J.A.M.A. ARTICLES & EDITORIALS, etc. Re: Wm. F. Koch, Ph.D., M.D.

	DATE	VOLUMNE		PAGE	COMMENT
1)	Sept. 27, 1913	61	#13	1049	Chemical Consequences of the Removal Of The Parathyroid Glands
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9)	July 23, 1927	89	#4	296	Birds Of A Feather (Reference to Dr. Koch) (also an article on the Parathyroid Gland, p. 294)
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11)	July 14, 1934	103		116	Michigan – Koch Cancer Outfit Sued
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30)	Aug. 7, 1948	137	#15	1333	Senator Langer Abuses Franking Privilege By Circulation of Propaganda For Koch's Cancer Quackery
31)	~~June~~ Jan 8, 1949	139	#2	93	Cancer And The Need For Facts – "Synthetic Antitoxins"
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Additional J.A,M,A, Publications, etc.

a) The Propaganda for Reform, Vol. 2, 1922; Published by the A.M.A.

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d) Modern Medical Charlatans, by Morris Fishbein, Hygeia, Jan. 1938;
e) Koch Antitoxins, from the American Cancer Society (year ?);
f) "Cancer Control" Report of an International Symposium Held Under The Auspices Of The American Society for the Control of Cancer Held at Lake Mohonk; Sept. 20-24, 1926, p. 100.
g) The Truth About Cancer, Charles S. Cameron, M.D., Medical And Scientific Director, American Cancer society, 1956, reference to Glyoxylide on page 124;
h) CANCER FACTS, National Cancer Institute; A report on Koch Synthetic Antitoxins; 3/30/90;
i) "Cures or Quackery"; U.S. NEWS & WORLD REPORT, July 17, 1995;
j) Excerpts from The American Medical Association 1947 to 1947, by Morris Fishbein, M.D.;
k) A.M.A. Newspaper articles on Anti-Trust Conviction, etc.;
l) J.A.M.A. Articles; Vol. 151, No. 13, pp. 1106 & 7; March 28, 1953 "Special Meeting Of The House Of Delegates, re: The Special Assistant to the Secretary for Health and Medical Affairs; and the President's Page, p. 1109; and Organizational Section, p. 1111 with President Eisenhower's Message To The Congress Of The United States dated March 12, 1953; and the Reorganization Plan No. 1 of 1953;
m) AFL NEWS-REPORTER, WASHINGTON, D.C., Friday, April 10, 1953; article on: "AMA Admits Putting Censor In Health Post";
n) J.A.M.A. Vol. 140, No.7, pp. 630 & 794; July 2, 1949; "Activities of the Editor" and the retirement of Dr. Morris Fishbein;
o) Newspaper article: Dr. Fishbein Under Fire, San Francisco, July 2 (1949);
p) Yale Law Journal Calls AMA Retard to Medicine; Newspaper article on AMA. Aug. 1, (?);
q) "Drugmakers And The GOVT. – Who Makes The Decisions?", Saturday Review, July 2, 1960; article on the investigation of the FDA and Henry Welch, Ph.D., Chief of the Antibiotic Division of the F.D.A. and his conflict of interest activities; "…A story that casts doubt on the conduct of the whole Food and Drug Administration."
r) 'Cures' Of Cancer Doomed To Failure, U. Expert Asserts; from the Muskegon Chronicle, Muskegon, Mich., Jan. 23, 1931 referring to Dr. Aldred Scott Warthin, director of the pathological laboratories of the University of Michgan, based upon his editorial in the Annals of Internal Medicine;
s) Dr. Warthin's Editorial; "The Newer Therapeutic Attack On Cancer";
t) Senator Langer Blames Democrats For Stopping A.M.A. & Cancer Society Fraud Investigation; and Senator's Son Claims Senate Investigation Scuttled By A.M.A.; National Christian Crusader, 5/14/56)
u) House to Sift Health Lobby, Detroit News, Dec. 19, 1949; Re: A.M.A. & $25.00 a member annual dues to finance its fight.
v) Medics Deny Cancer Cure, Refugee's Discovery Called of Little Value; Re: Krebiozen, Ivy, etc.
w) "Quacks" by C. W. Warner, Jackson, Miss. (Not attached) (Year ?)

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Most print medical journals allow peer reviewers to remain anonymous.

DETROIT FREE PRESS
WEDNESDAY, JUNE 5, 2002 13A

Medical journals' data may be flawed

Incomplete info, bias tarnish some studies

By LINDSEY TANNER
ASSOCIATED PRESS

CHICAGO — A leading medical journal has put itself and its competitors under the microscope with research showing that published studies are sometimes misleading and frequently fail to mention weaknesses.

Some problems can be traced to biases and conflicts of interest among peer reviewers, who are outside scientists tapped by journal editors to help decide whether a research paper should be published, according to several articles published today in the Journal of the American Medical Association.

Other problems originate in news releases that some journals prepare to call attention to what they think are newsworthy studies. The releases do not routinely mention study limitations or industry funding and may exaggerate the importance of findings, according to one JAMA study.

This week's JAMA, devoted entirely to such issues, "is our attempt to police ourselves, to question ourselves and to look at better ways to make sure that we're honest and straightforward and maintain the integrity of the journals," said Dr. Catherine DeAngelis, JAMA's editor.

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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 antitoxic 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. Koch[2] 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-imidazolylethylamin, 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.

1. Saneyoshi, S.: Ueber den Wirkungsmechanismus des Arsenik 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.

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 text-books 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.

#76

The Propaganda for Reform

IN THIS DEPARTMENT APPEAR REPORTS OF THE JOURNAL'S BUREAU OF INVESTIGATION, OF THE COUNCIL ON PHARMACY AND CHEMISTRY AND OF THE ASSOCIATION LABORATORY, TOGETHER WITH OTHER MATTER TENDING TO AID INTELLIGENT PRESCRIBING AND TO OPPOSE FRAUD ON THE PUBLIC AND ON THE PROFESSION

THE WILLIAM F. KOCH CANCER REMEDY

A number of inquiries have been received of which those that follow are typical. This from a Philadelphia physician:

"Would you give me any information you have about one so-called 'Dr. W. S. Koch,' Detroit, Michigan. This man is said to claim to have in his possession a cure for cancer, the nature of which I do not know. I know, however, that he obtained a very large fee not very long ago in treating a case but without success . . ."

While a Chicago physician writes:

"I have at hand a pamphlet from Wm. F. Koch, M.D., Ph.D., of Detroit, Mich., which is supposed to be a reprint from the *Medical Record* of Oct. 30, 1920, entitled 'A New and Successful Diagnosis and Treatment of Cancer.' Will you kindly advise me what you know about this man's work on this subject and how much stock I can put in the claims he makes in this article?"

And this from a physician in Seattle, received a few days ago:

"Has your office any knowledge of the cancer cure devised by Dr. William F. Koch, Ph.D., M.D., of Detroit? He published an article on it in the *Medical Record*, Oct. 30, 1920. . . . I enclose copy of letter received by one of our patients from his 'western representative' which reads like pure quackery. I do not find Dr. Koch's name in either the A. M. A. or Polk's Medical Directories."

The letter referred to in the last inquiry as coming from Dr. Koch's "western representative" was addressed to a woman who had written to Dr. Koch with reference to his alleged cancer cure. The letter, dated Jan. 19, 1921, was signed "Chas. L. Tisdale, 1898 Geary Street, San Francisco." It read:

"*Dear Madam:*—Your letter of January 10th written to Dr. Koch of Detroit in reference to his cancer cure has been sent to me by Dr. Koch. I am the Western representative of Dr. Koch and am giving the treatments with his remedy. I am now treating 14 cases here with some most wonderful results. The amount of the remedy that Dr. Koch can supply me with is limited and it is a very expensive substance. None of it can be sent to Seattle or any other place for I have only enough to treat the cases that are constantly presenting themselves here. If you could come to San Francisco and have the money to pay a reasonable fee, say enough to pay for the remedy, I would be very glad to do everything I can for you.

"The results that have already shown in many of these cases warrant me in believing that almost any case of cancer can be cured if the treatment is persisted in.

According to our records, Dr. William F. Koch of Detroit was born in 1885. Some years ago he graduated in chemistry and for some time held the position of Professor of Physiology and Physiologic Chemistry at the Detroit College of Medicine and Surgery. In 1918 Dr. Koch received his degree in medicine from this same college. Less than a year after his graduation Dr. Koch declared that he had "developed a real specific cure for cancer." In the *Detroit Medical Journal* for July, 1919, there appeared a brief article by William F. Koch entitled "A New and Successful Treatment and Diagnosis of Cancer." A more extensive article bearing the same title was published in the New York *Medical Journal* of Oct. 30, 1920.

As a result of the publicity that was given the Koch treatment, the Wayne County (Detroit) Medical Society appointed a committee to investigate the treatment. Its first report appeared in the society's *Bulletin* for Dec. 22, 1919. Briefly this report said in effect that the Board of Health of Detroit had placed at the disposal of the committee twelve beds in a local hospital with the necessary special nurses and everything else required free of charge. The committee sent certain patients to the hospital and there were also some other patients recommended by different physicians as proper cases for treatment. There were nine altogether. After going over the cases carefully the committee found some in which the diagnosis was doubtful. There were five cases, however, of undoubted cancer, a positive diagnosis having been made from specimens and microscopic examination. The management and treatment of these patients were turned over to Dr. Koch.

Dr. Koch seems to have raised certain objections and to have made certain criticisms. He also insisted that he ought to have some representative on the committee. The committee offered to put on any and all he would name. He failed to name any. The committee reported further that Dr. Koch was very negligent in his treatment of the patients and finally, on November 26, the committee met with Koch and went over all the cases with him. At that time he gave the patients injections and promised to attend to the treatment regularly in the future. According to the report, he saw the patients only once more (three days later) and then did not come near them again. As the patients became disgusted with the neglect some of them left and the committee sent the rest home and closed its connections with the investigation of the subject.

In the same issue of the county society *Bulletin* in which this committee's report was published, the editor of the *Bulletin* stated that from all sections of the country inquiries were coming relative to the treatment and "from long distances patients are coming to Detroit to be 'cured' of cancer." The editor further stated: "It is reported that Dr. Koch is treating many patients promising much and charging well." To this Dr. Koch retorted that only about 30 per cent. of his patients had "contributed." The balance were treated free.

The Wayne County Medical Society *Bulletin* for Jan. 5, 1920, was devoted almost exclusively to another discussion of Dr. Koch's "cancer cure." It was there stated that a second committee had been appointed to gather what information could be obtained from outside sources relative to cases treated by Dr. Koch. This committee reported that of fifty-six cases of which it was able to obtain data, only three of the patients showed clinical improvement; twenty-one of the patients were dead. Three other patients treated both by the Koch injection and by operation were reported as clinically improved. The condition of eighteen of the patients was reported as stationary, or unimproved. In eleven of the cases the results were unknown but the surgeons reported unfavorably.

The committee reported further that Dr. Koch's records were incomplete and that he had submitted no proof that his injections have any particular merit and the committee concluded that the study "is entirely experimental and improperly supervised."

Evidently, the most that can be said of Dr. Koch's alleged "cure" for cancer is that the claims made for it have not been supported by independent investigators.

Correspondence

PERTUSSIS VACCINE

To the Editor:—While one may assume that THE JOURNAL would select one eminently able to discuss each particular phase of "Biologic Therapy," it seems permissible to ask Dr. Davison for the statistics on which he bases his statement that "the more careful studies show that pertussis vaccine has practically no therapeutic value" (THE JOURNAL, Jan. 22, 1921, p. 242). Such has not been true in our small experience; but if the prevailing larger experience does not justify the use of these vaccines, they should not be continued in spite of favorable results attained. On the other hand, is it not generally recognized that no one is yet able to speak arbitrarily about the use of many of the vaccines; also that perhaps neither group of the investigators quoted would conform to every postulate laid down by the Special Committee of the American Public Health Association? Even modern medicine is not an exact science.

PAUL W. VAN METRE, M.D., Rockwell City, Iowa.

To the Editor:—May I draw your attention to an error in the article on "Pertussis Vaccine" in which it is stated that

COPY OF EDITORIAL FROM THE JOURNAL OF THE
AMERICAN MEDICAL ASSOCIATION
VOLUME LXI NUMBER 13

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 antitoxic 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. Koch[2] 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-imidazolylethylamin, 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.

[2]Koch, W. F.: Toxic Bases in the Urine of Parathyroidectomized dogs, Jour. Biol. Chem., 1913, xv, 43.

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of the poor cancer patient by the widely vaunted treatment of Koch. And herein lies one of the most pernicious features connected with the exploitation of alleged cures for cancer, tuberculosis, etc. All such remedies, whether fraudulent both in their inception and exploitation or those which while equally worthless are at least honestly put forward and are based on a certain amount of scientific investigation produce a profound and marked temporary change in the patient's condition. It is this that tends to warp the judgment not only of the unscientific layman, but also of the physician. The psychic element in cancer has been well described by Weil:

"Is it indeed, very remarkable that a patient who has been consigned to death as a victim of a hopeless malady, should regain his spirits and his appetite, when he is again confronted with the hope of a cure, and of the eradication of his disease? It is a phenomenon well known to every student of the disease that a large proportion of cases responds in just this manner to any treatment which is offered them. Osler has described a case of cancer of the stomach in which the mere visit to a consultant of sanguine temperament, though poor judgment, whose assurance of the patient that there was no possibility of cancer, resulted in a disappearance of all the symptoms and a gain of 18 pounds in weight. It is this psychic influence, which has occasionally deluded the honest student of cancer cure, and which has also so generously played into the hands of the dishonest."

BOROTETRAMINE ("BORO") NOT ACCEPTED FOR N. N. R.

Report of the Council on Pharmacy and Chemistry

The Council has authorized publication of the following report which declares Borotetramine (Takamine Laboratories, New York) inadmissible to New and Nonofficial Remedies.

W. A. Puckner, Secretary.

"Borotetramine" and "Boro" are names applied by the Takamine Laboratories to hexamethylenamin diborate. It is a molecular combination of hexamethylenamin and boric acid which is readily split into its components. The borates of hexamethylenamin have been known for some time. In 1907, the Atkiengesellschaft für Anilinfabrik. took out a patent in Germany (D. R. P. No. 188,815) covering the preparation of the monoborate, the diborate and the triborate of hexamethylenamin. The triborate has been used in medicine under the name "Borovertin."

According to an explanatory letter from the Takamine Laboratories, Borotetramine is not intended as a means of administering hexamethylenamin and boric acid but as a means of rendering the urine acid. The firm, however, has failed to submit any evidence that the oral administration of Borotetramine materially changes the true reaction of the urine. In any case the effect cannot be greater than that of the boric acid contained in Borotetramine. Boric acid has been tried in gonorrhea, but seems to have been abandoned by modern clinicians.

The manufacturer claims that the greater solubility of Borotetramine renders it more efficient than the ingredients taken separately. Such an increased solubility, however, is of no moment, first because the compound is broken up in the stomach into its components and second, because the solubility of boric acid is quite sufficient to insure its solution in the alimentary tract, especially in the intestine. Furthermore, Borotetramine must separate into its components before it can act; hence the administration of a compound presents no distinct advantage over a simple mixture of the components.

The Council holds that Borotetramine is a superfluous and therefore useless article, and hence not eligible for inclusion with New and Nonofficial Remedies.

General Practitioner and Tuberculosis.—The medical student of today is the medical practitioner of tomorrow, and the general practitioner is our first line of offense against tuberculous disease; yet it has been demonstrated by notification records that the early diagnosis of tuberculous disease is rather the exception than the rule.—H. Gauvain, *Brit. J. Tuberc.* **15**:3, 1921.

Correspondence

THE PROPER RECOGNITION OF THE CLINICAL PATHOLOGIST

To the Editor:—In The Journal, January 8, appears a communication from Dr. Gradwohl on the subject of laboratory technicians in the field of clinical pathology. I feel certain that this raises questions of vital importance to every clinical pathologist. Clinical pathology is a field in which the application of scientific methods to the practice of medicine has perhaps reached its greatest development. It is distinctly a form of diagnosis. Its successful application requires grounding in the fundamental medical sciences as well as thorough training in the clinical branches, so that not only may suitable methods of examination be accurately employed in a given patient, but also a correct interpretation of the results of the examination may be had. The general training of the medical curriculum cannot give the necessary special training for clinical pathology. Clinical pathologists must be recognized as specialists in the broad field of medicine, a conception which requires the clinical pathologist to be a medical graduate.

In the present tendency to have clinical laboratory work performed by these nonmedically trained, so-called "technicians" we are facing a situation whose logical development has possibilities potentially dangerous to the position of clinical pathology as a medical specialty. My original conception of the term "technician" was that it designated a type of laboratory aid capable of rendering general assistance about a laboratory, but not engaged in making diagnostic examinations, which were the function of the clinical pathologist. Recently the scope of the term has become enlarged, so that it includes the performance of diagnostic examinations. From a perusal of advertisements in The Journal, it would seem that some are extending the scope of the term to include persons not possessing medical training, who are to interpret the results of laboratory examinations as well. The present use of the term "technician" is therefore synonymous in some quarters with clinical pathologist, but more particularly for one without medical training.

I have observed some agitation for the establishment of special courses for the training of such nonmedical assistants, the proponents of the suggestions asserting that medically trained clinical pathologists required the assistance of such persons in their laboratories. Where the responsibility and direction of a technician's work rests on a medical clinical pathologist, I grant that the nonmedical technician occupies a definite legitimate field. But, on the other hand, there is a definite tendency on the part of medical practitioners of one type or another, men who themselves are not clinical pathologists, to establish personal private laboratories of their own and to install a nonmedically trained technician in the laboratory. Under such circumstances the technician becomes to all intents a clinical pathologist, as we find that such technicians also establish laboratories of their own and actually independently practice clinical pathology.

From what sources are the "technicians" encountered in the last two circumstances recruited? We find here persons who may or may not be college or high school graduates, or pharmacists and who have received more or less thorough training in other laboratories under presumably competent clinical pathologists. Their training for the most part has been in the narrow field of routine, and their knowledge is empiric. They are not qualified for work outside the narrow field of routine, as the accuracy of their procedures is uncertain and they are absolutely disqualified to interpret laboratory results or suggest new avenues of approach to a per-

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Entered as Second-Class Matter, June 25, 1885, at the Postoffice at Chicago, Ill., under Act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on June 14, 1918. If undeliverable, return postage is guaranteed

NEXT ANNUAL SESSION, BOSTON, MASS., JUNE 6-10, 1921

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Bulletin

In one day the mails brought us letters from six Class A medical schools, stating that

RANSON'S Anatomy of the Nervous System

had been adopted as a text-book, and ordering their supply.

Have you examined the work?

NEW (2d) EDITION

Carman's

X-Ray Diagnosis of Alimentary Disease

The new edition of Dr. Carman's work on the *Roentgen Diagnosis of Diseases of the Alimentary Canal* is 100 pages larger than the first edition and contains 122 additional illustrations. Two new chapters appear, one on hour-glass stomach, and the other a chronologic abstract of the published work on pneumoperitoneal diagnosis of abdominal lesions. So much new matter has been interpolated throughout the volume that it is really a new book. The work represents a summing up of the work done at The Mayo Clinic in the use of the roentgen ray in the diagnosis of diseases of the alimentary canal.

American Journal of the Medical Sciences

"The book covers the entire subject. The text is concise and clear and the illustrations are excellent. Truly, this is a book of which we Americans have reason to be proud."

Octavo of 676 pages, with 626 illustrations. By RUSSELL D. CARMAN, M.D., Head of Section of Roentgenology, Division of Medicine, The Mayo Clinic, Rochester, Minn. Cloth, $8.50 net.

SAUNDERS, *Publishers*

See Page 3

June 21, 1924 J.A.M.A.

Current Comment

EXPLOITING THE CANCER SUFFERER

The week of the annual session of the American Medical Association was chosen as a propitious time to resurrect two discredited "cancer cures." At the beginning of the week, a Philadelphia paper announced that the cause of cancer had been discovered and that a treatment for the disease had been evolved that was producing remarkable results. This particular piece of publicity dealt with the alleged cancer serum of Dr. T. J. Glover of Toronto. Glover's "serum" and its method of commercial exploitation were the subject of two or three articles that appeared in THE JOURNAL in the early part of 1921. It was there shown that a special committee appointed by the council of the Academy of Medicine of Toronto had investigated the Glover serum and reported that it was unable to find any evidence to show that the serum had produced a cure in any case definitely established as cancer. About the same time, Dr. Francis Carter Wood, director of cancer research at Columbia University, reported that he had subjected the Glover cancer serum to tests and had found not the slightest evidence that the product had any effect on the growth rate of tumors, nor had it cured any tumor. The second "cancer cure" to be exploited last week was that of Dr. William F. Koch of Detroit. Koch's nostrum was brought to the attention of the newspapers of the country by one C. Everett Field in a statement made before the "American Association for the Study and Cure of Cancer," a newly formed organization that must not be confused with the well established American Society for the Control of Cancer. Koch's cancer "cure" was dealt with in two articles that appeared in THE JOURNAL during February, 1921. It was there brought out that Dr. Koch announced his alleged "cure" less than a year after he was graduated in medicine. The committee appointed by the local medical society at that time made two reports, both unfavorable to the "cure." Since the committee reported, the Koch "cure" has been exploited by a "sanitarium" of which Koch is the "medical director." The "sanitarium" sends out to the public a typical "cancer cure" advertising booklet: statements derogatory to the treatment of cancer by surgery, radium and roentgen rays; quotations (at least one of which is fictitious) from alleged authorities to support Koch's thesis; a statement of Koch's theory regarding cancer and some noninformative statements about the remedy; finally, the usual farrago of alleged case reports. The publicity just given to these two discredited "cures" is producing the usual effect. Sufferers from cancer both directly and through their physicians are frantically trying to learn whether there is any warrant for the claims so carelessly broadcast. There may be things more heartless than that of exploiting the sufferers from so dreaded a disease as cancer, but at this time we do not think of them. The most pernicious feature connected with such exploitation is that of awakening false hopes in the minds of the sufferers. The mental anguish thus caused is just as great whether the "cure" is fraudulent in both its inception and its exploitation, or put forward by honest but misguided enthusiasts. So far as the "cures" of William F. Koch and T. J. Glover are concerned, it cannot be too earnestly asserted that neither one is in any sense established as either scientific or reliable.

U. S. SUPREME COURT ON MEDICINAL USE OF MALT LIQUORS

The constitutional principles underlying the regulation of the prescribing and dispensing of alcoholic liquors for medicinal purposes have been succinctly stated by the United States Supreme Court in two recent cases.[1] Certain makers of malt beverages—beer, etc.—brought suit to enjoin the Commissioner of Internal Revenue and other federal officers from enforcing the provisions of the Amended National Prohibition Act, prohibiting the prescribing of beer for medicinal purposes. The suit was based on the grounds that the Eighteenth Amendment authorizes Congress to prohibit traffic in only such intoxicating liquor as is intended for beverage purposes, and that the control of liquor for medicinal purposes is reserved to the several states; that while Congress can regulate the sale of medicinal liquor, it cannot prohibit medicinal liquor; that the prohibition of beer for medicinal purposes is neither an appropriate nor a reasonable exercise of the power conferred on Congress by the Eighteenth Amendment, but infringes on the legislative powers of the states. The Supreme Court, however, denied all these claims and affirmed the decree of the court below, dismissing the suits.

The Supreme Court points out, in its decision, that the Constitution confers on Congress the power to make all laws necessary and proper for carrying into effect all powers specifically vested in it. Such implied power, the court says, is not limited to measures indispensably necessary, but Congress may adopt such means as it believes best adapted to the ends to be accomplished. The court points out that the sale of beer for medicinal purposes may permit clandestine traffic and thus hamper and obstruct the enforcement of prohibition. Furthermore, it is emphasized that the hearings before the enactment of the law did not show that beer possesses medicinal properties. If Congress can prohibit the manufacture and sale of beer for medicinal purposes, it may presumably prohibit the sale of wines and whisky as well, and limit the sick to pure alcohol as a remedial agent. In view of the extent to which the court concedes discretion with respect to these matters to Congress, it seems at least questionable whether the sick who are in need of alcoholic liquors in excess of the amounts now allowed by law can expect relief from the courts; if relief is to be obtained, it will probably have to come directly from Congress. It will be well, therefore, for physicians to begin at once to look toward the introduction of reasonableness into the National Prohibition Act, so far as it relates to the medicinal use of beer and other

1. Everard's Breweries v. Prohibition Director; Edward & John Burke, Ltd. v. Commissioner of Internal Revenue; decided, June 9, 1924.

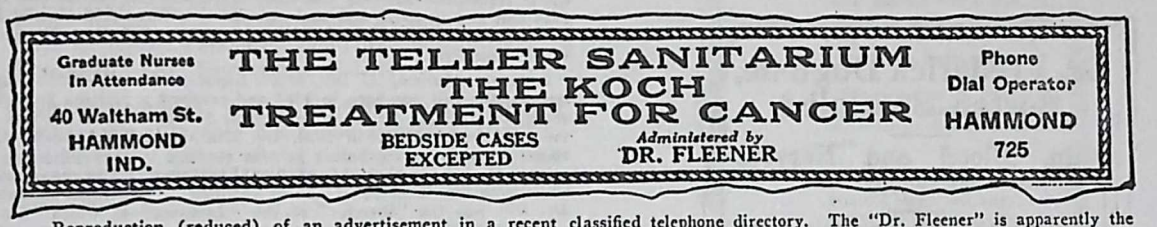
The Propaganda for Reform

IN THIS DEPARTMENT APPEAR REPORTS OF THE JOURNAL'S BUREAU OF INVESTIGATION, OF THE COUNCIL ON PHARMACY AND CHEMISTRY AND OF THE ASSOCIATION LABORATORY, TOGETHER WITH OTHER GENERAL MATERIAL OF AN INFORMATIVE NATURE

KOCH'S "CANCER ANTITOXIN"

The Present Status of the Nostrum Exploited by William F. Koch

In 1918, William F. Koch of Detroit was graduated in medicine by the Detroit College of Medicine and Surgery. Previous to this he had been an assistant in physiology and an instructor in histology in the University of Michigan Medical School. He also had been professor of physiology in the Detroit College of Medicine and Surgery. Less than a year after his graduation in medicine, Dr. Koch announced that he "had developed a real specific cure for cancer." Dr. Koch's thesis seems to be that cancer is caused by a micro-organism resembling the spirochete of syphilis. It is claimed that he has developed a differential poison—"Koch's Synthetic Anti-toxin"—that will destroy the "cancer germ" without injuring the host. His remedy has been described in one place as "a synthetic chemical compound of very definite molecular arrangement" and in another place as a "difficultly prepared synthetic structure, worked down on a recrystallization process"—two descriptions that make up in sonorousness what they lack in clarity.



Reproduction (reduced) of an advertisement in a recent classified telephone directory. The "Dr. Fleener" is apparently the same individual who for years ran quack advertising offices in other Indiana towns.

Seven years have passed, during which time Dr. Koch has seen fit to keep his secret to himself. During that same time we have been unable to learn of a single instance in which a case of unquestioned malignant disease has been cured by the Koch treatment. On the other hand, we have received information regarding individuals who "promptly died" after taking the treatment.

At different times the Wayne County (Detroit) Medical Society has appointed three committees to investigate Koch's "cure." Each of the three reports has been unfavorable. The last report closed with the statement;

> "In no instance have we found a case where the diagnosis of cancer was absolutely established and where no other form of treatment had been used in which a cure or any decided benefit had ever been obtained."

These facts have been discussed at different times in THE JOURNAL, and the matter is available in reprint form to any who will send a self-addressed, stamped envelop for it. The Koch treatment has been commercialized, and it seems evident that large sums of money have been spent in circularizing the profession and the public in the interest of the "cure."

SOME REPORTS FROM THE FIELD

During the last four or five years THE JOURNAL has received hundreds of letters from physicians and laymen who were inquiring about the Koch remedy. A few of the many letters from physicians and one from a layman made specific mention of individuals who were taking or were thinking of taking the Koch treatment for malignant disease. Recently we collected these letters from the files and wrote to those who had sent them asking for information regarding the outcome of the various cases. We have received answers from most of those to whom we have written, and we give in as few words as possible the essential facts.

Mr. A., Michigan.—Wrote in February, 1924, that his sister was taking treatment for uterine cancer from Dr. Koch. Recorded in March, 1926, that his sister died in Detroit in April, 1924.

Dr. B., New York.—Had three patients who took the Koch treatment: (1) Woman with carcinoma of rectum; "received four injections, reactions were terrible. She did not improve but steadily became worse and died." (2) Elderly man with beginning cancer of stomach; was "given two treatments and promptly became worse and died." (3) A case of axillary carcinoma received many treatments: "Ultimate result was the same—death."

Dr. C., Louisiana.—Wrote in November, 1924, that a friend with cancer of rectum was taking the Koch treatment at Detroit. Reported in April, 1926, that patient died in August, 1925.

Dr. D., Louisiana.—Wrote in November, 1924, that a prominent citizen of his town with malignant disease was under the care of Dr. Koch. Reported in April, 1926, that patient died. Dr. D. adds: "This has been the fate of all [personally] known cancer patients treated with Koch cancer remedy."

Dr. E., Alabama.—Wrote in January, 1925, that several patients suffering from carcinoma were taking the Koch treatment. Reports April, 1926, "All the patients who received the Koch treatment are now dead."

Dr. F., Mississippi.—Wrote in January, 1925, that patient with carcinoma of the stomach had received the Koch treatment. Reported in March, 1926, that patient died five months later. Reports also in his last letter the case of man with carcinoma on the side of the nose; took Koch treatment in August, 1925; at the present time the cancer "is more than twice as large as it was at the time of the treatment." Reports also that another patient with carcinoma of the cheek received the first Koch treatment in August, 1925; the patient is now "down in bed and not expected to live."

Dr. G., Tennessee.—Wrote in February, 1925, of a woman with adenocarcinoma and metastases who took the Koch treatment. Reports April, 1926: "She grew gradually worse, as all such cases do, and died, June, 1925, which is about the allotted time we expected her to live regardless of the Koch treatment." Dr. G. adds, "We had another case here in the city that Dr. ——— [a disciple of Koch] treated and she died very promptly."

Dr. H., Tennessee.—Wrote in February, 1925, that a woman with carcinoma was taking the Koch treatment. Reports in March, 1926, "she died promptly."

Dr. I., New York.—Wrote in September, 1925, that a woman with advanced carcinoma was so desperately ill that he advised her to remain at home. She, however, obtained money with extreme difficulty and paid $300 for one injection. "Came home in a state of extreme exhaustion and died in a few days after her return." The same physician reports another case of a patient with sarcoma who had been given injections at the cost of $500. "He subsequently died after having been advertised as a cure."

Dr. J., Kansas.—Wrote in October, 1925, that a patient with cancer of the tongue had gone to the Koch Cancer Clinic at Detroit. Reported March, 1926, that patient was given one injection, paid a fee of $300, stayed in Detroit for twelve weeks, received another injection, paying $200, remained two weeks longer, then went home and died one week after reaching home. The same physician reports another case, that of a woman with cancer of the uterus

on her way to Rochester, Minn., who was induced while in the Union Station at Kansas City to go to a Koch disciple, where she received the Koch treatment. She received three injections, paying $250, although she was "in poor circumstances." Died about one month after the third injection.

Dr. K., Nebraska.—Wrote in May, 1925, that "cases of cancer in this vicinity have been treated by means of the (Koch) serum with no results." Reports in April, 1926, on three cases: (1) Sarcoma in boy of 14; took Koch treatment and died. (2) Patient with carcinoma of pylorus; took treatment and died. (3) Patient with carcinoma of rectum with metastases; took treatment and died.

THE KOCH CANCER FOUNDATION

The latest move is the establishment of the imposingly named "Koch Cancer Foundation" with William F. Koch as "Director." This was organized in February, 1926, by the following individuals:

FREDERICK DUGDALE, M.D.
C. EVERETT FIELD, M.D.
A. W. HOYT, M.D.
W. WALLACE FRITZ, M.D.
ELNORA C. FOLKMAR, M.D.
LORENZ L. DILL, M.D.
ALBERT LYNCH, M.D.

It may be of interest to present some of the information on file regarding these individuals:

Frederick Dugdale, M.D., Boston.—Dr. Dugdale was born in 1880 and was graduated in 1903 by the Baltimore Medical College. His activities in exploiting the Koch cancer cure are no matter of surprise. When the

Dr. Frederick Dugdale, Boston Specialist

Skin, Blood and Nervous Diseases

RHEUMATISM, neuralgia, neuritis, lumbago, sciatica, rheumatoid, arthritis, gout, catarrh, epilepsy goitre.
CANCER, TUMORS, piles, fistula and rectal diseases WITHOUT THE KNIFE.
EYE, ear, nose, throat, stomach.
Consultation. Advice FREE.
Investigate methods of treatment
Lawrence office, 467 Essex St.
FRIDAYS ONLY. Hours 2-4, 6-7

large economic possibilities of the pseudoscience of Abrams were obvious, Dr. Dugdale was one of the disciples of that cult. Prior to that he advertised as a "Specialist in Rheumatism, Cancer, Chronic Blood and Nervous Diseases." In 1921 his name appeared as "President of the Allied Medical Association of America" (exposed in THE JOURNAL, July 5, 1919). It appeared also as one of the officers of the "Medical Society of the United States," which was originally created to organize fee-splitters but later became a "Society of Protest Against the Autocracy of the A. M. A." Still later Dr. Dugdale's name was given as Chairman of the Board of Trustees of the "American Association for Medico-Physical Research" (exposed in THE JOURNAL, Sept. 19, 1925).

A. W. Hoyt, M.D., New York City.—According to our records Alpheus Whiting Hoyt was born in 1866 and was graduated in 1895 by the Medical Department of the University of the City of New York. According to the September, 1921, issue of the house-organ of the late quack Albert Abrams, A. W. Hoyt was a disciple of the preposterous Electronic Reactions of Abrams and a lessee of one of Abrams' "Oscilloclasts." Dr. Hoyt's professional cards read: "Treatment of Chronic Diseases," and he has sent out announcements stating that he had been "enabled to secure for his practice a medical treatment for what is called inoperable and incurable cancer" and "results warrant the statement that this treatment removes cancer from the incurable class of disease." More recently Dr. Hoyt appears to have become interested in the "Auto-Hemic Serum" of L. D. Rogers.

W. Wallace Fritz, M.D., Philadelphia.—According to our records, W. W. Fritz was born in 1872 and was graduated in 1894 by the Medico-Chirurgical College of Philadelphia. This man sometimes puts after his name the letters M.D., D.D.S., N.D., D.O., D.C., indicating that he is a physician, a dentist, a naprapath, an osteopath and a chiropractor. Added to these protean activities, he has been the "dean" of the "American College of Neuropathy" and "Professor of Neuropathy" at the same institution. It seems that when he became "dean" the institution had three students and thirty "faculty members." In 1915, the name of W. Wallace Fritz appeared as the "President of the National Association of Drugless Physicians." Dr. Fritz, for reasons not obvious, is permitted to hold membership in the Philadelphia County Medical Society, and, of course, has taken advantage of this to become a Fellow of the American Medical Association. Nevertheless, in 1919, this man's name appeared in connection with the formation of a new organization that was to be founded to fight the American Medical Association—the alleged "medical trust." It was known as the "Constitutional Liberty League of America" and seemed to be a later edition of the defunct "National League for Medical Freedom." W. W. Fritz's name has also been given as one of the "censors" and "vice-president" of the "Allied Medical Association

The American College of Neuropathy

Seventeenth and Summer Streets
PHILADELPHIA
(Incorporated) (Chartered)

The pioneer Neuropathic School of Drugless Therapy. Four-Year Course

Write for catalogue to
W. WALLACE FRITZ, M.D., Dean
(Office of the Dean), 1600 Summer St.
PHILADELPHIA, PA.

of America." He, apparently, was a witness in behalf of the quack Brinkler when the government was prosecuting this individual. Brinkler, whose fraudulent business was debarred from the use of the mails in 1914 and also in 1916, was again quacking it through the mails in 1925, and his stationery last year declared that his "Medical Director" was W. Wallace Fritz!

Lawrence (Lorenz) L. Dill, M.D., Logansport, Ind.—According to our records, Dr. Dill was born in 1884 and received a diploma from the University of Michigan Homeopathic Medical School in 1910. He was licensed the same year. Early in 1924, Dr. Dill was puffing the Koch cancer cure. It was not long before he was sending out printed cards bearing a map of Indiana that showed how Logansport might be reached and advertising the "Logansport Cancer Institute." According to these cards, Dr. Dill was the "Director" of this "Institute" at which "Dr. Koch's



LOGANSPORT CANCER INSTITUTE

DR. KOCH'S CANCER TREATMENT GIVEN

LORENZ L. DILL, M. D.
DIRECTOR

WINFIELD BUILDING
PHONES 903 AND 1903
LOGANSPORT INDIANA

CAN CANCER BE CURED?

Can cancer be cured is a question which has been asked me many times not only by the laity but by the profession. I recall one instance when the question was put to me by a Doctor in the following lines. He said, "Dr. Dill, can you cure cancer?" I answered him by asking him the following question, "Doctor, can you cure Diphtheria?. He said yes, in some cases. It was quite evident to him then as to the position this treatment of Dr Koch's holds in the realm of cancer and sarcoma. Then the following explanation was given as to the virtue of this treatment in the radication of cancer.

cancer treatment is given." The opening paragraph of the card purports to answer the question: "Can cancer be cured?" Dr. Dill answers the question by analogy. He implies that the Koch nostrum has the same scientific value in the treatment of cancer that diphtheria antitoxin has in the treatment of diphtheria!

C. Everett Field, M.D., New York City.—According to our records, Dr. Field was born in 1870 and was graduated by the Medical Department of the University of the City of New York in 1891. He does not seem to have practiced until 1913—twenty-two years after graduating. He is a member of his local medical society and as such has qualified as a Fellow of the American Medical Association. Apparently Dr. Field was for some years connected with the advertising department of the

Glyco-Thymoline concern and later became president of the Holotheol Chemical Co. Still later he appeared as "director" of the "Radium Institute of New York." Becoming interested in the Koch nostrum, this product was given a great deal of newspaper publicity at the time that Dr. Field saw fit to puff it before the "American Association for the Study and Cure of Cancer." The latter organization is not to be confused, of course, with the well-established American Society for the Control of Cancer.

Elnora C. Folkmar, M.D., Washington, D. C.—According to our records, Dr. Folkmar was born in 1863 and was graduated in medicine when she was 46 years old by the George Washington University Medical School at Washington, D. C. In 1919, Dr. Folkmar appears to have been a member of the "Society of Physical Therapeutists," whose scientific status will be appreciated when it is known that on its program appeared the "patent medicine" exploiter George Starr White, the "zone therapy" exponent, Fitzgerald, and others who were to present papers on that preposterous piece of hokum "Bio-Dynamo-Chromatic-Diagnosis." Later Dr. Folkmar's name appeared as a lessee of one of Abrams "Oscilloclasts," and still later as the first vice-president of the egregious "American Association for Medico-Physical Research," which was dealt with in detail in THE JOURNAL, Sept. 19, 1925. Dr. Folkmar's name is also given in a booklet issued by D. V. Ireland (see THE JOURNAL, Dec. 2, 1922) as a specialist in the kind of rectal work taught by Ireland.

Albert Lynch, M.D., Fairbury, Neb.—Dr. Lynch was born in 1869 and received a diploma from the University of Michigan Medical School in 1901. Dr. Lynch seems to have been connected with the Koch organization early in the game, for a booklet purporting to be the report of an investigation by C. Everett Field, which was sent out two or three years ago, stated that Dr. Albert Lynch with Dr. Lorenz Dill, Dr. C. Everett Field and Dr. William F. Koch comprised the "committee" which at that time constituted the organization of "Koch Chemical Treatment Administration."

So much for the personnel of the founders of the Koch Cancer Foundation. There has also been organized "Koch Laboratories, Inc.," which is the sole owner and manufacturer of what Koch calls his "antitoxin." The incorporators of the Koch Laboratories are:

WILLIAM F. KOCH, President and Director
LOUIS KOCH, Vice President and Director
FRED C. KOCH, Treasurer and Director
CLARENCE LEHR, Secretary and Director

The Koch Laboratories, Inc., is evidently well controlled by the Kochs. Mr. Clarence Lehr, the secretary, seems to hold some interesting theses. Some are expressed in a letter recently written by him to a physician in Oklahoma. Accord-

The Anti-Cancer Center of the District of Columbia

will hold its first public meeting in the Floridian Room of the Willard Hotel (Mezzanine Floor) at 8 p. m. Saturday, April 3, 1926.

General Amos A. Fries will preside.

The meeting will be addressed by prominent speakers:

Dr. C. Everett Field, Fellow of the A. M. A.; Director of the Radium Institute, New York City.

Dr. William Wallace Fritz, Fellow of the A. M. A.; President of the Licensed Physicians' Neuropathic Society of Philadelphia.

Dr. Frederick Dugdale, of Boston, Massachusetts, a Director of the Koch Cancer Foundation.

YOU ARE CORDIALLY INVITED TO ATTEND

We also hope to have with us Dr. William F. Koch, of Detroit, formerly a teacher in the Medical Department of the University of Michigan and a professor of physiology of the Detroit College of Medicine. Dr. Koch is the discoverer of a synthetic antitoxin for the prevention and cure of cancer.

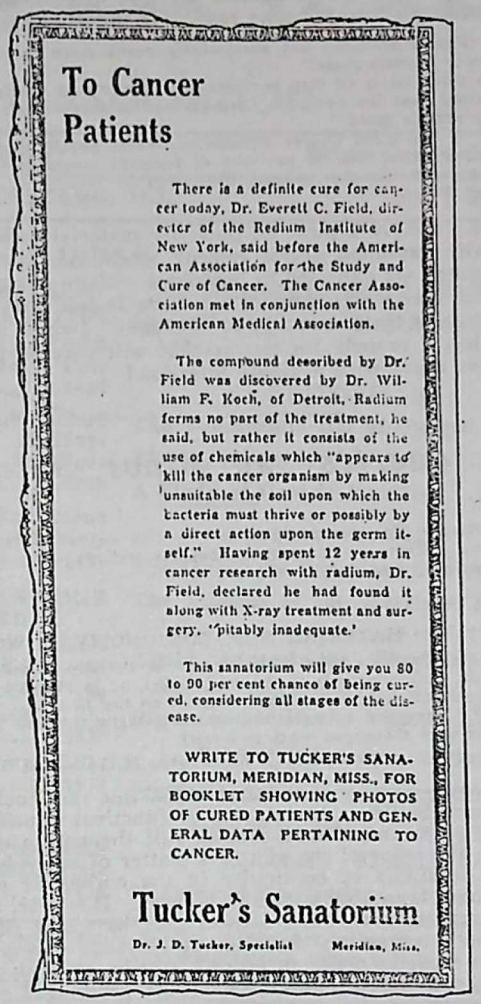
Mrs. Charles A. Hawley, *Chairman;*
Mrs. Edmund J. Brennan,
Mrs. Samuel G. Blythe,
Mme. Felix Cordova Davila,
Orlando Ducker, M. D.,
Mrs. Julius Lansburg,
Committee on Education.

Admission free.

More publicity for the Koch nostrum. Note how fellowship in the A. M. A. is capitalized.

ing to Mr. Lehr, "the American Society for the Control of Cancer is simply the sales agency for the surgeons of this country."

It is said that there is a contract between the Koch Laboratories and the Koch Cancer Foundation whereby "the antitoxin will be distributed through the Foundation only to its Stockholders and Members." Further, the price of the treatment from the Foundation shall be $110 to both stockholder and member. According to a statement made by Dr. J. W. Stiers of Muscatine, Iowa (who in 1924 was said to be using an apparatus put out by the "Electronic Research Laboratories" and is now apparently using the Koch "antitoxin"), the Foundation "specifies as a minimum $300 for the first treatment and $200 for any afterward." The difference between the price charged the Koch disciple ($110) and the price the disciple charges the victim ($300) is presumably to



Drumming up business for the Koch antitoxin.

cover the risk assumed by the followers of Koch in injecting a secret mixture into the cancer patient.

The by-laws of the Koch Cancer Foundation provide that only physicians "whose qualifications have met the approval of the Board of Trustees" and who have "treated ten or more cases of cancer by the use of Koch's Synthetic Antitoxin" shall be eligible to become stockholders. The stockholders pay $100, for which one share of stock is issued. "Membership" in the Foundation is to be limited to physicians who are "able to furnish personal and *business* [Italics ours.—ED.] references satisfactory to the Board of Trustees." Such individuals may become members on the payment of a membership fee of $10 and annual dues of $5. Dr. Koch states further that in addition to the funds that will come into the treasury of the Foundation from the sale of treatments, membership fees and annual dues, he expects to purchase "upwards of $50,000 worth of stock." It is stated further that the "foundation" will from now on "attend to sending out all publicity, pamphlets, literature and the like" and that it is sufficiently financed to carry on the work vigorously for some time to come.

The publicity activities of the Koch Cancer Foundation have already begun to function. The press agent seems to be one V. E. Scott. Mimeographed material is being sent out from New York to the newspapers of the country, pre-

pared in the form of news articles for "immediate release." The headlines are so worded as to catch the eye of any who may be interested in the subject of cancer and especially so as to disguise the advertising feature of these unpaid advertisements. Some of the claims that the newspapers are asked to print in the form of news regarding the Koch treatment are:

"Dr. Koch's antitoxin has successfully cured more than 80 per cent of hitherto hopeless cases."

"One injection is all that is needed in 90 per cent of the cases. We have found that the antitoxin cures every form of cancer and does so with remarkable speed."

". . . the Koch Cancer Foundation, whose physicians have successfully cured more than 80 per cent of hopeless cancer cases during the past two years with the antitoxin discovered by William F. Koch, Ph.D., M.D., of Detroit."

Here, then, is a piece of publicity material puffing a commercially exploited secret remedy which the newspapers of the country are expected to broadcast without charge. In this, a public that is ignorant of the facts is told that a "former Professor of the University of Michigan" (which Koch never was) has a remedy for cancer that will cure 80 per cent of hopeless cases with a single injection!

Queries and Minor Notes

Anonymous Communications and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

SUTURE MATERIAL FOR CONJUNCTIVAL WOUNDS

To the Editor:—Is there anything new in the way of suture material for use in closing wounds of the conjunctiva, as in pterygium operations or in accidental wounds? What material do the best men use for this purpose? Have you ever noticed that a modern textbook says nothing about the very thing you want to know?

John J. McIntosh, M.D., Mount Carmel, Ill.

Answer.—Suture material is much like the Rock of Ages, unchanged by time. For closing conjunctival wounds, whether accidental or intentional, silk is still the suture material of choice; the color of the silk is a matter of individual preference. Solutions of continuity in the cornea or sclera still unite most favorably with silk sutures. However, under certain circumstances, such sutures may be under considerable tension that parallels the lines of cleavage of the tissues in question and, in order to prevent cutting through, it may be advisable to tie the sutures over the perforated gold plates first proposed by Wiener of St. Louis. For muscle operations, no. 0 catgut is frequently employed. In the last Torok and Grout Surgery of the Eye, one paragraph is devoted to suture material and its sterilization.

EPINEPHRINE IN CARDIAC ASTHMA

To the Editor:—I have a patient with cardiac asthma who is relieved by hypodermic injection of epinephrine. The injections leave ecchymoses or hematomas, however, and these red places remain sore for some time. Is there any treatment? Hobart P. Shattuck, M.D., Los Angeles.

Answer.—Epinephrine injections should be given intramuscularly, not hypodermically. When injections are given in concentrated form into the subcutaneous tissue, which is poorly supplied with blood, by reason of vasoconstrictor action, local nutritional disturbances and even necrosis occur. Great dilution would lessen this tendency. If the injections that produce the disturbances were given intramuscularly, dilutions of the solution would lessen the tendency to injury.

EYE-WASH FOR REMOVING CHEMICALS

To the Editor:—I would appreciate information concerning the proper emergency solution antidotal or neutralizing in action to be used in washing from the eye various chemicals, such as acids, alkalis and potassium cyanide. Please state strength of each solution.

Malcolm Raymond, M.D., Lansdowne, Pa.

Answer.—It is obviously impossible to give specific antidotes for the various irritant solutions that may attack and injure the eyeball. In general, it may be said that time and the quantity of the neutralizing solution used are more important than the character of the neutralizing solution. When the eye is attacked by a chemical irritant, the solution enters the tissues of the conjunctiva and cornea very rapidly, and unless the neutralizing agent is employed within the course of a very few seconds (less than one minute), the resultant injury is well under way. All that can then be accomplished is to wash away the excess, and for this purpose, at least one quart should be used. If the irritant is an acid, as occurs not infrequently in handling storage batteries, the best neutralizing solution is made by adding from two to four teaspoonfuls of ordinary baking soda to a quart of water. If the irritant is an alkali, the handiest neutralizing agents are milk or boric acid solution. But, as was stressed previously, it is not the character, but rather the quantity, of the neutralizing agent that is of major import.

Medical Education, Registration and Hospital Service

COMING EXAMINATIONS

American Board of Otolaryngology, Canada: Montreal, June 1. Sec., Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Mo.

Arkansas: Little Rock, May 11-12. Sec., Dr. J. W. Walker, Fayetteville. Homeo. Board, Little Rock, May 11. Sec., Dr. A. A. Pringle, Eureka Springs. Eclectic Board, Little Rock, May 11. Sec., Dr. Claude E. Laws, Fort Smith.

Delaware: Wilmington, Regular Board and Homeo. Board, June 15-17. Pres., Dr. H. W. Briggs, Wilmington.

Florida: St. Petersburg, June 14-15. Sec., Dr. H. M. Rowlett, Box 603, Tampa.

Georgia: Atlanta, June 9-11; Augusta, June 1-3. Sec., Dr. C. T. Nolan, Marietta, Ga.

