CHAPTER 5

SOME OF DR. KOCH'S RESEARCH PAPERS

On Oct. 30, 1920, the Medical Record of New York published Dr. Koch's second paper on his cancer research, This paper, *A New And Successful Diagnosis And Treatment Of Cancer,* was a more detailed report to the medical profession on his original cancer research paper printed in the Detroit Medical Journal in July 1919. I quote the following from this paper.

A NEW AND SUCCESSFUL DIAGNOSIS AND TREATMENT OF CANCER

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

"The mortality from cancer has not been changed essentially by all the treatments ever used to combat it. The death rate still stands one out of eight for females, one out of fourteen for males, dying over forty. So far as the efficiency of the various treatments for cancer is concerned then, we make this observation, that no treatment yet devised meets the essential pathology of the disease.

"It is the purpose of this paper to present certain physiological deductions which locate the essential pathology of cancer, and to describe a treatment that simply corrects the pathological condition on a physiological basis, and thus establishes cures. A few histories and microphotographs are selected to illustrate the various phases of the treatment.

"In 1912, 1913, 1916 and 1917, I reported the occurrence of toxic quantities of certain guanidine bases and other products of tissue degeneration in the urines of parathyroidectomized dogs. This finding has since been confirmed by Paton at Glasgow and by other observers. My autopsies showed in these animals extensive ante mortem coagulation of the blood and also a coagulation of the tissue cells in the liver, lung, spleen and brain.

"Such extensive coagulation of blood and tissues ensuing upon the loss of one physiological substance is suggestive that normal functional tissues are incoagulable so long as they receive and can build into their structure all the elements necessary for functionally coordinated activity, and that as soon as this balanced nutrition is disturbed they become coagulable. In this case after parathyroidectomy the tissues had lost a necessary special element and had become coagulated just as blood withdrawn from its endothelial encasement becomes coagulable.

"Now, two types of substances are active in the coagulation of drawn blood, the thrombokinase and the thrombin.

"*The thrombokinase* is a product of tissue-cell injury and blood plasma is constructed to have unsaturated affinity for it, so that when this product is liberated it can react with the blood plasma and initiate clotting. Therefore, thrombokinase produces intravascular and extravascular coagulation. This is a physiological function of the plasma to prevent hemorrhage. Likewise the plasma of tissue cells clots by reaction with a product of injury to tissue cells. This function of tissue-cell plasma

coagulation serves to wall off destructive processes and also to lay a bed for ingrowth of angioblastic organization tissue, thus preparing for and promoting the healing process. This coagulation process is evidently, then, a highly specialized function in all normal tissues and an activity of their functional substrate.

"The type of injury that leads to the production of thrombokinase may be an active, physical or chemical one, or a passive one, as occurred in my parathyroidectomized dogs, where failure to supply certain necessary elements (because of absence of the parathyroid activity) prevented the completion of the restoring of the cell functional substrate, and therefore the elements of this substrate already present, not being usable, were set free and were active as tissue injury or degeneration products, and initiated clotting not only of the tissue cells but of the blood as well.

"The condition necessary for the initiation of coagulation in a tissue plasma, then, is the presence of a certain product of tissue-cell degeneration for which the plasma has unsaturated affinity.

"*The Thrombin.* Now it happens in any physiological intracellular function that the initiation of a state of change and the propagation of this state are mediated by different substances, the propagation of the state being carried on by the products of the change induced, whether energy is liberated or not. We observe this in muscle and nerve cell function, and a good example is offered by blood clotting.

"The process of clotting having been initiated by the kinase, some thrombin is formed by the clotting process, and this substance propagates the change of state in the fibrinogen. After blood is shed its functional substrate is removed from the nutritional support of its endothelial encasement and therefore is in the predicament comparable to the tissue of my parathyroidectomized dogs, and subject to thrombin activity. As stated above, coagulation of tissue plasma is a function of the tissue and therefore an activity of its functional substrate. The kinase acts on this functional substrate, starting the process; the thrombin, a product of the state initiated in the tissue functional substrate, propagates the process. Thrombin cannot act on an unchanged functional substrate as is illustrated by the fact that it will not change the coagulability of circulating blood where a state of coagulation has not been initiated. It can act only on a plasma associated with a change of substrate.

"Since cancer is deficient in functional substrate, at least insofar as any specialized highly differentiated function is concerned, it was suggestive that this variation from the normally constructed substrate might constitute a susceptibility to coagulation and therefore to the action of tissue thrombin. That is, the change necessary to induce coagulation existed, but the functional substrate being deficient, no thrombin product could be evolved to propagate a coagulation state throughout the cancer cell plasma, and therefore the cancer cell plasma remained unclotted until it might receive the propagator of the state that virtually existed in it.

"In line with this supposition, then, thrombokinase could not initiate coagulation in a cancer cell, although not clotted, being already prepared for the activity of the thrombin.

"To test out this hypothesis cancer patients were treated with tissue thrombokinase and with tissue thrombin. Amounts varying from 1/100 grm. to ½ grm. of tissue kinase and tissue thrombin being injected sub-

cutaneously, generally in the patients buttocks, the substance being dissolved or suspended in normal salt solution in from 1 to 10 c.c.

"The kinase will first be disposed of.

"Quantities of the kinase insufficient to cause extensive intravascular coagulation of the blood, and therefore immediate death in the patient, were found actually to increase cancer growth and, moreover, to cause so great a negative coagulation phase of the patient's blood that hemorrhages were profuse and the continuance of such treatment threatened the patient's life. The site of the injection showed tissue death. Therefore such therapy was discontinued as useless and harmful.

"The use of the tissue thrombin, however, brought very different results. Locally, where injected in the hip, no sign of disturbance was produced – no more than if normal salt solution were injected.

"There was no change in the patient's blood coagulation time, as the following experiment shows: Fifty mgms. of tissue thrombin were injected subcutaneously into a healthy man of 157 lbs.

	Coagulation Time
Before injection	2 min. 40 sec.
10 min. after injection	2 min. 40 sec.
1 hr. after injection	2 min. 42 sec.
12 hr. after injection	2 min. 40 sec.
24 hr. after injection	2 min. 43 sec.

"Fifty mg. of tissue thrombin were injected into a cancer patient who had not had any severe hemorrhage.

	Coagulation Time
Before injection	3 min. 12 sec.
1 hr. after injection	3 min. 20 sec.
12 hr. after injection	3 min. 14 sec.
24 hrs. after injection	3 min. 8 sec.

"The microphotographs show the effect of the injected tissue thrombin upon cancer cells. These sections were taken from a large squamous cell carcinoma of the neck (Case IV, reported in the *Detroit Medical Journal,* July 1919). The usual dose of 50 mgms. was given in the hip.

Section I was taken before treatment and shows the normal squamous cell carcinoma. Fig. 2 shows a low power magnification, and the series 3, 4, 5 and 6 show the details of the changes induced after two treatments. The most pronounced changes are firstly, a disappearance of the cells lining the basement membrane. These are the cells closest to the blood supply, the germinal cells of the cancer. Naturally the tissue thrombin reaches them first and they are the first to be destroyed. As rapidly as they disappear angioblastic tissue replaces them. Apparently the carcinomatous clumps are being devoured by angioblastic tissue just as takes place in the development of bone and in the organization of a blood clot. Investigation of the chemistry of these phenomena reveals that they are essentially the same process. The changes preparatory to organization of the cancer tissue are first as shown in Fig. 6, nucleolysis and a fibrin formation in the cells, and as is shown in Figs. 3, 4 and 5, a swelling of this fibrin which produces a hyalinization of the cancer protoplasm. This is a digestive change in the clotted protoplasm which accompanies the ingrowth of the angioblastic tissue. Fig. 7 was taken from a piece of the carcinoma removed after the fourth treatment. It shows the practically complete

replacement of the carcinoma by fibroblastic tissue. Whatever carcinomatous debris is left has undergone a calcification. This calcification change also occurs preliminary to bone absorption in the development of bone. Here it occurs in the last remnants of the clotted cancer which have lain unabsorbed sufficiently long to have taken up lime salts. This change is a conclusive testimony to the complete death of the cancer moreover.

"Clinical: The clinical features that accompany this change induced in the cancer are for the first twenty hours after injection practically negligible. There is no change in the heart beat, in the respiration, or in the comfort of the patient. Locally, in the hip where the injection is given, there is no reaction at all. After twenty hours the injected material has been taken up by the circulation and lodged in the cancerous tissue where it now shows its work. The cancerous parts become swollen, more painful than usual, and reflexes associated with buoyant. As a rule, after two injections hemorrhages have stopped, not to return, and pain likewise, as treatment proceeds, rapidly passes away.[29]

Discussion of Case Histories

"*The Reaction:* Every carcinoma case presented, generally 24 hours after the treatment, developed a febrile reaction, accompanied by increased focal pain and hyperreflexia of the affected part. Moreover, a systemic intoxication is expressed in the grippy feeling accompanying the reaction. These phenomena are no doubt due to the swelling of the coagulated tissue and to oxidation of the absorbed products. That these products are to some extent toxic is illustrated in the case of Mrs. Z., who had severe reactions from the large doses given and who developed a temporary tetanoid condition....

"We therefore now possess an additional means of characterizing cancer by the febrile reaction elicited by this treatment and, since this depends upon the chemical and physiological properties of the cancer tissue, it depends upon the intrinsic essential structure of the cancer and is therefore more valuable as a diagnostic feature than the microscopic characteristics. Furthermore, a good thermometer is only instrument needed to estimate the fever and the personal equation for error cannot be so great as that to which the pathologist is subject.

"The Results of Treatment: These are, as illustrated by the cases presented, disappearance of the tumor and its attendant cachexia, return to normal of the blood chemistry – the alkalinity, for example; increase in the blood count and hemoglobin content – a doubling of the blood count in four weeks, for instance; increase in weight to normal or above normal, as in the case of Mrs. W. – often an increase of 40 lbs., cited in Cases I and IV; complete disappearance of pain and soreness and return of function, as in the case of Mrs. Z., where a previous achlorhydria gave place to a 0.9 per cent HCl content in the gastric juice, incident, of course, to the return of the blood alkalinity to normal. The rapid recuperation of the patient after the carcinoma has disappeared, and the loss of easy fatigability, as demonstrated by these cases, are also significant.

"The Sequelae: The sequelae are also physiological. In a region as the breast of Mrs. P. (Case VIII), a deficiency exists in place of the cancer tissue. In a region where there is a necessity for replacement of the cancerous area by scar tissue this takes place, as in the case of Mrs. B. (Case I), where a large

---

[29] The clinical case histories and the photographs of the slides have been excluded in this report and the reader should read the complete published paper.

vesicovaginal fistula was entirely replaced by scar tissue and the deficiency made good.

"That the tissue thrombin itself is not injurious to the patient is illustrated in the cases presented by failure to obtain a reaction after the cancer tissue has disappeared, by the steady gain in weight during treatment and by the increase in the blood count and in the hemoglobin content during and after treatment, and by the normal noncoagulable nitrogen content of the blood after treatment, which indicates that no injury has been done to the kidney.

"The isolation of the thrombin, free from products that are injurious and that promote cancer growth, is a matter of great difficulty and only after over three years of constant experiment have I succeeded in working out the only two possible methods that can yield a useful product.

"The chemistry of the thrombin, its isolation and certain synthetic work will be reported in some chemical journal. I owe my deepest gratitude to the clinicians who have cooperated with me so kindly in this work."

BIBLIOGRAPHY

1. Koch: *Jour. Biol. Chem.*, 1912, xii, 313.
2. Koch: *Jour. Lab. And Clin. Med.*, 1916, I, 299.
3. Koch: *Jour. Med. and Surg.*, January, 1918, 1-9.
4. Koch: *Detroit Med. Jour.*, July, 1919, xx.
5. Paton: *Quart. Jour. Phys.*, 1917, x Nos. 3 and 4, 224.

After this paper appeared in the Medical Record of New York, Dr. Koch sent a subsequent paper to its editor, Dr. Steadman, for publication. This subsequent paper was returned to Dr. Koch by the editor, Dr. Steadman. He told Dr. Koch, at that time, that he could not publish any more papers by Dr. Koch. Dr. Steadman went on to say that the Editor of the Journal of the American Medical Association told him (Dr. Steadman) that he (Dr. Steadman) must not publish anything more from Dr. Koch. Dr. Steadman told Dr. Koch that he (Dr. Steadman) would rather be at peace with the A. M. A. and not get into any controversy and thus he could not publish any more papers by Dr. Koch.

Right after the publication of Dr. Koch's paper on cancer, in the October 30, 1920 issue of the Medical Record of New York, Dr. H. Edwin Lewis, Editor in Chief of the American Medicine, read it. He was so very much impressed by Dr. Koch's new theories and approach to the treatment of cancer that he immediately wrote the following letter on November 4th to Dr. Koch requesting permission to publish further scientific papers by Dr. Koch. At the time Dr. Lewis wrote this letter to Dr. Koch, he (Dr. Lewis) was completely unaware of the attempts by the editor of the Journal of the American Medical Association to obliterate from all recognized medical books and publications all information on the research of Dr. Koch and his development of a successful treatment for some forms of cancer. Like Dr. Steadman, Dr. Lewis withdrew his offer to publish Dr. Koch's further research papers by his (Dr. Lewis) continuing to ignore the three responding letter that Dr. Koch wrote to Dr. Lewis on November 9, 1920, December 6, 1920 and finally on March 3, 1921. This complete and absolute medical censorship of Dr. Koch's cancer research and treatment from 1920 on, by the editors of the Journal of the American Medical Association and its collaborators, effectively kept the American medical profession and the public in the dark on Dr. Koch's medical research.

AMERICAN MEDICINE
18 East 41st Street
New York

H. Edwin Lewis, M.D.
Editor
Ira S. Wile, M.D.
Associate Editor

November 4th, 1920

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

Dear Doctor: -

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

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

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

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

Faithfully yours,

The Editors of American Medicine
(signed) H. Edwin Lewis
Editor-in-Chief

HEL/RR

On November 9, 1920, Dr. Koch wrote the following reply letter to Dr. Lewis.

Nov. 9, 1920

Dear Dr. Lewis:

"Your communication of the 4th. inst. was received with appreciation. I have barely introduced the cancer subject, and have considerable material to discuss.

"In the near future I shall have something to present which I hope will prove worthy to appear in your unexcelled publication.

"Thanking you for your courtesy, I remain"

Yours very truly,

Wm. F. Koch

On December 6, 1920, Dr. Koch sent the following follow up letter to Dr. Lewis.

Dec. 6, 1920

"Dear Dr. Lewis:

"In accordance with our recent correspondence I have prepared a paper covering several of the clinical features and the theory of the cancer treatment. I wish to publish also two or three additional clinical papers to round up the clinical part and serve as reference material for the chemical publication which will discuss methods of synthesis isolation and all necessary practical and theoretical points on the preparation of the remedy.

"After mature consideration I have decided that this is the most practical way to disposing of the subject matter. I believe that the profession should first be taught the most essential properties of the remedy they are going to use and prepare if they have any ambitions in this direction. When this has been accomplished I will lose no time in publishing the chemical paper. And I believe the profession will graciously be patient for a few months to receive a gift that has required years of hard work for me to prepare.

"I hope that the editorial policy of your journal will permit you to take my view of the subject and agree with me in deciding the sequence of the publications.

"Should my paper be fortunate in meeting with your approval I beg that it may receive as early a publication as possible so that the whole matter may reach the earliest possible conclusion."

Very sincerely,

Wm. F. Koch

Dr. Koch having not heard anything since November 4, 1920 from Dr. Lewis about his request to publish research papers by Dr. Koch, he sent the following, third letter, on March 3,1921 to Dr. Lewis about publishing an article on cancer research. In this letter Dr. Koch said:

March 3, 1921

Dear Dr. Lewis:

"Sometime ago I received a letter from you offering the cooperation of AMERICAN MEDICINE for the publication of my cancer work. It has been my plan to publish a number of case histories to popularize the work before discussing the chemistry. I have considered this plan advisable also because this work has aroused the antagonism of certain of my former supporters in Detroit because I did not form corporations with some and enter into other financial arrangements with others. The result was that they framed up an "investigation" in the name of the Wayne County Medical Society purporting to show that my treatment was worthless.

The Journal of the A.M.A. in the Feb. 5th. and 12th. issues took up this 'investigation' report for the purpose of throwing discredit upon the treatment.

Now I have foreseen this development and have therefore withheld the chemistry until this counter movement should be completely overcome.

I know of no better way to accomplish this than to report on the investigation that the Wayne County Medical Society pretended to carry out. Several bed ridden far advanced cases, after only receiving two treatments became cured and are perfectly well today. This small number of treatments was inadequate for the other of the nine cases under investigation and they could not be given more since the committee noting the results cut short the 'investigation' giving as a reason my negligence and failure to cooperate with them. It is rather picturesque of their report that two of the five members of the committee did not see any of the cases under investigation.

To effect the A.M.A. propaganda and to obtain an unprejudiced ear from the profession for my chemical publication I have prepared the histories of some fifteen cases including those of the investigation. If the policy of your journal would permit you to publish these cases I will send you my manuscript realizing of course that any thing you may do in my behalf would not be taken very kindly by the A.M.A."

Very sincerely yours,

Wm. F. Koch

Dr. Koch never received a reply letter or any other kind of communication, from Dr. Lewis, in response to these three letters that he had sent to Dr. Lewis. Was this subsequent lack of interest by Dr. Lewis, the Editor-in-Chief of the American Medicine, due to the power and influence of the editors of the Journal of the American Medical Association? Was Dr. Lewis another Dr. Steadman, afraid to stand for scientific truth? What happen to the freedom of the medical press?

However, due to the effectiveness of this A.M.A. "black-out", Dr. Koch's scientific papers were accepted by only a limited number of scientific and medical publications in the United States such as: The Journal of the American Association for Medical-Physical Research, The Osteopathic Journal of Laboratory Diagnosis, The Journal of The American College of Proctology and the Bulletin of the Koch Cancer Foundation. In England, across Europe and South America (where the J.A.M.A. did not have influence or control over the free publication of scientific and medical information) scientific research articles and papers by and about Dr. Koch's work did appear in publications such as: The Medical Press And Circular; Bulletin de L'Association Francaise Pour L'Etude du Cancer; C. R. de la Soc. de Biol.; Erfahrungs-Heilkunde, Germany; Virus y Cancer, Buenos Aires, Argentina and Veterinaria Janeiro-Marco, Brazil. Also research reports on the successful treatment of cattle appeared in the Department of Agriculture Reports for 1944, 1945, 1946, 1947 and 1949, Province of British Columbia, Canada, etc. [see Reference Materials and Related Information]

A few years later in the Cancer Journal, edited by Dr. Francis Carter Wood, there appeared a scientific article by a couple of Englishmen (I believe that Dr. Edward Kendall was one of the authors) that had made a reference to Dr. Koch's early research. Though the article's bibliography identified Dr. Koch's research with a reference number, the reference material on Dr. Koch's research had been deleted, so evidently the editor (Dr. Wood) had elected to suppress the Koch research material from the text. As a result of this organized pressure from the leaders of the medical profession, which started in the 1920's and which pressure continued to the time of his death in 1967, Dr. Koch's research and all favorable reports about his research were banned from orthodox "JAMA" approved medical publications in this country.

