequences Of The Removal Of The Parathyroid Glands, W. F. Koch, B.A., M.A.; J.A.M.A., Sept. 27, 1913.
- 2) Copy of a reprint of Dr. Koch's paper A New and Successful Treatment and Diagnosis of Cancer from the Detroit Medical Journal, July 1919, Vol. XX.
- 3) The Detroit Newspaper, Sept. 7, 1919; "Reports New Cancer Serum."
- 4) Newspaper articles: a) Doctors See Progress In Cancer Fight; b) Mayor Offers Dr. Koch Help; and Cure For Cancer To Be Given Test, Fall of 1919.
- 5) Dr. Koch's letter of December 22, 1919 to the Wayne County Medical Society.
- 6) Dr. Koch and Dr. Simmons 1920 correspondence.
- 7) **INSULIN—ITS HISTORY** (*Illustrating the necessity for Copyright and Patent protection on medical research*), Wayne County Medical Society Bulletin, Oct. 29, 1923.
- 8) Dr. H. Edwin Lewis' letter of Nov. 4, 1920 requesting research papers.
- 9) The Koch Treatment from the Congressional Record, Monday, June 7, 1948.
- 10) The "Yale Law Journal Calls AMA Retard to Medicine" article and the Table of Content for this Yale Law Journal article, pages 938-9, May 1954, Vol. 63, #7.
- 11) Fitzgerald Report to the Senate Interstate & Foreign Commerce Committee.
- 12) Dr. Soper's letter of September 27, 1926 to Dr. Koch.
- 13) Dr. Parran's 1937 letter and Georgia Warm Springs Foundation's 1936 letter.
- 14) Professor Maisin's paper on one of Dr. Koch medications: "The Use of Peroxide of Diformaldehyde and Organic Unsaturated Compounds in the Treatment of Anergy and Hyperergy, The Medical Press And Circular, September 7, 1938, Vol. CXC VII, No, 5183.
- 15) The Search For A natural Cure For Cancer, Albert Szent-Gyorgyi, Ph.D., M.D., N.L., and *Electromagnetic Theory of Cancer*, A Nobel Winner's Explanation, 1975.
- 16) Some Informal Remarks On The Treatment Of Cancer, Carroll W. Allen, M.D., read before Orleans Parish Medical Society, April 27, 1925 (first 3 pages) and Dr. Allen's letters of July 2nd, 1925 to his Medical Society and July 30, 1925 to N.O. Medical and Surgical Journal.
- 17) Two cancer articles on the views of Dr. Koch (1925) vs Dr. Warthin (1931).
- 18) The McWhorter Affidavit and the Fort Worth-Star-Telegraph 1949 article and picture of Judy McWhorter – Once Termed Hopeless Case.
- 19) Mary Lou Barnes – Polio article from the Toronto Daily Star, Aug. 22, 1949.
- 20) Voice of The People letters to the Editor, June 1924; re. Koch Treatment.
- 21) Medical Center Hospital letter of July 29, 1942 to Dr. Kannel illustrating the power of the American Medical Association.
- 22) Additional Newspaper Articles, etc:
 - a) Dr. Fishbein Under Fire;
 - b) AMA Admits Putting Censor In Health Post, April 10, 1953;
 - c) AMA Is Loser in High Court, Detroit News, Dec. 18, 1943;
 - d) AMA Warns of Plot by Government;
 - e) Food-Drug Official OK'd Antibiotic – And Made Money;
 - g) **DRUGMAKERS AND THE GOVT.—WHO MAKES THE DECISIONS?**
 - h) Koch Treatment Approved by B.C. Government, Vancouver News-Herald, Saturday, Sept. 9, 1945;
 - f) A Newspaper Reporter's Investigation by Cash Asher.

cannot be discerned. Here, then, is a "test" for the occurrence of regenerative changes in the blood. When it is applied to the behavior of the blood after administration of arsenic the facts observed are the following:¹ Large, toxic quantities produce a mild anemia. The arsenical anemia is hemolytic in character and attended by active compensatory regenerative responses which can readily be detected by the method of estimating oxygen-consumption just referred to. On the other hand, when small doses of arsenic comparable with what are employed in human therapy are experimentally administered to animals, there is no evidence of initial anemia or of consequent regeneration. These facts speak clearly against the theory of compensatory regeneration ascribed to the action of arsenic on the blood in therapy. Investigations with the outcome here noted do not serve to place arsenic therapy for these cases on a more rational or stable basis. It must be remembered, however, that the process of blood-regeneration may be affected differently in health and in disease. It is quite possible that the effects of arsenic which seem to occur clinically must be sought in an influence on conditions that specially prevail in the diseased, in contrast with the healthy organism.

CHEMICAL CONSEQUENCES OF THE REMOVAL OF THE PARATHYROID GLANDS

The complete removal of the parathyroid glands is attended with fatal consequences. This experimental fact speaks decisively with regard to their importance for the maintenance of the bodily functions; it does not, by itself, give any indication of the mode in which the parathyroidal tissue determines the healthy continuance of the normal processes in the organism. As has been done in the case of other so-called glands with internal secretion, so here we may assume that they act in one of several ways—either they furnish some regulatory or stimulating product (a hormone) which is distributed to appropriate parts of the body, or they may act as anti-toxic agencies, neutralizing, modifying or destroying products which would otherwise be harmful to the individual.

The most prominent symptoms of abnormality which attend the removal of the parathyroids are perhaps those of tetany. This is of itself suggestive, though by no means demonstrative, of the participation of a toxic agent in the physiologic events caused thereby. The discovery of toxic bases in large quantities in the urine of parathyroidectomized dogs by Dr. Koch² at the University of Michigan is therefore of more than passing interest. In every case studied methylguanidin was present in the secretion of the kidneys. When this substance was found in smaller quantities, other guanidin bases were present, so that the excreted guanidin nitrogen approached a constant. In addition to these bases others

were observed, namely, beta-imidazoleethylamin, cholin, neurin and unidentified bases, although these were not distributed uniformly in the cases studied.

The histologic picture which appears in the tissues of parathyroidectomized animals is one of cellular disintegration, particularly in such organs as the liver, kidney and brain. Various degrees of chromatolysis are observed in the nuclei, and in some places the latter disappear entirely in large areas. Koch suggests that the passive protein destruction which must accompany such tissue changes may give rise to basic products and thus account for the unusual compounds excreted. Inasmuch as in animals which have been operated on the specific toxic symptoms can be provoked by the feeding of digested protein, it may be that the toxic effects are initiated by products of intestinal or even of parenteral digestion. Normally these derivatives are incorporated in some cell molecule or stored up in some form. In the case of parathyroidectomized animals after feeding digested proteins, it is suggested that the products remain free and act as toxins. In animals operated on when no feeding occurred the symptoms increased in violence with short intermissions until death. The intensity of the symptoms doubtless followed the rate of disintegration of body protein. The pathologic condition would thus appear to be a failure on the part of the cells to build up their protein. This part of the metabolism of the cell, Koch reminds us, is regarded as the function of the nucleus. Such indications, together with the formation of free "nuclein" components, point to a nuclear atrophy. The histologic findings, moreover, show an active "nuclein" degeneration. The reputed relation of the parathyroid to calcium metabolism and the theories of glandular function built up on it have not made effective progress of late. One is not justified at present in saying that these are quite unfounded. Doubtless in the complex disturbances set up by so serious an operation as the complete exclusion of vitally important glands the interrelated consequences are varied and numerous. The outcome of the discovery of the toxic bases in the urine is the suggestion of Koch that the parathyroid secretion appears to be concerned also with anabolic processes related to the synthesis of nuclear contents. Whether or not such a hypothesis can be further substantiated remains to be seen; in any event the final successful isolation of recognized toxic chemical products of traceable origin has paved the way to definite conceptions and specific lines of inquiry where hitherto the explanations have been vague and the outlook unpromising.

The Inaugural Symptoms of Gall-Stones.—The error that has found a place in the minds of all medical men, and has been faithfully carried down from one generation of textbooks to another—that in the majority of cases gall-stones cause no symptoms—has been forever dispelled by the work of the surgeon. In operating in cases of advanced cholelithiasis a history of inveterate though perhaps trivial dyspepsia over a long period can almost always be obtained.—Sir Berkeley Moynihan, Address in Surgery, Brit. Med. Assn., 1913.

1. Sanojoshi, S.: Ueber den Wirkungsmechanismus des Arseniks bei Anämien, *Ztschr. f. exper. Path. u. Therap.*, 1913, xiii, 40.
2. Koch, W. F.: Toxic Bases in the Urine of Parathyroidectomized dogs, *Jour. Biol. Chem.*, 1913, xv, 43.

A NEW AND SUCCESSFUL TREATMENT AND DIAGNOSIS OF CANCER

By WILLIAM F. KOCH, Ph. D., M. D., Professor of Physiology, Detroit College of
Medicine and Surgery; Research Pathologist to the Woman's Hospital;
Director of Laboratory to the Jefferson Clinic.

Statistics show that there are over 200,000 cases of cancer in this country alone. The mortality is one out of eight for females, and one out of twelve for males, in spite of the great advances in diagnosis, surgery, and in the use of X-ray and Radium. It is hardly to be wondered at that the successful treatment of this disease should be sought in some other field of endeavor, as chemistry, for instance. I am glad to be able to announce that such a search has not been barren, and that indeed a number of inoperable cancer cases have already been clinically cured through a bio-chemical treatment with which a fair portion of the Detroit Profession is now familiar.

It is the purpose of this paper to explain briefly the history and principle of this treatment in order to engage interest and co-operation in this very necessary work.

In 1912 and 1913 (I), I reported the occurrence of the toxic quantities of quinine, methyl-quinidine and other alkylated quinidines in the urines of parathyroidectomized dogs, and concluded that these substances were responsible for the symptoms and death of such animals. In 1917, (II), this work was amply confirmed at the University of Glasgow. In the meantime, I was able to isolate from parathyroidectomized dogs' urines the precursor of the quinidines, namely, methylcyanamide. (III) This substance which is formed by other body cells than those of the parathyroid glands after parathyroidectomy quite quickly combines the amino groups liberated in the metabolism of amino-acids and thus becomes a quinine.

I was never able to isolate quinine from any normal tissue or unputrified protein. So it was presumable that whatever quinine was formed in the body had its origin in a cyanamide. Now by preparing the protein of the various living organs so as to kill immediately all the ferments, dry it, and free it from all fats, those groups, which are metabolically active, are preserved for study. And by applying a certain chemical compound which readily binds the cyanamide group, it appeared that all normal tissue proteins contained this group. On testing cancer protein, however, a peculiar behavior was observed which differentiates cancer and normal protein.

This substance when purified, taken up in water and immediately injected subcutaneously into a cancer patient, causes practically no local reaction; but instead, after about 24 hours, a very decided focal

reaction takes place. Wherever the cancer tissue may be, its cells are killed, their ionic concentration increases, the osmotic pressure increases, they take up water, swell and disintegrate. The swelling causes pain and the absorbed, disintegrated products are oxidized causing fever.

Those two things, focal pain and fever, constitute a reaction which lasts all the way from 6 to 48 hours, depending upon the amount of cancer tissue killed, and of course this depends upon the quantity of substance injected. Such a reaction occurs only in cancer cases and only in the presence of cancer tissue. After the cancer tissue has disappeared, no more reaction can be elicited, no matter how large an injection is given, an important diagnostic aid. The specificity of the substance for cancer is evidenced by the fact that while giving these injections in rapid succession (that is daily or every two days for a period of five weeks), a blood count will rise from 2,850,000 to 4,600,000 red cells and the haemoglobin from 37% to 82%. Thus the delicate red cells are not injured. At the same time a mass of cancer tissue, the size of a large cabbage, will entirely disappear, and all the signs and symptoms of the particular cancer will disappear with it, function return, and the patient become clinically cured.

Stomach, liver and rectal cancer clear up the quickest. Uterus cancer responds slightly more slowly. Squamous cell carcinoma responds about one-half as fast as stomach cancer. No cases of cancer that have previously received X-ray or Radium treatment respond to this treatment at all since these agencies have altered the chemistry of the cancer cell. I therefore, cannot make any statements regarding breast cancer, since those breast cases that I have treated have all been previously rayed.

Before presenting a few brief case descriptions, I wish to express my gratitude and appreciation to Dr. Carstens, Dr. Judd, Dr. Paterson, Dr. Irvine, Dr. Palmerlee, Dr. Palmer, Dr. Blain, Dr. Watkins, Dr. Hewitt, Dr. Friedlander, Dr. Hackett, Dr. John Burleson, Dr. Ash, Dr. Van Baalen, Dr. Hurst, for the excellent cases they have offered and for their kind co-operation in the treatments of their cases. I think that interviewing them would prove more interesting and instructive than any mass of details that I could here append.

Case I: Mrs. McG—— referred by Dr. Alexander Blain, age —, weight, 97 lbs., red blood count, 2,850,000. History symptoms and examination led to the diagnosis of cancer of the Uterus, Laparotomy (July 11th, 1918), revealed carcinoma of the Uterine body and cervix with extensive pelvic involvement. Specimen confirmed the diagnosis. The fundus was amputated and the cervix cauterized, but a large quantity of cancer left. Two weeks after the operation, she was treated with my compound, receiving six injections in the buttock. Each treatment was followed by a reaction, the focal pain was severe, and the fever reaching 104. The seventh injection gave no reaction, so the patient was allowed to return home for a rest. Blood count, 2,900,000. Two weeks later, blood count, 3,896,000. She returned for three successive trial treatments. To none of them did she give a reaction. She has been clinically cured now for a year, holding a weight of 131 pounds. Her maximum normal weight some years ago was 136 pounds. This case was prognosticated to have terminated at the latest six months after the operation. So far the treatment has added six months longer of perfect health. She is well to date.

Case 2: Mrs. N, age 47, referred by Dr. Blain, weight 90 lbs., bloods count, 2,200,000. Came to Dr. Blain, having been previously given up to die of gastric cancer by several Detroit physicians, was too weak and cachectic to walk or to risk a general anaesthetic, vomited everything, very marked bloody ascites—3 gallons per week—continuous abdominal pain, with acute exacerbations palpable mass as large as a loaf of bread in upper abdomen. Prognosis, about ten days to live. August 4th, Laparotomy, under local anaesthesia and abdomen explored, showing extensive carcinoma of the stomach, liver and whole upper abdomen apparently about 20 pounds of neoplasm. A small piece was taken from the liver for microscopic examination. Diagnosis returned, adenocarcinoma of pyloric origin. She was immediately given two small injections of the compound. Was having such violent reaction that her relatives took her home to die. Eight months later, she called upon Dr. Blain for another injection, because although she had rapidly recovered and did all the housework and washing for a big family, nearly the whole eight months, her stomach pain had returned the last week and she wanted further treatment. The mass in the abdomen was still palpable and about the size of a grape-fruit. Four more injections were given. Each was followed by severe pain and high fever. At present (four months after the last series of treatments began), the mass is the size of an egg, and the ascites amounts to about two gallons of clear fluid in three weeks. She feels younger, eats everything without any gastric pain distress or vomiting, and does as much hard work as any healthy woman. Her weight is now 130 lbs., showing a gain of 40 lbs. since treatment started. Blood count, 4,200,000.

Case 3: Mrs. B. ——— referred by Dr. Hackett, weight, 70 lbs. This case is a post-operative recurrence of uterine carcinoma, involving the whole pelvis, and causing a vagino-vesicular fistulae with much discharge and considerable hemorrhage. She was taking varying three grains of morphine per day, very weak, very anaemic and cachectic. She was given nine small treatments, from May 3rd to June 1, responding only with slight reaction. The highest fever was 101.2°. Her recovery was gradual. The patient has no more pain, takes no more morphine, hemorrhage stopped early, there is no more odorous discharge. She is up and about, quite strong, weight 94½, showing a gain of 24½ lbs. in seven weeks. The only remaining sequel is the fistula. There are no palpable or visible signs of carcinoma.

Case 4: Mr. L. ———, referred by Dr. Hewett, age 56, weight (no record), blood count (no record). This patient had a squamous cell carcinoma, the size of a grape fruit, of the right cervical region, extending from above the ear to below the clavicle and involving the glands of the opposite side. Very severe pain, and frequent copious hemorrhage had left him moribund. Several physicians had prognosticated his maximum length of life to be seven or ten days. His first injection was given January 14, 1919. He started to pick up immediately. After 16 injections he was apparently cured, no longer giving reactions. The mass was gone and the patient strong and buoyant. His neck was explored by Dr. Hewitt, who found no cancer issue present. Allowed to go home where he has enjoyed several weeks of "life worth living."

Case 5: Mrs. S, age 72, referred by Dr. Watkins, weight (no record), blood count, 2,850,000 haem., 37%. Diagnosis of carcinoma of the stomach was made from clinical history, symptoms and clinical findings. No palpable tumor. Patient had serious gastric hemorrhage pain and inability to retain food. Treatment started May 9, 1919. Given six injections at intervals of two or three days. Reactions, rather violent. Daily blood counts showed a steady rise, till at discharge, June 9, 1919, Blood count, 4,576,000, haem., 78%. No more stomach pain, can eat anything, strength returned, cachectia disappeared and feels better than three years ago, looks ten years younger, and gained nearly 2,000,000 red cells per cu. m., while under five weeks' treatment and doubling her haemoglobin content; also increasing her diet in that period from ½ oz. each of milk and cream hourly, to finally bread, vegetables with meats.

Case 6: Mrs. Z, age 63, referred by Dr. Friedlander, weight (no record), blood count (no record). Diagnosis of carcinoma of the stomach by clinical history, symptoms, signs, and exploratory operation, at which a mass as large as a large cabbage was found involving the upper abdomen. Patient quite weak, could not even hold milk or toast on stomach, pain very severe. After nine injections, mass completely disappeared so far as palpation can reveal. Reactions were severe, fever reaching 104.3. All gastric symptoms are gone. She eats any food, including raw onions, without any signs of distress. Gained weight and strength. Not easily fatigued.

Case 7: Mr. McK, referred by Dr. Burleson, of Grand Rapids. By examination, clinical history and symptoms, diagnosed massive carcinoma of the rectum. Patient very weak but took a room in a squalid basement in a poor quarter of the city. Diet, bananas, when he felt well enough to go after a few. He was given four treatments in the early part of June and went back home much younger and happy. On his way, stopped in at Burleson's for examination. I immediately received a visit of congratulation from Dr. Burleson, who stated that he had three of his associates examine this case after treatment and that they all agreed that all traces of the cancer were gone.

It appears from these brief case histories, that each injection does its work and that the growth does not become immune to the treatment, that destruction of the cancer removes all its noxious activities as eroding blood vessels, nerves, etc., and that the toxic products are no longer generated, so that the cachectia disappears and a return to the normal strength, body weight and blood count ensue.

I believe that you will appreciate the importance of this cancer work and believe that you are all interested in my request for co-operation. I wish to work up very fully several hundred cases for final report. I shall be glad to interview anyone regarding this matter, but for reasons that you will appreciate, wish only cases, that have not received Ray treatments.

BIBLIOGRAPHY.

- I. Koch Jour. Biol. Chem., 1912, Vol. XII, p. 313; Jour. Biol. Chem., 1913, Vol. XV, No. 1, p. 43.
- II. Paton, Findlay, Watson, Burns, Sharp, Wishart, Quart. Jour. Phys. 1917, Vol. X, Nos. 3 and 4.
- III. Koch Jour. of Med. and Surg., Jan., 1918, pp. 1 to 9. (727 Jefferson Ave.)

REPORTS NEW CANCER SERUM

Professor at Detroit College
Sits Medical Profession
by Announcement

Members of the medical profession in Detroit have been stirred by the announcement of a new treatment of cancer by Dr. William F. Koch, professor of physiology at the Detroit College of Medicine and Surgery, and the statement he has already clinically cured a number of inoperable cancer cases.

Dr. Koch's announcement is made in the issue of the Detroit Medical Journal, in a paper entitled "A New and Successful Treatment and Diagnosis of Cancer."

He describes the treatment as "a sub-cutaneous injection of about 20 drops of a bio-chemical compound."

RESULTS OF LONG STUDY

This compound, Dr. Koch told a reporter, is the result of nine years of study and experiment which began in the chemical laboratory of the University of Michigan, with his study of the function of the parathyroid glands, four glands, about the size of a small pea, lodged deep in the neck.

"The function of the parathyroid glands," Dr. Koch said, "was a mystery from the time these glands were discovered until some years ago, when I cleared up the matter to a point where a very important disease, tetanospasms, and the changes which constitute cancer could be studied. Tetanospasms treatment will be reported soon in some medical journal. (Tetanospasms is an intoxication resulting from inflammation of the parathyroid glands. It occurs in pregnant women and is quite rare.)"

"The parathyroid glands are non-essential to life. If they are injured the affected person dies in a characteristic way—in convulsions."

"The first contributions to this subject were made at Johns Hopkins University. Unfortunately they were erroneous and only made the mystery deeper. It was when I discovered that when these glands are injured certain poisonous substances develop from a previously useful substance that we were placed on the right track again. The poisonous bodies are called guanidine and they develop from a hormone which I found to be methyl-guanidine."

CHARACTERISTIC ACTION

"While testing the various organs for the presence of this compound and while testing cancer the whole way, I noted the difference between cancer and normal tissue and it is this difference that forms the basis of my cancer treatment."

"The action of this compound, which Dr. Koch asserts, destroys cancer tissue and has no effect on normal tissue, has been an astonishing discovery."

"The serum is injected into the cancer by the blood. The cells are killed, the blood pressure is increased and they become waterlogged and swell. The pressure of the swelling causes pain until the killed part has been eliminated and absorbed, and the absorption of burning up, causes fever, usually occurring within a few days after the injection."

HAS NEW CANCER TREATMENT



DR. WILLIAM F. KOCH

no recurrence of the cancer, the patients have been cured.

Although all spoke of Dr. Koch's treatment with that reserve which is discounting the value of another man's discovery of a disease-treatment, marks the utterance of respectable physicians, jealous of their own professional reputations, they were unanimous in the opinion that Dr. Koch's treatment has shown a remarkable result. That, from the viewpoint of the physician, caution in judging a cancer cure is natural, is emphasized by the statement of Dr. J. H. Charlton, and solemnly echoed by two others of the physicians interviewed, that "the man who discovers a cure for cancer will be the greatest man in the world."

ILLUSTRATIVE CASES

Dr. Alexander W. Blum, surgeon, head of Jefferson Hotel, Dr. Koch is one of the most brilliant physiological chemists in the country. It is too early to say he has a cancer cure, and it should not be regarded as a cure-all but an adjustment to the treatment of cancer. No cure can be established until five years have shown there is no recurrence of the disease. But what he has done is this: He has made people well who were going with cancer, that they had only a few weeks to live. Several patients he treated for no more working hard and enjoying life a year after they should have been dead. Even if Dr. Koch said no further with his work than he is now, and he is experimenting now with his fifteenth patient, I believe even if he had not discovered an absolute cure for cancer, he has added years to the lives of many patients.

tion. I operated on her and took out much cancerous growths as were apparent. Later, the cancer grew again. Dr. Koch gave her four injections and she is now apparently entirely well. I have seen some excellent work done with radium, but never anything so remarkable as this. Dr. Koch should be given every opportunity to prove the value of his treatment."

Dr. C. Hollister, president of the medical board of Women's Hospital, said: "When we stop to consider that one woman in every seven and one in every 12 have cancer, the importance of the work Dr. Koch is doing can not be overrated, though it is too early to say that he has a cure for cancer. He has been working under many handicaps. The cases given him have been the hopeless ones, where the surgeons saw the uselessness of impossibility of further operation, and his treatment has shown remarkable results."

SHOULD BE ENCOURAGED

"Everything should be done to encourage him in his work. He should not be obliged to think for instance, of expense. Yet his serum costs him \$1 an injection, I believe. It ought to be given \$100,000 to carry on his work and he ought to have a ward in a hospital where he could concentrate his patients. Women's Hospital is arranging to give him 12 beds. Dr. Koch's work, which is still experimental, is important in this sense, he is studying cancer physiologically rather than pathologically. That is, instead of working on the appearance of a dead person, he is working on patients who are alive. There might be a question as to which method

Continued

ing up, caused fever, usually occurring about 12 hours after the injection of the serum. Cancer victims who absorbed also serum no doubt inhaled. If the patient had been treated a long time before the cancer of the stomach, a large cancer of the stomach, it would be a great relief, and actually given strength to the patient. Cancer patients, however, killed by the serum treatment, given products, are very toxic, immediately, and in some instances, to kill the patient. Dr. Koch's treatment will not, he says, cure cancer that has previously had X-ray or radium treatment. I have treated 30 such cases and never injured the treatment was successful, he said, except that it is a matter of electron, which is in the dark as to the exact nature of the change in the cancer chemistry induced by X-ray or radium treatment. I am now trying to solve that problem. Dr. Koch says that he has cured several cases of breast cancer, but I have had good results with all cancer, several times, he has said, but I have not had enough experience with it to say that my compound will cure it. The compound was not constructed according to the chemistry of such growth. The material I used for melanoma when starting the work was a rootlet and stomach cancer. The type that responds best to the treatment are cancers of the liver, stomach, intestine, rootlets, and uterus, which are apparently rapidly and completely cured. About ten fibroids of the uterus Dr. Koch says will completely cure a stomach cancer. As big as a human head and stomach cancers are practically always inoperable. I had a woman, patient, had a growth as large as a watermelon. She was too weak to walk and wanted to live, but until her son returned from France, I did not expect her to live. I told her to live as well as any of us. I gave her the same with all stomach cancer I have treated, they are all cured. I have treated her cancer, and she is now a healthy woman. I have treated cancer that has not been treated with X-ray or radium. All Dr. Koch's cases have been well advanced. It makes no difference in the success of the cancer treatment their near death, the patient may be, he says. I think as long as the blood is circulating to carry the serum from the site of the injection through the growth, the compound will do its work. Of course some patients may be completely exhausted, as to die, anyhow, or they may have some other fatal malady. If one of the patient's vital organs is destroyed, curing the cancer obviously will not save his life. He is likely to die before the cancer is cured. Dr. Koch says, I think, that it is not necessary to kill the organ. According to Dr. Koch, not one case of cancer in the history of the world had been cured by medical treatment until he discovered his compound. Several Detroit physicians whom Dr. Koch thanks in his paper, for their co-operation in his cancer treatment, have confirmed Dr. Koch's statement that the long established clinical cures of cancer in special cases, which are not cured by any other means, have been cured by his treatment. They explained that, insofar as cancer is determined without exhausting the patient by operation to justify a positive statement that it is a cure of cancer, reliable, or by waiting for a return to condition that there is

cancer, he has added years to the lives of cancer victims. There are nearly 300,000 victims of cancer in the country and if they could all have a few years of usefulness added to their lives the saving to the country would be enormous. What he has already done is a boon to humanity and a great step forward in physiological chemistry. CONFIDENCE IN KOCH. Dr. Walter J. Blackett, visiting gynecologist and obstetrician, Women's Hospital. There is no question of Dr. Koch's sincerity and ability. It will take five years to determine whether or not he has a real cure for cancer, but I have enough confidence in his treatment to let him inject his serum into any cancer patient of mine. I had an old patient, an old woman who was very far gone. At Koch's suggestion I gave a ward in a hospital with a number of cases, proved beyond the shadow of a doubt to be cancer. Then a commission of physicians should be appointed to watch the effect of Dr. Koch's treatment on the patients. If he had 100 cases of positively proved cancer and he had cured 90 per cent of the cases, he would be getting some credit. If he can cure 75 per cent of his cases—even if he has not a positive cure for all cancer—his discovery is a boon to humanity; for the man who discovers a cancer cure will be the greatest man in the world. One of the difficulties of curing cancer is that ordinarily it is not discovered until the case is too far advanced to be operated. Operations are successful if the cancer is caught early enough and if all the cancer cells are removed. If, however, a few of the cells escape and spread through the lymph tracts or the blood vessels to other parts of the body, the cancer will break out again and it is obvious that only a certain amount of tissue can be removed from the body. VERIFIABLE FORMULA. "Where a case has been operated and the cancer breaks out again, there is almost no curing it by further operation. The trouble with making any announcement of a cancer cure is that too much will be expected of it, as too much was expected of the X-ray and other innovations. The X-ray is of wonderful assistance in diagnosing, in locating, foreign particles in wounds, examinations of stomach or intestines, and in discovering broken or dislocated bones, but it is not a cure. It is a people's thought when the discovery was announced." The establishing of a commission of physicians to study the progress

of the cancer he treats. Dr. Koch says exactly what he wants. "I do not want to make the formula public just yet," he declared. "because I fear it might be counterfeited. The compound is difficult to make and it deteriorates rapidly. If I published it and quacks or unscientific men started mixing it and treating cancer with it, the results would be disastrous, not only possibly to the patients, but to the ultimate success of the treatment. Improperly mixed or administered the compound would fail to do its work. It would be discredited by the medical profession and it would take years to establish its value. When I have proved to the satisfaction of the medical world that it does its work, it will be time enough to make the formula public."