Iowa: Iowa City, June 8-10. Commissioner of Health, Dr. Don M. Griswold, State Capitol, Des Moines.

Kansas: Kansas City, June 15. Sec., Dr. Albert S. Ross, Sabetha.

Kentucky: Louisville, June 24-26. Sec., Dr. A. T. McCormack, 532 West Main Street, Louisville.

Maryland: Baltimore, Reg. Bd., June 15-18. Sec., Dr. Henry M. Fitzhugh, 1211 Cathedral St., Baltimore. Homeo. Bd., June 15-16. Sec., Dr. Joseph S. Garrison, Old Orchard Rd., Ten Hills, Baltimore.

Michigan: Ann Arbor, June 8-10. Detroit, June 14-16. Sec., Dr. Guy L. Connor, 707 Stroh Bldg., Detroit.

Minnesota: Minneapolis, June 15. Sec., Dr. A. E. Comstock, 734 Lowry Bldg., St. Paul.

Missouri: St. Louis, June 28-July 1. Chief, Licensure, Dr. Ross Hopkins, Jefferson City.

National Board of Medical Examiners: Part I, June 21-23; Part II, June 22-23. All applications should be made on or before May 15. Sec., Dr. J. S. Rodman, 1600 Walnut Street, Philadelphia.

Nebraska: Omaha, June 8-10. Director, Bur. of Exam. Bds., Mrs. Clark Perkins, Lincoln.

New Jersey: Trenton, June 15-16. Sec., Dr. Alexander MacAlister, Room 1101, Trenton Trust Bldg., Trenton.

New York: Albany, Buffalo, New York and Syracuse, June 28-July 1. Chief, Mr. Herbert J. Hamilton, Education Bldg., Albany.

North Carolina: Raleigh, June 21-25. Sec., Dr. K. P. B. Bonner, Morehead City.

Ohio: Columbus, June 8-11. Sec., Dr. H. M. Platter, Columbus.

Oklahoma: Oklahoma City, June 15-16. Sec., Dr. J. M. Byrum, Shawnee.

Philippine Islands: Manila, May 11. Sec., Dr. Jose V. Gloria, 1834-B-Azcarraza, Manila.

South Carolina: Columbia, June 22. Sec., Dr. A. Earle Boozer, 505 Saluda Ave., Columbia.

Texas: Austin, June 15-17. Sec., Dr. T. J. Crowe, 918 Mercantile Bank Bldg., Dallas.

Vermont: Burlington, June 23. Sec., Dr. W. Scott Nay, Underhill.

Virginia: Richmond, June 16-19. Sec., Dr. J. M. Preston, 720 Shenandoah Life Bldg., Roanoke.

Wisconsin: Milwaukee, June 29-July 1. Sec., Dr. Robert E. Flynn, State Bank Bldg., La Crosse.

Pennsylvania January Examination

Mr. C. D. Koch, director of the Professional Education Bureau of Pennsylvania, reports the written and practical examination held in Philadelphia, Jan. 26-30, 1926. The examination covered 13 subjects and included 130 questions. An average of 75 per cent was required to pass. Of the 60 candidates examined, 56 passed and 4 failed. The following colleges were represented:

College	Licensed by Examination	Year Grad.	Number Failed
Pacific Medical College		(1913)	1
Yale University School of Medicine		(1924)	1
Georgetown University School of Medicine		(1924)	1
Howard University School of Medicine		(1924)	3
Chicago College of Medicine and Surgery		(1912)	1
Hering Medical College		(1911)	1
University of Kansas School of Medicine		(1923)	2
Kentucky School of Medicine, Louisville		(1893)	1
Tulane University of Louisiana School of Medicine		(1918)	1
Maryland Medical College		(1903)	1
Boston University School of Medicine		(1923)	1
Harvard University		(1913)	1

Koch P-1469

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NEXT ANNUAL SESSION, WASHINGTON, D. C., 1927.

BOOKS

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Another SAUNDERS' BOOK on Page 3

population of about 29,000,000, for the week ending September 25, indicate that the lowest mortality rate (6.7) was for Yonkers, and that the rate for the group of cities was 11.3. The death rate for Yonkers for the corresponding week last year was 4.1, and for the group of cities 10.8.

First Conviction Under New Law.—D. Lewis Jarvis was sentenced in the city court of Albany, September 23, it is reported, to one year in jail and to pay a fine of $500 for practicing medicine without a license. Jarvis is said to have held himself out as a specialist in diseases of women and to have written a large number of prescriptions for narcotics. This is said to be the first conviction in Albany under the new Webb Loomis Law.

Hospital News.—Mount Mercy Hospital, Buffalo, is to construct a new $500,000 building.——Grasslands Hospital, Valhalla, has installed a $5,000 radio receiving set with "head phones" for each patient. The funds were provided by public contribution.——The Jewish Hospital Association of Buffalo recently successfully concluded a campaign for funds for a hospital in that city. A building site has been purchased and architects selected for drawing plans for a $750,000 building.

Personal.—Dr. John B. Byrne, Jr., has been appointed manager of the Brooklyn State Hospital; Dr. Byrne for many years has been associate gynecologist and obstetrician at the Kings County Hospital and at the St. Peter's Hospital.——Foreign visitors at the state department of health recently include Dr. Wilfred A. Nicholas, formerly of Singapore, Straits Settlements, who is to take a two years' course in public health at Johns Hopkins, Baltimore; Dr. Titu Gané, professor of medicine, University of Cluj, Roumania, and Dr. Marius Kaiser of the National Health Service of Austria.

New York City

School for Social Research.—The new School for Social Research, 465 West Twenty-Third Street, began its fall term, October 4; among the courses offered are "Mental Hygiene—Its Personal and Social Aspects," Dr. Frankwood E. Williams, and "Conduct and Its Disorders During Childhood and Adolescence," Dr. Ira S. Wile.

Testimonial Dinner to Mr. Downing.—In recognition of his many years of successful effort to raise professional standards in New York, a testimonial dinner will be given, October 27, at the Hotel Commodore, in honor of Augustus S. Downing, assistant commissioner and director of professional education, New York. Dr. Orrin S. Wightman, 3 West Eighty-First Street, a former president of the state medical association, is chairman of the committee of arrangements, to whom applications for seats should be forwarded.

Hermann M. Biggs Memorial Lecture.—Col. E. Lyle Cummins, the David Davies professor of tuberculosis, Welsh National School of Medicine, will deliver the Hermann M. Biggs Memorial Tuberculosis Lecture Friday evening, October 22, at the New York Academy of Medicine, on "Clinical Differences in the Course of Tuberculosis Seen in Various Age Groups and Races." The Biggs lecture is given annually under the terms of an endowment created by the wife of the late health commissioner of the state of New York, Dr. Hermann M. Biggs.

Society News.—The opening of the new home of the New York Academy of Medicine has been postponed until November; meetings will be held in the present building, 17 West Forty-Third Street, until the new building is dedicated.——Dr. Herman Goodman addressed the Brooklyn Diagnostic Society, October 4, on "Modern Light Therapy and Its Clinical Application"; Dr. Victor Robinson, on "Historical Aspects of Physiotherapy," and Dr. William L. Clark, Philadelphia, on "The Tonsils; How Shall We Treat Them?"——The Rockefeller Institute for Medical Research was host, September 5, to a group of foreign delegates who attended the cancer symposium at Lake Mohonk; Dr. Wade H. Brown gave a brief demonstration of "Malignant Disease in the Rabbit," and Dr. James B. Murphy demonstrated some recent work on "Experimental Production and Transmission of Tar Sarcoma in Chickens." The party inspected the laboratories of Dr. Alexis Carrel and witnessed a demonstration of "A New Method for the Study of Malignant Tumor."——Sir Henry Gauvain, London, addressed the New York Academy of Medicine, October 7, on "Treatment of Surgical Tuberculosis"; Edouard Rist, Paris, on "Relations of Heart and Lung in Diseased Conditions as Observed by the Fluoroscope," and Francis Harbitz, Oslo, "Periarteritis Nodosa."

Queens County Society Expels Dr. C. Everett Field.—Having been found guilty by the board of censors of violating the code of ethics, Dr. C. Everett Field was expelled from membership in the Medical Society of the County of Queens, September 28, it is reported, by a unanimous vote. Among Dr. Field's activities has been that of editor of the *Bulletin of the Koch Cancer Foundation* (see Propaganda Department, THE JOURNAL, May 8). A statement issued by the medical society was reported, as follows:

> Charges were brought against C. Everett Field, M.D., a member of the Medical Society of the County of Queens, for violation of the code of professional ethics of the Medical Society of the State of New York, and of the American Medical Association, in that he was prescribing and widely advocating the use of a secret remedy for the cure of cancer.
>
> He was duly tried by the Board of Censors of the Medical Society of the County of Queens, and at his trial he stated under oath that he was using a remedy for the cure of cancer of the ingredients of which he had no knowledge, and that he was advising others to use it.
>
> It is the purpose of this section of the code of ethics of the medical profession to prevent any one from playing on the credulity of the public by using a remedy, the ingredients of which are not made known to the whole profession, and, hence, having the element of something mysterious or miraculous about it.
>
> Further, being a secret formula, should it cause any dangerous or deleterious symptoms, the physician using the same has no adequate knowledge of an antidote.
>
> At the trial, Dr. Field was given every opportunity to present evidence in his defense, and to explain any mitigating circumstances, which he did.
>
> After careful consideration of the evidence, the Board of Censors, by a unanimous vote, found him guilty as charged, and unanimously recommended to the society his expulsion. The society, at a stated meeting, Sept. 28, 1926, adopted the recommendation of the Board of Censors, and by a unanimous vote expelled Dr. Field from membership in the society.
>
> This carries with it the expulsion from membership in the Medical Society of the State of New York and the American Medical Association.

NORTH CAROLINA

State Tonsil Operations.—The state board of health conducted its ninth annual summer series of tonsil-adenoid clinics in eighteen counties last summer, and operations were performed on 1,171 children, it is reported. Since the clinics were instituted in 1918, there have been 14,029 operations performed. Our correspondent writes that about three fourths of the operations now being performed through the medium of the clinics are on indigent children.

Hospital News.—The Mecklenburg County Tuberculosis Sanitarium, which was formally opened, September 6, will be conducted under the professional supervision of Dr. John Donnelly, Charlotte.—The commissioners of Vance have purchased 3 acres of land within the city limits of Henderson, on which they propose to erect a county tuberculosis hospital. ——The voters of Rowan County, September 22, voted down the proposition to establish a county general hospital with a tuberculosis annex at a cost of about $200,000.

Changes in State Health Department.—Dr. Charles O. Laughinghouse, Greenville, who was recently elected state health officer, took up his duties at Raleigh, October 1. The new secretary of the board announced the appointment of Dr. R. B. Wilson as his assistant. Dr. George M. Cooper, who has been the acting secretary, has been assigned as director of the bureau of public health education with an increase in salary. Dr. Maurice L. Townsend, formerly director of public health education, has resigned and will assume charge of a private sanatorium in Washington, D. C. The plan now is to divide the state into four districts and to place a deputy state health officer in charge of each district.

Society News.—At the semiannual meeting of the Tenth District Medical Society, Sylva, September 22, Dr. Charles Z. Candler, Sylva, was elected president; Drs. James G. Anderson, Asheville, Thomas F. Reynolds, Canton, William C. Morrow, Andrews, and Daniel R. Bryson, Bryson City, vice presidents, and Dr. Donald M. McIntosh, Old Fort, secretary-treasurer. Among others, Dr. John Q. Myers, president of the state medical society, addressed this meeting; Mrs. Eugene B. Glenn, wife of a deceased former president of the society, was elected an honorary member. A women's auxiliary was organized with Mrs. Charles Z. Candler, president.——The summer postgraduate medical courses, conducted by the extension division of the University of North Carolina, were attended by ninety-six physicians. The classes were held each week at Durham, Jamestown, Salisbury, Albemarle, Gastonia and Charlotte.

OHIO

Typhoid at Wellington Wanes.—Since September 15, only eleven new cases of typhoid have developed at Wellington, and most of them were contact cases. According to the state department of health, the epidemic is under control and is waning rapidly. Since August 1, there have been 121 positive cases of typhoid and nine suspected cases. Wellington had a population of about 2,300 people in 1920.

Field P. 1172

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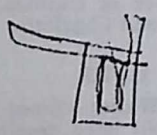
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Bulletin

"Without them (books) grave judgments may not be propounded."

—*Richard C. Bury.*



Opinions of Abt's Pediatrics

"The editor, collaborators, and publishers are entitled to the many thanks of the profession for having so placed at their disposal this reference authority on pediatrics. No practitioner and no individual in the several branches of medicine can afford to be without this set for reference in their daily work."—*The Journal of the Michigan State Medical Society.*

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Edited by Isaac A. Abt, M.D., Professor of Diseases of Children, Northwestern University Medical School, Chicago. Eight octavo volumes, totaling about 8000 pages, with 1885 illustrations, many in colors.

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constitution, nutritional experiments have here again amplified the results of the strictly chemical studies on plastein. Moreover, there is now at hand a mass of convincing data indicating that pepsin can exercise a synthetic activity, building from the hydrolysis products of protein a very complex molecular structure which resembles the original protein not only chemically but also in nutritive value.

Current Comment

ONE HUNDRED YEARS OF ALUMINUM

The present year, 1927, marks the centenary of preparation of the metal aluminum from alumina by the German chemist Friedrich Wöhler, the friend and collaborator of Liebig. The element enters into few compounds that at present have a place in drug therapy. Alum and the solution of aluminum acetate comprise the list that have retained a place in Useful Drugs, though the pharmacopeias still retain a larger group of aluminum derivatives. However, the metal itself has found a growing number of uses in the form of wire and utensils characterized by extremely light weight and resistance to chemical change. Some of the alloys of aluminum that were first produced at the beginning of this century are destined to attain importance because of their unusual adaptability to various purposes. Next year will witness another centenary of a Wöhler achievement: the synthesis of urea, which disposed of the earlier supposition that the characteristic organic compounds found in animal tissues and fluids require some unique "vital" force for their production.

THE KOCH CURE AS A "VALVE-HANDLE WHEEZE"

Those who follow one or more of the "columns" conducted by newspaper men, such as Franklin P. Adams ("F. P. A."), Keith Preston and "Riq," may remember a little item that was popular with the column conductors a few years ago. It appeared originally in "A Line o' Type or Two" of the Chicago *Tribune*, then conducted by one of the most scholarly of the column conductors, the late Bert Leston Taylor ("B. L. T."). The item in question was usually dubbed "The Valve-Handle Wheeze." Briefly, it recounted a long and plaintive letter sent to a mail-order house by a Minnesota farmer of Swedish ancestry. The farmer had ordered a piece of machinery, and when it arrived an important part was apparently missing—the valve-handle. In the best Swedish-American dialect the farmer iterated and reiterated how utterly useless the machine was without the valve-handle. He continued in this strain for two or three pages and ended with a general all-around "cussing" of the mail-order concern for its carelessness. After signing the letter he added a postscript to the effect that he had found the handle in the bottom of the crate! A letter just received by THE JOURNAL from a physician in the Southwest recalls the valve-handle wheeze because of the postscript. The letter is not one of complaint but an inquiry asking for information about the Koch cancer remedy. In the course of the letter the doctor says:

> "A Dr. ———, of whom I have never heard, is giving the Koch 'vaccine' to a well-known doctor's wife. This doctor's wife has had no recurrence of pleural fluid since the 'vaccine' was started, and they are making much of it."

The doctor then asks for such information as could be furnished regarding the Koch nostrum. Just before mailing the letter, the doctor wrote in longhand in one corner:

> "The doctor's wife died this morning—sixteen hours after the letter was dictated."

RED MEAT AND WHITE MEAT

Not far back in the history of dietotherapy is the period when many patients, particularly those with kidney disorder or with hypertension, were cautioned to avoid red meats and to consume only "white-fleshed" foods. This discrimination, still occasionally recommended with some emphasis, was stressed in the early days of interest in the "extractives" of flesh. The purines were the conspicuous examples of this group of undesired nitrogenous "contaminants" of protein foods. Purines are precursors of uric acid, and they may also have some obscure pharmacologic potency—facts deemed sufficient to warrant the precautionary advice against undue inclusion of them in the diet. Uric acid has lost some of its terror in the eyes of the physician during the last two decades. Furthermore, the belief that those muscles designated as red meats are essentially richer in purines and extractives than are the so-called white meats is not corroborated by chemical analysis. Such allegations as Bouchard's that fish should be forbidden on the ground that the muscle of this species contains toxins and increases the toxicity of the blood and urine are no longer respected. The occasionally voiced belief that veal is detrimental to health has been disproved by feeding experiments. The discrimination between red and white meats, however, is not equally abandoned in dietetic advices. Perhaps it can find some justification in the differences in texture that characterize muscle tissue from various sources. Ease of mastication and digestibility depend on the structural peculiarity of foods. An expert has expressed the opinion that the desirability of any cut of meat as an article of diet depends largely on the flavor and the toughness of its lean. Meats contain collagenous and elastic tissue in varying proportions, in addition to the coagulable proteins in the muscle cells. In the raw condition, white fibrous connective tissue (mainly collagen) is almost twice as tough as yellow elastic connective tissue (mainly elastin), but when cooked, the former loses most of its toughness while the latter remains practically unchanged in this respect. Mitchell, Zimmerman and Hamilton[1] of the University of Illinois have recently made analyses of the connective tissue components of various types of flesh. These indicate clearly that decided differences in this respect exist in familiar edible meats. Whereas

1. Mitchell, H. H.; Zimmerman, R. L., and Hamilton, T. S.: The Determination of the Amount of Connective Tissue in Meat, J. Biol. Chem. 71: 379 (Jan.) 1927.

Koch — P. 925

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BOOKS

COMING

Ford's Bacteriology

Wechsler's Neurology

Rehfuss' Diseases of the Stomach

Cecil's Medicine

Wood & Rowell's

JUST READY

Health Supervision and School Inspection

This book presents a thoroughly practical and comprehensive program of health supervision in schools. It considers the protection and promotion of the health of school children, teachers, and all employees of a school system; the detection and correction of health defects of pupils, and methods of minimizing the limitations of handicapped children.

In discussing the physical and mental health of the pupils the necessary procedures to determine whether or not a child is healthy are given. For the physician this means diagnosis of disease; for the teacher, it means "health diagnosis"; for the nurse, an intermediate field — working with both physician and teacher.

Methods of examination are discussed; various standards and responsibilities of schools and school authorities are linked with the provisions for the correction of ill health and defects.

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The pre-school child
The child in industry

By Thomas D. Wood, M.D., College Physician, Adviser in Health Education, and Professor of Physical Education, Teachers College, Columbia University; and Hugh Grant Rowell, M.D., Physician to the Horace Mann Schools; Lecturer and Assistant Physician, Teachers College, Columbia University. Octavo of 637 pages, illustrated.

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Another SAUNDERS BOOK on Page 3

Bureau of Investigation

THE DUGDALE LIBEL SUIT

Frederick Dugdale, Abrams and Koch Disciple, Loses His Libel Suit Against the Lowell Sun

Frederick Dugdale, M.D., of Lowell and Boston had his license to practice medicine in the State of Massachusetts revoked April 18, 1929, for "gross misconduct in the practice of his profession." There were two hearings in the revocation proceedings—one in January, 1928, at which time Dugdale obtained a writ of mandamus against the state board, and a second one, a little more than a year later, at which time the license was revoked.

The Lowell (Mass.) *Sun*, at the time of the first hearing, published an account of that hearing and stated that the charges against Dugdale grew out of alleged professional misconduct on his part in the treatment of a Mrs. Caton, who subsequently died of cancer. As a result of this publication, Dugdale brought suit against Mr. John H. Harrington, publisher of the *Sun*, charging libel and demanding $50,000 damages. The case came to trial a few weeks ago and lasted about a week. The jury, after less than two hours of deliberation, brought in a verdict in favor of the newspaper.

Frederick Dugdale, according to our records, was born in 1880 and was graduated in 1903 by the Baltimore Medical College. For some years he advertised as a "specialist" in "skin, blood and nervous diseases" and operated a mail-order "rheumatism cure." When the large economic possibilities of the Abrams quackery became obvious, Dugdale was one of the disciples of that cult. In 1921, his name appeared as "President" of the "Allied Medical Associations of America," one of the "twilight-zone" organizations patronized by faddists and quacks. His name also appeared as one of the officers of the "Medical Society of the United States," which was originally created to organize fee-splitters but later became a "society of protest against the autocracy of the A. M. A." Still later Dugdale's name was found as "Chairman" of the "Board of Trustees" of the "American Association for Medico-Physical Research," organized originally by the outstanding quack of the century, Albert Abrams, under the title, "American Association for Spondylotherapy."

Frederick Dugdale is, of course, not a member of his local medical society nor of the American Medical Association. Yet, at the time of the revocation hearings in 1929, he is said to have stated under oath that he was a member of the American Medical Association, and to have produced a membership card from the American Medical Association made out in his name. It seems that due to a clerical error, Dugdale was sent a membership card instead of a receipt for a subscription to THE JOURNAL. As soon as this error was discovered, notice was served on Dugdale, by registered mail, to return the card sent to him in error. To this day the card has not been received by the American Medical Association.

For some years, too, Dugdale had his own "cancer cure," which was vaguely described in an article that appeared under his name in the *Charlotte Medical Journal* in 1918 as a mixture of "specially prepared creosote with a high guaiacol content, scientifically combined with hydro-carbon and essential oils, presenting a mixture which possesses bactericidal and germicidal properties." Still later, as the Koch "cancer cure" became a wonderful money-maker, Dugdale became a Koch disciple and in the recent libel suit the Koch "treatment" figured largely.

The newspaper's defense of the publication of the abstract of the first hearing in the revocation proceedings against Dugdale was that such an abstract was privileged. The newspaper also held that its reference to the case of a Mrs. Caton, who had been treated by Dugdale by the Koch method for treatment, was justified because it was true. It appeared that Mrs. Caton, when in the last stages of cancer, went with her husband and other relatives to Dugdale, who, according to the report, told the members of the woman's family, "I can see no reason why I cannot make her a well woman." He continued to treat the poor woman and received reports regarding her condition up to within two weeks of her death, and until the last appears to have insisted that the poor woman was improving.

The attorney for the Lowell *Sun* introduced a number of reputable physicians as witnesses. Four Detroit physicians, who had investigated the Koch "treatment," went to Lowell to testify: Drs. Frank A. Kelly, James E. Davis, J. T. Watkins and Clarence Owen. In addition, Drs. Timothy J. Leary, Marshall L. Alling, Charles Shanks and George H. Bigelow also appeared for the defense. One of the most important witnesses was Dr. Joseph Colt Bloodgood, who was badgered by Dugdale's attorney in a manner common to such trials. Dr. Bloodgood was asked whether he was known as the "publicity agent for the A. M. A.," whether he was being paid for appearing in the case, whether he received any compensation from the American Medical Association, and whether he expected to get his expenses. Dr. Bloodgood assured the attorney for Dugdale that he did not receive compensation from the American Medical Association, that he was not the publicity agent for the A. M. A., that he would not accept any pay for coming to Lowell to testify, and that there had been no promise even to pay his traveling expenses.

In addition to the purely medical testimony, there was also some interesting testimony from Mr. Austin Lescarboura, former managing editor of the *Scientific American*, on the physical characteristics of the Albert Abrams "mystery box"—the so-called oscilloclast. Mr. Lescarboura was one of several



Greatly reduced reproductions of some of Dugdale's advertising — letterhead, rheumatism-cure booklet and advertisements, Abrams' "electronic reactions," and his own alleged cancer cure.

experts who, some years ago, made a thorough examination, from the physical point of view, of Abrams' hocus-pocus. He brought out that the committee of which he was a member made extensive and exhaustive tests to determine the physical phenomena claimed for it. The sum and substance of the findings of this committee were to the effect that there was no basis in fact for any of the Abrams claims in this matter. Mr. Frank Goldman, the attorney for the Lowell *Sun*, in his closing arguments, characterized Dugdale as a quack. Mr. John J. Higgins, Dugdale's attorney, apparently admitted the fact when he retorted that even a quack could be libeled as well as another man.

Not the least interesting feature of the entire case was the complaint on the part of Dugdale's attorneys, as quoted in the published reports of the suit, that Koch, whose alleged cancer cure was administered by Dugdale, "had run out on us" and refused to come to Lowell to testify.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted on request.

CARBON MONOXIDE POISONING

To the Editor:—Recently I was called to see a man lying dead in front of his garage. He had been discovered in the garage seated in his automobile, the engine running, and had been dragged out probably dead. The small side door of the garage was about half way open and the main doors were closed, he presumably having gone in to test the engine. There was no reason to suspect suicide and after careful investigation the coroner's physician granted a death certificate giving the cause as carbon monoxide poisoning due to inhalation of exhaust gases from the automobile engine. I had examined this man at fairly regular intervals during the past ten years, for check up on his physical condition, and had never found any organic or even minor disturbances. The last examination was about six months before his death. 1. What are the conditions at necropsy in carbon monoxide poisoning? 2. What changes can be found in the blood of a person dead of this condition; how soon would such blood examination have to be made after death and what are the tests applicable in such a case? 3. Are there any known external evidences of the skin, mucous membrane or the eyes of such a victim, or any known evidence that might clinch a positive diagnosis as to the cause of death from exhaust gas poisoning from an automobile engine? 4. Granted that the small side door of this garage was open at least half way, would gas accumulation be sufficient to be lethal?

M.D., New Jersey.

ANSWER.—1. After death from carbon monoxide poisoning the surface of the body is usually pinkish or red, which is more pronounced in the dependent parts. The blood is usually fluid, coagulates slowly, and is cherry red. The mucous membranes in the pharynx and stomach may be reddened. There may be small hemorrhages into the pleura, also pulmonary edema with bright red froth exuding from the cut surface of the lung. In typical cases all tissues are redder because of carbon monoxide hemoglobin. There may be, especially after prolonged breathing of carbon monoxide, punctiform hemorrhages and softening in the brain, particularly in the lenticular nucleus. It has been said that after monoxide poisoning from automobile exhaust gas there may be little change in the skin, because it is thought that death may have occurred rapidly.

2. The essential change after death from monoxide poisoning is the presence of carbon monoxide hemoglobin, which may be detectable for some time. The test relied on principally by the United States Bureau of Mines is based on the fact that when normal blood diluted with water is mixed with a solution of tannic and pyrogallic acids a light brown suspension is formed in a few minutes, while blood containing carbon monoxide hemoglobin forms a light carmine suspension. The percentage of saturation of carbon monoxide in the blood can be determined by using a set of standards of different colors corresponding to known amounts of carbon monoxide in combination with hemoglobin. This apparatus, which is simple enough to be used without special training, may be obtained from the Mines Safety Appliance Company, Pittsburgh.

3. This question is covered largely by answers 1 and 2. So far as is known, the actual cause of death from exhaust gases from automobile engines is poisoning by carbon monoxide.

4. While the question cannot be answered definitively on the basis of the information at hand, it is altogether reasonable to conclude that fatal monoxide poisoning might develop under the condition described. It should be borne in mind, however, that no one can tell the internal conditions of a dead body without a proper postmortem examination.

The symptoms and signs of carbon monoxide poisoning in garages do not differ, so far as known, in any essential from the symptoms and signs of carbon monoxide poisoning under other conditions. A recent article bearing directly on the case described by the correspondent is by William D. McNally (Sixty-Three Deaths from Carbon Monoxide Poisoning in Private Garages, *Archives of Pathology* 5:43[Jan.] 1928). Public Health Bulletin 195, 1930, by R. R. Sayers and Sara J. Davenport, gives a good review of carbon monoxide poisoning; this bulletin can be obtained for 20 cents from the Superintendent of Documents, Government Printing Office, Washington, D. C. A valuable report is that of the Committee on Poisonous Gases of the American Medical Association, "Dangers of Carbon Monoxide Poisoning and Measures to Lessen These Dangers," THE JOURNAL, Jan. 18, 1930. (Reprints may be obtained on receipt of 15 cents.)

TREATMENT OF ELONGATION OF COLON

To the Editor:—I have a patient whose descending colon is one and one-half times as long as it should be, the abnormal length forming a loop. Symptoms are of Glenard's disease with constipation and a tendency toward infection of feces in the loop and obstruction. Will you kindly supply me with definite dietary and other aids in treatment. I should also like to know the relative frequency of the condition. The man was told to have the loop removed but I have advised against such a procedure at present. Print inquiry if you wish, but please use initials only.

M.D., Pennsylvania.

ANSWER.—The condition described is frequent enough to be a rather common occurrence in routine gastro-intestinal roentgen examinations. Unless there are symptoms present, the general opinion seems to be that no treatment is necessary. Certainly surgery should not be instituted, at least until after a thorough and efficient medical regimen. The usual methods of handling visceroptosis are advisable. The patient is generally put at bed rest with the foot of the bed elevated. If, as is usually the case, the patient is undernourished, food is urged to the point of a definite gain in weight. In the beginning, the bowels are handled with enemas of olive oil. After from two to three weeks of bed rest the patient is allowed up, and passive and active exercises are instituted to increase the tone of the abdominal walls. At this time a diet should be arranged to remove the constipation. Different physicians employ different kinds of anticonstipation diets. McLester's "Nutrition and Diet in Health and Disease" may be referred to for further assistance in the diet.

TREATMENT OF PERSISTENT CONJUNCTIVAL INFECTION

To the Editor:—Will you kindly venture a conjectural diagnosis of the following ophthalmic case, which has baffled the physicians of two cities, the patient being now virtually blind as a result: About six weeks ago a man, aged 66, in good health, came to me with what appeared to be rather severe conjunctivitis of the left eye. The usual treatment with silver nitrate, mercurochrome-220 soluble, ethylhydrocupreine, mild silver protein, zinc, milk injections and other remedies failed to halt the disease. Atropine was promptly added and almost daily reports from the laboratory here were that no germ of any description could be found in the secretion. This report has continued to come from every bacteriologic examination, both here and elsewhere (Richmond, Va.). In about ten days the right eye began with similar conjunctivitis with dilated pupil as if secretion from the left eye might have crossed over the bridge of the nose during sleep and infected the right eye. Infection was not thought possible, however, as no germ could be found, and hence the right eye had not been sealed. The inflammation, uncontrolled, gradually involved the intra-ocular structures of both eyes. Corneal ulcerations developed on both eyes, apparently through the constant winking of the lids, which seemed to macerate the epithelium after ten days or two weeks. The conjunctivae were red and thickened now and pus apparently streamed from the eyes. The secretion from both eyes has flowed continuously and seemingly independent of any treatment with antiseptics. As stated, the inflammation has gone on from the outset from bad to worse until now the patient can only tell light from darkness. The pus is still running, with the lower lids greatly thickened and everted as if Nature were now attempting in this belated way to favor drainage of pus away from the cornea of both eyes. The ulcers have become quiescent, having healed to a great extent, but the pupils have ceased to respond to atropine and the patient has reached a helpless state. There is a history of gonorrhea but no active urethritis at present. The patient is a bachelor. Could this be a metastatic infection? We have pulled all his teeth, which were bad. There is no albumin, sugar or other irregularity. The Wassermann reaction is negative. The patient is a railway conductor who has been occupied in the same way every day for forty years. He does not use drugs or handle animals. Must atropine be continued? I ceased atropine about ten days ago. Please reply at once and give what help in the way of suggestions you can.

M.D., Virginia.

ANSWER.—There are certain forms of conjunctivitis in which none of the well known pathogenic organisms are concerned but seem to be due to a filtrable virus. The most common of

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Another SAUNDERS BOOK on PAGE 3

12, were Drs. William C. Voorsanger, San Francisco, and Fred R. Fairchild, Woodland, on tuberculosis in children and appendicitis, respectively.——The cornerstone of the library of the Los Angeles County Medical Association was laid, June 21, by Dr. Walter Jarvis Barlow. It is expected that the new building will be ready for occupancy about September 1.——Clarence Cook Little, Sc.D., Bar Harbor, Maine, discussed "The Rôle of Heredity in Cancer" before the San Francisco County Medical Society, July 7.

GEORGIA

Program for Health Chairmen.—Members of the Fulton County Medical Society presented a program in April for health chairmen of elementary and preschool associations of the Atlanta Council of Parents and Teachers, the DeKalb and Fulton County councils, under the auspices of the woman's auxiliary of the state medical association. The following physicians participated:

Lawson Thornton, Posture: Defects and Correction.
Launcelot Minor Blackford, The Heart: Damages Through Disease; Avoidance.
Lewis D. Hoppe Jr., Control of Communicable Diseases in the Home and School.
William Howard Hailey, Common Skin Diseases of Children.
Zachariah W. Jackson, Sight Conservation.

IDAHO

Society News.—Drs. John F. Coughlin, Twin Falls, and James O. Cromwell, Gooding, addressed the South Side Medical Society at Jerome, May 28, on "Staphylococcic Skin Infections" and "Infections of the Foot," respectively.——The Nez Perce County Medical Society and the Tri-County Medical Society have recently combined to form the North Idaho District Medical Society, with Drs. Russell T. Scott and Malcolm J. McRae, Lewiston, as president and secretary, respectively.

ILLINOIS

Automobile Deaths Increase.—There were 2,177 deaths from automobile accidents in Illinois during 1933 as compared with 2,104 in 1932, giving a rate of 28.5 for the state as a whole as against 27.5 per hundred thousand of population in 1932. The rate for the state exclusive of Chicago was 28.8, and for Chicago, alone, 28. According to the Chicago *Tribune*, at a recent meeting of the Illinois Conference on Highway Safety Legislation, which is sponsoring drivers' license and financial responsibility laws to reduce accidents, J. S. Baker, engineer for the National Safety Council, estimated that accidents of all descriptions have increased about 50 per cent in the first few months of this year as compared with the corresponding period of 1933. He also declared that the number of accidents is growing faster in rural than in urban areas.

Chicago

Dr. Lederer Named Head of Department.—Dr. Francis L. Lederer, who has been associate professor and acting head of the department of rhinology, laryngology and otology, University of Illinois College of Medicine, has been appointed professor and head of the department to succeed Dr. Norval H. Pierce, who is now professor emeritus.

Joseph A. Capps Prize.—The Institute of Medic Chicago is again offering the Joseph A. Capps Prize o to graduates of Chicago medical schools who have re the degree of doctor of medicine during the year 1932 or after. The prize will be awarded for the most merit investigation in medicine or in the specialties. Investi in the fundamental sciences will be considered also, pr the work has a definite bearing on some medical pr Manuscripts must be submitted to the secretary of the In of Medicine of Chicago, 122 South Michigan Avenue, no than December 31.

Typhoid Outbreak Among Firemen.—Physician asked to be on the alert for patients with symptoms sugg of typhoid and amebiasis which might result from water consumed at the fire in the Union Stock Yards, May 19. On June 25, thirty-three persons ill with typhoid had been reported to the city board of health. It was pointed out that these persons drank from cattle troughs and almost any place they found water available. The city water supply was and is safe, and only certain persons of those who drank contaminated water became infected. Eighteen suspected typhoid cases were being investigated at the time of this report; most of these persons also drank water at the stockyards. Following the fire, eight of the thirty-three patients were ill with diarrhea, cramps, nausea and fever for a day or two and recovered. Later, however, they became ill with typhoid. Definite onset dates of these thirty-three cases range from June 1 to June 16. Physicians are urged to avail themselves of the facilities of the laboratory of the health department when they encounter a case they suspect of being either amebiasis or typhoid.

KANSAS

Brinkley Thrice Runs for Governor.—Dr. John R. Brinkley, the so-called "goat gland" specialist, announced his candidacy for the Republican nomination for governor of Kansas, the Chicago *Tribune* reported, June 21. Brinkley has been an unsuccessful independent gubernatorial candidate on two previous occasions. His license to practice medicine in Kansas was revoked in 1930, when he was found guilty of gross immorality and unprofessional conduct.

MARYLAND

Society News.—Dr. Arthur M. Shipley, Baltimore, addressed the Caroline County Medical Society at Denton, May 16, on "Surgery of the Blood Vessels."——The Baltimore County Medical Association was addressed in Baltimore, June 20, by Drs. Harry M. Stein on "Lung Abscess of Unusual Origin," with exhibition of case, and George H. Yeager, "Passive Vascular Exercises," with exhibition of cases.

Examination of Substandard Workers.—Physical examinations of substandard workers in specified industries have been made by deputy state health officers in a number of counties in Maryland, recently, at the request of the state commissioner of labor and statistics, with the approval of the state board of health. Required under the National Recovery Administration, the examinations are to determine the extent to which physical handicaps or infirmities constitute a disability for the particular job on which a worker is engaged. Following these examinations, persons who are physically handicapped may be certified for employment, the wage rate to be adjusted in accordance with the extent of the disability.

Rocky Mountain Spotted Fever in Maryland.—Thirteen cases of Rocky Mountain spotted fever have been reported to the bureau of communicable diseases of the Maryland State Department of Health since the middle of April, according to the *Monthly Bulletin* for July. Two occurred in Baltimore City, three in Anne Arundel County, four in Baltimore County, and one each in Montgomery, Prince Georges, Talbot and Worcester counties. Three cases were fatal, one each in Anne Arundel, Baltimore and Montgomery counties. Two victims were children under 6 years of age and the third was a woman 24 years old. All of the patients were exposed to ticks. The child who died from the disease in Anne Arundel County had not been bitten but had crushed a tick in his hands. Preventive measures during the past year have included the inoculation of 130 children in the Somerset area of Montgomery County.

MASSACHUSETTS

Harvard Bans Patents.—Harvard University faculty members have voted that the patenting of discoveries or inventions bearing on matters of health and therapeutics is undesirable. As a result, Harvard scientists will not be permitted to take [illegible] such patents unless granted dispensations by the univer-

cancer and was treated with the serum from June to September in 1931, after which Koch advised him to discontinue the treatment and go to a hospital. Fortner then discovered he had another disease. The complaint charged Dr. Koch with negligence in that he failed to inspect the infected tissue to determine the cause of trouble, that he injected a poisonous drug in the man's blood stream, and that he abandoned his patient without cause. Koch did not appear in court to testify. The attorney for Koch said he will appeal the case.

MICHIGAN

Koch Cancer Outfit Sued.—A verdict for $25,000 was returned by a jury in recorder's court before Judge Sherman D. Callender, June 12, in the suit of Alfred A. Fortner against Dr. William F. Koch, director of the Koch Cancer Foundation, Detroit. According to the *Detroit Medical News*, Fortner alleged that Dr. Koch charged him $300 each for injections of the cancer serum, when he was not suffering from cancer. In 1921 Koch was dropped from the membership of the Wayne County Medical Society for exploiting a "cancer cure," the claims for which have never been substantiated. In the recent trial, Fortner said he went to Koch believing he had

MASSACHUSETTS

Personal.—Dr. William B. Keeler, newly appointed health commissioner of Boston, was guest of honor at a dinner at the Myles Standish Hotel, January 29. Dr. Charles F. Wilinsky acted as host and toastmaster.——A farewell dinner was given to Dr. Karl M. Bowman, formerly chief medical officer of the Boston Psychopathic Hospital, January 30, by about 100 friends and associates. Dr. Bowman has been named director of the psychiatric division of Bellevue Hospital, New York.

MICHIGAN

Koch Loses Malpractice Suit.—A verdict for $5,500 was returned by a jury in the circuit court of Wayne County, January 24, in a malpractice suit instituted against William F. Koch, director of the Koch Cancer Foundation, by Alfred A. Fortner, a former patient. This case was a retrial of a former proceeding in which a verdict was rendered against Koch for $25,000, reduced by the trial court to $7,000. The supreme court of Michigan, on an appeal by Koch, reversed the judgment for certain errors committed by the trial court and ordered a new trial (THE JOURNAL, February 22, p. 651). According to the newspapers, Fortner alleged that Koch charged him $300 each for injections of a cancer serum when he was not suffering from cancer. He claims to have gone to Koch believing he had cancer and was treated with the serum from June to September 1931, after which Koch advised him to discontinue the treatment and go to a hospital. Fortner then discovered he had another disease. The complaint charged Koch with negligence. Koch graduated from the Detroit College of Medicine and Surgery in 1918. Less than a year after his graduation in medicine, he announced that he had developed a cure for cancer. In 1921 he was dropped from membership in the Wayne County Medical Society for exploiting a so-called cancer cure (THE JOURNAL, May 8, 1926, p. 1469; July 14, 1934, p. 116).

MINNESOTA

Society News.—Speakers before the Hennepin County Medical Society March 11 were Drs. Herbert A. Burns, Ah-Gwah-Ching, on "Indian Medicine" and Arthur C. Kerkhof, Minneapolis, "The Gastroscope."——At a meeting of the Minnesota Academy of Medicine, March 11, speakers were Drs. Louis A. Buie, Rochester, on "Ancient and Modern Knowledge Concerning Anal Fistula" and Charles B. Wright, Minneapolis, "Multiple Myeloma and Its Differential Diagnosis."

Minneapolis Children Free from Malnutrition.—There is practically no malnutrition evident among children in the Minneapolis public schools, according to Dr. Francis E. Harrington, director of hygiene. A general observation survey of the school children was made during the period from September to the Christmas holidays to determine as nearly as possible their nutritional status. There are occasional cases of undernourishment but the percentage in the school system is less than was found five years ago. The children appear, as a rule, to be having better home care. These facts are supported by reports from physicians throughout the city, child agencies and the children's wards at the Minneapolis General Hospital. In all instances, it was stated, malnutrition has apparently decreased.

MISSISSIPPI

Bill Passed.—H. 289 has passed the house, proposing to enact what appears to be the uniform narcotic drug act for the regulation of the manufacture, sale, possession, prescribing, administering, dispensing, compounding and cultivating of narcotic drugs. The bill defines narcotic drugs as meaning coca leaves, opium, cannabis and every substance neither chemically nor physically distinguishable from them.

Bills Introduced.—H. 540 proposes to regulate the practice of chiropody or podiatry and to authorize the state board of medical examiners to examine and license applicants for such licenses. The bill defines chiropody or podiatry as "the diagnosis and medical, mechanical, electrical, and surgical treatment of the minor ailments of the human foot, such as corns, callouses, warts, ingrowing and abnormal nails, bunions, and similar conditions." Licentiates are to be allowed to use such mechanical appliances as may be deemed necessary for the relief or cure of ailments of the feet. Amputation of the foot or of toes and the use of anesthetics other than local are apparently prohibited, but the language of the bill in this connection is obscure. Diseases and conditions of the feet produced by kidney, heart or other systemic diseases are not to be treated by a chiropodist or podiatrist except under the direction of a physician. H. 541, to amend the medical practice act, proposes to authorize the revocation of the license of any licentiate advertising professional superiority or the performance of professional service in a superior manner; advertising prices for professional service; advertising by means of large display, glaring light sign or containing as a part thereof the representation of a tooth, teeth, bridge work or any portion of the human head, or employing advertising solicitors or free publicity press agents; advertising any free dental work or free examination; advertising to guarantee any dental service or to perform any dental operation painlessly; or advertising any commercial dental laboratory or clinic, either pay or free, when it is operated in connection with the practice of a licensed dentist or dental hygienist.

MISSOURI

Society Memberships Presented to Interns.—At a recent meeting the staff of the DePaul Hospital, St. Louis, presented a junior membership in the St. Louis Medical Society to each intern connected with the hospital. The *Journal of the Missouri Medical Association* compliments the hospital staff for this action.

NEW JERSEY

Society News.—Dr. Oliver Spurgeon English, Philadelphia, addressed the Burlington County Medical Society, Moorestown, January 9, on management of the neurotic patient.——Dr. Joseph C. Doane, Philadelphia, addressed the Cape May County Medical Society, January 14, on "The Autonomic Nervous System in General Practice."——Dr. Walter E. Dandy, Baltimore, addressed the Academy of Medicine of Northern New Jersey, Newark, February 20, on "Treatment of Injuries of the Head."——At a meeting of the Monmouth County Medical Society, January 6, Dr. William P. Thompson, New York, spoke on splenomegaly.——Dr. Philip F. Williams, Philadelphia, addressed the Essex County Medical Society, March 12, on "Intrapartum Care in Its Relation to Maternal Welfare."

NEW YORK

Dr. Cheney Appointed in Charge of Bloomingdale Hospital.—Dr. Clarence O. Cheney, director of the New York Psychiatric Institute and Hospital at the Columbia University Medical Center, has been appointed superintendent and director of the Bloomingdale Hospital, White Plains, succeeding the late Dr. Mortimer W. Raynor. For five years prior to his appointment at the New York Psychiatric Institute and Hospital in 1931, Dr. Cheney had been director of the Hudson River State Hospital, Poughkeepsie. He was secretary of the American Psychiatric Association from 1928 to 1933 and is now president of the organization. When the association established a certification board in 1933, Dr. Cheney was named its first chairman. He will continue in his present position until the end of the present fiscal year, June 30.

Bills Introduced.—S. 1259, to amend the public welfare law in relation to the manner of providing medical care to indigents, proposes to require the appropriate public welfare official to provide medical care for the indigent sick in their homes and to permit the patient to be attended by his family physician or other physician of his own choice. S. 1341 proposes to prohibit any person who conducts a retail store for the sale of footwear and who accepts orders for footwear to fit abnormal feet from accepting such orders except on the prescription of registered podiatrists. S. 1389, to amend the medical practice act, proposes to authorize the revocation of the license of a physician who (1) has employed, hired, procured or induced an unlicensed person to practice medicine; (2) who has aided or abetted in the practice of medicine a person who is not licensed so to practice, or (3) who has advertised for patronage, by means of handbills, posters, circulars, stereopticon slides, motion pictures, radio, newspapers or magazines. S. 1393 proposes to require the board of regents of the University of the State of New York, prior to Jan. 1, 1937, to establish and appoint a state board of chiropractic examiners. This board, after its organization, would establish rules and regulations fixing the qualifications of applicants for licenses to practice chiropractic, the examination of such applicants, and the granting and issuing of licenses to practice chiropractic. The bill proposes to define chiropractic, in effect, as the adjustment of the human skeletal frame according to the doctrine of chiropractic. Such practice is not to include the performance of surgical operations with the use of instruments or the prescribing or use of drugs or medicines, but x-rays may be used for the purpose of examination. S. 1404 and A. 1700,

FIRE HAZARDS

1. All tents should be conspicuously stamped "No Flames, No Sparks, Danger."

2. Oxygen gages should be conspicuously labeled "Danger, Do Not Oil."

3. For the window of the tent, only cellulose acetate or other noninflammable material may be employed. Cellulose nitrate or celluloid should never be used because they are extremely inflammable and form dangerous fumes.

NASAL CATHETER OR NASAL TUBE ADMINISTRATION

There are several effective methods of administering oxygen through the nose, employing a nasal catheter or nasal tube inhaler with a calibrated gage to fit on a high pressure tank. The oxygen must be passed through at least 3 inches of water to prevent drying the mucous membrane.

1. A metal nasal tube inhaler with soft rubber tips that just enter each nostril may be employed.

2. A nasal catheter may be inserted into the nostril for a distance of approximately 3 inches; i. e., up to but not touching the posterior wall of the nasopharynx. Five liters of oxygen generally provides 35 per cent oxygen in the inspired air. A single catheter may be changed from one nostril to the other if irritation should occur. With a double nasal catheter a slightly increased oxygen concentration is obtained at the same rate of flow. The terminal one inch of the catheter should be perforated with four holes in order to prevent a stream of oxygen impinging on one localized area of mucous membrane. The size of the catheter may be a No. 12 French or a somewhat larger caliber if it does not occlude the nasal passage completely.

3. The catheter may be employed in the oropharynx opposite the uvula. When it is used in this position, caution must be exercised lest oxygen be passed into the stomach. The catheter should not be placed lower than the uvula. The throat should be sprayed every eight to twelve hours to prevent drying.

Whereas 4 or 5 liters per minute of oxygen is generally used with the nasal catheter or nasal tube inhaler, higher rates of flow up to 12 liters per minute may be employed if no sensation of discomfort is produced. With the higher rates of flow, larger catheters are required. When catheters are employed it is important to make additional holes in the terminal one inch.

OXYGEN REGULATOR AND GAGE

Oxygen should be employed in high pressure tanks containing 220 cubic feet, or 6,000 liters. There is only one kind of oxygen, industrial oxygen. There is no special "medical" oxygen.

The flow regulator should have two gages, one to indicate the amount of oxygen in the cylinder, and the other to indicate the rate of flow in liters per minute. A variable orifice or float gage indicates the amount of oxygen actually flowing and is accordingly to be preferred to a dial gage which records the pressure against a fixed orifice as liters per minute. The latter type does not indicate that the oxygen flow may have stopped or has been diminished. Bourdon tube type gages, as well as the pitot tube type gages, should be tested from time to time by measuring the rate at which the spirometer of a metabolism apparatus is filled at standard pressure and temperature.

CONCLUSIONS

This statement emphasizes:

1. The effectiveness of the nasal inhaler or nasal catheter.

2. The value of a tent for administering high concentrations of oxygen.

3. The desirability of prescription by the physician of the concentration of oxygen in the oxygen tent.

4. The necessity for repeatedly testing and recording the oxygen concentration within the tent.

5. The necessity for observing the temperature and humidity constantly while the tent is in use.

6. The danger to life involved in employing a tent in which an optimum oxygen concentration is not maintained and in which the temperature and humidity are not observed and controlled.

April 6, 1936.

Bureau of Legal Medicine and Legislation

MEDICOLEGAL ABSTRACTS

Chiropractic: Injections for Cancer Illegal; Scope of Chiropractic in California.—Hartman, a licensed chiropractor in California, was convicted in the justice's court of San Bernardino township, on a complaint charging him with, among other things, (1) the unlawful possession of a hypodermic syringe and needle in violation of sec. 8 (e) of the poison act,[1] and (2) a violation of the medical practice act by practicing medicine without a license. The case was submitted on an agreed statement of facts. Thereafter Hartman appealed to the superior court which affirmed the judgment of conviction, and Hartman made application for a writ of habeas corpus to the district court of appeal, fourth district, California.