Dr. Koch's paper, *"The Function of Cancer",* did by chance appear in the Cancer Journal (Phil.), in October 1924. This paper was written from the point of view of a physiologist. It revealed information about cancer, its unfulfilled purpose and the value of this deviation from the normal that is so commonly rated as turmoil and disorder.

The Function of Cancer

"Though we fully appreciate the contributions to the study of cancer by both pathologist and clinician, we might expect an investigation of the problem from the viewpoint of the physiologist to reveal something about the purpose and value of this deviation from the normal that is so commonly rated as turmoil and disorder.

"The histological expressions of cancer impress us as a desperate attempt at gland production, characterized by its persistence, as a response to a persistent stimulus, by its equalization of cells in proportion to their malignancy, as indicating a singleness in the response type. While the loss of differential structure, and individualization of cells indicates a return to a simple balanced equipment in preparation for a new differentiation along lines so far not developed in the organism. Thus we may infer that the cells are responding to a new or not normal stimulus. Moreover, as the response persistently increases it cannot be adequate, and as structural differentiation has not been accomplished, the effort toward response appears to be only in the earliest stage of development.

"Still the cancer process bears strong resemblance to the behavior of several glands of internal secretion, that are now established as indispensable factors in the animal economy.

"In such simple glands as the parathyroids, we observe acini production by vacuolization and death in cells located farthest from the blood supply. This process is very perfectly imitated in the cancer behavior. Yet in a higher type of gland, as the thyroid, acini production occurs by death of cells close to the blood supply. Thus as cell death is an important phase in the production of the internal secretion of the thyroid, its survival as a method of choice illustrates the adaptation of processes acquired from states of disadvantage in the established service of the organism. Thus we may conclude that the process as occurring in cancer, predicts its future place among the glands of internal

secretion. And as limitation and control of activity in an established gland indicates its adequacy, so we must again qualify the cancer effort as at present inadequate in its attempted service. We may therefore infer from the histologic manifestations that cancer has a function in the process of development.

"Our chemical studies corroborate this surmise and indicate also the place and value of this function. Our earliest work on the chemical significance of glands of internal secretion was directed toward the explanation of the parathyroid activity. Parathyroidectomy was long known to be followed by a set of tetany symptoms that could be ameliorated by calcium therapy. So the parathyroid glands were universally credited with a vital place in the calcium metabolism. This supposition fell short of agreement with so many experimental facts that the theory could not be sustained. Should a farmer or even a pharmacist observe an animal in the tetany of parathyroidectomy, he would certainly say the animal was poisoned. And after a careful checkup of the calcium theory we choose to direct our research along the 'farmer' hypothesis.

"After developing a suitable method of isolation, we were able to isolate uniformly from the urines of parathyroidectomized dogs, toxic quantities of guanidine bases. The concentrations of these poisons were proportionate with the rapidity of development and severity of the symptoms and the earliness of fatality. We proved them the responsible factors for the symptoms and death of the animals. Thus it appeared that the parathyroids protected from a toxic agent. Our work was amply verified by Paton at the University of Glasgow whereby he earned the Triennial Prize in medicine awarded by Harvard University.

"Yet the guanidine bases were only incidental to the loss of parathyroid activity as we later proved by the isolation of the guanidine precursors the cyanamides, very simple fundamental metabolic inter products. These cyanamides easily took up an ammonia radical to become the guanidines in which form they were excreted. The cyanamides are evidently products of activity of other factors than the parathyroids and were not metabolized further after parathyroid removal. So we assume that the parathyroids disposed of the cyanamides in their activity for further benefit to the organism as a whole. We cannot go further into this subject here but cannot omit it as it exemplifies an established gland activity serving as a protection of the organism against a definite toxin. Likewise we shall find evidence that the cancer behavior is a protective response to a toxic product generated within the body. The localization of the cancer effort in congested areas indicates that the exciting stimulus is distributed through the blood stream.

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

"The pregrowth symptoms caused by the toxin-stimulus are mainly manifestations of interference with normal nerve function, and predominately with certain mechanisms of the central nervous system. Thus in a series of two hundred cases distinct mental aberration, incorrectly diagnosed as paranoia, was observed in two percent of cases.

But the prevailing disturbance is an interference with function of the second and third nerve mechanism. Thus an optic-migraine without much or any headache or aural disturbance, or an optic-vertigo with scotomata, might express the condition. I have not been able to find a discussion of this complex in the literature and propose to take it up in a further paper. However, I may indicate the main characteristics, as they occur in fully eighty per cent of my cases.

"The points of disturbance lay both in the perception centers for optic impulses and those centers where optic impulses are conveyed into paths of motor control, of both the optic apparatus and the general musculature.

"Thus visual impulses, in one case, periodically caused muscle tremors and convulsions. Covering the eyes gave relief. In several cases teichopsia gave the impression that the patient persistently saw needles and pins wherever she looked, and she was diagnosticated to be a paranoiac. Difficulty in accommodation results in a large proportion of cases in a haziness of all objects closer than or beyond a distance of usually some ten feet from the patient. In these cases attempts at accommodation give rise to a sensation of sickness but not nausea particularly. Temporary blindness of the whole or part of the visual field is common, so that a patient may run into things without seeing them. Or a sudden general loss of sensation with blindness and a complete loss of muscle control, causing the patient to drop to the ground, without loss of consciousness, giving the impression of dying. The muscle control may be only partly lost and movements consequently be incoordinate. During these spells pin-point pupils have been reported. Great changes in visual impulses, as occurring on turning out the light or waking up in the morning, may cause a dizziness with topsyturviness of after-images or true images. In the former case turning on the light and fixing the eyes on an object relieves. In the latter case closing the eyes relieves. These occurrences come in spells of only short duration or lasting several weeks at a stretch and over a period of a few or as long as twenty years prior to the development of the growth.

"Occasionally a peripheral neuritis is present. It may be mild or severe and may be associated with areas of anesthesia and paralysis of one or more groups of muscles. But the percentage of such cases is small.

"Since these symptoms, which occur in nearly ninety percent of my cases, let up entirely or in large part with development of the growth, its detoxicating function is evident, and resembles the detoxicating function of the parathyroids which remove the cyanamides from the blood.

"The cancer cells absorb and hold the stimulus-toxin in combination without changing its chemical identity for the most part. That is, they store it. This is proven by the fact that with dissolution of the growth following our treatment, the stored toxin is again liberated with return of the pregrowth symptoms, until the growth has entirely been digested and eliminated.

"The cancer cells, also in small part and continually, alter the stimulus-toxin, but instead of changing it to a harmless or useful immune body, as the parathyroids are able to convert the cyanamides, these cancer cells only produce an even more harmful poison. Thus the cancer products cause loss of weight and strength and a progressive anaemia –

the symptoms of the growth period. That this is the result of cancer-cell activity is proven by the quick cessation of these symptoms very shortly after our treatment is given. For within a week usually a gain in weight and blood count ensues, even before noticeable change in the dimensions of the growths take place. Moreover this cessation of activity is coincident with the uniform coagulation and calcification of every cancer cell in the body. And we recognize calcification to be the first stage in digestion of the body proteins. Thus the secreting activity of the cancer cells is cut short by the institution of their digestion shortly following treatment.

"The type of disposal of the involuting cancer material also bears strongly on the interpretation of its function. For its digestion is the same as takes place in the development of bone or organization of a blood clot, or even the digestion of milk. Here the first step is the production of a calcium-proteinate from which the protein can never again be reclaimed undenaturized. Thus to all intents and purposes the calcified cancer tissue is dead and prepared for removal, as occurs in the organization of a blood clot or the clearing out of the inside of the developing bone. Our slides of specimens removed at various periods following treatment show that calcification is uniformly established within two weeks and that the other steps that complete the removal process are associated with the ingrowth of angioblastic tissue, as occurs in developing bone and the removal of a blood clot. This process continues until all traces of the cancer tissue are cleaned out. Angioblastic tissue replaces the cancer tissue and contracts down, and, undergoing autolysis, finally also disappears, only leaving a scar where mending of a destroyed wall is necessary.

"The material absorbed from the involuting cancer is used in replenishing the exhausted tissues of the patient. This is exemplified in patients who, though unable to move their legs in bed from weakness, within ten days after treatment had gained sufficient strength to support their bodies, though not having been able to take food. Thus the method of removal and disposal of the involuting cancer tissue is exactly that used in serving other physiological processes.

"The strongest and the sufficient proof that cancer is a response at protection against a definite toxin, however, rest with the fact that removal of the toxin from the body and destruction of the toxin source is followed by complete involution of all cancer tissue, complete healing of the regions involved, return to health with absence of growth and pregrowth symptoms, and the absence of recurrence. (Cases cured in 1918 still remain cured.) The cancer tissue then becomes obsolete and disappears when the function it attempts is performed for it.

"The histologic, physiologic, and clinical relations in the development, behavior, and involution of cancer therefore, identify it with a physiological effort and a protective function, or immunizing attempt, which though inadequate at present, promises at some future time to be instituted in the animal economy as a definite function, perhaps as a gland of internal secretion like the parathyroid, and able to overcome one more opposing force in our environment. Cancer then represents an attempt at specialization of function in which all tissues now compete.

"The chemistry and source of the toxin, the synthesis of a

successful anti-toxin, and the mechanism of immunity (a provision for conversion of a toxin into such chemical modification that it is harmless to the host, and destructive to its own source, the infecting agent), as exemplified in our work will be detailed in a further report.

BIBLIOGRAPHY

Koch: Jour. Biol. Chem., 1912, xii, 313.
Koch: Jour. Biol. Chem., 1913, xv, 43-63.
Paton: Quart. Jour. Phys., 1917, x, Nos. 3 and 4.
Koch: Jour. Lab. And Clin. Med., 1916, i, 299.
Koch: Jour. Med. And Surg., Jan., 1918, 1-9.

Dr. A. R. Mitchell (a member of the Board of Trustees of the American Medical Association at that time and an independent thinker), after reading this paper, wrote the following in his letter of Nov. 12, 1924 to Dr. Koch:

> "I had the pleasure of reading your article in the October number of 'Cancer' and **it is certainly the most intelligent and enlightening discussion of the subject I have ever read.** For years I have been convinced of the utter uselessness of surgery in true cancer cases and have made myself disliked somewhat by my opposition to surgeons going about the country lecturing upon a subject of which they themselves know nothing. **I hope that a little more time will prove that your work is really an epoch making work and that you will ultimately secure the full credit and profit to which your service entitles you."**

Dr. Koch, in 1925, wrote a paper on The Koch Cancer Treatment And Its Investigations (11). He concluded this paper with his opinion on cancer and what it really is. He stated:

"What Cancer Really Is"

"The general misconception of the process of immunity production taught in our schools, and principally following the Ehrlich theory, is largely responsible for the failure to understand what cancer is and the function it attempts.

"Immunity is taught to depend upon the production of anti-bodies, elaborations of the body cells, that combine and neutralize the toxin of a particular infection. **My own researches have shown that immunity is rather the process of conversion of the toxin of the infecting agent into a substance harmless to the host, but destructive to the infecting agent.** Thus the toxin is the material from which the 'anti-toxin' is made. And the process of conversion is a shifting of certain essential groupings in the toxin, an isorrhopesis change. The changed toxin still can combine its source, the infecting agent, and induce further chemical change leading to death of the same. Moreover the changed toxin can induce further isorropesis change in the molecules of the toxin already liberated from the infecting agent, producing therefrom more 'anti-toxin.' That is why toxin anti-toxin mixtures are better therapeutic agents than the anti-toxin alone.

"Now the first indications that I had that such a process took place, came from the study of the parathyroid glands, which led me to observe that certain guanidine-related poisons produced by flora in the intestinal tract, were changed into nontoxic ureas through the parathyroid activity. Thus a grade of immunity persists so long as the parathyroids are present to metabolize the guanidin-related toxins. Also the nacent interproducts are able to induce the same change in the guanidine precursors. In this sense the altered toxins are truly antitoxins. This is why parathyroid gland material is clinically helpful together with lime salts in the healing of many types of ulcerations, even tubercular lesions, should the guanidin-related toxins be present.

Cancer Is an Attempt at Immunity

"The histological characteristics of cancer identify it with similar attempts at gland production to those represented in the evolution of other glands of internal secretion.

"The clinical observation that toxic symptoms precede the development of cancer for a period of years, and then let up partly or completely when the growth is well on its way of development, points to a detoxicating function for the growth. Yet since the growth persists in its development, its effort cannot be adequate. Moreover during the growth period a set of cachexia symptoms are in evidence, which we refer to the insufficient alteration of the toxin, calling forth the growth response. Were the growth effort adequate complete conversion of the toxin would be accomplished and true immunity obtained. Instead the growth only makes a more toxic product out of the stimulus-toxin.

"Chemical study of both the stimulus-toxin and the toxic growth product has led to the structural identification of their active groupings, and has also indicated the type of change required for successful anti-toxin structure. The synthetic manufacture of an anti-toxin for this disease was thereby made possible. Our clinical results prove the accuracy of this outline.

"The synthetic anti-toxin is harmless to the body. Even where injected in concentrated solution, it produces no injury nor soreness. After the causal infection and its toxin has been destroyed (the function of the growth having been accomplished for it) the growth becomes obsolete and undergoes digestion for removal like any other excess tissue in the body. The first stage of digestion is a calcification coagulation as takes place in milk digestion, digestion of the inside of developing bone preparatory to its removal, or of the disintegration of blood. We recognize calcification to be the first step in the digestion of the body proteins. The rest of the process of removal of the calcified cancer tissue is accomplished by the ingrowth of angioblastic tissue, just as takes place in the organization of a blood clot or in the clearing out of the inside of developing bone. This ingrowth of angioblastic tissue also serves to heal destroyed tissues and replace structural deficiencies consequent to the ravages of the growth.

"The material obtained from the digesting cancer tissue is again used in the nutrition of the body, for the food elements thus obtained are the same units from which the cancer tissue was built up. The gain in strength shown by patients during the process of absorption of the cancer material,

though still not able to take food, has in many instances proven this nutritional value of the cancer material.

"Thus, through physiological processes a cancer growth disappears, after the function of immunity it attempts, is performed for it."

In 1926 Dr. Koch presented a paper on ***The Causes and Prevention of Cancer*** in which he said:

"The germ that causes cancer was first discovered and its life history traced by Glover of Toronto, and by Young, of Edinburgh, working independently, at about the same time. Their first announcement was made in 1920. Years before this Doyan, of Paris, and Clark, of London, had discovered a phase of the life cycle of this germ. More recently, Blumenthal of Germany and Gye and Barnard of London have isolated and proven a phase of this germ to be the cause of cancer. But the studies of Glover and Young are the most complete and their work within the last year has been confirmed by Scott, of Butte, Montana, and by Louden and McCormack, of Toronto. They have found that the germ exists in every specimen of cancer tissue, that it can be grown in artificial culture media, and that it can be transplanted from one culture to another many times and still be able to cause cancer when inoculated into susceptible animals or humans.

"Sambon has noted that cancer is an endemic disease that is becoming pandemic. There are cancer houses, cancer streets, cancer valleys and there are places where cancer is unknown. It was Sambon who connected the transmission of diseases like malaria, typhus fever, Rocky Mountain fever and sleeping sickness through an intermediary host such as a mosquito, a louse, a tick or a fly. And he has made the observation that while cancer infected areas swarm with cockroaches, mice and rats, these pests are not found in a district of Iceland where cancer is unknown. Fibiger has shown that there must be some relationship between the nematode of cockroaches and the cancer of mice and rats which eat the cockroaches.

"Glover finds that the cancer germ exists in several different phases – a bacillus, a coccus or spore form and a filterable form. The spore is very resistant to destruction by boiling or usual antiseptics. For this reason it exists wide spread in nature and we are all more or less exposed to it. The prevention of cancer, therefore, depends not so much on the successful avoidance of the germ as upon maintaining such conditions as prevent the germ from existing or developing in our bodies. A number of investigators have demonstrated that the germ can not produce cancer in normal tissues.

CONTRIBUTING CAUSES

"Here are three circumstances that determine the production of cancer. They are:

"First. Unbalanced nutrition, whereby the various tissues of the body become overloaded with incompletely assimilated foods products. These in turn serve as material for the support of germ growth, and for the

production of poisons. They also blunt the body chemistry, cutting down its efficiency, and hampering the immunity process.

"Second. Impaired activity of the digestive organs, productive of constipation, whereby the cancer germs can accumulate, multiply rapidly and produce their poison in large quantity in the large intestine from which both the poison and the germ are absorbed and carried by the blood throughout the body.

"Third. An injury to some part of the body, whereby the circulation is impaired and the oxidation processes in the injured tissues diminished. The area of congestion, or stasis, thus produced is a favorable one for the germ to locate and produce the poison which acting upon the injured cells converts them into cancer cells.

"The cancer cells once formed lead an unrestrained existence and multiplying rapidly produce growths that spread throughout the body causing death in several indirect ways.

THE CANCER TOXIN

"Since the poison or toxin produced by the cancer germ is the active substance causing cancer, some of its properties will be considered that we may better understand what cancer is. **In my study of the development of the parathyroid glands in the embryo, I observed that this embryonic tissue resembled cancer tissue in its microscopic characteristics, and the thought came to me that perhaps cancer might represent a developmental stage of a new protective gland still undergoing evolution toward perfection.** If such was the case, I argued that there must be a poison at the base of the disease and determined if possible to find it and study its effects on the body. Having succeeded in isolating this toxin and in synthetically preparing a quantity for experimental purposes, I injected it into rats. These animals after being injected with the cancer toxin showed disturbances of the more delicate mechanisms of the nervous systems. They would go blind and bump into the sides if their cages, or they would lose their sense of equilibrium and turn their heads into peculiar positions or even spin about on their hind legs or move about in a circle. Having observed that the cancer producing poison so markedly affected the optic and equilibrium mechanisms of the brain of the animals, cancer patients were studied to note if they gave any evidence of this type of poisoning. Upon carefully studying the disease in a large number of cancer cases, it was found that not only were minor or very grave interferences with nerve action dominantly present, but that after the cancer growth developed, relief to a variable degree from these symptoms was obtained, and thus the protective action of the growth against the toxin was clearly demonstrated. A description of the symptoms that so often precede the development of the cancer growth was given in a paper on 'Cancer" read before the American Association for the Prevention and Cure of Cancer in June, 1924, and published in *Cancer,* Oct. 1924. [Dr. Koch then quoted sections from this paper on Cancer]

"The relationship between the germ producing the poison and the development of the growth is clearly set forth in a paper read before the convention of the American Association for Medico-Physical Research

production of poisons. They also blunt the body chemistry, cutting down its efficiency, and hampering the immunity process.

"Second. Impaired activity of the digestive organs, productive of constipation, whereby the cancer germs can accumulate, multiply rapidly and produce their poison in large quantity in the large intestine from which both the poison and the germ are absorbed and carried by the blood throughout the body.

"Third. An injury to some part of the body, whereby the circulation is impaired and the oxidation processes in the injured tissues diminished. The area of congestion, or stasis, thus produced is a favorable one for the germ to locate and produce the poison which acting upon the injured cells converts them into cancer cells.

"The cancer cells once formed lead an unrestrained existence and multiplying rapidly produce growths that spread throughout the body causing death in several indirect ways.

