INTERPRETATIONS OF FACTS WITH THE KOCH PHILOSOPHY

BY

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Read Before

STAFF MEETING OF FIRST PALMA CEIA HOSPITAL, INC.

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*–Foreward

*–Six Clinical Observations Illustrated

(a) Description of the Disease

(b) Treatment

(c) Response

(d) Comments

PRAYER

Our Father, we are beginning to understand at last that the things that are wrong with our world are the sum total of all the things that are wrong with us individuals. Thou hast made us after Thine image, and our hearts can find no rest until they rest in Thee.

We are too Christian really to enjoy sinning and too fond of sinning really to enjoy Christianity. Most of us know perfectly well what we ought to do: our trouble is that we do not want to do it. Thy help is our only hope. Make us want to do what is right, and give us the ability to do it.

In the name of Christ our Lord. Amen.

FOREWARD

Board of Director of the First Palma Ceia Hospital, Inc.

Members and Staff of the Hospital

LADIES AND GENTLEMEN:

A few months ago, The Christian Medical Research League of Detroit Michigan under the medical direction of my friend in the profession, Dr. Chester Hardy, extended to us the great honor to be represented as a Medical Counsel in the selection and drafting of label material for the oxidation catalysts medication discovered years ago, for the outstanding chemistry ex-profesor Dr. William F. Koch of Detroit, Michigan.

On a friendly atmosphere, five well known group of physicians M. D., consume an extensive discussion in the presence of a legal representative and from which meeting, exteinsive and enlightening conclusion was arrived at.

Due to the present circumstances of Christian Medical Research League concerning her inability to assume responsibility on the publication of scientific material released to the Kochtherapy itself, a question was brought before the assembly for the urgent necessity of Clinical material and experience with the above therapy and to make these available into the hands of the fellow practicioners.

Among my recollections, and independent from above suggestion, The First Palma Ceia Hospital in Tampa, Florida, has been conducted an extensive and interesting report on the use of Oxidation catalysts reagents for the past four years since our services to public was opened.

My time has been very limited so my preparation: but is so great my feelings in behalf of Dr. Koch phylosophy that we desire to bring back to you, one of our Hospital Staff meetings in which records, a group of very interesting clinical recoveries was introduced to the audience.

So we are not only satisfy a distinguished friend (Dr. Chester Hardy) as well make available to the beginner practicioner an opportunity to come along with us in above records matters, to see and observe without prejudice, the reality and beauty of the above discovery and become also an inpartial observer in the lecture of some of our most interesting recoveries.

Making here mine the expression of Dr. Walter Alvarez, Chief Consultant Clinician of the Mayo Clinic, for a man in profession and beginner in knowledge with the Koch phylosophy such discovery may be interpreted as the practice of nonsense, or perhaps as the practice of descerebrated medicine.

For us, (Hospital and Clinic) after ten years of using the oxidation catalysts reagents, is an outstanding therapeutical achievement, which position, is so far beyond doubt, to making true the statement that it is THE GOLDEN FLEECE OF THE MEDICAL RESEARCH.

The above practice requires a highly skilled as well a firm medical foundation in part of the beginnner; but more important, AN OPEN MIND. From clinical knowledge, the physician should acquire the ability on the interpretation of symptoms and complaints as a fundamental knowledge in the establishment of a diagnosis.

An early diagnosticability, and an early interpretation of symptoms, is the key board to obtain high percentage of recoveries. When patients come to you in the last stages of a disease, when body resistance has been wiped out, and the repair of tissue distruction is beyond human possibility, are surely not the most suitable cases to expect a good recuperation.

What is the most and sure way to establish an early diagnosis? In our estimation to take, or to learn to take, an adequate HISTORY OF THE PATIENTS COMPLAINT.

In here the patient should be permitted to talk and explain in his own words all about the complaints. Questions should be repeated again and again, up to reach at the point of "cross question," and be sure on this way, that he or she means by a certain statement.

I do not believe that any physician will be a good physician unless he learns to take Histories adequates for the making of a diaguosis.

In speaking of diagnosis and questioning, we should recall, that today, the participation of allergy factors and allergy manifestations of different nature are a prevalent in 75 to 80 percent of pathological conditions.

Malignant diseases, tuberculosis, vascular manifestations never dreamed of by the clinican, recognized today the existence of allergy factors. Complaints and manifestations are so different in nature,

that the patients answers and complaints, are similar to a multiple color-pattern, on which, the inter-relations andintensity of such color is beyond the human expression.

In closing this brief foreword, we must remember, that the ability and percent of recoveries are depending 100 percent in the well taking Histories of patients complaints and in the special sense of the clinical men to exposure manifestations and complaints that have been over-shadowed on previous questioning and examinations.

OBSERVATION 1

Mr. H. A. Brannon, white, male, 67 years old; first seen in our clinic March 15, 1947—Family History not important—Personal history, four children. Desire to visit us on account of skin cancer, located on his face (see picture) and treated unsuccessfully for the past four years with local X-ray (deep therapy radiation) as well as with surgical operation.

On his **physical examination** he registered, weight 173 pounds, his blood pressure 150-90, heart normal in position and tonus. Direct examination showed an ulcerative lesion, quarter size over the inexterior part of the right ear. This ulcer is covered with ditritus material, is offensive in odor and very painful.

The entire right side of his face was red in color as results of larger series of deep therapy radiation. There is also a scar from a surgical operation in attempt to remove the ulcerative lesion.