In the agreed statement of facts, Hartman admitted that he had in his possession a hypodermic syringe and that he treated cancer "according to the 'Koch' method, by injection of a fluid called 'antitoxin' or split-protein." It was agreed that this method of treating cancer was taught in chiropractic schools and colleges in the state. Hartman contended that his method of practice was authorized by sec. 7 of the chiropractic act of California, which authorizes a licentiate—

> to practice chiropractic in the state of California as taught in chiropractic schools or colleges; and, also, to use all necessary mechanical, and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry, or optometry, nor the use of any drug or medicine now or hereafter included in materia medica.

The contention was that since the use of the hypodermic syringe and needle and the diagnosis and treatment of cancer by the use of an injection of "antitoxin" were taught in chiropractic schools in California, Hartman was practicing within lawful limits. He further sought to justify the use of the hypodermic syringe by contending that it was merely a measure "incident to the care of the body." The use of the hypodermic syringe, said the district court, cannot be held to be merely a measure "incident to the care of the body," within the meaning of the chiropractic act, because the phrase "incident to the care of the body" refers to general hygienic and sanitary measures, even though mechanical, and not to the treatment of diseases and ailments, and because of the limitations imposed that licentiates shall not be authorized to practice medicine or surgery. The section dealing with the authorized scope of chiropractic must be read as a whole. It cannot be construed as authorizing a licentiate to do anything and everything that might be taught in a chiropractic school. A short course in surgery, or one in law, might be given, but it would not follow that a licensed chiropractor might engage in such other professions. It is not sufficient that a particular practice be taught in a chiropractic school; the practice must constitute a part of chiropractic and must not violate the provision expressly forbidding licentiates from practicing medicine. If a particular practice is not a part of chiropractic, but does constitute the practice of medicine, a chiropractic licentiate may not engage therein, even though it may be taught in a chiropractic school.

The court was unable, however, to determine from the agreed statement of facts whether the method of treatment here in question was or was not a part of the practice of chiropractic. The failure of the petitioner, Hartman, to include in the record that was before the district court all the evidence made it impossible for that court to pass on the sufficiency of it. Furthermore, the rule is well established that the sufficiency of the evidence may not be reviewed in a habeas corpus proceeding. Even if we could properly review the evidence, the court said, there was none in the record which would support a finding that the use of a hypodermic needle or the injection of an "antitoxin" is a part of chiropractic, and no evidence

1. This section provides, in part, that it shall be unlawful for any person other than a physician and surgeon, dentist, registered nurse, veterinarian, or pharmacist licensed to practice in California to have in his possession a hypodermic syringe unless it was purchased on a written order signed by a duly licensed physican, dentist, or veterinarian or by a person holding an unrevoked license to practice osteopathy.

that such forms of treatment do not constitute the practice of medicine. The court held, therefore, that the petitioner was not entitled to be released from custody. *In re Hartman (Calif.), 51 P. (2d) 1104.*

Malpractice: Chiropractor's Malpractice Provable Without Expert Testimony.—The plaintiff consulted the defendant, a chiropractor, relative to pains in her face. The defendant diagnosed her condition as "tic douloureux, inflammation of the fifth cranial nerve." Although this nerve is in no way connected with any portion of the vertebrae, the chiropractor, during the course of treatment of the patient's ailment, fractured her twelfth rib while adjusting her vertebrae in that region. The patient sued the chiropractor, and the trial court, sitting without a jury, entered a judgment in her favor. The chiropractor then appealed to the district court of appeal, second district, division 2, California.

The sole question before the court was: In case a chiropractor has prescribed treatment for a specific ailment and injures an undiseased portion of his patient's body in no way related to the ailment, may the court, in the absence of expert testimony, properly find that the chiropractor negligently injured his patient? The negligence of a chiropractor, said the district court of appeal, in failing to take due care to avoid injury to undiseased parts of his patient's body may be proved without resorting to expert testimony. The finding of the trial court, based on substantial evidence other than expert testimony, that the patient suffered injuries to an undiseased portion of her body as the result of the defendant's negligence was held to be binding on the appellate court.

The judgment in favor of the patient was therefore affirmed. —*Morrison v. Lane (Calif.), 52 P. (2d) 530.*

Health Insurance: Total Permanent Disability Defined. —"Total disability," said the Court of Appeals of Kentucky, does not mean utter helplessness and "permanent disability" does not mean utter hopelessness. A man to be totally and permanently disabled does not have to be reduced to a state wherein he is entirely dependent on others and is absolutely without hope of improvement. In *McNally v. United States*, 52 Fed. (2d) 440, the United States circuit court of appeals, in defining the term "total permanent disability," said that it does not mean "absolute incapacity" but such "impairment of capacity as to render it impossible for the disabled person to follow continuously any substantially gainful occupation." In the present case the insured, 60 years of age and suffering from heart disease, was held to be totally and permanently disabled, although he attempted to obtain work and actually did work for about twenty days during a period of two years. The sacrifices some men will make, the dangers they will undergo to feed their families, are, said the Court of Appeals, often beyond comprehension. In determining the rights of men, however, the standard of unusual examples should not be used. What the average reasonable man would do under the circumstances is the criterion.—*Aetna Life Ins. Co. v. Gullett (Ky.), 89 S. W. (2d) 1.*

Hospitals, in General: Admissibility of Records in Evidence.—Plaintiff sued the defendant to recover damages for personal injuries sustained in an automobile accident. At the trial, the court refused to admit in evidence, at the request of the defendant, the hospital records of the plaintiff. The jury returned a verdict for the plaintiff and the defendant appealed to the Supreme Court of New Hampshire, contending that the trial court erred in declaring inadmissible in evidence the hospital records.

Although a liberal rule in regard to the admissibility of entries made in the regular course of business prevails in New Hampshire, said the court, some proof of correctness is required before such entries can properly be submitted to a jury. Ordinarily, verification of the authenticity, regularity and correctness of such records by the official having them in charge would be the minimum of acceptable proof. Whether a record is sufficiently verified to justify its admission, however, is a preliminary question of fact for the trial judge to pass on. In the present case, the records were produced by a nurse who testified that she did not have the custody of the official records of the hospital "except in the absence of the superintendent." She disclosed no knowledge as to the system or method in accordance with which the hospital records were kept, as to the identity of the persons who made the records in question or the duties of such persons with respect to the recording of facts therein. In short, said the court, no one testified that the records were correct. In view of these facts, in the opinion of the Supreme Court, the trial court committed no error in ruling that the records were inadmissible in evidence. A judgment was therefore rendered on the verdict for the plaintiff.—*Williams v. Williams (N. H.), 182 A. 172.*

Workmen's Compensation Act: Death from Botulism Compensable.—Meyer was employed by the defendant Roettele to assist in operating a threshing machine, for which services he received daily wages and board. As a result of the ingestion of a noonday meal, Meyer became ill from botulism and died three days later. The claimants, the parents of Meyer, filed a claim under the workmen's compensation act of South Dakota and the commissioner awarded compensation. This award was affirmed by the circuit court, and the defendants appealed to the Supreme Court of South Dakota.

The workmen's compensation act of South Dakota authorizes an award of compensation "for personal injury or death by accident arising out of and in the course of employment." "Personal injury" is defined specifically to exclude "a disease in any form except as it shall result from the injury." The defendants contended that Meyer's death was due to a disease and that compensation for disease may be awarded only in case the disease is produced or aggravated by an injury caused by an unexpected event. The phrase "injury by accident," the defendants contended, should be construed so as to confine its application to instances in which the cause of the injury was accidental. A disease, said the court, may be an "injury by accident" and therefore compensable. If the element of suddenness or precipitance is present and the disease is not the ordinary or reasonably to be anticipated result of pursuing an occupation, it may be regarded as an injury by accident. The medical testimony was to the effect that the food poisoning and resulting death were caused not by the action of bacteria within the body but by a toxin created by the action of Bacillus botulinus on the food before it was ingested. There is no substantial distinction, the court said, between the consuming of this poisonous food and chemical poisoning or the drinking of a virulent poison by mistake. The inception of the disease was attributable to the unexpected and undesigned occurrence of the presence of the poisonous toxin and was assignable to a definite time, place and circumstance. The death was, therefore, the result of an "accidental injury." The mere fact, said the court, that an employee is not actually engaged at his work at the time of injury does not relieve the employer of liability. Under the terms of employment, in the instant case, board was furnished. Meyer was where his employer directed him to be, and, although the partaking of food was personal in character, nevertheless it was so incident to his employment that the accident arose out of and in the course of employment.

In the opinion of the court, however, the award was excessive. The judgment was therefore reversed and the case remanded with directions to enter judgment for the claimants for a lesser amount.—*Meyer v. Roettele (S. D.), 264 N. W. 191.*

Society Proceedings

COMING MEETINGS

American Physiotherapy Association, Los Angeles, June 28-July 2. Miss Jefferson I. Brown, Tichenor Hospital School, Long Beach, Calif., Secretary.

Conference of State and Provincial Health Authorities of North America, Vancouver, B. C., June 22-24. Dr. A. J. Chesley, State Department of Health, St. Paul, Minn., Secretary.

Maine Medical Association, Rangeley, June 21-23. Miss Rebekah Gardner, 22 Arsenal St., Portland, Secretary.

Medical Library Association, St. Paul, June 22-24. Miss Janet Doe, 2 E. 103d St., New York, Secretary.

Montana Medical Association of, Billings, July 8-9. Dr. E. G. Balsam, 208½ North Broadway, Billings, Secretary.

North Pacific Pediatric Society, Victoria, B. C., June 24-25. Dr. M. L. Bridgeman, 1020 S. W. Taylor St., Portland, Ore., Secretary.

Pacific Northwest Medical Association, Portland, Ore., July 8-11. Dr. C. W. Countryman, 407 Riverside Avenue, Spokane, Wash., Executive Secretary.

Aug 15, 1936

Bureau of Investigation

THE "GLYOXYLIDE" OF WILLIAM F. KOCH

New Steps in the Evaluation of the Detroit Cancer Cure

On April 6, 1936, the Bureau of Investigation received from an Alabama physician what was to be the first of numerous inquiries regarding William F. Koch and his "Glyoxylide." The inquirers had received an advertisement consisting of a one-page printed letter bearing the heading "Koch Laboratories" and carrying the names of William F. Koch, Ph.D., M.D., and G. J. Warnshuis, M.D.

The body of the letter was devoted to what the signatory, Koch, was pleased to term "the most important recent achievement in medicine . . ." The name of this "recent achievement" was "Glyoxylide." The promulgators claimed they had "demonstrated its efficiency not only in the treatment of cancer, but also in such infections as tuberculosis, psoriasis, leprosy, poliomyelitis and syphilis."

Koch sends with his letter a four-page leaflet. The leaflet contains several remarkable photographic reproductions of the "before-and-after" type entitled "Examples of Efficiency of Natural General Immunity Body Synthetically Reproduced."

The first page of the leaflet depicts two photographs. One above the title "4 years of intense suffering with Psoriasis," shows a man covered with skin lesions. The other is entitled "Recovery after 2 Injections of Glyoxylide." No other explanation is offered. The time interval between injections is not mentioned, although in the recovery picture several inches have apparently been added to the patient's girth.

The second page of the leaflet contains, under the caption "Cancer of Stomach," two photographs of "Mr. R." The upper picture carries the legend "Mr. R. before treatment. Note the bulging of the cancer masses throughout the abdomen." A picture similar in all details of shadows and highlights appears on page 38 of the book "Natural Immunity" published by Koch. To this picture is appended the legend "Mr. R. after recovery. Abdomen completely normal. All traces of cancer masses have been absorbed." Below the picture of "Mr. R." in the leaflet and in the book is another picture of "Mr. R." with the legend "Mr. R. abdomen drawn in to show the freedom from cancer masses." A careful comparison of these four pictures shows identical folding of the patient's shirt. It is difficult to conceive of Mr. R.'s clothing being folded in exactly the same way on different occasions. If the leaflet pictures are to be accepted, Glyoxylide evidently works so rapidly that the cancer masses melted away before Mr. R. had an opportunity to pull down his shirt.

Koch's presentation of the theoretical basis of his treatment involves a smattering of the sciences, thoroughly agitated in the author's cerebrum and poured on paper. One reads of the reputed peregrinations of electrons in body processes, the alleged effects of mitogenetic and necrobiotic rays, oxidative processes unknown to biochemistry, an alleged relation of photochemical reactions to the effects of carcinogenic hydrocarbons, and immune reactions completely foreign to modern immunology. The phraseology may be impressive to the novice; to any one with even a modicum of scientific education the major portion of the treatise is pure nonsense.

The author presents what purports to be a chemical reaction whereby "Glyoxalic acid . . . passes by way of glyoxal into glycollic acid and oxallic [sic] acid with the unsaturated diketone, vinyl dioxide in hydrated form as an intermediary . . ." Careful inspection of the structural formulas alleged to represent these substances shows that only one of them (oxalic acid) is properly indicated. The exact nature of Glyoxylide is not stated; this compound presumably has something to do (just what is not clear) with an alleged unsaturated diketone which Koch represents thus:

O=C=C=O

This appears to be as incomprehensible as the other structural formulas already mentioned; the existence of such a compound is at least improbable.

A companion-piece of Koch's Glyoxylide letter, emanating from the same Detroit address, is from Gerrit John Warnshuis, announcing his identification with the Koch Cancer Clinic. In this Warnshuis states in the second paragraph:

"After eighteen years of extensive clinical tests it is now clearly apparent that the vicious persistency of the American Medical Association in adhering to its original policy of accepting the hasty condemnation given by the Wayne County Medical Society to Koch's work is unjustified and against public interest. Those familiar with the facts are quite aware that the original report of the Wayne County Medical Society was not based on any serious scientific investigation of the subject. This situation has been quite clearly described in previously published statements by Dr. Koch, copies of which can be had upon request."

The Koch nostrum has been for some eighteen years before the medical profession and there is nothing even slightly resembling scientific evidence to justify any confidence in its merit. In 1918 William F. Koch of Detroit was graduated in medicine by the Detroit College of Medicine and Surgery. He had been an assistant in physiology and an instructor in histology in the University of Michigan Medical School. He also had been professor of physiology in the Detroit College of Medicine and Surgery. Less than a year after his graduation in medicine Dr. Koch announced that he "had developed a real specific cure for cancer." His thesis at that time seemed to be that cancer was caused by a micro-organism resembling the spirochete of syphilis. He claimed that he had developed a differential poison —"Koch's Synthetic Anti-toxin," that would destroy the "cancer germ" without injuring the host. This remedy has been described in one place as "a synthetic chemical compound of very definite molecular arrangement" and in another place as a "difficultly prepared synthetic structure, worked down on a recrystallization process"—two descriptions that make up in sonorousness what they lack in clarity.

Undisputable records do not reveal a single instance in which a case of unquestioned malignant disease has been cured by the Koch treatment. There is, however, plenty of information regarding individuals who "promptly died" after taking the treatment.

At different times the Wayne County (Detroit) Medical Society has appointed three committees to investigate Koch's "cure." Each of the three reports has been unfavorable.

These facts have been discussed at different times in THE JOURNAL, and the matter is available in reprint form to any one who will send a self-addressed, stamped envelop for it. The Koch treatment is a highly commercialized promotion of a nostrum now elaborated from limitation as a cancer cure to the fields of tuberculosis, psoriasis, asthma and similar chronic conditions. Cancer quackery is cruel and ghoulish. The other conditions are chronic diseases involving great numbers of people ever hopeful and therefore a fertile source of income for all varieties of charlatanism. The record of Koch during the eighteen years since he first appeared on the horizon of quackery is not such as to indicate any safety in reliance on him or his products. His new associates are not reputed for scientific attainment or for any other reason except the kind of repute earned by association with William F. Koch.

MISBRANDED "PATENT MEDICINES"

Abstracts of Notices of Judgment Issued by the Food and Drug Administration of the United States Department of Agriculture

[EDITORIAL NOTE: The abstracts that follow are given in the briefest possible form: (1) the name of the product; (2) the name of the manufacturer, shipper or consigner; (3) the composition; (4) the type of nostrum; (5) the reason for the charge of misbranding and (6) the date of issuance of the Notice of Judgment—which may be considerably later than the date of the seizure of the product.]

Live-On Treatment.—Live-On Medicine Co., St. Louis. Composition: Essentially rhubarb extract, tar, vinegar, alcohol and sirup. For coughs, catarrh, asthma, etc. Fraudulent therapeutic claims.—[*N. J. 21227; August, 1934.*]

Glenn's Sulphur Soap.—Century National Chemical Co., New York. Composition: Essentially sulfur (34 per cent), soap (59 per cent), perfume and water. For skin disorders such as eczema, acne, etc. Fraudulent therapeutic claims.—[*N. J. 23299; May, 1935.*]

Koch P-519

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A.M.A. SESSION • ATLANTIC CITY, N. J. • JUNE 7-11, 1937

A complete Operative Surgery

One of the strongest reasons for the continued success of *Bickham's "Operative Surgery"* is its universality. General Surgeon, Specialist, and Family Physician, too, have found this work quickly responsive to demands made upon it, because it covers not only the operations of General Surgery but also those of Minor Surgery and the Specialties. *The work is complete!*

Moreover, it includes many features which make it unusually serviceable, and a safe guide to follow. It gives important landmarks and warning signals. It advises in the choice of incision. It gives suggestions to meet special conditions that may arise. It details care and management. It *applies* surgical anatomy to the particular operation. It includes numerous "Comments", recording experience with the operations described. It includes Preoperative and Postoperative Procedures and details of care and management.

It is a work of 6279 pages of *surgery of the amphitheatre, containing 7196 magnificent illustrations* which show the technic through step-by-step picturization. The entire work from beginning to end is *practical*—not theoretical!

Turn to page 3 and read Saunders "Easy Payment Plan" through which you can place this great work in your library at once and extend the payment as long as 13 months.

Further details in SAUNDERS ADVERTISEMENT—Page 3

10/24/36

Bureau of Investigation

BERNER'S TABLETS

A Reducing Nostrum Declared Fraudulent by the United States Postal Authorities

The Postmaster General has declared, on evidence satisfactory to him, the Re-Duso Sales Company, Berner Sales, Berner's Tablets, and their officers and agents as such at St. Louis engaged in conducting a scheme for obtaining money through the mails by means of false and fraudulent pretenses, representations and promises. By the authority vested in him, he closed the United States mails to these concerns and parties on July 8, 1936.

Carl Berner started the "Re-Duso" and "Berner's Tablets" business for the alleged treatment of obesity in December 1934 and was the sole owner. Re-Duso and Berner's Tablets were sold through newspaper solicitation, the copy being typical of the patter used by the exploiters of the obese. One of these advertisements reads as follows:

> "REDUCE!
>
> "SAFELY—no diet or exercise—no strong laxatives—try this modern method of losing weight without injuring your health—Berner's Tablets, 3450 Texas, GRand 9057. We deliver."

The overweight person who "fell for" the bait and communicated with Berner received a printed sheet headed "Berner's Tablets," describing the treatment, which read in part:

> "Berner's Tablets are a small chocolate-coated tablet about the size of an aspirin . . . They are safe—yet very effective . . . Berner's Tablets eliminate excess fat by reducing the appetite and giving a very gentle and mild laxative action, causing the most natural elimination of excess fat and waste matter accumulated in the system. Berner's Tablets simply offer you an economical way to do what modern doctors do in the treatment of obesity . . ."

No physicians, chemists or pharmacists were connected with the business, and Berner, the promoter, had no medical training, yet the advertising copy as set forth implied that "modern doctors" were in full accord with the Berner obesity fraud.

Post Office officials stated that chemical analysis of the "chocolate-coated tablets" revealed them to consist essentially of boric acid and cascara.

Such a preparation, when used as directed, would not reduce the weight of the user unless it did so by irritating and upsetting the normal digestive functions. Obesity is due to various causes, of which overeating and lack of exercise are not inconsequential factors. A person accustomed to overindulgence in food would not experience a sudden strengthening of will power by thrice daily swallowing a combination of boric acid and cascara.

In addition to the boric acid and cascara tablets, the promoter also furnished on request another preparation known as the "Little White Tablet," which contained, according to the postal officials, ½ grain of thyroid extract. The Little White Tablet was not a part of Berner's regular treatment but was a special concession to the purchasers of Berner's Tablets.

Prospective purchasers of obesity nostrums would do well to beware of all advertised remedies claiming to be harmless and requiring "no diet or exercise." If a preparation is harmless it is ineffective, and if it is powerful enough to cause reduction of body weight regardless of diet or exercise it must do so at the expense of health. Periodicals that carry obesity advertisements such as those for Berner's Tablets take an unfair advantage of reader confidence.

"THERMALAID"

In THE JOURNAL for October 3 appeared an article relative to "Thermalaid," in which it was pointed out that the *Kiwanis Magazine* was one of the publications in which the advertisement for this product had appeared "during the past few years." The secretary of the Kiwanis International writes to point out that the last time any advertising of this company appeared in *Kiwanis Magazine* was in March 1931, over five years ago. Since that date, *Kiwanis Magazine* has not accepted any advertising of this or similar character. THE JOURNAL regrets to have given the impression that *Kiwanis Magazine* is now carrying such advertising and wishes to congratulate the publishers on having adopted suitable censorship of medical advertising material.—ED.

PRINTER ASSUMES RESPONSIBILITY FOR ERROR IN KOCH PAMPHLET

A letter received from Mr. Hugh A. Kaumeier of the Sales Department of the American Printing Company, Detroit, states that the illustrations criticized in the article on William F. Koch (THE JOURNAL, Aug. 15, 1936) appeared as they did because of a printer's error for which his company assumes the responsibility. He states furthermore that Dr. Koch did not see a proof of the second run of this folder and left the proofreading to the printer.

Correspondence

INJECTION OF SUPRA-ORBITAL NERVE

To the Editor:—Francis C. Grant (THE JOURNAL, September 5, p. 772), in describing the technic for injection of the supra-orbital nerve, states that "the nasal branch is often difficult to block, for it may divide from the main trunk of the supra-orbital well within the bony canal."

Seeing that the supra-orbital nerve does not give off a nasal branch, I presume that the author is referring to the other division of the frontal nerve, the supra-trochlear, which does send a branch to the root of the nose and communicates with the infratrochlear branch of the nasal nerve. The supra-trochlear nerve could be reached (in supra-orbital block) only when the alcohol suffuses or is forced back to the parent stem —the frontal branch of the ophthalmic—which procedure, just as in the case of a too deep injection of the infra-orbital nerve, might damage some of the contents of the orbit, the cavity of which is traversed by both nerves—the frontal with its two branches, and the infra-orbital.

PENN G. SKILLERN, M.D., South Bend, Ind.

HEREDITARY RESISTANCE TO TUBERCULOSIS

To the Editor:—In THE JOURNAL, August 15, page 471, Miller and Rappaport have elaborated on the theory of inherited resistance to tuberculosis in a manner difficult to accept. Of course it is well known that in this country the mortality from tuberculosis varies greatly among certain race groups, being high among the colored races, particularly the Negro, and relatively low among Jews and Italians. It is also well known that the mortality is unusually high in isolated race groups, such as South Sea islanders, that have come for the first time in contact with tuberculous infection. It would thus appear that those races which have been in contact with civilization and its concomitant tuberculosis over the longest period of time would be more resistant to the disease. The authors, in explaining how this hereditary resistance is brought about, say that the resistance "has thus become progressively increased by the addition of acquired resistance through successive generations." This argument for the inheritance of acquired characteristics is a biologic concept always difficult to accept and, the authors themselves admit, would meet with prejudice.

To me, the most plausible concept has been the "survival of the fittest," and this is equally applicable to other diseases as well as to tuberculosis. It is common knowledge that isolated racial groups such as native Africans and Eskimos have in a short time died off in large numbers on first coming into contact with an infectious disease such as measles or tuberculosis. The survivors in these groups, who may be considered from this standpoint the fittest, represent the resistant remnant that lived to transmit to later generations their resis-

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Printer Assumes Responsibility for Error In Koch Pamphlet

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He states furthermore that Dr Koch did not see the proof of the second run of this folder an left the proofreading to the printer.

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It took *ten large printings* to supply the *tens of thousands of physicians* all over the world with Beckman's "Treatment in General Practice"—and the steady demand continues to grow month after month!

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For SAUNDERS BOOKS on PATHOLOGY See Page 3

for his patient. Indeed, the Council on Pharmacy and Chemistry encourages scientific experimentation with new remedies, provided these experiments are carried out with suitable controls and with adequate facilities for therapeutic investigation. In the usual conditions of practice, however, it is far safer—as this tragedy again emphasizes—to limit prescriptions of nonofficial products to those accepted by the Council on Pharmacy and Chemistry and to use them as described in New and Nonofficial Remedies.

Readers of THE JOURNAL will remember that at this very moment people in the United States are being offered other treatments for cancer involving injection into the human body of materials of unknown composition or otherwise uncontrolled and unestablished. The products developed by William Koch in Detroit, by Coffey and Humber in California, and more recently by Beaumont Cornell in Fort Wayne, Ind., are in this category. Perhaps the National Health Institute should concern itself, if possible, under the law, with the use and distribution of these materials. Experiments on animals with the so-called Cornell cure for cancer developed in Fort Wayne resulted in complete failure and the available clinical evidence is hardly worthy the name. As was predicted in discussing the Hendry Connell cancer treatment, the use of such methods will inevitably bring grief to those who are concerned with their employment.

How many additional deaths will be necessary before Congress gives the people of the United States real protection against hastily concocted, secret remedies? How many more human guinea pigs are to be sacrificed by exploiters of unestablished and virtually untested drugs, serums and cosmetics? For five years food and drug bills have been before one or the other branch of Congress. At each hearing, effective provisions for consumer protection in these bills have been deleted in the interest of exploiters. Bill after bill has been emasculated as it came to the Congress for consideration. In their care and concern for the health needs of the people, why do our legislators so persistently evade this issue?

OBITUARIES OF PHYSICIANS PUBLISHED IN 1937

The number of obituaries of physicians published in THE JOURNAL during 1937 was 3,398, including 3,277 of the United States, as compared with 3,475 in 1936, also 121 names of Canadian physicians. Three died in China, 2 each in India and Honduras and 1 each in Alaska, British West Indies, the Canal Zone, England, Puerto Rico and South America. The obituaries of 113 women physicians were published, as compared with 103 in 1936. The number of graduates of medical schools in the United States for the fiscal year ended June 30, 1937, was 5,377. Deducting the number of physicians whose obituaries were published, there was a net addition to the profession for the year of 2,100, not including physicians coming from abroad.

Ages.—The average age at death of those classified as of the United States was 65.4, as compared with 64.5 in 1936. Twenty-four physicians died between the ages of 25 and 29, fifty between 30 and 34, 112 between 85 and 89, forty-one between 90 and 95 and four between 95 and 99; two were more than 100. In two cases the age was not reported.

Causes of Death.—Heart disease was again the leading cause of death, as it has been for many years. Some contributory causes are included in THE JOURNAL'S tabulation, as they have been in former years. For example, when a report of the cause of death gave chronic nephritis and heart disease, it was published as such in THE JOURNAL and was recorded on the statistical charts under both diseases. Thus heart disease was reported as a cause of death in 1,360 cases. Endocarditis or myocarditis was specified in 339 cases, coronary thrombosis in 289, angina pectoris in 98 and pericarditis in 2. Other diseases of the heart caused 632 deaths. Pneumonia was the second most frequent cause, with 392 deaths, of which 102 were specified as bronchopneumonia. Arteriosclerosis was the third most frequent cause, with 382 deaths; other diseases of the arteries caused 4. Fourth on the list was cerebral hemorrhage, with 353 deaths; 20 additional deaths were reported as due to paralysis. Of 311 deaths reported as due to cancer, the stomach and liver were reported affected in 59 cases, the intestine in 53, the prostate in 42, the female genital organs in 2 and the skin in 1; in 154 cases the part affected was not specified. Nephritis was reported as the cause of 172 deaths. The number of cases in which hypertension was reported was 91, embolism and thrombosis exclusive of coronary thrombosis 83, diabetes mellitus 73, uremia 63, other diseases of the genito-urinary system 74, diseases of the prostate other than cancer 58, tuberculosis 56, influenza 43, cirrhosis of the liver 35, senility 31, septicemia 21, appendicitis and ulcer of the stomach and duodenum 19 each, other diseases of the digestive system 15, intestinal obstruction 17, peritonitis 16, leukemia 15, bronchitis, meningitis and brain tumor 14 each, other tumors 10, paralysis agitans and diseases of the liver 13 each, aneurysm, biliary calculi and cholecystitis 7 each, arthritis, asthma, hernia and Hodgkin's disease 6 each, cellulitis, encephalitis, erysipelas and pernicious anemia 5 each, cerebral sclerosis, otitis media, pulmonary infarct and streptococcic infection 4 each, Addison's disease, carbuncle, empyema, hyperthyroidism, malaria, multiple sclerosis, phlebitis, sinusitis, streptococcic sore throat and Streptococcus viridans infections 3 each, agranulocytic angina, amebic dysentery, intestinal diverticulitis, Ludwig's angina, ileus, pellagra, scarlet fever and thromboangiitis obliterans 2 each. Other diseases reported as causing one death each were acromegaly, aplastic anemia, bacillary dysentery, brain abscess, dementia paralytica, diphtheria, diverticulum of the esophagus, ectopic pregnancy, encephalomalacia, hemochromatosis, hiccup, intestinal rupture, Kümmel's disease, lipoid dystrophy, mediastinitis, multiple myeloma, myasthenia gravis, osteoarthritis, osteitis deformans,

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SATURDAY, APRIL 16, 1938

DR. JAMES H. MEANS ADDRESSES THE COLLEGE OF PHYSICIANS

In his presidential address to the American College of Physicians at its annual session in New York last week, Dr. James H. Means was reported by the New York *Times* to have said:

> The behavior of the American Medical Association is political. It is partisan behavior. It champions a cause. At the present time the cause is something close to stand-patism.

Later in his address he said:

> We hear a great deal about the sacrosanct doctor-patient relationship. No third party can be allowed to come between the two involved. This has been used as an argument against all attempts to improve the efficiency of medical service through group practice. When it is suggested that a disinterested outside person could with greater equity than the doctor determine what might be a proper fee for services rendered in any given case, there are storms of protest from the conservative wing of the profession. Yet a philosopher might recognize such an arrangement as an ideal one, and, as a matter of fact, it is actually working successfully in more than one place, to the satisfaction of both doctors and patients. . . . I submit that having a third party determine the size of, and even collect, the fee from the patient for the doctor is not only not an intrusion into the holy doctor-patient relationship but actually increases the likelihood of the patient's receiving from the doctor the best and wisest treatment the doctor is capable of giving.

The statement by Dr. Means was heralded by the New York *Times* in headlines on page 1 as a revolt against the American Medical Association. This aroused a storm of protest among the members of the American College of Physicians present at the session. More than 300 members signed a statement, of which the following is a quotation:

> Unfortunately, a situation has arisen in which the impression has been given in the Public Press that the American College of Physicians is in revolt against the organized medical profession as represented by the American Medical Association.
>
> Inasmuch as no such action has ever been taken by the American College of Physicians and inasmuch as there is reason to believe that the impression created does not correctly reflect the attitude of the membership of the American College of Physicians, we the undersigned fellows of the College respectfully petition the Board of Regents immediately take action to correct this impression publicly.

Dr. Means himself signed this document and issued a personal statement at the banquet on the night following in which he said:

> I am not advocating a revolt, and nothing of that sort was mentioned in the speech which I made last night.

This statement was duly buried by the New York *Times* on page 11, following a scientific discussion dealing with the history of appendicitis. The Board of Regents of the College of Physicians unanimously adopted the following statement before its adjournment:

> Unfortunately an impression has been created that the American College of Physicians is in revolt against the organized medical profession as represented by the American Medical Association. This does not correctly reflect the statement of Dr. James H. Means in his presidential address. Nor does the impression represent any position taken by the membership, since there has been no official consideration by the College of the questions involved.

This statement was duly buried by the New York *Times* on page 19 at the end of a consideration which it headed "Victims of Scurvy Found Among Rich." Altogether the incident may have a salutary effect on the medical profession in establishing with some certainty those to whom it must look for guidance in protecting its established standards and ideals.

DEATHS FROM ENSOL-REX CANCER TREATMENT AND FOOD AND DRUG LEGISLATION

Authorities representing both the Biologic Division of the National Institute of Health and the Food and Drug Administration of the Department of Agriculture are agreed that the deaths in Orlando, Fla., discussed in The Journal last week, were due to Rex, series 152, prepared by the Biochemical Research Foundation of the Franklin Institute of Philadelphia. A portion of this batch, bearing the date of March 7, showed the presence of tetanus toxin; the deaths were due to the preformed toxin developed in the course of manufacture of the product. The two government agencies absolved both the Hendry Connell Research Foundation in Canada and the Franklin Institute of Philadelphia from intentional guilt in the preparation of the serum. Neither Ensol nor Rex had been licensed for interstate sale but were sent broadcast without charge and with a view to obtaining experimental therapeutic evidence. According to statements in Orlando newspapers, an official spokesman for the Food and Drug Administration said:

> There is no law to prohibit shipment of dangerous medicines, as demonstrated in the famed elixir case last fall. At that time we recommended that Congress pass laws to cover such situations, but to date our recommendations have not been acted upon.

Readers will recall the series of articles in The Journal concerning the Elixir of Sulfanilamide-Massengill episode, in which more than seventy-six persons died following the administration of the elixir. At that time The Journal said:

> A physician is not compelled to follow the United States Pharmacopeia, the National Formulary or the Council on Pharmacy and Chemistry in the prescribing of drugs. He may, if he wishes, prescribe anything that he thinks may be of benefit

SURVEY OF HOUSEHOLD DIETARIES

The collection of data on diets presented some difficulty. An appeal through the press for cooperation by the public brought a poor response, and a system was finally instituted whereby housewives, reached mainly through baby health centers, recorded in a special book the details of all the food purchased for their families over a period of at least one month. The data thus received from 1,789 families can scarcely be considered a faithful representation of conditions actually obtaining in the community. The council admits that the data will show a position rather more fortunate than actually exists. Each of the 1,172 food items listed in the booklets was analyzed for its carbohydrate, fat, protein, moisture and ash content. Statistical analysis of the material showed that the weekly expenditure on food in the three eastern capitals varied between 11s. 6d. and 13 shillings for each adult male, while in Adelaide the figure was 10s. 2d. This discrepancy is due to the low utilization of milk and butter in Adelaide as well as to the home growing of fruit. Each adult male used 34 pounds of food a week, with a wastage allowance estimated at between 5 and 10 per cent. The caloric value of this average amount is more than sufficient to meet requirements. On a fuel basis alone however, although the average was high, 6 per cent of the diets studied were subliminal.

The consumption of protective foods fell far below an optimum allowance. Over 25 per cent of the dietaries studied showed inadequate consumption of milk, and 25 per cent failed to show a desirable consumption of eggs. The consumption of potatoes was below what is considered optimal. As to fresh fruit, 6 per cent of the adult males consumed half a pound a week and 12 per cent 1 pound a week. There was no evidence of an inadequate consumption of butter. No attempt was made to survey the vitamin content of the foods used.

CLINICAL EXAMINATION OF CHILDREN

The second portion of the investigation took the form of an extensive survey, conducted by Dr. F. W. Clements, of conditions in the far inland areas of Australia. Dr. Clements was equipped with an automobile unit consisting of motor caravan with sleeping quarters, small laboratory and portable x-ray unit. A physical examination determined whether the state of nutritional development of the child was "satisfactory" or "unsatisfactory." In addition, x-ray examinations of the epiphyses of the wrist, with blood and visual adaptation tests, were used to select the actual cases of malnourishment and to detect the actual effects of the malnutrition.

ECONOMIC FACTORS

A third section of the report gives consideration to economic and other factors involved in the consumption of protective foods. There is no shortage in the production of these foods in Australia, and the inquiry has clearly demonstrated that there is room for expansion of home markets. The council emphasizes the need for efficient distribution and proper storage of perishable foods in country districts.

RECOMMENDATIONS

In conclusion the council recommends as a guide for future action that the whole system of health supervision of children be immediately reviewed with the object of securing regular and complete supervision of bodily health during infancy and childhood to the age of 16 years and that regular instruction of all children in the elementary principles of hygiene and physical culture and of all girls in the composition and preparation of food be instituted. It is also recommended that a central coordinated committee be appointed to foster the general health of the rising generation, the correction of faulty diets in a general sense by the publication of dietary advice and the investigation and rectification of specialized local defects both physical and nutritional. It has been suggested that a subcommittee of the National Health and Medical Research Council be formed to continue the function of the present Advisory Council on Nutrition, whose terms of reference have now been satisfied.

Cancer Investigation

Extensive plans have been made in Western Australia for a thorough investigation of a cancer treatment by the use of unorthodox biochemical therapies. The investigating committee has been appointed by the West Australian branch of the British Medical Association, and all expenses incurred will be borne by the state government. Dr. Koch, the discoverer of the treatment, which is asserted to have effected many cures in the United States, will probably be brought to Australia. In Australia little is known of Dr. Koch's work.

Marriages

ANDREW MATHEWS MCLAUGHLIN, Waynesboro, Va., to Miss Betty Watkins Martin of Catawba Sanatorium, August 27.

ALLEN LEDYARD DE CAMP, Fayetteville, N. C., to Miss Katherine Besbord Bingham of Rydal, Pa., September 8.

LEONARD R. BOLOGNINO, Kew Gardens, N. Y., to DR. CHRISTINE R. HEFFERMAN of Amsterdam, September 17.

EDWIN MACRAE RUCKER, Durham, N. C., to Miss Nancy Connelly Johnston of Nicholasville, Ky., July 9.

WILLIAM CHILDS CANTEY, Philadelphia, to Miss Blanche Moorer Dennis of Darlington, S. C., August 27.

ANDREW JOHN VALOIS KLEIN, East Orange, N. J., to Miss Louise W. Ripley at Point Pleasant, August 27.

CLARENCE C. CHEWNING JR., Bowling Green, Va., to Miss Alice Louise Thompson of Richmond, July 26.

ALLEN ARTHUR LILIENTHAL, Sanatorium, Miss., to Miss Jane Drexler Roth of Memphis, Tenn., September 4.

ROBERT S. ROSNER, Cleveland, to Miss Evelyn D. Harris of Monahans, Texas, at Cincinnati, September 4.

WILLIAM ROBERTS SANDUSKY, New York, to Miss Kate Wakeman Street of White Plains, July 4.

HENRY E. PALMER, Tallahassee, Fla., to Mrs. Leah Burgess Furlong of Rochester, N. Y., August 9.

IRWIN H. ZIELKE, Traverse City, Mich., to Miss Marie Elizabeth Cutler of Pittsburgh, July 28.

BERNARD S. STELMASZYK, LeRoy, N. Y., to Miss Irene P. Skarupinski of Buffalo, September 22.

HUGH GAMBEL CLARK, Fairfield, Ala., to Miss Buena Vista Gilchrist of Birmingham, August 16.

ROWLAND FRANKLIN ZEIGLER JR. to Miss Dicksie C. Barfield, both of Florence, S. C., August 3.

WALTER GLENN HARDY, Roanoke, Va., to Miss Ethel D. Killinger of Rural Retreat, July 2.

ROBERT CLARK LAUGHLIN, Baltimore, to Miss Mary Alston Cowan of Blacksburg, Va., July 2.

LOUIS J. ZINTERHOFER, Detroit, to DR. MARTHA EFFIE MADSEN of Houston, Texas, July 25.

JOHN KIRK RICHARDSON to Miss Loula Clyde Woody, both of Richmond, Va., June 24.

CULLEN WARD IRISH to Miss Lois Patricia Heberling, both of Los Angeles, June 2.

ROBERT R. RUDOLPH to Miss Rachel M. Moore, both of Columbus, Ohio, July 2.

HENRY M. KARLAN, New York, to Miss Alexandria Stambler of Brooklyn, June 26.

VON A. LONG, Hartsville, S. C., to Miss Sara Elizabeth Ruff of Newberry, July 8.

LEWIS BETTY STATON to Miss Jeanette Bryce, both of Richmond, August 2.

JOHN H. LESHER to Miss Hilda Agee, both of Knoxville, Tenn., June 8.

HENRY M. LAMB, Portland, Maine, to Miss Helen B. Lord, August 24.

WILLIAM RICHARD MCATEE, Erie, Pa., to Miss Sally Organ, August 24.

Koch P-1581

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A. M. A. SESSION — St. Louis — MAY 15-19, 1939

HERMAN'S Practice of Urology

The British Medical Journal says that Dr. Herman's Practice of Urology *"is written from clinical experience and packed with valuable hints and tips. The legends accompanying the numerous and excellently produced illustrations are a urological education in themselves. Altogether this is one of the best books on urology one could wish for."*

This opinion is indicative of the enthusiastic manner in which this *new* book is being received. The General Practitioner is finding it especially helpful, because Dr. Herman wrote his book only after a very careful consideration of the problems frequently encountered in everyday practice.

This is a work on the *medical treatment* of urologic diseases. Kidney ailments, bladder disorders, prostatism, gonorrhea, and many other diseases and conditions that present themselves to the Family Physician for diagnosis and treatment are discussed. You will find the *new* and standard tests, methods of physical examination, urography, cystoscopy, urinalysis, etc. Systemic measures, dietetic treatment, diuretic therapy, the use of drugs, solutions and antiseptics and surgical indications are given throughout the book.

To quote Northwest Medicine: *"This is one of the most concise and complete texts on urology that we have ever had the privilege of reading."*

By LEON HERMAN, B.S., M.D., Professor of Urology, University of Pennsylvania, Graduate School of Medicine. Octavo of 923 pages with 756 illustrations on 504 figures. Cloth, $10.00 net.

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april 15, 1939

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SATURDAY, APRIL 15, 1939

CANINE ABORTION AND HUMAN PARATYPHOID

Veterinarians have long suggested that dogs are susceptible to human paratyphoid B infections and that under certain conditions they may be the sole source of transmission of this disease to man. Two years ago a local epidemic of paratyphoid was noted in an isolated Swedish village. Two weeks before the beginning of the epidemic a pregnant setter of the village had suffered a severe gastro-enteritis and had aborted. After the development of the epidemic the local physician [1] took samples of stools, urine and blood from the convalescent dog. The blood sample gave a positive Widal reaction with a standard laboratory strain of Salmonella paratyphi B (schottmülleri). Both convalescent urine and stools, however, were negative at the time of the examination.

A year later a second local paratyphoid epidemic was noted in another isolated Swedish village. This epidemic also was accompanied with one or more cases of canine abortion. An atypical paratyphoid bacillus was isolated in the human cases. The dogs were not examined. As a precautionary measure, however, a valuable pregnant dog was sent from this village to an isolated farm about 4 kilometers distant. Two days after arrival the dog became desperately ill with enteritis and aborted. Following this abortion, four members of the rural family caring for the dog became ill with typical paratyphoid infection. Blood and stools were collected by the attending physician [2] from the four patients and from the dog and sent to the National Laboratory at Stockholm for bacteriologic examination. An atypical paratyphoid strain was isolated from each of the five stools. All five blood samples gave positive agglutinin reactions with this strain, the canine serum agglutinating it in a dilution of 1:250.

Fractional antigens were isolated from this bacillus and compared with similar fractions from standard laboratory strains. At least four heterophile antigenic factors were demonstrated or deduced from cross agglutination tests, together with one fairly specific factor, which was tentatively assumed to be diagnostic of the canine bacillus. The name Salmonella abortus canis was suggested for this canine paratyphoid B bacillus.

Theoretically the new micro-organism may be pictured as a relatively primitive, less highly specialized type of the paratyphoid bacillus, a possible ancestor of more highly specialized strains isolated in strictly human cases. The cultural stability of this canine variant has not yet been tested.

1. Caspersen, J.: Ztschr. f. Hyg. u. Infektionskr. **120**: 611, 1938.
2. Magnusson, K. E.: Ztschr. f. Hyg. u. Infektionskr. **121**: 136 (Oct.) 1938.

BAKER AND KOCH "CANCER CURES" TRY NEW ZEALAND

According to a report in the *British Medical Journal* the American "cancer cures" promoted by William F. Koch and Norman Baker have been investigated by a committee of qualified medical experts in New Zealand.[1] On Aug. 31, 1938, fifteen patients who had been treated by the Koch and Baker fluids were carefully examined by members of the committee. It was decided that six of the patients had cancer and six were probably cancerous, while three definitely did not have cancer. The examiners were especially interested in four cases of cancer of the breast which had been treated with local injections of the Baker [2] fluid around the periphery of the breast ten days prior to examination and also with intravenous injection of Koch's [3] fluid the day before. In each case the whole of the breast and a varying but extensive surrounding area were completely gangrenous, black and malodorous.

Dr. Williams, who administered the treatments, gave the committee the impression that Baker's fluid destroyed all cancerous tissue exclusively and selectively and that the Koch fluid searched out all cancerous cells throughout the body, wherever they might be, and destroyed them.

The patients were seen again on September 14, and two of them were decidedly worse. In all cases the cancerous breast had sloughed away, together with surrounding tissue extending in one instance from the center of the breast bone to the posterior margin of the armpit. With one exception there had been no signs of healing, and it was noted that it would require a long time for healing of such large areas to occur. There was a great amount of mutilation.

1. The committee which investigated these remedies consisted of Sir James Elliott, M.D., chairman, Mr. H. Hardwick-Smith, F.R.C.S., Dr. J. O. Mercer and Dr. T. R. Ritchie. Sir James Elliott is president of the New Zealand Branch of the British Empire Cancer Campaign, Dr. Mercer is a recognized pathologist (M.R.C.P.), and Dr. Ritchie is director of the Division of Public Hygiene of the Department of Health. This committee was acceptable to a Dr. Williams, who apparently is the one who requested the test.

2. Previous references to Norman Baker and his treatment of cancer appeared in THE JOURNAL **94**: 1146, 1241, 1340 (April 12, 19 and 26) 1930; **95**: 285 (July 26) 1930; **96**: 43, 1167, 2042 (Jan. 3, April 4 and June 13) 1931; **98**: 890, 1012 (March 12 and 19) 1932; **99**: 1355 (Oct. 15) 1932; **104**: 929 (March 16) 1935; **105**: 375 (Aug. 3) 1935; **109**: 375, 616, 798 (July 31, Aug. 21 and Sept. 4) 1937; **110**: 749 (March 5) 1938; **111**: 566 (Aug. 6) 1938; **112**: 435 (Feb. 4) 1939.

3. Previous references to William F. Koch and his treatment of cancer appeared in THE JOURNAL **76**: 466 and 537 (Feb. 12 and 19) 1921; **82**: 2054 (June 21) 1924; **86**: 1469 (May 8) 1926; **88**: 928 (March 19) 1927; **103**: 116 (July 14) 1934; **106**: 929 and 2189 (March 14 and June 20) 1936; **107**: 519 (Aug. 15) 1936.

About this time the investigations were ordered ceased by Dr. Williams, apparently for the reason outlined in a letter in which he said:

"Since both Baker and Koch have written to me in the strongest terms, declining to submit their products to test in their absence, I have no alternative to breaking up negotiations with your committee."

The committee, although thwarted in carrying its investigations to their indicated conclusion, stated:

"We have no doubt that Baker's fluid is a powerful sclerotic agent and can cause great local destruction. Compared with surgical treatment, destruction by a sclerosing or caustic fluid seems like a reversal to the treatment of the Middle Ages, causing unnecessary mental distress, delayed healing, and increased risk of septic infection. We have had no evidence whatever to show that Baker's fluid has any selective powers in the destruction of cancer cells. There is no real difficulty in removing the breast surgically or by crude destruction, but this is very far from a cure of the breast cancer and may delude the public mind. . . . From our general knowledge [4] and from the observations we were permitted to make in investigating the cases at Wanganui, we have no reason whatever to suppose that Koch's fluid has any effect in curing a generalized cancer. . . . This claim that a cure has been found for cancer should never be made and promulgated until prolonged tests have shown that the claim is a reasonable one. . . .

"Your committee considers that it is in the public interest that a statement should be made that our hope of finding anything useful in the treatment recommended by Dr. Williams and his colleagues has proved illusory."

The story speaks for itself. Nevertheless, it should be emphasized that the use of these treatments was permitted without any evidence in the scientific literature to support the use of either fluid. The committee's reference to the dark ages is particularly apt. In a day when medical science progresses on the basis of established fact, as determined by careful experimentation and even more careful clinical trial, with frequent reports in the literature covering the various steps, there is absolutely no excuse for the employment of methods of treatment completely devoid of scientific support.

THE NUTRITIVE VALUE OF WHEAT FLOUR AND BREAD

Bread, throughout the ages, has been the symbol for food. The annual per capita consumption of wheat bread alone in the United States is over 80 pounds, and the yearly consumption of all types of bread is almost 90 pounds. Bread is a concentrated food and is one of the cheapest sources of energy. During the past three decades a large number of investigations have thrown light on the nutritive quality of bread. A recent report of Copping [1] reviews the present status of our knowledge of the problem.

Although bread is an important food, it is by no means a complete foodstuff. It consists essentially of flour and water, charged with carbon dioxide as a result of action of leavening agents, and baked. Its nutritive value depends principally on the flour used in its preparation. There is considerable variation in the nutritive value of flour. The process of milling wheat does not seriously affect the protein or the carbohydrate content of the flour, but it does appreciably reduce the amount of fat and ash present. Only about 70 per cent of the screened wheat is recovered in the preparation of standard grade white flour. By further milling finer flours are obtained and in these cases the extraction is even less.