THE CANCER TOXIN

"Since the poison or toxin produced by the cancer germ is the active substance causing cancer, some of its properties will be considered that we may better understand what cancer is. **In my study of the development of the parathyroid glands in the embryo, I observed that this embryonic tissue resembled cancer tissue in its microscopic characteristics, and the thought came to me that perhaps cancer might represent a developmental stage of a new protective gland still undergoing evolution toward perfection.** If such was the case, I argued that there must be a poison at the base of the disease and determined if possible to find it and study its effects on the body. Having succeeded in isolating this toxin and in synthetically preparing a quantity for experimental purposes, I injected it into rats. These animals after being injected with the cancer toxin showed disturbances of the more delicate mechanisms of the nervous systems. They would go blind and bump into the sides if their cages, or they would lose their sense of equilibrium and turn their heads into peculiar positions or even spin about on their hind legs or move about in a circle. Having observed that the cancer producing poison so markedly affected the optic and equilibrium mechanisms of the brain of the animals, cancer patients were studied to note if they gave any evidence of this type of poisoning. Upon carefully studying the disease in a large number of cancer cases, it was found that not only were minor or very grave interferences with nerve action dominantly present, but that after the cancer growth developed, relief to a variable degree from these symptoms was obtained, and thus the protective action of the growth against the toxin was clearly demonstrated. A description of the symptoms that so often precede the development of the cancer growth was given in a paper on 'Cancer" read before the American Association for the Prevention and Cure of Cancer in June, 1924, and published in *Cancer,* Oct. 1924. [Dr. Koch then quoted sections from this paper on Cancer]

"The relationship between the germ producing the poison and the development of the growth is clearly set forth in a paper read before the convention of the American Association for Medico-Physical Research

(Sept., 1925)....*CANCER AND THE EVOLUTION OF THE IMMUNITY PROCESS*....

"The effect of this is not only the production of cancer growth: Other tissues during the period of poisoning preceding the growth response show the effects of its activity. Thus goiter, persisting headache, neuritis, dementia, paralysis, gastric ulcer, bleeding from the womb due to persistent ulceration within that organ, and several other conditions warn us in advance that cancer is on the way and that efficient measures are needed to eradicate the disease even before the growth is discoverable. The conditions result from the absorption of the cancer producing poison from the large intestine, and from the action of this poison on the various tissues of the body. Too often the germ has already localized in one or more places in the body, and in due time causes a growth to come into evidence.

THE DIGESTIVE TRACT AND THE PREVENTION OF CANCER

"Constipation is a great American evil. When we eat more food than can be properly digested and absorbed by the small intestine, the excess passes into the large intestine where it can support the growth of disease or putrefactive germs. This situation is aggravated by the American habit of fast eating and the swallowing of chunks of food that do not permit a thorough penetration by and mixture with the digestive juices, but reach the large intestine undigested and unpurified by the action of these juices, to ferment or putrefy and thus supply material for germ growth. Ochsner, Sambon and others have contended that the cancer germ is carried into the system with our food, hence the importance of determining how the germ gets into our food.

"Putrid and fermented material retained in the colon is a constant source of poisons that, on being absorbed into the system, act fundamentally in the causation of many of our present day chronic ailments, including cancer, gastric ulcer, high blood pressure, neuritis, appendicitis and gall bladder troubles. People, like the Hindoos, who living on their native diet and have three or four loose bowel movements a day know not of the above mentioned troubles. But as soon as the Hindoos adopt the English diet and habits of eating, they are as subject to these ailments as are the English and Americans. Very often putrid material remains plastered against the walls of the colon for years, and the individual is not aware of his constipation, Sticky stools spell incomplete digestion and indicate the likelihood of disease.

OVEREATING AND FASTING

"The quantity of food must not be greater than what is required for nutrition. Feeding as a means of entertainment is a perversion for which one must surely suffer. If, however, the food is taken in excess of ones needs, it should be of such quality as will produce rapid movement through the bowel, whereby it can sweep out the large intestine, and thus change its contents so frequently that no chance for accumulation of stale matter can take place. The coarse whole cereals, raw vegetables and fruits offer this advantage. The eating of meats and refined emasculated foods in excess amounts cannot but cause trouble. Putrid odors with the bowel movements also predicate abnormal conditions in the colon and are warning signs that now is the time to use preventive measures.

"Another source of digestive disturbance is improper mastication of foods. Starch foods require an alkaline medium for digestion. This is provided by the saliva and therefore all cereal and other starch foods should be carefully masticated and thoroughly mixed with saliva before swallowing. The habit of eating cooked cereals with milk leads to the bolting of these foods without proper mixture with the saliva. Another vicious habit is the combination of acids with starch foods, for example, potato salad. Green salads eaten at the same meal with starch foods should not have an acid dressing.

"The flow of the digestive juices of the stomach is stimulated by the presence of protein foods. These are digested in the stomach. The more carefully they are masticated the more completely and promptly will they be digested. Fatty foods are digested in the small intestine.

"Think these facts over, and bear them in mind in the preparation of menus and in the method of combined and eating foods found upon the table. A hint to the wise is sufficient.

"Nearly all of us eat too much. One result of overeating is that every body cell has pressed upon it more nutritional units than it can take care of properly. These materials are not effectively handled, they are only incompletely metabolized and remain absorbed in the cell where they hamper its normal chemistry, cut down its efficiency and serve as material for nutrition of germs and the production of germ poisons. What worse condition could be imposed on the tissues of the body? And how on earth can one expect to be healthy or energetic under such circumstances? It is calculated that we eat from twice to three times as much as we need. The excess spells disease....eat in accordance with your needs one or two meals a day, chew very thoroughly what you have to eat, and you need not worry about disease, for you will have the health God intended for you. God does not punish you with disease, your ignorance and gluttony do that.

OXYGEN NECESSARY

"The relation between the oxygen intake and the food intake is also very important. The fatter we are, the less our breathing space and the less the oxygen we take in, even with our deepest breathing. The more air we breathe, the more oxygen supplied to the body cells and the less the accumulation of unoxidized poisons in these cells to favor disease. When one carries a normal body weight his breathing space is at its best and the less is disease liable to take hold. It is an interesting observation that a high percentage of cancer patients have rapidly increased in their body weight for a year or so before the disease gave evidence that it was active in them. Under oxidation is a pre-cancer condition. Please, take warning."

In this paper, Dr. Koch also pointed out the importance of exercise, diet and food essentials such as vitamins, etc., and he made reference to proper body weight.

The Cancer Growth – A Physiological Mechanism was published in the January 1928 issue of the Bulletin of the Koch Cancer Foundation, Vol. 3, No. 1. I quote the following from Dr. Koch's article.

"What we have lacked most in pathology is definite knowledge of the basic changes that constitute disease so that the data we now possess might be arranged in an orderly system. Our knowledge of immunity is likewise superficial and incomplete, and both subjects fail in their desired practical usefulness. In recent years these subjects have gained much of value through physical chemistry, and some errors too, that will become contributions also when corrected. Even our conception of the inflammatory process has undergone useful change, and we have a better understanding of its relation to the more profound lesions which the physician is called upon to treat. Our most valuable guide in any pioneer work is a check-up with physiological facts and principles. Pathology is only an altered physiology, wherein three factors present themselves; the cause or disturbing agent, and the effect or injury done, and the repair or attempted correction. We must differentiate these factors, and recognize the purely pathological, and the purely physiological, events in each instance.

"The animal body was not created to harbor and entertain disease agencies. Therefore whatever physiological mechanisms are called upon to preserve normalcy in any emergency, must necessarily be only makeshifts in their new role, until after repeated exercise of the mechanism in the new protective act, the mechanism becomes altered and adopted to carry on the new protective function efficiently. Before adaptation has been accomplished, there may be difficulty in differentiating between its pathologic or physiological status. However, after adaptation has become satisfactory, and the new mechanism becomes incorporated into the body as an established acquirement, there is no doubt about its physiological position. We may expect that though the first effect of a disease agency upon a tissue may be a permanent and definitely pathological deviation from the normal, the end result of repeated attacks by the agent may result in a normal physiological protective mechanism. Protective measures are physiological. The disease agency or poison, and the mechanical and chemical injuries it occasions, constitute the pathological factors. Physical chemistry has helped us look into diseased processes with greater accuracy than was possible a few years ago, and we are better able to differentiate the pathological and physiological factors. We may take inflammation as an example.

"The vascular dilatation and redress of the inflamed area have been explained as a protective provision to supply more blood to the area for the combat against the disease agent. Thus the hyperaemia was rated as a physiological affair. This vascular dilatation might better be explained as a loss of tonicity of the capillary and arteriole walls, through the action of the injurious agent, for although the circulation of blood is at first increased, it is soon decreased and the vascular walls disintegrate sufficiently to permit the escape of plasma, red cells and white cells. The protein of the blood throughout, demonstrates gelation, an extreme degree of lysis, in which state its fluidity is greatly reduced, and its passage through the vessel much impeded. Gelation of the protein moreover favors coagulation, another

The Cancer Growth – A Physiological Mechanism was published in the January 1928 issue of the Bulletin of the Koch Cancer Foundation, Vol. 3, No. 1. I quote the following from Dr. Koch's article.

"What we have lacked most in pathology is definite knowledge of the basic changes that constitute disease so that the data we now possess might be arranged in an orderly system. Our knowledge of immunity is likewise superficial and incomplete, and both subjects fail in their desired practical usefulness. In recent years these subjects have gained much of value through physical chemistry, and some errors too, that will become contributions also when corrected. Even our conception of the inflammatory process has undergone useful change, and we have a better understanding of its relation to the more profound lesions which the physician is called upon to treat. Our most valuable guide in any pioneer work is a check-up with physiological facts and principles. Pathology is only an altered physiology, wherein three factors present themselves; the cause or disturbing agent, and the effect or injury done, and the repair or attempted correction. We must differentiate these factors, and recognize the purely pathological, and the purely physiological, events in each instance.

"The animal body was not created to harbor and entertain disease agencies. Therefore whatever physiological mechanisms are called upon to preserve normalcy in any emergency, must necessarily be only makeshifts in their new role, until after repeated exercise of the mechanism in the new protective act, the mechanism becomes altered and adopted to carry on the new protective function efficiently. Before adaptation has been accomplished, there may be difficulty in differentiating between its pathologic or physiological status. However, after adaptation has become satisfactory, and the new mechanism becomes incorporated into the body as an established acquirement, there is no doubt about its physiological position. We may expect that though the first effect of a disease agency upon a tissue may be a permanent and definitely pathological deviation from the normal, the end result of repeated attacks by the agent may result in a normal physiological protective mechanism. Protective measures are physiological. The disease agency or poison, and the mechanical and chemical injuries it occasions, constitute the pathological factors. Physical chemistry has helped us look into diseased processes with greater accuracy than was possible a few years ago, and we are better able to differentiate the pathological and physiological factors. We may take inflammation as an example.

"The vascular dilatation and redress of the inflamed area have been explained as a protective provision to supply more blood to the area for the combat against the disease agent. Thus the hyperaemia was rated as a physiological affair. This vascular dilatation might better be explained as a loss of tonicity of the capillary and arteriole walls, through the action of the injurious agent, for although the circulation of blood is at first increased, it is soon decreased and the vascular walls disintegrate sufficiently to permit the escape of plasma, red cells and white cells. The protein of the blood throughout, demonstrates gelation, an extreme degree of lysis, in which state its fluidity is greatly reduced, and its passage through the vessel much impeded. Gelation of the protein moreover favors coagulation, another

means of impairing the circulation observed in an inflamed area. There is no fact in everyday pathology that explains this retarded circulation in the presence of vascular dilatation. But one observation on the colloidal state of the blood protein completely explains the whole affair as a pathological not a physiological change.

"The heat generated in the inflamed area cannot be due to an increased blood supply therefore. Moreover this heat exceeds the blood temperature. It is generated at the expense of the electric changes lost from the surfaces of the protein particles undergoing lysis. Even physical chemists as McDonagh are in error in the explanation of the evolution of this heat. They claim that the lysis is brought about by the removal of the surface charges from the particles by the disease agent which serves as a condenser of electricity, whereupon the particles, deprived of their charges, disintegrate. This is entirely impossible, for if the robbing of the charges from the particles were the primary change they would not be free to be lost as heat, but must simply be transferred to the condenser quantitatively in proportion to the capacity of the condenser to take up the charges.

"The loss of surface energy with the evolution of heat therefore can only be secondary to the lysis of the particles instead of being the cause. A primary chemical action affecting the chemical and physical structure of the protein must not be overlooked.

"When dealing with such large molecular structures as are presented by the proteins, we can now understand why a relatively small amount of chemical action can result in a tremendous amount of physical change and the loss of so much surface energy in the form of heat as occurs in fever. One chemical grouping of comparatively small molecular weight can poison and unlock the structure of a very large protein molecule, with consequent change in the colloid state, and reduction of the energy carrying surface. With the reduction of the surface area, the change on each unit of surface must increase until it becomes excessive and is dissipated in some form. Thus the activity of a small amount of poison may bring about the liberation of much heat. The production of lightning is an analogous affair. Aqueous vapor in the clouds may be condensed by a cold wind to form drops of rain. Much surface is then lost and the surface energy that cannot be retained by the diminished surface is given off as lightning. Or if we can picture the vapor becoming so finely divided as to constitute the dispersive medium for the air, or even go into true solution in the air, and thus lose its surface, the energy would also be discharged as lightning from a clear sky. Even though there appears to be a disproportion between the amount of poison or pathologic agent at work, and the end result in colloid and energy change, the fundamental action nevertheless maintains molecular relation, and the excessive effect depends upon the large molecule of the substrate and its colloidal properties. The primary action is therefore strictly chemical, and the physical changes are secondary.

"The genesis of cancer cannot be explained on a purely physical basis as some would attempt. All of the physical changes such as by hydration of the protein particles and suboxidation observed in this and other chronic diseases are secondary phenomena, as are the lysis and fever in inflammation or in any other disease process. We are therefore able to differentiate the truly pathological factors in this condition, and to give to each its correct value. There is in the first place the etiological toxin that

causes the pregrowth symptoms, changes the chemistry of the tissue proteins so that hydration ensues. Then there is the development of the growth which seems to have monopolized the entire attention of cancerographers. The former are strictly pathogenical. The latter development is purely physiological, since it is completely reversible to normalcy, automatically following the removal of the primary pathological factor.

"That the growth is a physiological attempt at adjustment and not a pathological process is observed in its manner of dissolution after the causative agent is removed. It undergoes autolysis. The very ferments which mediated the synthesis of its proteins, now mediate an orderly digestion of these proteins into amino acids, until every cancer cell has become food for body reconstruction. The material taken from the blood to build up the growth is returned. Tissues that have been rendered deficient through the advance of the growth are reconstructed to their normal state, generally and locally. Thus a uterus that appeared to be replaced and destroyed by cancer growth, is reconstructed, so that it not only is physically normal, but can functionate as well and bring forth babies normally. If cancer tissue were a pathological material one would expect that a very great quantity of its digestive productions flooding the circulations would prove fatal always, by anaphylaxis. The cases cited and pictured below teach otherwise. Moreover a tissue element rendered pathological by a disease agent can never be returned to a normal state. The protein particles of the tissues that have undergone hydration by direct action of the pathological agent that causes cancer, never return to normal protein in the normal dispersed state. These hydrated particles are disposed of like refuse, just like the lysed particles in febrile disease. But the cancer cells regain their normal differentiated structure. The gain in blood and general nutrition of the cancer case absorbing the growth, even at a time when he cannot take food, conclusively proves the nutrient value of cancer tissue, and thus, that these cells are synthesised with a physiological architecture and of physiological units, adoptable by normal tissue."

In this paper, Dr. Koch made reference to certain patients to illustrate his theories.

"In this patient as is usual the antitoxin was injected into the subcutaneous tissue of the left arm. No dissolution of tissue, in fact no change took place at the site of injection. Studies of the ultramicroscopic picture of the blood protein demonstrate no early change in the state of dispersion which the protein particles present. However, as time goes on, the reconstruction of new protein takes place with normal state of dispersion. Thus the antitoxin has no direct action on the body proteins. Therefore the rapid dissolution of the large cancer that filled this patient's abdomen could not be due to the direct action of the antitoxin on the protein of the growth. The presence of some substance, because of which the growth comes into and maintains existence and which is removed by the antitoxin, is therefore demonstrated. This substance is known to us by direct discovery and by the subsequent identification of its chemical structure. Otherwise it would not have been possible to synthesize the antitoxin. Since then the presence of the growth depends upon the existence of something else, the growth is a secondary matter, and since the substance upon which

the growth depends can be removed, cure of the disease resulting, this substance must represent the essential pathology of cancer."

To illustrate how the decomposition and absorption of the growth can supply the body with nutrients, Dr. Koch cited a case history and said:

"In this case, sufficient nutrient material was absorbed from the autolysizing growth to serve sufficient muscle reconstruction to enable the patient to get out of bed and crawl some thirty feet to the pantry, and the autolysis and absorption of some growth material is demonstrated in his ability to swallow beans, ten days after the antitoxin was administered, whereas before the treatment for some three weeks, he could not even swallow water or saliva, and had not the strength to turn over in bed unaided. Thus cancer tissue must be constructed along physiological lines; if it were a pathologic tissue its rapid parenteral digestion would prove fatal. Not one symptom of anaphylaxis is observed in any case absorbing any amount of cancer tissue.

"When any tissue becomes cancer tissue, it loses its special functional structure, reverts to a simple type of structure but does not demonstrate a new structure that we can identify as a new differentiation for a new function. These cells therefore are not greatly altered normal cells. Moreover, when the essential pathology is removed, they again reassume their normal differentiated type of structure and can function normally. The excess cells that have no usefulness in this connection are digested and disposed of as food material, but the cells that are required to complete the reconstruction of the affected organ are used for this purpose ... . Pathological tissue is not convertible into normal tissue; as is cancer tissue. The best one can hope for a truly pathological tissue is, that it be gotten rid of. **Cancer cells revert to normal when the essential pathology is removed**. When specimens are removed at intervals during the recovery process this phenomenon is easily observed."

"Regarding the attempted function of cancer tissue, we have written in previous papers. Suffice it to recall that in the embryology of the glands of internal secretion, we observe cell dispositions and structures not unlike what we observe in cancer. That cancer tissue represents a new gland of internal secretion in its early process of development is not impossible. But that cancer tissue presents a function of a detoxication or protective nature is observable to anyone who will take the trouble to study the history of a number of cases. The presence of pregrowth toxic symptoms, before the growth comes into activity, anyone can observe. The disappearance or amelioration of these toxic symptoms as the growth gains activity is also observable in the great number of these cases. Thus cancer tissue in a measure actually performs a function similar to some of the glands of internal secretion. Cancer tissue, therefore, is a physiological mechanism, though still very inadequate, and not yet perfected to that state where it can be incorporated into the body as a permanent acquirement. In fact it still has many trials to make ere its differentiated functional mechanism has been evolved."