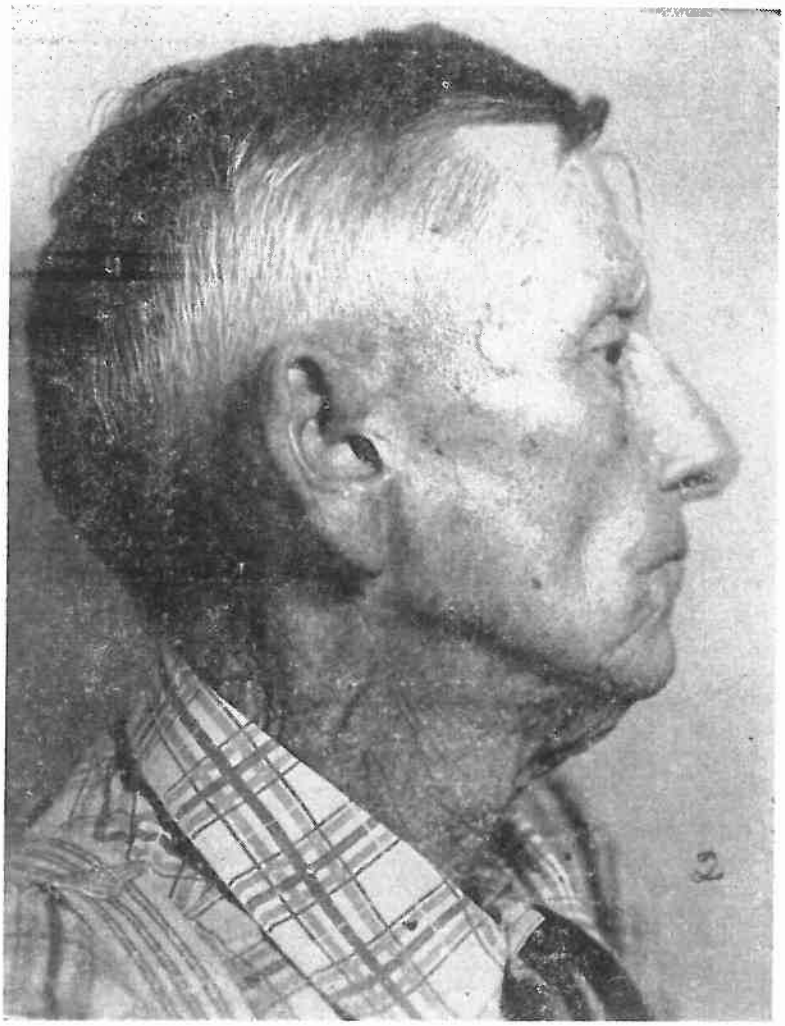
Mr. Brannon was under opiates at time he came to our clinic in order to relieve pain and suffering, since his last X-ray treatment in November, 1946. A biapsy made by his local doctor was positive of malignant skin epithelioma Grade III.

This patient receivel on March 12, 1947, one 2 c. c. Glyoxylide intramusculary. His response was as follows: The local offensive odor disappeared in the next few days after the injection; from April to May, he suffered severe pains over the face and ear and finally, in the last part of May, a large tissue slaught-out ,leaving a deep clean ulcer, which became completely healed, at the end of July. This patient remains well at the present without recurrence after six years since he was treated.

Our personal opinion of Mr. Brannon's recovery is as follows: Deep therapy radiation, has a tendency to produce a formation of scar tissue, as well, a completely blocking over the local vascular

MR. H. A. BRANNON-SKING EPITHELIOMA

FIRST PICTURE taken March 1947—Observe ulcerative lesion quarter size over the anterior part of ear vestibule, as well an scar of surgical operation: observe also, the brown skin coloration over the face and forehead as a result of intense treatments with X rays therapy.



SECOND PICTURE: taken Nov. 1947 eight month after receiving one single dose of Glyoxylide—Observe the total healing of the ulcer and the amazing repair of the surgical scar—the brown skin decoloration and pigmentation have also dessapear.

circulation. These two conditions, are mainly responsible for the pain, as well as the antagonistic action over the Glyoxylide effect, which is handicapped to reach the pathological area.

Mr. Brannon received the limited amount humanly permissible, of X-ray treatments. when he came to our clinic, his physician in charge explained to him there was nothing to do as far as he knew to solve his problem. Extensive surgical resection over the face, followed by skin graft operation was also considered, but here, like in the X-ray therapy, the recovery possibility was also negative.

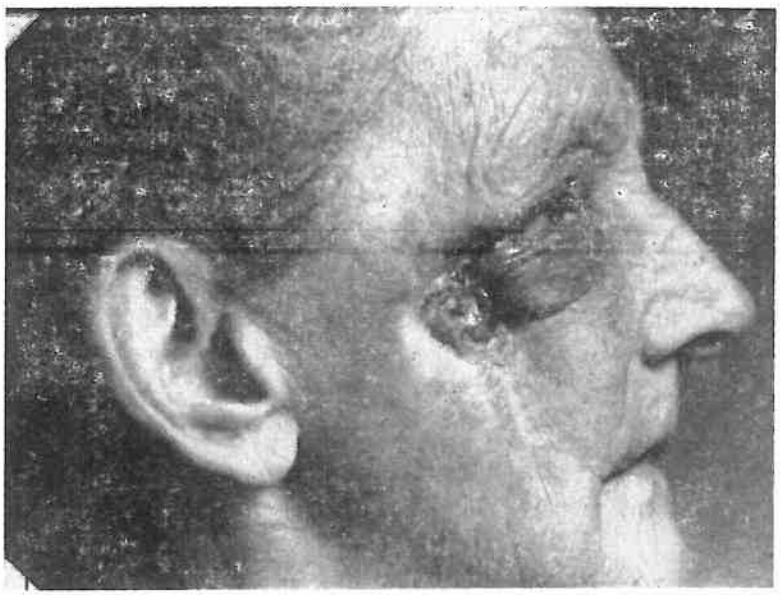
Despite the above statement, despite that his case proved as malignant cancer through the biopsy, he became well and free of misery in a short period of time. His recovery remains good up to this day, without recurrence of symptoms.