The question of the extent to which various degrees of milling affect the nutritive value of the flour obtained from wheat is of particular importance. Although the preparation of flour from wheat by milling does not greatly alter the proportion of protein, experience indicates that the nutritive value of the protein of whole wheat is superior to that of the protein of various flours milled from it. In other words, in the modern process of milling the biologic value of wheat protein is lowered for nitrogen repair as well as for growth of the animal organism. The process of milling seriously affects the ash content of flour. The removal of wheat bran and wheat germ in the preparation of white flour effects a reduction in mineral content to about one half for calcium, one fourth for potassium, one fifth for phosphorus and one fifth for iron. The loss of calcium and phosphorus is probably not of great importance, as wheat, like most other cereals, shows an ill proportioned ratio of calcium to phosphorus. In this connection it has long been suspected that in the absence of vitamin D many cereals exert an anticalcifying effect and, as a consequence, an anticalcifying factor was alleged to be present in cereals. Recently, however, Mottram and Palmer [2] have shown that the rachitogenic effect of a pure cereal diet can be counteracted by merely adding sufficient calcium to produce a favorable calcium: phosphorus ratio. The loss of iron in the process of milling wheat is, however, of importance, since Rose and her co-workers [3] have shown that iron present in whole wheat meal is well absorbed and is efficiently used in the regeneration of hemoglobin.

Although wheat flour is practically devoid of vitamin D and vitamin C and ordinarily possesses but an insignificant amount of provitamin A, its content of the B group of water-soluble vitamins is not inconsiderable. An examination of white wheat bread, however, reveals that it contains only about one fourth to one sixth as much thiamin (vitamin B_1) as whole wheat bread. Investigation has also shown that bread prepared from whole wheat flour contains a larger percentage of the vitamin B complex than that prepared from white flour. Whole wheat grain contains an appreciable amount of provitamin A, carotene, but since this constituent imparts to the flour a yellow color which is considered undesirable, bleaching agents are often

4. The committee stated that it was influenced by investigations made of both the Baker and the Koch treatment in the United States of America under more favorable conditions, which had been uniformly condemnatory.

1. Copping, A. M.: Nutrition Abstr. & Rev. 8: 555 (Jan.) 1939.

2. Mottram, J. C., and Palmer, N.: Cereal Chemistry 14: 682, 1937.

3. Rose, Mary S.; Vahlteich, Ella M., and Bloomfield, Emily L.: Proc. Soc. Exper. Biol. & Med. 26: 322 (Jan.) 1929.

ST. LOUIS • A.M.A. SESSION • MAY 15-19, 1939

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ings. Preoperative and postoperative measures are considered as well. The author has no intent to teach technic by way of a book, but the printed page here does give in a superlative manner an insight into the principles of operative surgery of the ear, nose and throat as practiced by an accomplished exponent.

Röntgenatlas der Erkrankungen des Herzens und der Gefässe: Ein Leitfaden für Ärzte. Von Dr. Walter Brednow, a. o. Professor für innere Medizin und Röntgenologie, Oberarzt der Medizinischen Universitätsklinik Göttingen. Second edition. Paper. Pp. 161, with 90 illustrations. Berlin & Vienna: Urban & Schwarzenberg, 1939.

The second edition is not essentially different in general plan from the first. New illustrations enrich the beautiful collection of cardiovascular roentgenograms, which are often clarified by photographs of plaster models. Roentgenkymography of the heart is described, but it is the opinion of the author that this new technical advance, while promising real help in cardiac diagnosis when it is fully developed, has not yet achieved a place in the armamentarium of the practicing physician. The roentgenograms are clearly reproduced and should be of great value to students and teachers of cardiography.

The History of Bacteriology. By William Bulloch, M.D., F.R.S. University of London, Heath Clark Lectures, 1936, delivered at the London School of Hygiene and Tropical Medicine. Cloth. Price, $3.75. Pp. 422, with 52 illustrations, including 16 plates. New York, Toronto & London: Oxford University Press, 1938.

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The Nobel Prizes and Their Founder Alfred Nobel. By Fritz Henriksson. Paper. Price, $1. Pp. 59, with 9 illustrations. Stockholm: Alb. Bonniers Boktryckeri, 1938.

This pamphlet makes available all the necessary factual data concerning the Nobel prizes, the manner in which they were established and the method of award and a complete list of those who had received the prizes up to the date of publication. There are also some thirty pages of information relative to Alfred Nobel and his family. It is the authentic publication for those wishing information in this field.

It's More Fun to Be Thin. By Jean Z. Owen. Cloth. Price, $2. Pp. 182, with illustrations. Boston: Marshall Jones Company, 1939.

This book is a badly overdone attempt to sugarcoat education about reducing. It consists mostly of forced humor with a small amount of information. Of 182 pages, only seven are devoted to an actual week's reducing diet, and there are a few scattered menus in other parts of the book. The diet recommended is deficient in protein, deficient in carbohydrate and almost totally lacking in dairy products, with the exception of a small allowance of butter. In the entire collection of sample menus for a week, milk is not advised. Great emphasis is placed on using rye bread instead of white, when the most elementary knowledge of caloric values should have taught the author that rye bread has practically the same caloric value as white. In the presence of many better books and pamphlets, this one can hardly be recommended.

Bacteria: The Smallest of Living Organisms (1872). By Dr. Ferdinand Cohn. Translated by Charles S. Dolley (1881). Introduction by Morris C. Leikind. Boards. Price, $1. Pp. 44, with 2 illustrations. Baltimore: Johns Hopkins Press, 1939.

This reprint from the Bulletin of the History of Medicine makes available one of the most important essays in the history of bacteriology. First published in 1872, it appeared when Pasteur was in the midst of his studies on fermentation and spontaneous generation and when Koch was still an unknown physician.

Bureau of Legal Medicine and Legislation

MEDICOLEGAL ABSTRACTS

Chiropractic: Scope of Chiropractic in California; "Chiropractic as Taught in Chiropractic Schools" Construed.—The defendant was a chiropractor licensed under the provisions of the chiropractic initiative act adopted in California in 1922. He was convicted of a violation of the medical practice act, now forming a part of the Business and Professions Code of California, and appealed to the appellate department, superior court, Los Angeles County, California.

It was not necessary, the court said, for the complaint to negative the possession of a chiropractic license by the defendant. The operative effect of the 1922 chiropractic initiative was the same as that of an exception or limiting proviso placed in the same act with a prohibition which is not a part of the definition of the offense. It is the rule in such matters that it is not necessary in a criminal charge to negative such an exception or proviso.

Prior to the 1922 chiropractic initiative, chiropractors in California could by virtue of a provision in the medical practice act obtain from the board of medical examiners licenses to practice as drugless practitioners, without the use of drugs or medical preparations and without severing or penetrating any of the tissues of human beings, except the severing of the umbilical cord. The 1922 chiropractic initiative created a board of chiropractic examiners and provided that a license issued by the board authorized the holder—

> to practice chiropractic in the State of California as taught in chiropractic schools or colleges; and, also, to use all necessary mechanical, and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry or optometry, nor the use of any drug or medicine now or hereafter included in materia medica.

The proponents of the 1922 initiative, the court pointed out, then argued that their complaint was not against the limited

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Bureau of Investigation

KOCH CANCER "CURE" AND THE CANADIAN CANCER COMMISSION

THE JOURNAL has frequently commented on the Koch cancer treatment. The Bureau of Investigation is in receipt of a letter dated April 2 addressed to a physician in Texas, from the Koch Laboratories of Detroit, carrying the signature "Wm. F. Koch, Ph.D., M.D.," which reads as follows:

"The CANADIAN CANCER COMMISSION appointed by the ONTARIO Government has compiled a splendid series of scientific PROOFS of the EFFICACY of the KOCH TREATMENT in curing advanced CANCER.

"In order to make this presentation available to interested physicians it is reproduced verbatim in a four hundred page book which is distributed for one dollar to cover printing and mailing costs.

"To give a practical conception of the clinical and scientific aspects of this work our book on natural immunity will be sent to you for the asking.

"Aside from humanitarian interest you will find that these books offer you a means of increasing your efficiency and income."

Of interest in connection with the claim made in the first paragraph is a clipping taken from the Toronto *Daily Star* for March 19, which deals with a report of the Ontario Cancer Commission, pointing out that this is the third report and that it has nothing to add to its November report in which it expressed the opinion that the investigation of "Ensol," the discovery of Dr. Hendry Connell of Kingston, Ont., "be continued," that they would be willing to consider "Essiac," sponsored by Miss Rene Caisse of Bracebridge, "if furnished with formula and samples," and continues as follows:

> "Or Glyoxylide, sponsored by Dr. David Arnott of London, Ont., the Commission reports it 'is still hopeful that progress may be made . . . And thinks it desirable to defer any review of the evidence before it to date or the expression of any opinion until it either has the benefit of some laboratory study or it is finally successful in having an investigation made.'"

CEASE AND DESIST ORDERS

Abstracts of Certain Federal Trade Commission Releases

The work of the Federal Trade Commission, in helping to protect the public against misrepresentation or fraud in the medical as well as other fields, has been greatly extended by the provisions of the Wheeler-Lea Amendment to the Federal Trade Commission Act. The Food, Drug and Cosmetic Act of 1938 added to the Food and Drug Administration's control of the advertising claims and statements made on the labels of medicines or on the carton or in the accompanying leaflet, whereas what might be termed collateral advertising, that which appears in newspapers and magazines and over the air, comes more actively under the purview of the Federal Trade Commission, by virtue of the Wheeler-Lea Amendment.

THE JOURNAL has at various times commented on the activities of the Federal Trade Commission in this connection, even before the Wheeler-Lea Amendment gave it its added rights. In some cases the Commission may accept from the person or concern involved a stipulation that the objectionable practices or claims cited will be discontinued. In other cases the Commission issues what is known as a Cease and Desist Order, in which the individual, manufacturer or distributor cited is ordered to cease and desist from practices which have been declared objectionable.

Abstracts of some of the orders issued during 1940 follow:

Clito Products.—There are two of these, designated as "Clito Emmenagogue Capsules" and "Rayo De Sol" and put out by a Rene P. Balditt, trading as the Clito Company, San Antonio, Texas. The Federal Trade Commission's investigation revealed that Rayo De Sol is not, as represented, a cure for cataracts, cloudy vision, film carnosity, ulcers and inflammation of the eyes, and that Clito Emmenagogue Capsules are not a safe and competent treatment for delayed menstruation. On Oct. 28, 1940, the Commission ordered Balditt to cease making these misrepresentations and to discontinue advertisements that fail to reveal that Clito Emmenagogue Capsules may cause gastro-intestinal disturbances and excessive congestion and hemorrhage of the pelvic organs and, in case of pregnancy, may cause uterine infection and blood poisoning.

Concentra.—A Chicago concern operating under the name Jean Ferrell, Inc., advertised this product as a highly concentrated food, safe for use and (with the addition of liquids) as constituting a balanced diet capable of replacing the ordinary diet. It was also claimed to supply deficiencies of the body, to correct overweight and underweight and to eliminate poisons from the kidneys because of its gravel root content, and poisons in general from the body by action of its rhubarb content. The Federal Trade Commission on March 15, 1940, ordered the concern to discontinue these representations, charging that they were exaggerated and untrue, that the preparation is not a food and that because of its high content of rhubarb, it is a drug and not safe to use. Jean Ferrell, Inc., was also ordered to cease disseminating advertisements of Concentra which fail to reveal that continued use of the preparation over a long period would cause excessive purgation and result in serious injury to the health of the user. Another federal agency, the Food and Drug Administration, prosecuted Jean Ferrell, Inc., for misrepresentation on the ground that the claims made in or on the trade package of Concentra violated the Food and Drugs Act in fraudulently representing, among other things, that this nostrum was a food, whereas it consisted essentially of a drug. This drug was reported by government chemists to be rhubarb root. Their analysis also disclosed the presence of some dried extractive material, soya bean tissues and Irish moss tissues. This case, designated as *Notice of Judgment 30606*, November 1939, was reported in THE JOURNAL, May 4, 1940, page 1825.

Dermagell.—This product, originally put out by Research Associates, Inc., Washington, D. C., was later taken over by Dermagell, Inc., of the same city. It was claimed to be "a 3-purpose Cleansing Cream and Shampoo—so efficient—so utterly different from anything heretofore obtainable that authorities proclaim it 'the discovery of the century' . . . soothes and heals as it penetrates innermost recesses of the tender pores without unpleasant reaction . . . actually protects your skin . . . prevents and cures many skin disorders." The Federal Trade Commission, on May 16, 1940, declared that this product is not substantially different from any other preparations or soaps designed for similar use, that it possesses no special soothing or healing properties and that other claims made for it were false and misleading. It therefore ordered that such misrepresentations be discontinued in the advertising.

Faid.—This item is put out by the Chapman Health Products Company of Cleveland, which also put out "N. A. R. Tablets." The tablets were represented as a cure or remedy for rheumatism, neuritis and arthritis, and "Faid," also known as "Daintee," as a cure or remedy and a safe, scientific treatment for obesity. The latter, according to the Federal Trade Commission, contained powdered extract of phytolacca berries, sodium biborate, berberine hydrochloride, apocynoid (?) and desiccated thyroid, in quantities sufficient to cause serious and irreparable injury to health if taken under customary and usual conditions or under those prescribed in the advertising. The composition of the N. A. R. Tablets was not given. The Federal Trade Commission, on May 10, 1940, declared that the representations made for these two products were unwarranted and ordered them discontinued.

Grape Cure for Cancer.—This treatment was exploited by one Johanna Brandt in her book "The Grape Cure," distributed by a Jessie F. Springer, operating as the Harmony Centre of New York. The Federal Trade Commission objected to this book on the ground that it represented that Johanna Brandt had cured herself of cancer through the use of the system of treatment described therein, which is based on the use of grapes, and that this treatment would cure cancer and practically all other human afflictions. The advertising itself contained objectionable representations, such as that most diseases originate in the intestine and are caused by poisons due to uneliminated waste; that grapes dissolve mucus, that those who develop malignant growths have in most cases been suffering from constipation; that salt, inorganic drugs and "patent medicines" cause cancer and that the system or method of treatment outlined in the book will restore one's health. On March 15, 1940, the Commission ordered that such misrepresentations be discontinued. The American Medical Association's records indicate that back in 1928 Johanna Brandt, who claimed to have come from South Africa the previous year, was herself running the Harmony Healing Centre in New York, which concern was charged by state officials with practicing medicine without a license. Soon afterward one F. W. Collins, calling himself "dean" of the First National University of Naturopathy, Newark, N. J., announced that his institution had become the headquarters of the "Centre." Evidently the concern later was reopened in New York by Jessie Springer. It capitalized on the "grape cure" propaganda by advertising that it had grape juices and grape concentrates for sale, as well as various "health books." The authors of some of these books were readily recognized as quacks or food faddists.

Nu-Myst.—This nostrum, put out by the Forson Laboratories, Inc., New York, was described by the Federal Trade Commission as "a liquid composed of common ingredients prescribed by physicians for relieving 'colds,' and containing menthol, camphor, thymol, oil of pine, eucalyptol, benzyl benzoate and aromatics, with an alcohol base of 87 per cent." The Commission charged that the Forson concern—through radio broadcasts and newspaper and magazine advertisements—falsely represented that its product would bring speedy relief to sufferers from colds, hay fever, rose fever, asthma and other nasal and bronchial disorders. The Commission pointed out that the disorders named, except colds, are grouped under the so-called allergies, the causes of which are manifold, and since there are so many causes it is impossible for a formula such as "Nu-Myst" to bring relief from any of these conditions. On April 14, 1940, therefore, the Commission ordered the Forson people to cease and desist from representing that their preparation will destroy or prevent the growth of bacteria; that it is a cure or remedy for colds, whooping cough, hay fever, rose fever or asthma or that it is an effective treatment for relief of these ailments beyond such temporary relief as may be afforded by the temporary allaying of local irritation.

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A.M.A. SESSION CLEVELAND JUNE 2-6, 1941

Ready—1941 Mayo Clinic Volume

Just Off Press!—The *New (1941)* Mayo Clinic Volume has just come from our bindery. If you have not already sent in your order, we suggest that you do so without delay. The edition of this Annual Mayo Clinic Volume, as you doubtless know, is strictly limited and the book is never reprinted. Prompt action, therefore, may save you disappointment.

This year, this important volume gives you not only the advances in medicine and surgery that have been developed at the Mayo Clinic and The Mayo Foundation during the past year, but it also brings you a *179-page Section on Military Medicine* that is of utmost importance to the entire medical profession.

In this section on *Military Medicine* you get discussions of such subjects as High Altitude and Its Effect on the Human Body, First Aid Treatment of Shock, Injuries of the Head and Face, Wounds of the Chest and Abdomen, Treatment of War-Time Fractures, Sulfanilamide in Local Treatment of Wounds, Management of Tetanus, First Aid for Injuries to the Knee and Spinal Column, and many, many others.

Then, in addition to all these, there are dozens of other practical articles of special interest. For example: Treatment of Hepatic Disease, Chemotherapy in Urology, Management of Pyelitis in Pregnancy, Treatment of Heart Disease, Treatment of Common Skin Diseases, Treatment of Deficiency States, Recurrent Peptic Ulcer, Clinical Use of Vitamin K, etc., etc.

See Full Details in SAUNDERS ADVERTISEMENT—Page 3

Correspondence

CANADIAN COMMISSION DENIES AUTHORIZATION FOR CIRCULAR ON KOCH TREATMENT FOR CANCER

To the Editor:—Apparently a circular letter has been widely distributed among members of the medical profession in the United States, indicating that this commission has compiled a series of proofs of the efficacy of the Koch treatment of cancer.

A sponsor of the Koch treatment appeared before this commission and submitted some evidence, in the main consisting of case histories. To correct any erroneous inference that might be drawn from the circular mentioned, it should be noted that this commission has made no report expressing any opinion whatever of the efficacy or otherwise of the treatment as a remedy or cure for cancer.

J. G. Gillanders, Toronto.
Chairman, Commission in the Investigation of Cancer Remedies.

ABORTION

To the Editor:—An article in the June 21 issue of The Journal (Bush, W. L.: Tetanus Following Induced Abortion) high lights one of the great evils which should be attacked vigorously and specifically by the American Medical Association. I refer to the prevalence of abortionists and the *laissez-faire* attitude of the ethical members of our profession toward them. Five (or possibly seven) maternal deaths due to illegal abortions performed by one man in two weeks is indeed fortunately rare, but many times that number of fetal deaths and of potential maternal deaths are routine with numerous men whose existence in the community and even in the medical profession is tacitly condoned by the more respectable members of the latter. In the aggregate, the seriousness of this condition becomes apparent when one notes that 25 per cent of all maternal deaths occur in the first trimester of pregnancy and that most of them are due to sepsis.

When I was carrying on my study of abortion cases at Belleview Hospital, New York (*Am. J. Obst. & Gynec.* **39**: 919 [June] 1940; **41**:61 [Jan.], 285 [Feb.] 1941; *Human Fertil.* **6**:37 [April] 1941), I received the impression, exaggerated of course, that I was the only physician and almost the only adult woman in the city who did not know the name and address of at least one so-called good abortionist. I could have learned of half a dozen simply by asking, had I not expressly wished to remain in ignorance.

While recoiling in horror from the idea of performing an illegal abortion themselves, few of my colleagues would refuse to supply the name and address of one of these abortionists to a patient who applied to them in distress. The excuse they gave was that the woman was determined to be rid of the fetus and, if not directed to a clean and skilful abortionist, would either injure herself by attempts at self induction or fall into the hands of a dirty bungler. This reasoning, while often true in the individual case, has been given more weight than it deserves and has led collectively to a flourishing and ever increasing illicit traffic. The public has come to look on abortion as an easy way out of a common dilemma. Many women believe it is a safe minor operation if performed by a physician. Some seem to have no more feeling about it than about having a tooth pulled. A number told me that they would rather take a chance and have an abortion, "if necessary," than bother with birth control. All this, of course, is indicative of a wrong headed attitude on the part of the public, but it has been fostered, howbeit unintentionally, by the long-going refusal to face the issues squarely which is the [illegible] omission of the most reputable of our profession.

While it is true that many women are "hell bent" on abortion and will take the most desperate chances in their efforts to procure it, the majority would be stayed by the mere inaccessibility of an abortionist. Every physician has known scores of women who frantically reject the idea of pregnancy at the time of the first missed period but who, having carried beyond the fourth or fifth month, reverse their attitude and settle down placidly to become good and happy mothers. This is true not only of married women who have rather superficial reasons for avoidance of additions to the family but also of others whose social or economic status might seem to make the birth of a child catastrophic.

This question should be brought out in the open. The lay and professional public should be educated as in the case of the recently unmentionable venereal diseases. The indications for therapeutic abortion should be clarified and it should be made available (after due consultation and in a reputable hospital) to all women who present the bona fide indications agreed upon. At the same time, those who perform illicit operations should be whole heartedly purged from our ranks and punished to the extent of the law. If these measures were carried out, I believe the same brilliant results could be expected as are now being seen in the campaign against syphilis.

The prosecution of illicit practitioners cannot succeed without the vigorous support of the public. We hear frequently the fatalistic remark "You can't get a jury to convict." On the other hand, education of the public can succeed in decreasing resort to abortionists but slowly as long as the services of these dangerous renegades are readily available to any woman who thinks she needs them. The difficulty in breaking this vicious circle is no excuse for the apathy with which it is regarded by those who deplore it. A beginning should be made by at least airing the problem.

Virginia Clay Hamilton, M.D., Bath, [illegible]

PATERNITY TESTS BY BLOOD GROUP

To the Editor:—In the Report of the Committee on Medicolegal Blood Grouping Tests, recommendation was made that the use of blood grouping tests for the exclusion of paternity be accepted by the courts throughout this country. It was pointed out, however, that it is essential that the persons performing the tests should be properly qualified, as the technic is of a highly specialized nature.

Unfortunately this warning has not been followed and a number of blunders have resulted in addition to those mentioned in the report of the committee. Aside from the mistakes made by totally unqualified persons who presumed to undertake the examinations, errors have been made by four physicians who are outstanding in their own chosen fields. It seems a trite remark that a person who is experienced in one field is not thereby qualified to perform work in a field in which he has no experience. In New York City the Court of Special Sessions requested the Academy of Medicine to provide a list of physicians qualified to perform blood grouping tests in paternity cases. The procedure followed by the medical society was to send circular letters to all pathologists inquiring whether

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SATURDAY, FEBRUARY 28, 1942

GERMICIDAL GAS

The use of germicidal vapors for the prevention of air borne infection with influenza has been the subject of recent study by Robertson and his colleagues [1] of the Douglas Smith Foundation, University of Chicago. Demonstration that ferrets are readily infected by air borne influenza virus [2] has emphasized the possible clinical importance of physical or chemical methods of sterilizing the air. Successful sterilization by the use of ultraviolet radiation has been reported,[3] as well as the possibility of killing air borne bacteria and fungi by means of chemical mists (aerosols).[4] Robertson and his co-workers [5] found that glycol mists are effective, propylene glycol being the aerosol of choice because of its low toxicity.

Henle and Zellat [6] of the University of Pennsylvania afterward tested the same mists on influenza virus. Air streams from two atomizers were mixed in a 5 liter bottle. One atomizer contained diluted virus, the other either propylene glycol or water as a control. The concentration of glycol in the 5 liter mixture was approximately 1:200,000, as determined by loss of weight in the second atomizer flask. The virus-glycol mixture was then transferred to an exposure chamber containing 5 white mice. After forty-five minutes' exposure the mice were removed to individual cages. The death rate and the degree of pulmonary involvement of the survivors were determined on the eleventh day.

In control tests with water in the second atomizer, all mice exposed to undiluted virus in the first atomizer died between the sixth and the eleventh day. Half of the mice exposed to a 1:10 dilution of the same virus died before the eleventh day. In all survivors there were evidences of advanced pulmonary lesions. With a 1:100 dilution of the virus none of the mice died, though all showed some pulmonary involvement. With 1:1,000 dilution none died and but half of them developed pulmonary lesions. A 1:10,000 virus dilution was wholly noninfectious. Compared with this control series, a 90 to 99 per cent reduction in air borne virus infectivity was evident as a result of the presence of the 1:200,000 propylene glycol mist.

Robertson and his co-workers [7] found that the same glycol is ten times more effective against air suspended bacteria if used in the gaseous form. He afterward found that a 1:2,000,000 dilution of propylene glycol vapor would completely protect mice against dilutions of influenza A virus which regularly kill all control mice within four to ten days. These experiments indicate that 1:2,000,000 propylene glycol gas is an almost perfect germicidal agent when tested against air borne bacteria or air borne influenza virus. A direct clinical application of this experimental evidence, however, has not thus far been suggested by the Chicago investigators.

1. Robertson, O. H.; Loosli, C. G.; Puck, T. T.; Bigg, Edward, and Miller, B. F.: Science **94**: 612 (Dec. 26) 1941.
2. Andrewes, C. H., and Glover, R. E.: Brit. J. Exper. Path. **22**: 91 (April) 1941.
3. Wells, W. F., and Henle, W.: Proc. Soc. Exper. Biol. & Med. **48**: 298 (Oct.) 1941.
4. Twort, C. C.; Baker, A. H.; Finn, S. R., and Powell, E. O.: J. Hyg. **40**: 253 (May) 1940. Andrewes, C. H.: Lancet **2**: 770 (Dec. 21) 1940.
5. Robertson, O. H.; Bigg, Edward; Miller, B. F., and Baker, Zelma: Science **93**: 213 (Feb. 28) 1941.
6. Henle, W., and Zellat, J.: Proc. Soc. Exper. Biol. & Med. **48**: 544 (Nov.) 1941.
7. Robertson, O. H.; Bigg, Edward; Miller, B. F.; Baker, Zelma, and Puck, T. T.: Tr. A. Am. Physicians **56**: 353, 1941.

THE "ESSENCE" OF SULFONAMIDE QUACKERY

Physicians have recently been circularized by the Koch Laboratories, Inc., of 8181 East Jefferson Avenue, Detroit, with regard to an item which is called "1:4 Benzoquinone" or "BQ" and described as one of "Koch's Synthetic Antitoxins." The so-called 1:4 Benzoquinone is designated as the "active principle of the sulfonamide series." In the promotional material for 1:4 Benzoquinone appears a statement that it has been in use since 1922. THE JOURNAL has commented frequently [1] on the promotion of Koch's "Glyoxylide," which he claims was introduced at the same time. Since reference to the promotional material for Glyoxylide does not indicate any active promotion for Benzoquinone, this would seem to be essentially, if not technically, a new drug. The promotional material for 1:4 Benzoquinone (Koch) does not contain any references to medical writings to substantiate the claim that this is the active principle of the sulfonamide series. Neither is there any clinical evidence to support the statement "We recommend 1:4 Benzoquinone in the treatment of all infections, including . . . streptococcus sore throat, pneumonia, undulant fever" and "infantile paralysis" and several other conditions, including "the allergies." In view of prevailing federal drug legislation how can such promotional material as this be used? It is not unusual, however, for the Koch Labora-

1. The "Glyoxylide" of William F. Koch, J. A. M. A. **107**: 519 (Aug. 15) 1936. Koch Cancer "Cure" and the Canadian Cancer Commission, ibid. **110**: 2525 (May 31) 1941. Canadian Cancer Commission Denies Authorization for Circular on Koch Treatment for Cancer, Correspondence, ibid. **117**: 216 (July 19) 1941.

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A. M. A. SESSION ATLANTIC CITY JUNE 8-12, 1942

New Book!—Steinbrocker's Arthritis



"A Useful Book" the *Journal of the American Medical Association* calls Dr. Steinbrocker's new work. Yes, and that is precisely what it is—a *Useful* book—a *practical* book—a concise, specific presentation of sound diagnostic and therapeutic methods—methods described and illustrated in detail with full instructions on how to use them in treating the very same kind of rheumatic disorders that you see again and again in your daily practice.

Dr. Steinbrocker especially stresses those symptoms of Arthritis that occur most frequently—*lumbago, gout, sciatica, painful shoulder, low back pain, etc.* He tells when these symptoms indicate arthritis, when they do not, and, what is especially important, *how to treat them.* Of particular significance are the five chapters by Dr. John G. Kuhns, on Painful Feet; Manipulative Treatment; Posture and Exercises; Splints and Supports; and Operations and Surgical Procedures.

Truly, a *useful* book—a *usable* book—the clinical guide on the treatment and management of Arthritis that you have long wanted.

By OTTO STEINBROCKER, B.S., M.D., Assistant Attending Physician; Chief, Arthritis Clinic, Bellevue Hospital, Fourth Medical Division, New York City. With special chapters by JOHN G. KUHNS, A.B., M.D., F.A.C.S., Chief of Orthopedic and Surgical Service, Robert Breck Brigham Hospital, Boston. 606 pages, 6" x 9", 321 illustrations. $8.00.

See Also SAUNDERS ADVERTISEMENT on Page 3

tories to promote preparations for treatment without the slightest real proof of their usefulness. The recommendation of the drug for such a wide variety of conditions is followed by a paragraph headed "Scientific Basis":

"Accurate catalytic dilutions of 1:4 Benzoquinone activate Oxygen in the tissues, spontaneously forming peroxides that split into Glyoxylide and Malonide, the most efficient catalysts of tissue oxidation that can exist.

"They burn the toxic groups in every pathogenic germ product, making them harmless to the body, and nonsupportive to germ life.

"They restore the tissue oxidations providing the energy for normal dispersion of the tissue colloids, for normal function and growth.

"1:4 Benzoquinone, Glyoxylide and Malonide have proven absolutely harmless since their first use in 1922. They were among our first Synthetic Antitoxins."

If that is scientific basis, it is apparently more confusing than scientific. Next follows a section headed:

"1:4 Benzoquinone (the Active Principle of the Sulfonamide Series). The members of the sulfonamide series may kill or cure. It depends upon whether or not the patient's oxidations are still active enough to burn off the amino group, the sulfonic acid group, and the other characterizing group, and oxidize the benzene ring to 1:4 Benzoquinone."

This astounding statement is wholly unsupported by evidence. The Koch Laboratories then suggests that, even though this Benzoquinone is formed, the balance of the sulfonamide preparation which has not been so converted serves to handicap the action of the Benzoquinone, whereas 1:4 Benzoquinone, in its proper dilutions, "works curatively only." Extravagance in statement proceeds to expansive exaggeration.

"This therapy with Glyoxylide and Malonide [are they the same as 1:4 Benzoquinone?—ED.] are the most scientific known. Their serviceability is UNIVERSAL and HARMLESS. There are no contraindications. One dose is generally sufficient."

The promotion next discusses "Case Management," which includes a dietary regimen and "good colon hygiene." "The recovery process," it proceeds, "is cyclical with a periodicity of three hours and its multiples, three and a half days and its multiples, and three weeks and its multiples." Is this astrology?

Under the heading of "Economy" one finds the statement "No method of caring for serious sickness compares in economy with this treatment." At $10 per 2 cc. ampule?

Entirely absent from this promotional material is any reference whatever to the use of the product in human beings or in animals. Nowhere is there any proof that the product has ever been used successfully in any of the conditions for which it is recommended. The statements about this item addressed to the medical profession smack of typical "patent medicine" promotion to the general public. Surely physicians today are sufficiently well educated to disregard such lucubrations.

THE ACCELERATED MEDICAL CURRICULUM

Elsewhere in this issue appears a resolution adopted by the Council on Medical Education and Hospitals of the American Medical Association, which presents its views concerning the acceleration of our medical curriculum in approved medical schools during the war period. The Council emphasizes the importance that each medical school determine for itself whether or not it can initiate such an accelerated curriculum and indicates the factors which may be considered in making the decision. As was stated in a previous editorial in THE JOURNAL on this subject, little would be gained by accelerating the medical curriculum if the results included a deterioration of the quality of medical education. Fortunately the Council on Medical Education and Hospitals is prepared to make necessary inspections in order to aid in maintaining our present high standards.

Coincidental with the meeting of the Council on Medical Education and Hospitals and the annual conference, meetings were held of the Association of American Medical Colleges and of the Federation of State Medical Boards. Both organizations also considered the proposals related to acceleration of the curriculum. A special report prepared by the Bureau of Legal Medicine and Legislation of the American Medical Association indicates that some states will have to revise their laws and others the regulations governing licensure for medical practice before it will be possible for students to obtain licenses to practice in such states. The Federation of State Medical Boards proposes to take the necessary steps to meet this difficulty although, obviously, there can be no assurance of the attitudes to be taken by state legislatures or of the time required to bring about necessary changes.

The Association of American Medical Colleges was also concerned with the fact that needy medical students may need help in completing the curriculum when time is not available in a vacation period for the earning of money. Apparently the federal government proposes to lend money to medical students along with students in other branches of learning so that they may complete the curriculum. The circumstances under which money will be lent are still subject to much consideration.

The actions taken emphasize some of the factors involved in acceleration of medical curriculum which were discussed in THE JOURNAL in its editorial "Speeding Production of Physicians," published on January 17. No doubt the months of experimentation to come will indicate many details of organization and of teaching and other considerations which will need to be integrated and coordinated with this proposal before it can function smoothly and efficiently. Obviously not all of the medical schools in the United States are going to be able to undertake the accelerated program with equal efficiency, yet the offer of federal funds paid either directly to the student or to the college may stimulate

The evening session included a dinner, with an address by Dr. Morris Fishbein entitled "Status of Medicine and Pharmacy In the War and After," and a formal discussion which was opened by Col. W. L. Cox of the Army Medical Corps, Fort Knox, Kentucky, and Dr. Walter A. Bastedo and Dr. Cary Eggleston of New York.

This joint meeting of the American Medical Association and the American Pharmaceutical Association is historic in that it is the first of its kind in the history of these two organizations. Agreement was general that the appropriate representatives of each association carry back a report of the meeting to their respective board of trustees, with the request that consideration be given to arranging another similar session. While the current meeting resolved itself into one of good will, a further meeting might serve as a basis for more concrete steps to improve medical-pharmaceutical relations and to orient certain common problems.

Current Comment

HAZARDOUS OCCUPATIONS FOR YOUNG WORKERS

The Fair Labor Standards Act of 1938 established a 16 year minimum age for employment in plants manufacturing goods for shipment in interstate commerce and also provided for the establishment of an 18 year minimum age in any occupation found and by order declared to be particularly hazardous for the employment of minors by the chief of the Children's Bureau of the U. S. Department of Labor. Reports and orders already issued by this bureau have dealt with the manufacture of explosives, driving of motor vehicles or serving as helper, coal mining, logging and sawmilling and the operation of wood working machines. Recently a sixth in this series of reports on occupations hazardous to young workers has been issued on radioactive substances, under the guidance of a distinguished list of medical and technical advisers. The recent review is concerned mainly with exposures and working conditions in plants preparing or applying self-luminous dial paint which is crystalline zinc sulfide activated by radium or in plants manufacturing incandescent mantles which are made from rayon mesh fabric dipped in "lighting fluid," a 25 to 50 per cent solution of 99 parts of thorium and 1 part of cerium nitrates. Surveys have demonstrated that unsafe practices persist, although the tragic custom of lip pointing brushes used in dial painting is no longer observed. Investigation in a plant regarded as representative showed concentrations of radioactive gas up to four times the most liberal recommended maximum permissible limit. Every one with substantial knowledge of these industrial processes, including the employers, concurs in the opinion that minors under 18 years of age should not be engaged in work of this description. They are not so likely to possess the qualities of carefulness, neatness, forethought and attention to personal hygiene essential to the observation of safe practice. Hearings will no doubt corroborate the findings in this report; an order will then be issued which will have the effect of eliminating exposure of this kind at least as far as minors under 18 years of age are concerned.

KOCH'S CANCER TREATMENT MEETS THE LAW

THE JOURNAL has repeatedly [1] called attention to the promotion of products by the Koch Laboratories. Again and again it has urged federal agencies to display an interest in the matter. The Detroit *Free Press* for Sunday, April 5, notes that "Federal agents took action Saturday against Koch Laboratories, Inc., 8181 E. Jefferson, by arresting Louis Koch, the concern's secretary treasurer, in Detroit and Dr. William F. Koch, president, in Delray Beach, Fla." It notes that the Kochs "will face charges of violating the Federal Food, Drug and Cosmetic Law on 11 specific charges." The *Free Press* reports that Dr. Koch was arrested on a removal warrant and was released on a $5,000 bond pending a hearing in Detroit on April 15. Assistant United States Attorney John C. Ray is quoted as saying with regard to the concern's synthetic antitoxin "A thimbleful of this liquid sells for $25 to practitioners and they get as much as $300 from patients. Chemical analysis shows that the dilution is so infinitesimal that it would be like dumping a cocktail in the Detroit River at the foot of Woodward and expecting to get a kick out of the water going over Niagara Falls." The *Free Press* reports that "Doctors said it was something like a molecule, so tiny that it can't be seen, to every 300,000,000 gallons of water." The United States Attorney, it is reported, said that the Koch brothers were arrested after a prolonged investigation. The *Free Press* called attention to the fact that "Dr. Koch was named defendant in a malpractice suit in Detroit in 1934 and a jury returned a $25,000 verdict against him while he was head of the Koch Cancer Foundation. Later the verdict was held excessive and in a second trial a jury reduced the amount to $5,500. The suit was started by Alfred A. Fortner, who told the jury Dr. Koch diagnosed an infected knee as a cancer." [2] The procedure of diagnosing as cancer a condition which is not malignant, and then expediting an effective treatment, is old in cancer quackery. For a number of years Koch has issued promotional material which contained reports of an unscientific character with regard to cases in which his preparations had been employed. More recently he circularized physicians with regard to what he refers to as "1:4 Benzoquinone," claiming, without the slightest bit of scientific reference, as noted in the most recent reference below,[1] that it is the effective ingredient in the sulfonamide preparations. Besides Koch there still remain a few other charlatans in the field of cancer who merit federal attention. Perhaps the Koch incident will seem to them a "handwriting on the wall."

1. J. A. M. A. **76**:466 (Feb. 12), 537 (Feb. 19) 1921; **82**:2051 (June 21) 1924; **86**:1469 (May 8) 1926; **88**:928 (March 19) 1927; **89**:296 (July 23) 1927; **106**:2189 (June 20) 1936; **107**:519 (Aug. 15), 1405 (Oct. 31) 1936; **112**:1460 (April 15) 1939; **116**:2525 (May 31) 1941; **117**:216 (July 19) 1941; **118**:734 (Feb. 28) 1942.
2. J. A. M. A. **103**:116 (July 14) 1934; **106**:929 (March 14) 1936.

Bureau of Investigation

DIAPLEX DUPED DIABETICS

Frederick Dugdale, M.D., Meets Expert Witnesses for the U. S. Post Office

For some years "Diaplex," an alleged diabetes cure, was sold through the mails from Denver by the Diaplex Laboratories and from Portland, Maine, by Frederick Dugdale, M.D., who was known as "Chief Medical Advisor" [sic] of the Denver concern. Dugdale obtained a diploma in 1903 from the Baltimore Medical College and licenses to practice in Massachusetts and Maine.

Dugdale's Massachusetts license was revoked in 1929 for "gross misconduct in the practice of his profession." It was reported that this action was based on the charge that he had treated a woman in the last stages of cancer with the nostrum put out for that condition by William F. Koch of Detroit and virtually promised that it would cure her. When the Lowell, Mass., *Sun* published a considerable article on this case, Dugdale sued that paper for libel and demanded $50,000 damages. After hearing the evidence the jury in less than two hours brought in a verdict in favor of the *Sun*.

In the same field Dugdale was said to have been interested in the "Hoxide" cancer fakery and also to have put out a "cancer cure" of his own, known as "The Dugdale Treatment for Malignant Growths," as well as a "rheumatism cure," besides advertising himself as a "Boston Specialist" in "skin, blood and nervous diseases." In addition, he was at times associated with such "twilight zone" organizations—to which so many quacks and faddists have belonged—as the "Allied Medical Associations of America," the "Medical Society of the United States" and the "American Association for Medico-Physical Research." The latter was an outgrowth of the "American Association for Spondylotherapy," organized by the outstanding quack of the century, Albert Abrams, of whom Dugdale was a disciple. All of this serves as excellent background for the promotion of a "cure" for diabetes.

After an investigation, the Post Office Department on Oct. 19, 1940 ordered the Diaplex Laboratories and its general sales manager, H. W. Pierce, both of Denver, and Frederick Dugdale as "Chief Medical Advisor" to show cause on November 26 of that year why a fraud order should not be issued to debar them and their "treatment" from the mails because of what the Post Office charged were false and fraudulent pretenses, representations and promises. Among these were that Diaplex would permanently cure diabetes regardless of the age of the user or the severity of the case; would enable the user to discontinue taking insulin; would clear the urine of sugar and result in "a gradual, lasting building-up of the body glucose tolerance"; would, through its "mineral and vitamin content," restore the islands of Langerhans so that they would secrete a normal supply of insulin, and that all users of Diaplex would obtain results identical with or similar to those described in the alleged testimonials in the literature.

After two postponements requested by the defendants' attorney, the hearing was held on December 13. A government chemist testified that his analysis of Diaplex had shown it to be a mixture of sodium, potassium, calcium, chloride, sulfate, phosphate and traces of iron, manganese, aluminum, silica and iodine. Apparently these chemicals were found in the ash of saltbush, the plant from which, Pierce testified, his nostrum was made and which government chemists confirmed in another examination. Also appearing for the government was Dr. Maurice Protas of Washington, D. C., who specializes in the treatment of diabetes and lectures on that disease at George Washington University School of Medicine. He testified that diabetes mellitus is a metabolic disease in which the pancreas is involved, wherein there is a definite lack of insulin due to failure of the islands of Langerhans to produce the insulin hormone which is vital to the blood. He further stated that diabetes may be caused, among other things, by any malignancy which attacks the tissues and spreads to the pancreas; with the result that the insulin secreting cells may be destroyed. He showed that in the severe types of diabetes the patient must be given insulin injections, dietary restrictions and other individualized treatment, and that in milder cases the patient requires a restricted diet as to sugars and starches and sometimes needs insulin. Dr. Protas had tested Diaplex on three diabetic patients and found from careful clinical records that they made no progress whatever in six weeks—a period in which, he stated, a definite improvement would show, if ever. Dr. Protas offered further testimony which refuted the various claims and representations made for Diaplex.

Dr. Dugdale himself as one of the defendants was obliged to admit that some of the representations could not be scientifically substantiated. He further admitted that he had not made any physical examination whatever of the twenty-five or so persons whom he cited as diabetic who allegedly had been benefited by taking Diaplex, nor had he submitted them to laboratory tests.

The other defendant, H. W. Pierce of Denver, said to be sole owner of the Diaplex business, also was put on the witness stand. He testified that around 1906 a neighbor suggested the use of a certain herb for the treatment of Pierce's brother, an alleged diabetic, and that he, the witness, later identified the herb as saltbush and obtained it from some sheepmen. Although Pierce claimed that by the use of the saltbush his brother was cured of diabetes, he admitted that two physicians who had previously treated the patient had diagnosed his disease as dropsy. Pierce further contended that he knew of various persons whose diabetic condition had been helped by Diaplex, including himself, but he refused to submit to a scientific test to prove his freedom from the disease.

In 1930, according to Pierce, he began marketing the product, successively naming it "American Beauty Tea," "American Beauty Beverage" and "Diaplex." In spite of the "laboratory" part of his firm name he acknowledged that he did not maintain a laboratory and had no employees. Further testimony from him showed that, though he had read some books on diabetes, he had never found one in which saltbush was recommended for that condition. In fact, since neither defendant was able to present any evidence that saltbush was a cure for diabetes, their promotion of Diaplex was found to constitute a swindle on the public. Accordingly their business was debarred from the mails by a fraud order issued on March 27, 1941 against the names Diaplex, Diaplex Laboratories, H. W. Pierce, Dr. Frederick Dugdale and their officers and agents. Two days later a separate fraud order was issued against Frederick Dugdale, who represented the eastern office of the Denver concern.

Previous mention has been made of the fact that Dugdale once was a disciple of the late Albert Abrams of "electronic reactions" notoriety. It is interesting to note that at the hearing of the case that the Post Office brought against him part of the government's evidence was a printed circular, "The Successful Treatment of Diabetes with Diaplex," which recommended the use of Diaplex in connection with "electronic" devices. And yet such contraptions originally were represented by their promoters as self sufficient for treatment of disease without the use of any drugs!

Between 1935 and 1940 another government agency, the Food and Drug Administration, seized consignments of Diaplex in interstate commerce in at least 9 cases on record, on the ground that the labels bore fraudulent representations. In 6 of these cases no one put up a defense or claimed the property, and the court ordered it confiscated. In 1 instance an Idaho consignee, having consented to the entry of a decree of condemnation, was permitted to claim the consignment by promising under bond that it would be relabeled in compliance with the law. In the 2 remaining instances, which involved shipments of Diaplex from Denver to California and Idaho and cited H. W. Pierce and W. J. Predmore of Denver as defendants, the cases were tried together before a jury. Here it is worth reprinting a Current Comment which appeared in THE JOURNAL, July 4, 1936, page 42, under the heading "Doctors and Diaplex":

"In a recent trial the federal government was defeated in its attempt to prove one Horace Wayne Pierce, manufacturer and shipper of a herb tea called 'Diaplex,' guilty of fraud under the criminal clause of the Food and Drugs Act. Diaplex, the dried leaves and stems of Atriplex canascens (saltbush), is offered as a specific for diabetes. The advertising exaggerates

the dangers of insulin and dwells on the simplicity of taking Diaplex. The government lost its case principally because of the premature enthusiasm of a physician for the nostrum. As told in a brief summary of the case issued by the United States Department of Agriculture, the government contended that the falsity of the claims made for Diaplex as a remedy for treating diabetes was fully proved. The breakdown in the government testimony came when two witnesses—one a doctor and the other a layman—admitted the writing of complimentary and optimistic letters to the manufacturer. Both these witnesses testified nevertheless that they had been misled, as the herb tea turned out to be worthless in their later experience. At the trial Pierce claimed that he depended on these letters as expressions of opinion from persons competent to judge the effects of his treatment. In the face of this testimony, the jury was not convinced of the fraudulent intent, which, under the law, must be shown in all criminal cases involving curative claims for medicines. The testimony of physicians called by the government that Diaplex could not affect the course of diabetes was entirely nullified by the careless endorsement of one physician. Endorsements given by physicians to 'patent medicine' venders, either carelessly or wilfully, are invariably distorted into bait for the uncritical patient as a means of luring him away from proved methods of treatment. The case of Diaplex should serve as a warning to the physician against haste in judgment of therapeutic results. The difficulty of evaluating remedies for arthritis, diabetes, nephritis, hypertension and similar chronic conditions should be realized. The lack of suitable controls is apparent in all these hasty enthusiasms which lead doctors into writing or voicing commendation before time has truly tested the results. Then, like the ghost in Hamlet, their testimonials come back in after years to haunt them."

SOME MISCELLANEOUS MEDICAL FRAUDS

A Variety of Schemes Debarred from the Mails

Fraud orders issued by the Post Office Department have frequently been the subject of extensive articles by the Bureau of Investigation in these pages of THE JOURNAL. Following are brief abstracts of some fraud orders not dealt with previously:

Adams Products Company.—From Adams, N. Y., and Montreal, Canada, a Frederick Godfrey sold a hair treatment under the "Renair" name and sometimes operated as the Frederick Godfrey Company. Some of his advertising described him as "a hair specialist famous in England, Australia, and New Zealand, and now in Canada," and again he called himself "a young English research worker in hair and scalp conditions" and claimed that "sworn statements and actual photographs clearly prove the success of his process." His advertising was directed toward "people wholly or partially bald or whose hair is thinning rapidly." Finally the Post Office looked into his activities and charged that he was falsely and fraudulently representing that his "Renair Process" which included "Renair Hair Lotion," "Renair Lotion No. 2" and "Renair Pomade" and instructions concerning massage would, when used as directed, stop hair from falling and prevent baldness in all cases except those due to the "atrophy of old age" and produce numerous other results. According to the Post Office memorandum on this case Godfrey had operated under his personal name and that of the Frederick Godfrey Company up to Sept. 30, 1939, on which date the Post Office had called on him to show cause why a fraud order should not be issued against his name and that of the Frederick Godfrey Company for perpetrating a fraud on the public through the mails. On December 30 Godfrey filed an affidavit with the Post Office in which he promised to abandon the business and agreed that the postmaster at Adams, N. Y., should be directed to return to senders all mail addressed to Godfrey or his concern and mark it "Out of Business" or otherwise to dispose of it according to the postal regulations. Subsequent investigation by the Post Office, however, revealed that Godfrey did not actually go out of business but continued his operations after adopting a new name, the Adams Products Company, and under this trade style circularized former customers, telling them in effect that the formulas and rights for the Renair Process had been procured by the new company from Frederick Godfrey and that future orders and remittances should be addressed to the new name. As this ruse was a transparent one the Post Office on Jan. 30, 1941 ordered the Adams Products Company to show cause on February 17 why a fraud order should not be issued against it. After a continuance had been granted the defendant, he finally appeared with one of his attorneys at the hearing set for March 3. The only explanation that he offered for the continuance of the business under a new name was that an attorney he had previously employed had advised him that this action would not violate the terms of the affidavit that he had signed promising to go out of business. He further testified that he had revised his circular matter and believed that he had removed therefrom all objectionable statements. There also appeared at the hearing three witnesses for the government, including two physicians who specialize in dermatology and a chemist connected with the Food and Drug Administration. The latter testified that he had found the Renair Hair Lotion to contain 0.017 Gm. of sulfuric acid and 0.21 grain of quinine sulfate in each 100 cc. The Hair Lotion No. 2, he testified, contained 58 per cent of alcohol, 1.1 grains of resorcinol and a small amount of capsicum in each 100 cc. In the Pomade he found 2.9 per cent of betanaphthol and 2 per cent of a volatile oil resembling cedar leaf oil. The two dermatologists who appeared as government witnesses testified that Renair Pomade, when applied to the scalp as directed, would have a fairly strong counterirritant and mildly antiseptic action and that the Hair Lotion No. 2 would be mildly antipruritic, antiseptic and irritant. Their further testimony, however, showed that these products would have practically no effect on falling hair and baldness. It was also shown at the hearing that Godfrey had requested that he again be permitted to file an affidavit agreeing to discontinue this business on the ground that he had never intended to violate the provisions of the previous affidavit. As this, however, was exactly what he had done, the Post Office did not consider it expedient to grant his second request and on May 6, 1941 issued a fraud order against the Adams Products Company and its officers and agents.