REPORTS NEW CANCER SERUM

**Professor at Detroit College
Stirs Medical Profession
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Members of the medical profession in Detroit have been stirred by the announcement of a new treatment of cancer by Dr. William F. Koch, professor of physiology at the Detroit College of Medicine and Surgery, and the statement he has already clinically cured a number of inoperable cancer cases.

Dr. Koch's announcement is made in the issue of the Detroit Medical Journal, in a paper entitled "A New and Successful Treatment and Diagnosis of Cancer."

He describes the treatment as "a subcutaneous injection of about 30 drops of a bio-chemical compound."

RESULT OF LONG STUDY,

This compound, Dr. Koch told a reporter, is the result of nine years of study and experiment which began, in the chemical laboratory of the University of Michigan, with his study of the function of the parathyroid glands, four glands, about the size of a small pea, lodged deep in the neck.

"The function of the parathyroid glands," Dr. Koch said, "was a mystery from the time these glands were discovered until some years ago when I cleared up the matter to a point where a very important disease, Eclampsia, and the change which constitutes cancer could be studied. Eclampsia treatment will be reported soon in some medical journal." (Eclampsia is an intoxication resulting from insufficiency of the parathyroid glands. It occurs in pregnant woman and is quite rare.)

"The parathyroid glands are necessary to life. If they are injured the afflicted person dies in a characteristic way — in convulsions.

"The first contributions to this subject were made at Johns Hopkins University. Unfortunately they were erroneous and only made the mystery deeper. It was when I discovered that when these glands are injured several poisonous substances develop from a previously useful substance that we were placed on the right track again. The poisonous bodies are certain guanidins and they develop from a hormone, which I found to be methyl-cyanimide."

COMPOUNDS ACTION,

"While testing the various organs for the presence of this compound and also testing cancer the same way, I noted the difference between cancer and normal tissue and it is this difference that forms the basis of my cancer treatment." The action of this compound, which Dr. Koch asserts, destroys cancer tissue and has no effect on normal tissue, he describes as follows:

"The serum is carried to the cancer by the blood. The cells are killed. Their osmotic pressure increases and they become waterlogged and swell. The pressure of the swelling causes more pain until the killed part has been disintegrated and absorbed, and the absorption, or burning up, causes fever, usually occurring about 12 hours after the injection of the serum. Cancer tissue so absorbed also serves as nourishment. If the patient has been starved a long time because of cancer of the stomach, a large cancer, paradoxical as it is, is a benefit since, once killed, it supplies food elements and actually gives strength to the patient. Cancers previously treated with X-ray or radium, however, if killed by the serum treatment, gives products that are very toxic, sufficiently so, in some instances to kill the patient.

Dr. Koch's treatment will not, he says cure cancers that have previously had X-ray or radium treatment.

TYPES READILY CURED,

"I have treated 30 such cases and in every instance the treatment was a failure," he said, "Except that it is a matter of electron vibrations, I am in the dark as to the exact nature of the change in the cancer chemistry induced by X-ray or radium treatment. I am now trying to solve that problem."

Neither will Dr. Koch say that his serum will cure skin cancer or breast cancer.

"I have had good results with skin cancer several times," he asserted, "but I have not had enough experience with it to say that my compound will cure it. The compound was not constructed according to the chemistry of such growth. The material I used for analysis when starting the work was rectal and stomach cancer. The types that respond best to the treatment are cancers of the liver, stomach, intestines, rectum and uterus, which are apparently rapidly and completely cured.

About ten injections of the serum, Dr. Koch says, will completely cure a stomach cancer as big as a man's head and stomach cancers are practically always inoperable.

BAD CASE CITED,

"I had a woman patient last August," he said, "with a cancerous growth as large as a watermelon. She was too weak to walk and wanted to live only until her son returned from France. I did not expect her to live a week. Today she is as well as any of us. It is the same with all stomach cases I have treated; they are either entirely well or getting well as quickly as treatment proceeds. And the same is true of rectum or uterus cancer that have not been treated with X-ray or radium."

All Dr. Koch's cases have been well advanced. It makes no difference in the success of the cancer treatment how near death the patient may be, he asserts.

"Just as long as the blood is circulating to carry the serum from the site of injection through the growth, the compound will do its work," he said. "Of course some patients may be so completely exhausted as to die, anyhow, or they may have some other fatal malady. If one of the patient's vital organs is destroyed; curing the cancer obviously will not save his life. He is likely to die before the cancer is cured."

CONFIRMED BY PHYSICIANS,

The stomach, Dr. Koch, says, although important, is not necessarily a vital organ.

According to Dr. Koch, not one case of cancer in the history of the world had been cured by medical treatment until he discovered his compound.

Several Detroit physicians whom Dr. Koch thanks in his paper for their co-operation in his cancer treatment, have confirmed Dr. Koch's statement that he has established clinical cures of cancer in specific cases.

By "clinically cured" is meant, they explained, that insofar as can be determined without exploring the patients by operation to justify a positive statement that no trace of cancer remains or by waiting five years to ascertain that there is no recurrence of the cancer, the patients have been cured.

Although all spoke of Dr. Koch's treatment with that reserve which, in discussing the value of another man's discovery of a disease-treatment, marks the utterances of reputable physicians, jealous of their own professional reputations, they were unanimous in the opinion that Dr. Koch's treatment has shown remarkable results. That, from the viewpoint of the physician, caution in indorsing a "cancer cure" is natural, is emphasized by the statement of Dr. J. H. Carstens, and solemnly echoed by two others of the physicians interviewed, that "the man who discovers a cure for cancer will be the greatest man in the world."

BRILLIANT CHEMIST,

Dr. Alexander W. Blain, surgeon, head of Jefferson clinic: "Dr. Koch is one of the most brilliant physiological chemist in the country. It is too early to say he has a cancer cure, and it should not be regarded as a 'cure-all' but as an adjunct to the treatment of cancer. No cure can be established until five years have shown there is no recurrence of the disease. But what he has done is this: He has made people well who were so far gone with cancer that they had only a few weeks to live. Several patients he treated for me are working hard and enjoying life a year after they 'should have been dead.' Even if Dr. Koch gets no further with his work than he is now — and he is experimenting now with his fifteenth mixture, I believe — even if he has not discovered an absolute cure for cancer, he had added years to the lives of cancer victims. There are nearly 300,000 victims of cancer in the country and if they could all have a few years of usefulness added to their lives the saving to the country would be enormous. What he has already done is a boon to humanity and a great step forward in physiological chemistry."

CONFIDENCE IN KOCH,

Dr. Walter L. Hackett, visiting gynecologist and obstetrician, Woman's Hospital: "There is no question of Dr. Koch's sincerity and ability. It will take five years to determine whether or not he has a real cure for cancer, but I have enough confidence in his treatment to let him inject his serum into any cancer patient of mine. I had, as a patient, an old woman who was very far gone. At Koch's suggestion I operated on her and took out such cancerous growths as were apparent. Later, the cancer grew again. Dr. Koch gave her four injections and she is now apparently entirely well. I have seen some excellent work done with radium, but never anything so remarkable as this. Dr. Koch should be given every opportunity to prove the value of his treatment."

Dr. C. Hollister Judd, president of the medical board, Women's Hospital: "When we stop to consider that one woman in every seven and one man in every 12 have cancer, the importance of the work Dr. Koch is doing can not be overrated, though it is too early to say that he has a cure for cancer. He has been working under many handicaps. The cases give him have been the 'hopeless' ones, where the surgeons saw the uselessness or impossibility of further operation, and his treatment has shown remarkable results."

SHOULD BE HELPED,

"Everything should be done to encourage him in his work. He should not be obligated to think, for instance, of expense. Yet his serum costs him \$8 an injection, I believe. He ought to be given \$100,000. to carry on his work and he ought to have a ward in a hospital where he could concentrate his patients. Women's

Hospital is arranging to give him 12 beds. Dr. Koch's work, which is still experimental, is important in this sense, he is studying cancer physiologically rather than pathologically. That is, instead of working on the cancer tissue of a dead person, he is working on patients who are alive. There might be a question as to which method is more interesting to the physician, but there is no question of which appeals more to the patient."

Dr. J. H. Carstens: "He has apparently effected some wonderful cures, but it is too soon to say this positively. I am against publicity in the matter, as we do not want persons afflicted with cancer to flock to Detroit for treatment when they will not be able to be taken care of. Dr. Koch will get all the cases he needs."

TOO EARLY TO PREDICT,

Dr. G. H. Palmerlee: "Dr. Koch treated an old man for me. The growth seems to have reduced materially and the patient began feeling better after the first few treatments. It is too early to say that Dr. Koch has a cure for cancer. He should be given a ward in a hospital with a number of cases proved beyond the shadow of a doubt to be cancer. Then a commission of physicians should be appointed to watch the effect of Dr. Koch's treatments on the patients. If he had 100 cases of positively proved cancer and he established cures in 90 per cent of the cases, he would be getting somewhere.

"If he can cure 75 per cent of his cases — even if he has not a positive cure for all cancer — his discovery is a boon to humanity, for the man who discovers a cancer cure will be the greatest man in the world. One of the difficulties of curing cancer is that ordinarily it is not discovered until the case is too far advanced to be operated. Operations are successful if the cancer is caught early enough and if all the cancer cells are removed. If, however, a few of the cells escape and spread through the lymph tracts or blood vessels to other parts of the body, the cancer will break out again and it is obvious that only a certain amount of tissue can be removed from the body.

WITHHOLDS FORMULA,

"Where a case has been operated and cancer breaks out again, there is almost no curing it by further operation. The trouble with making any announcement of a cancer cure is that too much will be expected of it, as too much was expected of X-ray and other innovations. The X-ray is of wonderful assistance in diagnosing, in locating foreign particles in wounds, obstructions of stomach or intestines, and in discovering broken or dislocated bones, but it is not a cure all, as people thought when its discovery was announced."

The establishing of a commission of physicians to study the progress of the cases he treats is, Dr. Koch says, exactly what he wants.

"I do not want to make the formula public just yet," he declared, "because I fear it might be commercialized. The compound is difficult to make and it deteriorated rapidly. If I published it and quacks or unscientific men started mixing it and treating cancer with it, the results would be disastrous, not only possibly to the patients, but to the ultimate success of the treatment. Improperly mixed or administered the compound would fail to do its work. It would be discredited by the medical profession and it would take years to establish its value. When I have proved to the satisfaction of the medical world that it does its work, it will be time enough to make the formula public."

DOCTORS SEE PROGRESS IN CANCER FIGHT

Wayne County Medical
Society Plans to Give
Serum to the
World

The Koch cancer serum is to be given to the world.

Dr. James H. Carstens, president of the faculty of the Detroit College of Medicine and Surgery, made the announcement today.

The Wayne County Medical society, which is closely affiliated with the American Medical Association, will distribute the serum through a committee of five. It will be manufactured by Prof. William F. Koch and his associates in the laboratories of the medical college.

Mayor Couzens is expected to ask permission of the city council to turn over a section of the Edman Kiefer hospital for Detroit to the disbursement of the matter with Dr. Carstens yesterday.

No claim has been made as yet that the serum will cure cancer. But a nation-wide effort will be made to learn just what the preparation will accomplish. Really marvelous results have been achieved by Dr. Koch in Detroit physicians report. And the medical society is unanimous in the belief that the preparation everywhere should be given the opportunity to try out the serum and report on its effects. In this way a successful march upon the dread disease at last may be accomplished. Again the attempt may fail. Time will tell.

Recently through publication in a medical journal of an article by Dr. Koch, news of the serum was spread abroad. Newspapers took up the cry with the result that today every train is bringing cancer sufferers to Detroit every hour more telegrams and letters from the hopeful who mislaid in the belief that a cure actually had been found hope to obtain some of the serum or come to Detroit for personal care and observation.

This rush of afflicted persons to the city perhaps has hastened the decision of Prof. Koch and his associates to give the serum to the medical profession. Physicians everywhere now will be given the opportunity to use the preparation under every conceivable condition and upon every variety of the disease. The serum will first be put upon the verdict of the profession as a whole, and in this manner Dr. Koch and his friends are content to

DETROIT, MICHIGAN, TUE

MAYOR OFFERS DR. KOCH HELP

Invites Physician To Discuss
Cancer Remedy; Suggests
Use of City Hospitals.

Mayor Couzens has invited Dr. William F. Koch, professor of physiology at the Detroit College of Medicine, whose new treatment for cancer was announced Sunday, to call at the City Hall for a conference looking toward the extending of municipal facilities to the physician to aid in the development of his treatment.

"If, through the city's hospitals or municipal departments, we can be of any assistance to Dr. Koch, we will offer them to him," the Mayor said.

STUDIED NINE YEARS.

Dr. Koch's treatment is the result of nine years' study and experiment, which began at the University of Michigan. Dr. Koch studied the functions of the parathyroid glands at the state university and developed his treatment.

The doctor said that his treatment will cure cancers of the liver, stomach, intestines, rectum and uterus. Ten injections of the serum, it is claimed, will cure a stomach cancer as big as a man's head.

FORMULA IS WITHHELD.

All of Dr. Koch's cases have been well advanced. For the present he is withholding his formula, fearing it might become commercialized or fall into the hands of quacks. He invited the establishment of a commission of physicians to study the progress of his cancer. This may result from the Mayor's invitation.

Mayor Couzens is interested in the reported cure. An one of the trustees of Harper Hospital he has come into contact with prominent physicians with whom he may discuss means of assisting Dr. Koch.

CURE FOR CANCER TO BE GIVEN TEST

Medical Society to Investigate
Dr. Koch's Treatment

Under the auspices of the Wayne County Medical society the cancer treatment recently perfected by Dr. William F. Koch, of the faculty of the Detroit College of Medicine and Surgery, has entered upon its decisive trial. A selected list of cases are now under treatment, or soon will be placed under treatment with the consent of a group of Detroit physicians and surgeons interested in the subject, and will be closely observed.

It is not probable, however, that any definite opinions will be reached for a number of months. Dr. James H. Carstens, president of the faculty of the Detroit College of Medicine and Surgery, put this period of investigation at four months when questioned Thursday evening at his home.

"We do not intend to raise any false hopes," he said. "Of course, the treatment of Dr. Koch is promising, also we would not be bothering with it. It is not a serum, as it has been frequently called, but a synthetic preparation, or compound."

"It will be thoroughly tried in Detroit by our own men for a period of three or four months. Then, if it has the results that are expected, it will be more widely distributed among physicians throughout the country."

"It will not be possible to tell anything definite about its curative qualities for some years—say five years. Cancer is not like scarlet fever that it can be cured quickly. It is a matter of slow development."

"DOCTORS SEE PROGRESS IN CANCER FIGHT"

"Wayne County Medical Society Plans to Give New Serum to the World"

"The Koch cancer serum is to be given to the world.

"Dr. James H Carstens, president of the faculty of the Detroit College of Medicine and Surgery made the announcement today.

"The Wayne County Medical Society, which is closely affiliated with the American Medical Association, will distribute the serum through a committee of five.² It will be manufactured by Prof. William F. Koch and his associates in the laboratories of the medical college (The Detroit College of Medicine).

"Mayor Couzens is expected to ask permission of the city council to turn over a section of the Herman Kiefer Hospital for Detroit tests. He discussed the matter with Dr. Carstens yesterday.

"No claim had been made as yet that the serum will 'cure' Cancer. But a nation-wide effort will be made to learn just what the preparation will accomplish. Really marvelous results have been achieved by Dr. Koch in Detroit, physicians report and the medical society is unanimous in the belief that the profession everywhere should be given the opportunity to try out the serum and report on its effects. In this way a successful march upon the dread disease at last may be accomplished. Again the attempt may fail. Time will tell.

"Recently, through publication in a medical journal of an article by Dr. Koch, news of the serum was spread abroad. Newspapers took up the cry with the result that today every train is bringing cancer sufferers to Detroit; every hour more telegrams and letters from the hopeful who, misled in the belief that a 'cure' actually has been found, hope to obtain some of the serum, or come to Detroit for personal care and observation.

"This rush of afflicted persons to the city perhaps has hastened the decision of Prof. Koch and his associates to give the serum to the medical profession. Physicians everywhere now will be given the opportunity to use the preparation under every conceivable condition and upon every variety of the disease. The serum will rise or fall upon the verdict of the profession in whole, and in this finding Prof. Koch and his friends are content to concur."

WM. F. KOCH, A.M., Ph.D., M.D.
Detroit, Michigan

December 22, 1919

"To the Wayne County Medical Society:

"Gentlemen — A committee appointed by the Wayne County Medical Society met me last Friday and requested me to present information regarding my cancer treatment.²

"I was told the information was desired so as to ascertain:

1. Whether the work was worth continuing.
2. To dispel misunderstandings and prevent further false reports that have arisen against my methods.

"Now the first question requires no answer. This method has tentatively cured a sufficient number of cancer cases to demonstrate that there is a scientific principle underlying it. This principle needs development, both chemical and clinical, so there can hardly be any question about whether the work is worth while.

"The second question can be answered by a short history of this work.

1 " Only cases beyond other means of help have been treated by me. For a long time, indeed, most of the cases that have come to me were moribund before treatment. A large number of these cases needed most urgent relief from changes secondary to the cancer. They offered material for experiment rather than cure.

2. "The first compounds used were tentatively curative in carcinoma of gastrointestinal and endometrial origin, but there was the possibility of preparing a large number of closely related compounds all of which should possess some positive or negative value in treating cancer. Moreover, there were types of cancer that did not respond to the first series of compounds and the fact that rayed cancer was clinically different from unrayed cancer made it paramount to prepare as many of the compounds of the series as could be prepared and to try them clinically for positive or negative value. Most of the time since last March was spent preparing and testing these compounds. Now, when we remember that the rule in advanced cancer is that the patients run their course and die, instead of getting well, as in pneumonia, for instance, and since the vitality of my patients was, as a rule, very low, and because they were treated by compounds of uncertain action used in sequence as they were prepared, the number of tentative recoveries was necessarily small; but yet some valuable information has come from the small amount of autopsy material. Likewise, pieces of tissue removed during treatment have given valuable information. Of the clinical results, a number of tentative cures have been established, also a number of clinical improvements, all of which has demonstrated that among the 22 compounds used, as far as can be judged from the small number of cases treated, one compound specifically kills cancer arising in the gastrointestinal tract and endometrium and endocervix; one compound kills breast cancer of one type only, specifically; one compound kills rodent ulcer specifically. Several compounds have no demonstrable effect, and several recently

² Note that Dr. Koch refers to his treatment as a "cancer treatment", not a "cancer cure"; it was the Wayne County Medical Society refers to this treatment as a "cancer cure".

prepared compounds very markedly increase the rate of growth of cancer of the gastrointestinal tract and prostate.

"So much for the results to date.

"The maintenance of the work was for the first year entirely personal. The meager facilities of the Laboratory of Physiology of the Detroit College of Medicine and Surgery were used then also. Since March about 30 percent of my patients have contributed to the work. The other 70 percent are treated free.

"In regard to cooperation: I am greatly indebted to those member of the Wayne County Medical Society that have given their clinical support. I believe they are physicians in the true sense of the word. It must be expected, however, that the necessary element of falsifiers have in their number those and their adherents who at one time expected that financial advantage would accrue to them from the work. Moreover, there always are those who are jealous.

"My aim is entirely idealistic, and so far as I know now, I shall contribute my findings in every detail only when I can establish them completely scientifically, so completely, indeed, that any question can be answered by the scientifically obtained facts in hand.

"In order to establish this work in such a way, money is needed to pay a clinical staff. Ehrlich was given a million dollars to find a remedy for syphilis. I have attacked this heretofore impossible cancer problem on my own resources, together with the very small facilities of my college laboratory.

"From this effort something tangible has developed, which, if applied in the treatment of cancer, should relieve many sufferers, and which, when scientifically extended, should afford new means of relief.

"Whether or not the Wayne County Medical Society wishes to cooperate with me is up to the society. The cooperation must be spirited. In the first place, the attitude expressed in the editorial in the Bulletin of December 22 must be corrected. The first paragraph of this editorial is false, as the editor could have easily determined if he had taken the trouble to ascertain. The third paragraph is also a misrepresentation. The Board of Health and the Wayne County Medical Society offered something which at first promised to become the long hoped for chance for a scientific study, but very soon proved to be only an opportunity for something not worth while, simply a preliminary clinical report.

"Such a report we already have, and no report is of value unless the compounds are reported. This I will consent to do only when I can make a scientific report showing the how and why certain compounds act on cancer.

"To make such a report, a clinical staff and at least one paid chemist and one assistant chemist is necessary. I was not able to secure a chemist under less than one-year contract, and the beds at Herman Klefer hospital were not allotted for that time. Indeed, the superintendent informed me four weeks after the beds were granted that they would be needed for contagious diseases. No working arrangement could thus be made for the desired report. Then the committee did not cooperate with me. One member never visited the hospital and only attended the final meeting to subscribe his name to the report of my negligence.

"Another member, who is supposed to have a corner on cancer tissue, when this work was first started and when I was introduced to him to ask for cancer material, turned his back on me and refused the introduction. Other members of the committee, who seemed to be fair and unbiased at first, soon came under the sway of those whom they knew and said

were distinctly unfriendly to me and my work. There was thus no common aim and could be no cooperation.

"The fourth paragraph says I promise much and charge well. Nothing is further from the truth. I promise nothing. My patients know this, and I require them to be examined from time to time by their physician that refers them to me. This aids my judgment as to the results and keeps the patients informed accurately. I have referred already to the 30 per cent that pay and the 70 per cent that do not.

"The last paragraph of the editorial touched on the secret of my success. I try to discuss this problem with those I respect sufficiently in the hope that they will offer encouragement and guidance; and from them only do I wish to receive it.

"Otherwise the best cooperation the Wayne County Medical Society can give is to leave alone a matter they have never advanced. I should not be asked to give my time to any activity that cannot aid me in placing this work for the treatment of cancer on a distinctly scientific basis. All of my time is needed and given to this end. In the future I shall have no time for any further activities that are not directly constructive to the intrinsic value of this work."

Sincerely yours,

W. F. Koch

Aug. 3, 1920

"Dr. George H. Simmons
Chicago, Ill.

Dear Dr. Simmons:

"I have been working for the last few years on a treatment for cancer, which requires now to be presented to the medical profession in the proper, and I need your advise in further procedure.

"I would like my report to the profession to be authoritative in placing the scientific status and clinical value of this treatment and I can see no better way than that the material for this report be worked up and reported under the supervision of a committee appointed by the A.M.A. In order that there should be no undesirable secrecy I am willing to submit for publication in the Journal a preliminary report with ample material to explain the working of the treatment.

"It might convenience matters if the material for the final report be worked out at the University of Mich. Hospital, if such a step could be arranged.

"I would like to know your disposition of the matter and should appreciate any advice you may be kind enough to give.

Sincerely,

W. F. Koch"

*The Journal of the
American Medical Association*

EDITORIAL DEPARTMENT

5335 North Dearborn Street, CHICAGO,
August 5, 1920

"Dr. William F. Koch
355 Sheridan Avenue
Detroit, Michigan

"Dear Doctor Koch:

"Your letter of the 3d inst. has been received. In this you say that you have been working for years on a treatment for cancer, that you desire to place it before the medical profession in the proper way, and ask for my advice. You further state that you would like your report to be authoritative, and that you can see no better way than by submitting the material which you propose to incorporate in your report to a committee appointed by the American Medical Association.

"By 'material' I presume you mean the clinical data and your experience and observations. This you of course must realize would be biased. If you think you have a cure for cancer, your duty to humanity is to make the cure available for humanity. The way to do this is to remove all secrecy as to the composition of the product used and the method of using it, let independent investigation be made, and publish the results. I understand that the Wayne County Medical Society at your request appointed a committee to carry out such an investigation, and that, due to lack of cooperation on your part, the findings were not conclusive.

Yours very truly,

George H. Simmons"

AT THE THEATERS

New Detroit—"The Covered Wagon," beginning Monday, October 28th.

Shubert-Detroit—

Garrick—"Whispering Wires," continuing.

B. F. Keith's Temple—Vaudeville.

Orchestra Hall—Melba, Wednesday evening, October 24th.

"The Covered Wagon"—American history and world history is replete with striking evidence of our gallantry and heroism in conflict; whenever called upon to bear the brunt of battle and make the sacrifice for the betterment of ideals and humanity in general, the United States, as a people, has never been lacking or found wanting. But a greater side of our life—the struggle of a nation within itself—has been sung but little. It remained for the late Emerson Hough to immortalize this feature of American advancement and development and he did so in the master story, "The Covered Wagon." But the master pen of Hough has been driven to greater heights of enthralling appeal in the marvelous motion picture that has been made from his great story. The mighty and supremely superior screen version of "The Covered Wagon" will be seen at the new Detroit Opera House week beginning Sunday, October 28th.

Having defended ourselves against foreign aggression and even before there was waged the mightiest struggle in history—a struggle that this nation dedicated to liberty and the equality of mankind might last and be preserved—there occurred the most striking struggle in our history and among the histories of all people of all times. The call for interior development and expansion came and was answered in the closing forties. What a glorious movement that was, and the manner in which it was effected with man, woman, boy and girl sharing equal and alike the pain and the hardship was never shown before Hough made his pen picture. Now the motion picture has made it all the more vivid and Americans have something of which they can truly feel proud. Each player in this picture of a century

was particularly chosen with a view to his or her fitness. Among them will be found J. Warren Kerrigan, Lois Wilson, Ernest Torrence, Tully Marshall, Ethel Wales and others.

An orchestra of 20 selected musicians will play the special score arranged for the production by Hugo Reisenfeld.

CURRENT TOPICS

INSULIN—ITS HISTORY

In a recent issue of *Detroit Saturday Night* we find an enlightening feature article which discusses Dr. F. G. Banting, his discovery of Insulin, and its reception by Canada and the World. Other than an annuity of \$7,500 a year, the University of Toronto have had a chair of research endowed for him by the Ontario Legislature with endowment of \$10,000 a year, and of this endowment the major part will be paid to him as a salary. Dr. Banting has also the privilege of doing private practice, and it is reported that this practice is growing wonderfully. The article further says:

"For a long time biologists had noticed small globules scattered about in the pancreas, 'like currants in a cake,' as one physician described them, but their exact function had never been determined. Dr. Banting hit upon the notion that perhaps these bodies, known as the 'islands of Langerhans,' because of their discovery by an anatomist of that name, might contain that mysterious sugar-burning secretion."

"He was so obsessed with the idea that he resigned his position, returned to Toronto and applied to his alma mater for facilities with which to experiment. In the spring of 1921 these were granted him and he set about to follow his hunch. The obvious thing to do was to separate the islands of Langerhans from the rest of the pancreas, make an extract from them and then try administering it to diabetic animals."

"In view of the fact that previous attempts to extract the substance from the pancreas of a dead animal failed because of digestive ferments which automatically destroyed them, Dr. Banting sidestepped this difficulty by operating on living dogs and tying up one set of the pancreatic ducts. Roughly this process constituted his first experiment, and it worked. He had obtained the long-sought secretion in its pure form and he called it 'insulin,' from the Latin *insula*, meaning island."