Another interesting fact in Mr. Brannon's recovery is the absence of scar visible in our last picture, more remarkable, if we consider the operation performed on him at time of his admission.

OBSERVATION 2

Mrs. Joel Collier, female, 52 years old, first seen in our clinic January 7, 1948. Family history, father deceased with stroke. Mother deceased from tuberculosis. Mother of eleven children. Personal History: Since 1944, skin growth located over the right eye angle. In September 1944, his family physician removed the growth with extensive surgical operation, on which, part of the malar face-bone was also removed. Following the operation, deep X-ray treatments were given at intervals of six to eight months. Despite the extensive surgery (see Plate 1) the tumor recurred and involved very close to the right eye.

A specimen taken by her local doctor, showed to be a Basal epithelioma Grade III malignant. **Physical examination:** Her weight 113 pounds, her blood pressure was 160/75, her general appearance was poor. A direct examination showed on intensive inflamation of the right eye, with swelling of lower lid, and in the external angle a growth formation, the size of a quarter, with material corruption drained from. Mrs. Collier referred to severe nueralgic pains and intensive head-aches, involved the face and right side of her head. This head-ache had been so intensive later, that a possibility of brain tumor was disclosed by her family physician. Her sight over the right eye was poor, and in her the eye specialist considered also, a sure matastasis to the eye-ball. She was under relief medication (opiates) day and night.



MRS. JOEL COLLIER-BASAL EPITHELIOMA

(X RAY AND SURGICAL RESISTANT)

FIRST PICTURE taken January 7, 1948—Observe a large a skin growth located over the right eye angle with an extensive scar of a surgical operation involved part of the face bone structure. There is also intense inflamatory area over the lower eyelid with a brown pigmentation due to intense X rays therapy radiation.

On January 10, 1948 2 c. c. Benzo-quinone was given in our office intra-musculary. **Her response** was as follows: For several weeks after the injection she referred to severe pain over the maxillary joint. At the end of three months, pieces of bone estructure slaught-out. In September 1948, the entire growth fall out, leaving a clean open ulcer, which finally was replaced with a new healthy tissue with minimam scar (see plate 2) The eye swelling decreased considerable also.

The most outstanding improvement observed in Mrs. Collier was over her sight, to such an extent, that at the end of three months from receiving the treatment she recuperated a total and complete vision. She remains well at the present, seven years after receiving her treatment, without recurrence of the growth.

SECOND PICTURE: taken August 8, 1948 eight month after receiving one single dose of Benzo-quinone. Observer the absent of the tumor, which growth slugout, leaving a clean open ulcer finally replace with a new healthy skin with minimum scar—observe also how the eyelid swelling decrease considerable.

Our personal opinion in Mrs. Collier's recovery is as follows: She is a living example and outstanding proof of Dr. Koch's philosophy to our present and future generations. She was suffering continued mutilations and diversified treatments for a period of four years, without any practical results: Surgery, repeated X-ray treatments and finally dope medication.

Her recovery is amazing, as well as the fact, that her sight was also saved. She enjoys now a normal life at her residence in Lakeland, Fla., 403 S. Missouri St.

OBSERVATION 3

Mrs. Martha Knighton, female, 68 years old: First examinatoin on July 24, 1947. Family History: Mother deceased from typhoid fever. Father deceaved from accident. One brother afflicted with skin canser. Mother of eight children. Desired to see us on account

of skin desease all over her face, but more intense in the back of the left ear, where a large black color tumor had been growing steadly for the past five months. She is also afflicted with a large goiter.

On her physical **examination** she registered a weight of 128 pounds, with a blood pressure of 150/100. Heart tonus are irregular without organic murmur. On direct examination, her skin complexion is dry, particularly over her face, and covered with brown spots, scaled in nature. Over the left ear, and behind the auricular, there is a mass tumor, of black pigmentation of half a dollar size (see plate I)

A specimen taken from the growth for pathological examination, showed to be a "pigmentated melanoma." She has not been receiving X-ray treatment or surgery.