In September of 1937, Dr. Koch read his paper *ETHYLENE KETO AND QUINONE GROUPS in Natural Immunity Allergy Neoplasia and Infection* before the American College of Proctology's Fourteenth Annual Meeting at the Stevens Hotel, Chicago, Ill. Professor Joseph Henri Maisin, director, Institute of Cancer, Louvain University, Louvain, Belgium attended this conference with Dr. Koch. Also in 1937 Dr. Koch wrote a paper on *Allergy, Neoplasia and Infection, Their Primary Causation and its Correction.*

In 1938 Dr. Koch wrote Pathogenesis and Immunity as Conveyed by Ethylene and Carbonyl Groups * In the Cause and Cure of Cancer, Allergy and Infection; and in 1939, Clinical Demonstration of the Laws of Chemical Structure That Determine Immunity to Disease; and The Chemistry Of Natural Immunity, Wm. F. Koch, Ph.D., M.D., 1939; and in 1941, Laws of Chemical Structure that Control Immunity, Wm. F. Koch, Ph.D., M.D., Rio de Janeiro, Brazil, 1941;

In December of 1941, after just returning from Brazil, Dr. Koch presented a paper on the treatment of diabetes before the American Association for Medico-Physical Research. In this paper he briefly stated the following about the history of the development of his oxidation catalysis and the scientific basis for its use in the treatment of disease. He also stressed the importance of a proper vegetarian diet that he used to complement the use of these oxidation catalysts when treating his patients. I quote in part:

> "The treatment material consists of catalytic dilutions of the carriers of aerobic oxidation which we have described in the past elsewhere. (1) These substances are 1:4 Benzoquinone and its transition products Glyoxylide, (O=C=C=O), and Malonide, (O=C=C=C=O) and also Ketene. Their chemical structures conform to the rules we have laid down as requisite to the production of immunity against disease; namely, they possess the smallest molecular weight possible: they possess carbonyl groups that share ethylene linkages or carbonyl groups that are conjugated with ethylene linkages in molecules that can yield carbonyl groups sharing ethylene linkages.(2)
>
> "Substances of this type can be extracted from heart and brain. Such extracts demonstrate the same curative results as the synthetic products, and like them correct a definite blood coagulation deficiency. Because of this physiological property, I named them 'Tissue Thrombin' and showed that they are able to cure cancer, in a paper published in the New York Medical Record in October 1920. The synthetic product can be used with good control while the tissue extracts are very unreliable and have only academic interests. Vitamin K offers very weak protective properties in addition to its influence on blood coagulation and in its little way confirms what we have been teaching for years with reference to carbonyl and ethylene groups in the oxidations. It is also interesting to note that researchers in the United States Public Health Service now proclaim they have accepted the view that cancer is a disease based upon oxidation deficiency. The Rockefeller Institute is reported to be doing actual confirmatory work. So in time, opposition from such quarters

may be expected to vanish. This is important since it is our mission to demonstrate that the common basis of disease of all kinds, including diabetes mellitus and diabetes insipidus, is a specific defect in the oxidation catalysis.

"The clinical data indicate that the cause of diabetes is the prolonged poisoning of the tissues by bacterial products liberated in scars that have scanty circulation. These products are intended to serve the nutrition of the germs that produce them and are originally of fairly small molecular weight, diffusible, and fully oxidizable by the oxidation mechanism of healthy tissues. However, when secreted under the anaerobic conditions prevailing in scars they are not burned, but instead some of their free valencies yield to polymerizations by which the molecular weight increases progressively while photochemic properties vary also with the different stages in the polymerizations. The different photochemic values have different pathogenic powers; and so, as the polymerizations progress, the patient passes through a series of different pathogenic influences that produce different symptomatologies and physical changes.

"Diabetes is one of these effects, with a predilection to express itself in certain persons and races. Neuritis, various degenerative diseases, psoriasis and other changes may be exhibited, but the final change in all, if the patient lives long enough to develop it, is cancer. Here too the hereditary factor plays a part for we have observed that successive generations tend to develop malignant growths earlier and earlier in life and the longer the disease has expressed itself in the ancestry the shorter is the pregrowth toxic period that exhibits diabetes or the other changes.(3)

"The oxidation catalysts we use therapeutically are depolymerization agents and while the toxin is being depolymerized to its simple burnable structure, it passes through the various phases that were active during the pathogenesis, and so fleeting accentuation of these changes come and disappear in the reversed order while recovery is going on. Thus when the patient is treated in the cancer stage of the poisoning and retraces the symptomatology of pathogenesis, the last toxic expression to come is the first to go and the first to come is the last to go. Therefore, an acute inflammation in some old cicatrix that imprisoned the causative infection is the last change to take place. After the germ's nutritional agents have been oxidized the germ dies and the scar which imprisoned it becomes obsolete and is absorbed. Thus, with the destruction of the etiological factor, the disease is completely cured. When some form of diabetes is one of the pre-growth symptoms it is overcome before the scar is cleaned out and, since this happens soon after the cancer growth is absorbed, we conclude that the molecular weight of the toxin at this stage is quite great. Cases of diabetes cured by this treatment, before they can develop cancer, may pass through other expressions of the intoxication producible by greater or lesser molecular weights, thus the neuritis will get well before the diabetes and the obliterative endarteritis will start to heal before the blood sugar is normal. But a psoriasis or other change may show up transiently after the blood sugar has become normal. Therefore, diabetes must be studied as a phase of a systemic intoxication and cure cannot be fully established until the focus of

infection has been wiped out. Thus the recovery is not measured alone by the return of the blood sugar to normal.

"Obliterative endarteritis, which is a specific effect of the poison that causes diabetes, we regard as the lesion that specifically indicates a depression of the oxidation catalysis of the tissue, general or local. Therefore, this lesion is a definite indication that the oxidation catalysts we have contributed to medicine should be employed to remove the basic cause of many diseases, including Buerger's disease, leprosy, tuberculosis, syphilis, cancer, and so many more. There can be little doubt that endothelial hyperplasia is a compensatory attempt to increase the surface for filtration of oxygen from blood to the tissues even though it defeats its own purpose. The demand for activated oxygen on the part of the tissues is also expressed by poor sugar oxidation as observed in diabetes mellitus, cancer, the thyroid diseases, and others. By removing the basic pathology, that is, by restoring the oxidation catalysis to normal or better, all expressions of the intoxication are removed, and the metabolism, the blood pressure, and the tissue functions are again able to run along as they should. The focus of infection is wiped out and the disease is cured in its totality.

"After an intra muscular injection of our Benzoquinone solution or one of the other catalysts mentioned is given in diabetes, recovery begins very quickly and its progress can be measured by the decrease in the blood sugar. The amount of sugar eaten will affect this reading, but not the recovery mechanism. We feed all the sugar and starches the patient desires and as he recovers he is more and more able to use them. Where the sugar intake is controlled, however, it is usual to observe a drop of twenty mgms. per cent every week until normal is reached. But we have seen both slower and more rapid restoration to normal. Sometimes a severe case is encountered in which the blood sugar is over four hundred mgms. per cent and the vital organs have undergone fatty degeneration to a fatal extent. In such cases the blood sugar may come to normal and the gangrene heal, but the patient may die from heart failure after excessive exertion, either very early or very late after recovery from diabetes.

"In one series of cases, where the patients could be watched closely, the four percent of failures belonged to this group only, but in each instance the blood sugar came to normal before death. Acidosis is not a serious factor either, because with restoration of the oxidation of sugar, the fatty acids are also burned. The recovery is not simply the reduction of the blood sugar to normal. It involves the correction of the whole pathology and the removal of its cause. Therefore, the use of insulin is not essential. Indeed it is better as a rule to do without it from the commencement of treatment. The cases of diabetes insipidus treated so far have also recovered.

"The treatment procedure is to stop all medications and cleanse the bowels for a few days. Then one dose of the oxidation catalysts is injected intramuscularly. The dietary regime is vegetarian entirely. No animal proteins whatever are permitted. Thus the production of nitrogenous negative oxidation catalysts in the intestine is retarded. Colon lavage is helpful. The diet should be reasonable and include plenty of vitamins and tissue salts. Food containing quinones and terpenes that

serve as negative oxidation catalysts must also be eliminated from the diet. Therefore, coffee, tea, mangoes and citrus fruits are not used, and exposure to paint solvents, perfumes and automobile or furnace gases is avoided. Food should not be cooked in aluminum. Alcohol, tobacco, and spices are forbidden. One dose of the remedy is usually sufficient where cure is possible.

"After the remedy is injected one should watch for periodic reactions which play their part in the recovery process. These have already been described. (4) They generally come at three and a half day or three week intervals until recovery is complete. If an interfering factor prevents recovery it should be identified and removed and the dose repeated."

BIBLIOGRAPHY

1. *The Chemistry of Natural Immunity*, American Printing Co. 1936, p. 155-163;
2. Lecture, *The Laws of Chemical Structures that Determine Immunity to Diseases*, 1939, p. 4;
3. *Cancer and Its Allied Diseases*, American Printing Co., 1927, p. 52;
4. *Cancer and Its Allied Diseases, 2nd Ed.*, American Printing Co., 1929, p. 151.

In the United States it became necessary for Dr. Koch to self-publish most of his own scientific research, articles, papers and books. These include the following books: In 1928, Dr. Koch published *CANCER AND ITS ALLIED DISEASES,* his first book on his medical research. Subsequently Second, Third and Fourth editions of this book were published. This book was followed by *NATURAL IMMUNITY, Its Curative Chemistry in Neoplasia – Allergy – Infection,* in 1936; *THE CHEMISTRY OF NATURAL IMMUNITY,* in 1939; *THE SURVIVAL FACTOR IN CANCER AND VIRAL INFECTIONS, An introduction to Carbonyl And Free Radical Therapy* in 1955 &1958; and *THE SURVIVAL FACTOR IN NEOPLASTIC AND VIRAL DISEASES* in 1961. He also published the following booklets: 1) *"The Prevention of Cancer"*, 1926; 2) *"Pathogenesis and Immunity as Conveyed by Ethylene and Carbonyl Groups, In the Cause and Cure of Cancer, Allergy and Infection"*, 1938; 3) *"Clinical Demonstration of the Laws of Chemical Structure that Determine Immunity to Disease, and their Application in the Treatment of Patients"*, 1939; 4) *"Natural Immunity"*, 1942; and 6) *"Neoplastic and Viral Parasitism, Their Basic Chemistry And Its Clinical Reversal"*, 1963. Other booklets by or based upon Dr. Koch's work, include: 1) *"A Least Common Denominator In Antibiotics"* by Albert L. Wahl, M.D., C.M., 1947; 2) *"The Basic Chemistry of Our Diet"*, 1950 and 3) *"The Functional Carbonyl Group In Pathogenesis and Its Reversal"*, 1967, by Dr. Koch were all independently published.

CHAPTER 6

CONTACTING THE SCIENTIFIC COMMUNITY

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

> "Your letter and enclosure relative to your cancer treatment came duly to hand, the contents of which I have noted with interest.
>
> "The Department of Public Welfare has not been authorized, as yet, by Congress, and consequently there are no cases coming under my jurisdiction in which your treatment could be used. I would therefore suggest that the most effective way to introduce your treatment would be to bring it to the attention of the Rockefeller Foundation.
>
> "Thanking you for your courtesy in furnishing me with your pamphlet upon the above subject, I am with kind regards, Very truly yours. Charles E. Sawyer, Brig. Gen., M.R.C."

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

> "Your letter of October 18th, enclosing Bulletin of St. Mark's Sanitarium, came duly to hand and I thank you for your courtesy in forwarding this information.
>
> "The status of the Department of Welfare remain about the same as indicated in my letter to you of July 13, 1921, and, as stated therein, there are no cases coming under my jurisdiction in which your treatment could be used."

One might ask the question; could the lack of this governmental interest be due to the influence of the American Medical Association and the false and negative reports that were appearing in the Journal of the American Medical Association on Dr. Koch's treatment for cancer at that time?

After learning about the **International Symposium Held Under The Auspices Of The AMERICAN SOCIETY FOR THE CONTROL OF CANCER** to be held on September 20-24, 1926 at Lake Mohonk, New York, Dr. Koch wrote to this society on September 17, 1926 requesting the privilege of presenting to

them the results of his studies on the subject of cancer and its treatment. After this symposium was over, the Managing Director, George A. Soper, Ph.D., in a reply letter dated September 27, 1926 wrote the following to Dr. Koch:

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

However, on page 5 of the printed report for this symposium; OPEN SESSION, Dr. Soper described **The Purpose And Plan Of The Meeting** as follows:

> "This meeting may be looked upon as affording an answer to the question: **'What is the world doing to control cancer?'**

And on page 6, he went on to say:

> "You may be interested to know how the meeting came to be held. For thirteen years the American Society for the Control of Cancer has been carrying on a campaign of education throughout the United States and Canada designed **to give the public and the medical profession the latest and most helpful facts which could be used to save lives and suffering from cancer.**"

The standard, acceptable form of approved medical treatment, at that time, was X-ray, radium and/or surgery. "***When in doubt, destroy and/or cut out***," was the philosophy of the day.

Among the many international doctors, cancer experts and speakers who attended this meeting were: Professor Joseph Maisin, Louvain, Belgium, Director of the Cancer Institute of the University of Louvain and Professor at the University of Louvain; Dr. Francis Carter Wood, New York City, Professor of Clinical Pathology and Director of Institute of Cancer Research, Columbia University; and Dr. Isaac Levin, New York City, Director, New York City Cancer Institute, Professor of Cancer Research, New York University Medical School.

It was Dr. Levin, with no personal knowledge about Dr. Koch and his cancer research, who vilified the Koch Cancer Foundation in the presence of all of the doctors and experts attending this conference. He subsequently said:

> "If scientific medicine refuses to maintain cancer hospitals and cancer institutes, then cancer patients will be thrown on the mercy of these quack institutes. That is undoubtedly a very important reason for the establishment of cancer hospitals.
>
> In conclusion, **I want to say that the public as well as the profession must realize that even 30 percent of success, which was mentioned today, is after all not a hopeless situation.**

Professor J. Maisin, Louvain then said:

"I agree with everything that has been said in favor of the organization of cancer hospitals."

Less than eight years later, it was this same Professor Maisin who was willing to open his mind to new ideas in cancer research and who was willing to work with Dr. Koch for over nine months in order to learn about Dr. Koch's cancer research and about Dr. Koch's medical discoveries. The joint cancer research that followed by Dr. Koch and Professor Maisin and his associates continued at the Institute du Cancer, Louvain University, Belgium up to the time of World War II; in spite of the opposition of the American Cancer Society and the American Medical Association to Dr. Koch and his cancer research.

Dr. LeRoy Long, Oklahoma City followed with these comments:

"We are in agreement about the clinical aspects of cancer, but **do we sufficiently emphasize the importance of research in our effort to determine the essential cause of cancer? I believe that the time has come when a great organization like this should support more actively the cloistered individual who is dedicating his or her life to the investigation of this problem of humanity. We ought to throw off our preconceived ideas and, without fear, wait for the truth to be demonstrated, and while we wait we ought to support actively those who are making the investigations.**

"Throughout the history of medicine advancements have been made in the face of lethargy and opposition. Too often the labors of those engaged in the elucidation of great problems have been recognized only after they were dead. Only a few, like Pasteur, have been able to weather the scorn and lethargy and fierce opposition, and to receive late in life the open confidence of the profession...Work of remarkable value has been done by many institutions and individuals all over the world. But when we come together to talk about cancer we do not hear much about it....'After all and above all, Truth carrieth away the victory.'....let us at the same time unselfishly support the men and women who are trying to find the truth about this scourge of humanity so that we shall be able not only to tell the patient that he has cancer, but at the same time be able to tell him why he has it."

I believe that Professor Maisin, Dr. Long and many others would have been please to learn about Dr. Koch's cancer research first hand at that time had he been given the opportunity to present it to the conference.

The printed record from this Symposium made it very obvious that Dr. Soper and some of his supporters were **close-minded** to Dr. Koch and his accomplishments and to any new and different scientific medical research that could resolve the cancer problem. Their refusal to permit Dr. Koch to present his scientific evidence and review his clinical records in support of his theories on the cause and treatment of cancer was contrary to the primary purpose for which this symposium was being held in the first place: **"What is the world doing to**

control cancer?" The real question one might ask: **"How much influence did the American Medical Association and/or the Cancer Society have on Dr. Soper to refuse Dr. Koch the opportunity to present his research on cancer, its cause and its treatment?"**

On September 24, 1926, immediately following this international conference, the national newspapers carried the following (AP) article:

"CANCER CAN BE CURED IF FOUND IN TIME"
"Mohonk Conference Formulates All Knowledge on Subject in Statement to Public"

"Lake Mohonk, N.Y., Sept. 24 -(AP)- **An important weapon in combating cancer** was made ready for use today when **the world's recognized authorities on the disease put into a single statement all the basic knowledge they have of the subject.**

"The statement, regarded as the most important pronouncement on cancer ever made, was adopted at the closing session of the four-day **symposium on cancer control**, attended by more than 100 cancer specialists.

"The statement said in part:

"'It may be accepted that for all practical purposes cancer is not contagious or infectious.

"'Cancer is not hereditary, although a certain predisposition or susceptibility is apparently transmissible through inheritance.

"'Persons who have cancer must apply to competent physicians at a sufficiently early stage of the disease, in order to have a fair chance of cure.

"'In some forms early treatment affords the only possibility of cure.

"'The public must be taught the earliest danger signals, which can be recognized by persons without special knowledge, and induced to seek competent medical attention when any of these indications are believed to be present.

"'The most reliable forms of treatment, and, in fact, the only ones thus far justified by experience and observation, depend upon surgery, radium and X-rays.

"'Even with our present knowledge many lives could be saved which are sacrificed to unnecessary delay.'"

What the Cancer Society did not tell the American public in its news release was that the best that these cancer experts could expect to obtain was about 30 percent of success in the treatment of established cancer cases; "*after all* (30 percent) *was not a hopeless situation*" according to Dr. Isaac Levin. What a fraud this conference was on the American public and the world. Dr. Koch should have been able to have shown to the doctors at this conference that he was able to obtain a higher recover rate in the treatment cancer patients at that time. As scientist, this conference should have been interested in all medical truth, not censored medical cancer research.

CHAPTER 7

SCIENTIFIC RESEARCH
In Support of Dr. Koch

In the early 1930's, Professor Joseph Henri Maisin, Director, Institute of Cancer, Louvain University, Louvain, Belgium, learned the truth about Dr. Koch's research through two Belgian priests who had been treated by Dr. Koch. (As previously mentioned, Dr. Maisin had been present at The American Society For The Control Of Cancer International Symposium in September 1926 at Lake Mohonk, New York, at which time Dr. Isaac Levin fraudulently vilified Dr. Koch's cancer research and treatment.) These priests had become personally interested in Dr. Koch's research and it was through them that a meeting was arranged in 1934 for Dr. Koch to meet with Dr. Maisin. At this meeting, Dr. Koch discussed his theories on the chemistry of natural immunity and the results that he had had, in the treatment of cancer patients and other diseases. For about nine months, Dr. Koch remained in Europe teaching Professor Maisin and his associates the technique of compounding and using certain Koch drugs. They conducted animal experiments together, and used this treatment on some of their patients. As a direct result of this research, their first paper was published in the C. R. de la Soc. Biol., Vol. 120. P. 106, 1935. The experience at this institution was sufficient to cause them to adopt these remedies and use them in their hospital. During Dr. Koch's trips to Europe, prior to World War II, he met many eminent European physicians who also adopted Koch's method of treatment. Among them were Professor Auler, of Berlin University, who reported to Dr. Koch that he (Professor Auler) had successfully used this material in treating cancer and infectious diseases. Subsequently Professor Maisin and his associates published additional articles on their medical research with the products that Dr. Koch had taught them how to make. This research continued up to the time of World War II, when the German's took over their country.