"The next step was to see if it would remedy a diabetic condition; dogs came in again for laboratory use, further establishing the triumph of vivisection. Animals rendered diabetic by the removal of the pancreas were then treated

(Continued on page 16)

(Continued from page 13)

with injections of the extract. The results were beyond the fondest hopes of the scientist. Dogs almost at the point of death, emaciated and listless, recovered life and energy almost immediately, took on weight and to all appearances were in perfect health as long as the injections were continued.

"In February, 1922, a little less than a year after Dr. Banting had his first inspiration, the first tests were made upon human patients in advanced stages of the disease. The results were amazing. Immediately a clamor for insulin arose from patients, hospitals and doctors the world over and with that clamor arose the problem of supply.

"Dr. Banting says that insulin is not a cure for diabetes but a remedy; it does not repair the organic defect but simply supplies to the body what the diseased organ is failing to supply.

"During his experimentation upon dogs in the laboratories of the university of Toronto Dr. Banting discovered a process of obtaining insulin from dead animals. He found that by treating the pancreas with alcohol and other agents, he could destroy the digestive part of the gland but leave the islands of Langerhans unimpaired. This opened the way to quantity production and made it possible to draw on the packing houses for the raw materials from butchered animals. Food animals now constitute the chief source of supply, but already laboratory workers have been casting their eyes over the world to find what particular form of life yields the largest supply and at the smallest cost.

"Strangely enough, they have found that from the ocean may be taken an almost inexhaustible supply of insulin-producing fish.

"The increase in output in the last few months seems to give promise that before a great while insulin will occupy a place in the family medicine cabinet along with castor oil and other home remedies. Already the cost of individual doses of insulin has been reduced from \$5 to \$3 to \$2 to \$1 and, in England, to 60 cents.

"The University of Toronto controls the world supply of insulin, Dr. Banting having patented the process and copyrighted the name, so that only such firms as are able to obtain licenses from the owners of the patents can manufacture it. This action was not taken with financial gain in view, but to prevent incompetent or unscrupulous manufacturers from flooding the market with spurious or untested preparations which might do the patient more harm than good. Its discoverers declare that insulin is a substance which is only safe when administered by a physician specially trained in its use."

LABORATORY WORKERS CATCH RARE DISEASE

(Special to the Bulletin by Science Service)

Washington, Oct. 26.—Two cases of Malta fever, a highly infectious but seldom fatal disease and one very rare in

this country, have occurred among the laboratory staff of the U. S. Public Health Service Hygienic Laboratory here where the disease is under investigation. Both patients are now convalescent.

Goats are subject to the disease, and a few months ago there was an outbreak of it in Arizona in sections where unpasteurized goat's milk was extensively used as food. Doctors and workers from the Hygienic Laboratory were sent to the spot and after quelling the outbreak returned to Washington where further inquiry as to methods for the prevention and care of the malady were undertaken. The two cases among the laboratory workers followed.

Malta fever, as its name indicates, was formerly very prevalent on the island of that name and to a less extent throughout the whole Mediterranean basin where goats' milk is a staple food. While rarely fatal, it causes disability for long periods in many cases, convalescence being interrupted and tedious.

The two cases of this disease among workers in the Hygienic Laboratory calls renewed attention to the risks run by the doctors and scientists there who handle deadly germs with the same indifference to danger that is shown by workers with high explosives. Not long ago there were six cases in the laboratory of a rare disease known as tularemia. Rabbits and other small mammals have been found to be infected with this disease, which is easily transmitted to human beings, causing a long continued fever and prolonged disability, although the death rate is practically zero. So infectious is this disease that practically every laboratory worker who deals with it catches it sooner or later.

In a more serious class is the deadly Rocky Mountain spotted fever, a disease which because of its prevalence in parts of the northern Rocky Mountain region has caused the abandonment of settlements and ranches and serious loss of life and property. Cattle are subject to it and it is usually transmitted to man through the bite of a certain species of tick. The mortality in man runs from 5 to 90 per cent.

Although it has already killed several

(Continued on page 17)

AMERICAN MEDICINE
18 EAST 41ST STREET
NEW YORK

H. EDWIN LEWIS, M.D.
EDITOR
IRA S. WILE, M.D.
ASSOCIATE EDITOR

November 4th, 1920.

Dr. Wm. F. Koch,
355 Sheridan Ave.,
Detroit, Michigan

Dear Doctor:-

We have been much impressed with a most interesting and valuable article by you which appeared in a recent issue of the Medical Record, and are taking the liberty of writing to you to solicit a contribution from you on any medical topic for early publication in American Medicine.

As you may know American Medicine is one of the most widely read and quoted medical journals in America and assures you an audience that is not exceeded by that of any other high class medical monthly.

We are constantly striving to make American Medicine helpful and inspiring to the thinking medical men of the country and it is because we believe any article you may send us will aid us in these efforts that we are asking you to become a regular contributor to our pages.

Hoping you have something in hand you can send us in the near future, and assuring you that we will "leave no stone unturned" to make our relations most pleasant and satisfactory, we remain,

Faithfully yours,

The Editors of American Medicine

H. Edwin Lewis
Editor-in-Chief

HEL/RR



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 80th CONGRESS, SECOND SESSION

The Koch Treatment

EXTENSION OF REMARKS

OF

HON. WILLIAM LANGER

OF NORTH DAKOTA

IN THE SENATE OF THE UNITED STATES

Monday, June 7, 1948

Mr. LANGER. Mr. President, I hold in my hand an article which appears in the current issue of a Lutheran magazine called the *Eleventh Hour*, published by the Lutheran Research Society of Detroit, Mich. This article bears the title "The Koch Treatment."

It describes the science developed by Dr. William Frederick Koch, of Detroit, Mich., for the treatment of prevailing diseases to which our twentieth-century civilization is heir.

I have personally watched the progress of this system of treatment over a period of years. I feel that it is deserving of the attention of everyone who is interested in the health of the American people.

I therefore ask unanimous consent to have this illuminating document printed in the Record at this point as a part of my remarks.

There being no objection, the article was ordered to be printed in the Record, as follows:

THE KOCH TREATMENT

Fortunately for Canadian farmers in the Province of British Columbia, the Minister of the Department of Agriculture possessed an open mind.

This fact is saving cattle raisers into the millions of dollars annually. It is assuring them of better cows, steers, and beef than previously known.

Such ailments as Bang's disease, John's disease, and other fatal diseases that customarily make devastating demands upon dairy herds, are no longer fatal in British Columbia. Thanks to the integrity and foresight of Canadian physicians, veterinarians, and Government experts who recently completed a series of successful experiments with the Koch system for treating virulent diseases.

More about these investigations a little later.

But, be it known as a further warning against trying to suppress truth, that farmers in various parts of the United States are rising up in indignation, demanding the right to enjoy the same advantages as their Canadian brethren. Cattle raisers in South American countries, notably Brazil, have for years demonstrated the validity of the Koch treatment.

As an index to the stir now being created by American men of the soil, your editor has

before him a document which may well become one of historical importance. It is a petition, drawn up by a group of Michigan farmers and submitted for signature to members of State legislature for their respective districts. It is dated April 1940, and says:

"We the undersigned members of the Michigan State legislature respectfully petition the Congress of the United States, through an appropriate committee to investigate the injunction imposed by a Federal court on William Frederick Koch, Ph. D., M. D., a pioneer in the field of research and treatment of cancer, inasmuch as recently discovered methods of treatment confirm the research of Dr. Koch, with the end in view of requesting the Attorney General of the United States to have said injunction dissolved, so that Dr. Koch can continue further research and practice in his field without restriction."

The document bears the signature of 25 legislators.

More about Dr. Koch's persecution a little later.

Suffice to say that Michigan farmers are not letting their herds die while waiting for bureaucrats to lift an injunction that should never have been imposed. They are using Koch therapy anyway, thereby saving themselves and the public substantial sums of money in terms of cattle, beef, and dairy products.

Injustice temporarily denies the learned physician the right of recommending his treatment. But men living close to nature, who know values when they see them, are using the discovery just the same.

This reminds us of the man of old who insisted the world was round and that it moved on its axis. In stocks, suffering excruciating pain, he cried out that his tormentors were right—the earth was flat and stationary. But when given his freedom, he confided to a friend that the earth had been moving all the time.

Denial of the earth's rotundity did not cause the solar system's wheels to stop.

Dr. Albert L. Wahl, a New York physician of enviable attainments, says in his book, *A Least Common Denominator in Antibiotics*: "In the philosophy of medicine, the last word has not been said. Nor, of course, is it presumed that the present writing encompasses the final dictum. But in the words of the Old Testament, 'God has worked a new thing,' and this new thing (the Koch treatment) is substantiated by extensive clinical observation. And the facts press hard upon our present concepts, not only of clinical pathology, but of the chemistry of immunity, and clamour for a revision of our philosophy of medicine."

Dr. William J. Hale of the Dow Chemical Co. says: "Dr. William Frederick Koch is modern Pasteur."

Prof. Joseph Malin of Louvain University, Belgium, stated to the Canadian Cancer

Commission in 1940: "The Koch formula should not be called merely a cancer cure. It is a very important step in medicine and is apt to change the whole picture of medicine and pathology. Dr. Koch is doing wonderful things."

It is an interesting story how Koch therapy began to be applied to animals:

Dr. D. H. Arnott, of London, Ontario, first applied the system in the cure of human diseases in 1920. Other physicians and scientists became deeply interested in the cures effected. While convinced that Dr. Koch had discovered new and useful therapeutic chemicals, the kind of data customarily accumulated by animal experiments was lacking. This led to the amazing results that farmers are now enjoying.

The Honorable K. O. MacDonald, Minister of Agriculture of British Columbia, called a group of experts together at Vancouver on October 4, 1944. It was agreed that the Koch method of treating diseases which were then ravaging fine dairy herds, should be carefully studied.

Two divergent views were expressed at this meeting: (1) Educational, scientific, and administrative authorities present, took the position that reports of cures were fantastic and too good to be true, (2) Practical men, farmers who had seen the demonstrations with their own eyes, testified that results were being realized exactly as claimed.

On page 16 of his 1944 report, the Minister stated: "There were many dairymen present who made astounding claims for the Koch treatment. In practically all cases the dairymen claimed that their cows responded almost immediately. These cattle owners were emphatic in their request that no action be taken which would prevent their obtaining Koch treatments when required."

One leading breeder told how the Koch treatment had saved an especially good cow given up to die. He explained that it developed mastitis during lactation. A veterinary surgeon advised him to have the animal removed from the herd and slaughtered. There was danger of the infection spreading.

Instead, the Koch treatment was applied. The action consisted of one dose of the therapeutic reagent being administered by hypodermic syringe under the skin of the neck. Recovery was instantaneous and within a week the cow's milk was being sold to the creamery.

Other breeders related similar experiences. Thereupon it was unanimously agreed that the Department of Agriculture should investigate the merits of the system. The official declaration appears on page 16 of the agricultural department's 1944 report: "The Minister stated that it was his desire to form an opinion based upon accurate investigations and he named a committee to undertake this investigation."

Mr. MacDonald's words of instruction were: "I am Minister, and gentlemen, I am determined to get at the truth."

Two veterinarians were appointed by members of the committee to work together. Animals were to be examined and their diseases classified. It was agreed that no clinical problem would be rejected because of the severity of the disease. The joint opinion of the owner and the two veterinarians was to be accepted as final. Field work was begun in November 1914 and completed in September 1915. A Government laboratory and a private laboratory duplicated each other's work and checked up on the bacteriology and other analyses required for the test.

The results were nothing short of astounding to members of the committee. Everything that the Koch Laboratories, located at 6181 East Jefferson Avenue, in Detroit, anticipated, came to pass. It was fitting that the final report published by the Government of British Columbia should have contained a statement by Dr. Arnott. He summed up the Koch theory of treatment as follows:

"Life is promoted, sustained, and reproduced by the use of food. For good health the supply must be adequate in amount and in variety. For the best normal results it is necessary that the food be well digested, and also that the potential energy contained therein be transferred into living energy throughout the body at a vigorous rate, burning the food properly in each individual cell where it unites with oxygen for this purpose.

"This living chemical reaction is spoken of by medical science as 'internal respiration,' and it must take place continuously because nature has not provided any reservoir wherein oxygen may be stored, to be drawn upon at will or in time of need. It is upon the degree approaching perfection with which food is thus turned into living energy consistently that conditions requisite for good health are best maintained, that diseases are best resisted, that life is best reproduced.

"It is Dr. Koch's belief that a normal supply of these essential carbon compounds often can be renewed by the hypodermic administration of the reagents which he discovered."

The committee adopted a closing resolution which contained the following commendatory clause:

"That the observations justify a recognition of the working hypothesis of biological oxidation of the Koch treatment, meriting its further use in veterinary therapy."

And so, our Canadian friends are profiting from the wonderful achievements of the Koch science.

Dr. Koch began the treatment of cancer in 1910 and other diseases later.

792010-25990

He soon discovered interests existing in the United States that did not welcome recoveries from these deadly enemies of society to reach the public. Since that time he has had to constantly beat down the opposition in order to continue his work for the relief of suffering humanity.

The fundamentals of the Koch science may be succinctly stated as follows:

1. That the chemistry of natural immunity in the body is able to destroy the toxicity of germs.

2. When the body is invaded by toxic bacteria so full of poison that they spill over into the system, the oxidation mechanism must burn off these poisons or the person becomes ill.

3. The less able the system is to burn, or oxidize, the poisons, the weaker the person becomes. When the oxidation mechanism fails to burn off any poison, the victim dies.

4. The Koch Laboratories have developed synthetic antitoxins which act as a catalyst in helping the body build up its oxidation mechanism equal to the task of destroying these toxins. When natural immunity is restored the person recovers.

5. Cancer behavior is a protective response to a toxic product generated within the body. Dr. Koch summarized the matter many years ago in a scientific paper from which the following sentences are reproduced:

"Clinical observation discloses the persistence of toxemia over a period even as long as 20 years previous to the advent of the growth. After the growth has come these toxic manifestations disappear, or nearly so. After surgical removal of the growth they return and with recurrence of the growth again disappear. We designate these symptoms as the progrowth symptoms, for they differ from those consequent to the activity of the growth itself.

"The strongest and the sufficient proof that cancer is a response of protection against a definite toxin, however, rests with the fact that removal of the toxin and destruction of the toxin source is followed by complete involution of all cancer tissue, complete healing of the regions involved, return to health with absence of growth and progrowth symptoms, and the absence of recurrence."

6. Diet occupies a prominent place in the practical application of the system.

Testimonials like the following by Dr. Wahl could be multiplied to fill several large volumes:

"Over a year ago, my sister was dying of lymphosarcoma, a disease which the profession regards as invariably fatal. The diagnosis was made by Dr. H. H. Permar, of Mercy Hospital, Pittsburgh, Pa., on the basis of biopsy study No. 1171, May 1, 1910. The medical staff of Mercy Hospital had previ-

ously made a diagnosis of lymphosarcoma or Hodgkin's disease.

"The case was far advanced at the time, my sister having been practically bedridden for 6 months because of weakness and recurrent infections. The masses of lymphoid tissue did not have to be palpated; they stood out on the sides of her neck and in her axillae and groins like bunches of grapes mixed with walnuts.

"When the diagnosis of lymphosarcoma had been made, and I had received written commiseration from a top-ranking staff member of Mercy Hospital, it never occurred to me to do other than offer my sister the straw hope of deep X-ray therapy. Everyone who examined her thought she would be dead within a few weeks.

"I refused to listen to my father's recommendations that my sister be treated with a substance built up from the conjugated systems of carbonyl and ethylene linkages. Because of American Medical Association propaganda, I believed that the results previously reported with this therapy 'approached the acme of quackery.'

"However, my father did have my sister treated, since he personally knew of cases of cancer which were cured and remained cured after its use. This type of cancer is fatal in 3 to 6 months, as a rule.

"My sister was in the last stages and was said to have only a few weeks to live, according to the best knowledge on the subject. She recovered after one dose in characteristic fashion.

"Then and there, I decided to undertake an independent investigation of the treatment. I have been irrevocably convinced of the great value of this treatment.

"The American Medical Association is not yet convinced after 25 years. But that is an old story."

William Frederick Koch was graduated bachelor of arts at the University of Michigan in 1909 and later received the degrees of master of arts (1910), and doctor of philosophy (1917). He received his medical degree at the Detroit College of Medicine.

During 1910-13 he was instructor in histology and embryology at the University of Michigan, and for 5 years, 1914-19, professor of physiology in the Detroit Medical College.

Comparisons are odious, but Dr. Koch has been described by authorities as "the world's greatest living chemist"; "the discoverer of a new science which charts the future course of the medical profession"; "one who cannot be bought, coerced, or intimidated"; "a Christian gentleman of courage and distinctive attainments"; and "a man of amazing capacities."

No one who knows him well and understands the humanitarian spirit that animates his every deed will deny that the foregoing descriptions apply.

63 Yale Law Journal Vol 63, May 1954 #7

Yale Law Journal Calls AMA Retard to Medicine

Secretary of Association Says, However,
Findings Are Erroneous, Facts Missing

Special to the Post-Register

NEW HAVEN, Conn., Aug. 1.—The American Medical Association exercises excess authority over medical practice but has failed to use this power as an "instrument of progress."

That conclusion was reached in a two-year study by student editors of the Yale Law Journal. Their 81 page report in the current issue, out today contains criticism and praise of the AMA, but mostly criticism.

Dr. George F. Lull, secretary and general manager of the AMA, shown an advance copy of the report, said it was received too late "for correction of basic and glaring errors of fact and omissions of vital facts." He said many sections of the text are based on false and erroneous information.

Wide Powers Claimed

"No other voluntary association commands such power within its area of interests as does the AMA," the Yale analysts determined. "It holds a position of authority over the individual doctors, wields a determining voice in medical education, controls conditions of practice and occupies a unique position of influence in shaping Government health policies."

The authors charge the AMA has blocked almost all plans for providing low-cost health and medical care unless subjected to AMA control. The AMA, the Law Journal declares, is opposing President Eisenhower's proposal for Federal Government reinsurance of voluntary health plans on the basis it might lead to socialized medicine.

Dr. Lull replied the AMA opposed the Federal reinsurance plan as unnecessary and an intrusion of the Government into a successful area of private enterprise.

The Yale Law Journal said the AMA does not tolerate conflicting opinions within its membership and despite its national income of \$9,000,000 a year is not truly representative of the nation's doctors.

Dr. Lull replied the AMA is so representative that other organizations, including the American Bar Association, have modeled their organizational structure after the AMA.

Declare Doctors Outraged

The Yale editors claim doctors who defy AMA authority may be subjected to professional ostracism, which could cut them off from patient referrals and consultations, deny them advancement in hospitals or bar them from professional appointments.

Dr. Lull branded this as false, said the AMA has almost no authority over individual physicians and added: "It is the county medical society that disciplines members guilty of unethical practices."

The article suggested that, to protect the individual doctor from unreasonable exercise of organized medicine's authority, the importance of AMA membership should be de-emphasized. The writers suggested hospital privileges should be made available to non-members. It also suggested the AMA be divested of control over the nation's supply of doctors.

JUDICIAL COUNCIL

This is one of a series of brief statements explaining the work of the various departments of the American Medical Association.—Ed.

The judicial power of the American Medical Association is vested in the Judicial Council, whose decision, according to the Association's constitution and bylaws, is final. As early as 1873, it was recognized that a special council was needed to settle all questions of ethics and to interpret the laws of the Association. The Judicial Council consists of five members elected by the House of Delegates on nomination of the President for terms of five years. The individual physician's concern with medical ethics is practical as well as academic. It is fundamental to the high professional standards that characterize medical practice today. The Judicial Council serves the medical profession as the "supreme court" of the American Medical Association. It approves physicians for membership in the A. M. A. and has jurisdiction in all questions involving membership, its obligations, rights, and privileges.

The council has original jurisdiction in all controversies arising under the constitution and bylaws of the Association and the Principles of Medical Ethics to which the American Medical Association is a party. Controversies between two or more constituent associations or their members or between a constituent association and a component society or societies of another constituent association or associations or their members are decided by the Judicial Council. The council has appellate jurisdiction in questions of law and procedure but not of fact in all cases that arise between a constituent association and one or more of its component societies; between component societies of the same constituent association, between a member or members and the component society to which said member or members belong, or between members of different component societies of the same constituent association.

The council may request the President to appoint investigating juries to which it may refer complaints or evidence of unethical conduct that in its judgment are of greater than local concern. If on investigation probable cause for action is shown, the jury submits formal charges to the President, who then appoints a prosecutor to prosecute such charges against the accused before the Judicial Council in the name and on behalf of the A. M. A. The council may acquit, admonish, suspend, or expel the accused.

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THE AMERICAN MEDICAL ASSOCIATION: POWER, PURPOSE, AND POLITICS IN ORGANIZED MEDICINE

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THE AMERICAN MEDICAL ASSOCIATION: POWER, PURPOSE, AND POLITICS IN ORGANIZED MEDICINE

INTRODUCTION

IN its hundred-odd years of existence the American Medical Association has attained a position of undeniable authority and influence over medical affairs. The power of organized medicine affects not only the physician, also everyone who requires the assistance of the healing arts. AMA success in raising the quality of medical education, practice, and care are beyond question. However, in these endeavors it has acquired such power over the public and practitioner that it can channel the development of American medicine. Dangers inherent in such power are compounded by the layman's ignorance of medical matters and the AMA's monopoly position as spokesman for the profession. Out of this situation arise questions of grave significance. The AMA is motivated both by obligations to the public and loyalty to its own members. The demands on it from these two points of view unite all its activities and suggest the possibility of conflict. To what extent does professional self-restraint, combined with present laws and institutions assure that this conflict will be resolved in favor of the public interest?

THE AMA STRUCTURE

Membership

The American Medical Association consists of 53 state and territorial (constituent) societies and 1987 county (component) societies.¹ Each county society sets its own qualifications for membership and its members automatically belong to the state association.² Aside from racial barriers in many southern counties,³ all "reputable and ethical" licensed M.D.'s are eligible for

membership.⁴ And in most areas virtually every practicing physician belongs to this local society.⁵ Until recently, all members of county and state medical societies were also automatically members of the national association. But in 1950 payment of dues, previously assessed only by the county and state groups, became a prerequisite to AMA membership.⁶ Now some physicians belong only to their county and state societies, and are not members of the American Medical Association.⁷ On the other hand, since belonging to a county society is a prerequisite to admission at all levels, membership in the AMA depends upon acceptance by the local organization.

Reasons for membership. Many factors contribute to the high percentage of physician membership in organized medicine—a proportion unique among voluntary professional associations.⁸ With membership in the society, the doctor receives ready access to the social and professional contacts indispensable to the growth of his practice—contacts which may lead to patient referrals and consultations.⁹ Additionally, there is the all-important factor of association with men engaged in his own science, with opportunities for exchange of knowledge and acquisition of professional status. The medical societies disseminate the latest scientific information through professional journals which are available to members either at no cost or at reduced rates, and through lectures, exhibits, and medical libraries which the societies support. In addition to these professional services, the local and state societies aid members by providing group malpractice insurance,¹⁰ and by offering legal advice.¹¹ Many of the larger societies maintain bill collection agencies.¹²

4. Many county societies impose additional requirements upon applicants for membership: e.g., they must be graduates of an AMA approved medical school, United States citizens, present medical practitioners within the county, and practitioners of non-sectarian medicine. QUESTIONNAIRE No. 9.

5. QUESTIONNAIRE No. 5. Half of the societies report over 90% membership among eligible, active physicians in their states. Only two states—Pennsylvania and Washington—report two-thirds membership or less.

6. See text at note 656 *infra*.

7. The AMA claims a membership of over 140,000. It's Your AMA [1] (1953). Although in one society—New Hampshire—less than 60% of the state society members pay dues to the AMA, more typically 95% to 99% are AMA members. QUESTIONNAIRE No. 8. And in Illinois, the Society's constitution and by-laws require all members to pay AMA dues. ILLINOIS QUESTIONNAIRE No. 8.

8. *How the Doctors Solved the Coordination Problem*, 21 A.B.A.J. 221, 223 (1935). 9. See Group Health Cooperative of Puget Sound v. King County Medical Society, 39 Wash.2d 586, 626, 237 P.2d 737, 739 (1951); GARCEAU, THE POLITICAL LIFE OF THE AMERICAN MEDICAL ASSOCIATION 103 (1941) (hereinafter cited as GARCEAU).

10. A 1950 survey showed 35% of the county societies maintaining group malpractice insurance for their members. AMA, ACTIVITIES OF COUNTY MEDICAL SOCIETIES 6, 7 (1951). Three state societies reporting now offer this insurance to their members and two others formerly did so. QUESTIONNAIRE No. 55.

11. See, e.g., YOU AND THE MEDICAL SOCIETY OF THE STATE OF NEW YORK 14 (1952) (legal defense provided for members involved in malpractice suits).

12. Seven percent of the county societies responding to an AMA questionnaire had collection bureaus for their members. AMA, ACTIVITIES OF COUNTY MEDICAL SOCIETIES 6, 7 (1951).

1. AMA, GUIDE TO SERVICES 4 (1952). Each component society serves a separate geographical area, and there can be no more than one county society in such an area. E.g., VA. MED. SOC. BY-LAWS ART. 3, § 2 (1953). However in some rural areas a local society may cover several counties. E.g., COLO. STATE MED. SOC. BY-LAWS c. 11, (1951-52).

2. E.g., *id.* c. 11, § 5. Some county societies in Kansas admit "associate members" though the state society will not recognize them as members. REPLY TO QUESTIONNAIRE KANSAS MEDICAL SOCIETY, QUESTION No. 10. (Hereinafter cited as QUESTIONNAIRE No. —). A comprehensive questionnaire was sent to the 48 state medical societies and to the Medical Society of the District of Columbia. The following twenty-four fairly representative societies responded in varying degrees of detail to the 83 questions: Alabama, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Iowa, Kansas, Louisiana, Maine, Massachusetts, Missouri, Montana, New Hampshire, New Mexico, Pennsylvania, South Dakota, Texas, Utah, Vermont, Virginia, Washington, and West Virginia. The original answers from each society and a compilation of all the answers given to each question are on file in the Yale Law Library.)

3. See note 22 *infra*.

FROM: BENEDICT F. FITZGERALD, JR., SPECIAL COUNSEL TO THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE.

TO: HON. JOHN W. BRICKER AND MEMBERS OF THE INTERSTATE AND
FOREIGN COMMERCE COMMITTEE OF THE UNITED STATES SENATE.

SUBJECT: PROGRESS REPORT ON STUDY REQUESTED BY THE LATE SENATOR
CHARLES W. TOWNE, CHAIRMAN, SENATE INTERSTATE AND
FOREIGN COMMERCE COMMITTEE.

P R O J E C T

The undersigned, as Special Counsel to the Senate Interstate and Foreign Commerce Committee, was directed to supervise a study of the following:

1. All those individuals, organizations, foundations, hospitals and clinics, throughout the United States, which have an effect upon interstate commerce and which have been conducting researches, investigations, experiments and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of the disease cancer, to determine the interstate ramifications of their operations, their financial structures, including their fund-raising methods, and the amounts expended for clinical research as distinguished from administrative expenditures, and to ascertain the extent of the therapeutic value claimed by each in the use of its particular therapy.

2. The facts involving the discovery of, the imports from a foreign country of, the researches upon, and the interstate experiments, demonstrations, and use of the various drugs, preparations, and remedies for the treatment of the disease cancer, such drugs to include the so-called wonder drug Krebiozen, Glyoxylyde, Mucorhizin and others.

3. The facts involving the interstate conspiracy, if any, engaged in by any individuals, organizations, corporations, associations, and combines of any kind whatsoever, to hinder, suppress, or restrict the free flow or transmission of Krebiozen, Glyoxylyde, and Mucorhizin, and other drugs, preparations and

remedies, and information, researches, investigations, experiments and demonstrations relating to the cause, prevention and methods of diagnosis and treatment of the disease cancer.