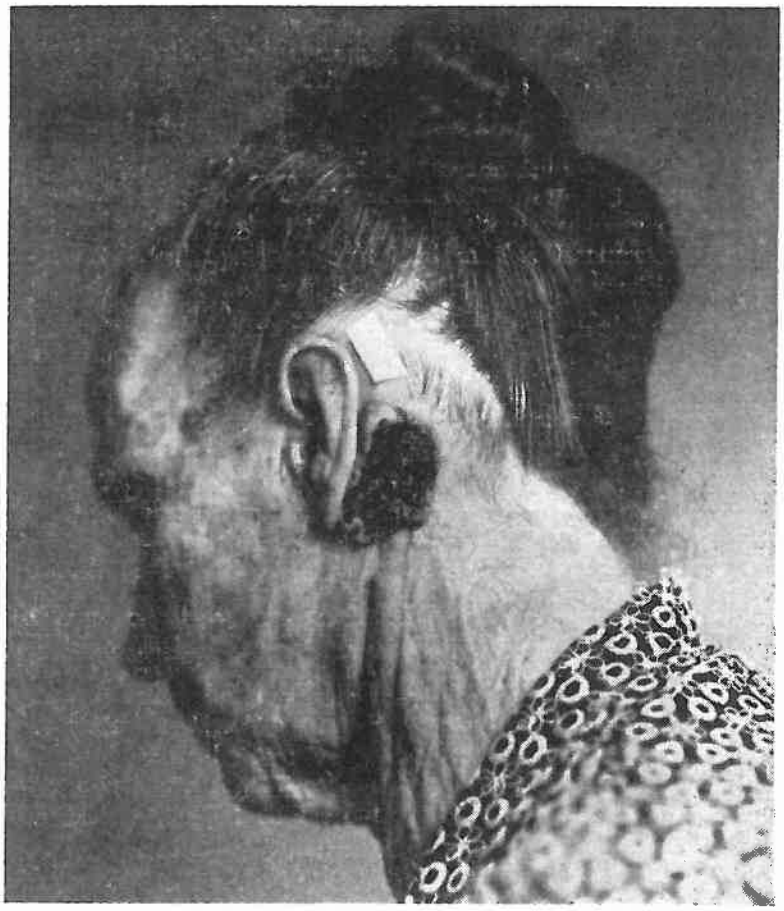
Mrs. Knighton received on May 19, 1947 one 2 c. c. Glyoxylide intramusculary. Her **response was as follows:** Improvement over the thyroid condition, with less shocking over her throat. She complains with pains and burning sensation over the ear and temporomaxiliar joint. In January 1948, the entire growth behind the ear was healed to such an extent, that the auricular pavillion was no longer pushed forward.

She remains well, with exception of the brown coloration on her face skin (see picture 2).

Our personal opinion on Mrs. Knighton's recovery is as follows: A great majority of patients afflicted with malignancy frequently complain with thyroid tumor over the thyroid gland. Her gland disorder (thyroid) was present many years before the skin growth developed. The thyroid disturbance was one of the first symptoms to disappear, followed by the skin growth gradually going away.

The thyroid gland located over the anterior part of the human neck, maintaining multiples functions, among which the regulation of metabolic oxidation of the body is the main one. The Koch medications, has been proved to us, for the past five years, an outstanding treatment in the correction of thyroid tumors, eliminating entirely from the necessity of surgical operation. (Thyroidectomy).

If Mrs. Knighton had had the opportunity to be treated for the thyroid disorder first, many years ago, in our estimation the skin disease never would have reached a proportion of malignancy like she had in the last stage.



MRS. M. KNIGTON-PIGMENTADED-SKIN MELANOMA

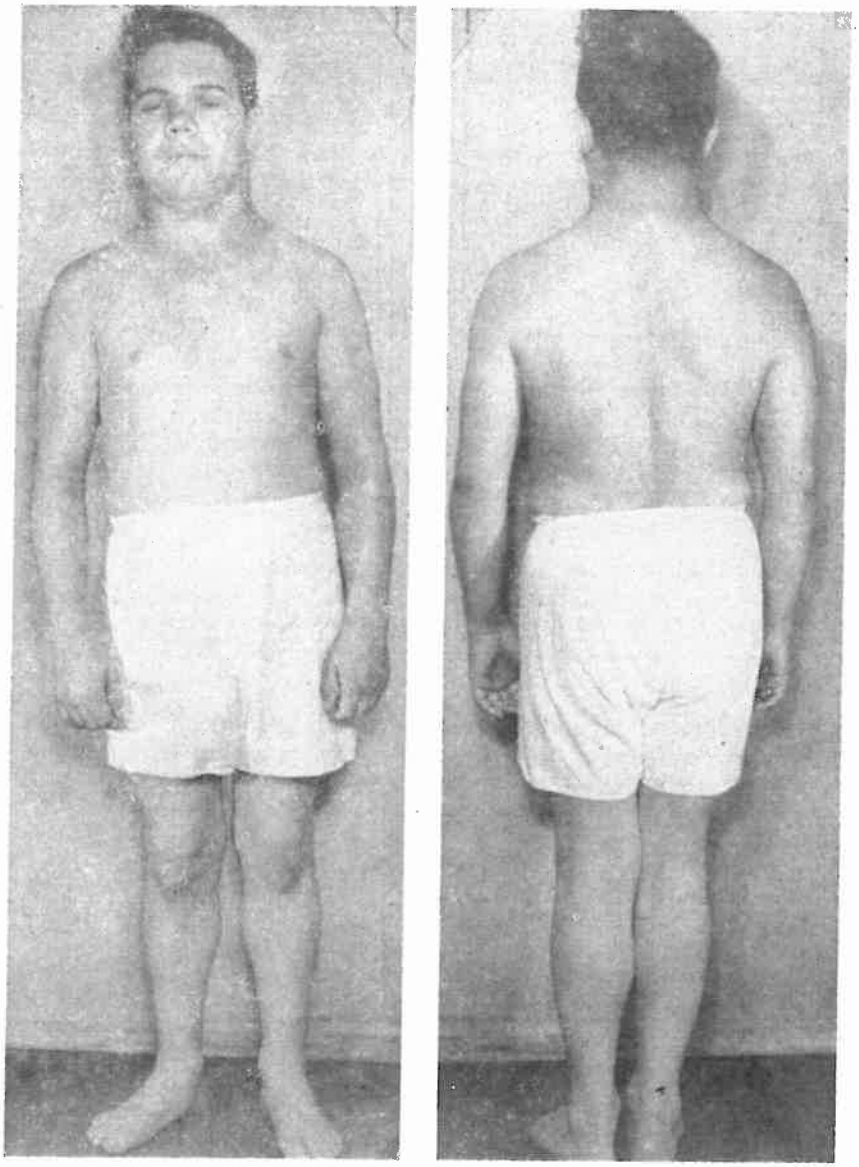
FIRST PICTURE taken July 24, 1947—Observe a large black pigmentaded tumor behind the left auricular pavillion—the growth has also displaced the ear structure forward and extended below over the mastoid process.