R. F. Vestvold.—Under this assumed name one Rolf Frank Kristiansen of Haverford, Pa., promoted through the mails three devices known as "The Photo-Electric Dilator," "The Flexible G. U. Heater," and "The Adjustable Intermitter." For the "dilator" he claimed that it was in use by over 6,000 physicians throughout the world and could be employed by any one, physician or layman, "to ameliorate the ravages of Prostate Gland Trouble, Piles, Pruitis [sic] Ani and Constipation, etc. Luminous Infrared rays does it. $3.75 Postpaid." Inquirers received a mimeographed circular containing testimonials alleged to have been written by physicians in various parts of the country and abroad. The mechanism consisted of a large rectal dilator connected to an electrical cord with an electric socket attached for the insertion of a light globe. The dilator itself consisted of a glass tube about four inches long and three-quarters of an inch in diameter. A scientific test made of the maximum temperature reached by the instrument when used according to the directions showed 104 degrees Fahrenheit. At the hearing of this case an expert medical witness testified for the government that hemorrhoids, enlarged prostate, pelvic abscesses, cystitis, gonorrhea and some kindred disorders are all due to different causes which should be treated accordingly, and hence devices such as the Photo-Electric Dilator would give little if any relief in general. The Adjustable Intermitter was shown to consist of an electrical intermitter which, when "connected to the house current along with the dilator" would result in the intermittent flow of current to the latter. According to the expert medical testimony, the combination of these devices would not afford effective passive massage action in the treatment of prostatic conditions as represented, beyond the interruption of the steady flow of current and the resultant heat produced thereby. The Flexible G. U. Heater, according to the Post Office memorandum, was found to consist of a rubber catheter about two feet long containing a metal heating element. It was to be connected to the regular house current by means of an electric plug and switch. Scientific tests made of this device disclosed that when used according to directions it would reach a maximum temperature of 107.6 degrees Fahrenheit within five minutes after the current was turned on. It was represented as a cure for such conditions as urethritis, strictures, urine retention, gonorrheal infections and kindred disorders. The expert medical witness testified that there is no known single curative agent for any of these ailments but that the employment of this device might in some instances offer minor temporary relief. Nothing more could be expected of it and, in fact, its use might prove dangerous in the hands of a layman. It was further shown that Kristiansen (Vestvold) was not a physician but a plumber by trade. Subsequent to the hearing he offered to revise his advertising literature to remove any objectionable claims, but as the Post Office found from the evidence that his scheme constituted a swindle on the public through the mails a fraud order was issued on April 26, 1941 against the name of R. F. Vestvold.

W. C. Foster.—This person conducted a mail order business from a postoffice box in Santa Monica, Calif., describing himself as "president" of his unnamed firm and also as "Distributor of Private Pharmaceutical Formula." He put out "O. A. Capsules," which he puffed as "The Newest and Greatest Contribution Medical Science Has to Offer," but there followed the simple dénouement that it consisted of acidophilus yeast! A chemist and a microanalyst who examined the product for the government, however, reported that a positive test made for the presence of yeast cells in O. A. Capsules failed to detect any of this substance although the label declared that they consisted of acidolphilus yeast and ovarian and prostatic extracts. They did report finding in each capsule crystalline milk sugar, alfalfa leaf tissues, granular animal tissues, corn starch and rice bran. This mixture was represented to enable the user to "attain and retain a strong, healthy sexual system" regardless of his age or physical condition, and to "rebuild and revitalize the parts of the glandular system which are necessary for smooth, powerful, active sexual system," with "almost instant results." At the hearing of the case these claims were refuted by the physician who testified for the government that sexual debility is due to many causes associated with various systemic diseases and conditions, such as tuberculosis, cancer, venereal disorders, anemia and certain injuries to the sexual structure and that sexual impotence may also result from such factors as psychic conditions, emotional changes, senility and financial and family worries. Hence every case of sexual debility would have to be studied as to its causes and treated accordingly. This witness further showed that the product in question would not and could not cause "every" person to "attain and retain a strong, healthy sexual system" and that it contained nothing which would overcome any or all of the various factors causing sexual debility. Other evidence was presented to show that neither Mr. Foster nor any one else associated with the business had any medical training and that, in fact, Foster formerly had been employed as a steel worker. Foster put up no defense and on Sept. 17, 1941 the Post Office issued a fraud order debarring him and his business from the mails.

The court concluded, therefore, that where as here the defendant is a physician and knows or should know of the existence of a child en ventre sa mere, he owes a duty to that child. If that duty is disregarded and through his negligence the child is injured while the mother is quick, if it is born viable, an action should lie on behalf of the child for the injuries sustained by it and for any consequential damages resulting therefrom to its parents. The motion to dismiss was therefore disallowed.—*Berlin v. J. C. Penney Co., Inc., 16 A. (2d) 28 (Pa., 1940); Stemmer v. Kline, 17 A. (2d) 58 (N. J., 1940).*

Malpractice: Failure to Cure Not Actionable.—In January 1938, the plaintiff fractured both bones in his right leg between the knee and the ankle and was taken to a clinic operated by the defendant physician. The defendant set the broken bones, placed the plaintiff's leg in a cast and put the plaintiff in bed, where he remained for forty-seven days. In the early part of February, the plaintiff and the defendant entered into a contract whereby the defendant agreed, for the sum of $750, to furnish the plaintiff all necessary medical attention and hospitalization through March 4, 1938, the contract covering, too, the services already rendered by the defendant. About four weeks after the accident, the first cast was removed. It was found that the plaintiff's leg was bent and his foot twisted and that there was a "sink-hole" where the leg had been broken, but the defendant advised the plaintiff that the "sink-hole" was due to lack of circulation caused by the cast and that it would get all right after the cast had been permanently removed. He then straightened out the foot and applied a second cast. A number of roentgenograms were taken by the defendant from time to time. The plaintiff left the clinic on March 3 but continued to return for treatment, and eventually a third cast was put on. His condition gradually improved to a point where he was able to go about on crutches, but while attending a baseball game some one struck his toe and reinjured his leg.

In July, the plaintiff went to a government hospital in Lexington, Ky., where he stayed for five days. Additional roentgenograms of his leg were there taken and an operation was advised, but the plaintiff refused his consent. He returned home and renewed his visits to the defendant. Some time in January 1939 the plaintiff suggested to the defendant that he would like to have some other surgeon operate on his leg. The defendant therefore sent the plaintiff to a recognized bone specialist and offered to pay any necessary hospital or medical fees, but proper arrangements could not be made. Finally, in April 1939 the plaintiff entered the Veterans' Hospital at Memphis and had a second operation performed. He remained there for fifty-nine days and then moved to the Veterans' Hospital at Johnson City, where he was at the time of the trial. The physicians in the latter institution refused to operate again but attempted to cure a disease condition of the bones in the plaintiff's leg by heat and electric treatments. In a subsequent suit against the defendant for malpractice, the only evidence consisted of the testimony of the plaintiff and his sister. Not one of the roentgenograms which had been taken was introduced in evidence nor were any of the physicians who had seen and treated the plaintiff called as witnesses. At the close of the plaintiff's case the trial court entered judgment for the defendant on a directed verdict, and the plaintiff appealed to the court of appeals of Tennessee, middle section.

In the opinion of the appellate court, the trial court did not err in directing a verdict for the defendant, for there was no evidence of any negligence on the part of the defendant. The utmost effect of the evidence was merely that the leg had failed to recover; that neither the defendant nor any of the other physicians had been able to cure it. A physician is not liable for a mere failure to cure, the court pointed out. He is liable only for failure to use that degree of care and learning which is ordinarily used under similar circumstances by members in good standing in his profession. The evidence afforded no explanation why the leg would not heal or why the bone was diseased. Since this might have been due to causes other than the lack of proper treatment, the court concluded that the doctrine of res ipsa loquitur was inapplicable.

The plaintiff also contended that the case should have been submitted to the jury on the question of breach of the contract to furnish medical attention and hospitalization. The court held, however, that the contract, by its terms, extended only through March 4, 1938. The defendant, nevertheless, continued to treat the plaintiff until January 1939 and even offered to pay the fee for a bone specialist to treat the plaintiff's leg. The court held that the contract had not been breached. Judgment for the defendant was accordingly affirmed.—*Merryman v. Bunch, 145 S. W. (2d) 559 (Tenn., 1940).*

Society Proceedings

COMING MEETINGS

American Medical Association, Atlantic City, N. J., June 8-12. Dr. Olin West, 535 North Dearborn Street, Chicago, Secretary.

American Association for the Study of Allergy, Atlantic City, N. J., June 8-9. Dr. J. Harvey Black, 1405 Medical Arts Bldg., Dallas, Texas, Secretary.

American Association for the Surgery of Trauma, Boston, June 4-6. Dr. Gordon M. Morrison, 520 Commonwealth Ave., Boston, Secretary.

American Association of Genito-Urinary Surgeons, Hershey, Pa., May 27-29. Dr. Charles C. Higgins, 2020 East 93d St., Cleveland, Secretary.

American Association of Oral and Plastic Surgeons, New York, May 28-30. Dr. Frederick A. Figi, 102 Second Avenue S.W., Rochester, Minn., Secretary.

American Broncho-Esophagological Association, Atlantic City, N. J., June 8-9. Dr. Paul H. Holinger, 700 North Michigan Blvd., Chicago, Secretary.

American College of Chest Physicians, Atlantic City, N. J., June 6-8. Dr. Paul H. Holinger, 500 North Dearborn St., Chicago, Secretary.

American Diabetes Association, Atlantic City, N. J., June 7. Dr. Cecil Striker, 630 Vine Street, Cincinnati, Secretary.

American Gastro-Enterological Association, Atlantic City, N. J., June 8-9. Dr. J. Arnold Bargen, 102 Second Ave. S.W., Rochester, Minn., Secretary.

American Gynecological Society, Skytop, Pa., June 15-17. Dr. Howard C. Taylor Jr., 842 Park Ave., New York, Secretary.

American Heart Association, Atlantic City, N. J., June 5-6. Dr. Howard B. Sprague, 50 West 50th St., New York, Secretary.

American Human Serum Association, Atlantic City, N. J., June 8. Dr. William L. Wheeler, 348 West 22d St., New York, Secretary.

American Laryngological Association, Atlantic City, N. J., May 25-27. Dr. Charles J. Imperatori, 108 East 38th St., New York, Secretary.

American Laryngological, Rhinological and Otological Society, Atlantic City, N. J., June 1-3. Dr. C. Stewart Nash, 277 Alexander St., Rochester, N. Y., Secretary.

American Medical Women's Association, Atlantic City, N. J., June 6-7. Dr. Ada Chree Reid, 102 East 22d St., New York, Secretary.

American Neurological Association, Chicago, June 4-6. Dr. Henry A. Riley, 117 East 72d St., New York, Secretary.

American Ophthalmological Society, Hot Springs, Va., June 1-3. Dr. Eugene M. Blake, 303 Whitney Ave., New Haven, Conn., Secretary.

American Orthopedic Association, Baltimore, June 3-6. Dr. Charles W. Peabody, 474 Fisher Bldg., Detroit, Secretary.

American Otological Society, Atlantic City, N. J., May 28-29. Dr. Isidore Friesner, 101 East 73d St., New York, Secretary.

American Physiotherapy Association, Lake Geneva, Wis., June 28-July 3. Miss Evelyn Anderson, Stanford University, Calif., Secretary.

American Proctologic Society, Atlantic City, N. J., June 7. Dr. William H. Daniel, 1930 Wilshire Blvd., Los Angeles, Secretary.

American Radium Society, Atlantic City, N. J., June 8-9. Dr. Axel N. Arneson, 4952 Maryland Ave., St. Louis, Secretary.

American Rheumatism Association, Atlantic City, June 8. Dr. A. R. Shands, Dupont Institute, Wilmington, Del., Secretary.

American Society of Clinical Pathologists, Philadelphia, June 5-7. Dr. Alfred S. Giordano, 531 North Main St., South Bend, Ind., Secretary.

American Therapeutic Society, Atlantic City, N. J., June 5-6. Dr. Oscar B. Hunter, 1835 Eye St. N.W., Washington, D. C., Secretary.

American Urological Association, New York, June 1-4. Dr. Clyde L. Deming, 789 Howard Ave., New Haven, Conn., Secretary.

Arizona State Medical Association, Prescott, May 25-30. Dr. W. Warner Watkins, 15 East Monroe St., Phoenix, Secretary.

Association for the Study of Internal Secretions, Atlantic City, N. J., June 8-9. Dr. Henry H. Turner, 1200 North Walker St., Oklahoma City, Secretary.

Connecticut State Medical Society, Middletown, June 3-4. Dr. Creighton Barker, 258 Church St., New Haven, Secretary.

Maine Medical Association, Poland, June 21-23. Dr. Frederick R. Carter, 142 High Street, Portland, Secretary.

Massachusetts Medical Society, Boston, May 26-27. Dr. Michael A. Tighe, 8 Fenway, Boston, Secretary.

Minnesota State Medical Association, Duluth, June 29-July 1. Dr. B. B. Souster, 493 Lowry Medical Arts Bldg., St. Paul, Secretary.

Montana, Medical Association of, Missoula, July 8-10. Dr. Thomas F. Walker, 206 Medical Arts Bldg., Great Falls, Secretary.

National Gastroenterological Association, New York, June 3-5. Dr. G. Randolph Manning, 1819 Broadway, New York, Secretary.

New Mexico Medical Society, Santa Fe, June 25-28. Dr. L. B. Cohenour, 221 W. Central Avenue, Albuquerque, Secretary.

Pacific Northwest Medical Association, Portland, Ore., June 17-20. Dr. C. W. Countryman, 407 Riverside Ave., Spokane, Secretary.

Rhode Island Medical Society, Providence, June 3-4. Dr. William P. Buffum, 122 Waterman St., Providence, Secretary.

Society of Surgeons of New Jersey, Montclair, May 27. Dr. Walter B. Mount, 21 Plymouth Street, Montclair, Secretary.

West Virginia Medical Association, White Sulphur Springs, July 13-15. Mr. Charles Lively, 1031 Quarrier St., Charleston, Executive Secretary.

in the meeting at Wesleyan University in Middletown, June 3-4, under the presidency of Dr. James Douglas Gold. Wednesday morning was given over entirely to clinical medicine by the various sections. Wednesday noon there was a president's luncheon and in the afternoon a meeting, before which "Medicine of the Present and the Future" was discussed. On Thursday morning the historical meeting was attended by the governor of Connecticut, the president of Wesleyan University and the mayor of Middletown. Addresses were delivered by Dr. Howard W. Haggard of Yale University on "Connecticut Colonial Medicine", and by Drs. Creighton Barker and Stanley B. Weld, executive secretary and editor, respectively. The convocation on Thursday afternoon was attended by the chairman of the Board of Trustees of the American Medical Association, Dr. Arthur W. Booth of Elmira, N. Y., and was addressed by Dr. Logan Clendening of the University of Kansas School of Medicine, on "Opposition to Change as a Contribution to Social Progress." The Connecticut State Medical Society exercised its ancient privilege at this meeting of conferring honorary degrees of medicine on Dr. Alice Hamilton and Dr. Yandell Henderson. The speaker at the anniversary dinner Thursday evening was the President-Elect of the American Medical Association, Col. Fred W. Rankin, M. C., U. S. Army.

Thus was celebrated the 150th anniversary of the fourth state medical society to be established in America and the third to have had continuous existence since its founding. Among many others, much credit is due to the sesquicentennial committee, of which the chairman was Dr. George Blumer; the vice chairman, Dr. Herbert Thoms; chairman of the historical program, Dr. David R. Lyman; of public relations, Dr. C. Charles Burlingame; of historical exhibits, Dr. Arthur H. Jackson; of the scientific program, Dr. Francis G. Blake; of the local arrangements and annual dinner, Dr. Roy L. Leak.

Current Comment

EVERY DRUGSTORE A VENEREAL DISEASE FIRST AID STATION

Philadelphia pharmacists, in a statement[1] signed by several Pennsylvania physicians and pharmaceutic leaders, are being urged, in effect, to utilize their stores as prophylactic stations against venereal disease. The drugstore is often the social center of a neighborhood. It is suggested that the socially minded head and personnel of such establishments can "(*a*) discourage off-color frequenters looking for pick-ups and trouble; (*b*) give friendly advice and even sober counsel to some who are obviously on the way to going wrong; (*c*) urge blood tests and medical examination on persons who are known to have exposed themselves." The pharmacist is an educator, and the corner druggist's establishment can be as much of a center for public health as a physician's office, hospital or the health department in the city hall. The pharmacist behind the counter has the first chance to give or sell prevention to persons who may expose themselves to venereal disease, to give or sell prevention to persons who have been exposed already, and "to sell the basic idea of a prompt accurate diagnosis and immediate treatment" to persons who describe a symptom or ask for treatment, attempt to purchase a proprietary remedy, tell a story that shows they are taking risks that they do not realize, or that they have consulted a quack. The pharmacist is urged to place the facts and aims of venereal disease control before the public, and the state pharmaceutic association is prepared to supply a card or posters for counter display and booklets for distribution to inquirers.

1. Stokes, J. H.; Everhart, E. S.; Ingraham, N. R., Jr.; Fetter, Theodore; Griffith, Ivor; Hughes, J. J., and Woodside; J. M.: The Help of the Pharmacist in Venereal Disease Control: A Statement.

KOCH'S CANCER TREATMENT MEETS THE LAW: II

A Current Comment in THE JOURNAL, April 18, called attention to the fact that the Koch Laboratories in Detroit and the concern's principals "will face charges of violating the Federal Food, Drug and Cosmetic Law on 11 specific charges." Now comes word that the Federal Trade Commission has also entered the picture. At the time of the Wheeler-Lea Amendment to the Federal Trade Commission Act there was some conjecture as to whether or not it was advisable to have the advertising which was a part of the package come under the purview of the Food and Drug Administration, and all collateral advertising—newspapers, magazines, utterances by radio and mailing—under the purview of the Federal Trade Commission. In this particular instance there is no question as to its advisability. Reproduced herewith is a release of the Federal Trade Commission which requires no further comment:

TEMPORARY RESTRAINING ORDER

Medicines, Friday, May 22, 1942

Judge O'Brien, of the United States District Court for the Eastern District of Michigan, Detroit, today (May 22) granted a temporary restraining order upon application of the Federal Trade Commission, requiring William F. Koch, Louis G. Koch, and Koch Laboratories, Inc., 8181 East Jefferson Ave., Detroit, to cease disseminating false advertisements concerning medicinal preparations designated "Glyoxylide," "B-Q," and "Malonide Ketene Solution."

The defendants are required to show cause on May 27 why a preliminary injunction should not be issued without bond to restrain them from disseminating the advertisements alleged pending issuance of a complaint against them by the Federal Trade Commission and until its final disposition.

The temporary restraining order of the court requires the two individuals and Koch Laboratories, Inc., until May 27, to cease advertising that Glyoxylide is a competent or effective preparation for use in treating any type or stage of cancer, arteriosclerosis, dementia praecox, epilepsy, tuberculosis, septicaemia, insanity and other ailments; that "B-Q" is effective for use in treating any infection including gonorrhea, sinusitis, meningitis, infantile paralysis, streptococcus sore throat, pneumonia, and other diseases; and that Malonide Ketene Solution is effective for treatment of allergic diseases, infections, diabetes, cancer, double pneumonia, or post operative meningitis.

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JUNE 6, 1942

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Lahey Clinic Number of "Surgical Clinics"

The June number of the *"Surgical Clinics of North America"* is from the Lahey Clinic. It is devoted entirely to a *31-Clinic Symposium on Operative Technic illustrated with 330 pictures on 156 figures*—virtually all of them original.

The Lahey Clinic number of the "Surgical Clinics" is always particularly outstanding, and the June, 1942 number is no exception. It is one of the finest ever to come from this great surgical center. Here you get step-by-step descriptions of today's important surgical technics direct from the operators themselves and amplified by strikingly clear picturization. For example, there are clinics on Subtotal Gastrectomy for Ulcer, Technic for Repair of Incisional Hernia, Technic of One-Stage Abdominoperineal Resection (Miles), Hemorrhoidectomy, Anal Fissure, Technical Procedures Making Appendectomy for Gangrenous Appendicitis Safer, Treatment of Uterine Prolapse, Treatment of Varicose Veins and Ulcers, Treatment of Stones in Upper Ureter, Local Anesthesia for Operations on Nose, Pharynx and Larynx, Intravenous Anesthesia (Pentothal), etc., etc.

From this alone it is self-evident that the June Number is one of the very finest and most practical to appear in the *"Surgical Clinics of North America."* There is no doubt but that it will sell out of print in record time, so do not delay sending your subscription.

Contents Given in SAUNDERS ADVERTISEMENT on Page 3

INDIANA

Society Arranges Night Service for Public.—On January 10 a plan of answering emergency night calls was begun by the Indianapolis Medical Society, according to the bulletin of the society. The medical society has an unlisted telephone number (Ri. 4796) which is answered by a member of the society who has volunteered for this service. The members of the society may refer calls to this number when they do not wish to make them. This service is in operation from 8 p. m. until 7 a. m. daily. The calls are made by house officers of the Indianapolis City Hospital. The fee is $5 for calls inside the city and 25 cents a mile additional charge for calls outside the city. The doctor who answers the telephone asks the person calling who referred them to this number. If the call is received before 11 p. m. the referring doctor is called to verify the fact that he does not wish to make this call. If the call is received after 11 o'clock the doctor is not called until the next morning. If the person calling is unable to pay, he is referred to the Indianapolis City Hospital. Obstetric calls are handled by the Outdoor Obstetrical Service of the city hospital. If in the opinion of the visiting physician the patient needs immediate hospitalization, the patient is sent to a private hospital and it is then the duty of the hospital to call the proper physician from its staff. Patients are always told that this is an emergency service and that no return calls will be made. They are referred to their family doctor or, if they do not have a family doctor, they are given a list of the members of the society who are practicing in their vicinity.

LOUISIANA

Changes in Health Officers.—Dr. Abraham Oppenheim, Arcadia, director of the Bienville Parish Health Unit, has been appointed in charge of the units in Vermillion and New Iberia parishes.——Dr. Roy A. Kelly, New Roads, director of the St. Charles Parish Health Unit, was recently assigned in charge of the Jefferson Davis Health Unit.

Graduate Medical Assembly.—The seventh annual New Orleans Graduate Medical Assembly will be held at the Roosevent Hotel, New Orleans, March 15-18. The program will include lectures, clinics, symposiums, clinicopathologic conferences, scientific and technical exhibits, medical motion pictures and round table luncheons. Among the speakers who will discuss one or more papers will be:

Dr. Tinsley R. Harrison, Winston-Salem, N. C.
Dr. Robert J. Crossen, St. Louis.,
Dr. James G. Townsend, Bethesda, Md.
Sister Elizabeth Kenny, Minneapolis.
Lieut. Col. Edgar V. Allen, M. C., Army of the United States.
Dr. Louis Hamman, Baltimore.
Lieut. Col. Roy Glenwood Spurling, M. C., Army of the United States.
Dr. Ralph I. Lloyd, Brooklyn.
Dr. Nicholson J. Eastman, Baltimore.
Dr. Edwin W. Ryerson, Chicago.
Dr. John J. Shea, Memphis.
Dr. Howard T. Karsner, Cleveland.
Dr. Erling S. Platou, Minneapolis.
Dr. Fred J. Hodges, Ann Arbor, Mich.
Dr. Warren H. Cole, Chicago.
Major Rettig Arnold Griswold, M. C., Army of the United States.
Dr. Charles B. Huggins, Chicago.

MASSACHUSETTS

State Meeting to Be in Boston Instead of Springfield.—The Massachusetts Medical Society will hold its annual session at the Hotel Statler, Boston, May 25-26, instead of at the Hotel Kimball, Springfield, May 18-19.

Dr. Symonds to Give the Dunham Lectures.—Dr. Charles Putnam Symonds, Air Commodore in the Royal Air Force and consultant in neurology, will deliver three lectures at Harvard Medical School, Boston, under the Edward K. Dunham Lectureship for the Promotion of the Medical Sciences, on "The Human Response to Flying Stress." The separate lectures will be March 10, "The Two Sides of the Problem"; March 11, "The Foundation of Confidence," and March 12, "Air Crew Selection and Maintenance."

Dr. Landis Named as Professor of Physiology at Harvard.—Dr. Eugene Markley Landis, professor of internal medicine at the University of Virginia Department of Medicine, Charlottesville, has been appointed George Higginson professor of physiology at Harvard Medical School, Boston, filling the vacancy that occurred on the retirement of Dr. Walter B. Cannon, Cambridge. The appointment will be effective July 1. According to the *Harvard Medical Alumni Bulletin*, although Dr. Landis is an internist most of his researches have been essentially physiologic in nature or have concerned basic physiologic principles in medical conditions. In 1926 Dr. Landis graduated at the University of Pennsylvania School of Medicine, Philadelphia, where he was in 1931 associate in medicine and in 1934 assistant professor. He has been professor of medicine at the University of Virginia since 1939. In 1936 he received the John Phillips Memorial Medal of the American College of Physicians.

MICHIGAN

New District Health Unit.—Leelanau County has joined with the Grand Traverse county department of health to form a new district organization. Dr. Buell H. Van Leuven, Traverse City, will be in charge. The Grand Traverse unit has functioned since April 1939.

Koch Trial Opened.—The federal government's trial against Dr. William F. Koch and his brother Louis on charges of violating the Federal Food, Drug and Cosmetic Act opened in Detroit January 12. Dr. Koch has long been identified with an alleged cancer cure. The two Kochs are, respectively, president and secretary of the Koch Laboratories, Inc., Detroit, promoters of various products, including treatments sold for cancer and other conditions. The federal charge is that three preparations of the Koch Laboratories have been shipped from Detroit to other states with false and misleading labels which made representations that could not be justified by facts. The Detroit Sunday *Times*, January 10, reported that a federal trade commission action against the brothers is pending, awaiting the outcome of the Food, Drug and Cosmetic Act case. Dr. Koch first announced his so-called cancer cure in 1919, the year following his graduation at the Detroit College of Medicine. Later his claims extended to "cures" for allergies and infections. In 1933 he moved to Delray Beach, Fla., and operated a clinic there, while his brother Louis managed the laboratories in Detroit.

Annual Lecture Marks Dedication of Beaumont Room.—Col. Edgar Erskine Hume, M. C., U. S. Army, Washington, D. C., delivered the twenty-second annual Beaumont Lecture before the Wayne County Medical Society, Detroit, February 15, on "Contributions of U. S. Army Medical Officers to Science." The occasion marked the dedication of the Beaumont Room in the David Whitney House, the headquarters of the county medical society, the official ceremonies preceding the lecture, which was delivered at the Art Institute. A portrait of William Beaumont by Deane Keller of the Yale School of Fine Arts, New Haven, Conn., was unveiled at the Art Institute and subsequently placed in the Beaumont Room at the society headquarters. "Beaumont and St. Martin," one of the series of paintings executed by Dean Cornwell, New York, was displayed for the occasion. The Beaumont Room was set aside last year for memorabilia (THE JOURNAL, July 25, 1942, p. 1033). The present collection includes contemporary miniatures of Dr. and Mrs. Beaumont, made available by Mrs. May Beaumont Brotherton of Green Bay, Wis., and her sister, Mrs. Ruth B. Brown of Iron River and a number of rare medical books including a first edition of "Experiments and Observations on the Gastric Juice and the Physiology of Digestion."

NEW JERSEY

Honorary Degrees Conferred.—The New Jersey College of Pharmacy of Rutgers University awarded honorary degrees to the following at graduation exercises in the auditorium of the Mutual Benefit Life Insurance Company on January 6: Dr. Morris Fishbein, Chicago, Editor of THE JOURNAL, Dr. Thomas M. Pascall, Newark, chief surgeon of Public Service Corporation and medical consultant of Fidelity Union Trust Company, and Adolph F. Marquier, Newark pharmacist. George D. Beal, Ph.D., Pittsburgh, recipient of the Remington Medal in 1941 for the greatest contribution to pharmacy during the year, received the honorary degree of doctor of science.

Dr. Bingham Receives Award.—Dr. Arthur W. Bingham, East Orange chairman of the committee on maternal welfare of the Medical Society of New Jersey for twelve years, was presented with the fourth Dr. Edward J. Ill Award by the Academy of Medicine of Northern New Jersey. The award is a bronze plaque given to a physician by the academy "at such time as it deems it wise, who merits it for extraordinary service as a physician and a citizen." It was established by the academy to honor its first president, Dr. Edward J. Ill, who died last year. Dr. Bingham graduated at Columbia University College of Physicians and Surgeons, New York, in 1896.

"Sanitation Wardens" Organized.—A new volunteer civilian corps to be known as "Sanitation Wardens" was organized at a meeting of the health committee of the community war services division in Plainfield recently. Sanitation wardens, according to the sponsor of the plan, Mr. Andrew J. Krog, health officer of Plainfield, will be allocated to city districts according to the number of eating and drinking estab-

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New (8th) Edition — DeLee & Greenhill's Obstetrics

Just Off Press!—For the *New (8th) Edition,* this book has been extensively and carefully revised —virtually rewritten—by Dr. J. P. Greenhill who was selected by Dr. DeLee himself to bring the book up-to-date and to maintain its enviable and outstanding position in the literature on obstetrics.

Accordingly, Dr. Greenhill has incorporated the latest knowledge of principles and practice. By certain changes in arrangement and terminology he has made it even more convenient to use—easier to understand and follow. He has added many new illustrations, and omitted some of the older ones. It continues to be one of the most magnificently illustrated books on the subject, with 1074 illustrations on 841 figures, 209 of them in colors.

New chapters or sections have been added on Obstetric and Gynecologic Endocrinology; Use of Vitamin K in Obstetrics; Erythroblastosis Fetalis; Vitamins and Minerals in Pregnancy; The Sulfa Drugs in Obstetrics; Roentgenography in Obstetrics; and Waters' Extraperitoneal Cesarean Section. In addition other subjects have been completely rewritten. For example: The Toxemias of Pregnancy; Contracted Pelves; Puerperal Infection; Pyelitis; Acute Infections; Use of Pituitary Extract and Ergot; Analgesia and Anesthesia; etc.

This revision is especially important to practitioners, specialists, teachers and students alike, coming at a time when obstetric practice is greatly on the increase.

See Also Important SAUNDERS Announcement on Page 3

resident of the state when he has finished his medical training, whether it be internship or residency, who is called into the service of the armed forces of the United States and who is licensed to practice by the Public Health Council of West Virginia or the National Board, shall be eligible for membership in the society of the county of which he is a resident without the probationary period of practice and shall be exempted from payment of dues as long as he remains in active military service.

GENERAL

Meeting of Radiologists.—The annual meeting of the American College of Radiology will be held at the Palmer House, Chicago, June 6, under the presidency of Dr. Byrl R. Kirklin, Rochester, Minn. The Conference of Teachers of Clinical Radiologists sponsored by the college, which will be held in conjunction with the meeting, offers the following program:

Capt. Charles F. Behrens (MC), U.S.N., Wartime Radiology in the Navy.
Col. Henry G. Moehring, M. C., U. S. Army, University of Tennessee, Army School of Radiology, Wartime Radiology in the Army.
Comdr. Edward L. Bortz (MC), U.S.N.R., Philadelphia, Wartime Graduate Medical Meetings.
Mr. R. H. Myers, Washington, D. C., War Production Board, Production and Allocation of X-Ray Equipment and Supplies.

Knudsen Medal Goes to Dr. Sawyer.—The 1943 W. S. Knudsen Award of the American Association of Industrial Physicians and Surgeons was presented to Dr. William A. Sawyer, since 1919 medical director of Eastman Kodak Company, Rochester, N. Y., for "outstanding work in control of tuberculosis; constructive contributions to a practical program of nutrition in industry, and setting up a program of rehabilitation for handicapped workers in industry." The award, established in 1938 by William S. Knudsen, then president of General Motors Corporation, for "the most outstanding contribution of the year to industrial medicine," was given to Dr. Sawyer at a dinner of the association in Rochester, May 26. Dr. Sawyer, who was born in Iowa, graduated at the University of Pennsylvania School of Medicine, Philadelphia, in 1913.

International College of Surgeons.—The fourth international assembly of the International College of Surgeons will be held at the Waldorf-Astoria Hotel in New York, June 14-16, in conjunction with the eighth national assembly. War surgery and rehabilitation will be the theme of the program, which will include, among other speakers, the following:

Col. Raymond W. Bliss, M. C., U. S. Army, The Transportation and Care of the Sick and Wounded from the War Zones.
Mr. Rodney Maingot, F.R.C.S., London, Management of Wounds of the Abdomen.
Mr. Hamilton Bailey, F.R.C.S., London, Crush Syndrome.
Dr. V. V. Lebedenko, The Organization of Surgical Aid in the Soviet Army.
Dr. Fred H. Albee, New York, Reconstruction of Bones and Joints.
Robert T. Merrill, attorney, Havre, Mont., A Layman's View of Rehabilitation.
Dr. Martial Bourand, Port-au-Prince, Haiti, Autopyotherapy in General and War Surgery.

Dr. Herman de Las Casas, dean of the Faculty of Medicine of the University of Caracas, Venezuela, will deliver the annual Manuel Corachan Memorial Oration in Surgery.

Cancer Fellowships Awarded.—At a meeting of the board of directors of the Finney-Howell Research Foundation, Inc., Baltimore, the following annual fellowships were awarded: Dr. Rose I. Shukoff, University of Petrograd, to work at the Glasgow Royal Cancer Hospital, Glasgow, Scotland, under Dr. P. R. Peacock, for the third year; Emilia Vicari, A.M., Ohio State University, Columbus, to work at the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine, under Clarence C. Little, Sc.D., for the third year; Borroughs Reid Hill, Ph.D., Tulane University, New Orleans, to work with Louis F. Fieser, Ph.D., at Harvard University, Cambridge, Mass., for the second year; Dr. Nelicia Maier, Paris, France, to work at Yale University School of Medicine, New Haven, Conn., with Dr. William T. Salter, a new fellowship, and James Alexander Miller, M.S., University of Wisconsin, to work at the medical school, University of Wisconsin, also a new award. Fellowships carrying an annual stipend of $2,000 are awarded for a period of one year and applications must be made on blanks furnished by Dr. William A. Fisher, secretary of the foundation, 1211 Cathedral Street, Baltimore, before January 1 of each year. Fellowships are awarded only for research into the cause or causes and the treatment of cancer.

Koch Trial Ends in Jury Disagreement.—In March 1942 the Federal Grand Jury sitting at Detroit indicted the Koch Laboratories, Inc., together with two of the officers, Dr. William Frederick Koch and his brother Louis Koch, finding them responsible for the shipment in interstate commerce of packages of allegedly misbranded drugs variously labeled as Glyoxylide, Malonide and Benzoquinone. The indictment contained twelve counts covering twelve shipments of the products. Under the penalties of the Federal Food, Drug and Cosmetic Act this offense would bear on conviction a total maximum penalty not to exceed twelve years' imprisonment together with a $12,000 fine. The trial began on January 12 and the prosecution produced 49 witnesses who testified as experts and/or fact witnesses. The government rested its direct case on February 4 after presenting testimony that the products distributed by the defendants were misbranded in that they are not efficacious in the cure, mitigation, treatment or prevention of cancer, allergies, infections and their sequelae as claimed on the labels. Between February 5 and April 20 the defendants presented 104 witnesses including Dr. William F. Koch together with 24 licensed practitioners of medicine, osteopathy, dentistry and veterinary medicine. Ten of these witnesses did not appear in court but gave depositions from various parts of the United States, from Brazil and from England. The doctors who took the witness stand in behalf of the defendants testified to having cured, or at least having more or less successfully treated, several hundred patients with the "Koch Synthetic Antitoxins"; the depositions recounted treatment of an additional 200 cases; 34 selected laymen testified before the jury that they had been cured by Dr. Koch or by doctors using his drugs. The remedies were represented as being efficacious in the treatment of sixty-nine distinct diseases ranging from acute appendicitis to herpes zoster, and special emphasis was placed on cancer, tuberculosis, coronary thrombosis and allergies. This was the longest trial in the history of the Food and Drugs Act, the court transcript running well over 9,000 pages exclusive of the depositions, which aggregated several thousand pages themselves. On May 19 (nineteenth week) the judge gave his charges to the jury, which failed to reach an agreement after over eight days of deliberation and was dismissed on May 28. Following dismissal, the jury was polled and it was learned that nine had voted for conviction and three for acquittal. It was reported that the three who had held out for acquittal had done so from the first ballot. No date has been set for the retrial of the case, but it is assumed that it may be reached sometime late in the fall.

LATIN AMERICA

Dr. Baehr in Mexico.—Dr. George Baehr, chief medical officer, Office of Civilian Defense, Washington, D. C., is in Mexico City to confer with Mexican civilian defense officials on their organizational problems. On June 3 Dr. Baehr spoke in the National Theater on "The Organization and Operation of the Emergency Medical Service" and showed a slide film entitled "Operation of Emergency Medical Service." The sound track of the film is in Spanish. The following day Dr. Baehr discussed "Rescue Service" and showed the motion picture on "Work of the Rescue Service."

First National Congress of Public Welfare.—The department of Public Welfare of Mexico, through its secretary, Dr. Gustavo Baz, announces the first National Congress of Public Welfare, to be held in Mexico City August 15-22. A presidential order calling the congress was issued in view of the growing importance of the problems of social welfare throughout the world, intensified and multiplied by the present war; the pressing need of unifying the criteria, the administration and the public welfare methods throughout the country; the urgency of stimulating private cooperation toward the solution of the great national welfare problems, and the advantages that result from the interchange of ideas between institutions and specialists interested in public welfare.

Public Health Program in El Salvador.—The republic of El Salvador has recently made additional appropriations to project a public health program which was launched last year supplementing by several methods initial funds amounting to half a million dollars received from the United States. San Salvador has authorized expenditures of $80,000 for improvements to the water and sanitation systems and the construction of a new market, a slaughterhouse and a public laundry. San Miguel is building a $50,000 sewerage system and Santa Tecla has authorized expenditures of $37,500 for a similar system. Other cities which have made appropriations for health and sanitation improvements in line with the program are Atiquizaya, Zacateculuca and Tonacatepeque. Similar action is being considered by Chalchuapa and Ahuachapan. The sums set aside by these towns for health work will be supplemented by funds from the Servicio Cooperative Inter-Americano Salud Publica. This agency is carrying on the inter-American health and sanitation work in Salvador under the direction of the Sanidad Publica.

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JUST READY! Stieglitz' Geriatric Medicine

Entirely New Book!—In the past generation average life expectancy from birth has increased by 16 years. This is due in no small part to the improved methods, both preventive and therapeutic, which the medical profession has developed and put into practice. It is not necessary therefore to convince physicians—especially Family Physicians—that the care of the aging and aged is a very real problem and will continue to be increasingly so

That is why this completely *new* book, edited by Dr. Edward J. Stieglitz, is being so eagerly and enthusiastically received. Dr. Stieglitz and 53 contributing authors here give you the kind of specific, practical, clinical guidance you will apply again and again in diagnosing and treating the disorders of your older patients.

This *new* book covers the entire field of medical practice with these very important and distinct differences: *(1)* Special consideration of the normal anatomic and physiologic changes with aging; *(2)* greatest stress on the diseases and conditions of most frequent incidence in later life, such as cardiovascular-renal diseases, arthritis, gout, diabetes, cancer, etc.; *(3)* allowances and variations in drug dosage, diet, exercise and rest, mental outlook, surgical interference, etc., which must be considered with particular regard for the situation of the individual patient; and finally, *(4)* emphasis on the management required to parallel increased longevity with the mental and physical health necessary to useful and happy living.

Further Details in SAUNDERS Advertisement on Page 3

MARYLAND

State Medical Meeting.—The Medical and Chirurgical Faculty of Maryland will hold its meeting at the Belvedere Hotel, Baltimore, April 23-24, under the presidency of Dr. Thomas R. Chambers, Baltimore, who will discuss "Postwar Asthenia." Among the speakers will be:

Dr. Nicholson J. Eastman, Baltimore, Median versus Lateral Episiotomy.
Drs. John Mason Hundley Jr. and Beverly C. Compton, both of Baltimore, Carcinoma of the Cervix.
Dr. John A. C. Colston, Baltimore, Carcinoma of the Prostate: Endocrine Therapy and the Radical Operation.
Dr. Charles Bagley Jr., Baltimore, The Story of Cerebral Injuries.
Dr. Alan C. Woods, Baltimore, Early Treatment of Eye Injuries.
Dr. William J. Fulton, Detroit, Doctor in Industry.
Dr. Wallace M. Yater, Washington, D. C., Coronary Artery Disease in Young Men—A Study of 400 Cases Proved at Necropsy.
Dr. John T. King, Baltimore, Acute Cardiac Disorder Simulated by Pulmonary Embolism.
Dr. Alfred Blalock, Baltimore, The Surgical Treatment of Pulmonary Stenosis.
Dr. Arthur W. Allen, Boston, Venous Thrombosis and Pulmonary Embolism: A Comparative Study of Femoral Vein Interruption and Dicumarol Therapy.
Dr. Harry M. Robinson Jr., Baltimore, Common Dermatologic Problems Presented by the Veteran.
Dr. Henry M. Fox, Boston, Brief Psychotherapy Overseas and at Home.
Dr. Maurice C. Pincoffs, Baltimore, Medical Problems in the Southwest Pacific Area.
Dr. Harvey B. Stone, Baltimore, The Handling of Large Hemorrhages into the Bowel.
Dr. George H. Yeager, Baltimore, Noninfective Gangrene Following Fracture of Lower Leg.
Dr. Perrin H. Long, Baltimore, The Etiology and Epidemiology of Infectious Hepatitis.
Dr. Harry C. Hull, Baltimore, Visualization of Amebic Abscesses of the Liver as an Aid to Therapy and Prognosis.
Dr. Joseph E. Moore, Baltimore, Penicillin in the Treatment of Syphilis.
Dr. Theodore E. Woodward, Baltimore, Chemotherapy in the Rickettsial Diseases, with Special Reference to Para-Aminobenzoic Acid.

On Wednesday evening at a public meeting Dr. Warfield T. Longcope, who is retiring as professor of medicine, Johns Hopkins University School of Medicine, Baltimore (THE JOURNAL, January 26, p. 231), will deliver the Trimble Lecture on "The Treatment of Metallic Poisoning by BAL (British Anti-lewisite)." A meeting will also be held Wednesday to honor Marcia C. Noyes, who has been librarian for the faculty for fifty years and executive secretary of the state association for twenty years. Miss Noyes was employed by the late Bernard C. Steiner, then librarian at Pratt Library, who in 1896 recommended her services to Dr. William Osler, who had just succeeded in having moved from the basement of the Athenaeum the library of the Medical and Chirurgical Faculty. The program of the faculty also includes round table discussions.

MICHIGAN

Cancer Day.—On March 20 the Genesee County Medical Society inaugurated an annual Cancer Day in Flint. Among the speakers were:

Dr. Paul A. O'Leary, Rochester, Minn., Cutaneous Malignancy.
Dr. Louis E. Phaneuf, Boston, Cancer of the Uterus.
Dr. Frederick A. Coller, Ann Arbor, Cancer of the Stomach.
Dr. Charles B. Huggins, Chicago, Cancer of the Genitourinary Tract.
Dr. Frank E. Adair, New York, Cancer of the Breast.
Mr. Elmer H. Bobst, New York, The Cancer Problem in America.

Udo Wile Honored.—Dr. Udo J. Wile, professor of preventive medicine and public health, University of Michigan Medical School, Ann Arbor, was recently made a "Commander of the Order of Public Health," a decoration which had previously been issued to two other persons, one of whom is Sir Alexander Fleming. The decoration was awarded to Dr. Wile by the French minister of health for his service while in France in instituting a venereal disease program. Dr. Wile recently returned from France.

Course for Practitioners.—Dr. Frederick A. Coller, professor of surgery, and the chiefs of the various divisions at the University Hospital, University of Michigan Medical School, Ann Arbor, will offer a course for returning medical veterans who are general practitioners. Subject material to be presented in clinics, lectures, demonstrations and ward rounds will include minor surgery in office practice; nonoperative gynecology and obstetrics, otolaryngology and ophthalmology, dermatologic lesions, burns, general medical practice, infectious diseases, treatment of venereal diseases, pediatric practice, neurology and psychiatry. The teaching schedule may be obtained on request. The course will begin April 29 and end June 22.

Koch Dismissal Denied by Court.—Federal Judge Robert R. Nevin on March 11 overruled a defense motion to dismiss charges of mislabeling and misbranding purported cancer cures, for which Dr. William F. Koch, Detroit, and his brother Louis and the Koch Laboratories are on trial. Judge Nevin also ruled against a motion to strike out all testimony pertaining to malonic and glyoxylic acids, both of which concoctions, the prosecution claims, duplicate the Koch products malonide and glyoxylide. The motion to drop the charges was filed February 19, but the court had deferred ruling until sufficient evidence had been heard to support government claims, according to the Detroit *Times*.

Curative Workshop.—The Curative Workshop with quarters at 65 Ferry Avenue, West Detroit, was recently incorporated as an independent organization. The workshop has been approved by the Wayne County Medical Society, which has also named the medical advisory committee, including Drs. Wyman D. Barrett, chairman; Leo H. Bartemeier, Arbie L. Brooks, Ralph E. Hall, Clyde N. Hasley, James W. Lasley, John J. Prendergast Jr., Frank H. Purcell, Robert J. Schneck and Francis Walsh, all of Detroit, and Earle A. Irvin, Grosse Pointe. The present workshop is an outgrowth of the program started in 1934 by the Visiting Nurses Association. The present activity was evolved in March 1945, when representatives of the board of the Visiting Nurses Association and the Detroit Orthopaedic Clinic consulted with the Wayne County Medical Society. Miss Helen King is technical director of the Curative Workshop.

MINNESOTA

New County Bulletin.—The St. Louis County Medical Society is now publishing its own bulletin. In the four issues thus far published are contained announcements and news of returning members. Officers of the society are Drs. Daniel W. Wheeler, Duluth, president-elect; Paul G. Boman, Duluth, president; Francis W. Bachnik, Hibbing, vice president; Elizabeth C. Bagley, Duluth, secretary-treasurer, and Mrs. Margaret B. Gilbert, executive secretary.

NEW YORK

Alpha Omega Alpha Lectures.—Dr. Robert H. Williams, instructor in medicine, Harvard Medical School, Boston, gave the spring lecture of Alpha Omega Alpha at Syracuse University College of Medicine on March 7. His lecture was on "Recent Studies of the Physiology and Treatment of Thyrotoxicosis."——Dr. Carl A. L. Binger, New York, gave the annual address of the Alpha Omega Alpha Society, University of Rochester School of Medicine and Dentistry, March 15, on "The Doctor's Dilemma."

Training for Psychiatrists.—On March 23 the New York State Department of Mental Hygiene announced the establishment of a program to train physicians in psychiatry and neurology to meet the unprecedented need for increased medical personnel for hospital and outpatient treatment of persons suffering from mental and nervous diseases. Provision has accordingly been made for the training of a hundred physicians through courses which were to begin on April 5. These doctors will be added to the staffs of all the department's mental hospitals and the state schools for the mentally deficient, where they will serve as resident physicians while in training. The program will be inaugurated with courses set up at the New York State Psychiatric Institute and Hospital in New York City in conjunction with the Columbia University College of Physicians and Surgeons and at the Syracuse Psychopathic Hospital in conjunction with Syracuse University College of Medicine. The courses, starting April 5 in New York and May 3 in Syracuse, will continue weekly for forty-eight weeks. They will consist of lectures, clinical conferences and laboratory work and will meet the primary requirements of the American Board of Psychiatry and Neurology. Formal instruction will be supplemented by supervised clinical work at the resident's institution. Dr. Frederick MacCurdy, state commissioner of mental hygiene, in announcing the program, stated that in normal times there were some 3,500 trained psychiatrists in the United States and that it has been conservatively estimated that at least three times as many could be used to advantage at the present time.

New York City

Special Lectures.—Dr. Ernest Laqueur, Institute of Pharmacotherapy, Amsterdam, will deliver the seventh Harvey Society Lecture of the current series at the New York Academy of Medicine, April 18. Dr. Laqueur will speak on "Interrelationships Between Gonadotropic and Sex Hormones."——Dr. Isidor Snapper will discuss "Bone Diseases" before the New York Institute of Clinical Oral Pathology, April 29, at the New York Academy of Medicine.

The salient findings on physical examination were exophthalmos and lid lag and a thyroidectomy scar with a sense of fulness in the area of the right lobe but with no definitely palpable nodule. No bruit was heard. The breasts were normal, and the lungs were clear throughout. The heart was not enlarged to percussion. A loud systolic murmur was heard over the entire precordium, and the pulmonic second sound was accentuated. The pulse varied between 90 and 100 and was regular. The blood pressure was 120/80. The temperature was 98.6 F. The abdomen was normal except for the enlarged uterus felt on vaginal examination. There was a slight tremor to the fingers, no edema, and the deep reflexes were hyperactive. The urine was acid and showed no albumin and no sugar, with 8 to 10 pus cells per high power field, and many epithelial cells. The basal metabolic rate a few days later was plus 22 per cent and the blood count showed 5,100,000 red cells, 14.2 Gm. of hemoglobin and 11,600 white cells.

In about two weeks the patient decided to go to New York by train, and we did not see her again until July 13, 1945. Dr. Belle Jacobson of New Rochelle, N. Y., wrote "On April 17, 1945 she came to see me with pitting edema of the ankles, liver enlarged 2 fingerbreadths below the costal margin, marked cyanosis, dyspnea, and a pulse rate of 116. Rhythm was normal. The basal metabolic rate was plus 22 per cent, the urine albumin 2 plus. I put her to bed, digitalized her and gave her Lugol's solution, ammonium chloride and amytal. She has improved tremendously. Today her blood pressure is 148/90. Her weight is 124 pounds (56 Kg.) compared to 126 pounds (57 Kg.) on May 22."