4. The facts involving the operations of voluntary cooperative prepaid medical plans and the organizations sponsoring said plans which are engaged in interstate commerce and which include in their programs medical treatment for the disease cancer, to determine the extent of their interstate insurance operations, the identity of their originators and sponsors, and the resistance, if any, that each insurer has experienced from any individuals, organizations, corporations, associations, or combines, in their attempts to offer protection to those who are afflicted with the disease cancer.

5. The facts involving the inequality of opportunity, if any, that exists with regard to race, creed or color, in connection with the admission of students, researches, and patients to institutions throughout the United States engaged in cancer therapy.

Activity Report

Pursuant to the above, the undersigned commenced a collection and study of material covering the operations of foundations, hospitals, clinics, and government sponsored organizations specializing in cancer problems, including the following:

American Cancer Society
American Medical Association
Anno Fuller Fund, New Haven, Connecticut
Babe Ruth Foundation
Black, Stevenson Cancer Foundation, Hattiesburg,
Mississippi
Bondy Fund, New York
Jonathan Bowman Fund, Madison, Wisconsin
Crocker Cancer Research Fund, New York
Damon Runyan Cancer Fund
Philip L. Drosnes and the Drosnes Lamenbey Clinic,
Pittsburgh, Pa.
Dr. F. M. Eugene, Bliss Clinic, Long Valley, New Jersey
Government Organizations:
The Department of Health, Education and Welfare
(a.) Food and Drug Administration
(b.) Federal Trade Commission
Dr. Gregory Clinic, Pasadena, California
Hoxsey Cancer Clinic, 4807 Gaston Avenue, Dallas, Texas
G. P. Huntington Fund, New York

International Cancer Research Foundation, Philadelphia,
Pa.
John Hopkins Hospital, Baltimore, Md.
Dr. Waldo Jones, Myrtle Beach, South Carolina
Dr. William F. Koch and Rev. Sam Swain Clinic, also
known as the Christian Medical Research League,
Detroit, Michigan and Brazil, South America
Lakeland Foundation, Chicago, Illinois
Lincoln Foundation, Medford, Mass.
Memorial Hospital, New York
Dr. K. F. Murphy and Dr. Charles Lyman Lofler Clinic,
26 F. Washington Street, Chicago, Illinois
New York Skin and Cancer Hospital, New York
Radium Institute of New York
Henry Rutherford Fund, New York
Charles F. Spang Foundation, Pittsburgh, Pa.
University of Chicago, Chicago, Illinois
University of Illinois, Champaign, Illinois

Thereafter, the undersigned traveled to Illinois to investigate the so-called Krebigen controversy, and on July 8, 1953, wrote a report on his findings which is attached hereto and marked "Exhibit A." Included in this report was the evaluation:

"The controversy is involved and requires further research and development. There is reason to believe that the AMA has been hasty, capricious, arbitrary, and outright dishonest, and of course if the doctrine of 'respondere superior' is to be observed, the alleged machinations of Dr. J. J. Moore (for the past ten years the treasurer of the AMA) could involve the AMA and others in an interstate conspiracy of alarming proportions.

"The principal witnesses who tell of Dr. Moore's rascality are Alberto Barreira, Argentine cabinet member, and his secretary, Anna D. Schmidt."

Thereafter, the undersigned visited other areas, interrogating medical men, and on July 14, 1953, wrote a further report. Included in this was the evaluation:

"Being vitally interested and having tried to listen and observe closely, it is my profound conviction that this substance Krebigen is one of the most promising materials yet isolated for

the management of cancer. It is biologically active. I have gone over the records of 530 cases, most of them conducted at a distance from Chicago, by unbiased cancer experts and clinics. In reaching my conclusions I have of course discounted my own lay observations and relied mostly on the opinions of qualified cancer research workers and ordinary experienced physicians.

"I have concluded that in the value of present cancer research, this substance and the theory behind it deserves the most full and complete and scientific study. Its value in the management of the cancer patient has been demonstrated in a sufficient number and percentage of cases to demand further work.

"Behind and over all this is the weirdest conglomeration of corrupt motives, intrigue, selfishness, jealousy, obstruction and conspiracy that I have ever seen.

"Dr. Andrew C. Ivy, who has been conducting research upon this drug, is absolutely honest intellectually, scientifically, and in every other way. Moreover, he appears to be one of the most competent and unbiased cancer experts that I have ever come in contact with, having served on the board of the American Cancer Society and the American Medical Association and in that capacity having been called upon to evaluate various types of cancer therapy. Dr. George G. Stoddard, President of the University of Illinois, in assisting in the cessation of Dr. Ivy's research on cancer at the University of Illinois, and in recommending the abolishment of the latter's post as Vice President of that institution, has in my opinion shown attributes of intolerance for scientific research in general."

It is a matter of common knowledge that the entire subject matter is highly controversial and thus further and additional research and development would entail more time. A controversy among renowned Surgeons, Pathologists, Cancerologists and Radiologists

should not deter or silence this Committee from carrying out the mandate contemplated and expressly directed by the late Chairman of your Committee, Senator Charles E. Tobey, by virtue of the resolution passed by the Senate.

Now, passing on to another institution, I have very carefully studied the court records of three cases tried in the Federal and State Courts of Dallas, Texas. A running fight has been going on between officials, especially Dr. Morris Fishbein of the American Medical Association through the Journal of that organization, and the Hoxsey Cancer Clinic. Dr. Fishbein contended that the medicines employed by the Hoxsey Cancer Clinic had no therapeutic value; that it was run by a quack and a charlatan. (This clinic is manned by a staff of over 30 employees, including nurses and physicians). Reprints and circulation of several million copies of articles so prepared resulted in litigation. The Government thereafter intervened and sought an injunction to prevent the transmission in interstate commerce of certain medicines. It is interesting to note that in the Trial Court, before Judge Atwell, who had an opportunity to hear the witnesses in two different trials, it was held that the so-called Hoxsey method of treating cancer was in some respects superior to that of x-ray, radium and surgery and did have therapeutic value. The Circuit Court of Appeals of the 5th Circuit decided otherwise. This decision was handed down during the trial of a libel suit in the District Court of Dallas, Texas, by Hoxsey against Morris Fishbein, who admitted that he had never practiced medicine one day in his life and had never had a private patient, which resulted in a verdict for Hoxsey and against Morris Fishbein. The defense admitted that Hoxsey could cure external cancer but contended that his medicines for internal cancer had no therapeutic value. The jury, after listening to leading Pathologists, Radiologists, Physicians, Surgeons and scores of witnesses, a great number of whom had never been treated by any

Physician or Surgeon except the treatment received at the Hoxsey Cancer Clinic, concluded that Dr. Fishbein was wrong; that his published statements were false, and that Hoxsey method of treating cancer did have therapeutic value.

In this litigation the Government of the United States, as well as Dr. Fishbein, brought to the Court the leading medical scientists, including Pathologists and others skilled in the treatment of cancer. They came from all parts of the country. It is significant to note that a great number of these doctors admitted that x-ray therapy could cause cancer. This view is supported by medical publications including the magazine entitled "CANCER" published by the American Cancer Society, May issue of 1948.

I am herewith including the names and addresses of some of the witnesses who testified in the State and Federal Court. It has been determined by pathology, in a great many instances by laboratories wholly disconnected from the Hoxsey Cancer Clinic, that they were suffering from different types of cancer, both internal and external, and following treatment they testified they were cured.

<u>Name</u>	<u>Address</u>	<u>Type</u>
J. A. Johnson	Ranger, Tex.	Squamous Cell No. 2
Mrs. R. J. Hickman	1228 E. Allen St., Fort Worth	
Robt. Thane	Avoon, Texas	Melanocarcinoma
Mrs. H. H. Johnson	Denton, Texas	Myxoliposarcoma
Mrs. Elmer Smith	Wellington, Texas	Adenocarcinoma
Mildred Rager	8101 Stovall St., Dallas, Tex.	Malignant melanoma
A. G. Burgess	2416 Eymann St., Dallas, Tex.	Melanoma
Ira Poston	5322 Victor St., Dallas, Tex.	Basal Cell Carcinoma
W. F. Harmon	Grapevine, Tex.	Basal Cell Carcinoma
Mrs. J. A. Robb	Weatherford, Tex.	Prickle Cell Carcinoma
Mrs. Lessie Hester	Lubbock, Tex.	Basal Cell Carcinoma
Mrs. Lora Barnett	Peniel, Tex.	Adenocarcinoma of Uterus
Mr. E. E. Hockett	Farmersville, Tex.	Adenocarcinoma of Uterus
	HFD	
T. E. Truman	Waco, Tex.	Prickle Cell Carcinoma
Fritz Trojan	Waco, Tex.	Epidermoid Carcinoma
Mr. C. W. Malone	Brownwood, Tex.	Squamous Cell type
Val Seurer	Hinton, Okla	Basal Cell type
Jo Parcelli	Sportatorium, Dallas, Tex.	Malignant Carcinoma
Mrs. R. M. Hoffman	c/o J. B. Baird Co., Shreveport, La.	Malignant Carcinoma
		Spindle Cell Carcinoma

Tom Coates	Merkel, Tex.	Basal Cell Carcinoma
J. L. Renfro	Merkel, Tex.	Malignant Carcinoma
Mrs. J. D. Douglas	Ft. Worth Tex.	Duct-cell Carcinoma
Mrs. R. S. Turner		Squamous Cell Carcinoma
		Grade 3
Mrs. O. R. Mallory	5822 Herriman St.,	Squamous Cell Carcinoma
Mrs. Herman Thomas	Dallas, Tex.	
	5637 Wiram St., Fort	Melanocarcinoma
Clifton H. Smith	Worth, Texas	Malignant Carcinoma
Rev. Horace W. Irwin	West Warwick, R. I.	Malignant Carcinoma

I have had access to literature by leading scientists in the field of medicine. The attention of the Committee is invited to the hearings held during the 70th Congress, in July 1946; Senate Bill 1875 being under consideration, wherein it appears, as follows:

"Dr. George Miley was born in Chicago, 1907, graduated from Chicago Latin School, 1923, graduated with B. A. from Yale University in 1927, from Northwestern Medical School, 1932, interned at Chicago Memorial Hospital in 1932 and 1933, University of Vienna Postgraduate Medical School, 1933, 1934, following which he visited the hospitals in India, China and Japan. He is a fellow of the American Association for the Advancement of Science. He holds a national board certificate and since 1945 he has been medical director of the Gotham Hospital, New York.

"Report of Dr. Miley of a survey made by Dr. Stanley Reimann (in charge of Tumor Research and Pathology, Gotham Hospital) before Senator Pepper's Committee on Senate Bill 1875, a bill to authorize expenditure of one hundred million dollars in cancer research.

"Dr. Reimann's report on cancer cases in Pennsylvania over a long period of time showed that those who received no treatment lived a longer period than those that received surgery, radium or x-ray. The exceptions were those patients who had received electro-surgery. The survey also showed that following the use of radium and x-ray much more harm than good was done to the average cancer patient."

"Dr. William Seaman Bainbridge, A. B., Sc.D., M.D., G. M., F. I. C. S. (Hon.), was the recipient of six honorary degrees from various institutions, the most recent being the degree of Doctor Honoris Causa from the University of San Marcos, Peru. He has been surgeon at the New York Skin and Cancer Hospital, Surgical Director

of New York City Children's Hospital and of Manhattan State Hospital, Ward's Island, and consulting surgeon and gynecologist to various hospitals in the New York metropolitan and suburban areas.

"While there are some who still believe in the efficacy of radiation as a cure, my skepticism with regard to its value is being increasingly substantiated. But even with the best technic of today, its curative effect in real cancer is questionable. In 1939 the great British physiologist, Sir Leonard Hill, wrote: 'Large doses (of gamma and hard x-rays) produce destruction of normal tissues such as marrow and lymphoid tissue, leucocytes and epithelial linings, and death ensues....The nation would, I think, be little the worse off if all the radium in the country now buried for security from bombing in deep holes, remains therein.'

A neoplasm should never be incised for diagnostic purposes, for one cannot tell at what split moment the cancer cells may be disseminated and the patient doomed. Aspirating the neoplasm to draw out the cells by suction. This, too, is a very questionable procedure, for what of the cancer cells that may be present below the puncture point and around the needle which have been set free? It must be realized that while cancer cannot be transplanted from man to man, it can be transplanted in the same host." (See index)

"There is a report from another source in which Doctor Feinblatt, for six years Pathologist of the Memorial Hospital, New York, reported that the Memorial Hospital had originally given x-ray and radium treatment before and after radical operations for breast malignancy. These patients did not long survive, so x-ray and radium were given after surgery only. These patients lived a brief time only and after omitting all radiation, patients lived the longest of all." (See index)

Doctors Warned To Be Wary In Use of X-rays In Disease Treatment,
by Howard W. Blakeslee, Associated Press Science Editor.

"New York, July 6, 1948--X-rays and gamma rays can cause bone cancer is warning issued in 'Cancer,' a new medical journal started by the American Cancer Society. The bone cancer warning, covering more than twenty pages, is by Doctors William G. Cahan, Helen O. Woodward, Norman L. Higginbotham, Fred W. Steward and Bradley I. Coley, all of New York City.

"One of the most dangerous things about this kind of bone cancer, the report states, is the very long delay between the use of the rays and the appearance of the cancers. The delay time in the eleven cases ranged from six to twenty-two years."

"Doctor Herman Joseph Muller, Nobel Prize Winner, a world renowned scientist, has stated the Medical Profession is permanently damaging the American life stream through the unwise use of x-rays. There is no dosage of x-ray so low as to be without risk of producing mutations." (See index.)

The attention of the Committee is invited to the request made by Senator Elmer Thomas following an investigation made by the Senator of the Hoxsey Cancer Clinic under date of February 25th, 1947, and addressed to the Surgeon General, Public Health Department, Washington, D.C., wherein he sought to enlist the support of the Federal Government to make an investigation and report. No such investigation was made. In fact, every effort was made to avoid and evade the investigation by the Surgeon General's office. The record will reveal that this clinic did furnish 62 complete case histories, including pathology, names of hospitals, physicians, etc., in 1945. Again in June, 1950, 77 case histories, which included the names of the patients, pathological reports in many instances and in the absence thereof, the names of the Pathologists, hospitals and physicians who had treated these patients before being treated at the Hoxsey Cancer Clinic. The Council of National Cancer Institute, without investigation, in October, 1950, refused to order an investigation. The record in the Federal Court discloses that

this agency of the Federal Government took sides and sought in every way to hinder, suppress and restrict this institution in their treatment of cancer. (See testimony Dr. Giloin Meadors, Pages 1185-1189 Transcript of Record, Case No. 13645, U. S. C. A.)

Among the numerous foundations and clinics which profess to possess a remedy for the treatment of cancer is the Lincoln Foundation of Medford, Massachusetts, which has been the particular target of the AMA. I have not had an opportunity to sufficiently explore the particular type of therapy employed by this institution. However, I understand it involves a unique theory of inhalent therapy and the transmission of bacteria-phage. In passing it is important to note that this technique was the subject of particular interest to the late Chairman who was a trustee of the Lincoln Foundation following a successful treatment of his son Charles W. Tobey, Jr. This remedy has been tried by hundreds of patients and it is alleged that these treatments have been proven beneficial.

Another institution which claims to have made some progress in the treatment of cancer is the Drosnes-Lazenby Cancer Clinic of Pittsburgh, Pa. The reports would indicate that this institution is likewise entitled to a hearing before this Committee. The heavy toll of life being taken by cancer requires a searching investigation. The methods employed, as I understand it, is a substance known as Mucorhizin, which is reported to be of therapeutic value.

Under the fourth assignment concerning voluntary cooperative prepaid medical plans and any resistance encountered from organizations, associations or combines, it is a matter of public record in the Federal and State Court that medical associations have put up a road block whenever or wherever this is attempted.

The Committee on Labor and Public Welfare, through its Subcommittee on Health, submitted the results of a study of health insurance plans in the United States, in a report issued in May,

1961, 82nd Congress. This was accomplished under the direction of Dr. Dean H. Clark, now the Director of the Massachusetts General Hospital. This appears to be the first objective and impartial study of the scope, benefits and effectiveness of voluntary health insurance plans. It shows that one-half of the population at that time had some form of protection against the cost of hospital care, but three million had what can be called comprehensive protection against the cost of hospital and medical care. Specifically with reference to cancer it would appear that an opportunity would be afforded members of this sort of a health program to periodic check-ups to determine whether they had cancer. This subject was discussed at length between Kenneth Keikiojohn, Staff Director of the Subcommittee on Health, and Senator Tobey two years ago. Correspondence between the two is available. The reports, of course, are available to the members of this Committee.

From a strictly legal as well as ethical approach, if one individual has the right to select his own physician or hospital, why cannot 10,000 individuals and their families determine that they intend to invest directly, or indirectly, in the construction and maintenance of a hospital, employ a staff of competent physicians, surgeons, technicians, laboratory experts, nurses, interns, et cetera, to look after their health problems? This is not so-called socialized medicine. It is purely voluntary. Here, as elsewhere stated in this report, the jurisdiction of the Committee may be limited. It may properly belong to the States and their legislatures and courts to determine this problem. However, the general welfare clause of the Constitution may be the answer. If the Committee should determine that it has jurisdiction, I am of the opinion that competent legal evidence can be presented which will aid and assist the Committee in its final judgment.

With reference to the fifth assignment, you are advised that time did not permit me to ascertain the number of students or the increase thereof in the various medical schools throughout the country. It has been suggested that a studied effort has been made by certain groups to keep the number of students enrolling in medical schools at a low figure. I do not assert this to be the fact and I doubt if the Committee would have jurisdiction to go into that question. This would properly belong to the States. If this is a fact, then the various State legislatures of the country should, of course, take necessary steps, consistent with the public welfare, to see that every opportunity is given to any boy or girl who possesses the necessary qualifications to be permitted to enter medical schools. If, on the other hand, this Committee believes that it has jurisdiction under the General Welfare Clause of the Constitution to go forward, then certainly it would be a proper and timely matter of inquiry. In any event, you do have jurisdiction and should complete the investigation in so far as cancer is concerned by those engaged in the research field.

A careful study of the subject matter embraced in the direction of the late Chairman will disclose the tremendous importance of the investigation undertaken and the consideration of the results by the members of this Committee.

We have long since passed the age of witch hunting. We are, notwithstanding, living in an era of hysteria. Investigation seems to be the order of the day. Crude thinking results in hysterical action. Perhaps the converse is true. The beginning of hysteria is the end of sound thinking. Proceeding, therefore, to the end result sought by all, we recognize the value of our goal in striving for a sound, vigorous and healthful Nation at Minimum costs. Money, however, lavishly spent to stamp out a dreadful scourge is sound public economy.

I have approached this problem with an open mind. Recognizing the importance of men skilled in the science of medicine, who are best informed, if not qualified, on the question of cancer, its causes and treatment, I directed my attention to the propaganda by the American Medical Association and the American Cancer Society to the effect: namely, "that radium, x-ray therapy and surgery are the only recognized treatments for cancer."

Is there any dispute among the recognized medical scientists in America and elsewhere in the world on the use of radium and x-ray therapy in the treatment of cancer. The answer is definitely Yes; there is a division of opinion on the use of radium and x-ray. Both agencies are destructive, not constructive. In the alleged destruction of the abnormal, outlaw or cancer cells both x-ray therapy and radium destroy normal tissue and normal cells. Recognized medical authorities in America and elsewhere state positively that x-ray therapy can cause cancer in and of itself. Documented cases are available.

The increased number of cancer patients in America of all ages and the apparent failure to presently cope with this dread disease indicates the necessity of a sustained effort of private and Federal agencies to continue research in the field of cancer; its cause and treatment.

If radium, x-ray or surgery or either of them is the complete answer, then the greatest hoax of the age is being perpetrated upon the people by the continued appeal for funds for further research. If neither x-ray, radium or surgery is the complete answer to this dreaded disease, and I submit that it is not, then what is the plain duty of society? Should we stand still? Should we sit idly by and count the number of physicians, surgeons and cancerologists who are not only divided but who, because of fear or favor, are forced to line up with the so-called accepted view of the American

Medical Association, or should this Committee make a full scale investigation of the organized effort to hinder, suppress and restrict the free flow of drugs which allegedly have proven successful in cases where clinical records, case histories, pathological reports and x-ray photographic proof, together with the alleged cured patients, are available.

Accordingly, we should determine whether existing agencies, both public and private, are engaged and have pursued a policy of harassment, ridicule, slander and libelous attacks on others sincerely engaged in stamping out this curse of mankind. Have medical associations, through their officers, agents, servants and employees engaged in this practice? My investigation to date should convince this Committee that a conspiracy does exist to stop the free flow and use of drugs in interstate commerce which allegedly has solid therapeutic value. Public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals and scientific research laboratories which do not conform to the viewpoint of medical associations.

How long will the American people take this? To illustrate the stranglehold of the American Medical Association on legislation which in turn affects every household in America, let us look at a small 25 cent tube of penicillin ointment. Is it dangerous to have around the house for a cut or small bruise on your body? Rat poison can be bought without a doctor's prescription. Arsenic can be bought without a doctor's prescription. The sale of arsenic and rat poisons is small but not penicillin. Accordingly, we must have a doctor's prescription in America to buy a 25 cent tube of ointment. In Canada, however, the Medical Association has not yet discovered THE GREAT DANGER of a small tube of penicillin ointment and, accordingly, the people are able to buy it without paying a doctor for a prescription. To say that it is dangerous, is silly. To

assert, rather, that it is but another manifestation of power and privilege of a few at the expense of the many would be more consistent with truth and wholly accurate.

What is the duty of this Committee and the members thereof? Your first duty, of course, is to do right. Properly considered, that is your only duty. In doing right, however, you owe a duty to the American people. In upholding the law and enacting legislation for the people of America, we look first to the instrument of our creation as a representative form of Government. Those powers not specifically conferred upon the Federal Government and denied to the States, are reserved either to the States or to the people. Thus the founding fathers very wisely created an area of freedom in which free men shall function. It is in this area set aside by the fathers of our Republic that people have the right to own property, transact business, build up a system of free enterprise without hindrance, harassment or abuse of either the Government, State or Federal, or of other citizens, however powerful, so long as the people so engaged do not trespass upon the rights of others. This is the basic concept of liberty functioning in America. It may be said to be a reservoir of freedom. In this area we have mingled our money and blood with the races of mankind. We have demonstrated our ability to live together peacefully and happily, although we represent most of the races, most of the colors and most of the creeds. This was an innovation and a new experiment to the peoples of the old world. Out of and from this area has sprung the noblest dreams and saintliest purposes of mankind, purposes so strong and vital that it has become the envy and admiration of a waiting world. People look longingly to the shores of America and desire to make this their asylum of escape and hope for the future. It is more than a dream. It is a reality.

While we have not solved all the problems of mankind, we have at least provided a sanctuary and the instruments of government, if properly guarded against the abuse of selfish men and organizations who would bend it to suit their purposes, which could live for centuries to come. In this connection this Committee should investigate the advertising agency which controls all advertising in the Journal of the American Medical Association as well as the various State Journals. Why is the stamp of approval, by the so-called nutrition expert and their Council on Foods, placed on certain foodstuffs, denied to others, and others condemned without a reasonable investigation? Is there any relationship between approval by these experts and the operation of the advertising agency in the offices of the American Medical Association?

May I, with propriety, call your attention to the tragedy which has invaded the United States Senate. Four great Americans, all of them, Senator Mahan, Senator Wherry, Senator Vandenburg and Senator Bob Taft were all stricken down with this dreaded disease. We are under a compelling moral obligation to the memory of these great public servants and to the untold millions of cancer sufferers throughout the world to carry on this investigation. We cannot do otherwise.

Respectfully submitted,

Benedict F. Fitzgerald
Special Counsel

THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER

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DR. HOWARD CANNING TAYLOR

VICE-PRESIDENT
DR. FRANCIS CARTER WOOD

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Dr. Wm. F. Koch
Koch Cancer Foundation
3215 East Jefferson Avenue
Detroit, Michigan

September 27, 1926

My dear Dr. Koch:

Your letter of September 17th, asking for an opportunity to present the results of your studies on the subject of cancer before the Mohonk meeting was received on September 18th -- two days before the meeting opened.

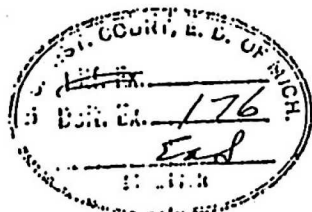
You have apparently misunderstood the scope of the Mohonk meeting. It was not a suitable occasion for the presentation of new facts and opinions before the medical profession nor could such a presentation have been arranged for in the interval between the receipt of your letter and the opening of the symposium.

Very sincerely,



George A. Soper, Ph.D.
Managing Director

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CC V. ...

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IN REPLYING
ADDRESS THE SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE
AND REFER TO

TREASURY DEPARTMENT

PUBLIC HEALTH SERVICE

WASHINGTON

October 26, 1936.

Dr. William Frederick Koch,
8181 East Jefferson Avenue,
Detroit, Michigan.

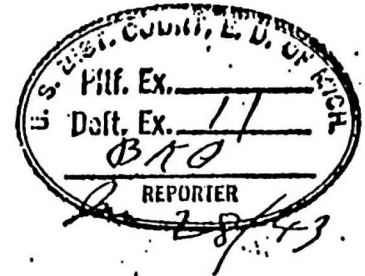
Dear Dr. Koch:

I wish to acknowledge the receipt of your letter of
October 10, referring to the conference held in this office
under date of September 15, and submitting certain data in
support of views expressed by you at that time.

We have taken note of the several points you discuss but
I regret to advise you that we are not at present in a position
to go forward with studies in the field in which you are
especially interested.

Very sincerely yours,


Surgeon General



A Centre for the After-Treatment of Poliomyelitis (*Infantile Paralysis*)

GEORGIA WARM SPRINGS FOUNDATION, INC.

WARM SPRINGS, GEORGIA

March 16th, 1936

Dr. W. F. Koch,
137 Sea Spray Avenue,
Palm Beach, Florida.

Dear Doctor Koch:

Let me thank you for sending me copy of your reprint "Natural Immunity." I had heard of your investigations from other sources, especially the late Mr. Hardcastle Pennock. Work of this kind interests me very much, though, of course, it is, strictly speaking, out of my bailiwick entirely. I like to keep in touch with new things, and as you have further publications I hope you will be so kind as to let me have such references.

With kind regards, I am

Sincerely yours,



MH:RR

The Use of Peroxide of Diformaldehyde and
Organic Unsaturated Compounds
in the Treatment of Anergy
and Hyperergy

BY

JOSEPH HENRI MAISIN, M.D.,

Director, Institut du Cancer, Louvain University;

MEDARD DE JAEGHER, M.D.; YU-HAN TANG, M.D.

and JEAN RUBAY



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By JOSEPH HENRI MAISIN, M.D.,
Director, Institut du Cancer, Louvain
University; MEDARD DE JAEGER, M.D.;
YU-HAN TANG, M.D.; and
JEAN RUBAY

Origin of this Research

The use of the substances discussed in this article in the treatment of anergic and hyperergic states is an outcome of extended experimental work with them in other directions.

One of us⁽¹⁾ has made a long study of the action of peroxides on experimental cancers, in an attempt to re-establish, with the aid of these peroxides, those oxidation processes which, as is now generally known, are defective in the malignant cell. He succeeded in obtaining definite prophylactic results against benzpyrene cancer in white mice.

Having subsequently tested the action of the peroxide of diformaldehyde in a large number of desperate cases of human cancer, he was struck, from the very beginning of the work, by the remarkable influence of these products on the general health of the patient; euphoria, increase of appetite and weight, diminution of pain.

In addition, he noted coincidentally, in certain patients, a very definite influence on various infective processes as well as on such hyperergic conditions as asthma, eczema, etc., which happened to accompany the malignancy in certain of our treated individuals.