One of the papers that Dr. Maisin and his associates published on their research with two different medications developed by Dr. Koch was: "*The Use of Peroxide of Diformaldehyde and Organic Unsaturated Compounds in the Treatment of Anergy and Hyperergy*",[30] Here Dr. Maisin described the Koch products that they used in their experiments, the results that were obtained and their scientific conclusion. Dr. Maisin wrote:

> **"Actually, our best results have been obtained with dilutions from 1 x 10^{-9} to 1 x 10^{-18}. These very high dilutions (1 x 10^{-18}) still contain several thousand molecules per cc."**

Dr. Maisin by the above statement illustrates how these medications, like catalysts or enzymes, are used most effective in extremely highly dilute (homeopathic dilutions). For a better understanding of his independent research

---

[30] THE MEDICAL PRESS AND CIRCULAR, September 7, 1938, Vol. CXCVII, NO. 5183

cases who have never before received an injection, a haemoclastic crisis, i.e., a temporary leucopenia plus lymphocytosis, plus lower blood pressure and change in blood coagulability. Thus a fall in the blood pressure is noticed, which takes place from 5 to 15 minutes after the injection. The blood pressure is taken with the most painstaking precautions, with a view to avoiding every source of error. It should be noted that these results have been obtained in patients resting in bed, the blood pressure being taken first thing in the morning, i.e., fasting.

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

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

"Clinical Applications

"The various phenomena which we have just described suggest that several morbid states may be favourably influenced by this entirely inoffensive therapy. Briefly, one may say that it is applicable in any case where shock therapy is indicated; in anergic and hyperergic states, with or without infection. We would like in this paper to confine ourselves to certain indications in which this therapy has been successfully tested by us.

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

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

"Notes on Treatment

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

"**Extremely high dilutions are always used.** Doubly distilled water, prepared in a still made entirely of Pyrex glass, is used in the

diluting. Only one c.c. is injected at a time, preferably in the arm muscle (brachial triceps). The injection is painful, and is followed in a few seconds by violent muscular contractions at the site of injection. The pain is transitory. We recommend that the injection is given with the patient lying down. The site of injection *must not be sterilized with iodine*, but either with ether or preferably by rubbing with sterile gauze.

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

"Case Notes of Several Cases of Eczema and Asthma

"Eczema

1. *"L. E. A child of 5 ½ years.* – For two weeks had had skin eruption. The child is the son of one of our patients treated by us for neoplasm of the breast. Constitution excellent. Nutrition good. The hands and limbs had been covered with a tar ointment prescribed by his doctor. Small pinhead sized patches, pruriginous; on the wrists, back of hands, knees and several papules on the shoulders. The rest of the body clear. One injection of one c.c. of the unsaturated bodies was given. One week later more irritation. A further injection was given. One week later the child returned. All the eruptions had disappeared (some slight desquamation).

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

"Asthma

1. *" M. Sp. Age 24.* Medical student. – Had had asthma since the age of three years. Until ten years of age had often to stay away

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

2. "*Mr. V. G. Age 55.* – He has suffered from asthma for some time. The patient had received three or four injections of adrenalin each week, and is practically never free from attack. We gave him an injection of the unsaturated compounds. This injection was followed by another some hours afterwards. The same day the patient had received an injection of adrenalin. He did not have an attack the following week. At present he is well and has commenced to work again.

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

4. "M r, A. C., Age 36. – Has had asthma since 1921. Eczema on the hand since 1925. Since 1931 the attacks of asthma have become more frequent and the patient has received as much as 4 mgs. of adrenalin in 24 hours. Since 1932 he has had morphine and he has taken as much as 75 cgr. In four to five days. He has tried several other treatments without effect – Heckel serum, autogenous vaccines, etc. We saw the patient in December, 1937, with a typical attack and a permanent shortness of breath and considerable wasting. On December 24, 1937, we gave him an injection of the unsaturated bodies in alkaline solution. The next day he had a critical attack, which lasted for eight days, and increased in intensity at the beginning of 1938. On January 20 a further injection of the unsaturated compounds in alkaline solution was given, followed by three days of reaction; disintoxication of the morphine. By January 27 the attacks were not quite so frequent, and did not last so long. Another similar injection was given. On January 28 there was an outbreak of eczema on the hands. On February 3 a further injection was

given. On February 8 he could sleep without morphine. He was pleased and only had a slight attack each day. From February 22, 1938, until March 14, 1938, he had no more attacks. His health was excellent and his weight increased by 9 kilos. Between March 14 and March 29, 1938, he had some attacks, and was re-injected with the same compound. From March 29 until April 4, 1938, no further attack. Since then the patient has had attacks, but always less intense than before treatment was commenced. No morphine. General health good. This is an extremely refractory case, which required long treatment. Up to the present we have only succeeded in improving the general state, cutting out morphine and in obtaining a transitory diminution in the attacks of asthma. We are following with interest the course of this case. From June,1938, to the end of August the patient has remained practically without attacks. This is a remarkable result.

"Discussion

"The results obtained are clear, and can be repeated easily by anyone wishing to do so. They are obtained with doses of extremely high dilution, which serves to prove that the active substance can act when exhibited in extremely small traces, as do catalysts, or enzymes. The injections have a lasting action, and do not often have to be repeated, which is an advantage from the patient's point of view. **The treatment is absolutely harmless.** We have given several thousand injections without the least untoward incident, except that some may have a passing malaise, due to a fall in the blood pressure. It is still too early to be able to say with certainty exactly how these substances act, but we know already with certainty that peroxide of diformaldehyde has a deep and prolonged action on the catalase of the blood.

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

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

"Conclusion

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

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

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

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

"References:
W. Koch and J. Maisin: C.R. Soc. Biol. T. 120, p. 106, 1935;
J. Maisin and F. Robert: C.R. Soc. Biol. T. 123, p. 156, 1936;
J. Maisin and Y. Pourhaix: Ileme Congres Internat. De Cancerologie Bruxelles. Sept. 1936;"
J. Maisin, Y. Pourbaix and P. Caeymaex: C.R. Soc. Biol., March 1938"

On September 8, 1939, while Professor Joseph Henri Maisin was on a trip to the United States just prior to the start of World War II, he wrote the following letter to the Chairman of the Ontario Royal Cancer Commission. In this letter he briefly reviewed his research over the prior five years with some of Dr. Koch's medications. In this letter he stated:

"New York, September 8th, 1939

To the Honorable Judge Gillanders,
Chairman Royal Cancer Commission,
Toronto Canada

Dear Sir:

"I wish to contribute to Dr. Arnott's presentation by stating that I have spent the last five years in the study and development of this treatment in allergies, infections and experimental cancer in animals.

"The subject is too vast for anything like a report a this time, but I am willing to state that over this short period of five years, I have seen cancer disappear in animals and man with a return of health, as a result of its use, in real cancer proven malignant microscopically. It is, of course, too early to conclude, but sometimes the results have been so striking that we feel fully justified to continue the research in this field.

Very respectfully yours,

(Sgd.) Maisin
Director, Institute du Cancer,
Universite de Louvain, Belgium"

It should be noted that in 1936, when Dr. Francis C. Wood first became aware of the fact that Dr. Koch was demonstrating his cancer research to Professor Joseph Maisin at Louvain University, Dr. Wood sent a telegram to Professor Maisin in an attempt to persuade Dr. Maisin from having anything to do with Dr. Koch. It was obvious that Dr. Wood wanted to prevent the world from learning about the success of Dr. Koch's cancer research. This was not the only time that the cancer authorities in the United States tried to prevent the advancement of Dr. Koch's research in a foreign county. Documentation of Dr. Wood's action was made public on January 29, 1943, when he testified as an expert witness for the Food & Drug Administration against Dr. Koch. Dr. Wood admitted his actions and claimed that he was trying to save Dr. Maisin from any embarrassment by being associated with Dr. Koch. In court Dr. Wood testified:

"I was trying to protect Dr. Maisin".

Dr. Maisin, at that time, telegraphed back to Dr. Wood that Dr. Koch had already demonstrated so much that he (Dr. Maisin) preferred to continue to work with Dr. Koch in spite of this warning from Dr. Wood. There were several other attempts by the medical profession, in the United States, to use its influence and political power to put pressure upon Professor Maisin to discontinue his basic medical research with Dr. Koch. Also, there were other attempted interferences to stop Dr. Koch from demonstrating his medical research in other countries by the American medical profession and pharmaceutical industry. This type of interference continued up to the time of his death in 1967.

Brasilian Research Started in 1941

In May of 1941, Dr. Koch, my brother Bill and I took a trip to South America. My college roommate, Almir Castro, had suggested that we visit him in Rio de Janeiro for the summer. This was to be a business trip for Dr. Koch and a rest and relaxation trip for all of us. Dr. Koch had planned on going to Uruguay to see Dr. Arturo Gusman while my brother Bill and I would stay in Rio de Janeiro visiting Almir Castro. At the time of sailing, the ship's doctor was called into the military service thus preventing the ship from leaving port with out a medical officer. At the request of The Delta Line, Dr. Koch agreed to be the ship's doctor for part of the trip until The Delta Line could get a replacement for him. While on the boat, an influential member of the Brazilian government became seriously ill and Dr. Koch was called upon to treat him. This gentleman became so interested in Dr. Koch's research that he introduced Dr. Koch to his personal physician, Dr. Renato de Souza Lopes, and to a number of leading physicians in Rio de Janeiro, including some of the physicians connected with the Brazilian Army. At their request, Dr. Koch remained in Brazil about 5 months teaching these doctors his theories on the chemistry of natural immunity and his methods of treating different types of diseases. Dr. Koch would give lectures and clinical demonstrations in the French and in the German language for those doctors that did not speak English. He treated numerous patients suffering from various diseases in the local hospitals, whose cases seemed resistant to all ordinary medication.

However, in November of 1941, this research program was interrupted by the following two events: 1) an American pharmaceutical company attempted to block this research and teaching in Brazil; and 2) the U. S. Food & Drug Administration had notified Dr. Koch that they wanted him to return to the United States so that the government could review the labels on his medications (Glyoxylide, Malonide and Benzoquinone) with him in person. These medications were being sold directly to licensed medical doctors in the United States at that time. When Dr. Koch left Brazil in November of 1941, he was asked to return by his Brazilian friends as soon as possible to continue his teaching and research program there. This he promised to do and so he made plans to return to Rio de Janeiro the following April of 1942 to continue with his teaching and research work in Brazil.

In spite of the continuous A.M.A. oppression over the years, Dr. Koch did

give lectures to many interested groups on his medical theories and research. These medical groups included the following: 1) On August 18, 1935 he spoke before members of the staff of Byron Sanitarium, London, Ontario, Canada; 2) before members of the staff of the Hartford Connecticut Hospital on December 1, 1935; 3) before members of the staff of Hahnemann Hospital, Liverpool, England on February 23, 1937; 4) The American College of Protology, in convention, Chicago, Illinois on September 21, 1937; 5) the College of Physicians and Surgeons of the Province of Quebec, Canada on June 29, 1939; and 6) several groups of doctors in the summer of 1941 in Rio de Janeiro, Brazil.

In 1944, with the cooperation of Dr. Koch, arrangements were made by Dr. David Arnott with the Minister of Agriculture for the Province of British Columbia, Canada, for an investigation of the Koch Treatment in the treatment of mastitis and other diseases of dairy cattle. Because of the 1942 F.D.A. indictment,[31] Dr. Koch was unable to leave the United States to participate in this research program in Canada. The favorable results from this experimental research program with Glyoxylide were subsequently published in the annual reports of the Department of Agriculture for British Columbia for the years of 1944 thru 1949. Also, this scientific animal research was presented in evidence by Dr. Koch during the second F.D.A. trial in Detroit in 1946. On January 30, 1950, S. N. Wood, B.S.A., D.V.M., Professor and Animal Pathologist, at University of British Columbia, presented his research paper illustrating the use of the Koch Treatment for cattle diseases to the Washington State Dairymen's Association at their Annual Meeting.

In late 1944, Mr. George H. Maines wrote a letter to H. A. Wallace, Vice-President of the United States, about the use of the Koch Treatment for mastitis in cattle. Mr. Wallace took this matter up with the Bureau of Animal Industry, United States Department of Agriculture. Even though this Bureau had information on the successful use of Koch's Glyoxylide in the treatment of mastitis and in sterility in cows in the Canadian research experimental program in British Columbia, this United States Governmental Agency showed absolutely no interest in Dr. Koch's treatment. During the 1946 Food & Drug trial when this research evidence, establishing the therapeutic activity of Glyoxylide, was presented in court on Dr. Koch's behalf, the F. D. A. attorneys did nothing to refute it because the F. D. A. was unable to scientifically disprove the therapeutic effect of Glyoxylide in the treatment of these conditions. Subsequently, on August 18, 1948, the F.D.A. sponsored indictment was dismissed by the Federal Court judge at the request of the Food & Drug Administration.

---

[31] See Chapter 13, p. 145; The JAMA and The Power of the Government, p. 145.

CHAPTER 8

ADDITIONAL SUPPORTING RESEARCH

Scientific Support from Dow

In a letter from Willard H. Dow, President of Dow Chemical Company, dated June 21, 1946, to Mr. Laurence B. Thatcher; Dr. Dow wrote the following:

"You may be interested to know, however, how we began to be interested in this method of treatment. Some years ago we decided it was up to us to apply ourselves to the chemistry of such diseases as influenza, and find out all we could. During the analysis of the problem entirely from a chemical standpoint, and not from a medical standpoint, we arrived at the conclusion that some medicinal of high oxidizing characteristics should be the method of medical cure. About that same time one of our people here discovered Dr. Koch's activity and found that his chemistry as applied to medical treatment was exactly the thing we were interested in. We proceeded to follow all his problems, and as a result of his observation of our interest, he began to concentrate a great deal of his attention in this neighborhood.

"His recent trial in connection with the Pure Food and Drug Administration has brought him the support of some of our technical people on the basis of submitting technical information that is available here and has been proved up and **which the government had attempted to misrepresent**. Our intention all the way through has been to try to get at the truth of this whole matter, and whether it is Dr. Koch or somebody else, **we would take the same attitude to try to prevent an innocent man from being crucified. We cannot understand what the Food and Drug Administration is driving at for the reason that all our information to date would indicate Dr. Koch has been exonerated from illegal practices as far as the Administration is concerned, and as for the mislabeling of packages, like everyone else it is merely a matter of interpretation rather than willful violation of the law. Before the present trial came up, Dr. Koch had appeared before the Washington representatives of this department and thought the whole matter was straightened out to their satisfaction, but apparently not so. It is strange, because the same procedure is run into time and time again by industry when it is necessary to get a label properly approved before it goes to the public**, but in his case it does not seem to be possible without a trial. He has had no trouble in proving his points, but **the government has spent a tremendous amount of money to try to prove he is wrong. It almost sounds as if a certain group is attempting to persecute him unjustly.**

"I am replying to your letter in some detail to give you the benefit of our background and our interest in Dr. Koch's work. He is not a representative of our Company in any sense of the word. We have no control over his treatments....**As far as I am personally concerned, I**

consider him one of the outstanding scientist in the medical profession, and he is so far head of the thinking of his profession that he is naturally being ridiculed somewhat....The mere fact that Dr. Koch has a treatment definitely affecting virus diseases is of itself sufficiently important that it ought to be analyzed from every angle by the medical profession....I think we all have an opportunity to see something new aborning in Dr. Koch's work....I sincerely hope some day the public will recognize him for his ability."

William J. Hale, Ph.D., Research Consultant of the Dow Chemical Company and The former Director of Organic Chemical Research, wrote about the chemical structures of "Glyoxylide" [(O:C:C:O), which is a polymer], "Triquinoyl" [which is a trimer of (O:C:C:O)] and Parabenzoquinone. He also showed the chemical relationship of inositol to rhodizonic acid to triquinoyl in his book *Farmer Victorious, Money, Mart and Mother Earth* (Coward-McCann, Inc., N.Y., 1949), Chapter XVIII – Chemotheraphy. (48)

Dr. Hale wrote:

"In practice triquinoyl has been found to act almost identically with 'Glyoxylide' (O:C:C:O), a compound that Dr. Koch had prepared by dehydration of glyoxylic acid (CHO-COOH). In brief, this so-called glyoxylide, which has proved so efficacious in the hands of Dr. Koch against diabetes, arthritis, poliomyelitis and even cancer, undoubtedly polymerizes under many conditions to 3(O:C:C:O) or triquinoyl, in which an oxygen atom is doubly linked to each of the six carbon atoms of the reduced (or saturated) benzene ring carbon structure, and plays a most effective role in the treatment of disease. In the likely dehydrogenation of inositol within the body we can now interpret the phenomenal action of inositol in replacing insulin for diabetics." pp. 159-160.

"Now the role of these polyketocompounds is definitely oxidative. By their presence a higher level of metabolism is made possible in the system, and, like a passing wave over a golden wheat field, this wave of oxidative influence continues unabated for months upon months-sufficient, indeed, to heal improperly nourished organs and slough off decadent tissues. All of this is in accordance with findings of H. Wieland proving first the hydration of an active carbonyl group in body fluids into :C:(OH)2 and its subsequent dehydrogenation by enzymes into a peroxide type, :C:O:O, whereupon nascent oxygen is liberated and the carbonyl group (:C:O) regenerated to repeat the process. Just as Pasteur identified the microscopic organisms that led to plant disease, so **Koch identifies the chemical agents that are capable of combating microorganisms."** p. 161.

It should be noted that Inositol, which can be made by the body and intestinal bacteria, has been recognized as a component of food and was accepted as a vitamin in 1940. It should be further noted that *Dorland's Illustrated Medical Dictionary, 23rd.* (1957), p. 679, defines "Inositol" as follows:

"Acrystalline substance, hexahydroxycyclohexane, resembling a sugar, that is found in muscle, urine, the viscera, and various plant substances. It is a vitamin of the B complex concerned in the growth of yeast, and curative of mouse alopecia and **said to inhibit tumor growth.**"

DOW SCIENTIST'S SUPPORT KOCH'S CHEMISTRY

Mr. James V. Sheridan, patent attorney for Dow Chemical Co. and one of Dr. Koch's trial attorneys during the 1946 second F.D.A. trial, wrote the following letter to Dr. D. H. Arnott in which Mr. Sheridan briefly reviewed the expert testimony of the Dow chemists who testified on behalf of Dr. Koch, Louis Koch and Koch Laboratories, Inc.

April 21, 1947

Dear Dr. Arnott:

"I have been assigned the pleasant task of advising you concerning the nature of the chemical work done by the Dow Chemical Company at Midland, Michigan, on the chemistry of the Koch drugs. I am presuming that you are not interested in all the details of this work but rather in the conclusions reached and the general mode of procedure used in reaching the conclusions.

"Our activity started late in 1944. Through the years we have been interested in chemical catalysts, and particularly we were interested in oxidation and polymerization catalysts. We had observed that certain chemical structures within the molecule appeared to be the center of desirable catalytic effects. Naturally we were interested when we discovered that Dr. William F. Koch of Detroit was using certain chemicals containing these structures and on the same theoretical basis. Our application was in industrial chemistry and Dr. Koch's was in biochemical systems, but our approaches fell into one category.