SECOND PICTURE taken March 15, 1948 eight mont after receiving one single dose of Glyoxylide. Observe how the entire growth has been healed with normal position of the auricular pavillion.

OBSERVATION 4

Mr. Joe Hallman, Jr., male, 19 years old, first seen in our clinic on July 7, 1947. Family history, not important—personal history. For the past five years has been under doctors care, in order to correct his excessive weight, as well nis mentally disturbance. Among the treatments received, large omount of thyroid medication, as an effort to correct his glandular deficiency; but, the treatment did not correct his problems.

As a last resort is brought to our office. The physical examination showed a mental retarded boy, with sleeping face expression and excessive weight. Majority of the excessive weight was located



MR. JOE HALLMAN—PITUITARY GLAND DEFICIENCY
FIRST PICTURE taken August 1, 1947—Observe the puffed expression, as well the swelling on eyes and face. There is also anormality of fat deposity over shoulder and hips.

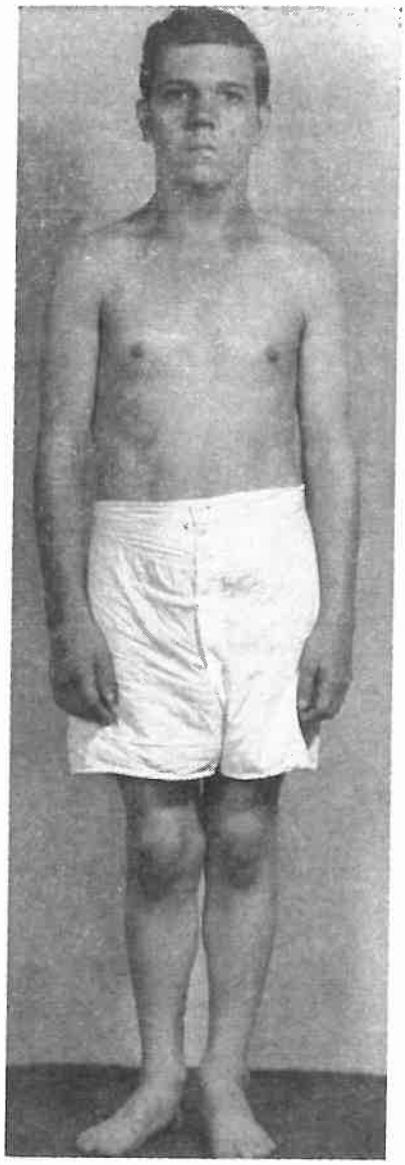
over the hips (female appearance) more typical on the posterior view (see plate 1 anterior and posterior view). His face was also swelling, to such extent, that his eyes looked as had been closed. He registered a weight of 116 pounds with four feet and 10 inches in heighth. His blood pressure was extremely low, 80/65. Heart normal in position and tonus. The rest of his physical examination was normal, with exception of lack of hair distribution on the back of his head, as well marked atrophy on his sexual organs (testicals glands). These clinical findings made us to believe of a typical glandular disorder described years ago by Dr. Frolich, and designated today as "Frolich Syndrom."

This patient received 2 c.c. of Glyoxilide on August 1, 1947. **His response** to the treatment was as follows: From August to November, same year he lost 16 pounds without additional medication of any kind. He suffered some severe headaches, but the outstanding improvement was observed in his mental state, to such extent, that he became an entirely different person. His memory was better, as well as his ability to answer questions during conversation.

His blood pressure rose to 110/80 and his excessive fat deposits over the hips and shoulders fainted away. Joe remains well up to the present, 1952, and the changes made in his physical appearance can't be expressed by any description more clearer, than photograph (see Plate 2) inserted on these pages.

Our **personal opinion in Joe Hallman's recovery** is as follows: Glandular desorder of any kind, has been the outstanding recovery under the Koch medications. Joe complaints can be traced back to his adolescent period, during his development, at which time there is in existance interelation function of differentes glands in our body. Among these glands, the pituitary gland, located in the base of the brain represents and "command" the function of the other internal glands in the human body. So speaking, the pituitary gland has been considered the "master gland" as well as the "central station" or control power of the others. His function commands a direct action over the thyroid activity adrenals, testicles and many others. The fact of [illegible] upon and under the base of the brain, give to the pituitary also, a direct participation in the water control balance in the human body. This explains the reason of Joe's puffing expression, as well as his excessive weight.

He was a sick boy for five years, receiving multiples treatments under skilled medical direction, without too much results. The administration of the Koch medication (Glyoxylide) brought his glandu-



SECOND PICTURE taken August 5, 1948 one year after receiving one single dose of Glyoxylide—Observe the alertness of this expression and the normal distribution of fat over shoulders and hips with improvement on hair growth on the back of his head.

lar system back to work, with a total reestablishment of his own function. There is a tendency in our medical practicioner, to rely a great deal of confidence in the administration of glandular preparations for the correction of glandular deficiencies, for instance: thyroid deficiencies (colloidal Goiters) female amenorrheas or infertility, undescending testicles on small children, and so on. As a rule the medication is given in large doses and for prolonged periods. I saw one time in my practice a lady, that for six years, was receiving twice a week doses of strogenic substance (ovarian extract) which finally brought to her a development of pelvic growth. On the other hand, prolonged administration of glandular preparation (endocrin glands) have also a tendency to produce a secondary atrophy of the particular gland in deficiency. This is the case of the Insulin in Diabetic patients, which prolonged administration for years finally produce in these patients a clear atrophy of the Insulin enlets of the pancreas, with inability to reestablish the production of his own Insulin in the near future.