These results were of such a nature that he was prompted to inquire into the action of these products on ordinary cases of anergy or hyperergy, uncomplicated by any malignancy. The early results having been good, he then carried out, with his collaborators, a series of experimental and clinical researches. The products employed were the peroxide of diformaldehyde and certain unsaturated compounds, of which the method of preparation is given below.

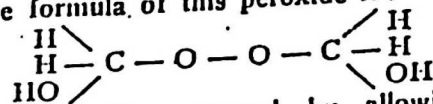
Nature and Method of Preparation of the Products Used

The substances in question are of very simple chemical composition and are easy to prepare.

The first group of products comprises the

organic peroxides, of which several have been used with a measure of success. We will describe here one only, the peroxide of diformaldehyde, since it has been particularly studied and is very efficacious.

The formula of this peroxide is:



It is readily prepared by allowing a saturated solution of hydrogen peroxide in anhydrous ethyl ether to react with a saturated solution of formaldehyde in anhydrous ethyl ether.

The second group of compounds comprises certain highly unsaturated chemical substances, of which we do not know the exact formula, but which may be prepared by the action of phosphoric acid on malonic acid, or by the action of sulphuric acid on ether, or also by the action of sulphuric acid on a solution of acetaldehyde in ether. The first reaction should theoretically give as a final product, malonic anhydride, having a formula of $\text{OC}=\text{C}=\text{CO}$. We have reason to believe that the general formula of those active products would correspond with the structure $\text{R}=\text{C}=\text{C}=\text{R}$.

An Experimental Study of Anaphylaxis in the Guinea Pig

One of us has undertaken the study of the action of these two groups of substances on anaphylaxis in guinea-pigs. Guinea-pigs were sensitised by the injection of five centigrammes of crystallised egg albumen. When the animals were sensitised, i.e., three to four weeks after the injection, he proceeded to test the possibility of desensitising these animals by the use of the two groups of substances in question.

These researches have shown, as did those with experimental cancer, that only very dilute solutions were really efficacious. It is necessary to use the peroxide of diformaldehyde, or the unsaturated compounds in a dilution of the order of 1×10^{-9} at least. Actually, our best results have been obtained with dilutions from 1×10^{-9} to 1×10^{-12} . These very high dilutions (1×10^{-12}) still contain several thousand molecules per c.c.

We desensitised our animals by injecting subcutaneously 1 c.c. of the chosen dilution every eight days. Altogether, three or four injections were made. Several hours after the last injection we gave the treated animals, as well as the controls, the shock injection intraperitoneally, viz., 40 to 50 centigrammes of crystallised egg albumen.

All the control animals died; 30 to 60 per cent. of the desensitised ones survived.

We have also attempted, with success, to

control an anaphylactic crisis which was already under way.

In the desensitisation of guinea-pigs to egg albumen, both types of product were successful, if the shock injection is made a few hours after the last injection of the products. But if the shock injection is given several weeks or months after the last desensitising injection, then we see difference between the two types of products; the unsaturated compounds remain effective months after the last injection. We are still studying this phenomenon, in order to determine the reason of this marked difference which may lead to a chemical definition of allergy, anergy and hyperergy.

Clinical Researches

In human beings we have observed carefully all the variations in blood pressure, as well as variations in the blood contents and the coagulation rate, in our patients to whom injections have been given. The results have been very definite and very interesting. With a dilution of 1×10^{-9} of one or other of these products, one finds in 90 per cent. of the cases who have never before received an injection, a hæmoclastic crisis, i.e., a temporary leucopenia plus lymphocytosis, plus lowered blood pressure and changes in blood coagulability. Thus a fall in the blood pressure is noticed, which takes place from 5 to 15 minutes after the injection. The blood pressure is taken with the most painstaking precautions, with a view to avoiding every source of error. It should be noted that these results have been obtained in patients resting in bed, the blood pressure being taken first thing in the morning, i.e., fasting.

As in the phenomenon of shock, certain febrile manifestations may follow in persons who were afebrile at the moment of injection. Increases of temperature are particularly noticeable in patients who have a latent focus of infection, which is disclosed by the injection. These elevations in temperature may follow from two to several days after the injection.

On the other hand, patients who have a temperature at the moment of the injection frequently show a reduction to a normal temperature during the following day. Finally, we have observed delayed temperature reactions appearing as late as three weeks after the injection.

Clinical Applications

The various phenomena which we have just described suggest that several morbid states may be favourably influenced by this entirely inoffensive therapy. Briefly, one may say that it is applicable in any case where shock

therapy is indicated; in anergic and hyperergic states, with or without infection. We would like in this paper to confine ourselves to certain indications in which this therapy has been successfully tested by us.

Infectious states: acute or chronic colds; furunculosis, where generally one single injection suffices; osteomyelitis, acute or chronic; various febrile skin conditions.

Hyperergic states: asthma and eczema, either acute or chronic.

Notes on Treatment

In most of the ordinary infections, such as furunculosis, coryza, and in certain mild eczemas, a single injection is sufficient to obtain the desired result. In cases which have become chronic, or where one has to obtain a considerable desensitisation, it is necessary to repeat the injection at intervals of 7 or 14 days. Three or four injections are so given, and then the patient is left for two months or more. If the treatment is successful no further injections are given; if not, they may be repeated at the same intervals as before.

Extremely high dilutions are always used. Doubly distilled water, prepared in a still made entirely of Pyrex glass, is used in the diluting. Only one c.c. is injected at a time, preferably in the arm muscle (brachial triiceps). The injection is painful, and is followed in a few seconds by violent muscular contractions at the site of injection. The pain is transitory. We recommend that the injection is given with the patient lying down. The site of injection *must not be sterilised with iodine*, but either with ether or preferably by rubbing with sterile gauze.

At present it is impossible for us to recommend one product more than the other, i.e., peroxide, or the unsaturated compounds. In the majority of cases in practice but particularly in hyperergic conditions (asthma, eczema) we use the latter, as they are much easier to prepare and keep better, and also on account of the late result in experimental anaphylaxy in guinea-pigs. This we strongly recommend (it is known as "Allergosil").

Case Notes of Several Cases of Eczema and Asthma

Eczema

i. *L.E. A child of 5½ years.*—For two weeks had had skin eruption. The child is the son of one of our patients treated by us for neoplasm of the breast. Constitution excellent. Nutrition good. The hands and limbs had been covered with a tar ointment prescribed by his doctor. Small pinhead sized patches, pruriginous; on the wrists, back of hands, knees and several papules on the

shoulders. The rest of the body clear. One injection of one c.c. of the unsaturated bodies was given. One week later more irritation. A further injection was given. One week later the child returned. All the eruption had disappeared (some slight desquamation).

ii. *Mr. B.F. Age 37. Bricklayer.*—Weeping eczema on both hands for four years. Has had various treatments, autolæmotherapy and sodium thiosulphate. The eczema disappears at certain times, but always returns regularly. Small groups of vesicles, situated chiefly on the finger tips, and on the back of the hands and spaces between the fingers. The eruption sets up an intense itching, and forces the patient to scratch. There is also considerable oozing. The patient suffers much, and each time has been obliged to give up work. During an acute attack three injections of the unsaturated compounds were given at seven-day intervals. Local treatment. One month after treatment, great improvement. Only a few isolated vesicles remained on the back of the hands. Desquamation over the healed patches. The patient was seen three months afterwards. He had not had an outbreak since our treatment, and he was well pleased.

Asthma

i. *M.Sp. Age 24. Medical student.*—Had had asthma since the age of three years. Until ten years of age had often to stay away from school on this account. Between 12 and 17 years old slightly better, but always liable to attack. Since he came to the University in 1931 he has had at least two attacks each week. In July, 1936, an injection of peroxide of diformaldehyde was given. Twenty-four hours after, a violent attack of asthma with temperature 102° F. to 103.6° F. Eczema between the fingers. Six weeks after the injection, no good or bad effect. In September, 1937, an injection of the unsaturated compounds was given. He was much better during the days following the injection. He remained fairly well until the end of 1937, having one attack every four weeks. In May, 1937, he was not so well. He was given another injection of the unsaturated bodies in alkaline solution. Twenty-four hours after this injection he had an acute attack of asthma, temperature 102° F. for three days. At the same time the patient again had eczema between the fingers. During the following weeks he got better and better, and only had a slight attack each week. His eczema disappeared steadily. At the moment he is very well, is free from attacks, and is practically rid of his asthma.

ii. *Mr. V.G. Age 55.*—He has suffered from asthma for some time. The patient had received three or four injections of adrenalin each week, and is practically never free from

attack. We gave him an injection of the unsaturated compounds. This injection was followed by another some hours afterwards. The same day the patient had received an injection of adrenalin. He did not have an attack the following week. At present he is well and has commenced to work again.

iii. *Mrs. C.J.L. Age 34.*—Bronchial asthma from 11 years of age. The attacks, infrequent at first, have become more and more frequent during the last few years, and she was having an attack every two or three days. The patient was given an injection of the unsaturated compounds in March, 1936. She returned in November, 1936, and reported that her asthma was much improved. The attacks were less severe and occur less frequently than one month. The patient was injected with the same compound and since then there has been a progressive improvement. There has been no attack of asthma since November, 1937.

iv. *Mr. A.C. Age 36.*—Has had asthma since 1921. Eczema on the hands since 1925. Since 1931 the attacks of asthma have become more frequent and the patient has received as much as 4 mgs. of adrenalin in 24 hours. Since 1932 he has had morphine and he has taken as much as 75 cgr. in four to five days. He has tried several other treatments without effect — Heckel serum, autogenous vaccines, etc. We saw the patient in December, 1937, with a typical attack and a permanent shortness of breath and considerable wasting. On December 24, 1937, we gave him an injection of the unsaturated bodies in alkaline solution. The next day he had a critical attack, which lasted for eight days, and increased in intensity at the beginning of 1938. On January 20 a further injection of the unsaturated compounds in alkaline solution was given, followed by three days of reaction; disintoxication of the morphine. By January 27 the attacks were not quite so frequent, and did not last so long. Another similar injection was given. On January 28 there was an outbreak of eczema on the hands. On February 3 a further injection was given. On February 8 he could sleep without morphine. He was pleased and only had a slight attack each day. From February 22, 1938, until March 14, 1938, he had no more attacks. His health was excellent and his weight increased by 9 kilos. Between March 14 and March 29, 1938, he had some attacks, and was re-injected with the same compound. From March 29 until April 4, 1938, no further attack. Since then the patient has had attacks, but always less intense than before treatment was commenced. No morphine. General health good. This is an extremely refractory case, which required long treatment. Up to the present we have only succeeded in improving

the general state, cutting out morphine and in obtaining a transitory diminution in the attacks of asthma. We are following with interest the course of this case. From June, 1938, to the end of August the patient has remained practically without attacks. This is a remarkable result.

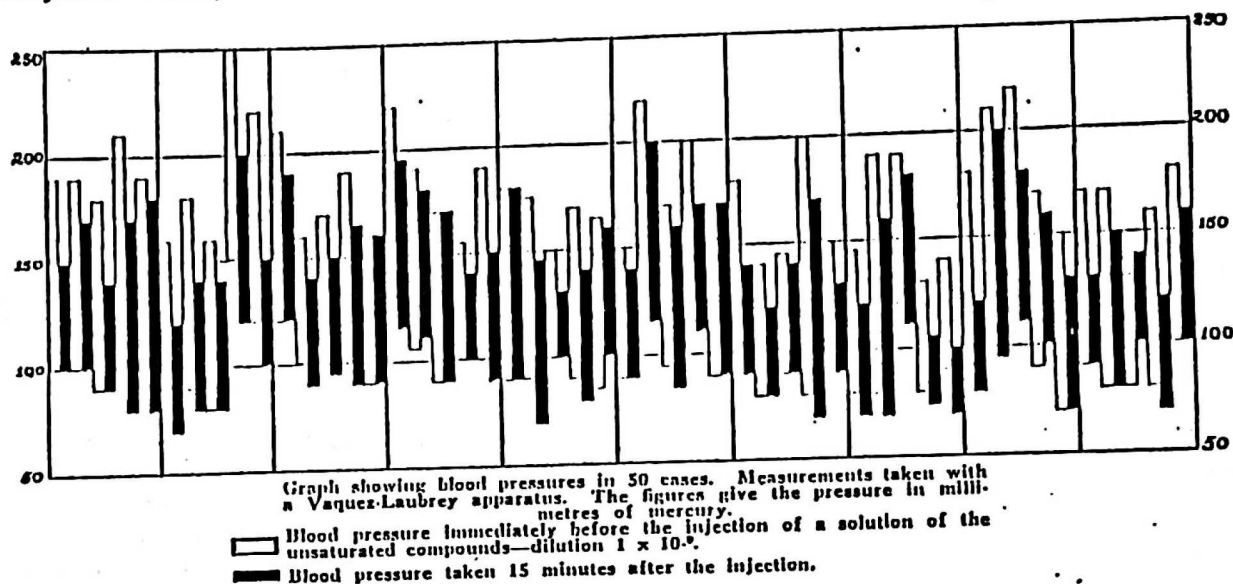
Discussion

The results obtained are clear, and can be repeated easily by anyone wishing to do so. They are obtained with doses of extremely high dilution, which serves to prove that the active substance can act when exhibited in extremely small traces, as do catalysts, or enzymes. The injections have a lasting action,

This work is not finished, but is leading us to believe that these two substances are not alike in their action. Finally, a curious fact which we have proved and one which we would stress, is the lengthy effect produced in a large number of cases, as well as the prophylactic action which we have proved the peroxide of diformaldehyde to have on benzpyrene cancer produced in white mice.

Conclusions

I. Peroxide of diformaldehyde and certain unsaturated compounds have a definite physiological action on the organism when only minute traces are injected.



and do not often have to be repeated, which is an advantage from the patient's point of view. The treatment is absolutely harmless. We have given several thousand injections without the least untoward incident, except that some may have a passing malaise, due to a fall in the blood pressure. It is still too early to be able to say with certainty exactly how these substances act, but we know already with certainty that peroxide of diformaldehyde has a deep and prolonged action on the catalase of the blood.

There is no doubt that we are dealing with new phenomena, which deserve to be carefully investigated, and whose application in therapeutics appears to us to be of interest.

II. Their therapeutic use is indicated since they are very effective in the treatment of various infections and of hyperergic states.

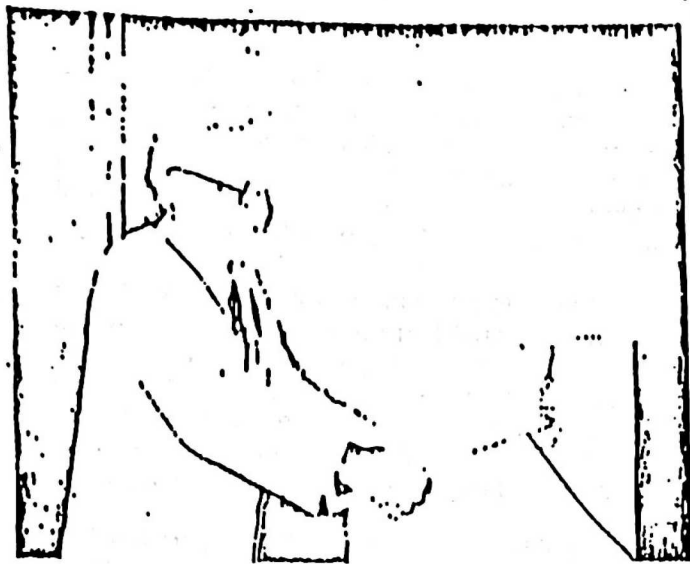
III. The results obtained are better than those obtained with any other shock-producing therapeutic agents, especially from the point of view of the general health of the patient.

Investigation carried out at the Cancer Institute at Louvain. Director, J. Maisin.

REFERENCES

- W. Koch and J. Maisin: *C.R. Soc. Biol.* T. 120, p. 106, 1935.
- J. Maisin and F. Robert: *C.R. Soc. Biol.* T. 123, p. 156, 1936.
- J. Maisin and Y. Pourbaix: *IIème Congrès Internat. de Cancérologie Bruxelles, Sept., 1936.*
- J. Maisin, Y. Pourbaix and P. Caeymaex: *C.R. Soc. Biol.*, March, 1938.

THE SEARCH FOR A NATURAL CURE FOR CANCER



by Nobel Prize Winner Albert Szent-Gyorgyi, M.D., Ph.D.

There is a great need for a drug which cures or prevents cancer without harming the patient. Such an action can be expected only from a natural substance. I have to explain what I mean by "natural."

The cell is an exceedingly complicated and subtle machinery in which all functions are carefully regulated. A normal cell divides only when division is needed. A cancer cell divides also when no division is needed. The regulations are out of order. All efforts to show the difference between the chemical makeup of a normal and a cancer cell have hitherto failed. The cellular structures are identical, only the regulations are disturbed. Something has gone wrong which has to be repaired.

In order to be able to repair any mechanism, we must know how it is built and how it works. As told by Herod, we can control only what we understand. To be able to repair, we must find out what has gone wrong - which screw is missing or which bolt has loosened. To replace it, a new part which takes over the function of the old one, is what I call a "natural cure." Only by replacing the failing part, can we expect a real cure which does no damage to the host. Putting in all sorts of substances which we take from the shelf, or synthesize are not "natural," even if taken from some plants. The same holds for high energy radiation. All these artificial therapeutic agents interfere with some basic function on which both the cancer and the normal host cell depend. They have thus to damage both.

For years my laboratory has worked in silence to find out how the living cell regulates its proliferation. We have arrived at a fairly clear concept and hope to be able to identify soon the part which is not working properly. In my opinion, this is the only hopeful approach. It is not an easy one because the living machinery is very complex and subtle. This is not a new approach either. It is the oldest approach but it is not a sensational one and so it is very difficult to find support for it. The National Institutes of

Health, the main granting agency for biomedical research, rejected my application three times. I had no luck with the cancer society either. Everybody wants a quick cure, but there are no shortcuts to basic research. There are shortcuts only to failure.

Life originated on a dark and airless globe on which there was no light and oxygen, and we can guess that under those very poor conditions life could develop only the simplest forms and could become continuous by proliferating as fast as conditions permitted. As the measure at which the globe cooled, the surrounding water vapor condensed and light could get through. Life utilized it and produced oxygen with it and oxygen made life develop, differentiate, build complex functions with complex structures. The problem is: How could oxygen do this? Oxygen makes oxidation, burning possible, and oxidation produces energy. Warburg, the great German biochemist, made energy responsible for the development. But energy cannot transform, build machines, it can only drive them. But if it was not energy which provoked the development, then it had to be oxygen itself which made the difference. "Oxidation" in scientific language means taking "electrons," electric particles from oxidized material. All matter is built of an atomic nuclei and electrons. Taking electrons from a substance means oxidizing it. The oxygen of the air does not take electrons from the living protein, but there are atomic groups, called carbonyls, which contain oxygen which can take single electrons from protein, bringing the proteins hereby into a most reactive form, called "free radical." The transformed proteins have very special properties, like electric conductivity. It is here in the electronic dimension that something is out of order in cancer. Carbonyls arrest cell division and my laboratory was led to the conclusion that it is still the carbonyls which arrest cell proliferation and it is the carbonyls which make the cell return to the resting state, after it completed division. If the carbonyls are missing, proliferation has to go on, and cancer results. We were not the first to be led to such a conclusion. A decade ago a very intuitive researcher, W.F. Koch, came to the same conclusion. Unfortunately, he did not leave us enough information to enable us to follow his trail.

By having carbonyls as regulating agents, the problem is by no means solved. We have to find out how the carbonyl fits into the regulation, how it is produced, destroyed and how it acts. There is still a long way to go, but I am very confident that this is the right way and the end is not too far. It is very unfortunate that the research worker on this line has to fight a battle on two fronts: one against nature to learn her secrets. This battle is interesting and hopeful. The other battle is against the narrow bureaucratic thinking. This fight is uninteresting, hopeless and very discouraging, and if not long ago a small group of people, the "Bethesda National Foundation" had not come to my help, I would have had to give up research altogether. What keeps me going is not only their financial support, but also the confidence of my fellow Americans.

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THE NATIONAL OBSERVER

JULY 5, 1975

Electromagnetic Theory of Cancer

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A Nobel Winner's Explanation

By Patrick Young

Nobel laureate Albert Szent-Gyorgyi has devoted his research efforts to unraveling what he calls "the symptoms of life." And last week he reported what could be his most important contribution yet—a new theory on the cause of cancer.

Cancer is the uncontrolled proliferation of cells, but why normal cells turn malignant remains one of medicine's great mysteries. Dr. Szent-Gyorgyi's answer is that a breakdown in a complex energy-transportation system within a cell causes the cell to lose its ability to regulate its reproduction. Once that control mechanism is lost, the cell divides endlessly.

Szent-Gyorgyi, scientific director of the nonprofit National Foundation for Cancer Research in Woods Hole, Mass., won his Nobel prize in 1937 for his discovery of vitamin C, and later unraveled some of the basic chemistry of the muscular system. He outlined his new "electromagnetic theory of cancer" last week at a meeting of Nobel laureates in Lindau, Germany.

"The essential point is that every cell has an explosive ability to grow and to multiply," says Szent-Gyorgyi. "So the main problem about cancer is

not what makes its cells grow, but what is it that keeps them from growing if they are not damaged by some outside factor. What is the brake?"

In Szent-Gyorgyi's view, the brake is a magnetic field within each cell. As he explains it, electrons in an atom are normally paired. A spinning electron generates a magnetic field. But because electrons in a pair spin in opposite directions, they neutralize each other's magnetic field. Certain proteins in the cells, however, can split the electron-pair bondings, and produce free electrons, which then have a detectable magnetic field.

"There is a whole chemical machinery, a chemical chain [in normal cells] which can take out electrons from protein and transmit them to oxygen, generating hereby the forces which can keep the cell at rest and prevent or arrest its proliferation," says Szent-Gyorgyi. "In cancer this whole chain is missing."

"It is hoped that more detailed knowledge will allow one to pinpoint more sharply the primary disturbance in cancer and will help to find means to correct it, leading to both the understanding and control of this disease," he told the Nobel laureates. "We can only control what we understand."

"DECLARES BASIC CANCER CAUSES, BODY POISONS"

"M' Alumnus Says Education Will Aid in Eradication"

"Education of the masses of people on the basic causes of cancer is one of the most potent weapons for control of the dreaded disease which is taking more than 250,000 lives in the United States annually and steadily increasing its toll, Dr. William F. Koch, University of Michigan alumnus, nationally known biological chemist and head of the Koch Cancer Foundation of Detroit, declares in a review of late developments in the field of cancer.

"It is an error to assume that the cancer growth itself is the cause of the disease, and the use of surgery, radium and X-rays for removal or destruction of such growths results in very little benefit, Dr. Koch asserts.

"Cancer is caused by toxins or poison within the body, and these basic causes must be cleared up to really help the sufferer, he states. Medical science must look to antitoxins for an effective remedy, Dr. Koch concludes on the basis of results obtained with a synthetic antitoxin now in use.

"The toxin that causes cancer is produced by germs that are able to multiply in certain recesses of the body, including tonsillar crypts, sinuses and in the constipated large intestines' Dr. Koch explains. 'Proper diet and cleansing of the large intestines, the removal of persistently bad tonsils and infected teeth, healthful exercise, fresh air and sunlight – in other words the old fashioned way of living – will do much in the prevention or postponement of cancer. Education of the people in a healthful mode of living is vitally important in the fight to control cancer.

"We observe that each generation of an afflicted family develops cancer earlier in life. Where the grandparents developed the disease in the seventies or eighties, the parents develop it in the sixties and the children develop it in the forties or the thirties and we often see it in infancy or childhood.

"Perhaps the most important scientific advance of the last decade in the fight against cancer is the demonstration that the toxin that causes the disease can be changed from a deadly poison to an absolutely harmless and even useful substance simply by altering its molecular structure in a definite way. In setting up the cancer growth nature simply tries to evolve an antitoxin to combat the poisons, but does not go far enough."

[Circa 1925]

DETROIT CLIPPING BUREAU

431 Griswold St.—Rand. 0138

Detroit, Mich.

From MUSKEGON CHRONICLE

Muskegon, Mich.

Date JAN 23 1931

'CURES' OF CANCER DOOMED TO FAILURE, U. EXPERT ASSERTS

Disease Not Merely Local to Group of Cells, He Points Out

Ann Arbor, Jan. 23.—Cancer is an abnormal and malignant degeneration of body cells which may occur in any person so predisposed whenever age or some special irritation permits degeneration to begin, and is not a disease caused by a special germ or chemical substance, hence so-called cures which attempt to treat it from these angles are foredoomed to failure, declares Dr. Aldred Scott Warthin, director of the pathological laboratories of the University of Michigan in an editorial in the *Annals of Internal Medicine*.

"Cancer is not simply a local disease; we know now that it is primarily a disease of the entire organism, an anomaly of the individual constitution. The general constitutional predisposition determines whether an individual can have cancer; its particular site is the organ or tissue which is most susceptible. The predisposition, not the cancer proper, is probably inherited. The cancer develops when, because of an irritation, age, or other condition the body cannot maintain all cells at normal, and malignant degeneration occurs in some of them.

"The public ought to know these facts to protect itself by early attention. The situation is not as hopeless as it might seem, however. Three lines of attack are open: breeding out the inherited family strains, which requires a wider popular faith in eugenics than prevails; correction of congenital anomalies and removal of sources of irritation to avoid development; and early and complete surgical removal, the best hope for a permanent cure in individual cases."

"During the last 40 years an almost annual exploitation of 'cancer cures' has recurred, has had its brief season of notoriety, and falling, as all such must fall, has passed into oblivion, but carrying with them the hopes of many unfortunate persons," stated Dr. Warthin. The first type of treatments to fail were those which took for granted that cancer was an infectious disease caused by some germ or other living organism. Today, after innumerable experiments, there is no evidence to substantiate this view. Since no germ is present, and cancer shows no tendency to cure itself by developing antibodies, any treatment based on serums or vaccines is theoretically impossible and practically worthless."

An even older method of approach is the attempt to destroy cancer cells within the body, states Dr. Warthin. Zinc, arsenic, and other corrosive pastes and salves have been used for many years under the impression that they would "eat out" the cancer. Usually, however, the effect was to stimulate the growth and frequently to develop ulceration and gangrenous sloughing as well. Quacks and "Indian herb doctors" were special offenders in this field. However, the attempts of science to obtain a medicine which might be taken to kill the cancer has been equally fruitless since to kill all the cancer cells by chemicals would mean the death also of the body cells, and probably that these cells would die before the cancer cells because of the greater freedom of the latter from the general body metabolism and chemistry.

SOME INFORMAL REMARKS ON THE
TREATMENT OF CANCER*

CARROLL W. ALLEN, M. D.,

NEW ORLEANS.

Last October a patient of mine suffering from an inoperable cancer of the rectum asked my advice about the Koch treatment. I strongly advised him to have nothing to do with it, that it had been investigated and pronounced worthless, and that I regarded it as a fraud. He, however, was determined to go to Detroit and consult Dr. Koch. At that time he was emaciated, weighing less than a hundred pounds and was so weak that he had to be carried to the train on a stretcher. Two months later he returned to New Orleans weighing more than 130 pounds, and now weighs 170 and attends to business as usual though there is still some local evidence of his trouble.

I am frank to say that I was amazed at the wonderful improvement in this man. I then called on another patient here who was treated by Dr. Koch at the same time. After talking with these two afflicted persons I was deeply impressed, not only by their personal experience but also by statements concerning others with whom they came in contact while being treated.

A doctor friend whose wife was in a hopeless condition from carcinoma called on me to discuss the matter and as his wife was unable to travel we wired Dr. Koch and received a treatment. In a similar way I received a dose for a hopeless bladder case of Dr. Walther's. With these treatments Dr. Koch sent some directions and information as to what would happen following its use.

The results were so strikingly as he predicted that I became extremely interested.