Further notes from Dr. Jacobson showed that on April 27 the blood cholesterol was 133 mg. (per hundred cubic centimeters), urea 12.6 and creatinine 1.4 mg. On April 17, 1945 the blood pressure was 90/60, the pulse rate 100, and fluoroscopy showed some enlargement of the left ventricle. On May 2 fluoroscopy revealed a "definitely smaller heart shadow."

When the patient was examined by us on July 13, 1945 she complained of occasional dyspnea and palpitation and swelling of the ankles. The heart was not enlarged, the liver was not palpable, there were no rales in the lungs, and there was no edema. The pulse rate was 112, the blood pressure 135/70, and the urine showed a trace of albumin with no casts. She was taking 10 drops of Lugol's solution and 1 unit of digitalis daily. We advised her to continue this regimen and to remain in bed for one week.

On July 20, 1945 her pulse rate was still 112 despite bed rest and digitalis. A careful recheck of the heart failed to show any indication of rheumatic heart disease. We thought that there was some thyroid tissue palpable at the right edge of the scar.

She was put on thiouracil 0.6 Gm. daily. In one week she was "feeling fine." The blood pressure was 130/80, and her pulse rate varied between 80 and 8[illegible]. Thiouracil was continued, and on August 17 it was reduced to 0.4 Gm. daily. The usual precautions were taken to guard against thiouracil toxicity.

On Sept. 14, 1945 she entered the hospital. The membranes had ruptured spontaneously and there was a breech presentation. The patient was not in labor. Because of obstetrical and medical indications a low cervical cesarean section, through a Pfannenstiel incision, was performed under spinal anesthesia. The postoperative course was uneventful and, despite much tympanites, the pulse never rose above 100. She has remained in good health without further treatment.

The baby, a female, weighed 6 pounds 13 ounces (3,096 Gm.) and was 50 cm. long. She was not a normal looking child, although it was difficult to describe exactly what the trouble was. There was no increase in size of the neck in the thyroid area. The baby did not look as alert, nor did she move her limbs as well as other infants of her age. She gave the impression of being hypothyroid rather than hyperthyroid. The pediatrician made a note of her being a "jumpy baby." We had no facilities for studying her basal metabolism. The blood cholesterol was 106 mg. per hundred cubic centimeters on September 29 and the blood organic iodine was 10 micrograms per hundred cubic centimeters plasma (normal 5 to 7). X-ray examination of the hips and pelvis on September 21 revealed no pathologic changes in the bones. She was discharged from the hospital on Sept. 30, 1945, weighing 6 pounds 7 ounces (2,926 Gm.). On Nov. 27, 1945 the plasma cholesterol was 136 mg. per hundred cubic centimeters. Her weight on Jan. 21, 1946 was 11 pounds 4 ounces (5,100 Gm.), and the pediatrician reported her development and physical condition as normal for an infant of that age.

SUMMARY

A primipara aged 33 with recurrent hyperthyroidism was treated with thiouracil for the last fifty-five days of her pregnancy. She received 0.6 Gm. daily for twenty-eight days, 0.4 Gm. daily to delivery, with an excellent clinical response. Delivery was by low cesarean section. Both the delivery and the postpartum convalescence were uneventful. The infant was clinically not quite normal. The baby's blood organic iodine was 10 micrograms per hundred cubic centimeters of plasma (normal 5 to 7), and her cholesterol was 106 mg. Without treatment the infant has now developed into a normal child for her age. This case report corroborates experimental studies on the possible harmful effect of thiouracil in pregnancy.

2210 West Third Street.

Council on Pharmacy and Chemistry

REPORT OF THE COUNCIL

The Council has authorized publication of the following statement. AUSTIN SMITH, M.D., *Secretary.*

ETHYLENE DISULPHONATE (SPICER-GERHART CO.) NOT ACCEPTABLE FOR NEW AND NONOFFICIAL REMEDIES

INTRODUCTION

The Spicer-Gerhart Co. of Pasadena, Calif. (laboratory at Sunland, Calif.), has marketed an ampul preparation containing essentially distilled water, although the firm claims that it contains a chemical designated as Ethylene Disulphonate in a dilution of 1 to 10^{-15}. It is offered for intramuscular injection in the treatment of various allergic conditions. The origin of this inspirational effort apparently lies in a report by Evans, Bodman and Maisin[1] of London. Those who are familiar with the Koch "cures" will recall the name Maisin. This report (which is published in two parts) advances the theory that the allergic state is the outcome of a disturbance in cellular carbohydrate metabolism and postulates that this is due to the absence or inhibition of an oxidation catalyst of coenzyme activity in the momentary formation of ketene from acetaldehyde, the ketene presumably being the final breakdown product of carbohydrate and leading to the formation of carbon dioxide and water. In the second part of their paper the authors state that "extensive search" was instituted for some substance to "replace this part of the dehydrogenase coenzyme system," thought to be absent because of "inherited faulty metabolism ('inherited allergy') or due to inhibitions by bacterial toxins" and that they "anticipated this as being a short carbon chain compound having two or more unsaturated carbon linkages." They claim to have succeeded in preparing unsaturated bodies from both glucose and fructose and from two carbon chain compounds, such as acetaldehyde, that act physiologically in the manner anticipated, the probable nature of which was said to be "typically that of ethylene disulphonate, which may exist in conjunction with other compounds and/or adsorbed on to specific proteins." They give a hypothetical formula for ethylene disulphonic acid (a synonomous chemical designation for ethylene disulphonate) as $C_2H_2(SO_3H)_2$ and state that they propose to describe this part of the work in detail elsewhere.

1. Evans, Geoffrey; Bodman, John, and Maisin, J. H.: The Chemical Control of Allergy, 1 & 2, M. Press & Circ. 203:457 (May 29), 476 (June 5) 1940.

The choice of 10^{-15} dilution of ethylene disulphonate is claimed to have been found by actual experience as "an average successful mean" between the "optimum dilutions" of 10^{-10}, "known high dilution of cytochrome in tissue," and 10^{-18}. There are no actual data furnished, however, to show how the compound was prepared or selected or to indicate the means by which such high dilutions were found to be optimum. The dilution claimed on the label of the product supplied to the Council office would be equivalent to one-billionth part per million; much less even than the order of mineral content or lead contamination of ordinary tap water. Some idea of the extreme dilution claimed can be gained from the computation that 1 mg. of so-called ethylene disulphonate would require more than 250 million gallons of water!

The first part of the Evans et al. report comprises an uncontrolled clinical study, so far as can be determined from the statement, of the effects of ethylene disulphonate in 71 cases of asthma treated with from one to three 2 cc. injections of the British product sold under the name Allergosil (Endocrine-Spicer, Ltd., Watford). Only four failures are listed. This is followed by an elaborate suggested scheme for treatment of chronic cases ("The acute case may be treated by immediate injection") that includes preliminary catharsis (to eliminate "intestinal toxaemia"), the interdiction of certain drugs (morphine, barbiturates, aspirin), alcohol and tobacco (supposed, like toxins, to paralyze or inhibit the oxidative enzyme metabolism of carbohydrates), a high vitamin meat-free diet, removal or treatment of foci of infection and the technic of injection. It seems significant that all of these suggestions are essentially identical with the directions given by the Spicer-Gerhart Company for the use of its Ethylene Disulphonate (Allergosil Brand) marketed in the United States.

In addition to the chemical "theory," part two of the Evans report includes a summary of partially controlled experiments on guinea pigs. The results suggest some degree of protection against anaphylactic shock in sensitized animals that received one to three 1 cc. injections of Allergosil in 10^{-18} dilution at various intervals prior to a shock dose of egg albumin. On the basis of their clinical studies the authors concluded that there was some evidence to suggest that the intramuscular injection of 2 cc. doses of Allergosil in specific concentrations controls allergy in man and that in some cases that had not responded the failure was thought due to sepsis in the upper respiratory tract.

More recent published reports on the clinical use of the product by investigators in this country form the basis for a bibliography contained in a booklet entitled "Ethylene Disulphonate in the Treatment of the Allergic State," which is sent by the American firm to physicians requesting information on the product, together with a letter indicating the cost ($13.50 per 2 cc. dose) and available reprints of published articles, which include the Evans et al. report. In addition to the drugs excluded during treatment by those observers, the firm also lists "Sulfa Drugs" and anesthetics as contraindicated. The firm adheres however, with few exceptions, to all the recommendations of the London observers, although tobacco and meat are not interdicted absolutely. As is done in the original report, there are enumerated other precautions in the technic of injection to avoid presumable oxidation of the supposedly highly unstable solution by undue exposure to air or metal (the firm also mentions oil, grease and "certain chemical substances"), including the use of a special chemically cleaned and sterilized syringe and needle. The firm further includes the observations of the report that the injection is painful and is usually followed by a rapid, uncontrollable fibrillation of the muscle lasting some two minutes (Evans et al. "believe this to be due to a chemical action set up or catalyzed in the muscle, the resulting exothermic energy being used up in work done by fibrillation").

Because of numerous inquiries from physicians received at the Council office, apparently stimulated by reports on the use of Ethylene Disulphonate in this country, the Council undertook to investigate the claims made for the product in the treatment of asthma, migraine, hay fever, eczema, urticaria and angioneurotic edema. Physicians known to have conducted clinical observations with the product were requested to submit an opinion or résumé of results obtained. Of the twelve replies received all but two were unanimous in the opinion that the drug was of no value in any of the various allergic conditions for which it had been tried. One allergist aptly pointed out that the interdiction of alcohol, acetylsalicylic acid and other substances as recommended might in itself give beneficial results. Several felt that distilled water or saline solution gave results equal to that of so-called Ethylene Disulphonate and that spontaneous remission in asthma patients accounted for what might be taken as improvement following its use.

In view of this the Council decided that a critical review of the published reports was needed and in addition requested the American Medical Association Chemical Laboratory to examine, prior to the labeled expiration date, a specimen of the product obtained from the manufacturer. The Laboratory prepared for the Council the following statement of its findings:

One package from Spicer-Gerhart Co., First Trust Bldg., Pasadena 1, Calif., addressed to Dr. Austin Smith, Secretary, Council on Pharmacy & Chemistry, 535 North Dearborn St., Chicago 10, and received in the Council office on Feb. 8, 1946, was submitted to the A. M. A. Chemical Laboratory for examination. The package was found to contain a white box bearing the following printed label:

One 2 cc. Size Ampoule of
ETHYLENE DISULPHONATE
(Allergosil Brand)
In a Dilution of 1.10-15 in
Triple Distilled Water

CAUTION: To be used only by or on the prescription of a physician
Control No. 018089

Made by
Spicer-Gerhart Company, First Trust Bldg., Pasadena, California (Laboratory: Sunland, California)

DO NOT USE AFTER *May 5, 1946*
A brochure containing adequate directions for use is enclosed in this package.

The contents of the box were found to be one broken, cloth wrapped, cotton packed, 2 cc. Ideal brand syringe-etched No. 472; one B-D No. 22 Luer-Lok type syringe needle, 49 millimeters in over all length; one unlabeled amber glass ampul containing a clear liquid. In addition a gummed return label, a small leaflet bearing the caption "IMPORTANT PLEASE NOTE CAREFULLY" and a small sixteen page booklet titled "Ethylene Disulphonate in the Treatment of The Allergic State," were included.

Examination of the liquid found in the ampul indicates that its density and refractive index (determined at 25 C.) and boiling point were identical, within the limits of the experimental methods, with those of distilled water, which was used as a control.

COMMENT

The findings of the Laboratory are in agreement with what could be expected from the claim of high dilution made in the labeling. Although it would be possible to predict some of the chemical properties of a compound possessing the formula attributed to Ethylene Disulphonate, a search of the chemical literature revealed no evidence for the existence of such a compound. At the same time the claimed high dilution is outside the practical limits of detection.

An expert in the field of ketene chemistry pointed out that the idea that acetaldehyde may undergo dehydrogenation into ketene presupposes a reaction that has not been achieved in experimental attempts so far recorded and that any theory based on it is highly improbable, particularly since its production would be incompatible with moisture and proteins of living tissue. Nothing in the proposed structure of so-called Ethylene Disulphonate would lead one to suspect that it would serve as an oxidation catalyst.

REVIEW OF THE LITERATURE

Smith[2] was apparently the first to report on Ethylene Disulphonate in this country. His enthusiastic report on the treatment of 30 cases of allergy and of its protective action in a controlled anaphylactic experiment with guinea pigs (similar to those conducted by Evans et al.) received early publicity in the news that was the subject of critical comment in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.[3] Smith later published[4] his results of treatment of 33 patients (asthma 25, asthma with urticaria or eczema 6, migraine 1, skin manifestations 1) with details of 6 cases showing favorable responses. He reported 82 per cent successes, 8 per cent greatly relieved and 10 per cent failures. In the published report there was no statement on a control series by which these apparently favorable clinical results could be compared. That the report may have been inspired by the London group seems possible because of the author's use of the same general treatment scheme of preliminary evacuation of the bowel, interdiction of drugs and a meat-free diet, and his conclusion that Ethylene Dilsulphonate is a catalyst which, given in small quantities and under proper conditions, will bring about the changes necessary in body chemistry to cause allergic patients to become symptom free in from 80 to 90 per cent of cases treated. A later report[5] by this observer indicated that he had treated a total of 413 patients up to Jan. 1, 1944, comprising 62 children and 351 adults, with 2 cc. injections (average of 3.19 per patient) and obtained complete relief in 76.47 per cent, partial relief in 17.64 per cent and no relief in 5.88 per cent. No details are given except to point out that the technic employed was the same as that covered in an earlier report. The rest of the paper is concerned with a discussion of associated pathologic conditions in allergy that may interfere with the effect of Ethylene Disulphonate and that should be dealt with before or during treatment. The firm gives special mention to this by a footnote in its booklet.

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The final reference in the bibliography assembled by the manufacturer is made to a recent unpublished report by Ketcham,[18] whose paper has received some publicity in Science Service and in publications of the lay press. The report covers the author's use of Ethylene Disulphonate for some 200 allergic patients observed over the past three years. It was said that patients were relieved of most or all of their symptoms after one to six injections and remained well for six to eighteen months after treatment, although patients with year-round hay fever seldom got 100 per cent relief. There was, however, no detailed analysis of observations on controls, and the favorable results can only be attributed to a nonspecific effect of the product as indicated by Archibald. The report offers no clearcut evidence of the efficacy of so-called Ethylene Disulphonate, and its lay publicity is all the more unfortunate because it stimulates false hope of relief for the allergic patient.

In a relatively recent editorial article of a Pacific Coast publication,[19] further publicizing the favorable clinical reports of Wasson[6] and of Bartlett,[10] the writer offered as reasons "why the A. M. A. had not affirmed the new miracle" the explanation given by a physician friend that, "first, the A. M. A. insists on thousands of cases" and, second, the "fact that the Ethylene Disulphonate solution in tiny vials was so delicately compounded that even the entrance of air affected its potency," so that, "when a vial labeled with the complete ingredients of formula was opened for tests by the Bureaus (U. S. Food and Drugs and the A. M. A.) the entrance of air into the vial changed the solution so that the analysis did not match or total up to the printed formula on the label." No doubt the manufacturer should be interested in this in order to devise some means to inject the solution in vacuo instead of the elaborate but apparently useless precautions now recommended to avoid all but minimal exposure to air, oil and grease. The writer's friend was evidently unaware that "thousands of cases" are no more significant for experimental trial than a dozen when conclusions therefrom are based on uncontrolled or poorly controlled observations.

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SUMMARY

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13. Unger, Leon: Annual Critical Review of the Recent Literature on Bronchial Asthma, Ann. Allergy 3: 133-148 (March-April) 1945.
14. Allergy, editorial, M. Press & Circ. 213: 355 (June 6) 1945.
15. Carrasco, E. Diaz: El Control Quimico de la Alergia, Revista Medica de Chile, 73: 340-342 (April) 1945.
16. Archibald, Herbert C.: Ethylene Disulphonate and Sterile Distilled Water Controls in the Treatment of Children's Allergies, Arch. Pediat. 62: 219-222 (May) 1945.
17. Kurland, Leonard T., and Bubert, Howard M.: Ethylene Disulphonate in Bronchial Asthma, Bull. School Med., Univ. Maryland 30: 46-50 (July) 1945.
18. Ketcham, W. Merritt: A New Concept in the Treatment of Allergy, read before the thirty-ninth annual meeting of the Southern Medical Association, Cincinnati, Nov. 12, 1945.
19. Paul, Dan: Cure for Hay Fever and Asthma, Frauds and Answers Magazine 5: 1-4 (Nov.-Dec.) 1945.
20. Brenner, H. H., and Stoesser, A. V.: Ethylene Disulphonate in Chronic Asthma, Ann. Allergy 4: 179-185 (May-June) 1946.

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From a review of the published reports, the statement by the American Medical Association Chemical Laboratory and the replies received from physicians investigating Ethylene

12. Glaser, Jerome: Pediatric Allergy: A Critical Review of Recent Literature, Ann. Allergy 2: 440-452 (Sept.-Oct.) 1944.
13. Unger, Leon: Annual Critical Review of the Recent Literature on Bronchial Asthma, Ann. Allergy 3: 133-148 (March-April) 1945.
14. Allergy, editorial, M. Press & Circ. 213: 455 (June 6) 1945.
15. Carrasco, E. Diaz: El Control Quimico de la Alergia, Revista Medica de Chile, 73: 340-342 (April) 1945.
16. Archibald, Herbert C.: Ethylene Disulphonate and Sterile Distilled Water Controls in the Treatment of Children's Allergies, Arch. Pediat. 62: 219-222 (May) 1945.
17. Kurland, Leonard T., and Bubert, Howard M.: Ethylene Disulphonate in Bronchial Asthma, Bull. School Med., Univ. Maryland 30: 46-50 (July) 1945.
18. Ketcham, W. Merritt: A New Concept in the Treatment of Allergy, read before the thirty-ninth annual meeting of the Southern Medical Association, Cincinnati, Nov. 12, 1945.
19. Paul, Dan: Cure for Hay Fever and Asthma, Frauds and Answers Magazine 5: 1-4 (Nov.-Dec.) 1945.
20. Brenner, H. H., and Stoesser, A. V.: Ethylene Disulphonate in Chronic Asthma, Ann. Allergy 4: 179-185 (May-June) 1946.

Disulphonate in the treatment of various allergic conditions, not only is it evident that the existence of such a compound is open to serious doubt but the theory of its dilution and supposed part as an oxidation catalyst of carbohydrate metabolism is based on flimsy biochemical conjectures that have no proved connection with the mechanism of allergy if, indeed, there is any. Clinical reports of favorable results obtained with the product are based on either entirely uncontrolled or poorly controlled studies that do not eliminate the psychologic effect nor take account of the influence of the scheme of dietary and other measures suggested by the originators and furthermore do not satisfactorily take into account the factor of spontaneous remission that characterizes chronic allergic manifestations. In the experimental and clinical studies where distilled water is used as a control, neither protection against anaphylactic shock in animals nor improvement in the symptoms of allergic patients can be attributed to the solution of so-called Ethylene Disulphonate.

Examination of the product indicates that by ordinary tests it cannot be distinguished from distilled water, as might be expected if the so-called substance was present in the high dilution claimed. As against one-billionth of 1 part per million (equivalent of the claimed dilution) the pharmacopeial standard for residue of distilled water provides for not more than 1 mg. per hundred cubic centimeters (10 parts per million), a maximum allowance for ten billion times as much inert material as the claimed amount of active substance in Ethylene Disulphonate (solution)! Neither the originators of the theory employing the British brand, Allergosil (Endocrine-Spicer, Ltd.), nor the reports on the American counterpart, Ethylene Disulphonate (Allergosil brand), have indicated the method by which such a compound was made, synthetically or otherwise. The emphasis of the originators and the American manufacturer on the means to avoid its supposed rapid oxidation by contact with air, metal, oil and certain chemical substances has the effect of concentrating so much attention on the technic that the credulous user is diverted from consideration of the significance of the extreme dilution of the so-called active substance. The statement made by the firm that "No disinfectant may be used on the site of the injection" is footnoted in its booklet with the statement "One clinician reports using hydrogen dioxide without deleterious effect." This tends to imply that ordinary disinfectants may inactivate the supposedly rapidly oxidized, highly unstable Ethylene Disulphonate, yet the firm apparently expects the reader to be unaware that hydrogen dioxide is hydrogen peroxide and capable of acting as an oxidizing agent. That the theoretical dilution employed is not likely to reach all the affected tissues in the same concentration has already been pointed out. The pain and fibrillation following injection of the product are not different from what would be expected from the injection of an equal volume of any hypotonic solution. Attention is further drawn to the fact that the hypotonic action of distilled water causes muscle injury and that minor muscle injuries often terminate an acute attack of asthma.

Despite all these rather obvious facts, the manufacturer has apparently achieved considerable success in marketing the product to physicians of this country. The Council therefore presents this published statement to inform the medical profession that the claims for the use of the product in the treatment of allergy are not founded on proved premises and that the available evidence does not support any hopeful claims. The manner in which the manufacturer has exploited the physician and the allergic patient of this country cannot be too vividly described and only supports the Council's plea that physicians seek competent advice before they adopt some new "cure" or treatment; frequently they will find that it is not new, is not a cure, and for that matter is not even a treatment in the true sense of the word. Ethylene Disulphonate (Allergosil brand) manufactured by the Spicer-Gerhart Company of Pasadena and Sunland, Calif., is declared by the Council not acceptable on the basis of currently available evidence for inclusion in New and Nonofficial Remedies.

NEW AND NONOFFICIAL REMEDIES

The following additional articles have been accepted as conforming to the rules of the Council on Pharmacy and Chemistry of the American Medical Association for admission to New and Nonofficial Remedies. A copy of the rules on which the Council bases its action will be sent on application.

AUSTIN SMITH, M.D., *Secretary.*

CONTRACEPTIVE JELLIES AND CREAMS (See New and Nonofficial Remedies, 1945, p. 355).

The following article has been accepted:

LEHN & FINK PRODUCTS CORPORATION, BLOOMFIELD, N. J.

Lygel Vaginal Cream: 85 Gm. collapsible tubes. A white stearic acid cream having a *p*H of 3.4, prepared from the formula:

Stearic acid	18.00%
Cetyl alcohol	4.00
Lactic acid	0.35
p-chloro-symm.m.-Xylenol	0.10
p-tert. amylphenol	0.10
Sorbitol	6.00
Nacconol	2.00
Perfume	0.10
Water to make	100.00

Packaged with a Lygel Vaginal Applicator or in refill packages containing a tube of cream only.

U. S. patent 1,953,413 (April 3, 1934).
U. S. trademarks 343,141 and 248,042.

Action, Uses and Dosage.—See article on Contraceptive Jellies and Creams.

ALLERGENIC PREPARATIONS (See New and Nonofficial Remedies, 1946, p. 35).

The following allergenic extracts have been accepted:

PITMAN-MOORE COMPANY, INDIANAPOLIS

Allergenic Extracts: The following pollen extracts are marketed in single 5 cc. vials containing 10,000 units per cubic centimeter and in packages containing one 5 cc. vial of the extract, together with three vials containing 4.5 cc. of sterile isotonic sodium chloride diluent for the preparation of solutions containing 1,000, 100 and 10 pollen units per cubic centimeter.

Mixed Grass (Sweet Vernal Grass, Blue Grass, Johnson Grass, Redtop and Timothy, in equal parts); Ragweed Pollens (Mixed) (Giant Ragweed and Short Ragweed, in equal parts).

Allergenic extracts-Pitman-Moore are prepared by the following method: The dried pollens are extracted with a menstruum containing an equal volume of glycerin and water, to each hundred cubic centimeters of which has been added sodium chloride 0.15 Gm., sodium bicarbonate 0.135 Gm. and merthiolate 10 mg. as a preservative. After extraction for seventy-two hours the mixture is filtered through paper and then through a Berkefeld filter. The extract is tested for sterility after filtration and also after filling. The finished product represents a 1 per cent extract of the dried pollen. Each cubic centimeter represents 10,000 pollen units; 1 unit corresponds to 0.001 mg. of dried pollen.

PERTUSSIS VACCINE ALUM PRECIPITATED (See THE JOURNAL, Jan. 5, 1946, p. 31).

The following dosage form has been accepted:

PARKE, DAVIS & CO., DETROIT

Pertussis Vaccine (Alum Precipitated) (Sauer): 1.5 cc. and 6 cc. vials. Each cubic centimeter contains 30,000 million Hemophilus pertussis in 0.6 per cent solution of sodium chloride. Preserved with merthiolate, 0.01 per cent.

ESTROGENIC SUBSTANCES (See New and Nonofficial Remedies, 1946, p. 443).

The following additional dosage form has been accepted:

LAKESIDE LABORATORIES, INC., MILWAUKEE

Aqueous Suspension of Estrogens: 1 cc. ampuls and 5 cc. vials. A sterile suspension, each cubic centimeter of which contains estrogenic substances (water insoluble) equivalent to 20,000 international units of estrone, in isotonic solution of sodium chloride.

PENICILLIN (See New and Nonofficial Remedies, 1945, p. 214).

The following additional dosage form has been accepted:

PREMO PHARMACEUTICAL LABORATORIES, INC., NEW YORK

Penicillin Sodium: 200,000 unit vials.

SULFADIAZINE (See New and Nonofficial Remedies, 1946, p. 181).

The following dosage form has been accepted:

FLINT, EATON & CO., DECATUR, ILL.

Tablets Sulfadiazine: 0.5 Gm.

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Council on Pharmacy and Chemistry

REPORT OF THE COUNCIL

The Council has authorized publication of the following report.

AUSTIN SMITH, M.D., *Secretary.*

CANCER AND THE NEED FOR FACTS

In this age of enlightened scientific advancement it seems incredible that the known facts concerning cancer continue to be distorted in the minds of the public and the medical profession through the sale of useless or doubtful remedies for the treatment of this disease. Some such remedies are outright frauds, while others are in need of further investigation but, nevertheless, are offered for clinical application. Unfortunately, some of the more promising remedies occasionally are publicized prematurely and much confusion and some harm occur.

At the present time the established treatment for cancer consists of the judicious use of surgery and irradiation, either with gamma rays or roentgen rays. Many promising discoveries, such as the effect of substances with estrogenic activity on certain types of cancer, have been made which offer hope that some day drug therapy may become an important treatment measure, but until further research work has been completed, the use of drugs must, for all practical purposes, be regarded as still in the experimental stages. Furthermore, the injection of radioactive elements offers promise of an improved method for irradiation of certain forms of cancer, but it, too, requires extensive study before a therapeutic evaluation can be made finally. Thus a drug cure for cancer has not been found, and, until scientific research can provide a successful agent or method capable of preventing death from the disease, emphasis must continue to be placed on the early detection and complete eradication of the disease at its outset.

I. FRAUDS AND FABLES

Of all the nostrums fraudulently promoted as remedies or "cures" none is more reprehensible than those falsely claimed to be effective for the treatment of cancer. The variety of preparations offered as remedies for cancer bears eloquent testimony of the failure of such products to provide a "cure," or even a sound method of treatment for the disease; nevertheless, the sale of quack remedies for cancer continues. Such nonsense is due in part, to the unscrupulous promoters who are persistent in their false appeals to the uninformed, and in part to those sufferers who are easily persuaded to forego scientific examination and treatment for more magical shortcuts. A less obvious but equally guilty minority, however, is constituted by a few presumably qualified physicians who lend unintentional support to worthless remedies by prescribing or administering such products with the wishful notion that they may provide some benefit in the treatment of what is known to be incurable cancer. The cancer charlatans thus prey not only on persons without cancer who fear it and on patients with the disease who have not sought competent medical advice, but also on the physician who is ever hopeful that a real cure for the disease has been found.

"COLLODAURUM"

Perhaps one of the most insidious of all the cancer nostrums is the so-called "palliative" promoted with insinuations that it is of some benefit and may possibly cure. "Collodaurum," a 0.02 per cent preparation of colloidal gold ("$\frac{3}{1000}$ grain in each ten minums"), promoted by the Kahlenberg Laboratories, Sarasota, Fla., belongs in this class of cancer nostrums. Advertising sent to physicians cleverly emphasizes the use of this product as a palliative in the treatment of inoperable and postoperative carcinoma in the manner for which roentgen or radium treatment is scientifically used to destroy or discourage the spread of certain malignant tumors. The unwary physician is further tempted by the statement, "A small number of so-called hopeless cases are cured and remain cured." This is, of course, pure balderdash. Ten years ago the Council exposed the character of the claims made for this product and concluded that it was useless in the treatment of cancer.[1] Although it was then pointed out that there is no scientific proof that gold is appreciably absorbed when given orally, the firm continues to advertise, "administration may be oral, intravenous or both." Then, as now, there existed no sound evidence to demonstrate that colloidal gold or, indeed, gold in any form by any route of administration is of any real benefit for the palliation or cure of cancer, and, since the Council's previous report, nothing has been brought forward to indicate that "collodaurum" is anything more than a placebo to which curative properties are falsely assigned on the basis of uncontrolled clinical impressions. As has been often emphasized, the fluctuation in the clinical condition of many patients with cancer accounts in large part for the benefits attributed to preparations such as "collodaurum."

That this product is not the specific remedy the promoter claims is evident from its history. The record shows that the product was also previously promoted for colloidal gold therapy of arthritis and tuberculosis, though Kahlenberg Laboratories now separately promotes a more concentrated (0.1 per cent) colloidal gold preparation for arthritis under the name "rexarum," with the claim that it is effective orally as well as by injection. This manipulation removes "collodaurum" only slightly from the category of the "cure-all" nostrums promoted for a wide variety of diseases. The firm's claim that "collodaurum" is unlike other gold preparations parallels its statement that the product is "absolutely free of soluble gold salts." This is evidently intended to create the erroneous impression that gold in colloidal form possesses mystic healing qualities and is superior to the soluble salts, such as gold and sodium thiosulfate, N.F. Indeed, the existing evidence for any beneficial effects of chrysotherapy is based on the use of soluble gold salts, the action of which is attributed to the absorption of the injected gold, whereas authorities on chrysotherapy have found that colloidal gold preparations are generally ineffective therapeutically because insoluble colloidal particles are quickly phagocytized and would thus be prevented from being readily absorbed. The Council has not accepted preparations of colloidal gold for any purpose.

1. Collodaurum Not Acceptable for New and Non-Official Remedies, report of the Council on Pharmacy and Chemistry, J. A. M. A. 111:531 (Aug. 6) 1938.

"IRIODINE" AND "RADIODINE"

Promoters of other nostrums have also found it expedient to attribute magical properties falsely to the colloidal state of various substances. Prominent among these are the colloidal iodine preparations promoted through a concern lately known as the Iodine Research Institute of Chicago, by a Belgian chemist, Albert Trencavel. One of the products attributed to these promoters is advertised to physicians under the name "iriodine," and to the public as "blue magic iodine," and is claimed to be effective in a variety of conditions, including cancer, by a combination of oral and topical administration. This product is vaguely described as "free iodine in aqueous solution-dispersion suspended by a special process in a live or active colloidal medium to which it is 'harnessed,' insuring its stability." The promoters are also responsible for a product named "radiodine," at one time described as "colloidal iodine sine potassium iodide, for intravenous injection only," and at another time as, "a mild radio-active form of iodine in its pure form. . . ." Apparently the promoters have found it difficult to decide whether or not injected iodine should be in colloidal or radioactive form. Preparations containing iodine in colloidal form are not new, and over the years various pharmaceutical manufacturers have "introduced" such products with fanciful therapeutic claims for their superiority over iodine in noncolloidal form. Likewise other preparations claimed to be "radioactive" have long been credited with unusual healing powers, when as a matter of fact the amount of radioactivity was either imaginary or of the order of that from a radium-coated watch dial. Such obviously worthless remedies should not be confused with the truly radioactive elements, such as I^{131}, which is under current scientific investigation for the treatment of carcinoma of the thyroid and toxic goiter.

CAUSTIC PASTES

A report on cancer frauds would not be complete without reference to the topically applied escharotic preparations promoted for the caustic removal of superficial tumors by what has been described as the method of "chemosurgery." The type of product usually employed is merely a caustic paste containing arsenic, zinc or other escharotics, or some combination of such substances, used either for complete removal or delineation of external cancer as a preparation for surgical removal. The promoters of "collodaurum" mentioned herein also market a preparation of bichloracetic acid which belongs in this class. THE JOURNAL has previously pointed to evidence showing that the promiscuous use of such preparations accomplishes nothing that cannot be equally well, or better, done by irradiation or surgical treatment.[2] THE JOURNAL's brief review of the results of this type of treatment received by patients at Dr. Nichols' Sanatorium, Savannah, Mo., has served to emphasize the dangers involving the use of caustic pastes; the treatment produces unnecessary disfigurement in patients without true cancer, and the locally applied paste does not prevent the advance of extensive or deep-seated superficial tumors without surgical treatment or radiation therapy.

Apparently another outlet for this form of cancer "cure" is the Hoxsey Cancer Clinic, Dallas, Texas, which has been claimed to use an arsenical paste for treatment. The record of its promoter, Harry M. Hoxsey, has been reviewed by THE JOURNAL.[3] Recent information[4] indicates that the activities of this promoter extend into Mexico and that the treatment also includes the internal administration of a mixture of potassium iodide, cascara sagrada and some other "secret" ingredient.

The most serious aspect of the treatment for cancer with escharotic pastes and, indeed, all cancer nostrums, is that some patients with real cancer are deprived of scientific examination at a time when the spread of the disease and death might be prevented. Cancer that is evident on the body surface in its early stages usually arises from the skin, whereas most internal cancer rarely involves superficial structures such as the skin except as the result of widespread extenson of the disease from internal organs or glands. It is thus utterly foolish to expect a "cure" by the application of caustic pastes to the superficial manifestations of a tumor that may involve remote internal tissues. The nostrum vendors are, of course, more concerned with the fee for their dubious services or products than with accurate and complete diagnosis, since they lack either the scientific training or the inclination to help the unfortunate victims of their advertising. Many of the promoters have no qualifications or license to practice medicine, a situation that some of them have tried to meet by alining themselves with unethical licensed practitioners who are equally unfit or disinclined properly to diagnose and treat cancer.

The need of microscopic control for the proper use of caustic paste to fix tumor tissue preparatory to successful surgical removal of superficial cancer has been recently reported.[5] This approach differs, however, as it involves a scientific approach to the concurrent use of a caustic paste; it is not intended as a curative agent.

"SYNTHETIC ANTITOXINS"

Another well known abuse in the annals of cancer quackery is the use of the so-called Koch cancer treatment, which is neither an effective treatment nor one restricted always to cancer. Since 1920, a William F. Koch, M.D., of Detroit has promoted a series of preparations under one or more names or in various forms, distributed by Koch Laboratories of the same city; he calls these preparations "Koch's synthetic antitoxins." The products have been foisted on the medical profession and the public in what the promoter apparently claims to be three different forms, represented by the following designations: "glyoxylide," "1:4 benzoquinone" or "BQ" and "malonide" or malonide ketone solution." The promoter has never satisfactorily explained the nature of these preparations, if, indeed, he himself has any knowledge of their composition, so that it is impossible to determine with certainty whether the variously identified products are actually different or are merely different names or different forms of the same nostrum. THE JOURNAL and the Bureau of Investigation of the American Medical Association have repeatedly condemned the promotion of these products.[6] The records of the Association indicate that

2. The Treatment of Tumors with Escharotics, editorial, J. A. M. A. 122:949 (July 31) 1943.

3. Hoxsey-Cancer Charlatan, editorial, J. A. M. A. 133:774-775 (March 15) 1947.

4. Hoxsey in Mexico, report of Bureau of Investigation, J. A. M. A. 137:1242 (July 31) 1948.

5. Mohs, F. E.: Chemosurgical Treatment of Cancer of the Skin: A Microscopically Controlled Method of Excision, J. A. M. A. 138:564-569 (Oct. 23) 1948.

6. The "Glyoxylide" of William F. Koch, report of Bureau of Investigation, J. A. M. A. 107:519 (Aug. 15) 1936. The "Essence" of Sulfonamide Quackery, editorial, J. A. M. A. 118:734-735 (Feb. 28) 1942.

7. Omitted.

within less than a year of his graduation from a Detroit medical college in 1918, the promoter announced that he "had developed a real specific cure for cancer," then described only as "Koch's synthetic anti-toxin" and claimed to be a differential poison that would destroy the "cancer germ" without injuring the host. Koch advanced the theory that cancer was caused by a micro-organism resembling the spirochete of syphilis and exploited his nostrum as a cancer "cure" for several years before extending claims to other diseases. "Glyoxylide," appearing on the scene in 1936, was claimed to have "demonstrated its efficiency not only in the treatment of cancer, but also in such infections as tuberculosis, psoriasis, leprosy, poliomyelitis and syphilis," despite the fact that an investigation of the results of his "cure" for cancer indicated that it was of no value and that patients with the disease receiving the treatment had subsequently died. Koch vaguely represents "glyoxylide" to be a compound resembling an unsaturated diketone and claims that this and his other so-called synthetic antitoxins act as catalysts to encourage the destruction of toxins that are held to be responsible for the growth of cancer tissue. There is, of course, no scientific basis for this theory of cancer, but it illustrates the obvious fact that Dr. Koch has either changed his mind regarding his theory of the cause of cancer or purposely alters his pseudoscientific jargon from time to time to confound the unscientific practitioner and layman alike.

Koch continues to play on the credulity of the unwary physician and the human victims of cancer and other diseases with testimonials of false cures or benefits both in this country and in Canada, where representatives for his nostrums also operate. Since 1940 his quackery has also extended to the field of veterinary medicine, with claims for his nostrum in the treatment of mastitis and other diseases in cattle. It has been implied that the value of "glyoxylide" for such purpose has been confirmed by successful experiments conducted under the auspices of the provincial department of agriculture of British Columbia. An exposé of this additional falderal recently appeared in THE JOURNAL.[8] It should be obvious that Koch's treatment is worthless as a remedy for any disease. Koch's "treatment" is known to be prescribed chiefly by irregular practitioners who are not doctors of medicine and who extend his fraudulent operations by their dubious support.

HETT "CANCER SERUM"

In a pamphlet bearing the title "The Hett Cancer Treatment and Research Foundation" and listing an address in Windsor, Ontario, Canada, a Dr. John Emil Hett, who has had other Canadian addresses, publicizes to physicians of this country the use of a serum alleged to cure cancer. The exponents of this "cure" also claim to detect accurately the presence and degree of internal cancer from a drop of the patient's blood that is merely allowed to dry on a glass slide which is furnished for forwarding the specimen by mail. It is modestly stated further, "The cure of cancer has been discovered (namely by Dr. Hett) as far back as 1931," and "Dr. Hett has not been able to bring his discoveries to the notice of the profession through the columns of a medical journal because editors decline to publish a paper on the subject unless details are given about the nature and method of preparation of his serum." The explanation is said to be made clear in his book, "Cancer, Its Causes, Prevention and New Treatment," which, apparently, will be sent anywhere for $3.50. Several flimsy excuses are offered in defense of the secrecy of the formula for the serum, not the least of which is the claim that a physician needs special training to administer the serum safely. As an example of the danger of administration by inexperienced hands, it is stated in the pamphlet, ". . . there were cases of fatalities from the use of ensol, where the agent had been prepared elsewhere than in the inventor's laboratories." The former history of "ensol," an extract of cancer tissue for injection, and its tetanus-contaminated companion, "rx," has been previously reported in THE JOURNAL.[9] The pamphlet offers as another excuse for secrecy by Dr. Hett the point that members of the Royal Commission appointed in 1937 by the Legislature of Ontario to investigate all remedies used in the treatment of cancer apart from surgery, roentgen rays and radium were sworn to secrecy as to the nature of the formulas submitted to that agency for examination. It is further indicated in the pamphlet that the Commission was at first "ultraconservative" toward Dr. Hett's treatment, but that it ultimately admitted the cures attributed to him. The complaint is offered that the findings of the Commission reported to the Legislature in 1945 were not made public until 1946, after considerable pressure on the part of Dr. Hett and his associate.

The secrecy surrounding the serum "cure" of Dr. Hett can only be condemned as outright chicanery. If, indeed, a cure for cancer had existed since 1931 as claimed by Dr. Hett, then the responsibility for all deaths from the disease since that time could be ascribed to his failure to make known his discovery to all other physicians. Obviously, the real reason for secrecy lies in the fact that Dr. Hett has no cure.

"AF-2"

More recently, publicity concerning another alleged "serum" cure for cancer, known as formula "AF-2," has come from Italy by way of an American-Italian language newspaper containing an item regarding the Italian inventor of the preparation, a Prof. Francesco Guarnieri. The manufacture and distribution of the preparation are attributed to an Institute Guarnieri of Rome, Italy. One American newspaper makes reference to the product as a "serum" derived from the livers of "cancer-resisting" animals, such as goats, sheep and pigs, and indicates that although Guarnieri claims to have cured or arrested many cases (of cancer) by free distribution of the preparation, he is not in good repute with Italian doctors and specialists. Despite failure of the government medical commission of Italy to approve the sale of the formula in that country, the inventor has apparently condoned the martyrdom accorded him in the Italian press, publicizing the popular clamor that the product be given official recognition. Another source of information indicates that Professor Guarnieri is not a physician and that he has been unwilling to document his cases of claimed cures or to give details of the composition of his material. It is understood that tests of "AF-2" are being conducted in Italy and that the results so far are unfavorable. An American veterinary authority has offered the pointed

8. Senator Langer Abuses Franking Privilege by Circulation of Propaganda for Koch's Cancer Quackery, Report of Bureau of Investigation, J. A. M. A. 137:1333 (Aug. 7) 1948.

9. The Connell Cancer Cure, editorial, J. A. M. A. 105:1122 (Oct. 5) 1935; Special Article: Eleven Deaths From a Cancer Treatment, J. A. M. A. 110:1183-1185 (April 9) 1938; Ensol in the News, editorial, J. A. M. A. 116:2774 (June 21) 1941.

comment that livestock ordinarily sold for slaughter, such as swine, rarely live long enough for any one to state with certainty that such animals are free of cancer. This would appear to shed considerable doubt on the theoretic basis for the animal origin of "AF-2." Furthermore, even if certain animals are "cancer-resisting," there is no scientific proof that an extract of their livers contains any substance capable of curing what is known as cancer in human beings.

DIETARY "TREATMENTS"

Although reference to the influence of the diet is frequently included by promoters of cancer nostrums as a part of some unproved theory of the disease, perhaps the most notorious adherents to the false notion that the diet has any specific influence on the origin or progress of cancer are the food faddists. One such faddist, Johanna Brandt, author of a book entitled "The Grape Cure," represented that the eating of grapes alone would cure cancer and practically all other human diseases. The book was last distributed by a Jessie F. Springer, operating as the Harmony Centre, Inc., of New York. The organization capitalized on the "grape cure" propaganda by advertising that it had grape juices and concentrates for sale. The distributor has been cited in a cease and desist order issued by the Federal Trade Commission that the misrepresentations contained in the book be discontinued.[10] The United States Post Office Department subsequently issued a Fraud Order (No. 36728, Feb. 27, 1948) against the distributor for use of the mails to advertise and circularize various "health books" advancing fraudulent claims for dietary cures of such conditions as high blood pressure, faulty eye sight and gray hair.

Another "treatment" for cancer involving dietary restrictions is that of a Dr. Max B. Gerson of New York City, who has been reported by THE JOURNAL[11] to be using a dietary and salt-controlled method that is said to be supported by a Robinson Foundation for cancer research located at 14 Wall Street, New York. THE JOURNAL pointed out that Gerson had been previously connected with a diet method falsely proposed as an advance in the treatment of tuberculosis and that the research "foundation" for cancer was actually financed by two business enterprises, the Hatfield Wire and Cable Company and Wellin Davit and Boat Company, both of Amboy, N. J., by incorporation under a provision of the revenue code for educational institutions to exempt the organization from federal taxes. The detailed "diet" proposed by Gerson consisted essentially in restriction of all foods other than uncanned fresh fruits and vegetables and oatmeal and forbade the use of aluminum utensils and pressure cookers in preparation of food and the use of such items as salt, spices, sodium bicarbonate, alcohol and tobacco. His "treatment" also included the internal administration of iodine, liver, iron and various vitamins (apparently to supplement a diet lacking in essential proteins and fat) and the use of an enema formula to produce copious daily bowel movements. The diet was said to make the body highly hypersensitive, so that ordinary anesthesia might be fatal, a conjecture that is wholly unfounded and apparently designed to appeal to the cancer victim already fearful of a surgical operation which might offer the only effective means for eradication of the disease. However, there is no scientific evidence whatsoever to indicate that modifications in the dietary intake of food or other nutritional essentials are of any specific value in the control of cancer.

An equally vague form of alleged cancer therapy that may be included in this category is that attributed to Emanuel Revici, said to be a refugee physician from Rumania. The history of the "treatment" promoted by this person begins in Mexico City, where patients from the United States were attracted by claims of a new method. An investigation by several American physicians previously reported in THE JOURNAL[12] indicated that the modern building used for hospitalization of patients was without adequate laboratory or other scientific facilities, that no satisfactory clinical record of patients was kept and that the so-called treatment, based on unproved theories, consisted of the parenteral and oral administration of various glandular and tissue brews digested in various ways. The investigators warned that little benefit could be expected by cancer patients going to Mexico City for this "treatment." Subsequently, Revici spent a few months at the University of Chicago, where he was given an opportunity to demonstrate his method, with the result that in 52 patients with cancer no favorable effects could be attributed to this form of therapy. Present records indicate that Revici has been in Brooklyn since 1946 at what is called the "Institute of Applied Biology"; his "treatment" consists essentially of the administration of fatty acids by mouth and by injection under the skin, to induce a gain in weight. While it is possible to credit fatty acids with the ability to produce a gain in weight in patients with cancer, as enforced food intake would do, there is no scientific evidence to indicate that this will alter the ultimate course of the disease.

"ORGONE ACCUMULATOR"

Among the various weird devices at one time or another offered for the "treatment" of cancer and other diseases should be mentioned what has been described as the "orgone accumulator" and "orgonoscope" in a book entitled "The Discovery of the Orgone. Volume II: The Cancer Biopathy," by Wilhelm Reich, M.D., translated by Theodore P. Wolfe, M.D., published by the Orgone Institute Press of New York. The "orgone accumulator" is apparently a cabinet in which the patient sits and supposedly accumulates "orgone," a highly imaginary sexual factor supposedly found everywhere in life, but somehow not effective unless concentrated about the patient. The pseudo-freudian confusion on which this illusory concept of "treatment" for cancer is based can be best appreciated by the following comment concerning the book:

> The neatness of its format and the unctuous effect of its pseudo-scientific vocabulary are likely to mislead some of the readers of this book. It begins with a baffling description of units called "bions"; the noun gives rise to derivatives like the phrase "bion water" and the adjective "bionous." The earth bion water contains something called "orgone," which has to do with orgasms. "OP" in this vocabulary means not "osmotic pressure" but "organotic potency"; related terms are "orgone accumulator" (illustrated on page 100), "orgonoscope" (illustrated on page 89), "orgonomy," "orgonotically," "anorgonia," and even "orgprotozoa." The blueness of the sky is ascribed to orgone. Sooner or later the author sees blueness practically everywhere, even in red corpuscles.

10. Abstracts of Certain Federal Trade Commission Releases: Grape Cure For Cancer, report of Bureau of Investigation, J. A. M. A. **116**: 2525 (May 31) 1941.

11. Gerson's Cancer Treatment, editorial, J. A. M. A. **132**: 645-646 (Nov. 16) 1946.

12. Correspondence: A Mexican Treatment for Cancer—A Warning, J. A. M. A. **128**: 1186 (Aug. 18) 1945.

The thesis of the book is that cancer is somehow related to the behavior of orgone, and (page 350) that "a local cancer affection is a result of a disturbed sex-economy of the organism. Consequently, a radical fight against cancer requires a radical change in the sexual hygiene of the total population." To reach this conclusion, the author, without exciting any protest from the translator, weaves a web of argument in which the undeniable is most amazingly entangled with the unfounded and the absurd. As a defense of the author's use of the "orgone accumulator," this book fails of its purpose.

Inquiries received concerning the "institute" publishing this nonsense indicate that the "theory" is promoted as a method for curing cancer. There is, of course, no evidence to indicate that this is anything more than another fraud that has been foisted on the public and the medical profession.

OTHER CLAIMED CURES

The files of the Bureau of Investigation and of the Therapeutic Trials Committee of the American Medical Association contain many letters from persons purporting to have a formula for a salve or other type of medication believed to be of benefit as a "remedy" for cancer. Many such persons are sincere but misguided in their efforts to bring such medicaments to the attention of the medical profession, basing their faith in a particular formula handed down within the family or on the testimony of life-long friends who were thought to be benefited, when actually cancer had not been proved to be the cause of their ailment. The lack of scientific knowledge makes it difficult for these persons to disbelieve the apparent "cures" brought to their attention by other equally uninformed persons. Others are similarly deluded by unscientific evidence of "cures," but for selfish reasons do not want to reveal the nature of their claimed remedy, even though they profess to be motivated by altruistic desires. These persons, of course, differ from the charlatan only by their lack of knowledge or ability to set up a scheme of promotion on a commercial scale and are thus more to be pitied than condemned. Most of what may be called these "home remedies" for cancer are extracts of plants, herbs or other galenicals to which little if any therapeutic action can be assigned.

In answer to the many letters from persons sincere in the belief that they have a curative remedy for cancer who propose that it be investigated by the American Medical Association, the Bureau of Investigation has replied that before such remedies could be properly evaluated the following information must be furnished: (1) full information regarding the composition; if it is composed of more than one substance, the full name and amount of each substance; (2) the names and addresses of at least twenty-five persons who are alleged to have been cured by the use of the treatment, and (3) the names and addresses of physicians who had the opportunity of diagnosing the condition in these twenty-five persons before they were treated.