Under the Koch therapy philisophy, the administration of his Glyoxylide is not specific in a sense to any gland in the human body, its action is to act as a stimulant to the gland, and rebuild its own production output, without necessity o depend on administration of extennal glands. His theory has been proved to us to work satisfactory in the particular field of human gland deficiencies.

OBSERVATION 5

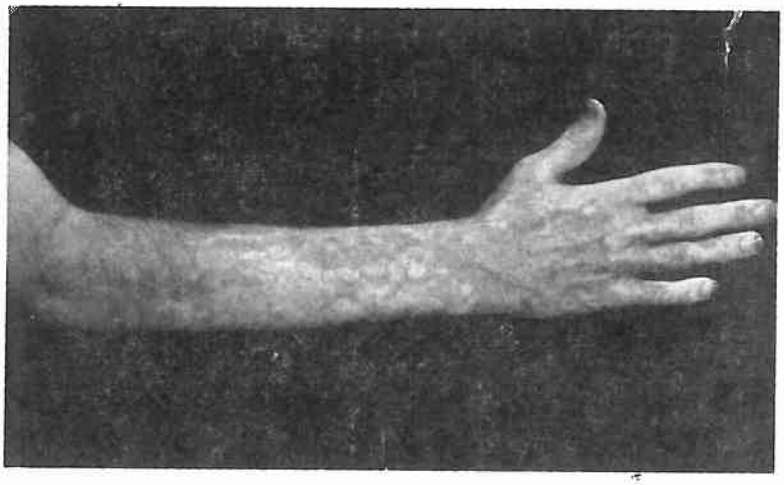
Mr. Dick Thompson, 18 years old, white, received on August 10, 1950, an extensive burn injury with hot-roofing tar and which injury involved, at time of admission into the Hospital, the right shoulder, forearm and hand.

After preeliminary first aid (plasma intravenous, and opiates) our resident physician and myself worked with him for several days, using the clasical burn ointment (pycrate, sulfathizol, cod liver oil preparations) without too much progress in the burning healing.

His hand condition was serious, extensive swelling, offensive odor and in many places, we removed entire layer of skin detritus plus the presence of local infection, despite repeated doses of penicillin. (See Plate 1).

With surprise for us, 24 hours after the first application of Glyoxylide ointment (called by us Dermo-Gly-Sol), his offensive odor disappeared entirely, as well as the intense red coloration and severe pain.

MR. DICK THOMPSON—THIRD DEGREE BURN WITH HOT-TAR FIRST PICTURE taken August 21, 1950—Observe the extensive injury over the dorsal hand region penetrated almost into the tendons with total disappear of hair structure.



SECOND PICTURE taken three weeks after local application with Glyoxylide ointment (Dermo-Gly-Sol)—Observe the total healing around the dorsal region without scar retractions and the presence of a new hairs over the former burning area.

From August 21 to September 12, his dressing was changed at intervals of every other day, and finally was discharged on September 18. Three weeks after he was dismissed, he returned for a check-over, we found to our astonishment, that new hair was growing profusely over his fore-arm and hand. (See Plate 2).

Three Weeks after Dermo-Gly-Sol Ointment

Our personal opinion in Mr. Thompson's recovery is as follows: A great majority of third degree burns are followed by 30 or 40 percent of incapacity due to injury or the tendon, or scar tissue retractions. When the burning is deep like in Mr. Thompson's case very rare is an opportunity for a hair growth, due to the fact, of a total destruction of hair follicle.

During our First National Convention of the Christian Medical Research League at Detroit, Michigan, I had the opportunity to hear a Doctor's statement concerning the beneficial results of Glyoxylide, when used locally on burn treatments.

So, I desire to verify the above statement. Our basical ointment was a half a pound jar of Crisco (commercial vegetable compound) in which I dissolved one full ampul (2 c.c.) of Glyoxylide. We were careful to transfer the vegetable compound, from the tin can to an sterile glass jar, where we had the mixture.

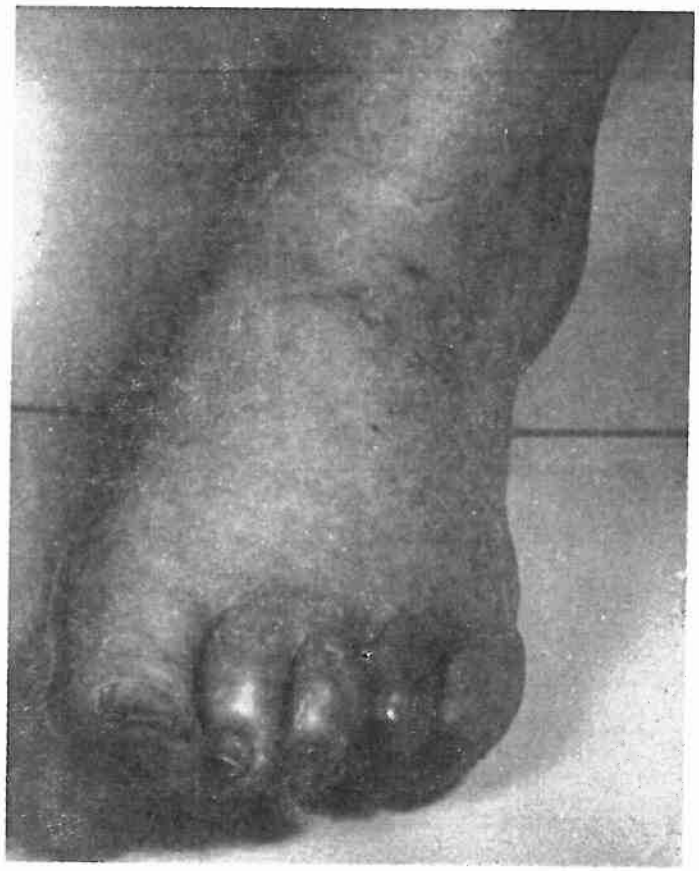
It is a surprising fact, that in a few minutes after opening the ampul in the center of grease compound and stirring it with a tongue depressor, the vegetable compound became rapidly fluid, like a soft cream material. We keep our jar in refrigeration for the following application. The solubility of the compound is so quick, in contact with the Glyoxylide ampul, that it brings to me the idea to designate it with the name, Dermo-Gly-Sol.