I looked up Dr. Koch's earlier contributions to medical literature and learned that he had written several creditable

papers on the parathyroid glands, such as one would expect from a high class laboratory man. Dr. Koch's method of procedure in the above work was quite original and his deductions and conclusions were at first not accepted but later were recognized and the proper credit given him. Paton of Glasgow won a triennial prize by a paper on the same subject in which he gave Dr. Koch due credit for what he had done. These papers will be found in the

Jour. Biol. Chem., 1912, XII. 313;

Jour. Biol. Chem., 1913, XV. 43-63;

Jour. Lab. & Clin. Med., 1919, 1,299; and,

Jour. Med. & Surg. Jan., 1918, 1-9;
that by Paton will be found in the

Quart. Jour. Phys. 1917 Nos. 3 and 4

In the A. M. A. Journal of 1913, Page 1049, there is a lengthy editorial devoted to Koch's work on the toxic bases in the urine of parathyroidectomized dogs. Dr. Lewellys Barker on the subject of tetany in a paper read at the Southern Medical Association, in 1922, quotes extensively from Dr. Koch. These papers, are however, of more than passing interest in this investigation as it was through the application of methods of reasoning in cancer similar to those that he used in his work on the thyroid that he feels he was able to recognize the specific toxin which formed the basis of his work on cancer.

Dr. Koch had a batchelors', a master's and a doctor's degree before he obtained the M. D. degree to give him clinical opportunities to pursue his study of cancer. He, however, does not care for the practice of medicine and is not a clinician but strictly a chemist and physiologist.

I was so deeply impressed with the conviction that Dr. Koch had discovered something that at least brought about certain more or less definite reactions indicating some direct or specific effect on cancer that I decided to go up there and make a personal investigation.

*Read before Orleans Parish Medical Society, April 27, 1925.

Arriving there December twenty-seventh I began a systematic study of his cases and saw many in all the various stages of reaction. Everything was absolutely open to my closest scrutiny and Dr. Koch* was often not present during my examinations though always available to answer all questions, which he did with perfect frankness, both to me and the patients. Results were not always favorable, some were slow and uncertain, and he expressed doubt regarding others. He stated that 20 per cent of his cases failed to react. All this was done in a spirit of perfect candor and openness that disarmed at once any feeling of the possibility of subterfuge or evasion that may have existed in my mind.

The most interesting and impressive thing was the cured cases; of these I saw a large number and questioned them most closely. There remained no doubt but that they had had cancer as they all gave a perfect clinical history. Some were primarily inoperable, many had been operated with recurrence, the majority had had the usual routine of X-ray and radium. They all had been hopeless surgically and had come to Dr. Koch as a last resort.

The interesting thing in questioning these cured cases was that they all had gone through the same course with its varied reactions and toxemia as those I saw under treatment. This naturally increased my interest and encouraged my closer study of the phenomena which they presented. While many of these were quite sick it was apparent that they were not running a cancer course. The typical cancer symptoms were slowly giving way to a toxemia in which nausea, vomiting, temperature and prostration were the most prominent features with a progressive diminution of pain and finally just a soreness to remind them of their former suffering. During this time, or as long as the toxemia and temperature persisted there was a steady loss of weight until they were reduced to an extreme degree. As convales-

cense set in, recovery was at first slow later more rapid, and many of them told me that their physical condition and general health was better than they had ever enjoyed formerly.

The preparation used is a delicate, synthetic chemical compound, clear and colorless. It is injected subcutaneously in one cubic centimeter dose. The treatment is based on the germ theory of all malignancy and upon the theory that the cancer mass is an attempt at protection by the host towards the invading organism. The organisms being killed the cancer becomes a foreign proteid mass which must be absorbed to be removed. The absorption of this mass is a highly toxic process and produces the various symptoms which occur during the treatment; fever, nausea, vomiting, and depression. These symptoms and reactions of the cancer tissue are subject to considerable variation. At times the mass may swell and there may be an increase in all symptoms including pain, in other cases there is an immediate subsidence in the size of the mass and a lessening of pain. The reason for these variations is not well understood. The cancer mass takes on a bluish color and there is an ingrowth of angioclastic tissue during the stage of absorption. As this vascularized tissue contracts frequent small hemorrhages occur and it may require six to nine months for all of this tissue to disappear. Cases that are badly exhausted before treatment, where the mass to be absorbed is very large, or when the heart and kidneys are weakened are not likely to survive the toxic period.

My duty was apparent. I should take some steps to bring this matter to the attention of the profession and I felt that the best means of accomplishing this as well as for further proof for myself was first to treat a few of my hopeless cases here and properly check this work with the aid of the laboratory. This appeared to me to be the best plan of procedure and I ac-

cordingly arranged with Dr. Koch to furnish me with as much of his formula as was needed.

My understanding with Dr. Koch was that should any recognized group of reputable physicians make a calm unbiased investigation of his treatment and accord him due credit for having discovered something useful in the treatment of cancer, he would then make the formula public in some way, such as was done with insulin.

I know that a great many of my friends and associates feel that I have made a mistake in going into this subject but I hope that none will question my honesty or sincerity and just as soon as sufficient time has elapsed for me to arrive at a definite conclusion, based on personal experience, for or against the further use of this remedy I propose to make a frank, positive statement of the results.

In conclusion I wish now to present a brief summary taken from the records of cases treated.

① Mr. H. Age 57. Brought to Touro Infirmary December 20, 1924, in ambulance accompanied by his physician. He had been bedridden several months. Ten years ago he developed an epithelioma on his penis which had gradually spread. In the last few years he had received a great variety of treatment including much X-ray and radium.

On examination his penis was a cauliflower mass about an inch long with extensive cancerous ulcerations on the pubes, scrotum, and perineum. In the right groin there was a mass which extended from the pubes to near the iliac crest and about nine inches in the long axis of the leg. The center was badly sloughed out with a cavity running down along the great vessels and up into the pelvis. The limb was badly swollen and presented decided evidence of an erysipelatous like inflammation. The case was very far advanced and most unpromising and I felt hopeless. Following a conference between himself, the family and his physician it was decided that he take the chance as he had no hope otherwise. He left for home in a few days. I received frequent reports and visited him once.

At the time of his death, which occurred during the 11th week from exhaustion, the penis, pubes, scrotum and perineum had entirely healed.

All that remained of the growth in his thigh was a smooth granular surface two inches in diameter. The deep excavation which ran down into his pelvis had entirely filled in. This report was given me by his family physician a few days before his death. A Touro nurse who was on duty with this man for two months, has told me that the above report is correct and makes even more remarkable statements.

② Mrs. J. Age 54. Was first seen by me in consultation with Dr. Walther about the middle of last August. She was bedridden with an inoperable carcinoma of the bladder. On examination the entire base of the bladder, anterior wall of the vagina, and interior surface of the uterus were involved in the growth. I was again called to see this patient and treated her with the Koch antitoxin on December 8th. At this time she had been bedridden about five months and her condition had become much worse. The entire upper half of the vagina was a mass of growth which prevented the finger passing beyond the outlet and extended up above the pubes several inches, with a large mass about 2½ inches in diameter extending up along the right side above the crest of the ilium. There was constant vesical tenesmus with urination every few minutes and without patient's control, requiring her to remain on a bed pan day and night. The urine was very offensive and the odor penetrated the whole house. She had become very much reduced by cachexia, suffering, and hemorrhage, which was at times profuse. She was taking one grain of morphine by needle several times a day but still suffered considerably. Her general condition was so bad that the family was coming home from various parts of the country to see her for the last time. It was thought that she would not live until Christmas.

Course of reaction: There was an almost immediate subsidence in the pain. Nausea, vomiting and fever began about the tenth day; at first moderate, later becoming more severe by spells. During the early part of January she had several very severe spells of vomiting and purging. On one or two days she vomited almost incessantly and during one of these spells she said her bowels moved about fifty times during twenty-four hours. They were unusually offensive and sickening to those in attendance. The patient told me that had she known how sick the treatment would make her she never would have taken it.

About the middle of January she lost complete control of her bladder and her urine dribbled from her continually, its odor was, however, growing progressively less offensive and finally entirely disappeared. From the middle of January there was no more temperature and she was entirely free from all pain. The suprapubic and abdom-

an institution? If the society does not wish to commit itself in this way it can be done by others with official approval

SUBSEQUENT CORRESPONDENCE.*

New Orleans, La.,
July 2nd, 1925.

Judiciary Committee,

Orleans Parish Medical Society,

1551 Canal Street,

New Orleans, La.

Gentlemen:

Fully recognizing the incompatibility of my duties as a member of Organized Medicine with any professional or business relations with secret or proprietary remedies as opposed to the principals of ethics which govern a liberal and humanitarian profession, I hereby declare that I have severed all professional and business relations with Dr. W. F. Koch of Detroit, Michigan, as the inventor, manufacturer and promoter of a specific treatment of cancer. I hereby make it also clearly and unequivocally understood that I shall have no further connection with the said Koch Cure as one of its advocates and endorsers,

and that henceforth I shall cease to administer or distribute this treatment or recommend its administration to my patients or those of other practitioners as long as its composition and manufacture remain a secret monopoly, and only resume its use, if I deem proper, after its composition and manufacture has been wholly, clearly and definitely revealed to the profession through the recognized organs of the medical press.

I wish, however, to qualify in this otherwise absolute renunciation of the Koch treatment with the request that I be permitted to complete the observations on the patients to whom I have administered the treatment in a purely experimental way, and for which treatment there will be no fees charged or payments collected for services relative to the Koch Cure.

In making this declaration I trust that the objection to my continuance as a member in good standing of Organized Medicine will be removed.

I will furnish your Committee at an early date the list of cases now under treatment.

Yours very truly,

CARROLL W. ALLEN.

*See Bulletin of Orleans Parish Medical Society in this issue.

CORRESPONDENCE.

July 30, 1925.

Editor-in-chief,
N. O. Medical and Surgical Journal,
Whitney Bank Bldg.,

City.

My dear Doctor:—

In reply to your communication regarding the publication of my paper on the use of the Koch cancer remedy I feel it better for all concerned that this not be published, which request I have made before.

There are two sides to this question—the ethical and the scientific and my discussion deals entirely with the scientific. I had been impressed with the merits of Koch's discovery and urged that something be done to make it right, feeling that if Koch did not have as effective a remedy as he thought, he at least had something that profoundly effected cancer tissue and my hope was that after putting the matter right it might serve as a key or starting point to the elaboration of something more effective when worked up and studied in our large laboratories. I did not pretend to defend the unethical side of the treatment but discussed the scientific side exclusively. The above views are amply brought out in my paper and the discussion that follows.

I feel there are sufficient developments to bear me out in the statement that the treatment has merit. There are several cured cases here and others which have been tremendously benefited and look as if they may get well. In addition to this, other physicians, who visited Dr. Koch, came to the same conclusion I did and recently the Detroit City Council took action in the matter and requested their Board of Health to conduct an investigation. I enclose a letter received from the Board of Health, which explains itself.

A careful consideration of the facts as revealed by this letter must suggest to your

The Koch treatment was considered "Unethical" by Orthodox Medicine because Dr. Koch had not identified to the Medical Profession the chemical structure or identity of the medicine he was using in his research. At the time, he was in the ^{experimental} research and development phase of his research and he had no patents to protect his research from being taken over by unauthorized persons.

mind a situation, which is to say the least, very unusual in view of the fact that the treatment has already been twice condemned by both the local and national medical societies, which should logically be best qualified to pass upon such matters.

It is not necessary here to recite the details of how the investigation came about or the character of evidence produced. Many of these facts I can give you if wanted. It would, however, seem sufficient that the common council of a city of a million and a half people would take such action and incur the political animosity of the medical profession and place themselves in a ridiculous light, subject to the severest criticism, if the evidence produced before them had not been convincingly and overwhelmingly in favor of Dr. Koch.

It is also quite significant that the Board of Health, composed of such able men as make up its personnel, should have acceded to the request of the council if they could have taken any other course. One fact in connection with the action of the council I feel I should state as it has been said that if Dr. Koch had accomplished anything those in his own community should be in a better position to know the true facts. This investigation was confined to what had been accomplished within the City of Detroit with residents of the city as the council could not concern itself with outside affairs.

It is also of interest to know that Dr. Koch was not in favor of the above procedure as he preferred to have the matter straightened out within the profession, but could not afford to stop it without having it appear that he was afraid of an

investigation or wished to continue in his present status.

A notable feature in this affair is the absence of any newspaper publicity. A charlatan would have capitalized this to the fullest extent.

Immediately following the meeting at the Orleans Parish, at which I read my paper and feeling that the profession was not inclined to take any particular steps likely to result in righting the matter I wrote Dr. Koch and informed him that I had discontinued the treatment. I some time later wrote a more positive letter at the request of Tulane and agreed to absolutely discontinue both its use and advocacy in any way except to continue on the cases then under treatment, which was to be done under certain conditions.

Having renounced the further use of the treatment, on ethical grounds, I feel that publication of my paper will only have an unfavorable effect and may bring the Journal into discredit. It will certainly be gotten hold of by the lay press and as there is certainly enough to it to justify anyone trying it and there are a great many arguments that can be used which may be very hard to answer. There is also a great deal else that I feel will come out if it gets in the lay press, which I feel is very much better left out.

I cannot help but feel that careful consideration of the subject must convince you that the above view is correct.

I will be glad to hear from you as to what action is taken in the matter.

With appreciation and thanking you for any trouble I may put you to, I am

Very truly yours,

CARROLL W. ALLEN.

THE McWHORTER AFFIDAVIT

"TO WHOM IT MAY CONCERN:

"In order to put on record the facts we know concerning the illness, treatment and recovery of our daughter, Judnith McWhorter, here in after referred to as just Judy, we make the following statement of our own will and accord, without promise of or hope of any remuneration, and having previously received no remuneration of any kind.

"After a normal birth, Judy, before the age of six weeks, showed signs of illness. Her abdomen was enlarged, she was restless, and her face did not show the repose of a healthy baby.

"Her physician who was a doctor in good standing, a member of the American Medical Association, and a man whom we trusted and still hold in high esteem, could not find anything wrong with her until his check up and examination at the end of her eighth week. At that time the doctor found her abdomen hard and much distended. During the period from August 20, 1948 to August 27, 1948 a tentative diagnosis of cancer was made and X-rays were given although the X-ray technician stated that it was hopeless to expect a recovery.

"By the time Judy was three months old that attending physician and another surgeon made an exploratory operation on Judy's abdomen at which time a biopsy was made. The physicians reported to us that the biopsy showed a high degree of malignancy which involved 85% of the child's liver. They told us that there was nothing that could be done to save Judy's life; that we should take her home and make her as comfortable as possible for the few days that she could live.

"Her life expectancy was placed at 21 days. We were told not to remove the bandage from her abdomen lest the stitches burst out. It was the doctor's opinion that the incision in her abdomen would not heal.

"For some days prior to this time Mr. Joseph O. Noah, a neighbor and old friend of Mrs. McWhorter and her family, had been advocating the use of the treatment offered by Dr. William Fredrick Koch ... None of us had much confidence in his treatment.

"When our doctor was consulted he assured us it was useless. He said he would not give it to his own child under the same circumstances, and that it would be an unnecessary and useless infliction of pain on the patient. He also made the statement that he would believe in the treatment if he could see one case recover from the use of it where a biopsy showed positive malignancy.

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

"Dr. Koch's therapy was given by Dr. N. T. Mulloy of Cisco, Texas. The dose was injected into Judy's hip on September 18, 1948. At this time and during the course of Judy's recovery, Mr. Noah took a series of color pictures showing her progress. Previously he had taken two pictures at six weeks of age and before diagnosis of cancer. This series of pictures gives a good idea of her case.

"At the time the injection was given, Judy's abdomen was so much enlarged that she could hardly breathe due to upward pressure on her lungs. The circulation on the surface had greatly increased and she had a bluish cast from a diffusion of blood in and just under the skin. Veins under the skin of the abdomen were plainly visible. The abdomen was very firm, even hard. At the time the Koch's treatment was given, Dr. Mulloy expressed no hope of securing a recovery as he thought the case was too far advanced.

"Within ten days after treatment Judy showed definite reactions which raised our hopes. Shortly she began to pass large quantities of mucous with bowel movements. She also passed a large amount of water in the normal manner, sometimes requiring as many as twenty diaper changes per day. No medication was used after the injection of the Koch treatment and only minor changes were made in the baby's diet. Apple juice was substituted for orange juice, and Judy liked it. After treatment was given and until recovery was practically completed, only one doctor saw Judy. That was a doctor residing at Azle, Texas, who removed the stitches from the healed incision about the middle of October 1948.

"During the early days of the recovery process Mrs. McWhorter reported to the doctor who had previously cared for Judy and who had advised against the Koch Treatment, that she was apparently getting better. He admonished the mother not to entertain false hopes. He said that it was impossible for a dose of any chemical to 'destroy' such a large growth.

"On the other hand, Mr. Noah stated that the doctor's remarks showed that he had no conception of how the treatment was to work. He said one might as well say that a small match could not start a large fire and destroy a forest.

"Soon Judy began to gain weight and her abdomen rapidly reduced in size and became more soft and pliant so that she could breathe better. The hard growth receded towards the lower right side. By December 25, 1948, she had a healthy and normal appearance as the pictures mentioned before show, but some trace of the growth remained.

"Later, about May 12, 1949 I had her examined by a doctor in Paris, Texas. (Mrs. McWhorter told the doctor to make a thorough examination for trouble of any kind.) He could find nothing, after which he was told of the baby's former illness and he could still find no trouble.

"On November 11, 1949 Judy and her mother appeared before a group of physicians and surgeons especially interested in cancer who met at the Blackstone Hotel in Fort Worth, Texas. While before this group, more than one doctor examined Judy and nothing was found wrong with her.

"Mrs. McWhorter states that a more surprised group of doctors would be hard to find, when they first saw a rosy healthy child rolled out before them after having read a clinical summary of her case.

"An account of the meeting with a picture of Judy and her mother was published in the Fort Worth *Star-Telegram*. The piece was headed: *'Doctors Convinced That Little Judy Overcame Cancer Ailment Herself.'*

"This, in spite of the fact that all concerned knew the Dr. Koch Treatment had been given and that we gave it full credit for bringing about the baby's recovery. The only excuse we can offer for this is that undue excitement might have been raised by a publication of the true facts.

"On February 18, 1950 both parents and Judy attended a meeting of physicians and others at Tampa, Florida. Here Judy was again shown to a group of doctors. These were most friendly to the Koch treatment.

"Judy is now past two year old. She has shown a normal growth and development, normal mental development and absolutely no abnormalities that we are aware of. She is a very active, mischievous and friendly. She has had practically no illness after taking the Dr. Koch treatment and recovering from cancer.

"Witness our signatures.

Mr. O. McWhorter Jr., Father
Mrs. Otis McWhorter Jr., Mother

"State of Texas . . . County of Park . . . Sworn and subscribes to before me this 28th day of June, 1950.

Jim Bob Nation
Parker County, Texas
Notary"

Once Termed Hopeless Case

Doctors Convinced That Little Judy Overcame Cancer Ailment Herself

BY GRACE HALSELL

Judy McWhorter is the one-in-a-million type.

Her parents think so. And a lot of doctors think the same thing.

Judy, calm and blond, at 17 months, may be one of the few cases known to have cured themselves of cancer.

Doctors don't say for sure, as yet. They don't take credit for having cured her. Look at her smile, or see her romping around, and you know she feels wonderful. Once she was termed a hopeless case.

Drawing happily in the attention given her, Judy vowed she would support them when she appeared before them Thursday at the Blackstone Hotel.

While her physicians were busy using old words to explain her case, Judy was busy smiling and winning friends.

The daughter of Mr. and Mrs. Otis McWhorter, formerly of Ark and now of Paris, Judy was born in June 1940 in Harris Hospital. When she was two months old, Judy had a swollen, hard stomach.

Doctors told Judy's parents the baby suffered with cancer of the abdomen, which had spread to the liver. They said 80 per cent of the liver was involved.

A series of seven X-ray treatments was given. An exploratory operation was made. Then doctors sewed the patient up again.

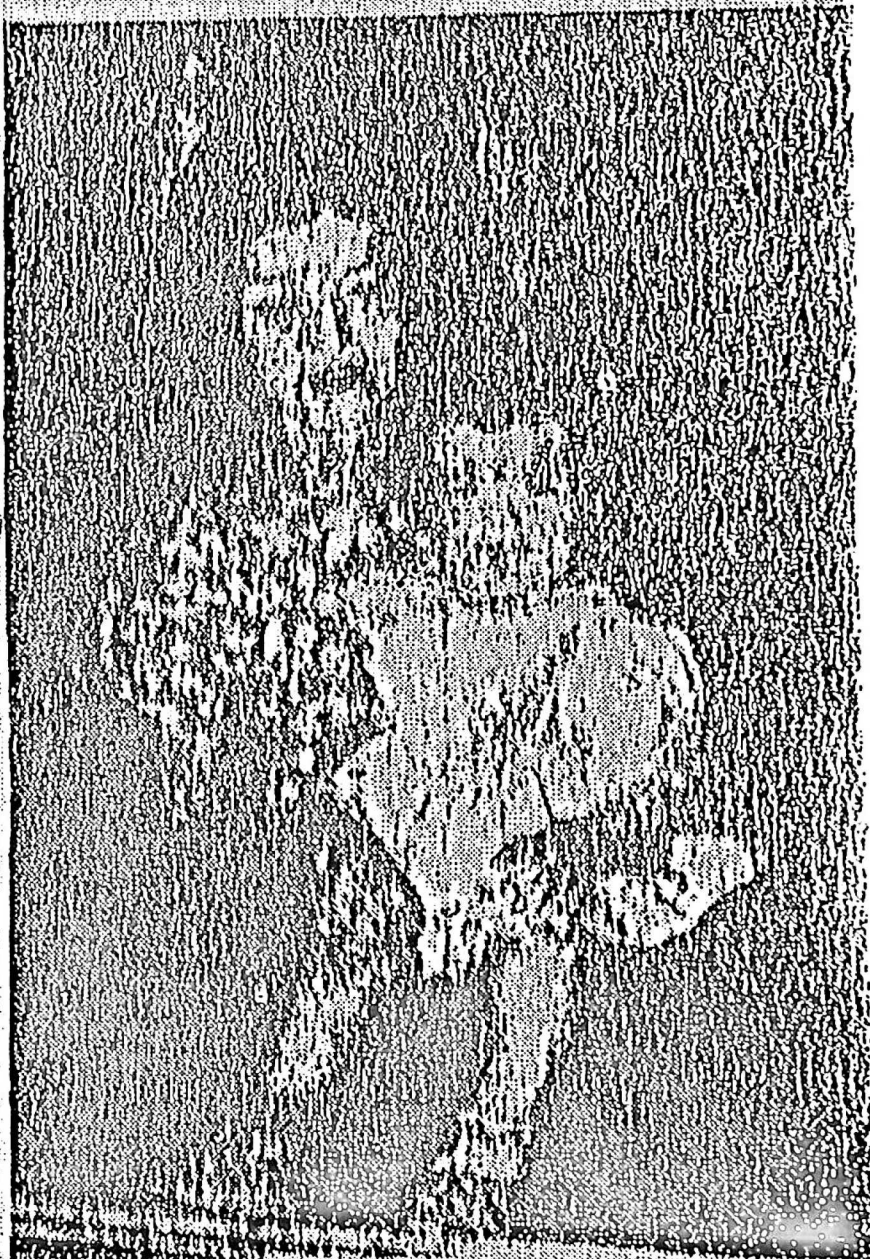
Doctors gave Judy only three weeks to live. They admitted Thursday that when they saw Judy being taken from the hospital, they never expected to see her alive again.

With Judy's appearance before the tumor clinic, she proved she was very much alive, and feeling almost better than anyone.

Radiologists do not claim the credit for saving Judy's life.

They say there are a few cases recorded in medical journals of patients healing spontaneously cured.

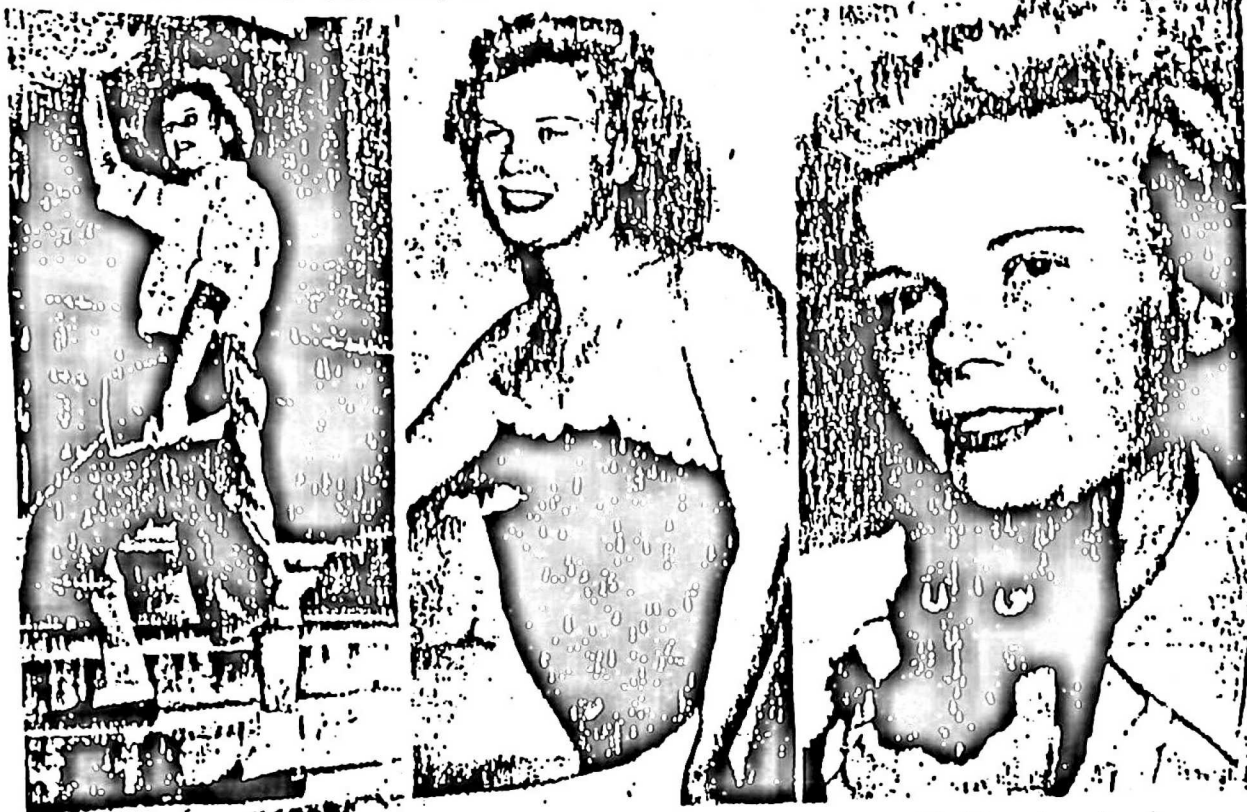
Judy, perhaps, is one of those very rare cases.



JUDY WOVED 'EM—A rare little girl with even a more rare medical history of cancer, Judy McWhorter, shown with her mother, Mrs. Otis McWhorter, appeared before a cancer clinic in the Blackstone Hotel. Judy may have cured herself of cancer.

Phoenix Prisoner Fails In New Bid for Freedom

GIRL, SAID POLIO VICTIM, RECOVERS AFTER BLACK-LISTED DRUG USED



EYES OF THE U.S. are on Mary Lou Barnes, 19, of Columbus, Ohio, who was out of bed four days after she was stricken with what her doctor said was poliomyelitis. She is seen in three poses. Doctors used drug called glyoxylide, said her recovery was "miraculously swift." But drug used in treatment is black-listed by American Medical association.