"**As you might expect we were somewhat discouraged by the weight of expert opinion which had been hurled against the Koch chemistry.** I was particularly impressed by a 1936 American Medical Society publication to the effect that the major portion of the Koch chemistry is 'pure nonsense' and that some of the structures are 'incomprehensible'. We were also advised by this publication that Koch's 'associates are not reputed for scientific attainment or for any other reason except the kind of repute earned by association with William F. Koch'. Needless to say our chemists leaned over backwards in their proof in order that we might protect the good name of Dow from such a vigorous assault.

"I was placed in charge of the investigation by Dr. Willard Dow and chose first to find out what the specific defects were supposed to be in this chemistry. This can best be treated by separate consideration of each of the Koch drugs – BQ, Malonide, Glyoxylide.

"BQ

"BQ is the trade name used by Dr. Koch to describe a solution of Benzoquinone in distilled water. The usual concentration of Benzoquinone is one part per million.

"There is no argument on the existence of Benzoquinone. Its structure is well known. Koch Benzoquinone is prepared under carefully controlled conditions to eliminate impurities in the form of amino and hydroxyl groups.

"Only one issue appears to have arisen with respect to BQ. Government chemists had testified at various times that such a solution is chemically and physically 'indistinguishable from distilled water'. Although we realize that this is just a catch phrase designed to impress a jury, we none the less tested this concentration (10^{-6}) by means of an ordinary and well known chemical test. We were able to distinguish easily between distilled water and a solution of Benzoquinone in one part per million. In fact, we could easily distinguish distilled water from a solution of Benzoquinone in one part in ten million (10^{-7}). This result does not prove anything in a scientific way; it merely demonstrates how easily 'expert' opinion gives way to simple laboratory procedures.

"We also selected ampoules at random from a batch of Koch BQ and applied our test. The drug was clearly distinguishable from distilled water.

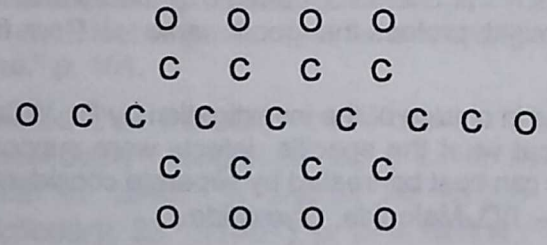
"Malonide

"Malonide is the trade name used by the Kochs to describe a solution alleged to be poly carbon suboxide in distilled water. Its usual concentration is one part per trillion or (10^{-12}). This concentration is beyond the reach of chemical analysis. However, that is not the principle controversy with reference to Malonide.

"Malonide is made from carbon suboxide.

O C C C O

"This compound is well known. It has been reported in the literature many times and the Dow chemists have made it by three different methods; one of which is the method used by Dr. Koch. The Malonide itself is the polymer of carbon suboxide; that is, poly carbon suboxide. As you probably know polymer is a simply a linking together of monomer units to form a chain-like molecule or polymer. The exact structure of poly carbon suboxide is not known but is thought to be somewhat as follows:



"The above picture represents five units of carbon suboxide.

"Carbon suboxide is a gas. At room temperature it liquefies at 7° Centigrade.

"The polymer, however, is a brown-red, resinous, solid material. The polymer is soluble in water and imparts a red color to the solution.

"Koch's opposition claims that since

O C C C O

is the anhydride of malonic acid (which it is) that Malonide would be a solution of malonic acid. I have looked in vain for any testimony to the effect that any one of these experts has actually dissolved poly carbon suboxide in water. **Their opinion is nothing else but opinion.**

"As I said before we prepared carbon suboxide by three different methods, one of which was the Koch method. We then prepared the polymer. This is a simple process; in fact, it is difficult to prevent the polymer from forming spontaneously. This polymerization occurs so rapidly that we experienced several explosions before learning the best method of handling the materials. Our carbon suboxide and our poly carbon suboxide were analyzed by every method known in modern science. This included ordinary chemical analysis, molecular weight, infrared spectra, ultraviolet spectra, etc. There is no doubt as to the identity of the materials.

"We dissolved poly carbon suboxide in water in order to measure the speed at which it converts to malonic acid. **We found that no malonic acid forms. At the end of one month the poly carbon suboxide was 100% intact.**

"We next boiled the water solution of poly carbon suboxide. There was polymer disintegration but no malonic acid formed.

"Please keep in mind that up until the time this extremely simple experiment was performed, experts by the dozen were willing to give their opinion that there would be an immediate conversion to malonic acid even without the boiling. The most radical of all the experts would allow a mere one hour for this change to take place. I might also add that the performance of this simple experiment takes less time than it does to visit a court and testify.

"In connection with Malonide we were given a material by Koch which he said was the concentrate used to make the ultimate dilutions. We submitted this concentrate to analysis and found it to contain poly carbon suboxide in water as represented.

"<u>Glyoxylide</u>

"Glyoxylide is alleged to be a polymer of the structure

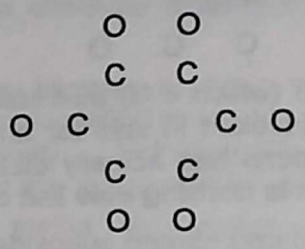
O C C O

"Dr. Koch has testified concerning his process of making Glyoxylide. He has described O C C O as a gas which he has never isolated per se for the reason that it is so reactive that it immediately polymerizes. The basis of his assumption that O C C O exists is the fact that it is the only substance which can explain the formation of the

particular polymers made. The opposition experts state categorically that there is no such compound, that there are no polymers of O C C O.

"The experts say that even if these compounds existed they would immediately form glyoxylic acid in contact with water (for the reason that O C C O is structurally the anhydride of glyoxylic acid).

"Our search showed up the chemical compound, triquinoyl.



"**Triquinoyl**, from a structural viewpoint, is a three unit polymer of

O C C O.

"This compound was reported in the literature and has been made by Dow chemists by two different procedures.

"As is the case of Malonide we subjected some of Koch Glyoxylide in concentrated form to analysis. The material submitted was in water solution and, therefore, according to expert opinion, should have been a solution of glyoxylic acid. We found, however, that the material was, in fact, a polymer consisting of a chain of carbonyl (i.e. C O groups) and that the solution contained no glyoxylic acid. In fact, the solution contained no acid of any kind. We failed to detect acid groups even with spectrum analysis.

"The Dow chemists who took part in this program testified at the Koch trial held in the Spring of 1946 in Detroit. It is significant that no rebuttal testimony was offered by the Government.

"The above information is, of course, a sketchy account of our investigation. The complete evidence is available to anyone interested. As a general conclusion I can say that in every single case where an experiment was possible the results were consistent with the views expounded by Dr. Koch. We have not as yet secured any results inconsistent with those views."

Sincerely,

J. Sheridan"

RELATED SUPPORTING MEDICAL RESEARCH

On the Origin of Cancer Cells, an article published in Science, February 24, 1956, Vol. 123, Number 3191, (which was based on a translation of a 1955 lecture given by Otto Warburg, Ph.D., M.D., N.L.,), Dr. Warburg said in his summary:

"Cancer cells originate from normal body cells in two phases. The first phase is the irreversible injuring of respiration. Just as there are many remote causes of plague—heat, insects, rats—but only one common cause, the plague bacillus, there are a great many remote causes of cancer—tar, rays, arsenic, pressure, urethane—**but there is only one common cause into which all other causes of cancer merge, the irreversible injuring of respiration.**

"The irreversible injuring of respiration is followed, as the second phase of cancer formation, by a long struggle for existence by the injured cells to maintain their structure, in which a part of the cells perish from lack of energy, while another part succeed in replacing the irretrievably lost respiration energy by fermentation energy. Because of the morphological inferiority of fermentation energy, the highly differentiated body cells are converted by this into undifferentiated cells that grow wildly—the cancer cells.

"To the thousands of quantitative experiments on which these results are based, I should like to add, as a further argument, the fact that there is no alternative today. If the explanation of a vital process is its reduction to physics and chemistry, **there is today no other explanation for the origin of cancer cells**, either special or general. **From this point of view, mutation and carcinogenic agent are not alternatives, but empty words, unless metabolically specified.** Even more harmful in the struggle against cancer can be the continual discovery of miscellaneous cancer agents and cancer viruses, which, by obscuring the underlying phenomena, may hinder necessary preventive measures and thereby become responsible for cancer cases." p. 312.

In Dr. Warburg's paper, *Prefactor Chapter* (65), he identifies benzoquinones and naphtho-quinones (the latter compounds occur in nature as ubiquinones and vitamins K) as oxidants. In this paper he reports that through mouse cancer experiments it has been shown "that living animals tumors tissue alone lives anaerobically, as was expected since the discovery of the fermentative metabolism of cells...**Very likely this great difference in the life of normal and cancer cells will be the basis of a future selective cancer chemotherapy.**" (p. 11, 1963) Dr. Warburg continues:

"Owing to their anaerobiocity, and because anaerobic cells contain less catalase than aerobic cells, hydrogen peroxide acts selectively on cancer cells....To produce H_2O_2 in living cells we injected into mice quinones which produce H_2O_2 by alternate reduction and oxidation, in a way similar to that by which H_2O_2 is produced today in the chemical industry. Small curative effects were obtained, but the quinones were too toxic to be of practical value.

"More encouraging were experiments with glyceric aldehyde, which as has been known for a long time, inhibits fermentation of cancer cells at a concentration of 0.01 N."

Dr. Warburg goes on to explain the limitations of using the aldehyde in his experiments. At the end of his paper he added the following paragraph ©:

"Since this article was written, we observed that glyceric aldehyde and cysteine react very rapidly at room temperature, at physiological pH. The compound contains one molecule of the aldehyde to one molecule of cysteine and is a relatively stable thio-hemi-acetal of the aldehyde. Other SH compounds react much more slowly, for example, glutathione and coenzyme A; **yet it may be that a reaction with an SH group is the cause of the rapid killing of cancer cells by the aldehyde.** (p. 14)

Dr. Warburg in his lecture at the meeting on June 30, 1966 at Lindau, Lake Constance, Germany, and in the revised editions of this lecture (1969), **came to the conclusion that anaerobiosis is the prime cause of cancer and that this (anaerobiosis) meets the demands of Pasteur.** (p. 14) In the preface to the Second Revised German Edition of the Lindau Lecture, "The Prime Cause and Prevention of Cancer", [64] he wrote:

"Since the Lindau lecture of June 1966 many physicians have examined - not unsuccessfully - the practical consequences of the anaerobiosis of cancer cells....**The cure of human cancer will be the result of biochemistry of cancer and of biochemistry of man.**

"There exists no alternative today to the prevention of cancer as proposed at Lindau. It is the way that attacks the prime cause of cancer most directly and that is experimentally most developed. Indeed millions of experiments in man, through the effectiveness of some vitamins, have shown, **that cell respiration is impaired if the active groups of respiratory enzymes are removed from the food; and that cell respiration is repaired at once, if these groups are added again to the food. No way can be imagined that is scientifically better founded to prevent and cure a disease, the prime cause of which is an impaired respiration.** Neither genetic codes of anaerobiosis nor general cancer viruses are alternatives today, because no such codes and no such viruses in man have been discovered so far; **but anaerobiosis had been discovered."**

"It has been asked after the Lindau lecture why the repair of respiration by the active groups of the enzymes was proposed as late as 1966, although the fermentation of cancer cells was discovered as early as 1923. Why was so much time lost?

"He who asked this question ignored that in 1923 the chemical mechanism of enzyme action was still a secret of living nature alone. The first active group of an enzyme, 'Iron, the Oxygen-Transferring Part of the Respiratory Enzyme' was discovered in 1924. There followed in two decade the discoveries of the hemoproteins, the flavoproteins and the pyridinproteins, a period that was concluded by the 'Heavy Metals as Prosthetic Groups of Enzymes' and by the 'Hydrogen Transferring Enzymes' in 1947 to 1949.

"Moreover, during the first decades after 1923 glycolysis and anaerobiosis were constantly confused, so that nobody knew what was specific for tumors....**Anaerobiosis of cancer was an established fact**

only since 1960, when methods were developed to measure the oxygen pressure inside of tumors in the living body.

"This abridged history shows that even the greatest genius would not have been able to propose in 1923, what was proposed at Lindau in 1966. As unknown as the prime cause of cancer was in 1923 was the possibility to prevent it.[32]

"Life without oxygen in a living world that has been created by oxygen was so unexpected that **it would have been too much to ask that anaerobiosis of cancer cells should be accepted at once by all scientists.** But most of the resistance disappeared when at Lindau it was explained **that on the basis of anaerobiosis there is now a real chance to get rid of this terrible disease, if man is willing to submit to experiments and facts.** It is true that more than 40 years were necessary to learn how to do it. But 40 years is a short time in the history of science." pp. 1-3, August 1966, Otto Warburg

At the end of Dr. Warburg's lecture in 1966 he said:

"But nobody today can say that one does not know what cancer and its prime cause is. On the contrary, there is no disease whose prime cause is better known, so that today **ignorance is no longer an excuse** that one cannot do more about prevention. **That the prevention of cancer will come there is no doubt, for man wishes to survive. But how long prevention will be avoided depends on how long the prophets of agnosticism will succeed in inhibiting the application of scientific knowledge in the cancer field. In the meantime, millions of men must die of cancer unnecessarily**." p. 16

Dr. Warburg has shown through his work on cell metabolism that normal respiration (aerobic metabolism) of a healthy cell is changed to anaerobic metabolism in cancer cells; that viruses, chemical agents, etc are remote causes that lead to anaerobiosis and it is this anaerobiosis that is the primary cause of cancer. Dr. Warburg believed that once anaerobiosis occurs, this process could not be reversed.

From the campus of the University of Michigan, it was reported in *Michigan Today, Winter 2001, Volume 33, Number 1*, that Drs Raoul Kopelman and Martin Philbert, two research scientists, have advanced the theory that through the use of nanoprobes, oxygen can be activated in cancer cells to produce Killer Oxygen and that this Killer Oxygen can be used to destroy cancer cells in the body with out harming normal cells. Mr. John Woodford, the reporter stated the following on their research.

---

[32] It is unfortunate that the cancer research of Dr. Koch, starting prior to 1919 at the University of Michigan, was withheld from the world and official medical publications through the censorship and power of the medical power brokers in the United States. I believe that Dr. Warburg and his research would have benefited by the scientific discoveries of Dr. Koch and that we now would have an accepted method of treatment for cancer today based upon Dr. Koch's medical research.

"The chief task they want the nanoprobes to do next is destroy cancer cells with Killer Oxygen.

"Molecular oxygen is normally stable and composed of two atoms joined by a strong bond, but when the appropriate wavelength of light is shined onto special pebbles placed strategically on or adjacent to a cell, the oxygen molecule is converted to the highly reactive singlet oxygen. Singlet oxygen is a species Kopelman calls Killer Oxygen.

"We read a lot of news reports about the benefits of anti-oxidants these days. Why? Because, as Philbert explains, '3 percent of the oxygen that is normally in our bodies is killer oxygen, The oxidation process it sets off causes aging and disease processes. By harnessing and directing this chemical reaction, we have the potential for a direct, targeted treatment for cancer cells.'"

This article goes on to say in part:

"Bleaching is another form of this deadly oxidation process." And:

"Detonating a tumor

"And that brings us to the second type of nanoprobe Kopelman and Philbert have invented – nanoeffectors. They are developing a way to use the two types of pebbles in tandem. Nanosensors would find the cancer tumors with pinpoint accuracy; and nanoeffectors would then destroy the tumor cells by detonating killer oxygen. They are close to receiving a patent as coinventors of the nanoeffectors, too.

"'We are decorating. You might say, the surface of loaded nanodvices, causing them to accumulate in the region of the cancer cells, "Kopelman says. Many investigators are experimenting with various methods of delivering drug to cancer sites, Kopelman notes, 'but the drug molecules reach the cell as individual molecules, and there the cancer cells soon gain an advantage over the drug by figuring out how to pump it out of the cell. They become immune to the drug. So if the cell you are attacking has developed resistance proteins that eject the attacking molecule, you're sunk. That's why cancer can survive chemotherapy.'

"Kopelman, Philbert and their team figure a better way may be to bleach cancer to death. 'We hope killer oxygen can destroy the entire cancer cell at once,' Kopelman says, 'With chemotherapy, we have to weigh the toxic side effects versus the desired therapeutic effect. But theoretically, killer pebbles would be a completely inert and benign substance until you switched on the specific actuating wave-length. You would release the killer oxygen where and when you wanted it. The cancer cells would have no chance to fight back'."

REVERSIBILITY OF CANCER

Dr. Koch wrote the following in his supplement to *The Survival Factor In Neo-plastic And Viral Diseases,* 1961, (Supplement, pages 286-7 [33]):

"And this leads to the question posed by Warburg as to the irreversibility of cancer which we show exists only so long as the carcinogen is integrated with the cell's energy producing and receiving mechanisms for function and mitosis, and which is reversed by oxidatively removing the integrated carcinogen, virus, etc. The case histories of the text are good examples.

"The diagnoses were made by America's most noted expert surgeons and pathologists, at our proudest institutions with all the facilities for making a firm diagnosis in the regular course of business. Only a few examples are used here, but they are enough. Besides, the America Medical Association and its Wayne County Medical Society officially proved that cancer is fully and permanently reversible away back in 1919 when they investigated this therapy on 'five undoubted cases of cancer' treated in the terminal stages as is fitting for such a test. Three weeks after the treatments were given, the several patients started to improve so rapidly that the official committee became panicky, and closed the investigation, sending the patients back to their distant homes with the warning that further treatments would not be allowed. However, three of the five patients continued to recover until they were again normal with full reversal of pathogenesis, and permanently so. A fourth patient also made a rapid recovery from a generalized von Recklinghausen neuro-sarcoma that had invaded his whole body, and the uncountable tumors dissolved away so rapidly that the committee warned the patient that if he received another treatment he would melt away just like the tumors and he had better return home for safety's sake. He lost no time in doing so. It was not possible to follow him personally thereafter as he lived 300 miles away. So I cannot personally state I found him cured like the others. However, five years later, patients continued to come from his home town, because of the good results they observed in his case, and unless he were cured he certainly could not have survived over a few months from the time of treatment. Certainly a recovery rate of 60% or 80% of cases treated in the terminal stage is not, 'nothing came of it' as was officially reported. Moreover, five years later when I reported the curative results to the Medical Society and asked them to change their misleading report, they persistently refused.

"The full permanent reversibility of far advanced cancer was also firmly and factually uncontradictably proven in two Federal Court trials of daily sessions of about five months each in 1943 and 1946, whereby the Food and Drug Administration was forced to withdraw their false charge that the remedy of this text was ineffective. The answer to the Warburg question is established **'Cancer is fully reversible, and permanently and completely so.'"**

On the subject matter of carcinogenic agents, in 1963, Dr. Koch wrote:

> "Warburg credited anoxia with the power to produce cancer, and while anoxia is essentially provocative, **we have found that in addition two carcinogenic agents are also necessary. They are the initiating and sustaining carcinogens.** One and the same chemical structure may serve in both capacities....However, the initiating carcinogen or allergen may be a virus, a product of germ activity in the intestine, a mercaptan or other structure carrying a sulphidryl group, or a free radical produced by the sun's rays on a ripening pollen, or present in some plastic material. The sustaining allergen or carcinogen is in our experience a product of germ activity. It is brewed in an old scarred in focus of silent infection where enough oxygen is not admitted to burn the free radicals produced in its slow metabolism, thus giving them a chance to polymerize. Both are joined to the energy receiving mechanism of the host cell by free radical addition, and hence by a single covalent bond. The integration of a virus is with the energy producing mechanism, likewise by a single covalent bond and so the phenomena associated with viral infection and allergy including cancer production as well as their reversals are of the same pattern and may be discussed together. Though the single covalent bond is well known for its easy rotation under environmental influences, it appears fixed for each disease entity, a fact that gives a good clue to the nature of the critical atomic groups both of the pathogen and of the host cell energy producing and receiving mechanism." *Neoplastic And Viral Parasitism, Their Basic Chemistry And Its Clinical Reversal;* p. 7, (34)

Dr. Koch has shown how the cell can be injured to produce Warburg's anaerobiosis and how the resulting anaerobiosis can be reversed. This can be corrected by the removal of the injuring causing agent (carcinogen, etc) and by restoring the cell to its normal aerobic chemistry. Thus, through the use of the proper oxidation catalyst, by removal of all toxins from the body and by following a proper diet, the reversal of the disease process becomes possible.