In every instance the request for such information has not been met.

II. UNESTABLISHED REMEDIES

Finally, it should be added that there are under investigation various methods of treatment proposed for cancer that cannot be classified as frauds, but which are based on unestablished theories of questionable promise. Such remedies sometimes receive so much early and enthusiastic publicity in the press that the relatives of cancer victims and the victims themselves are falsely encouraged to believe that a complete cure for the disease is at last available. Sometimes such publicity occurs through no fault of the investigators and is not necessarily an indication that commercial promotion is contemplated or that the effort to find a treatment of real value is not sincere. Often, also, the considerable time required for scientific evaluation of what is reported to be a promising agent makes it impossible to estimate the status of the proposed treatment until other scientists have repeated experiments and confirmed the report. Because so many promised "cures" have failed to be of any real value for the treatment of cancer and of other serious diseases, it is only natural for the honest investigator to have a healthy skepticism toward new claims for such a treatment.

"KR SERUM"

"KR serum" (so designated with the initials of the surnames of the two original Russian investigators, N. G. Klyueva and G. I. Roskin), which is made from the serum of mice or from cultures infected with certain strains of a protozoan, Trypanosoma cruzi, the cause of a serious tropical illness called Chagas' disease, has been claimed by Russian investigators to contain an "endotoxin" which when injected subcutaneously into mice with certain forms of cancer will cause reduction of the tumors in those animals. THE JOURNAL[13] has called attention to the lack of adequate information by which to judge the effectiveness of "KR serum" and has reviewed[14] a subsequent report issued by two Philadelphia investigators seeking to confirm the results of the Russian observers. THE JOURNAL points out that the observations of the American researchers did not confirm the Russian claims and states, "From these negative results the Philadelphia investigators conclude that the alleged 'endotoxin' of T. cruzi does not at present hold out much promise in practical clinical therapy."

"AUTOVACCINATION"

THE JOURNAL[13] also called attention to the need for authoritative scientific information regarding the use of a method of autoinoculation of human cancer reported by another Russian observer, Krashennikov, based on previous observations by Besredka that a certain degree of immunity sometimes developed to intradermal transplants of certain cancerous tumors in animals. Although it was reported that this method as used by the Russian observer had resolved the tumors in 2 patients with stomach cancer treated with transplants of the patient's own tumor into the skin of the abdomen, an American physician has indicated that such results are open to question.[15] The latter pointed out that his own previous observations made with Besredka on the use of the method in human beings gave unfavorable results and that the transplants led only to the establishment of another tumor and thus spread the disease.

Other observers[16] have previously reported regression of human skin cancer in a small preliminary series of patients following intradermal injections of tissue

13. Current Comment: Cancer Treatments from Russia, J. A. M. A. 133:111 (Jan. 11) 1947.
14. Current Comment: Ineffectiveness of Trypanosoma Cruzi Endotoxin (KR) in the Treatment of Mouse Cancers, J. A. M. A. 137:1321 (Aug. 7) 1948; Alleged Cancer Biotherapy, editorial, J. A. M. A. 137:1604 (Aug. 28) 1948.
15. Correspondence: Cancer Treatment by Autovaccination, J. A. M. A. 133:800 (March 15) 1947.
16. Amershach, J. C.; Walter, E. M., and Sperti, G. S.: Treatment of Basal Cell Epithelioma by Injection of Tissue Extracts: A Preliminary Report, Arch. Dermat. & Syph. 54:119-132 (Aug.) 1946.

extracts from human spleen or liver, but have withheld judgment as to the curative value of this form of treatment until patients have been observed for at least five years.

CHYMOTRYPSIN

Another unestablished theory based on the thesis that all cancer is of a trophoblastic nature, such as chorionepithelioma, has been advanced by Krebs and his co-workers.[17] This group has also reported encouraging results from the use of injections of crystalline chymotrypsin, an enzyme of the pancreas, in the treatment of a patient with advanced cancer,[18] although there is lacking adequate proof to connect the theory with the use of the enzyme as a form of treatment for the disease. On the basis of the same theory, another group, Beard and his co-workers,[19] have proposed a test for cancer involving bioassay of chorionic gonadotropin in the urine. This test as an accurate method for the detection of cancer is open to serious question; yet it has been widely publicized in an article appearing in the *Readers' Digest* for August 1947. It has also received other publicity, as the accompanying reproduction of one statement:

CANCER

Is CANCER in any part of your body?
BREAST,LUNG,STOMACH,KIDNEY,LIVER,CHEST,
NECK,THROAT,HEAD,LIMBS, or
INTERNAL ORGANS?
A Labatory URINE-TEST will show.
Labatory Analysis is done by the following Doctors
Howard H. Beard, Ph.D.
Albert B. Katz, Ph.D.
C. M. Wylie, Ph.D.
This new method is less painfull than a Surgeons Knife.
CANCER in the early stage can be cured
with CHYMOTRYPSIN
and shall be administrated by your PHYSICIAN.
Urine-test are by appointment only.
Hours 2 - 3 p. m. Exept Saturday and Sunday.
CANCER — — DIVISION.
OF
MASSACHUSETTS SPEECH CLINIC
16 CENTRAL AVENUE
SUITE 419
LYNN, MASS.

Information received by way of inquiries further indicates that the speech clinic publicizes the test on a commercial basis for a fee of $200 per person. The proponents of the Krebs theory, however, have denied all responsibility for this publicity and renounce the claim that chymotrypsin is a cure, claiming only that chymotrypsin is a "palliative in human cancer." As yet, evidence definitely to establish its value either as a palliative or cure has not been presented. Both the proposed urine test and the method of treatment must for the present be considered highly experimental, and, until proved to be of some definite value in cancer, the publicity given to either procedure is, to say the least, unfortunate.

The foregoing examples of unestablished remedies for cancer serve to emphasize the false hope that is frequently stimulated by too early and too enthusiastic efforts to publicize the "news" of unproved methods of treatment. The cry of "wolf" once too often could easily create indifference to an announcement of a truly effective remedy for advanced cancer when such a goal is ultimately realized.

CONCLUSION

The Council emphasizes the need for caution in the premature adoption of new theories or use of unproved treatments proposed for cancer and issues this report in condemnation of the numerous fraudulent remedies for the disease and the early publicity of unestablished remedies. When truly improved methods for the treatment of cancer are found, it seems self evident that these will quickly find wide application to all victims of cancer without the advertising used to promote the sale of cancer nostrums.

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17. Correspondence: Pathology of the Trophoblast, J. A. M. A. 131:1527 (Aug. 31) 1946. Gurchot, C.; Krebs, E. T., Jr., and Krebs, E. T.: Growth of Human Trophoblast In Eye of Rabbit: Its Relationship to the Origin of Cancer, Surg., Gynec. & Obst. 84:301-311 (March) 1947.

18. Krebs, E. T.; Krebs, E. T., Jr., and Gurchot, C.: Skeletal Changes Associated with the Use of Crystalline Chymotrypsin in an Apparently Radio-Resistant Growth, M. Rec. 160:479 (Aug.) 1947.

19. Beard, H. H.; Halperin, B., and Libert, S. A.: Effect of Intraperitoneal Injection of Malignant Urine Extracts in Normal and Hypophysectomized Rats, Science 105:475-477 (May 22) 1947.

J.A.M.A. Vol. 140, p.1352

Bureau of Investigation

KOCH'S ADVERTISING TAKES ON A RELIGIOUS FLAVOR

William F. Koch, M.D., of Detroit, has a new angle in the propaganda for his "specific for cancer," frequently mentioned in THE JOURNAL since 1921[1] He is now using a booklet, "The Birth of a Science," which is sold by mail from Wichita, Kansas, by the Defender Book and Bible House, and published by the Lutheran Research Society, Inc., Detroit.

"The Birth of a Science" describes Koch as "the modern Pasteur." Of him it also says:

"Dr. William Frederick Koch, the man used by a kind and beneficent Providence to give new knowledge to the world for the relief of human suffering, consented to answer questions propounded by the authors. This provided a rich fund of information upon which to draw and enabled them to fill in many details which might have been otherwise lacking."

The booklet attacks organized medicine generally and the editor of THE JOURNAL in particular. Abstracts of testimony of "cures" taken from the proceedings in federal court wherein Koch was prosecuted for violation of the Federal Food, Drug and Cosmetic Act are quoted. Included, also, are the testimonials of osteopaths and a few Doctors of Medicine who have used Koch's injections. (The case mentioned ended in dismissal of the charges in 1948. Two trials, each lasting more than four months, the first in 1943 and the second in 1946, were indecisive. The first jury disagreed, but a member of the second became ill after the case had been heard and referred to the jury. Government attorneys moved for dismissal of the case, rather than try the same set of facts after so long a period had elapsed.) The recital of cures of tuberculosis, cancer, poliomyelitis and "pus infections" is similar to that usually employed by quacks.

The Lutheran Research Society, Inc., of Detroit also publishes a magazine, "The Eleventh Hour." Printed are articles attacking organized medicine, Communism and Jews. The publication hails Koch as a medical martyr and lately sympathizes with the promoters of the now defunct Kaadt Diabetic Institute at South Whitley, Ind.[2] (One of the Kaadt brothers is in a federal prison, the other too ill to begin his term.) At first glance, the "Society" seems to be an organization sponsored by the Lutheran church. The director is one Lawrence F. Reilly, who appears to have been educated for the ministry.

In 1948 Koch advertised his "specific" with a reprint of an excerpt from the *Congressional Record* for June 7, 1948, which was distributed, postage free, throughout the country under the frank of Senator Langer of North Dakota. The senator had obtained unanimous consent to the reading into the *Record* of an article alleged to have appeared in "The Eleventh Hour," reporting successful use of Koch's medication on dairy cattle in Canada. The facts were reported in THE JOURNAL for Aug. 7, 1948, page 1333.

To sell his "specific," Koch no longer has his "Koch Laboratories." Now it is the "Christian Medical Research League" of Detroit. This is a "nonprofit" corporation of Michigan. The articles of incorporation, filed in November 1948, show the purposes of the organization as:

"Research in and development of drugs of a various nature including bio chemical oxidation catalysts, establishment of clinics for research in and mitigation of diseases, and for the training of personnel in the use of bio chemical oxidation catalysts, distribution of drugs and medicines to medical missionaries, manufacture, distribution and sale of drugs and medicines, the conduct of any legitimate business activity that will promote the foregoing or provide funds for the same."

The incorporators are two ministers, the Rev. William T. Watson, D.D., of St. Petersburg, Fla., and the Rev. Sam Swain, D.D., of Akron, Ohio, and a layman, Laurence B. Thatcher of Imlay City, Mich., said to be a dealer in tombstones!

The Rev. Sam Swain is described in the files of the Bureau as:

". . . an ordained minister of the gospel, and his denomination is Evangelical United Brethren . . . He has a bookstore . . . and conducts forums and discussion groups, bringing in outside speakers. His organization is known locally as the National Gospel Center, which is a store-front building on South Broadway in Akron."

The same source reveals that Swain is "on the fringe of quackery in religion and an out-and-out fascist. He is not a member of the Akron Ministerial Association, but is classed by this body as an itinerant evangelistic minister with a low rating of respectability in the community." A fellow minister indicated that he was ashamed that Swain was an ordained minister of his denomination.

The Rev. William T. Watson is said to be the minister of "The Tabernacle" in St. Petersburg, which is not associated with any conference or regular church organization. The facts with respect to his religious training or ordination are not clear, and his sermons are described as being of the "hellfire-and-brimstone" type.

The Defender Book and Bible House is an enterprise of Gerald B. Winrod, one of the defendants in the long-drawn-out trial for subversive activities in Washington, D. C. Government prosecutors proceeded on the basis that Winrod was a Nazi worker; the newspaper stories on his divorce case a few years ago indicated that his wife gave some sensational testimony along the same line. Winrod is described as being a controversial figure and as a preacher with considerable oratorical ability, but he is not known to be connected with any particular religious denomination. Rather, he appears to be in the printing business. He is said to possess an extensive and well equipped printing plant in Wichita, which might account in some manner for his espousal of the Koch propaganda.

Religion and religious beliefs have long been used by quacks and faddists as a smoke-screen for their nefarious activities. Faith healers and cultists have found it profitable to utilize man's craving for mysticism. Some probably have been sincere. The more spectacularly successful, however, have seen the business possibilities and have played the game for all it was worth. One writer[3] commenting on this tendency in quacks, observed:

"No Quack is a perfect Quack without a pretense of religion. Deprive him of religion and you deprive him of his strongest sales talk. In that respect the Quack differs from the Bootlegger, Poacher and Abortionist. Religion is not regulated by law, until it interferes with the rights of the public . . ."

Again he comments, "Apparently no quack has conscience enough to prevent him from hiding behind religion."

Of the need for physical means to further the acceptance of the healers' doctrines, he wrote:

"Healing by Faith has always its limitations. The patient must have a keen sense of perception—or a keen sense of imagination—to be healed. To overcome any lack of imagination, faith healers usually use some other agency like stump water, boiling a nail in the milk you drink, or carrying a rabbit's foot; on the same principle that physicians sometimes use a 'placebo' or dough pill to impress the patient. A. T. Still's 'placebo' was 'adjusting the spine,' which is just about as effective as trying to warm your feet in the moonlight. Rubbing the back is an old idea, nearly all tribes and races have tried it. Only America has glorified it and made it a system of healing."

Koch, of course, has always had his "Glyoxylide." Now he has the religious approach; he has learned, apparently, that people regard religion with respect and are not apt to question statements made by ministers or priests because of faith in their honesty and sincerity of purpose.

The facts with respect to Lutheran Research Society sponsorship are revealing. Of the Lutheran Research Society, the Division of Public Relations of the National Lutheran Council and the Lutheran Church-Missouri Synod recently released for publication the following statement:

"The Lutheran Research Society of Detroit was disavowed in a joint statement issued here by the National Lutheran Council and the Lutheran Church-Missouri Synod, which represent virtually all the Lutheran groups in America.

"The Society, which has been accused of promoting anti-Semitic propaganda through its periodical, 'The Eleventh Hour,'

(1) J. A. M. A. **76**:466 and 537 (Feb. 12 and 19) 1921; **82**:2054 (June 21) 1924; **86**:1469 (May 8) 1926; **88**:928 (March 19) 1927; **103**:116 (July 11) 1934; **100**:929 (March 14) 1936; **107**:519 and 1405 (Aug. 15 and Oct. 24) 1936; **112**:1460 (April 15) 1939; **113**:711 (Aug. 19) 1939; **116**:2525 (May 31) 1941; **117**:216 (July 19) 1941; **118**:734 and 1373 (Feb. 28 and April 18) 1942; **119**:502 (June 6) 1942; **121**:1091 (Feb. 27) 1943; **122**:389 (June 5) 1943; **130**:1040 (April 13) 1946; **137**:1333 (Aug. 7) 1948.

(2) J. A. M. A. **137**:402 (May 22) 1948.

(3) Warner, C. W.: Quacks, Jackson, Miss., The Author, 1930.

and other publications, 'is not sponsored or officially connected with any of the Lutheran church bodies in this country,' the statement said.

"It added that the eight participating bodies of the National Lutheran Council, and the Lutheran Church-Missouri Synod, 'have had no connection with the Lutheran Research Society and have espoused no part of its program.'

"The Lutheran Research Society has, through its publications and otherwise, promoted an alleged cancer remedy and other drugs formerly distributed by Dr. William F. Koch of Detroit, Michigan, which drugs have been questioned by the United States Government, according to counsel. These drugs are currently distributed by an organization known as the Christian Medical Research League. The latter organization is likewise in no way affiliated with any of the Lutheran bodies in America.

"The statement said further that Lawrence F. Reilly, who organized the Lutheran Research Society in 1946, and is its executive director, is not a member of the ministerium of any of the Lutheran bodies in America. All ordained clergymen in the Lutheran Church hold such membership."

The "not-for-profit" activities of the Christian Medical Research League of Detroit are similarly suspect as to their religious character. The Michigan authorities who gave the outfit its charter might well consider the revealing nature of the following item, which appeared on a letterhead of Koch:

"Since Dr. Koch wrote to you in May of 1948, he has turned over the manufacture and distribution of his treatment to the Christian Medical Research League, 14344 East Jefferson Avenue, Detroit, Zone #15. They are selling it only on prescription."

This pseudoreligious promotion in order to get business has resulted in considerable current interest in Koch's treatment. There are Lutheran ministers who have fallen for this line, and some others who may be made of the cloth that produces quacks. For instance, there is one in a small town near Chicago who has urged some of his parishioners suffering from cancer to come to Chicago to be treated by George Franklin Smith, one of Koch's disciples. Smith surrendered his Indiana license to practice medicine in 1948, rather than face charges of gross immorality in the practice of medicine preferred against him by the Indiana State Board of Medical Registration and Examination. He gave these victims, some of whom borrowed the money, the Koch injection. There is indication that one of his patients is still alive, but that case was never proved pathologically to have been of cancer. The pastor has his name on the letterhead of the Christian Medical Research League. He is now said to be urging the epileptic persons of his parish to take a mail-order treatment for epilepsy put out by the Western Medical Corporation of Chicago.

Koch has had thirty years in which to demonstrate the merits of his "specific for cancer." It would seem that by now the world would be beating a path to his door and he could take his place as a great servant of his fellow man by reason of his ability to conquer disease by such an elementary method. Competent medical investigation of his methods has been accorded him. That his claim of discovery of a specific for cancer so long ago is without any foundation of fact is borne out by events which have followed. His treatment is now administered, for the most part, by osteopaths, who may or may not be authorized under the various practice acts to use drugs. He has sold his nostrum to chiropractors, thus aiding the violation of law.[1] These cults have a religious flavor in their background, and so perhaps it is only natural that Koch would follow the line.

On the other hand, a practical problem may have presented itself here. Normal advertising channels are barred to Koch, by reason of the injunction granted against him to the Federal Trade Commission,[2] the government agency having jurisdiction over advertising in the drug field. No longer does he dare to claim therapeutic merit for his product, on the trade package or in the accompanying literature. No doubt he would find himself once more in difficulty with the Federal Food and Drug officials.

The religious approach in the exploitation of a product, which government chemists testified as being undistinguishable from distilled water,[3] as a "specific for cancer" is neither original nor scientific. The "birth of a science" has turned out to be an abortion.

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(1) J. A. M. A. 106: 2189 (June 20) 1936.
(2) J. A. M. A. 119: 502 (June 6) 1942.
(3) United States vs. William F. Koch (1943).

Medical Examinations and Licensure

COMING EXAMINATIONS AND MEETINGS

NATIONAL BOARD OF MEDICAL EXAMINERS

NATIONAL BOARD OF MEDICAL EXAMINERS: *Parts I and II.* Various Centers, Sept. 12-14. Exec. Sec., Mr. E. S. Elwood, 225 S. 15th St., Philadelphia 2.

EXAMINING BOARDS IN SPECIALTIES

AMERICAN BOARD OF ANESTHESIOLOGY, INC. *Oral.* Denver, Oct. 16-20. Sec., Dr. Curtiss B. Hickcox, 745 Fifth Ave., New York 27.

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY, INC.: *Written.* Various Centers, Sept. 15. *Oral.* Cincinnati, Oct. 21-23. Sec., Dr. George M. Lewis, 66 East 66th St., New York 21.

AMERICAN BOARD OF INTERNAL MEDICINE: *Written.* Oct. 17. Asst. Sec.-Treas. Dr. W. A. Werrell, 1 Main St., Madison 3, Wis.

AMERICAN BOARD OF NEUROLOGICAL SURGERY: *Oral.* Chicago, June 3. Final date for filing applications is Jan. 1. Sec., Dr. W. J. German, 789 Howard Ave., New Haven.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. *Part I.* Various Centers. Feb. 3. Final date for filing application is Nov. 5. Sec., Dr. Paul Titus, 1015 Highland Bldg., Pittsburgh.

AMERICAN BOARD OF OPHTHALMOLOGY: St. Louis, Oct. 15-19; Boston, April. Sec., Dr. Edwin B. Dunphy, 56 Ivie Rd., Cape Cottage, Maine.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY. *Part II,* New York City, Feb. 9-10. Address: Sec.-Treas., Dr. Harold A. Sofield, Room 1856, 122 S. Michigan Ave., Chicago.

AMERICAN BOARD OF OTOLARYNGOLOGY: Chicago, Oct. 4-7. Sec., Dr. D. M. Lierle, University Hospitals, Iowa City.

AMERICAN BOARD OF PATHOLOGY: Chicago, Oct. 7-8. Final date for filing application is Sept. 1. Sec., Dr. Robert A. Moore, 507 Euclid Ave., St. Louis.

AMERICAN BOARD OF PEDIATRICS: *Oral.* Cleveland, Sept. 16-18; New York City, Oct. 21-23; Chicago, Dec. 9-11. Sec., Dr. John McK. Mitchell, 6 Cushman Road, Rosemont, Pa.

AMERICAN BOARD OF PLASTIC SURGERY: Examinations are given in June and November of each year in the home town of applicants. Sec.-Treas., Dr. Louis T. Byars, 400 Metropolitan Bldg., St. Louis, Mo.

AMERICAN BOARD OF PREVENTIVE MEDICINE AND PUBLIC HEALTH: *Parts I and II.* New York, Oct. 22-24. Sec., Dr. Ernest L. Stebbins, 615 N. Wolfe St., Baltimore.

AMERICAN BOARD OF PROCTOLOGY: November. Sec., Dr. Louis A. Buie, 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC. *Special Examination.* Chicago, Oct. 24-25. December, New York City. Final date for filing applications is Sept. 15. Sec., Dr. F. J. Braceland, 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF RADIOLOGY: *Oral.* Cincinnati, Sept. 28-Oct. 2. Sec., Dr. B. R. Kirklin, 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF SURGERY: *Written.* Various Centers, October 26. Sec., Dr. J. Stewart Rodman, 225 S. 15th St., Philadelphia.

AMERICAN BOARD OF UROLOGY: *Written.* December. *Oral and Clinical.* Chicago, Feb. 11-15. Final date for receipt of case histories is Sept. 1, 1949. Sec., Dr. Harry Culver, 7935 Sunnyside Road, Minneapolis 18.

BOARDS OF MEDICAL EXAMINERS

ALASKA: * Juneau, Sept. 6. Sec., Dr. W. M. Whitehead, Box 140, Juneau.

ALABAMA: *Examination.* Montgomery, June 27-29. Sec., Dr. D. G. Gill, 519 Dexter Avenue, Montgomery.

ARKANSAS: * *Examination.* Little Rock, Nov. 3-4. Sec., Dr. Joe Versar, Harrisburg. *Eclectic.* Little Rock, Nov. 3. Sec., Dr. Clarence H. Young, 1415 Main St., Little Rock.

DISTRICT OF COLUMBIA: * *Examination.* Washington, Nov. 14-15. Sec., Dr. G. C. Ruhland, 4130 E. Municipal Bldg., Washington.

FLORIDA: *Examination.* Jacksonville, Nov. 27-29. Sec., Dr. Frank D. Gray, 12 N. Rosalind Ave., Orlando.

GEORGIA: *Examination.* Atlanta, Oct. 11-12. *Reciprocity.* Atlanta, Oct. 13. Sec., Mr. R. C. Coleman, 111 State Capitol, Atlanta 3.

GUAM: *Endorsement.* Agana, Last Friday of each month. Sec., Capt. C. K. Youngkin, Dept. of Public Health, Guam, % F.P.O., San Francisco.

ILLINOIS: Chicago, Oct. 4-6. Supt. of Registration, Mr. Fred W. Rueke, Capitol Bldg., Springfield.

INDIANA: *Examination.* Indianapolis, June. Sec., Dr. Paul R. Tindall, 1138 K. of P. Bldg., Indianapolis.

IOWA: *Examination.* Des Moines, Dec. 5-7. *Reciprocity.* Des Moines, Sept. 5, Oct. 3, Nov. 7, Dec. 5. Sec., Dr. M. A. Royal, 506 Fleming Bldg., Des Moines.

KANSAS: Topeka, Dec. 8-9. Sec., Dr. J. F. Hassig, 905 N. Seventh St., Kansas City.

MARYLAND: *Examination.* Baltimore, Dec. 13-16. Sec., Dr. Lewis P. Gundry, 1215 Cathedral St., Baltimore 1. *Homeopathic. Examination.* Baltimore, Dec. 13-14. Sec., Dr. John A. Evans, 612 West 40th St., Baltimore.

MINNESOTA: * Oct. 18-19. Sec., Dr. Julian F. Du Bois, 230 Lowry Medical Arts Bldg., St. Paul 2.

MISSISSIPPI: *Reciprocity.* Jackson, December. Sec., Dr. Felix J. Underwood, State Board of Health, Jackson 113.

MISSOURI: *Examination.* Jefferson City, October 24-26. *Reciprocity.* Jefferson City, October, 23. Exec. Sec., Mr. John A. Hailey, State Capitol Building, Jefferson City.

MONTANA: Helena, Oct. 3-5. Sec., Dr. Otto G. Klein, First National Bank Bldg., Helena.

NEVADA: Carson City, Nov. 7. Sec., Dr. George H. Ross, 112 N. Curry St., Carson City.

NEW HAMPSHIRE: Concord, Sept. 8-9. Sec., Dr. J. S. Wheeler, 107 State House, Concord.

NEW JERSEY: Oct. 18-21. Sec., Dr. E. S. Hallinger, 28 W. State St., Trenton.

NEW MEXICO: * Santa Fe, Oct. 10-11. Sec., Dr. Charles J. McGoey, Coronado Bldg., Santa Fe.

NEW YORK: *Examination.* New York, Albany, Syracuse and Buffalo, Oct. 4-7. Sec., Dr. Jacob L. Lochner Jr., 23 S. Pearl St., Albany 7.

NORTH CAROLINA: *Endorsement.* Asheville, Oct. 17. Sec., Dr. Ivan Proctor, 226 Hillsboro Street, Raleigh.

OHIO: *Examination.* Columbus, December. *Endorsement.* Oct. 2. Sec., Dr. H. M. Platter, 21 W. Broad St., Columbus.

PUERTO RICO: San Juan, Sept. 6-10. Sec., Dr. Luis Cueto Coll, Box 3717, Santurce.

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THE KOCH CANCER TREATMENT

EXPLOITING THE CANCER SUFFERER

The week of the annual session (for 1924) of the American Medical Association was chosen as a propitious time to resurrect the cancer treatment of Dr. William F. Koch of Detroit. Koch's nostrum was brought to the attention of the newspapers of the country by one C. Everett Field in a statement made before the "American Association for the Study and Cure of Cancer," a newly formed organization that must not be confused with the well established American Society for the Control of Cancer. Koch's cancer "cure" was dealt with in two articles that appeared in THE JOURNAL during February 1921. It was there brought out that Dr. Koch announced his alleged "cure" less than a year after he was graduated in medicine. The committee appointed by the local medical society at that time made two reports, both unfavorable to the "cure." Since the committee reported, the Koch "cure" has been exploited by a "sanitarium" of which Koch is the "medical director." The "sanitarium" sends out to the public a typical "cancer cure" advertising booklet: statements derogatory to the treatment of cancer by surgery, radium and roentgen rays; quotations (at least one of which is fictitious) from alleged authorities to support Koch's thesis; a statement of Koch's theory regarding cancer and some noninformative statements about the remedy; finally, the usual farrago of alleged case reports. The publicity just given to this discredited "cure" is producing the usual effect. Sufferers from cancer both directly and through their physicians are frantically trying to learn whether there is any warrant for the claims so carelessly broadcast. There may be things more heartless than that of exploiting the sufferers from so dreaded a disease as cancer, but at this time we do not think of them. The most pernicious feature connected with such exploitation is that of awakening false hopes in the minds of the sufferers. The mental anguish thus caused is just as great whether the "cure" is fraudulent in both its inception and its exploitation, or put forward by an honest but misguided enthusiast. So far as the "cure" of William F. Koch is concerned, it cannot be too earnestly asserted that it is not in any sense established as either scientific or reliable.—*(Modified from an Editorial in The Journal A. M. A., June 21, 1924.)*

THE KOCH CANCER REMEDY

A number of inquiries have been received, of which those that follow are typical. This from a Philadelphia physician:

"Would you give me any information you have about one so-called 'Dr. W. F. Koch,' Detroit, Michigan? This man is said to claim to have in his possession a cure for cancer, the nature of which I do not know. I know, however, that he obtained a very large fee not very long ago in treating a case, but without success . . ."

While a Chicago physician writes:

"I have at hand a pamphlet from Wm. F. Koch, M.D., Ph.D., of Detroit, Mich., which is supposed to be a reprint from the *Medical Record* of Oct. 30, 1920, entitled 'A New and Successful Diagnosis and Treatment of Cancer.' Will you kindly advise me what you know about this man's work on this subject and how much stock I can put in the claims he makes in this article?"

And this from a physician in Seattle, received a few days ago:

"Has your office any knowledge of the cancer cure devised by Dr. William F. Koch, Ph.D., M.D., of Detroit? He published an article on it in the *Medical Record*, Oct. 30, 1920. . . . I enclose copy of letter received by one of our patients from his 'western representative' which reads like pure quackery. I do not find Dr. Koch's name in either the A. M. A. or Polk's medical directories."

The letter referred to in the last inquiry as coming from Dr. Koch's "western representative" was addressed to a woman who had written to Dr. Koch with reference to his alleged cancer cure. The letter, dated Jan. 19, 1921, was signed "Chas. L. Tisdale, 1898 Geary Street, San Francisco." It read:

"*Dear Madam:*—Your letter of January 10th written to Dr. Koch of Detroit in reference to his cancer cure has been sent to me by Dr. Koch. I am the western representative of Dr. Koch and am giving the treatments with his remedy. I am now treating 14 cases here with some most wonderful results. The amount of the remedy that Dr. Koch can supply me with is limited and it is a very expensive substance. None of it can be sent to Seattle or any other place for I have only enough to treat the cases that are constantly presenting themselves here. If you could come to San Francisco and have the money to pay a reasonable fee, say enough to pay for the remedy, I would be very glad to do everything I can for you.

"The results that have already shown in many of these cases warrant me in believing that almost any case of cancer can be cured if the treatment is persisted in."

According to our records, Dr. William F. Koch of Detroit was born in 1885. In 1918, Dr. Koch received his degree in medicine from the Detroit College of Medicine and Surgery. Less than a year after his graduation, Dr. Koch declared that he had "developed a real specific cure for cancer." In the *Detroit Medical Journal* for July 1919, there appeared a brief article by William F. Koch, entitled "A New and Successful Treatment and Diagnosis of Cancer." A more extensive article bearing the same title was published in the *Medical Record* of Oct. 30, 1920.

As a result of the publicity that was given the Koch treatment, the Wayne County (Detroit) Medical Society appointed a committee to investigate the treatment. Its first report appeared in the *Bulletin* of the society for Dec. 22, 1919. Briefly, this report said that the Board of Health of Detroit had placed at the disposal of the committee twelve beds in a local hospital with the necessary special nurses and everything else required free of charge. The committee sent certain patients to the hospital; and there were also some other patients recommended by different physicians as proper cases for treatment. There were nine altogether. After going over the cases carefully, the committee found some in which the diagnosis was doubtful. There were five cases, however, of undoubted cancer, a positive diagnosis having been made from specimens and microscopic examination. The management and treatment of these patients were turned over to Dr. Koch.

Dr. Koch seems to have raised certain objections and to have made certain criticisms. He also insisted that he ought to have some representative on the committee. The committee offered to put on any and all he would name. He failed to name any. The committee reported further that Dr. Koch was very negligent in his treatment of the patients and finally, on November 26, the committee met with Koch and went over all the cases with him. At that time he gave the patients injections and promised to attend to the treatment regularly in the future. According to the report, he saw the patients only once more (three days later) and then did not come near them again. As the patients became disgusted with the neglect, some of them left and the committee sent the rest home and closed its connections with the investigation of the subject.

In the same issue of the *Bulletin* of the county society in which this committee's report was published, the editor of the *Bulletin* stated that from all sections of the country inquiries were coming relative to the treatment and "from long distances patients are coming to Detroit to be 'cured' of cancer." The editor further stated: "It is reported that Dr. Koch is treating many patients, promising much and charging well." To this Dr. Koch retorted that only about 30 per cent of his patients had "contributed." The rest were treated free.

The Wayne County Medical Society *Bulletin* for Jan. 5, 1920, was devoted almost exclusively to another discussion of Dr. Koch's "cancer cure." It was there stated that a second committee had been appointed to gather what information could be obtained from outside sources relative to cases treated by Dr. Koch. This committee reported that of fifty-six cases of which it was able to obtain data, only three of the patients showed clinical improvement; twenty-one of the patients were dead. Three more patients treated both by the Koch injections and by operation were reported as clinically improved. The condition of eighteen of the patients was reported as stationary, or unimproved. In eleven of the cases, the results were unknown but the surgeons reported unfavorably.

The committee reported further that Dr. Koch's records were incomplete and that he had submitted no proof that his injections have any particular merit and the committee concluded that the study "is entirely experimental and improperly supervised."

Evidently, the most that can be said of Dr. Koch's alleged "cure" for cancer is that the claims made for it have not been supported by independent investigators.—*(From The Journal A. M. A., Feb. 12, 1921.)*

Further Comment

Last week some space was given to the alleged cure for cancer put out by Dr. William F. Koch of Detroit. The following correspondence throws additional light on the subject:

To the Editor:—To the number of inquiries which you have received regarding the alleged cure of cancer by Dr. Koch, permit me to add the following personal experience. On July 1, 1920, I was asked to examine an ex-patient of mine whom I had not seen professionally for many years. Her husband frankly told me that for several months his wife had been treated by Dr. W. F. Koch for inoperable carcinoma of the pelvic organs, that he wished Dr. Koch to retain charge of the treatment but hoped I would give my opinion regarding certain nervous manifestations in the patient which were causing him (her husband) much concern.

At the same time, he showed me a letter written by Dr. Koch purporting to explain the symptoms and offering suggestions regarding treatment. I called on the patient and found her in the last stages of generalized carcinomatosis. Simple palpation of the abdomen revealed multiple nodules involving both lower and upper abdominal quadrants. I did not feel justified in making a pelvic examination but noted a profuse foul-smelling discharge on the vulvar pad. My prognosis did not meet with the deluded husband's approval. The patient died within a week and a necropsy confirmed the clinical picture of carcinomatosis. Enclosed is Dr. Koch's letter; the patient's name should, of course, be omitted if you see fit to publish this note.

GEORGE DE TARNOWSKY, M.D., Chicago.

The letter from Dr. Koch which Dr. de Tarnowsky enclosed with his own, follows. We have, of course, deleted the name of the patient.

Dear Doctor: Mrs. ——— has absorbed and is still absorbing some killed tumor tissue. She has absorbed some three pounds, I judge. The results of the absorption are intoxication quite general (nervous, muscular, perhaps nephritic). The myocardium at present shows no signs of poisoning but the skeletal muscles and nerve do. The important toxin liberated by the killed tissue is methyl cyanimide which combines ammonia (NH_3) from the amino acids, and thus becomes methyl guanidine. This latter has produced in my patients an intoxication varying in similarity to: idiopathic tetany in children, chorea in children, eclampsia in women, and has even been so severe as tetanus in some of the muscle spasms; a toxic albuminuria has resulted in some of my cases.

All of my cases have cleaned up so far. Of course, I cannot predict in any individual case, except that when the absorption has been completed and the toxin all eliminated, everything should return to normal, unless the toxin has destroyed tissue beyond physiological repair. My suggestions as to treatment would be elimination, saving the kidneys as much as possible, by whatever methods you find best and necessary.

Graduate Nurses In Attendance

40 Waltham St. HAMMOND IND.

THE TELLER SANITARIUM
THE KOCH
TREATMENT FOR CANCER
BEDSIDE CASES EXCEPTED
Administered by DR. FLEENER

Phone Dial Operator HAMMOND 725

Reproduction (reduced) of an advertisement in a recent classified telephone directory. The "Dr. Fleener" is apparently the same individual who for years ran quack advertising offices in other indiana towns.

At present I am treating symptomatically thus—atropin as a guanidine antidote, arsenic as a chorea coupled antidote as a prevention to the production of guanidine from the cyanimide, the use of dilute hydrochloric acid has proven successful to me. Even a urine boiling solid—albumin has cleared up in one case in three days just by taking large quantities of ½ per cent HCl. I am explaining the factors I have contended with in these cases, but do not want to influence your plan of treatment when your judgment finds me insufficient.

Sincerely,
WM. F. KOCH.

I shall have a publication out very soon on the treatment of these tetanics and eclampsia with HCl.

It is worth noting that this letter of Dr. Koch's was written June 28, just three days before Dr. de Tarnowsky saw Mrs. ——— and less than a week before she died of generalized carcinoma.

Not the least important element in the story which these two letters tell is the optimism engendered in the husband of the poor cancer patient by the widely vaunted treatment of Koch. And herein lies one of the most pernicious features connected with the exploitation of alleged cures for cancer, tuberculosis, etc. All such remedies, whether fraudulent both in their inception and exploitation or those which while equally worthless are at least honestly put forward and are based on a certain amount of scientific investigation, produce a profound and marked temporary change in the patient's condition. It is this that tends to warp the judgment not only of the unscientific layman, but also of the physician. The psychic element in cancer has been well described by Weil:

"Is it, indeed, very remarkable that a patient who has been consigned to death as a victim of a hopeless malady, should regain his spirits and his appetite, when he is again confronted with the hope of a cure, and of the eradication of his disease? It is a phenomenon well known to every student of the disease

that a large proportion of cases responds in just this manner to any treatment which is offered them. Osler has described a case of cancer of the stomach in which the mere visit to a consultant of sanguine temperament, though poor judgment, whose assurance of the patient that there was no possibility of cancer, resulted in the disappearance of all the symptoms and a gain of 18 pounds in weight. It is this psychic influence, which has occasionally deluded the honest student of cancer cure, and which has also so generously played into the hands of the dishonest."—*(From The Journal A. M. A., Feb. 19, 1921.)*

"KOCH STEPS IN THE SPOT-LIGHT"

Under the caption given above, *The Bulletin*, official organ of the Wayne County Medical Society and published in Detroit, in its issue for June 23, 1924, has this to say about the recent publicity given to William F. Koch and his alleged cancer cure:

> Readers of the public press throughout the United States were startled recently during the meeting of the American Medical Association when they read a report by Dr. Everett C. Field, Director of the "Radium Institute" of New York, given before a meeting of the so-called "American Association for the Study and Cure of Cancer," held at the Drake Hotel, Chicago. This report claimed that a definite and proven cure of cancer had been discovered by Wm. F. Koch of Detroit. He maintained that through his investigations, covering a comparatively large series of cases, that the treatment had proven successful. The papers throughout the country featured this statement, coming from Chicago, presuming that it emanated from a section of the American Medical Association. A quarter million sufferers from cancer renewed their hope—a straw had appeared and they grasped it.
>
> It has been quite satisfactorily disclosed since, that Everett C. Field of New York has been cooperating with Koch more or less as his New York representative and it would seem has seized upon this opportunity to gain publicity for Koch's so-called cure. The "American Association for the Study and Cure of Cancer" was organized October 12, 1923, by L. Duncan Bulkley, M.D. Dr. Bulkley is the author of a book which seems to disclose indiscretions of diet as the cause of cancer. You will please note the similarity of this name to the "American Society for the Control of Cancer," with headquarters also in New York, differing from the other only in its years of age, and the splendid, highminded scientists who compose its personnel.

The Anti-Cancer Center of the District of Columbia

will hold its first public meeting in the Floridian Room of the Willard Hotel (Mezzanine Floor) at 8 p. m. Saturday, April 3, 1926.

General Amos A. Fries will preside.

The meeting will be addressed by prominent speakers:

Dr. C. Everett Field, Fellow of the A. M. A.; Director of the Radium Institute, New York City.

Dr. William Wallace Fritz, Fellow of the A. M. A.; President of the Licensed Physicians' Neuropathic Society of Philadelphia.

Dr. Frederick Dugdale, of Boston, Massachusetts, a Director of the Koch Cancer Foundation.

YOU ARE CORDIALLY INVITED TO ATTEND

We also hope to have with us Dr. William F. Koch, of Detroit, formerly a teacher in the Medical Department of the University of Michigan and a professor of physiology of the Detroit College of Medicine. Dr. Koch is the discoverer of a synthetic antitoxin for the prevention and cure of cancer.

Mrs. Charles A. Hawley, *Chairman;*
Mrs. Edmund J. Brennan,
Mrs. Samuel G. Blythe,
Mme. Felix Cordova Davila,
Orlando Ducker, M. D.,
Mrs. Julius Lansburg,
Committee on Education.

Admission free.

More publicity for the Koch nostrum. Note how fellowship in the A. M. A. is capitalized.

Medical men in Detroit interested in cancer from purely altruistic motives arose to the emergency with definite statements as to what they have been convinced are the fraudulent claims made for Koch's serum. It is to be regretted that these statements were not broadcast throughout the world rather than only in Michigan. In all of the statements published by Koch, both in his pamphlet advertising and in his recent newspaper interviews, as well as in statements during the past few years, he quotes a limited few cases as cures. Some of these have been definitely proven not to have had cancer. He has used names of local surgeons as having made positive diagnoses of cancer in cases which he has cured; many of these cases are known to have since died, but poor Koch hasn't heard of it. We say "poor Koch." We are not speaking from the financial standpoint but from what seems to be a distressing mental condition, judging from the rambling and vindictive manner in which he handles statements and misstatements relative to investigations of his "cure." It is a significant fact that Koch has never mentioned (we believe we are safe in saying) the hundreds and hundreds of poor souls who have died from cancer during and following administration of his injections.

We wish to state that we are making no charges when we state that we are not convinced as yet as to whether Koch is a charlatan, a misguided enthusiast, or mentally unbalanced. We do wish, however, to distinctly state, though not to his credit, that Koch is not a fool.

THE 1924 REPORT

In October 1923 Dr. W. F. Koch wrote to the president of the Wayne County Medical Society asking for a re-investigation of his cancer treatment and as a result of this request, a meeting was called of the Cancer Committee of the Wayne County Medical Society. After going into the matter thoroughly the Committee decided that it would see some of Koch's cases and report whether there was any evidence worth following further. On Nov. 5, 1923, this committee met at Dr. Koch's office. Nine patients were demonstrated by Dr. Koch as cases of cancer cured by his treatment. Some of these cases had been described in the advertising booklet, *St. Mark's Sanitarium Bulletin*, which is distributed to the public in the interest of the Koch treatment. *The Bulletin* of the Wayne County Medical Society for June 30, 1924, publishes the Cancer Committee's report giving a summary of the cases demonstrated by Dr. Koch, together with data found on further investigation of these and other cases. In addition to the nine cases submitted by Dr. Koch to the entire committee, two members of the committee spent considerable time going over four additional cases. The report published in *The Bulletin*, after giving information regarding the thirteen cases investigated, summarizes the committee's findings as follows:

> "Thirteen cases presented to us as having been cured of cancer by Koch's treatment, showed:
>
> *"Case 1.*—Presented as cured of cancer of the uterus by Koch's serum. Gross diagnosis at laparotomy: 'Thought to be cancer, though not sure.' (Statement by Dr. Smead of Toledo.)
>
> *"Case 2.*—Glioma of brain which had had decompression plus two deep X-ray treatments. Improvement probably due to above treatments.
>
> *"Case 3.*—Epithelioma of hand. X-ray therapy at Ann Arbor sufficient to cure condition.
>
> *"Case 4.*—Demonstrated as Paget's Disease. Wrong diagnosis. Was not Paget's Disease but simple ulceration with associated lymphadenitis. (Statement of Dr. Jas. E. Davis.)
>
> *"Case 5.*—Demonstrated as a cure of recurrence of breast carcinoma. Never had recurrence. (Statement of Dr. B. E. Friedlander who operated upon her and has observed her since.)
>
> *"Case 6.*—Demonstrated as cured rectal carcinoma. Probably was perirectal abscess which ruptured spontaneously. (Statement of Dr. Clarence Sayres.)

"*Case 7.*—Carcinoma of rectum. Had severe radium and X-ray therapy, sufficient to cause fistula and to arrest growth.

"*Case 8.*—Carcinoma of sigmoid; clinical diagnosis. No laparotomy; no section.

"*Case 9.*—Carcinoma of stomach and liver. Clinical diagnosis. No laparotomy.

"*Case 10.*—Myxosarcoma with no results from Koch's treatment.

"*Case 11.*—Hypernephroma with no results from Koch's treatment.

"*Case 12.*—Non-malignant tumor of ovary. Treated by Dr. Koch for cancer.

"*Case 13.*—Hopeless metastatic teratoma of testis. Died soon after Koch's treatment."

The committee's report closes with the following statement:

"Out of the hundreds of cases Koch has probably treated, these were demonstrated to us as his best results.

"In no instance have we found a case where the diagnosis of cancer was absolutely established and where no other form of treatment had been used in which a cure or any decided benefit had ever been obtained."

From this it will be seen that the report of the Cancer Committee of the Wayne County Medical Society made in June 1924 is no more favorable to Koch's alleged cure than the report published in 1920.—*(July 1924.)*

THE STATUS OF THE NOSTRUM IN MAY 1926

In 1918 William F. Koch of Detroit was graduated in medicine by the Detroit College of Medicine and Surgery. Previous to this he had been an assistant in physiology and an instructor in histology in the University of Michigan Medical School. He also had been professor of physiology in the Detroit College of Medicine and Surgery. Less than a year after his graduation in medicine, Dr. Koch announced that he "had developed a real specific cure for cancer." Dr. Koch's thesis seems to be that cancer is caused by a micro-organism resembling the spirochete of syphilis. It is claimed that he has developed a differential poison—"Koch's Synthetic Anti-toxin"—that will destroy the "cancer germ" without injuring the host. His remedy has been described in one place as "a synthetic chemical compound of very definite molecular arrangement" and in another place as a "difficultly prepared synthetic structure, worked down on a recrystallization process"—two descriptions that make up in sonorousness what they lack in clarity.

Seven years have passed, during which time Dr. Koch has seen fit to keep his secret to himself. During that same time we have been unable to learn of a single instance in which a case of unquestioned malignant disease has been cured by the Koch treatment. On the other hand, we have received information regarding individuals who "promptly died" after taking the treatment.

At different times the Wayne County (Detroit) Medical Society has appointed three committees to investigate Koch's "cure." Each of the three reports has been unfavorable. The last report closed with the statement:

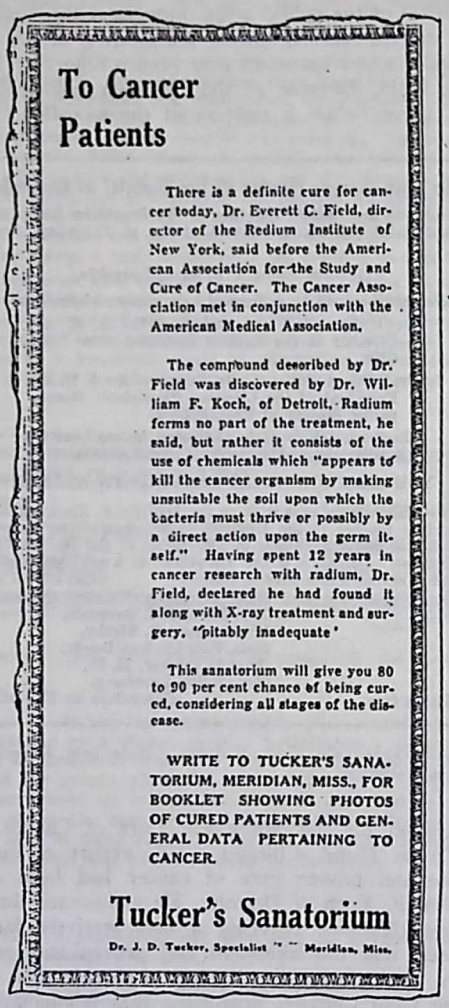
> "In no instance have we found a case where the diagnosis of cancer was absolutely established and where no other form of treatment had been used in which a cure or any decided benefit had ever been obtained."

These facts have been discussed at different times in THE JOURNAL, and the matter is available in reprint form to any who will send a self-addressed, stamped envelop for it. The Koch treatment has been commercialized, and it seems evident that large sums of money have been spent in circularizing the profession and the public in the interest of the "cure."

SOME REPORTS FROM THE FIELD

During the last four or five years THE JOURNAL has received hundreds of letters from physicians and laymen who were inquiring about the Koch remedy. A few of the many letters from physicians and one from a layman made specific mention of individuals who were taking or were thinking of taking the Koch treatment for malignant disease. Recently we collected these letters from the files and wrote to those who had sent them asking for information regarding the outcome of the various cases. We have received answers from most of those to whom we have written, and we give in as few words as possible the essential facts.

Mr. A., Michigan.—Wrote in February 1924 that his sister was taking treatment for uterine cancer from Dr. Koch. Recorded in March 1926 that his sister died in Detroit in April 1924.



To Cancer Patients

There is a definite cure for cancer today, Dr. Everett C. Field, director of the Redium Institute of New York, said before the American Association for the Study and Cure of Cancer. The Cancer Association met in conjunction with the American Medical Association.

The compound described by Dr. Field was discovered by Dr. William F. Koch, of Detroit. Radium forms no part of the treatment, he said, but rather it consists of the use of chemicals which "appears to kill the cancer organism by making unsuitable the soil upon which the bacteria must thrive or possibly by a direct action upon the germ itself." Having spent 12 years in cancer research with radium, Dr. Field, declared he had found it along with X-ray treatment and surgery, "pitably inadequate"

This sanatorium will give you 80 to 90 per cent chance of being cured, considering all stages of the disease.

WRITE TO TUCKER'S SANATORIUM, MERIDIAN, MISS., FOR BOOKLET SHOWING PHOTOS OF CURED PATIENTS AND GENERAL DATA PERTAINING TO CANCER.

Tucker's Sanatorium

Dr. J. D. Tucker, Specialist " " Meridian, Miss.