CO-ED'S SWIFT RECOVERY MYSTERY EVEN TO DOCTOR

By HAROLD GREEN
Star Staff Correspondent

Columbus, O., Aug. 22.—Golden-haired Mary Lou Barnes, a 19-year-old Ohio State university student here, has become the bewildered recipient of a nation's scrutiny. Four days after she was stricken by what her doctor said was poliomyelitis, she was out of bed; 10 days later she was back at her classes.

The physician, who used a drug called glyoxylide in his treatment and who said the girl's recovery was "miraculously swift" after he made one injection, has left on vacation, a worried and confused man. The drug, he discovered later, is blacklisted by the American Medical association and was developed by a doctor who has fought the association in court and out for many years.

The manufacturers of the drug, the Christian Medical Research League of Detroit, have declared emphatically they have never made any claims for glyoxylide, they have not advertised it, and that the league is a non-profit organization composed of ministers and laymen, numbering many doctors.

Have Anthrax Cases
The doctor said he had the drug on hand because the Detroit organization told him it had on file "a few authenticated cases where glyoxylide had been used successfully." He contacted the league originally because he had lost two herds of cattle on his suburban farm from Bang's disease—the same disease which is called undulant fever in humans—and had heard the drug was successful in fighting it. It saved a third herd.

Glyoxylide is described as an oxidation catalyst—an agent which increases the oxidation process of the body, one of the prime processes of life. It was developed by Dr. William F. Koch, who has not been connected with its manufacture for more than a year.

These are the principals on whom the curtain went up a few days ago, when a newspaper here made front page news of Miss Barnes' recovery. Its story was carried for the first edition only. A wave of protest from the medical profession—to the effect that the drug does not have the approval of the A.M.A., that it was not a cure for polio, and would therefore raise the hopes of victims of the dread disease and their relatives without justification—induced the editors to kill the story in later editions.

Carried on Wire Services

But it was too late to stop its spread across the country via the press wire services. Miss Barnes and the doctor, despite non-disclosure of his name, have been flooded with inquiries from a polio-conscious nation which has not yet forgotten the controversy which waged over Sister Elizabeth Kenny's method for alleviating the effects of the crippling paralysis which always accompanies polio in some degree.

For Mary Lou Barnes, as she goes back to her classes without any discernible ill effect, glyoxylide is simply a name for something she believes saved her from being a cripple and, perhaps, saved her life. She was dismayed to learn the drug is unknown to the medical profession's rank and file and is frowned upon by its leaders.

She answers: "It worked for me." Mrs. Laura Barnes, her mother, a business woman who owns her own fashion shop, agrees. She said: "It was a miracle."

For her doctor, a successful 45-year-old general practitioner, who has been the family physician for many years, the use of glyoxylide may mean banishment to medical Siberia. Although his identity is generally known among his associates, the thing he fears most is publication of his name. He wants to avoid any suggestion he is advocating the drug as a "cure-all" for polio.

Delayed Reporting

He admitted he delayed reporting he had a patient with a communicable disease to the city health authorities until it was necessary to wait over the week-end until the following Monday. He did so, he said, in order to try glyoxylide, and has since squared himself with the board of health.

He described his attitude toward the apparent success of the drug as similar to that of a man turning on a light switch for the first time.

"If the light goes on, all I can say is simply that I turned the switch and the light went on," he said. "If I can turn the switch dozens of times and every time the light goes on, then I am safe in saying that when one turns the switch the light may be expected to go on."

So he is a long way from believing glyoxylide is a cure for polio, he emphasized. But he does believe it should be given further trial. For this reason, when news of Miss Barnes' recovery leaked out, he asked newspapers to withhold the story for 24 hours while he endeavored to get permission from City isolation hospital authorities to try the drug on more polio cases. Permission was denied, he said. It was then he learned the drug simply did not have the stated approval of the A.M.A., but was actually blacklisted.

Wife Sick With Anxiety

"I don't want to be a martyr," he said. "My wife, who is a nurse and familiar with the way the powers-that-be operate, is almost sick with anxiety. She thinks I stand a good chance of having my reputation ruined and our means of livelihood destroyed."

At the same time, he added, he was so impressed by the results of the drug in this one case that he would not hesitate to try it again should one of his own children be stricken by polio. He has one son and two daughters.

"I saw something happen which I believe to be cause and effect," he explained. "Mary Lou Barnes and her mother are good friends of mine. I have watched her grow up and have seen her through all the childhood ailments."

"To my knowledge, the symptoms she had could have indicated nothing else but polio. It began with a headache and a sore throat and coryza. Her right leg gave way under her. She described it as a 'queer feeling' in her leg and said there was a tingling in her right hand."

Leg Was Paralyzed

"I saw her first in the morning; by evening the leg was completely paralyzed; she couldn't move a toe. There was considerable pain. She still had a weakness in the wrist, but it was not developing. I then administered two cc.'s of glyoxylide intra-muscularly. Later that evening, the paralysis of the leg was complete."

"But in the morning I found I could move the leg myself, although she had no voluntary control. Some of the stiffness had gone. She complained of a severe headache."

"In the afternoon she had a chill with a flare-up of fever. This was the result of the headache building up. The manufacturers of the drug told me both the headache and the chill could be expected."

"A short time later, a telephone Mrs. Barnes. She said Mary Lou's leg was beginning to move and sensation was returning. I got over as soon as I could and found it to be true. She began to improve very rapidly after that and was able to go down to dinner the next day. That was a week ago yesterday."

TORONTO DAILY STAR

Mon., Aug. 23, 1919

MEDICAL CENTER HOSPITAL
WAYNE PHARMACAL BUILDING
FORT WAYNE, IND.

July 29, 1942

Dear Doctor Kannel,

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

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

Yours regretfully,

Daisy Mc Callister

MEDICAL CENTER HOSPITAL
WAYNE PHARMACAL BLDG.
FORT WAYNE, IND.



Special Delivery

Received at
Fort Wayne, Ind.

Dr. J.W. Kannel

1405 Vermont Avenue

Fort Wayne, Indiana

Special Delivery

See, Koch

Please Return this letter to me!

Dr. Fishbein Under Fire

Non-Medical Involvement of AMA Leader Held

SAN FRANCISCO, July 2. — (AP) — The board of delegates of the American Medical Association, representing 120,000 doctors throughout the land, today criticized all-day sessions on the business of organized medicine and a floor meeting wherein the future of association spokesmen, Dr. Morris Fishbein, was expected to be settled.

At an evening meeting in Hamilton H. Chambers, of Nashville, Tenn., was to take over the presidency of the AMA from Dr. Roger J. Lee, of Boston.

The Fishbein issue was a renewal of the fight California medical men had made at previous AMA conventions to limit Dr. Fishbein, editor of the American Medical Journal, to strictly editorial functions.

NEW REQUIREMENT SUGGESTED

As one physician after another is quoted as saying: "We have felt in the past that our public relations have not been of the best, and that Dr. Fishbein is not the most suitable spokesman for the medical profession. We respect him for his editorial ability and want him to devote himself to that work."

Delegates were to consider a reorganization involving the establishment of a new bureau of public relations to lead the fight against government "interference" as Dr. Spaulding described compulsory health insurance plans pending before Congress.

The AMA showed in its opening session that it was ready to push its total voluntary, unpaid medical activities plan as a substitute for federalized medicine. Dr. Edward J. McConville, of Toledo, O., chairman of the council on medical services and public relations, reported that 31 states have set up voluntary unpaid medical plans and that 12 states and the District of Columbia were developing plans.

SMITH PLAN REPEATED

The five states without medical service plans were expected to adopt them before the end of this year, he said.

With voluntary medical plans spreading rapidly, the AMA's council on medical services is pushing an examination of the minimum medical services it provides before offering its seal of approval to such organizations.

AMA Admits Putting Censor In Health Post

The American Medical Association admits that the special assistant to the Secretary for Health and Medical Affairs, the new Eisenhower cabinet post, will be a watchdog and censor for the AMA.

"All our suggestions were received with interest and were largely adopted," reported Dr. Louis H. Bauer, AMA president, in the March 28 issue of the Journal of the American Medical Association. "As a result, the reorganization plan introduced, provided a new position, that of a special assistant to the Secretary.

Go Through Assistant

"All medical activities within the new department, as well as all medical phases of any activities within education or social security, must be cleared through this special assistant to the Secretary. This will include appropriations and budgets as well as policies."

(Testimony, including that of Secretary Hobby before the joint Senate and House Committee on Reorganization, had been that the special assistant's duties would be "advisory" only. It was only through Sen. Hubert Humphrey and Rep. Chet Holifield that the committee, just before adjournment, learned of the actual job status of the "special assistant.")

Gets AMA Approval

"The same special assistant will also be representative of the Secretary at all interdepartmental meetings at which health will be a topic for discussion and also at Congressional hearings where appropriations involving health will be discussed," the AMA magazine continued.

The Journal also pointed out that the special assistant whose powers will in many cases be even greater than that of the Secretary, will probably be selected subject to AMA approval. Said the magazine:

"Furthermore, this special assistant must be selected from among persons who are recognized leaders in the medical field with wide nongovernmental experience."

AMA Warns of Plot by Government

WASHINGTON, (AP) — Dr. Ernest R. Jones, president of the American Medical Association, said the Truman Administration is getting set for a "takeover" of medicine and free enterprise.

He told the Association the Administration is "sending a bureau of medicine to Europe at the taxpayer's expense to search for new destructive ammunition."

AMA officials said Jones was referring to a tip that Federal Security Administration Director J. Edgar Hoover had received from a source in Europe to study national health plans in England and elsewhere.

HOOPER HAD the tip was intended to get information to carry on a drive for passage of Federal Security Administration health insurance plan in the next session of Congress.

The AMA is fighting the President's proposals, which Jones denounced as "unilateral medicine" in a prepared address at the opening of the association's four-day annual meeting.

The group is conducting a drive to collect more funds from doctors to carry on its campaign.

Jones, a Chicago physician, said that "under the cover of the welfare state the nation is being led down the road to socialism with all its blighting effects on individual initiative and personal responsibility."

He described the "efforts state, or nation" as a political program "based on the economic proposition that you can fool most of the people most of the time."

THE ASSOCIATION got a report of progress from Dr. Elmer Henderson, of Louisville, Ky., who heads a special committee set up last year to "architect the AMA's" response to the danger of compulsory health insurance.

Dr. Henderson said the four-year campaign had won the active support of 1,000 national, state and local organizations.

The report also said that as of Dec. 1, a total of \$2,300,000 had been collected from 80 per cent of AMA members.

Under the AMA's plan to help raise money for the fight against the President's health plan, most of the nation's doctors would face regular "dues" payments, just like a union or a fraternal organization.

AMA Is Loser in High Court

Conviction Upheld in Anti-Trust Case

WASHINGTON, Jan. 12. — (AP) —

The Supreme Court upheld today the conviction of the American Medical Association on a charge of violating the Sherman anti-trust law by alleged activities against a group health organization in the District of Columbia.

Justice Roberts delivered the \$100 opinion, which also applied to the Medical Society of the District of Columbia, an affiliate of the national organization. Justices Murphy and Jackson did not participate.

The two medical organizations were alleged to have conspired against Group Health Association, Inc., described as a non-profit cooperative organization of Government employees to provide medical care and hospitalization in return for monthly dues from the members.

OPINION QUOTED

"The defendants, during the years 1937 and 1938," the Justice Department told the Supreme Court, "have combined and conspired to restrain group health in its business of providing medical care and hospitalization, to restrain the doctors on its staff, as well as other doctors, in the pursuit of their callings, and to restrain Washington hospitals in the operation of their business."

"To achieve these objectives, the district society and AMA induced and coerced their members to boycott Group Health by refusing to serve on its staff or to consult with doctors on its staff, and induced and coerced all the hospitals in the District of Columbia not operated by the Government to boycott Group Health by denying hospital privileges to doctors serving on its staff."

DETROIT NEWS
Jan. 18, 1943

MEANTIME, Dr. Austin Smith became editor of the Journal of the American Medical Association, succeeding Dr. Morris Fishbein.

Times of the AMA said arrangements have been made for Smith to take over the post after nearly three years as editor of the publication. The association was not stated.

Smith, 37, is a native of Chicago. He received his medical education at Queens College. He has been director of library and research and secretary of the Council of the Pharmacy and Chemistry of the AMA.

Smith's for some months has been a center of controversy within the AMA because of his outspoken opposition to the AMA's position on the subject of compulsory health insurance.

Keating as Head Editor to Levin

For journalism, Edward Keating, former editor of Labor, the standard railroad labor

the investigation Keating led House Democratic members to override the powerful Rules Committee — something which happened before or since. It led to strong organizational efforts in the area.

Big Wage Boosts

Keating quit Congress in 1948 and was appointed a member of the Commission to Classify Government Employees, which was re-



or of the railroad unions' action to become manager-sociate editor, has been lost.

for big wage boosts and working conditions for workers. The same year,

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Presenting



Harry E. O'Reilly, director of AFL charter to the Industrial Union, at its first constitutional convention. The charter are Eddie I

\$50 Billion Seen in 7

Other Bills W Aid 48 States

A charge by Hubert H. (D., Minn.) that a Senate bill to give to Florida, Louisiana and California oil, gas and mineral resources worth \$50 billion was a highlight of the debate over the off-shore measure.

Humphrey and other liberalizers of legislation earlier profits made from resource beneath the marginal aid to all the 48 states. Legislation, sponsored by Sens. Anderson (D., N. M.) and Hill (D., Ala.) would have

NDAY, JUNE 30,

VOICE OF THE PEOPLE

TOLEDOAN TELLS OF KOCH CANCER CURES

To the Editor: Have read several articles recently in your columns relative to Dr. William F. Koch and have been informed that your columns are open for him to make any defense he has against his detractors. While there is really no defense to be made, as a man cannot be called on to defend himself until he is at least charged with wrong doing, I feel that I know much concerning him and his work that should be made public.

My first acquaintanceship with him and his work began in about 1918 or 1919 and in the following manner. Mrs. F. F. Fritts, whom with her husband and family had occupied one of our apartments for a long time, became afflicted with a cancer in the abdominal region, and of course her husband spared neither time nor money in her behalf, finally taking her to Flower hospital in this city where three leading physicians made an exploratory operation, found her so full of cancer that no removal of it, nor of any part of it, could be made, and proceeded thereafter to give her opiates only, to ease the pain until the apparently inevitable end should come. Her normal weight had been 172 pounds, but she had become reduced to 97 pounds.

A few months later Mrs. Holland, my wife, was a delegate to the triennial convention of the Episcopalian church, that year held in Detroit, and while there, through a Detroit physician, she learned of Dr. Koch and of his experiments in the matter of cancer. She immediately reported to Mr. Fritts who went to Detroit and arranged to place Mrs. Fritts in Herman Klefer hospital where the experiments were then taking place, it being the only way to obtain the desired treatment. Mrs. Fritts was taken to Detroit, accompanied by a nurse, Mrs. Holland also going and staying for about a week. Mrs. Fritts took Dr. Koch's treatment, then in the course of development.

Three or four weeks later Mrs. Holland again went to Detroit and took Mrs. Fritts from the hospital to the St. Clair hotel, Mrs. Fritts walking to the street car and from the street car to the hotel and at the same time carrying a grip. About a month later Mrs. Fritts returned home to her family in our apartments where she gradually regained her strength and where she is still living in normal health. Physicians have several times examined her and can find no evidence of her former, or of any other, ailment. She can be seen and conferred with at any time.

Later my wife developed (or rather we learned of her having it) an internal cancer. She had been annoyed, not apparently seriously, for about six years with what seemed to be indigestion. She suddenly became worse, being either confined to her bed or having to be assisted in moving around the house, but we attributed it for a long time to being the result of an auto accident, she having been run into by a reckless driver. She decreased from her normal weight of 162 pounds to 110 pounds before we discovered the real trouble—that it was a cancer extending from the interior of the stomach through the pylorus into the duodenum, and that it was taking 20 hours for a cup of malted milk to pass through.

Having before us the experience with Mrs. Fritts, we had Dr. Koch treat Mrs. Holland. This was two years ago and she is now and for a long time has been apparently perfectly normal. She not only does her own work but assists in public institutions with which she is affiliated.

We are also engaged rather extensively in agriculture, and last January, Jesse Sullins, one of the farm tenants and a man of high standing, had an internal hemorrhage, vomiting blood until the physician from the neighboring village despaired of his life but managed to keep him alive by injections. Shortly thereafter he had another but less severe hemorrhage with a vomiting spell. He also had slow but constant internal bleeding, as was shown by the excretions.

On learning of it I at once visited his physician, who told me that Mr. Sullins had an ulcer and a growth which he feared was malignant, and whether malignant or not, there were no prospects for him except what might possibly be done with such experts and equipment as the best of hospitals might afford, and that he doubted whether they could do anything for him.

Mr. Sullins not being able to travel to Detroit, I brought him to Toledo in a heated sedan and had him examined by the Toledo & Ohio Central railroad company surgeon who pronounced it a cancer extending from the stomach back into the liver. At my request Dr. Koch came to Toledo and before consulting with the surgeon made a diagnosis agreeing with that of the surgeon, and then gave him a treatment. His hemorrhages and slow bleedings ceased. The doctors can find no evidence of the former growth. He seems fully recovered except that he has not had time to fully recover his strength, our main difficulty with him being trying to keep him from running the heavy farm machinery and working too hard, and thus overtaxing his vitality while convalescing.

These are only the specific cases within our own circle. If any one desires further specific information, I will be glad to give it to the extent of my ability.

RUBEN HOLLAND.
Suite 971 Spitzer building, Toledo, Ohio, June 21, 1924.

CONTRASTS COURTESY OF BUS TO CAR MEN

To the Editor: The announcement in a recent issue of the Free

VOICE OF THE PEOPLE

CURED, WOMAN LAUDS KOCH'S CANCER CURE

To the Editor: A few days ago I noticed Mr. Holland's statement in the press regarding the Koch cancer cure, also saw an article in our Kalamazoo paper, written by the Wayne County Medical association, and wished I might have the opportunity of telling this association and others know that nearly five years ago Dr. Koch cured me of cancer of the liver.

I was taken very ill, could not eat, was losing strength and flesh very rapidly and had a terrible cough. My doctor said I must be taken to the hospital at once, where an exploratory operation was performed and the doctors found a large cancer of the liver. They gave me 10 days and possibly two weeks to live.

Some may say that perhaps the doctors were mistaken in their diagnosis but my surgeon, Dr. McNair, of Kalamazoo, is a man of years of experience and when he says "cancer" you can depend on it that he knows.

As soon as I could be moved to Detroit I started the Koch treatment. What appealed to my family when they went to see Dr. Koch was, when they stated my case and asked him if he could cure me, he said "I don't know, I will do my best." He was honest and has always been the same, always ready to do all he could for humanity's sake, so when they call him a quack and a fake you cannot wonder I feel like telling others that I am positive that he has something wonderful.

Instead of criticizing him and making false statements about him as the medical association has done, why not think of the poor sufferers they may be keeping away from this treatment?

If they have no faith in it, they could at least keep still until they could further investigate, but I am glad to know that there are doctors who are large enough to realize what Dr. Koch has and who are investigating it and finding out for themselves.

When Dr. Koch considered me cured he wanted me to go to my doctors for an examination. I hated to as both physicians were opposed to my going to Dr. Koch as they had not heard of him and thought he might be a fake, but finally I went and Dr. McNair gave me a thorough examination and when through said, "He surely is a miracle man."

I could tell you of many cases that I know of that I have been cured by Dr. Koch and am ready at any time to assist anyone with this disease.

I feel very grateful to Dr. Koch for being here as I know if it had not been for his treatment and wonderful care I would not be here today.

We know the knife has never cured anyone of this disease, so I urge everyone afflicted to look into the Koch treatment, for they will surely reap results.

MRS. D. M. VAUGHAN,
Plainwell, Mich.
227 Hicks avenue, Box 504.



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ARTICLES: A Federalist Paper for the 1960s

RESEARCH IN AMERICA

DRUGMAKERS AND THE GOVT.—WHO MAKES THE DECISIONS?

SINCE January 1950 there have appeared in these columns from time to time reports on abuses in the marketing of drugs. It was here that attention was first directed to a conflict of interest in the employments of Henry Welch, Ph.D., who accepted pay for editing two privately-owned journals financially dependent on the drug makers at the same time that the people of the United States were paying him, as chief of the antibiotics division of the Food and Drug Administration, to judge drugs. But nothing conveyed in this space heretofore has been as disquieting as the burden of this present report will be. For events have thrust upon us the question: In the regulation of drugs in this country, who makes the final decisions—the government or the drug makers?

If there had been very much truth in a widely accepted cliché—a cliché the drug makers have spread as though it were utterly true—the cliché which says patients needn't ever worry about the medicines they take because the government is watching day and night to make sure that all drugs are safe and pure—Dr. Welch would never have been allowed to compromise even the most superficial appearance of his official vigilance. But he was allowed to compromise not only his own office, not only the antibiotic division of F&DA, but the whole of F&DA and beyond that the very integrity of the Federal Department most intimately related to the life of the common man. According to evidence now in the hearing record of the U.S. Senate Subcommittee on Antitrust and Monopoly, he was able to collect more than a quarter of a million dollars in seven years time through a formula that enabled him to see from month to month which drugmaker was contributing how

much to his income. The Senate record says he was even able to use the signature of an unwitting President Eisenhower on greetings to impress foreign scientists at annual drug symposia whose papers Dr. Welch later sold in two or more different forms for his private profit. Documents in the Senate record reveal his slanting of these symposia to his own private ends, his insertion into other people's manuscripts of the names of some drug makers and his removal of the names of some other drug makers, and his intensively active role in calling the attention of drug houses to reprints that would be valuable in sales promotion of particular drugs.

Shocking though it was, Dr. Welch's chicanery was part of one public officer's behavior, which other public officers could deplore and move to isolate. (Health, Education and Welfare Secretary Arthur H. Flemming did require his resignation.) Now, however, the same Senate record that bears the account of Dr. Welch's operations has spread upon it a story in which he is only one of many characters—a story that casts doubt on the conduct of the whole Food and Drug Administration.

THIS story begins where SR's reports on drugs began in January 1959, with a drug called Sigmamycin. Sigmamycin is made by Chas. Pfizer and Co., Inc. One of the advertisements for it—a brochure that featured the implied testimonials of eight physicians who did not exist—provided the clue that led to the unmasking of Dr. Welch. In checking the clinical citations on that ad, SR's Science Editor discovered Dr. Welch's name, followed by his government title, on the mastheads of two journals owned by MD Publications: *Antibiotics and Chemotherapy* and *Antibiotic Medicine and Clinical Therapy*.

It turns out that the misleading Pfizer ad that was reproduced in these columns was only one of the quieter elements in a Sigmamycin advertising "blitz." Chief blitzer was Dr. Welch. In opening the annual antibiotic symposium for 1959, he named the chemical ingredients of Sigmamycin as exemplary components of a "third era in antibiotic medicine," an era to be marked by the blessings of synergistic combinations of drugs—that is, drugs which together bring more effective results than they would if they were administered singly.

THE Senate testimony does not divulge whence it came, who brought it, or who wrote it, but does indicate that a draft of the remarks Dr. Welch was to make popped up in an advertising conference at the offices of Pfizer International in New York, the foreign marketing division of Chas. Pfizer and Co., Inc. This was a week or two before the symposium. Dr. Gideon Nachum, now a resident physician at Kings County Hospital in Brooklyn, testified that while he was a third-year student in medical school he had been hired by Pfizer International as a copy writer. He had moved over to Pfizer from a similar job in McAdams International, the advertising agency which handled the Pfizer advertising account until 1958. "As is customary," he said, "people having received Pfizer products or Pfizer grants submitted papers to the symposium . . . Usually, they [the papers] are first submitted to Pfizer itself for editorial changes. These changes usually are designed to make them more intelligible, perhaps more accurate, and perhaps sometimes to make more clear the advantages of the Pfizer product." "In the middle of a bunch of such articles," he related, he

came upon "a speech by Dr. Welch" which "I was assigned to revise."

This "was unusual to my mind," he said; the papers that came to him normally were "submitted by people who were all pro-Pfizer. I do not know what would have happened if we had received an unfavorable paper to do." He asked his Pfizer superiors about the propriety of his having the Welch speech and "they said this was kind of courtesy extended by the company."

"Do you know how those remarks [the remarks Dr. Welch was to make to the symposium] had been obtained in the company?" Dr. Nachumi was asked, under oath. He replied:

"I was told simply that Dr. Welch had submitted them for approval."

At the time Dr. Welch's speech arrived, the record relates, Pfizer International was in the midst of a brain-storming session in preparation for marketing the new drug Sigmamycin. The drug had been submitted to F&DA for approval on 20 August 1950; approval had been granted on 28 September 1950. It was the first fixed combination drug for which synergistic effect was claimed. Pfizer planned to make the most of that by drumming a theme that "a third era of antibiotic therapy" was dawning. Some of the ads presented the dawn in color, with a glowing sun emerging from the sea. Dr. Nachumi responded to this inspired imagery by inserting the Pfizer slogan for Sigmamycin into Dr. Welch's speech. The Senate record shows that Dr. Welch, who had previously sent to his government superiors a draft of the speech, also sent Dr. Nachumi's amendments—including the Pfizer theme, verbatim—for approval just two days before the symposium opened.

What this opportunity meant to Pfizer was spelled out by another Senate witness, Warren Kiefer of Old Saybrook, Conn., novelist and film writer who once was production supervisor of the public relations department of Pfizer International. It was "exceedingly valuable," he said, "for us to have to work with in our campaign what amounted to endorsement by the head of the antibiotics division. . . . Normally we work with scientific papers only, and this sort of thing—using the very slogan that was the keystone of the advertising campaign—was exceedingly valuable to all our promotion . . . much better than simply having it emanate from a company spokesman or someone whose opinion might be questioned."

One Pfizer employee was unhappy about the situation. He was Joseph H. Hixson, who in 1950 was manager of pharmaceutical public relations for Pfizer Laboratories, one of the domestic subsidiaries of Chas. Pfizer and Co., Inc.



—Wide World

Dr. Barbara Moulton wants to "dispel the myth" that government drug regulations are "protecting the consumer completely."

Mr. Hixson was among the last to learn of his company's plans to send the newspapers a press release about Sigmamycin built around the slogan to be mentioned in Dr. Welch's speech. He testified he got the news on the morning of 10 October 1950, the day before the symposium. Then someone from Pfizer International brought a copy of International's press release to his office. Mr. Hixson summoned a conference of the people at his level, spoke his opposition to putting out a story in which the name of a drug was so closely linked to the name of the public official responsible for regulation of that drug. The other conferees agreed with him, or at least he thought they did, and he left by plane for Washington to cover the domestic public relations aspects of the next day's symposium.

Mr. Hixson had hardly reached Washington, he told the Senators, before he received a telephone call from Pfizer's public relations director in New York, George Weiler. Weiler's message was that George Stone, assistant to Pfizer president John McKeen, had personally ordered a press release similar to the Pfizer International release to be issued to newspapers in the United States. Mr. Stone's say-so didn't make Mr. Hixson feel the ethics of such a release were what they ought to be, and Mr. Hixson telephoned Mr. Wal-lace Jansen, public relations man for F&DA, in the hope that "he would kill it."

Mr. Jansen did not call Mr. Hixson back. But within a half hour Mr. Weiler was on the phone from New York,

"foaming at the mouth," as Mr. Hixson put it in his testimony. "Take no further action until we get there," Mr. Weiler ordered.

Dr. Welch delivered the speech to the symposium on the following morning, in the form amended by Dr. Nachumi. Pfizer bought 238,000 copies of a reprint of it prepared by Medical Encyclopedia, Inc., the publishing house in which Dr. Welch and his wife are half owners. Pfizer also bought 343,000 copies of a reprint of an echo of the speech—an editorial Dr. Welch wrote for *Antibiotic Medicine and Clinical Therapy*—and Dr. Welch, under his working formula with MD Publications, collected fifty percent of the net profit on those.