Since Mr. Thompson received his treatments, our emenrgency room has reported other similar cases of severe burns on which similar results were obtained with the use of Dermo-Gly-Sol.

From the pharmacological action seen to be the Glyoxylide material acted as a powerful auto-oxidant as well as antiseptic, promoting a quick repair over the congestaion areas and preventing a FORMATION OR SCAR TISSUE WITH LIMITATION OVER PERCENT OF DISABILITY.

OBSERVATION 6

Mr. Jorn L. Dougan, 77 years old, white, resident of St. Petersburg, Fla., came in contact with us by accident, during a time he was hospitalized at St. Anthony Catholic Hospital of the same locality to have his right leg amputated from gangrene condition.

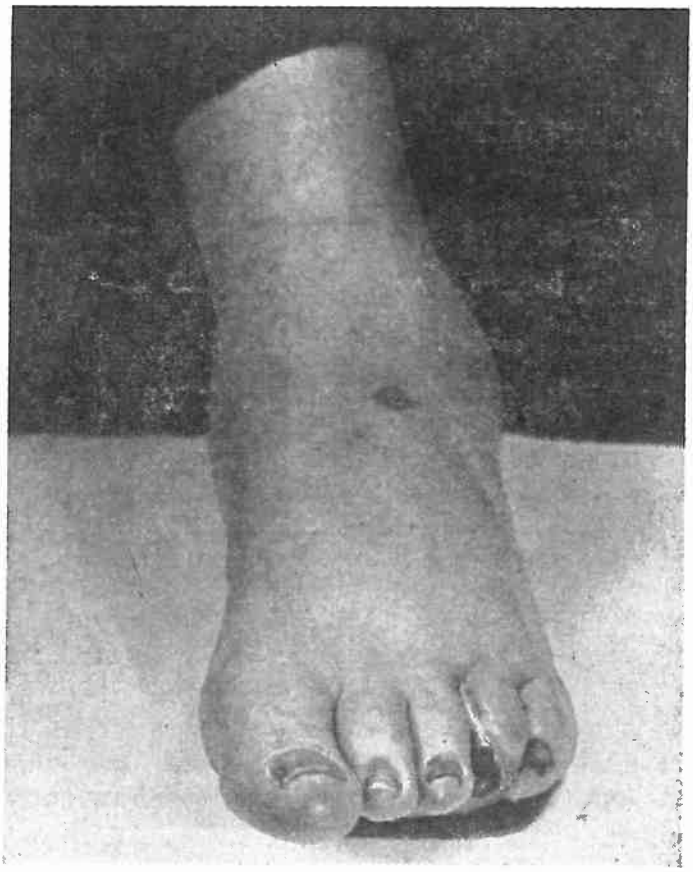


MR. JOHN L. DOUGAN-OBLITERATIVE ENDO-ARTERITIS (BERGUER'S DISEASE)

FIRST PICTURE taken July 10, 1949—Observe the intense inflamatory condition of this left foot—the presence of ulcerative area over the dorsal region and the black gangrene over the internal portion of this 4th toe. There was a completely absent of thermo static feelings from the knee below, crucial pain and offensive odor. He was ready for extensive amputation.

Family History: Not important—Personal History. For the past five months he has been complaining with his right leg, pains, cramps, coolness, and finally a deep ulceration open over the plantar region and three toes became black in color with offensive odor.

The necessity of amputation was established by his local doctor in whose estimation, the chances for recovery was remote, not only to the nature of the disease, as well as the shock and low resistance of the patient.



SECOND PICTURE taken August 7, 1949 after receiving one single dose of Glyoxylide—Observe, the swelling condition has decrease considerable and the black dry gangrene area of this 4th toe slugout.

A physical examination disclosed a high intoxicated patient (using opiates for several days to relieve pain) depressed, without any feeling below the right knee. His legs were cool like ice, with blueish coloration and extremely offensive odor coming from the toes and deep ulceration over the plantar region.

Due to his family desire, he was moved back to his home and the proposed surgery was canceled, in order to receive our treatment.