Drumming up business for the Koch antitoxin.

Dr. B., New York.—Had three patients who took the Koch treatment: (1) Woman with carcinoma of rectum; "received four injections, reactions were terrible. She did not improve but steadily became worse and died." (2) Elderly man with beginning cancer of stomach; was "given two treatments and promptly became worse and died." (3) A case of axillary carcinoma received many treatments: "Ultimate result was the same—death."

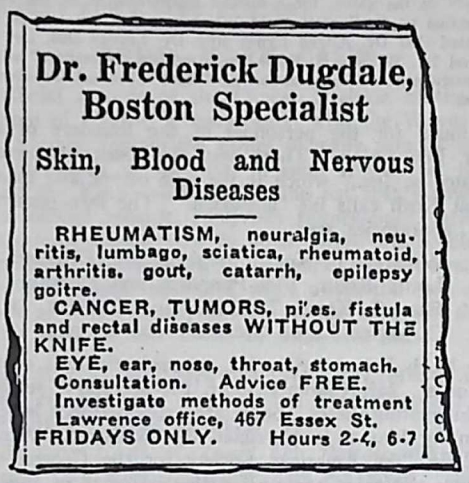
Dr. C., Louisiana.—Wrote in November 1924 that a friend with cancer of rectum was taking the Koch treatment at Detroit. Reported in April 1926 that patient died in August 1925.

Dr. D., Louisiana.—Wrote in November 1924 that a prominent citizen of his town with malignant disease was under the care of Dr. Koch. Reported in April 1926 that patient died. Dr. D. adds: "This has been the fate of all [personally] known cancer patients treated with Koch cancer remedy."

Dr. E., Alabama.—Wrote in January 1925 that several patients suffering from carcinoma were taking the Koch treatment. Reports April 1926: "All the patients who received the Koch treatment are now dead."

Dr. F., Mississippi.—Wrote in January 1925 that patient with carcinoma of the stomach had received the Koch treatment. Reported in March 1926 that patient died five months later. Reports also in his last letter the case of man with carcinoma on the side of the nose; took Koch treatment in August 1925; at the present time the cancer "is more than twice as large as it was at the time of the treatment." Reports also that another patient with carcinoma of the cheek received the first Koch treatment in August 1925; the patient is now "down in bed and not expected to live."

Dr. G., Tennessee.—Wrote in February 1925 of a woman with adenocarcinoma and metastases who took the Koch treatment. Reports April 1926: "She grew gradually worse, as all such cases do, and died, June 1925, which is about the allotted time we expected her to live regardless of the Koch treatment." Dr. G. adds, "We had another case here in the city that Dr. ——— [a disciple of Koch] treated and she died very promptly."



Dr. Frederick Dugdale, Boston Specialist

Skin, Blood and Nervous Diseases

RHEUMATISM, neuralgia, neuritis, lumbago, sciatica, rheumatoid, arthritis, gout, catarrh, epilepsy goitre.
CANCER, TUMORS, piles, fistula and rectal diseases WITHOUT THE KNIFE.
EYE, ear, nose, throat, stomach.
Consultation. Advice FREE.
Investigate methods of treatment
Lawrence office, 467 Essex St.
FRIDAYS ONLY. Hours 2-4, 6-7

Before the commercial possibilities of the Koch cure or even of the Abrams hokum were discovered Dr. Dugdale was an advertising "specialist."

Dr. H., Tennessee.—Wrote in February 1925 that a woman with carcinoma was taking the Koch treatment. Reports in March 1926: "She died promptly."

Dr. I., New York.—Wrote in September 1925 that a woman with advanced carcinoma was so desperately ill that he advised her to remain at home. She, however, obtained money with extreme difficulty and paid $300 for one injection. "Came home in a state of extreme exhaustion and died in a few days after her return." The same physician reports another case of a patient with sarcoma who had been given injections at the cost of $500. "He subsequently died after having been advertised as a cure."

Dr. J., Kansas.—Wrote in October 1925 that a patient with cancer of the tongue had gone to the Koch Cancer Clinic at Detroit. Reported March 1926 that patient was given one injection, paid a fee of $300, stayed in Detroit for twelve weeks, received another injection, paying $200, remained two weeks longer, then went home and died one week after reaching home. The same physician reports another case, that of a woman with cancer of the uterus on her way to Rochester, Minn., who was induced while in the Union Station at Kansas City to go to a Koch disciple, where she received the Koch treatment. She received three injections, paying $250, although she was "in poor circumstances." Died about one month after the third injection.

Dr. K., Nebraska.—Wrote in May 1925 that "cases of cancer in this vicinity have been treated by means of the (Koch) serum with no results." Reports in April 1926 on three cases: (1) Sarcoma in boy of 14; took Koch treatment and died. (2) Patient with carcinoma of pylorus; took treatment and died. (3) Patient with carcinoma of rectum with metastases; took treatment and died.

THE KOCH CANCER FOUNDATION

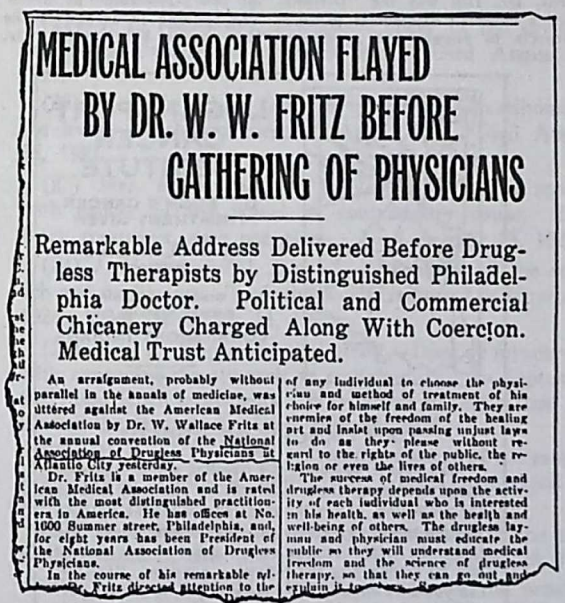
The latest move is the establishment of the imposingly named "Koch Cancer Foundation" with William F. Koch as "Director." This was organized in February 1926 by the following individuals:

FREDERICK DUGDALE, M.D.
C. EVERTT FIELD, M.D.
A. W. HOYT, M.D.
W. WALLACE FRITZ, M.D.
ELNORA C. FOLKMAR, M.D.
LORENZ L. DILL, M.D.
ALBERT LYNCH, M.D.

It may be of interest to present some of the information on file regarding these individuals:

Frederick Dugdale, M.D., Boston.—Dr. Dugdale was born in 1880 and was graduated in 1903 by the Baltimore Medical College. His activities in exploiting the Koch cancer cure are no matter of surprise. When the large economic possibilities of the pseudoscience of Abrams were obvious, Dr. Dugdale was one of the disciples of that cult. Prior to that he advertised (see reproduction) as a "Specialist in Rheumatism, Cancer, Chronic Blood and Nervous Diseases." In 1921 his name appeared as "President of the Allied Medical Association of America" (exposed in THE JOURNAL July 5, 1919). It appeared also as one of the officers of the "Medical Society of the United States," which was originally created to organize fee-splitters but later became a "Society of Protest Against the Autocracy of the A. M. A." Still later Dr. Dugdale's name was given as Chairman of the Board of Trustees of the "American Association for Medico-Physical Research" (exposed in THE JOURNAL Sept. 19, 1925).

A. W. Hoyt, M.D., New York City.—According to our records Alpheus Whiting Hoyt was born in 1866 and was graduated in 1895 by the Medical Department of the University of the City of New York. According to the September 1921 issue of the house-organ of the late quack Albert Abrams, A. W. Hoyt was a disciple of the preposterous Electronic Reactions of Abrams and a lessee of one of Abrams' "Oscilloclasts." Dr. Hoyt's professional cards read: "Treatment of Chronic Diseases," and he has sent out announcements stating that he had been "enabled to secure for his practice a medical treatment for what is called inoperable and incurable cancer" and "results warrant the statement that this treatment removes cancer from the incurable class of disease." More recently Dr. Hoyt appears to have become interested in the "Auto-Hemic Serum," of L. D. Rogers.



MEDICAL ASSOCIATION FLAYED BY DR. W. W. FRITZ BEFORE GATHERING OF PHYSICIANS

Remarkable Address Delivered Before Drugless Therapists by Distinguished Philadelphia Doctor. Political and Commercial Chicanery Charged Along With Coercion. Medical Trust Anticipated.

An arraignment, probably without parallel in the annals of medicine, was uttered against the American Medical Association by Dr. W. Wallace Fritz at the annual convention of the National Association of Drugless Physicians at Atlantic City yesterday.

Dr. Fritz is a member of the American Medical Association and is rated with the most distinguished practitioners in America. He has offices at No. 1600 Summer street, Philadelphia, and, for eight years has been President of the National Association of Drugless Physicians.

In the course of his remarkable ad- Dr. Fritz directed attention to the

of any individual to choose the physician and method of treatment of his choice for himself and family. They are enemies of the freedom of the healing art and insist upon passing unjust laws to do as they please without regard to the rights of the public, the religion or even the lives of others.

The success of medical freedom and drugless therapy depends upon the activity of each individual who is interested in his health, as well as the health and well-being of others. The drugless layman and physician must educate the public so they will understand medical freedom and the science of drugless therapy, so that they can go out and explain it to

In 1919 Dr. Fritz was "flaying" the American Medical Association in a talk before "drugless healers."

W. Wallace Fritz, M.D., Philadelphia.—According to our records, W. W. Fritz was born in 1872 and was graduated in 1894 by the Medico-Chirurgical College of Philadelphia. This man sometimes puts after his name the letters M.D., D.D.S., N.D., D.O., D.C., indicating that he is a physician, a dentist, a naprapath, an osteopath and a chiropractor. Added to these protean activities, he has been the "dean" of the "American College of Neuropathy" and "Professor of Neuropathy" at the same institution. It seems that when he became "dean" the institution had three students and thirty "faculty members." In 1915 the name of W. Wallace Fritz appeared as the "President of the National Association of Drugless Physicians." Dr. Fritz, for reasons not obvious, is permitted

to hold membership in the Philadelphia County Medical Society, and, of course, has taken advantage of this to become a Fellow of the American Medical Association. Nevertheless, in 1919, this man's name appeared in connection with the formation of a new organization that was to be founded to fight the American Medical Association—the alleged "medical trust." It was known as the "Constitutional Liberty League of America" and seemed to be a later edition of the defunct "National League for Medical Freedom." W. W. Fritz's name has also been given as one of the "censors" and "vice-president" of the "Allied Medical Associations of America." He, apparently, was a witness in behalf of the quack Brinkler when the government was prosecuting this individual. Brinkler, whose fraudulent business was debarred from the use of the mails in

The American College of Neuropathy

Seventeenth and Summer Streets

PHILADELPHIA

(Incorporated) (Chartered)

The pioneer Neuropathic School of Drugless Therapy. Four-Year Course

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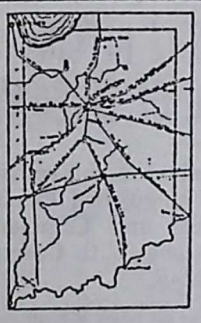
W. WALLACE FRITZ, M. D., Dean

(Office of the Dean), 1600 Summer St.

PHILADELPHIA, PA.

1914 and also in 1916, was again quacking it through the mails in 1925, and his stationery last year declared that his "Medical Director" was W. Wallace Fritz!

Lawrence (Lorenz) L. Dill, M.D., Logansport, Ind.—According to our records Dr. Dill was born in 1884 and received a diploma from the University of Michigan Homeopathic Medical School in 1910. He was licensed the same year. Early in 1924, Dr. Dill was puffing the Koch cancer cure. It was not long before he was sending out printed cards bearing a map of Indiana that showed how Logansport might be reached and advertising the "Logansport Cancer Institute." According to these cards, Dr. Dill was the "Director" of this "Institute" at which "Dr. Koch's cancer treatment is given." The opening paragraph of the card purports to answer the question: "Can cancer be cured?" Dr. Dill



LOGANSPORT CANCER INSTITUTE

DR. KOCH'S CANCER TREATMENT GIVEN

LORENZ L. DILL, M. D
DIRECTOR

WINFIELD BUILDING
PHONES 903 AND 1903

LOGANSPORT INDIANA

CAN CANCER BE CURED?

Can cancer be cured is a question which has been asked me many times not only by the laity but by the profession. I recall one instance when the question was put to me by a Doctor in the following lines. He said, "Dr. Dill, can you cure cancer?" I answered him by asking him the following question, "Doctor, can you cure Diphtheria?. He said yes, in some cases It was quite evident to him then as to the position this treatment of Dr Koch's holds in the realm of cancer and sarcoma. Then the following explanation was given as to the virtue of this treatment in the radication of cancer.

answers the question by analogy. He implies that the Koch nostrum has the same scientific value in the treatment of cancer that diphtheria antitoxin has in the treatment of diphtheria!

C. Everett Field, M.D., New York City.—According to our records, Dr. Field was born in 1870 and was graduated by the Medical Department of the University of the City of New York in 1891. He does not seem to have practiced until 1913—twenty-two years after graduating. He is a member of his local medical society and as such has qualified as a Fellow of the American Medical Association. Apparently Dr. Field was for some years connected with the advertising department of the Glyco-Thymoline concern and later became president of the Holotheol Chemical Co. Still later he appeared as "director" of the "Radium Institute of New York." Becoming interested in the Koch nostrum, this product was given a great deal of newspaper publicity at the time that Dr. Field saw fit to puff it before the "American Association for the Study and Cure of Cancer." The latter organization is not to be confused, of course, with the well-established American Society for the Control of Cancer.

Elnora C. Folkmar, M.D., Washington, D. C.—According to our records, Dr. Folkmar was born in 1863 and was graduated in medicine when she was 46 years old by the George Washington University Medical School at Washington, D. C. In 1919 Dr. Folkmar appears to have been a member of the "Society of Physical Therapeutists," whose scientific status will be appreciated when it is known that on its program appeared the "patent medicine" exploiter George Starr White, the "zone therapy" exponent, Fitzgerald, and others who were to present papers on that preposterous piece of hokum, "Bio-Dynamo-Chromatic-Diagnosis." Later Dr. Folkmar's name appeared as a lessee of one of Abrams' "Oscilloclasts," and still later as the first vice-president of the egregious "American Association for Medico-Physical Research," which was dealt with in detail in THE JOURNAL Sept. 19, 1925. Dr. Folkmar's name is also given in a booklet issued by D. V. Ireland (see THE JOURNAL Dec. 2, 1922) as a specialist in the kind of rectal work taught by Ireland.

Albert Lynch, M.D., Fairbury, Neb.—Dr. Lynch was born in 1869 and received a diploma from the University of Michigan Medical School in 1901. Dr. Lynch seems to have been connected with the Koch organization early in the game, for a booklet purporting to be the report of an investigation by C. Everett Field, which was sent out two or three years ago, stated that Dr. Alfred Lynch with Dr. Lorenz Dill, Dr. C. Everett Field and Dr. William F. Koch comprised the "committee" which at that time constituted the organization of "Koch Chemical Treatment Administration."

So much for the personnel of the founders of the Koch Cancer Foundation. There has also been organized "Koch Laboratories, Inc.," which is the sole owner and manufacturer of what Koch calls his "antitoxin." The incorporators of the Koch Laboratories are:

WILLIAM F. KOCH, President and Director
LOUIS KOCH, Vice-President and Director
FRED C. KOCH, Treasurer and Director
CLARENCE LEHR, Secretary and Director

The Koch Laboratories, Inc., is evidently well controlled by the Kochs. Mr. Clarence Lehr, the secretary, seems to hold some interesting theses. Some are expressed in a letter recently written by him to a physician in Oklahoma. According to Mr. Lehr, "the American Society for the Control of Cancer is simply the sales agency for the surgeons of this country."

It is said that there is a contract between the Koch Laboratories and the Koch Cancer Foundation whereby "the antitoxin will be distributed through the Foundation only to its Stockholders and Members." Further, the price of the treatment from the Foundation shall be $110 to both stockholder and member. According to a statement made by Dr. J. W. Stiers of Muscatine, Iowa (who in 1924 was said to be using an apparatus put out by the "Electronic Research Laboratories" and is now apparently using the Koch "antitoxin"), the Foundation "specifies as a minimum $300 for the first treatment and $200 for any afterward." The difference between the price charged the Koch disciple ($110) and the price the disciple charges the victim ($300) is presumably to cover the risk assumed by the followers of Koch in injecting a secret mixture into the cancer patient.

The by-laws of the Koch Cancer Foundation provide that only physicians "whose qualifications have met the approval of the Board of Trustees" and who have "treated ten or more cases of cancer by the use of Koch's Synthetic Antitoxin" shall be eligible to become stockholders. The stockholders pay $100, for which one share of stock is issued. "Membership" in the Foundation is to be limited to physicians who are "able to furnish personal and *business* [Italics ours.—ED.] references satisfactory to the Board of Trustees." Such individuals may become members on the payment of a membership fee of $10 and annual dues of $5. Dr. Koch states further that in addition to the funds that will come into the treasury of the Foundation from the sale of treatments, membership fees and annual dues, he expects to purchase "upwards of $50,000 worth of stock." It is stated further that the "foundation" will from now on "attend to sending out all publicity, pamphlets, literature and the like" and that it is sufficiently financed to carry on the work vigorously for some time to come.

The publicity activities of the Koch Cancer Foundation have already begun to function. The press agent seems to be one V. E. Scott. Mimeographed material is being sent out from

New York to the newspapers of the country, prepared in the form of news articles for "immediate release." The headlines are so worded as to catch the eye of any who may be interested in the subject of cancer and especially so as to disguise the advertising feature of these unpaid advertisements. Some of the claims that the newspapers are asked to print in the form of news regarding the Koch treatment are:

"Dr. Koch's antitoxin has successfully cured more than 80 per cent of hitherto hopeless cases."

"One injection is all that is needed in 90 per cent of the cases. We have found that the antitoxin cures every form of cancer and does so with remarkable speed."

". . . the Koch Cancer Foundation, whose physicians have successfully cured more than 80 per cent of hopeless cancer cases during the past two years with the antitoxin discovered by William F. Koch, Ph.D., M.D., of Detroit."

Here, then, is a piece of publicity material puffing a commercially exploited secret remedy which the newspapers of the country are expected to broadcast without charge. In this, a public that is ignorant of the facts is told that a "former Professor of the University of Michigan" (which Koch never was) has a remedy for cancer that will cure 80 per cent of hopeless cases with a single injection!

SOME MORE CASES

The official records of the Cancer Division of the Detroit Department of Health, in cooperation with the Wayne County Medical Society, contain the names of many persons who have died of carcinoma or sarcoma, in spite of the fact that they have used the Koch "antitoxin." The list that follows, taken from the official records, comprises twenty-eight patients, the first sixteen of whom went to other physicians following the Koch treatment and died under their care; the last twelve cases cited are the patients who died while under the care of either Dr. Koch or his assistant, Dr. E. A. McCosh, and the death certificates were signed by one of these two men:

(1) *Mrs. C. A. (aged 50), St. Louis, Mo.*—Carcinoma of the right breast. Received the Koch treatment in February 1927. Died August 17, 1927.

(2) *Miss L. M. K. (aged 42), Detroit.*—Carcinoma of breast. One Koch treatment, date not given. Died Sept. 4, 1927.

(3) *Mrs. M. T. (aged 27), Detroit.*—Generalized carcinomatosis, primary focus probably rectum. Diagnosis made June 1927. One Koch treatment three weeks before death. Died July 30, 1927.

(4) *H. C. W. (aged 53), Detroit.*—Carcinoma of stomach. Diagnosis made April 1926. One Koch treatment and under Koch's care for three months. Died June 20, 1927.

(5) *Mrs. M. C. (aged 51), Detroit.*—Carcinoma, primary in cervix and metastasis to liver. Koch treatment June 1927. Died July 3, 1927.

(6) *Mrs. F. R. (aged 48), Detroit.*—Carcinoma of left breast. Took Koch treatment in 1926. Died February 15, 1928.

(7) *Miss R. A. L. (aged 15), Sycamore, Ill.*—Melanotic sarcoma of the right cervical glands. Koch treatment in 1926 and 1927. Died October 8, 1927.

(8) *E. McL. (aged 63), Detroit.*—Cancer growth on head; nine injections of Koch treatment at $100 each, extending over one year—October 1925 to October 1926. Died May 14, 1927.

(9) *W. J. G. (aged 63), Detroit.*—Carcinoma of the neck. Received Koch treatment, date not stated; operated on May 6, 1926; Koch treatment again, August 1927. Died October 14, 1927.

(10) *Mrs. J. B. (aged 79), Detroit.*—Carcinoma of the urinary bladder. Koch treatment August 1926. Died May 25, 1927.

(11) *H. M. (aged 63), Fordson, Mich.*—Carcinoma of the esophagus. Koch treatment July, August, September, 1927. Died November 12, 1927.

(12) *Mrs. E. B. (aged 58), Detroit.*—Carcinoma of the liver. Koch treatment in 1924, three injections. Died August 24, 1927.

(13) *Mrs. E. M. C. (aged 59), Detroit.*—Cardiac failure following secondary carcinoma. Koch treatment April 8, 1927. Died May 12, 1927.

(14) *Mrs. E. E. (aged 48), Detroit.*—Carcinoma of the breast. Koch treatment June 1927. Died July 13, 1927.

(15) *Mrs. S. M. (aged 61), Detroit.*—Carcinoma of the uterus. Koch treatment in February 1927. Died August 12, 1927.

(16) *Mrs. N. H. (aged 36), Detroit.*—Carcinoma of the uterus. Koch treatment in March 1926. Died May 24, 1927.

(17) *Mrs. A. A. (aged 38), Detroit.*—Carcinoma of the breast. Two Koch treatments, date not given. Died August 26, 1927.

(18) *Mrs. E. Z. (aged 56), Detroit.*—Carcinoma of the breast. Koch treatment August 15, 1927. Died September 1, 1927.

(19) *W. H. M. (aged 66), Detroit.*—Carcinoma of the rectum. Koch treatment given in June 1927. Died July 28, 1927.

(20) *Mrs. A. J. K. (aged 59), Detroit.*—Cancer of the rectum, generalized. Two Koch treatments in September 1927. Died October 11, 1927.

(21) *S. L. (aged 49), Detroit.*—Cancer of the stomach. two Koch treatments in April 1927. Died August 21, 1927.

(22) *Mrs. O. M. O. (aged 67), Detroit.*—Carcinoma of the liver. Koch treatment in April 1927. Died August 25, 1927.

(23) *Mrs. R. S. (aged 72), Detroit.*—Died of senility with cancer of the bowel as contributory cause. Took Koch treatment, date not given. Died August 15, 1927.

(24) *J. H. (aged 72), Detroit.*—Carcinoma of the stomach and mediastina. Took the Koch treatment in November 1926. Died November 11, 1927.

(25) *Mrs. E. P. (aged 54), Detroit.*—Died of myocarditis with cancer of the stomach as contributory. In September 1927, two Koch treatments. Was unable to retain food following the treatment. Died July 25, 1927.

(26) *W. O. H. (aged 52), Detroit.*—Cancer of the esophagus. Koch treatment March 19, 1928. Died April 21, 1928.

(27) *J. A. L. (aged 21), Detroit.*—Sarcoma of the tibia. Koch treatment, date not given. Died September 28, 1927.

(28) *J. S. (aged 65), Detroit.*—Cancer of the prostate, generalized. Koch treatment March 1, 1927. Died July 31, 1927.

Mothers' Conference
Letter

CANCER PAMPHLETS

The Bureau of Health and Public Instruction of the American Medical Association issues pamphlets containing up-to-date information about cancer. Titles and prices sent on application.

Cancer "Cures" and "Treatments"

A Pamphlet Issued by the Bureau of Investigation

of the

AMERICAN MEDICAL ASSOCIATION

[Price 15 cents]

In this pamphlet have been gathered a miscellaneous assortment of "cures" and "treatments" for cancer that have come to the attention of the Bureau of Investigation of the American Medical Association. They range all the way from palpable frauds through those that seem to smack more of commercialism than of science to those that may be said to represent the optimistic claims of misguided enthusiasts. Among some of the subjects dealt with are: Adler Treatment, Alphacatalyst, Quack Norman Baker, Bohannon Cancer Institute, Quack E. E. Bundy, Gast Sanatorium, Quack D. M. Testand, Quack Harry M. Hoxsey, Koch's Synthetic Anti-Toxin, "Drs. Mixer," Nichols Sanatorium, Quack Lester Tilton, Williams Sanatorium, and others.

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street, Chicago, Ill.

THE HEALTH MAGAZINE

HYGEIA

The Common Cold

See page 15



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JAN.
1938

MODERN MEDICAL CHARLATANS • SKIING
AIR CONDITIONING • • • • DIPHTHERIA

JANUARY 1938 Vol. 16 No. 1

HYGEIA

THE HEALTH MAGAZINE

Published and copyrighted, 1937, by the American Medical Association. Edited by Morris Fishbein, M.D.

PRESENTING

MORRIS FISHBEIN, M.D., Editor of HYGEIA and of *The Journal* of the American Medical Association, whose exposés of quacks and charlatans have helped to make America safe for the public.

CHARLES G. LUND, M.D., assistant professor of surgery, Harvard University Medical School. As a member of the committee on first aid for skiers, Eastern Amateur Skiing Association, and as author of "Do's and Don'ts for Safe Skiing," Dr. Lund is well qualified to give advice on mishaps in skiing and how to meet them.

FLORENCE MARVYNE BAUER, magazine and radio writer, who presents a forceful play concerning a woman's club and its study of animal experimentation. Formerly a nurse, Mrs. Bauer, wife of a physician, has a clear insight into the physical and mental quirks of the so-called human race.

EDWARD JACKSON, M.D., emeritus professor of ophthalmology, University of Colorado School of Medicine, who, believing that light brings life and joy to the world, advocates that the home should have its full share.

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MODERN MEDICAL CHARLATANS

It has been said that a skeptic is not one who doubts, but one who examines. To those who are tempted by the wiles and wares of the charlatan the best advice that can be given is "Be skeptical!" A word to the wise

By MORRIS FISHBEIN

WHENEVER A NEW discovery is made in any field of science, an inspired charlatan appears promptly, ready to exploit that discovery for personal gain. The charlatan of an earlier day was limited in the number of people he could reach, because the radio, the newspaper syndicate and the other modern methods of exploitation had not yet been developed. Whereas the traveling quack of 1890 spoke to a few hundred people each night from the back of a wagon, the quack of 1937 speaks to millions over the air; not infrequently he employs a public relations counsel who procures for him feature articles in magazines with a circulation of millions, and newspaper feature services that have even greater distribution.

The records of the American Medical Association contain the names and the literature of some 300,000 charlatans, patent medicines and nostrums which have from time to time preyed on the American people. There is hardly a specialized field in medical science in which these charlatans have not appeared.

Quite recently the *Cosmopolitan* magazine has been publishing a series of articles by a novelist of advancing years who has selected some so-called "miracle men" whom he has chosen to exploit, presumably for the sensationalism in their stories. Some of those whom he has selected are insignificant practitioners of peculiar methods whose names would be without interest if he had not chosen to develop them. Others, however, have loomed large on the medical horizon in recent years.

Since it is obviously impossible to discuss all the charlatans in a single consideration, I have selected a few typical performers. A revelation of the evolution of their methods and of the background of their schemes should serve as a caution against the entire group that they represent.

Since the beginning of time there has been evidence of so-called healing by the laying on of hands. Every one knows that the power of suggestion is intensified by human contact. The salesman who is trying to put over a deal quite frequently approaches the person whom he would convince and puts his hands on the coat lapel or the shoulder. Any one can find out for himself how such human contact intensifies suggestion. The cold, experienced business man recognizes that type of approach and avoids it.

The chronic invalid, weak, despairing, eager for comfort, responds more readily to the laying on of hands. As a result, there are legends in every religious history not only of healing but of raising from the dead by such procedures. In ancient days, men were not sufficiently familiar with the scientific tests of death to ascertain with certainty that people in a comatose state were not actually dead but living. It is quite possible for the hysteric to imitate the signs of death. It is also quite possible by the power of suggestion to cause such a hysteric to discontinue the symptoms and apparently to rise from the dead. Nevertheless, we are not so much here concerned with Biblical miracles as with the fact that charlatans over the last two thousand years have imitated these performances.

Out of healing by the laying on of hands came the first practice of osteopathy and that malignant growth known as chiropractic, which was engrafted on osteopathy. The chiropractor diagnoses a dislocation of the spine that does not exist and heals the disease which he says is caused by that dislocation, simply by laying on of the hands to enhance the power of suggestion. Since D. D. Palmer, the apostle of chiropractic, first launched that peculiar method on the American people, it has failed to be accepted by the people of any other country. More than fifty years have passed, and yet in no other nation have the scientists or the people generally chosen to avail themselves of this superb American quackery.

Mahlon Locke

In the North American continent there have been innumerable imitations of chiropractic which from time to time have come on the scene and later disappeared. None of them achieved national importance, however, until

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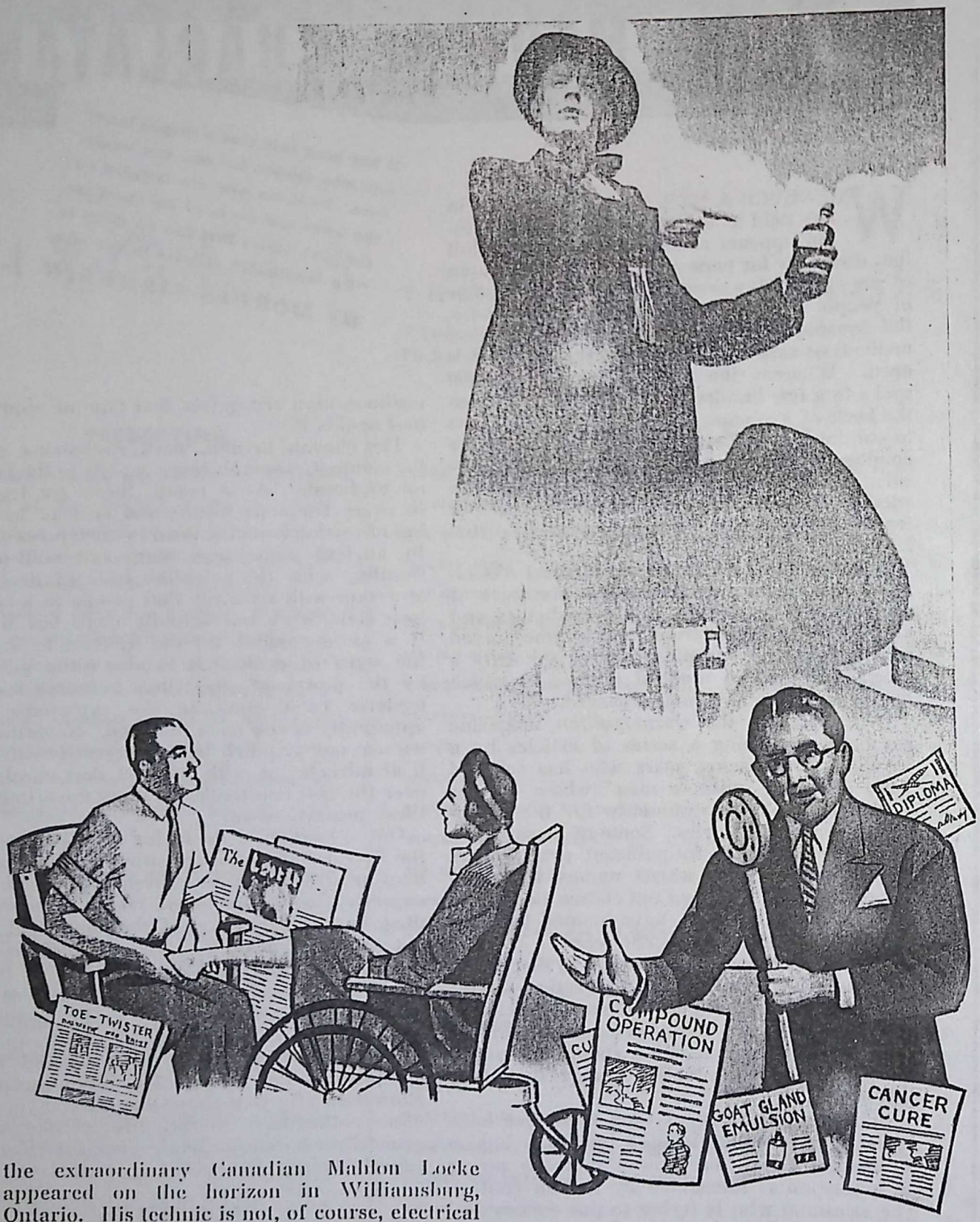
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the extraordinary Canadian Mahlon Locke appeared on the horizon in Williamsburg, Ontario. His technic is not, of course, electrical or magnetic. He does not use colored lights or require the wearing of an iron ring. He is just a twister of toes, and this he does to cure rheumatism and difficulties related to the nervous system. Dr. Locke is unfortunately a graduate in medicine. After completing his work at Queens University Faculty of Medicine, Kingston, Ont., in 1905, he was licensed to practice in Ontario in 1906. He also qualified in Scotland in 1908 and became licentiate of the Royal College of Physicians, Edinburgh, the Royal College of Surgeons, Edinburgh, and the Royal Faculty of Physicians and Surgeons, Glasgow.

From time to time, year after year, his claims were investigated and his patients were followed to find out what had become of them. Now twenty years have passed since William Koch appeared on the medical scene, and there is still not the slightest evidence that he has anything actually resembling a cure or even a beneficial treatment for cancer. Yet year after year he goes on and on, shifting his methods and obtaining new victims to help keep the wolf from his door.

Such tests as have been performed on his formula indicate that it is largely a powder consisting of a proteolytic enzyme like papain and sodium bicarbonate. However, Koch himself still keeps his formula a secret.

In 1936 he lost a malpractice suit, which had come up through court after court, in which the complaint was made that he had treated a patient for cancer who had not had a cancer, charging the patient $300 each for injections of the Koch cancer serum.

Then as late as last year, physicians throughout the country received pamphlets concerning the William F. Koch glyoxylide. The glyoxylide is just the same old Koch preparation, sold and promoted with a mass af pseudoscientific diction and now alleged to be useful not only in cancer but also in tuberculosis, psoriasis, leprosy, infantile paralysis and syphilis. In his literature, one reads of the reputed peregrinations of electrons in body processes, the alleged effects of mitogenetic and necrobiotic rays, oxidative processes unknown to biochemistry, an alleged relation of photochemical reactions to the effects of carcinogenic hydrocarbons and immune reactions completely foreign to modern immunology. Obviously the whole thing is complete nonsense.

The Koch cancer treatment is a highly commercialized nostrum now elaborated as a panacea. Most of the conditions described are chronic diseases involving great numbers of people, ever hopeful, and therefore fertile sources of income for all varieties of charlatans.

Not long ago it was revealed that William F. Koch while on a brief visit to Miami, Fla., had made contact with several wealthy citizens of New York City, and that they had promised to aid him financially in studying his cancer treatment and in disseminating it further around the United States. One of those alleged to have been helpful in this matter was the daughter of a wealthy industrialist, who himself is known for having contributed wisely to scientific research on scarlet fever.

Fortunately, the funds, which it was announced would be available, do not seem to have been used to much advantage in spreading still further the Koch quackery.

The story of the development of radio broadcasting in this country reveals as sad a spectacle as is to be found in all the applications of governmental control to any of the features of modern life, not excepting prohibition and Volsteadism. Legislation is constantly some twenty-five to fifty years behind the discoveries of modern science and their application in daily life. When commercial broadcasting was first launched on the air, radio loudspeakers spewed forth the very dregs of nostrum, patent medicine, real estate, blue sky stock and similar promotions.

In course of time the radio broadcasters themselves sickened at the filth that passed over the air. The association of broadcasters began to control, through their own organization, some of the material offered to them for dissemination. When the Federal Communications Commission was organized it found a chaotic situation. Numerous individual stations had been licensed, some wholly for commercial purposes. Other stations were controlled by great newspapers, by public utilities or by manufacturers of various products.

The legislation by which the Federal Communications Commission operated did not give it absolute powers. The commission does control the granting of licenses, and it can, for cause, revoke a license. In the meantime the radio industry found it expedient to organize great chains, which really dominate the air during the periods they are in operation. It is difficult for individual stations to make themselves heard at the same time; even more important, however, the class of material offered over the chain is far superior in most instances because of the higher prices paid for entertainment and educational features. Thus only a limited number of people are likely to listen to features developed locally. Today most of the material coming into the home over the air is fairly sound from the point of view of truth, fairly safe from the point of view of preventing harm to the listener through trusting his health or his money or even his soul to some blue sky promotion in any of these fields, fairly nice from the point of view of morals and fairly esthetic from the point of view of entertainment.

Norman Baker

In a few spots over the United States, around 1925 to 1930, local stations continued to pour forth filth and falsehood. In the obscure Kansas village of Milford, a blatant quack, one John R. Brinkley, whose professional record reeks with charlatanism of the crudest type, had for some years been demonstrating the commercial possibilities of goat-gland grafting for alleged sexual rejuvenation.

In Iowa at Muscatine, over Station KTNT, there broadcast a business man named Baker. Baker's original enterprises were wholly in the commercial field. He sold cigars, radios, storage batteries and alarm *(Continued on page 88)*

At first he was just a specialist in fallen arches. Then he was promoted as a skilful orthopedic surgeon. Finally, in August 1932, Mr. Rex Beach, under the title "The Pain Killer," gave him the send-off which brought him into national prominence as a healer. Now he treats from 300 to 1,000 people each day, making a flat charge of $1 a treatment. People who have suffered from rheumatic diseases and others with more serious conditions, such as the paralysis resulting from meningitis, infantile paralysis, multiple sclerosis and even locomotor ataxia and general paresis, come to Williamsburg for the peculiar form of laying on of hands in which he indulges. The patients form in lines like the spokes of a wheel, and he sits in a revolving chair in the center. As each patient comes to him, the patient puts his foot in the hands of Dr. Locke. The doctor twists the feet. Scientifically, he manipulates the first metatarsal, internal cuneiform and scaphoid bones of the feet, with the thumb of one hand against the head of the scaphoid, and the other hand holding the first metatarsal. Then each patient hands him a dollar, which he puts into his pocket. Just $1 from each patient, but when there are thousands of patients that runs into money.

From all our knowledge of the foot so far as concerns bones, muscles, ligaments, nerves and blood vessels, there is nothing to indicate that what Locke does in any way seriously affects the body as a whole or even the foot. Yet there are thousands of people with mild conditions of rheumatic character who are so anxious to get well that they feel better with every new treatment that is given to them. They are the ones who sound widely the fame of Mahlon Locke.

As a side line there is the Mahlon Locke shoe, promoted in various places by department stores and tied up with a promotional plan of extraordinary ingenuity. Apparently Locke sold his interest in the shoe business to an American shoe corporation. The exploitation of the shoes is tied up with the Locke publicity. The shoes are the kind that no one would wear unless they had been prescribed by a physician —not good looking—usually a half size longer and wider than the person has been used to wearing. Any one who has worn steadily shoes that are somewhat too tight knows the relief that comes when a bigger pair is substituted for them.



Dr. Locke is a member of the Canadian Medical Association. Some time ago there were hearings before the association concerning his status, but it was hard to prove that he was a quack because he makes no claims. He lets the patient make all the claims for him. If the patient is convinced in his own mind that Dr. Locke is marvelous, Dr. Locke is not going to say anything that would change the patient's mind.

Cancer Cures

Of all the ghouls who feed on the bodies of the dead and the dying, the cancer quacks are the most vicious and the most unprincipled. Notwithstanding the fact that we do not yet know the cause of cancer or any specific method of prevention and notwithstanding the fact that no drug, no serum, no vitamin, no vaccine and no electrical appliance has ever been established as having any virtue in the control of cancer, charlatans exploit all these methods from time to time and take from the dead and the dying the money that they ought to be applying toward securing increased years of life by suitable medical care.

The search for leaders in the field of cancer quackery narrows down promptly to two: William F. Koch of Detroit and Norman Baker, once of Muscatine, Iowa, and now operating near the Mexican border. The files of the Bureau of Investigation of the American Medical Association contain some interesting documents concerning these gentlemen. They contain also hundreds of letters from physicians and from the public generally asking about their methods, the products that they have for sale and the possibilities of getting back some of the money that has from time to time been spent with them.

William F. Koch was graduated in 1918 by the Detroit College of Medicine and Surgery. Previously he had been assistant in physiology and an instructor in histology in the University of Michigan Medical School. Less than a year after his graduation he announced that he had developed a real specific cure for cancer. At that time he thought that cancer was caused by a germ which resembled the spirochete of syphilis, and he had a synthetic antitoxin for it. He kept it all a secret.



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MODERN MEDICAL CHARLATANS (Continued from page 24)

clocks in addition to conducting a mail order catalogue business, publishing his magazine called *TNT* (The Naked Truth) and broadcasting his radio messages.

After Baker had sued the American Medical Association for half a million dollars in damages, his complete biography became available. It seems that his education went no further than one and a half years in high school. After that for two years he worked in machine shops. Then he went into vaudeville, putting on an act in hypnotism. He continued this work for eight or ten years. In 1914 he went back to Muscatine, Iowa, where he started to manufacture calliopes. When the calliope business went weak he was back on the road "putting on an act." In 1920 his factory burned, and he started a mail order business. Among other things he advertised that he could teach oil painting in ten lessons by mail.

His broadcasting went on the air in November 1925. It was his plan to exploit a cancer cure which had been developed by a man named Ozias in Kansas City. For the demonstration of the Ozias cure he employed a woman named Mary Turner, who had originally worked for Ozias in person. Then he made an arrangement with a son of a former veterinarian named Harry M. Hoxsey. The veterinarian had discovered a paste which would remove knols off the legs of horses; this paste he began exploiting as a cancer cure. This nostrum for cancer was boomed by Mr. Baker over his radio station KTNT, which could be heard almost anywhere after 11 p. m. This was exceedingly proper since it was the time of night when many devious and doubtful ventures were promoted. Over his privately controlled station, Baker indulged in a repetition of much of the scandalous insinuation that proprietary manufacturers used back in 1905 when they first attempted to hinder the battle of the American Medical Association against medical fraud.

Since the American Medical Association exposed Baker he announced that the American Medical Association had offered him a million dollars for his cancer cure in order that it might be withdrawn from the market so that sufferers from cancer would be compelled to resort to surgery, x-ray and radium. The lie is so obviously false to any person with intelligence above that of a moron that it needs little thought to convince hearers of its fallacy. Even if the American Medical Association had a loose million dollars lying around ready to be spent, it is quite certain that a number of better ways for spending it would have occurred to the trustees who are responsible for the funds of the association. The income and expenditures of the American Medical Association, which is a corporation not for profit, are regularly recorded and testified to by a competent firm of auditors. During his trial, Baker declared that his monthly receipts from his cancer cure activities started at $1,000 for October 1929 and climbed to over $75,000 for June 1930. And then after the American Medical Association had exposed him his income dwindled until in January 1932 he took in about $7,000. What has Mr. Baker done with the money that he snared from the pockets of sufferers with cancer?

The viciousness of Mr. Baker's broadcasting lies not in what he said about the American Medical Association but in the fact that he induced sufferers from cancer who might have had some chance for their lives, if seen early and properly treated, to resort to his nostrum.

Every radio communication sent out is broadcast at the risk of the transmitting station. Its programs cannot lawfully be censored. The programs that have been broadcast may be used, however, in determining whether the station is one that is serving the public interest, convenience or necessity. No license can be issued by the Federal Communications Commission in the first instance until the commission has determined that the station will serve the ends named. At any time while a license is in force, the commission may require from the licensee written statements of fact to show whether the station is or is not still serving those ends. If such statements reveal conditions that would warrant the commission in refusing to grant a license on an original application, the license may be revoked. It is primarily the public interest and necessity that the law seeks to protect. It is to the Federal Communications Commission that the public must look for protection.

After the exposure of the Baker method, the Federal Communications Commission refused to renew

(Continued on page 90)

ACCEPTED FOODS

This department is a useful guide in the selection of foods of quality, advertised with truthful claims. All products in this section as well as any others advertised elsewhere in HYGEIA stand accepted by the Council on Foods of the American Medical Association, and are entitled to bear its "Seal of Acceptance." The foods listed here are but a portion of those accepted by the Council. If you desire information regarding any other food product, you are invited to write to HYGEIA.



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MODERN MEDICAL CHARLATANS

(Continued from page 88)

Baker's license on the grounds that renewal would not be in the public interest, convenience or necessity and that the station had subordinated the interests of the listening public to the interests of the licensee. In March 1931 the station went off the air. But that did not stop Baker! After he had lost his damage suit, he left the great state of Iowa flat on its back and in October announced the opening of a new station to be called XENT in Nuevo Laredo, Mexico, just across the Rio Grande. He was licensed by the Mexican government to establish a station operating on 150,000 watts, and from this station he continues to broadcast his vicious attacks against the American Medical Association and the Federal Communications Commission.

By the use of this radio station he has sent listeners to his hospital in Muscatine, and that hospital also has recently attempted to obtain and support licenses to operate a radio station. Fortunately the Federal Communications Commission has not seen fit to grant such a license.

In April 1937, Baker was sentenced by a federal judge in Texas to four months in jail and to pay a fine of $2,000 for conspiracy to maintain and operate a radio station abroad using records of sound made in this country. The latest reports indicate that he is trying to get himself a station in Arkansas and that he proposes to set up a Baker hospital in that state. It is impossible to establish how many hundreds of thousands of dollars he has reaped for himself out of the groans and agonies of those who have suffered or who have thought themselves to be suffering from cancer.

[NOTE.—Part 2 of this article, which will appear in the February HYGEIA, will contain a discussion of dietary quacks and other charlatans.]

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J.A.M.A. ARTICLES & EDITORIALS, etc. Re: Wm. F. Koch, Ph.D., M.D.

	DATE	VOLUMNE		PAGE	COMMENT
1)	Sept. 27, 1913	61	#13	1049	Chemical Consequences of the Removal Of The Parathyroid Glands
2)	Feb. 12, 1921	76	#7	466	THE WILLIAM F. KOCH CANCER REMEDY
3)	Feb. 19, 1921	76	#8	537	THE WILLIAM F. KOCH CANCER REMEDY
4)	June 21, 1924	82		2054	Exploiting The Cancer Sufferer
5)	May 8, 1926	86	#19	1469	KOCH'S "CANCER ANTITOXIN", The Present Status of the Nostrum Exploited by Wm. F. Koch
7)	Oct. 9, 1926	87	#15	1222	(re: Dr. C. Evertt Field & Koch Cancer Foundation)
8)	March 19, 1927	88	#12	928	THE KOCH CURE AS A "VALVE-HANDLE WHEEZE"
9)	July 23, 1927	89	#4	296	Birds Of A Feather (Reference to Dr. Koch) (also an article on the Parathyroid Gland, p. 294)
10)	Nov. 15, 1930	95	#20	1523	(The Dugdale Libel Suit); Reference to Dr. Koch
11)	July 14, 1934	103		116	Michigan – Koch Cancer Outfit Sued
12)	March 14, 1936	106	#11	929	Koch Loses Malpractice Suit
13)	June 20, 1936	106	#25	2189	Chiropractic: Injection for Cancer Illegal
14)	Aug. 15, 1936	107	#7	519	The "Glyoxylide" of William F. Koch
15)	Oct. 24, 1936	107	#17	1405	Printer Assumes Responsibility For Error In Koch Pamphlet
16)	April 16, 1938	110	#16	1289	Reference to Dr. Koch & the Koch treatment
17)	Oct. 22, 1938	111	#17	1581	Reference to Koch treatment in Australia
18)	April 15, 1939	112	#15	1460	Baker and Koch "Cancer Cures" try New Zealand
19)	Aug. 19, 1939	113	#8	711	Review of "Chemistry of Natural Immunity"
20)	May 31, 1941	116	#22	2525	Koch Cancer "Cure" & The Canadian Cancer Commission
21)	July 19, 1941	117		216	Canadian Commission Denies Authorization For Circular On Koch Treatment For Cancer
22)	Feb. 28, 1942	118	#9	734	The "Essence" Of Sulfonamide Quackery
23)	April 18, 1942	118	#16	1373	KOCH'S CANCER TREATMENT MEETS THE LAW
24)	May 23, 1942	119	#4	364	Diaplex Duped Diabetics (re to Frederick Dugdale, M.D.)
25)	June 6, 1942	119	#6	502	Koch' Cancer Treatment Meets The Law: II (re: FTC)
26)	Feb. 27, 1943	121	#9	691	Michigan - Koch Trial Opened
27)	June 5, 1943	122	#6	389	Koch Trial Ends in Jury Disagreement
28)	April 13,1946	130		1040	Koch Dismissal Denied by Court
29)	Aug. 31, 1946	131	#18	1495	Ethylene Disulphonate (Spicer-Gerhart Co.) Not Acceptable For New And Nonofficial Remedies
30)	Aug. 7, 1948	137	#15	1333	Senator Langer Abuses Franking Privilege By Circulation of Propaganda For Koch's Cancer Quackery
31)	June 8, 1949	139	#2	93	Cancer And The Need For Facts – "Synthetic Antitoxins"
32)	Aug. 27, 1949	140	#17	1352	Koch's Advertising Takes On A Religious Flavor

Additional J.A,M,A, Publications, etc.

a) The Propaganda for Reform, Vol. 2, 1922; Published by the A.M.A.

b) Nostrums and Quackery and Pseudo Medicine, Vol. 2; Vol. 3; (1936) etc. by Arthur J. Cramp., M.D.; A.M.A. Publication.

c) EXPLOITING THE CANCER SUFFERER; THE KOCH CANCER TREATENT, Reprints in 1937 of prior 1921, 1924 & 1936 J.A.M.A. articles.