The reaction of medical scientists who attended the symposium was described at the Senate hearings by one of them, a woman physician-delegate, Dr. Barbara Moulton, daughter of former Brookings Institution president Harold Moulton, was, at the dawning of the Pfizer-Welch "third era," an officer in F&DA's bureau of medicine. She was a well-qualified observer, having always had infectious diseases as a field of special interest, having been a bacteriologist before becoming a physician, having studied antibiotics long before they became applicable to clinical medicine, and having for two years before joining F&DA been assistant director of the Municipal Contagious Disease Hospital in Chicago where her duties included clinical research in antibiotic medicine and the teaching of antibiotic therapy to medical students and resident physicians.

"Dr. Welch's opening remarks . . . at the 1950 antibiotics symposium . . . about antibiotic combinations representing the third great new era of antibiotic medicine produced a most unfavorable reaction on the part of the more reputable clinical investigators," Dr. Moulton testified. "I heard most derogatory comments on the part particularly of the foreign participants in the symposium, who were shocked by the obvious commercialism of the whole program, and who stated unequivocally that the United States Government seemed to be dominated by the pharmaceutical industry in a way that would not be tolerated abroad."

"The particular product which caused most of the criticism was Pfizer's combination of oleandomycin and tetracycline, marketed under the trade name Sigmamycin."

"It was common talk" within F&DA before the symposium, she went on, that Pfizer had made up that particular drug combination because approval for its marketing would come from Dr. Welch's antibiotic division of F&DA.

rather than from F&DA's new drug approval unit, and "they could expect more lenient treatment from the antibiotics division.

Dr. Moulton explained that act of Congress requires certification of some antibiotics but not of others, that the certifiables were passed on by Dr. Welch and the non-certifiables by the new drug unit, and that tetracycline was a certifiable antibiotic whereas another clinically similar if not identical drug that could have been used in its place—oxytetracycline—would have to be approved as a new drug.

"Pfizer possesses the exclusive rights to oxytetracycline but tetracycline is marketed by a number of different firms," she pointed out. "Therefore, one would naturally expect Pfizer to prefer promotion of a combination involving oxytetracycline. Even to my naïve mind, the fact that they chose tetracycline for promotion rather than oxytetracycline seemed significant."

AFTER Dr. Welch had issued the permit for Sigmanamycin with tetracycline as a component, and thus established a legal precedent, Dr. Moulton's testimony added, Pfizer applied for and obtained permission to market the drug with oxytetracycline instead.

During the year following Dr. Welch's proclamation of "the third era" at the 1958 symposium, Dr. Moulton continued, the medical literature "contained a number of scientific articles as well as editorials attacking the concept of fixed combinations of antibiotics, and objecting to Sigmanamycin in particular." The critics said that no one outside Pfizer had demonstrated synergistic action by the drug outside a test tube, nor were researchers elsewhere able to confirm the Pfizer claims that Sigmanamycin would not be susceptible (as other antibiotics were) to growth of new strains of bacteria resistant to the drug. A group of the medical experts on the editorial staff of the two journals Dr. Welch edited outside the government insisted on publishing a statement in one of those journals opposing Dr. Welch's position on the whole front of fixed combinations drugs and "the third era." Dr. Welch answered the criticism in the same issue but did not dispose of the doubters.

Within a month resentment against his flouting of medical tradition reached a point where he had to make some mollifying gestures. The Senate record shows that on 15 November his medical aide, Dr. Charles N. Lewis, wrote a letter to F. Howard Hedger of Pfizer complaining about the inaccurate statements Pfizer was making in its promotion of Sigmanamycin. The record includes no reply to this communication, indicating instead a staff investi-

gator's belief that F&DA's rebuke was answered with a telephone call. Perhaps a caller reminded Dr. Lewis that it was Dr. Welch who had publicly heralded "the third era." In any case, there are among the Senate hearing documents a series of F&DA internal memos in which Dr. Welch exhorted his laboratory staff in F&DA to take over the task of proving, by experiment, that antibiotics did possess synergistic power.

Before Dr. Welch's next antibiotic symposium in the fall of 1957, Dr. Moulton, in her official capacity in F&DA, undertook to review the evidence of safety and efficacy of both forms of Sigmamycin—the one that included tetracycline and the one that included oxytetracycline.

"That was two and a half years ago," she told the Senate investigators in June 1960. "So I cannot now recall all the precise details. But the clinical material presented was very much below the usual caliber for new antibiotics. There were no well-controlled studies. There were no reports by really prominent investigators. Most of the names of the investigators were completely unknown to me. In most cases the patients were given the drugs without an accurate diagnosis having been established, or with a clinical diagnosis of a condition for which antibiotic therapy is not indicated. There was even one death (uncommented upon) in a virus disease which just is not fatal. So I was led to wonder whether or not the use of two completely unnecessary antibiotics might not have led to a superinfection with fatal results."

At that time, Dr. Moulton said, there was in the bureau of medicine of F&DA a good deal of discussion about handling false or exaggerated claims for efficacy of new drugs under the misbranding sections of the law.

"SIGMAMYCIN seemed to me a promising test case," she testified, "and I discussed with my chief and several of my colleagues the possibility of making such a charge."

By then Dr. Welch's 1957 symposium was not far off, and it was deemed advisable to hold up formal recommendations against Sigmamycin until after the meeting, especially because several papers about the drug were on the agenda.

On the morning of the symposium opening, Dr. Moulton was startled to learn that a report to be presented by Dr. Welch's own F&DA staff "did, after all," as she put it, "confirm Pfizer's claim that a significant degree of synergism existed between oleandomycin and tetracycline," the original components of Sigmamycin. "I was told," she testified, "that the published paper

would give the full data so that anyone choosing to read the fine print would be able to make up his own mind as to whether the conclusions drawn were justified." She said this paper "was openly criticized . . . in the discussion at the symposium" but "neither this discussion nor the full data appeared" in what "was eventually published in the *Antibiotics Annual* which Dr. Welch edited." Although documents introduced into the Senate hearing record by members of the investigating committee staff show that independent researchers in England soon contradicted the findings from Dr. Welch's government laboratory, action against Sigmamycin was effectively blocked.

"THERE could be no further thought of a misbranding charge," Dr. Moulton observed, "against a drug which could point to published work by the Food and Drug Administration in support of its claims—even though the work was merely in the test tube, and although few clinicians in the field of antibiotic medicine consider such evidence valid with respect to results in human beings."

Dr. Moulton told the Senate investigators she took the story of her frustrated pursuit of Sigmamycin, along with "many articles dealing with the tangle results from abuse of antibiotic therapy in general which I had collected for several years," to her F&DA superiors in the hope that they "might . . . at least . . . insist that approval of antibiotic claims should in the future be strictly under the control of the bureau of medicine" of F&DA.

"The only answer I received," she said, "was that Dr. Welch had a great reputation and added luster to the name of the Food and Drug Administration, and that nothing could or should be done against him."

Sigmamycin is still on the market today. An editorial in *The New England Journal of Medicine* recently referred to it as the worst extant example of a drug being prescribed by physicians in response to misleading advertisements and in disregard of adverse warnings in their own medical journals.

The Food, Drug and Cosmetic Act which now governs the manufacture and marketing of drugs in this country was enacted under provocation of the abuse of one drug. It happened in 1938. The sulfas were new then, and one of them, sulfanilamide, was difficult to place in solution to be administered to patients. After trying various solvents, one drug house adopted diethylene glycol, a close chemical relative to anti-freeze. Trusting the drug salesman, as they do today, physicians prescribed this deadly potion as a medicine. An epidemic of deaths—more



—Wide World

NEW Secretary Arthur H. Flemming has started two investigations of the F&DA.

than 100 of them—broke out. At that time there were no requirements for marketing new drugs. When F&DA agents investigated the deaths and discovered Elixir Sulfanilamide to be the common cause, the only legal way they could drive the drug off the market was to charge the manufacturer with misbranding. The Elixir was not the alcoholic solution it claimed to be. The resentment of a populace which thought it had been protected against irresponsible dosing thereafter expressed itself in Congress. The new law of 1938 required all new drugs to be tested for safety and approved by F&DA before being sold.

The original draft of the 1938 law would have kept new drugs off the market unless they were effective as well as safe. The powerful drug lobby in Washington succeeded in knocking out the requirement for efficacy before the law passed. As a result, ordinary water could be sold as medicine today if people were credulous enough to buy it.

Dr. Moulton in her testimony made the point that "no physician, no one who has ever been responsible for the welfare of individual patients, will accept the idea that safety can be judged in the absence of a decision about efficacy. No drug is 'safe' if it fails to cure a serious disease for which a cure is available. No drug is too dangerous to use if it will cure a fatal disease for which no other cure is available."

The reasonableness of Dr. Moulton's argument is evident. If a sufficiently

large number of the American people are persuaded of it and transmit that persuasion to their physicians at home and to their legislative representatives in Washington, Dr. Welch's abuse of public confidence with the one drug, Sigmamycin, can become the genesis of far more sweeping reform than the one triggered in 1938 by the Elixir Sulfanilamide death epidemic. The dimensions of appropriate change are plain on the face of the transcript of Senator Estes Kefauver's hearings. The situation prevalent within F&DA, as sketched by Dr. Moulton's testimony, amounts to a standing invitation to drug company influence.

The direction of Dr. Welch's loyalty was indicated to the Senators by HEW Secretary Flemming: "the all-mighty dollar." Dr. Moulton's testimony gave examples of how the pursuit of that loyalty by one man paralyzed other men with other loyalties. Sigmamycin was only one drug for which she said Dr. Welch accepted standards lower than the standards ordinarily accepted by F&DA's bureau of medicine. "On several occasions," the lady doctor testified, "we objected to some secondary ingredient in a new drug as of unproven safety only to find that antibiotics division had previously permitted its use in a certifiable antibiotic without demanding the type of evidence which new drug branch was accustomed to demand. Our chemists were disturbed by tremendous variations in potency permitted for certifiable antibiotics but which were not in line with the rest of F&DA policy. . . . Dr. Welch had attained such a position of authority within the administration that to question any action by his division was something that even the medical director was afraid to do."

TO what extent was Dr. Welch a cause and to what extent was he merely a symptom? It was in 1953 that MID Publications "bought into" the F&DA by assuming financial control of the antibiotics journal Dr. Welch had founded in 1950. In that same year 1953 the Congress withdrew some of the investment of the people of the United States in F&DA by reducing appropriations for inspection of drug factories. According to the Senate testimony of Dr. Ernest Q. King, a former F&DA medical bureau official now with the Veterans Administration in California, the shortening of the people's holding in drug regulation occurred "primarily because the food and drug administration prosecuted one of the constituents" of a Congressman: e.g., a drug house with powerful political influence. Did this combination of events produce a reaction that seriously weakened F&DA?

"Recent discussions before another Congressional Committee as to the impropriety of private conversations between the Federal Power Commissioners and industry representatives have interested me greatly," Dr. Moulton told the Senators. "In the Food and Drug Administration such conferences are the rule rather than the exception. When a drug firm submits a new drug application for an important new drug, it is common practice for their representative to call the chief of the new drug branch [of F&DA's bureau of medicine] a few days later and inquire which medical officer is handling the application. The name is promptly supplied. The medical officer then receives a call to the effect that the firm wishes to send representatives in to discuss the application, and he [the F&DA officer] is expected to make such an appointment promptly. If he does not do so, perhaps for the very valid reason that he has not as yet studied the application, the appointment is made anyway by a clerk. . . .

IF the firm anticipates no difficulties, it sends a single representative. If the medical officer has suggested over the phone that the new drug application may not be completely satisfactory, four or five men may appear in his office to argue the case. He may also be invited to attend a medical meeting sponsored by the firm at which the drug in question will be discussed by the clinical investigators. Frequently at such meetings the investigators who have been lukewarm or cold about the merits of the drug are not invited to participate.

"If the medical officer handling the new drug application is still not satisfied with the evidence of safety [of the proposed drug], the company will frequently make an appointment with the Medical Director [of F&DA] who has not seen the data on the new drug application, to present the company side of the story to him. I have known such conferences to be followed by an order [from the F&DA's Medical Director] to the medical officer [charged with responsibility for the drug] to make the new drug application effective, with the statement that the company in question has been evaluating new drugs much longer than the medical officer and should, therefore, be in a much better position to judge their safety.

"No one in the bureau of medicine would deny the value of occasional conferences with industry, particularly about technical details in the new drug applications. However, when a company representative spends three or four days a week in the new drug

branch offices, rigging each point step by step, wanting to know and being told exactly where the application is at all times and which chemists and which pharmacologists are assisting in its review, I submit that the medical officer responsible for making a wise decision in the interest of the public is suffering under an almost insurmountable handicap."

As an illustration, Dr. Moulton testified in detail about one drug application she handled. It was from Wyeth Laboratories for a new "tranquillizer." She considered the data incomplete and so advised the drug company. "A few days later," she said, "I was invited to attend a clinical conference on this drug at a nearby hospital. Science writers were also invited to this conference, at which it was announced that the drug would be released in a week or two for general sale to physicians. Moving pictures were shown, illustrating dramatic recoveries in psychotic patients, and in general portraying the drug in an extremely rosy light."

In the meantime Dr. Moulton's testimony continues, "more detailed review of the application revealed numerous other problems needing resolution before one could be satisfied as to the safety of the drug. . . . Some of these problems were discussed with the firm over the telephone as their representative was calling me several times a week to inquire when I would release the drug. Each time I said that I was not satisfied with the evidence of safety and did not expect to release it without more data."

"Soon an interview was requested and four representatives of the company appeared. The chief of the new drug branch joined the conference, unexpectedly as far as I was concerned, and informed the firm that Food and Drug Administration would release the drug without proof of safety for chronic use, and without waiting for completion of the pharmacologic studies. I am reasonably sure that my chief had not at that time reviewed the data in the new drug application but was acting solely on instructions from above."

In another case, Dr. Moulton testified she tried to require the maker of a new drug to include on the drug label a warning against drug addiction. This time she appealed directly to the head of F&DA's bureau of medicine. She quoted him as saying, "I will not have my policy of friendliness with industry interfered with."

"It is important that we . . . make some attempt to dispel the myth that we are protecting the consumer completely," Dr. Moulton pleaded with her Senatorial hearers. In evidence, she submitted this succinct summation of the status quo in F&DA:

"A medical officer in the New Drug Branch has power to release any new drug on his own initiative, without review by any of his colleagues. To refuse to release a new drug, however, he must have the unanimous support of the chief of the new drug branch, the director of the bureau of medicine, the Commissioner [of F&DA], and usually also the director of the bureau of enforcement and the general counsel."

F&DA Commissioner LaRue followed Dr. Moulton on the Senate witness stand. He entered categorical denials to her main accusations. The Commissioner's superior, HEW Secretary Flemming, took no such dogmatic attitude. Mr. Flemming acknowledged the seriousness of her charges. He announced his intention to set two groups of investigators loose in F&DA—one a panel of scientists to be named by National Academy of Sciences president Detlev Bronk to scrutinize F&DA decisions and procedures for scientific integrity, the other a panel of prominent citizens to inquire into the ethical and legal propriety of acts of individual F&DA officials. Secretary Flemming also declared his support for tighter regulation of drug manufacture and marketing, including broader and more continuous inspection prior to shipment of drugs from the factory.

SENATOR Estes Kefauver, the Tennessee Democrat whose insistence on pushing a drug investigation over the protests of the Pharmaceutical Manufacturers Association brought F&DA's publicly unsuspected weaknesses into the open, moved immediately to enact into law his version of the toughest proposal Secretary Flemming had committed the Eisenhower administration to. In mid-June, the Senator introduced a bill to amend the Food, Drug and Cosmetic Act to (1) legally define a "new drug" as a drug that is both safe and effective and (2) vest in the HEW Secretary the duty of licensing persons engaged in the manufacture and sale of prescription drugs.

In the face of the Senate drug hearing record, the Federal Trade Commission decided not to discipline Chas. Pfizer and Co., Inc., for distributing misleading ads about Sigmamycin. The ads were misleading, the FTC conceded, but it upheld its hearing examiner's contention that that was irrelevant; even if doctors who were said to have used the drug had not used it, there were other doctors who did use it.

One wonders whether the FTC Commissioners grasped the significance of their own decision. They might have done so by scrutinizing the drug hearing record more closely. The record shows that the great majority of favorable clinical reports on Sigmamycin came not from

the United States but from other lands where medical standards are lower than here. The Senate record also indicates that it was in Pfizer International—not in the domestic branch of the Pfizer company—that the draft of Dr. Welch's baptismal blessing of Sigmamycin was edited. The Senate record also strongly suggests that the offices of Pfizer International's advertising agency—McAdams International—and the MD Publications offices of Dr. Felix Marti-Ibanez were one and the same in 1954 and were together moved in that year to a small four-story building at 15 East 62nd street in Manhattan. The 1959-60 telephone directory lists 15 East 62nd street as the address of the McAdams guiding hand, Dr. Arthur Sackler, and his two brothers, Drs. Mortimer and Raymond Sackler. During the year 1959 paychecks of some of the employees of the Sackler brothers at 15 East 62nd street were made out in the name of Pharmaceutical Research Center, a division of Synergistics, Inc. W-2 income tax forms related to those checks bore the legend: "Synergistics, Inc., c/o Siegel and Goldburt, 1440 Broadway." The Senate record identifies Mr. Louis Goldburt, of the firm of Siegel and Goldburt, as chief accountant for MD Publications and as the trusted emissary who was chosen to go to London in 1950 and there to negotiate for them a contract for inauguration of an international edition of *Antibiotic Medicine and Clinical Therapy*, one of the journals Dr. Welch edited for MD Publications. (According to the Senate record, those negotiations were made possible by an investment of \$100,000 that came to MD Publications from the Parke Davis drug house through its advertising agency, A. W. Frohlich and Co.)

What is the whole story of the relationships among Pfizer International, McAdams International, and MD Publications? Who are the two as yet unidentified other owners, with Dr. Ibanez, of MD Publications? Is there anything more than financial significance in the fact that, of Dr. Welch's \$287,000 income outside the government, approximately one fourth came from Pfizer purchases of reprints, extra text pages and advertising in MD Publications?

These questions the Senate drug marketing investigators are now pursuing. The answers may illuminate Dr. Moulton's testimony that it is "not merely in this country" that people feel the effects of F&DA's failure to enforce its mandate to protect the public well-being.

—JOHN LEAR,
Science Editor

Food-Drug Official OK'd Antibiotic— And Made Money

Merry-Go-Round

By DREW PEARSON
WASHINGTON — It's not
supposed to be published, but
inside the Criminal Division of
the Justice Department is an
FBI report regarding Dr.
Henry Welch, former chief of
the antibiotics division of the
Food and Drug Administration.
He is the man who earned
\$287,142 during 1933-60 from the
"Medical Encyclopedia" which
the drug companies he
policed were advertisers.



20, 1961. Just before last
Thanksgiving day, Pfizer found
that Signemycin was not just
a great drug after all. It had
side effects.

AND IN a letter to doctors
labeled "Drug Warning," Pfizer
er explained these side effects
and urged caution in using the
drug which had been touted
by the official supposed to
guard against faulty anti-

The drug warning then pro-
ceeded to tell how in the treat-
ment of 50 patients, "one or
more abnormal liver functions"
patients at the conclusion of
the treatment.

Doctors were told to watch
their patients closely in case
of "prolonged therapy."

This, it should be noted, was
five years after the glowing
endorsement by the man who
was supposed to protect the
public but who checked with
making his speech, then sold
them 283,000 reprints after
making it.

MEANWHILE, here is
another development.

One speech by Dr. Welch
which was widely circulated in
the drug industry was before
the fourth annual Antibiotics
Symposium in Washington, Oct.
17, 1936. It pertained to the
new Pfizer antibiotic — Signe-
mycin, and Dr. Welch hailed
it as a "new era."

What he didn't say, but
which he swore testimony before
the Kefauver Committee dis-
closed, was that the speech was
submitted to the Pfizer com-
pany for revision before it was
delivered.

What he also didn't say was
that after 1936, Pfizer pur-
chased 283,000 reprints of
which 50 per cent of the profit
went to Dr. Welch.
Some of the reprints were
used in advertising Signe-
mycin. However, there were so
many of them that one Pfizer
employee told the Kefauver
Committee: "It was a standing
joke around the office. It would
have been impossible to have
given away all the copies that
were actually around the print-
ing plant."

The speech praising Signe-
mycin was delivered by Dr.
Food and Drug official charged
with protecting the public
against dangerous medicine on
Oct. 17, 1936.
Five years passed. On Nov.

Koch Treatment Approved By B.C. Government

The Koch treatment inquiry came through with flying colors at conclusion of the British Columbia department of agriculture's 10-month investigation.

"I am gratified by the findings of the work carried on by the Koch treatment as a remedy for mastitis," Dr. K. C. MacDonald, minister of agriculture for British Columbia, told members of the B.C. veterinary profession who were gathered in the Court House Friday morning.

They met to discuss the final outcome of the investigation sponsored by the B.C. department of agriculture to ascertain benefits of the Koch treatment on cattle suffering from mastitis and sterility.

Present at the meeting were: Dr. J. B. Munro, deputy minister of agriculture for B.C.; Dr.

D. H. Arnott, of London, Ont., representing the Koch treatment; Dr. F. W. B. Smith, president B.C. Veterinary association and representative of federal department for health of animals branch; Dr. R. E. Sergeant; Dr. W. R. Gunn; Dr. J. E. Bennett; Dr. M. Sparrow; Dr. G. E. R. Barton; Dr. J. G. Jervels; Dr. S. N. Wood, department of animal husbandry, U.B.C.; Arthur Gooder; Lyle Atkinson; Harold Irwin; A. S. Mathews; B. J. O'Rourke.

71 CASES TREATED

During the test, 71 cases of cattle with mastitis were treated. Of this number, 71.9 per cent of the owners expressed satisfaction with the treatment.

Investigation further revealed that of 30 cases treated for sterility, 21 cases responded satisfactorily. The average time

sterile before receiving the Koch injection was, the report disclosed, 5.7 months from the previous breeding.

The committee passed a resolution, moved by Dr. F. W. B. Smith and seconded by Dr. that "observations justify the recognition of the working hypothesis of biological oxidation of the Koch treatment meriting its further use in veterinary therapy".

Dr. Arnott, thanking the committee for their outstanding work, offered co-operation with the department of agriculture to assist in further experimental work.

MACDONALD THANKED

Dr. Arnott said: "It is Dr. Koch's belief that a normal supply of essential carbon compounds often can be renewed by the hypodermic administration of Glyoxylide..."

Dr. Munro, thanked Dr. MacDonald for his interest in the investigations and told the meeting that he (Munro) "did take the treatment with favorable results." Reports on the investigation are excellent, he said, explaining that the investigations had been withheld from the press until it was assured that the treatments were satisfactory.

Dr. Gunn, told of the Koch treatment being applied to horses suffering from disease. "The owners are very enthusiastic with the treatment."

Dr. Sergeant told the commit-

tee that a woman friend had been condemned by a heart specialist two years ago. Through proper application of the Koch treatment she was well today. He recalled case histories of dogs that he had treated with amazing results.

The meeting adjourned with recommendation to Dr. MacDonald concerning further work with the Koch treatment.

A NEWSPAPER REPORTER'S INVESTIGATION

In 1929, Cash Asher, a reporter for the Detroit Free Press at that time, was given an assignment by his editor to investigate a group of five medical clinics that were operating in the downtown area of Detroit. During this investigation he worked with the Michigan State Police with the purpose of putting this medical "quack" organization out of business. As a result of his successful investigation, the local, Wayne County Medical Society, asked him if he would be willing to also investigate Dr. Koch. Mr. Asher said yes. He wrote the following about his investigation of Dr. Koch:

"The success of this effort pleased the American Medical Association, and I was asked by the Wayne County Branch in Detroit to serve as publicity director of a drive to enlighten citizens about the danger of cancer and the importance of an early examination. After this was over, the chairman of the Cancer Committee told me, facetiously perhaps, that virtually 'every woman in Detroit with a pain or a pimple had been into his office.' He asked me then if I would investigate Dr. William Frederick Koch, who had a clinic on Jefferson Avenue. He said that Koch was a clever quack, and I agreed to undertake the assignment.

"I picked up his trail at the University of Michigan, read his writings, sought to find some 'crime' that the medical profession could bring against him.

"Almost everyone I talked to believed that Koch was a quack. He was not orthodox. He was outside the established, accepted channels. I learned through hospital records of cases of cancer that had been pronounced incurable, and then had been given the Koch treatment.

"I went to see several of these and I found men and women who had been restored to health after all other therapies had failed, and hope was gone. They were well and happy, and enthusiastic over what had been achieved...."

Mr. Asher then described the cancerous conditions of a few of the patients that he had interviewed who had been given up to die and who had recovered from this dreaded disease with Dr. Koch's medical treatment. Then as a curious reporter, he went to see Dr. Koch and talked with him at great length. Dr. Koch answered every question of Mr. Asher "fully and freely". Dr. Koch went on to say:

"The Free Press will never publish anything favorable about me,' he said. 'In fact, I am regarded as a medical outlaw.'

"But it seems that you have cured cancer.' I replied,

"Yes, many, many cases; but the American Medical Association is trying to put me in jail. They want me to surrender everything I have learned to them, and I could get a million dollars by selling out. I have been approached by a group that wants to commercialize my products. But I have not finished my researches, and I am afraid of what would happen if they got hold of my formulas. I will give them to the world when

they are ready, and you can say, if you write anything, that I will surrender them for investigation to any commission or committee that approaches the subject sympathetically and is qualified to do clinical and field research."

Dr. Koch supplemented the information that Mr. Asher had researched on his own about Dr. Koch's life, as well as, the case histories on many cured patients. Mr. Asher then left to complete his investigation and report for the Chairman of the Cancer Committee of the Wayne County Medical Society. (*Science In Exile*, p. 37 (69))

"I bade him good-bye and left. There was a quizzical expression in his eyes as I turned away, and I felt that he was communicating to me that what I had learned would never reach the light of day or night on the printed page.

"But I was tremendously impressed and convinced. This was an amazing reportorial find...had the curse of cancer been lifted at last?

"When I, the detective-reporter, made my report to the Chairman of the Cancer Committee of the Wayne County Medical Society, I presented in writing the evidence I had found. The Chairman read my report with growing irritation. His face reddened. He had wanted me to obtain the evidence against Koch. Finishing the report in some degree of apoplexy, the Chairman proceeded to tear it into fine pieces, which he threw into a wastepaper basket.

"I hired you to do a job, and you came in with a lot of hog-wash.' He said.

"I came in with the facts, as I found them.' I countered, angrily.

"Hell!' he exploded. 'Every scientist in medicine knows that this man is a charlatan. He has been investigated by cancer specialists.'

"And I am only a newspaper reporter?"

"Yes - - and completely wrong.'

"What about Mrs. G., who recovered when your specialist opened her up and found too much cancer tissue to dare to operate on her?"

"She got well because the tissue was exposed to the atmosphere. That has happened before in cancer.'

"He wrote out a check and handed it to me. It was for seventy-five dollars. I thanked him and left, glad to get back into the sunlight.

"I then submitted a copy to the managing editor of The Detroit Free Press. He read it with interest, but advised me that the newspaper could not use it because Koch was under fire from the American Medical Association, and doctors in general.

"We have to accept the truth of authority, and sometimes overlook the authority of Truth,' he said, quoting from something he had read as a journalist." (p 38).

Comment on the investigation of Mr. Asher by Paul M. Koch.

We Americans talk a lot about the "Freedom of the Press," but where is this freedom when the "Press" fails to be free to speak out? Must the "Truth of

Authority" replace the "Authority of Truth." Why must the dictatorial policies and power of a medical society overrule the power of the press? The failure to print Mr. Asher's report is a good example of the failure of the "Press" to be the spokesman of the public and for the public. This failure of the "Press" to publish a scientific truth is but one example of "Medical Censorship" in our country of the worst kind. The "Free Press!" and "Freedom of Scientific Truth!." Where are you to be found? What happened to the First Amendment to our Constitution in our country? Has it been misplaced by the **"Truth of Authority?"**