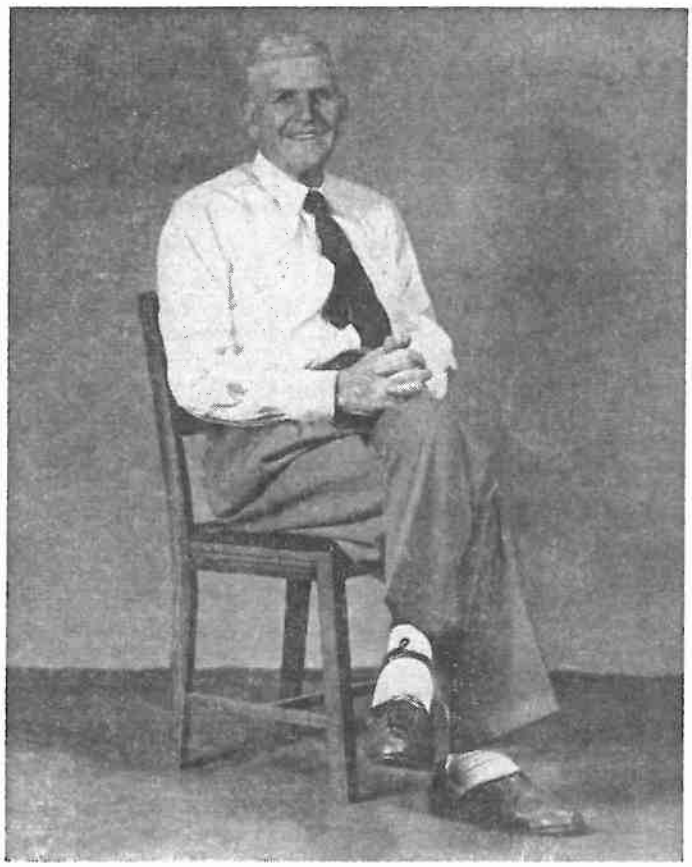
One 2 c.c. of Glyoxylide was given on July 15, 1949, intramuscular; all depressive medications were discontinued. His response was as follows: He slept that night without necessity of dope. In days to follow, the cramps and pain gradually disappeared, as well normal temperature returned to his leg, from the knee to the ankle. At the end of three weeks after rciving th treatment, he was able to walk around his room for a few hours. The deep ulcer on the plantar region healed completely, and weeks later, the toes gradually changed tissue and coloration.

Three months after receiving one single dose of Glyoxylide he was driving his car. He remains well up to the present time, five years after treated gained from 152 to 190 pounds. Mr. Dougan attended our Florida Convention and was introduced to doctors as well, he explained in his own words the changes operated in him after receiving the treatment.

Our personal opinion on Mr. Dougan's recovery is as follows: I never saw such a thing in my life before; a remarkable recivery these were his surgeon, and family physician's statement.

Patients like Mr. Dougan, are seen quite frequently in practice, and long before the gangrene process is established, functional manifestations of the disease are present for months and years. If the gangrene is not diabetic type (and these were not his case) the administration of the Koch treatment is a marvelous remedy in the correction of circulatory disturbances (varcular allergy).

Mr. Dougan's disease was an obstruction over the blood vessels of his leg; such obstruction is determined, either by a clot or by a process of inflammation over the inside coat of the blood vessel, so called, endoarteritis obliterant. Dr. Leo Berguers, a French physician was the first one to describe these gangrene diseases many years ago, on which underground factors, metabolic disturbances, as well as allergic manifestations are mainly responsible.



He was free of pain and cramps following the injection, in other words, the functional symptoms were the **first ones** to disappear; the gangerene began healing later.

The recovery process was a result, of the reestablishment of the circulatory flow, as well as the repaid process over the inside coat of the blood vessels injury by inflamatory conditions (Vascular allergy).

Leo Burgeuers' disease has been considered hopeless of recuperation under medical treatment, and outscide of palliative operations (surgical sympathectomy) described by Professor Leriche years ago, the amputation is the only open door at the present to the medical profession. The Koch philosophy again, has opened a new hope and reality to total recuperation in above dread disease.

CONCLUSIONS

1.—The Clinical evidence contained in this Lecture speaks very clear of the simultaneous remissions from diversified diseases, when they are under effects of the "oxidation catalysts" medication.

2.—The reagent is not respector of toxins, but is specific for toxins in generic sense.

3.—This suggestion would appear to be consistent with the Koch's explanation for the character and origin of natural inmunity, which devolves intermediary carbohydrates metabolism.

4.—Glyoxylide and associate reagents act catalytically, yet the substances themselves are readily oxidized because of the unsaturated double bond linkages, and that is what make them effective.

5.—In this latter respect, the substance differ from true catalyts and enzymies, which are not used-up in process of reaction.

6.—The reagents are —so to speak— "highly combustible" in the metabolism of animals and their oxidation therefore, can occur at the low oxidation levels which obtain in the sick organism.

7.—They have also a lower "kindling temperature," and once these metabolites burst into a "flame," a great release of energy and radiation occurs which spread like "wild fire" to toxic substances which are then "burned" in their turn.

8.—The oxidation continues from cell to cell in the body in all directions, from many centers of dispersal, operating like a continuous fuse, until the last cells are reached and all toxins of deverse and sundry nature that are present, are at last oxidized and only then does this fuse flicker out.

9.—This would also explain the simultaneous remission from all diseases, as many as are present.

10.—The "Law of Cure" under the various systems of healing have their own imaginary interpretations. The Allopaths say, "contraria contraris curantu," which is the law of opposites. The Homeopaths say, "similin similibus curantus," which is the law of agreements. The Ecletics believe in sanative medication.

11.—To me the Koch philosophy appear not to be embraced under any of these hypothesis: is "sui generic" peculiar and without parallel.

12.—The reagents acts not on tissues, nor do the tissues act on it, but the reagents acts on the trouble-making toxins themselves k-fluorescent substances which absorb high-level energy and release it at lower levels, thereby robbing the cell of the energy to carry on normal metabolism: in this way, through the availability of low energy, morbid cell physiology occurs and symptoms of disease are made manifest.

13.—Koch's reagents specific for toxins is therefore an anti-toxin on the same generic interpretation that anti-pneumococcio serun is specific for pneumocous toxin.

14.—As an anti-toxin Koch's reagents is excellent kindling: it readily oxidizes and the energy released is intense enough to reach the kindling temperature, so to speak, of the resistant fluorescent and other toxics substances.

In Tampa, November, 1952.

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