In their book, *Cancer And Vitamin C*, (66, c) Dr. Linus Pauling, N. L., and Dr. Ewan Cameron (Linus Pauling Institute of Science and Medicine, 1979) discuss the causes, the prevention and the treatment of cancer and the important role that is played by vitamin C in these matters. That nutrition and environmental changes play a part in the stimulation of the natural protection mechanism of the body to overcome cancer. That large doses of ascorbate is an important nutrient. (pp. 47-9) For the control of cancer, the most important nutrient may be Vitamin C. (p. 99) Ascorbic acid, a weak acid, is a chemical reducing agent and can react with oxygen. (p. 208) And when ascorbate reacts with molecular oxygen, free radicals can be formed. (p. 192) That high doses of vitamin C are important not only to the body in the protection against cancer, but also in the protection against viral and bacterial diseases. (p. 107) And that

On the subject matter of carcinogenic agents, in 1963, Dr. Koch wrote:

> "Warburg credited anoxia with the power to produce cancer, and while anoxia is essentially provocative, **we have found that in addition two carcinogenic agents are also necessary. They are the initiating and sustaining carcinogens.** One and the same chemical structure may serve in both capacities....However, the initiating carcinogen or allergen may be a virus, a product of germ activity in the intestine, a mercaptan or other structure carrying a sulphidryl group, or a free radical produced by the sun's rays on a ripening pollen, or present in some plastic material. The sustaining allergen or carcinogen is in our experience a product of germ activity. It is brewed in an old scarred in focus of silent infection where enough oxygen is not admitted to burn the free radicals produced in its slow metabolism, thus giving them a chance to polymerize. Both are joined to the energy receiving mechanism of the host cell by free radical addition, and hence by a single covalent bond. The integration of a virus is with the energy producing mechanism, likewise by a single covalent bond and so the phenomena associated with viral infection and allergy including cancer production as well as their reversals are of the same pattern and may be discussed together. Though the single covalent bond is well known for its easy rotation under environmental influences, it appears fixed for each disease entity, a fact that gives a good clue to the nature of the critical atomic groups both of the pathogen and of the host cell energy producing and receiving mechanism." *Neoplastic And Viral Parasitism, Their Basic Chemistry And Its Clinical Reversal;* p. 7, (34)

Dr. Koch has shown how the cell can be injured to produce Warburg's anaerobiosis and how the resulting anaerobiosis can be reversed. This can be corrected by the removal of the injuring causing agent (carcinogen, etc) and by restoring the cell to its normal aerobic chemistry. Thus, through the use of the proper oxidation catalyst, by removal of all toxins from the body and by following a proper diet, the reversal of the disease process becomes possible.

In their book, *Cancer And Vitamin C*, (66, c) Dr. Linus Pauling, N. L., and Dr. Ewan Cameron (Linus Pauling Institute of Science and Medicine, 1979) discuss the causes, the prevention and the treatment of cancer and the important role that is played by vitamin C in these matters. That nutrition and environmental changes play a part in the stimulation of the natural protection mechanism of the body to overcome cancer. That large doses of ascorbate is an important nutrient. (pp. 47-9) For the control of cancer, the most important nutrient may be Vitamin C. (p. 99) Ascorbic acid, a weak acid, is a chemical reducing agent and can react with oxygen. (p. 208) And when ascorbate reacts with molecular oxygen, free radicals can be formed. (p. 192) That high doses of vitamin C are important not only to the body in the protection against cancer, but also in the protection against viral and bacterial diseases. (p. 107) And that

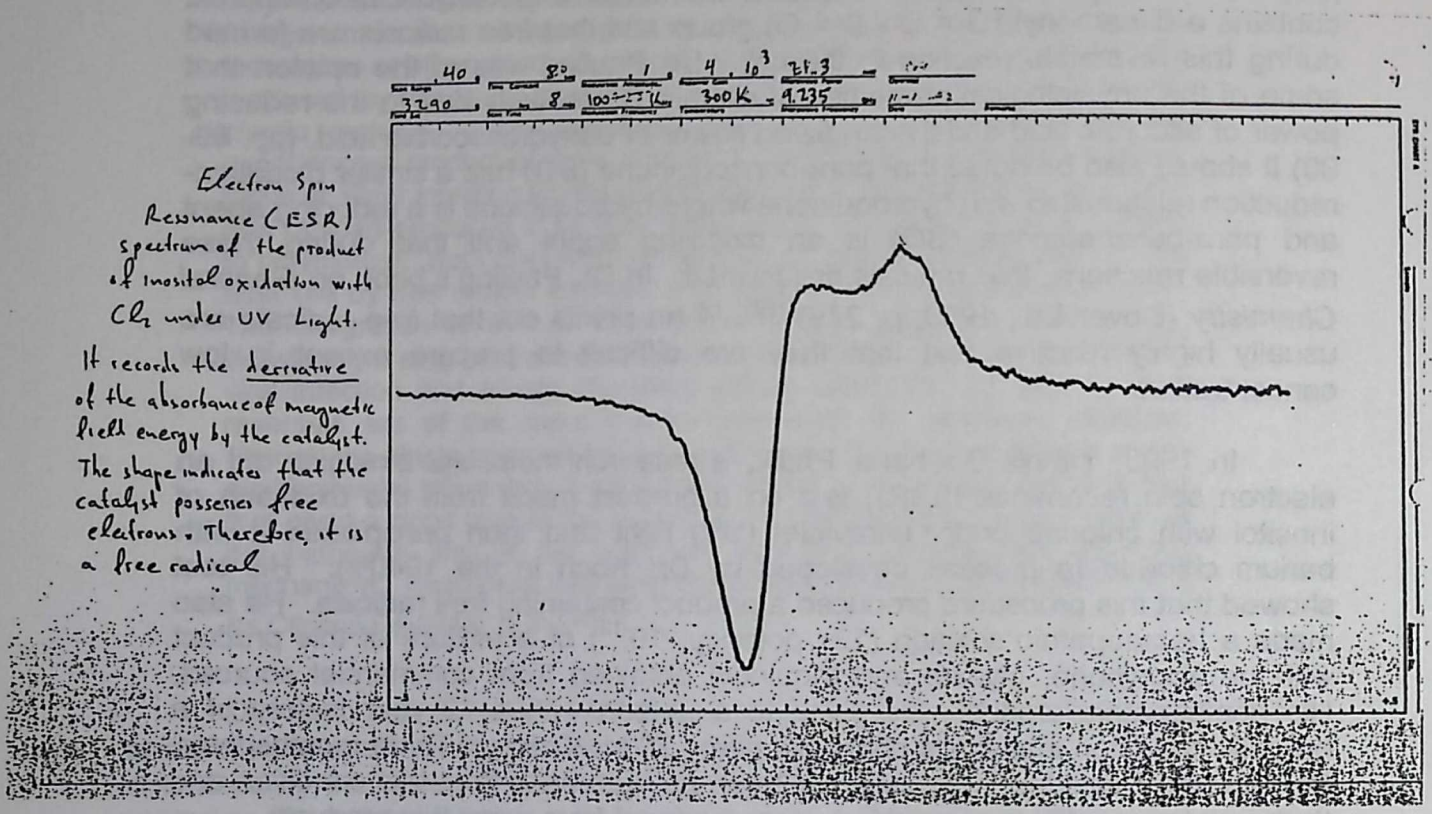
supplemental ascorbate will play a part in all future cancer treatment programs. (p. 196) **For progress to be made in the fight on cancer, organizations such as the American Cancer Society and the National Cancer Institute must open their minds to new ideas.** (p. 86)

Linus Pauling, Ph.D., N.L., in his book, *How To Live Longer And Feel Better,* (1987) (66, a) discusses the reversible chemical reaction between ascorbic acid, a strong reducing agent, and dehydroascorbic acid, a strong oxidizing agent, and the importance of this reversible reaction to physiological properties of Ascorbic Acid. It should be noted that dehydroascorbic acid contains a di-carbonyl (O = C - C = O) group and that free radicals are formed during this reversible reaction in the cell. Dr. Pauling was of the opinion that some of the physiological properties of vitamin C are likely due to the reducing power of ascorbic acid and the oxidizing power of dehydroascorbic acid. (pp. 89-90) It should also be noted that para-benzoquinone (BQ) has a similar oxidation-reduction relationship with hydroquinone where hydroquinone is a reducing agent and para-benzoquinone (BQ) is an oxidizing agent and that during these reversible reactions, free radicals are formed. In Dr. Pauling's book on *General Chemistry* (Dover Ed., 1988, p. 279) (66, b) he points out that free radicals are usually highly reactive and that they are difficult to prepare except in low concentration.

In 1993, Yannis Gounaris, Ph.D., a research molecular biologist, did an electron spin resonance (ESR)) test on a product made from the oxidation of inositol with chlorine under ultraviolet (UV) light and then precipitated it with barium chloride (a process developed by Dr. Koch in the 1940's). His test showed that this procedure produced a product containing free radicals. He also made a homeopathic solution (12x potency; 10^{-12}) of a mixture of this product with benzoquinone, glyoxal and triquinoyl obtained from commercial sources. His homeopathic product was given to a person with a 12 year history of a herpetic condition that would break out every 20 to 30 days. Three months later, Dr. Gounaris reported that there had been no outbreaks from this condition and that no adverse effects of any kind were observed from using this product.

It should be noted again that there is a reversible oxidation-reduction reaction between ascorbic acid, its ascorbyl radical and dehydroascorbic acid where dehydroascorbic acid acts as a strong oxidizing agent due to its two adjacent "carbonyl groups" and ascorbic acid is a strong reducing agent due to its 2 adjacent "hydroxyl groups". Likewise, there is a similar reversible oxidation-reduction reaction between hydroquinone, the semiquinone radical and para benzoquinone where para benzoquinone is the oxidizing agent and hydroquinone is the reducing agent. I believe that it will be found that there is a multi-step biological oxidation-reduction series of chemical reactions between inositol with its 6 hydroxyl groups and triquinoyl with its 6 carbonyl groups and where rhodizonic acid (with its 4 carbonyl groups and its 2 hydroxyl groups) acts as one of the intermediary structures between inositol and triquinoyl. The intermediary free radicals which are formed during the oxidation-reduction transformation between inositol and triquinoyl could be the most important part of the chemistry of the body's natural immune

system. Thus, when the immune system breaks down, it becomes necessary to "jump start" this system with a strong activated carbonyl structure, such as triquinoyl, in a non-toxic catalytic homeopathic dilution. In fact triquinoyl, a tri-dicarbonyl, may be found to be the body's most perfect oxidation catalyst.



Electron Spin Resonance (ESR) spectrum of the product of inosital oxidation with Cl_2 under UV light. It records the derivative of the absorbance of magnetic field energy by the catalyst. The shape indicates that the catalyst possesses free electrons. Therefore, it is a free radical.

Yannis Gounaris, Ph.D.

CHAPTER 9

A.M.A. INTERFERENCE WITH SUPPORTERS OF KOCH TREATMENT

On August 10, 1921, Franklin D. Roosevelt came down with Polio while on vacation in Maine. He devoted the next seven years of his life looking for a successful treatment for this crippling disease without success. It was reported later that he never was able to walk again. During this period of time he visited a thermo spa, for the wealthy, at Warm Springs, Georgia where he could enjoy the warm waters. Subsequently he purchased this spa to be used for a treatment center for polio victims. The Georgia Warm Springs Foundation was then established.

In 1934, John Koch came down with Bulbar Poliomyelitis at a summer cottage. Dr. Koch was notified and he returned immediately from a trip in the east to take care of his son. By the time Dr. Koch and Dr. Arnott arrived, John was in an advanced state of this disease. John was given the Koch treatment which brought about a good recovery, considering the advanced state that this disease had progressed to by the time John was seen by his father and Dr. Arnott.

In 1936, Dr. Koch tried to interest the Georgia Warm Springs Foundation, Inc. in his medical research. This foundation had previously been informed about the successful results that had been obtained with the Koch treatment for polio. In response to Dr. Koch's offer to give his treatment to this foundation to treat its polio patients, he received the following March 16, 1936 letter from Mr. Michael Hoke:

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

Though this Foundation did sponsor research and treatment for polio patients, Mr. Hoke and the administration of the Georgia Warm Springs Foundation showed no further interest in Dr. Koch's research. Could this lack of interest have been due to the influence of the A.M.A.? It should be noted that the Board of Trustees of the American Medical Association had become, in 1935, an advisory committee to investigate Polio treatments and was acting in this capacity for the Georgia Warm Springs Foundation at that time.[33]

---

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

In August of 1949, when Mary Lou Barnes, a 19 year-old Ohio State University student was stricken with polio, she was treated by Dr. Harold Wilson with Glyoxylide, a Koch therapeutic agent. She made a swift recovery according to the newspaper reports. This article went on to say: **"The drug he** (Dr. Wilson) **discovered later, is blacklisted by the American Medical Association** and was developed by a doctor who has fought the Association in court and out for many years."[34] Subsequently, the medical authorities in Ohio tried to take away Dr. Wilson's license to practice medicine for using an unapproved medication and blacklisted treatment in his private practice of medicine. They did successfully ban Dr. Wilson from practicing in all A.M.A. affiliated hospitals and clinics.

This was not the first or the last time that the A.M.A. medical authorities went after doctors who used the Koch Treatment. How many thousands of other polio victims were denied the use of this treatment over the years? In 1925 Dr. Carroll W. Allen, Professor of Surgery at Tulane University, personally conducted his independent investigation of the Koch Treatment for cancer. After he wrote a favorable paper on his investigation, the local A.M.A. medical authorities went after him.[35] Likewise, the medical authorities went after Dr. Mulloy to take away his license to practice medicine after they learned that his three month old patient with cancer, involving 85% of her liver and with a life expectancy placed at 21 days, had recovered from her cancer after receiving the Koch Treatment in September of 1948. These A.M.A. doctors, a year later, were afraid to acknowledge that the Glyoxylide was responsible for her recovery from cancer and so they claimed that this child, Judy, overcame her cancer ailment herself. A spontaneous recovery?[36] The affidavit of the baby's parents, Mr. & Mrs. Otis McWhorter, Jr. relates all of the relevant facts in this matter. Judy McWhorter is still cancer free in 2001, fifty plus years later.

THE McWHORTER AFFIDAVIT

"TO WHOM IT MAY CONCERN:

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

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

"Her physician who was a doctor in good standing, a member of the American Medical Association, and a man whom we trusted and still hold in high esteem, could not find anything wrong with her until his check up and examination at the end of her eighth week. At that time the doctor found her abdomen hard and much distended. During the period from August 20, 1948 to

---

[34] Toronto Daily Star, Monday August 22, 1949

[35] See page 131

[36] Fort Worth Star-Telegraph, November 12, 1949

August 27, 1948 a tentative diagnosis of cancer was made and X-rays were given although the X-ray technician stated that it was hopeless to expect a recovery.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Witness our signatures.

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

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

Jim Bob Nation
Parker County, Texas
Notary"

Other examples of orthodox medicine's attacks on other licensed medical doctors that have used the Koch Treatment over the years are: a) In 1953 the medical authorities went after Dr. Julian Baldor; and b) in 1958 they attacked Dr. Hardy. These are only a few examples to show the power of the medical authorities in the past and how they went after and, if necessary, tried to destroy any doctor who was not willing to follow their dictates. To the A.M.A. of yesteryear, and maybe today, for any medical doctor to support Dr. Koch's research and form of treatment was an unforgivable sin. Signs of a medical

inquisition![37]

In 1936, Mr. Harold McCormick, a member of the Chicago McCormick family (of the Harvester Company) arranged a meeting in Washington, D.C. for Dr. Koch with Dr. Thomas Parran, Surgeon General of the U.S. Public Health Service, and his advisors, Dr. McCoy and Dr. Carl Voightlin. At this meeting accompanying Dr. Koch was Dr. Leland Koffer, a former Assistant Surgeon General, who had been in charge of the Government's leprosy program in Hawaii for some years. Dr. Koch explained the chemistry and theory of his treatment and told them about the successful use of his treatment for lepers in the Belgian Congo. Dr. Voightlin, who was already familiar with the joint research of Dr. Koch and Professor Maisin, produced a copy of the Koch-Maisin research paper that appeared in C. R. Soc. Biol. T. 120, p. 106 (1935).

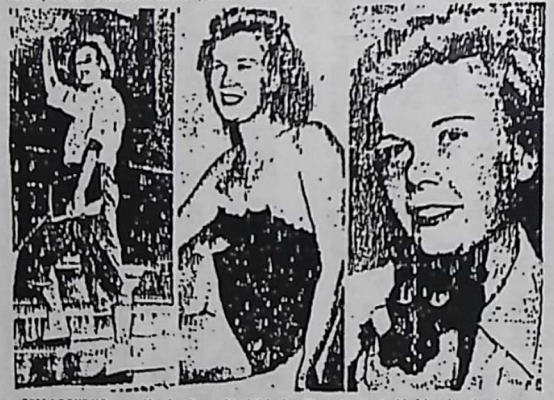
The purpose of this meeting was to obtain permission from the U. S. Government for Dr. Koch to be able to carry on a clinical medical research program, with his medications, in the treatment of the lepers at the Federal Leper Colony in Louisiana. Dr. Parran refused to allow the treatment of any leper by Dr. Koch even though this McCormick family member would have financed this research project. Dr. Koch was never given this opportunity, or any other opportunity, by the Government to personally scientifically demonstrate the therapeutic effect of his treatments for cancer, allergies and/or infections.

Such a scientific test would have taken months of Dr. Koch's time, which he was willing to donate to this cause. He had already contributed nine months of his time demonstrating and teaching his cancer research to Professor Maisin in Belgium during 1934. After which, Professor Maisin was able to continue this research on his own. Subsequently he published several papers demonstrating his accomplishments in the use of the Koch therapeutic medications that he was taught to make.[38] There was no secrecy about these Koch therapeutic medications. This research program continued up to the start of World War II when the Belgian country was overrun by the Germans.

---

[37] See Chapter 11, The Power of the A.M.A. and its Journal, p. 123.
[38] See Chapter 7, Scientific Research In Support of Dr. Koch, p. 85.

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



EYES OF THE U.S. are on Mary Lee Bowers, 19, of Columbus, Ohio, who was out of bed four days after she was stricken with what her doctors said was poliomyelitis. She is seen in three poses. Doctors used drug called gynergen.X said her recovery was "unbelievably swift." But drug used in treatment is black-listed by American Medical Association.

CO-ED'S SWIFT RECOVERY MYSTERY EVEN TO DOCTOR

TORONTO DAILY STAR

Mon., Aug. 31, 1942

Once Termed Hopeless Case

Doctors Convinced That Little Judy Overcame Cancer Ailment Herself

BY GRACE KAISKILL

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

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

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

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

Basking happily in the attention given her, Judy wowed 200 cancer experts when she appeared before them Thursday in the Blackstone Hotel.

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

The daughter of Mr. and Mrs. Otis McWhorter, formerly of Azle and now of Paris, Judy was born in June 1941 in Harris Hospital. When she was two months old, Judy had a swollen, hard stomach.

Doctors told Judy's parents the baby suffered with cancer of the abdomen, which had spread to the liver. They said 90 per cent of the liver was involved.

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

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

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

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

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

Judy perhaps is one of these very rare cases.



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

Phoenix Prisoner Fails In New Bid for Freedom

CHAPTER 10

MEDICAL OPINIONS UNDER REVIEW

In 1926, the Journal of the American Medical Association[39] acknowledged that radium was a dangerous form of treatment when it reported that:

> "The demonstrable cell-destructive potency of radioactive substances and the unsuspected latent effects that they may initiate should serve as a vigorous warning to all who promote radioactivity as a therapeutic measure."

Since 1926, however, the leaders of the medical profession appeared to have shown little if any concern about the development of secondary cancers, that can develop and do develop years later, due to the damage that is done to the healthy tissue that surrounds the radiated treated cancer tissue. It is this healthy perimeter tissue, in the gray zone, that is also exposed to the same amount of radiation that is used to kill the cancer tissue. In May of 2000, the fact was finally publicly acknowledged that secondary cancers can and do develop from the effect of the radiation on the borderline healthy tissue thus putting the cancer patient once again at risk with this disease years later.

At the annual American Society of Clinical Oncology meeting held in New Orleans it was reported and made public that doctors now acknowledged that:

> "More than 1 million Americans will learn they have cancer this year. For some, the news will be frighteningly familiar. The most common cancer now reported in the country is 'second cancer,' the malignancy that surfaces long after the first cancer vanishes. These cancers often do not occur in spite of treatment, but because of it. The same radiation and chemotherapy that crippled cancer cells can injure normal cells that are merely innocent bystanders. More than a decade later a tumor can emerge from the wound....Although scientist have recognized second cancers since at least the 1970s, the field still has many more questions than answers for any given patient. It's not even clear what the risk may be. A second cancer depends on the type of treatment, the radiation or drug dose, kind of cancer, age of the patient, genetic susceptibility and other variables. And some second cancers don't arise from the treatment, but rather from the cause of the first cancer. There's no one answer."[40]

Just a few years after Dr. Koch announced the results of his cancer research and treatment in 1919, the best that orthodox medicine could offer its cancer

---

[39] J.A.M.A., January 9, 1926

[40] "Doctors examine second cancers", by Laura Beil, The Detroit Free Press, June 6, 2000, Section F, p 13.

patients at that time and for many years to come was expressed very clearly by Professor Aldred Scott Warthin, from the University of Michigan, as reported in the following Muskegon Chronicle article on January 23, 1931. Unfortunately this narrow minded attitude of orthodox medicine has continued on to day to the detriment of the American public and all cancer patients.

"'CURES' OF CANCER DOOMED TO FAILURE,

U. EXPERT ASSERTS

Disease Not Merely Local to Group of Cells,

He Points Out"

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

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

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

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

"An even older method of approach is the attempt to destroy cancer cells within the body, states Dr. Warthin. Zinc, arsenic and other corrosive pastes and salves have been used for many years under the impression that they would 'eat out' the cancer. Usually, however, the effect was to stimulate

> the growth and frequently to develop ulceration and gangrenous sloughing as well. Quacks and 'Indian herb doctors' were special offenders in this field. **However, the attempts of science to obtain a medicine which might be taken to kill the cancer has been equally fruitless since to kill all the cancer cells by chemicals would mean the death also of the body cells, and probably that these cells would die before the cancer cells because of the greater freedom of the latter from general body metabolism and chemistry."**

This same article appeared in other newspapers under the title: "CANCER CURES ARE DEPLORED BY PATHOLOGIST – Dr. Warthin of University Gives His Views On Malady."

Even though Dr. Warthin could understand the fallacy of using toxic drugs to kill cancer tissue when he knew the same drugs would destroy normal tissue including the body's immune system, he could not comprehend and/or was unwilling to understand the basic cancer research of Dr. Koch who had received his education and Ph.D. from the same University fifteen years earlier. This article was written at a time when the medical hierarchy in the United States had absolute control over the release and publication of all scientific and medical literature in recognized scientific and medical journals. These authorities did and would withhold scientific information that it was unwilling to accept. **In 1931 little "basic" information was known about the natural immune system of the body. The "basic" cause of cancer at that time was unknown to the general medical profession. It was only after anaerobiosis was shown to be the primary cause of cancer in the 1960's by Dr. Otto Warburg that a better understanding of cancer became possible.[41] In 1931 the medical authorities were unwilling to consider the possibility that chemicals, viruses and/or other infectious organisms, etc could be a secondary factor in the cause of cancer. This medical hierarchy lacked the "intuitive research mind" of such outstanding basic researchers such as Drs. Albert Szent-Gyorgyi, Otto Warburg, Joseph Henri Maisin and William F. Koch.** Only medical heretics would dare to vary from the official medical dictum of the American Medical Association and the Cancer Society in the United States of that day.

In an editorial that appeared in the Annals of Internal Medicine, p. 398, 1931, titled "*THE NEWER THERAEUTIC ATTACK ON CANCER,*" the first paragraph states in part :

> "The therapeutic attack on cancer is faced at the very outset with what seems to be an insurmountable barrier to its success; and that is shown in the essential nature of cancer itself. **Cancer shows no tendency to spontaneous self-healing,** as do all of the progressive chronic infective granulomas....**there is on record no fully-proved and authentic instance of the spontaneous self-healing of any well-advanced or metastasizing cancer. This fact, in itself, places cancer**

[41] See Otto Warburg, Ph.D., M.D., N.L., page 100.

in a category wholly apart by itself, and should be indicative of its wholly different nature and etiology. Against cancer the body defense mechanisms are apparently powerless....it seems proved beyond all doubt that an absolute immunity towards cancer-cell proliferation and progressive growth does not exist in the animal body;....Cancer-therapy must then reckon with the fact that it will receive no support or aid from the natural protective and curative powers of the body."

The above statement should be contrasted with the research of Dr. Koch who wrote in the summary to his book *Natural Immunity, Its Curative Chemistry In Neoplasia – Allergy – Infection* (4 ed., 1936, p 154):

"We have grouped in this paper a few instances of recovery from incurable disease by **a synthetic attempt to provide natural immunity.** The nature of the recovery process is also briefly described, **with the theory of the clinical procedure.** Corrections of basal metabolism changes and blood pressure abnormalities have been reported with Professor Maisin in the proceedings of The Society General de Biology, June, 1935. With the examples given here they demonstrate **that natural immunity is a general affair belonging to good physiology, correct uninterrupted oxidation and consequent normal function.** Allergy in the anaplastic cell expressible only as catalyzed cell division constitutes malignancy. This like allergy in the functioning cell which can secrete or contract excessively expresses the negative phase of immunity. **The activity of the unsaturated diketones restores the normal oxydation chain, thus instituting the positive or immune phase.** Thus **pathology is the result of interrupted physiology, whether the difficulty be neoplasia, acute and chronic infection, protein or bacterial allergy, abnormal endocrine function or interrupted development as infantilism and idiocy; it can be corrected by restoring the normal physiological oxydation mechanism".**

In the past, the reluctance of orthodox medicine to accept any form of medical treatment for cancer other than the three approved forms of treatment, X-ray, radium and surgery is best illustrated by the 1953 testimony of Dr. Charles S. Cameron, Medical and Scientific Director for the American Cancer Society. Dr. Cameron said:

"It is my aim in life to seek the largest degree of control over cancer possible, and I believe there are only three acceptable methods, surgery and radiation.[42] I believe all other methods should be discredited."

This is the same identical attitude that was held by the American Society For The Control Of Cancer in 1926[43] when Dr. Koch had offered to present to its

---

[42] X-ray, radium and surgery (from the Tampa Morning Tribune, March 10, 1953)

[43] see page 77

International Mohonk Conference scientific proof in support of his cancer research and treatment.

The Detroit News in its article "No Wonder Drug Seen as Cure in Cancer Fight" by Jerry Ter Horst.[44] reported that:

> "There is no 'wonder drug' that will cure cancer, and there probably never will be one.
>
> "But it may not be long before mass cancer examinations will be as successful in combating the nation's No. 2 killer as the chest X-ray has been in the detecting of tuberculosis.
>
> "This is the opinion of Dr. John R. Heller, director of the National Cancer Institute at Bethesda, Md., who spoke at the fifth Michigan Cancer Conference at Michigan State College.
>
> "'Despite the claims of quacks who prey on an eager and gullible public, an ideal anti-cancer drug is not yet in sight.' He said.
>
> "'It is unlikely that a single drug will be found which will control all the major types of human cancer.'"

It is unfortunate that Dr. Heller had not learned about the "unapproved" medical treatment that Judy McWhorter received for her "incurable cancer involving 85% of her liver" in 1948. If he had learned the truth, I believe that he would not have made the above statements. Or if he had learned the truth about this case and did nothing to advance the research of Dr. Koch, he should have been found guilty of malfeasance, misfeasance and nonfeasance in office. Could the billions of dollars that is spent by the United States Government each year on its cancer research programs be nothing but a big bureaucratic fraud? I hope not!

In the last few years, the medical hierarchy in the United States has started to slowly see the light. Today, it has been acknowledged that 13 strains of human papilloma virus (HPV) are the causative factors of cervical cancer. This is something that Professor Aldred Scott Warthin was unable to or unwilling to even visualize in 1931.

In May of 2000, Dr. Karl Beutner, Director of the HPV clinic at the University of California – San Francisco said:

> "It needs to come out of the closet that cervical cancer is a sexually transmitted disease." [45]

It was further reported, in an article by Lauran Neergaard, Associated Press, that "Oral cancer virus traced, is curable." [46] In this article she writes:

> "The virus that causes most of the world's cervical cancer also

---

[44] The Detroit News, Thursday, October 22, 1953, p. 55.

[45] "The sexually transmitted disease no one talks about" by Julie Severs, Body & Mind, The Detroit Free Press, Tuesday, May 2, 2000, Section F, p10.

[46] "Oral cancer virus traced, is curable" by Lauran Neergaard, The Detroit Free Press, p 4A, Wednesday, May 3, 2000.

appears to cause some oral cancer, mostly tumors found in the tonsils, scientists reported Tuesday.

"The good news: Tumors linked to the human papillomavirus may be much less deadly than other cancers of the head and neck that are caused by the usual culprits, smoking or alcohol.

"'We think we found a cause for these cancers in people who don't smoke or drink,' said Dr. Maura Gillison, an oncologist at John Hopkins University in Baltimore, who began the study expecting to disprove the viral link. About 15 percent of patients don't have those risk factors.

"Her findings are so strong that Hopkins researchers developing an experimental vaccine-like treatment to fight cervical cancer are preparing to test is on some oral cancer patients.

"The discovery, reported in the Journal of the National Cancer Institute, is very exciting, said Harvard Medical School biochemist Karl Munger, an expert on human papillomavirus, or HPV.

"About 38,000 people in America are diagnosed with oral cancer each year, said Dr. David Wong of the Harvard School of Dental Medicine. It is hard to treat and half of all patients die within 5 years, he said.

"The Johns Hopkins research implicates a strain of HPV in some of those cases, suggesting it causes a type of oral cancer....About 1 percent of infected people have the HPV 16 strain that causes most cervical cancer – and HPV is what the John Hopkins study of oral cancers found."

To day the American Cancer Society now acknowledges that "there are more than 100 different types of cancer, classified by the part of the body in which they arise and of their microscopic appearance." (Document 001881, printed 08/04/95)

If cancer research today is to forever be bound by the "narrow minded" mentality of the self proclaimed medical experts of the 1920's through the 1960's, scientific progress in finding and accepting an effective treatment for cancer will advance, at best, at a snail's pace to the detriment of the innocent cancer patient. Since these cancer experts acknowledge that there is no such thing as "***spontaneous recover***" from cancer, why do these experts continue to deny the truth of Dr. Koch's cancer research and the effectiveness of his method of treatment for cancer since 1919? Before certain persons high up in the American Medical Association found out that they could not take over Dr. Koch's research, the local doctors in Detroit praised his cancer research. As Dr. Alexander W. Blain, one of Detroit's leading cancer experts of that day, said on the 7th of September of 1919, after having personally observed the curative results on his patients with Dr. Koch's treatment:

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

added years to the lives of cancer victims....What he has already done is a boon to humanity and a great step forward in physiological chemistry'."

And, Dr. Walter L. Hackett who said:

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

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

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

Why did these Detroit doctors <u>not</u> speak up, since September 7, 1919, in support of Dr. Koch's treatment for cancer? Did the A.M.A. control their freedom of speech? Who comes first, the A.M.A. or the cancer patient? Dr. Dow was right when he wrote the following about Dr. Koch in 1946.

"...As far as I am personally concerned, I consider him one of the outstanding scientist in the medical profession, and he is so far head of the thinking of his profession that he is naturally being ridiculed somewhat....The mere fact that Dr. Koch has a treatment definitely affecting virus diseases is of itself sufficiently important that it ought to be analyzed from every angle by the medical profession....I think we all have an opportunity to see something new aborning in Dr. Koch's work....I sincerely hope some day the public will recognize him for his ability."[47]

---

[47] See Dr. Dow's letter to Mr. Thatcher, p.95.

And Dr. William Hale wrote:[48]

"Just as Pasteur identified the microscopic organisms that led to plant disease, so Koch identifies the chemical agents that are capable of combating microorganisms."

AFL NEWS-REPORTER, WASHINGTON, D. C., FRIDAY, APRIL 10, 1953

Dr. Fishbein Under Fire

Non-Editorial Labors of AMA Leader Hit

SAN FRANCISCO, July 2.—(AP)—The house of delegates of the American Medical Association, representing 126,000 doctors throughout the land, today navigated all-day sessions on the business of organized medicine and a closed meeting wherein the future of association spokesman, Dr. Morris Fishbein, was expected to be settled.

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

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

NEW SPOKESMAN SOUGHT

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

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

The AMA showed in its opening session that it was ready to push its own voluntary pre-paid medical service plans as a counter-measure to federalized medicine. Dr. Edward J. McCormick, of Toledo, O., chairman of the council on medical service and public relations, reported that 31 states have set up voluntary pre-paid medical plans and that 12 states and the District of Columbia were developing plans.

SERVICE PLANS STUDIED

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

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

AMA Admits Putting Censor In Health Post

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

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

Go Through Assistant

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

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

Gets AMA Approval

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

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

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

AMA Warns of Plot by Government

WASHINGTON — (AP) — Dr. Ernest B. Irons, president of the American Medical Association, said the Truman Administration is getting set for a "renewed assault on medicine and free enterprise."

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

AMA officials said Irons was referring to a trip that Federal Security Administrator Oscar R. Ewing and several aides are making to Europe to study national health plans in England and elsewhere.

• • • • •

EWING SAID the trip was intended to get information to carry on a drive for passage of President Truman's compulsory health insurance plan in the next session of Congress.

The AMA is fighting the President's proposals, which Irons denounced as "socialized medicine" in a prepared address at the opening of the association's four day clinical meeting.

The group is considering a move to collect more funds from doctors to carry on its campaign.

Irons, a Chicago physician, said that "under the cover of the welfare state the Nation is being led down the road to Socialism with all its blighting effects on individual incentive and personal responsibility."

He described the "welfare state, or statism" as a political program "based on the erroneous proposition that you can fool most of the people most of the time."

• • •

THE ASSOCIATION got a report of progress from Dr. Elmer Henderson, of Louisville, Ky., who heads a special committee set up last year to "acquaint the American people with the dangers of compulsory health insurance."

Dr. Henderson said the first year's campaign had won the active support of 1,829 national, state and local organizations.

The report also said that as of Dec. 1, a total of $2,250,000 had been collected from 80 per cent of AMA members.

Under the AMA's plan to raise more money for the fight against the President's health plan, most of the Nation's doctors would face regular "dues" payments, just like a union or a fraternal organization.

AMA Is Loser in High Court

Conviction Upheld in Anti-Trust Case

WASHINGTON, Jan. 18.—(AP)—The Supreme Court upheld today the conviction of the American Medical Association on a charge of violating the Sherman anti-Trust Law by alleged activities against a group health organization in the District of Columbia.

Justice Roberts delivered the 6 to 0 opinion, which also applied to the Medical Society of the District of Columbia, an affiliate of the national organization. Justices Murphy and Jackson did not participate.

The two medical organizations were alleged to have conspired against Group Health Associations, Inc., described as a non-profit cooperative organization of Government employes to provide medical care and hospitalization in return for monthly dues from the members.

OPINION QUOTED

"The defendants, during the years 1937 and 1938," the Justice Department told the Supreme Court, "have combined and conspired to restrain group health in its business of providing medical care and hospitalization, to restrain the doctors on its staff, as well as other doctors, in the pursuit of their callings, and to restrain Washington hospitals in the operation of their business.

"To achieve these objectives, the district society and AMA induced and coerced their members to boycott Group Health, by refusing to serve on its staff or to consult with doctors on its staff, and induced and coerced all the hospitals in the District of Columbia not operated by the Government to boycott Group Health by denying hospital privileges to doctors serving on its staff."

DETROIT NEWS
Jan. 18, 1943

• • •

ALBANYVILLE, Dr. Austin Smith became editor of the Journal of the American Medical Association, succeeding Dr. Morris Fishbein.

Trustees of the AMA said unfavorable items have been made "unacceptable lifelong reminiscences" for Fishbein who quit a week ago after many years as editor of the publication. The announcement was not related.

Smith, 37, is a native of Canada. He received his medical education at Queens College. He has been director of therapy and research and secretary of the Council on Pharmacy and Chemistry of the AMA.

• • •

FISHBEIN for some months has been a center of controversy within the AMA, because of his outspoken expressions.

Last June, the AMA forbade him, as editor of the Journal, to discuss controversial subjects.

[48] See page 96; and *Farmer Victorious, Money, Mart and Mother Earth*, Ch. XVIII – Chemotheraphy, p. 161, Coward-McCann, Inc., N.Y., 1949.

CHAPTER 11

THE POWER OF THE A.M.A. AND ITS JOURNAL

In the mid-nineteenth century, the failure of "Heroic Medicine", as practiced by the allopathic physicians in America, was slowly being replaced by homeopathy, a new and more scientific philosophy of medicine that had its origin in Germany. At about this same time, the allopathic doctors formed their first national medical organization, the American Medical Association, in an attempt to upgrade their own medical standards and to establish their own code of ethics. Their newly developed code of ethics contained a "Consultation Clause" which clause prohibited any AMA allopathic physician from consulting with and/or associating with an unapproved form of medicine including homeopathy. This condemnation of the homeopathy was later expanded to include any other unapproved theory of medicine and/or form of treatment including osteopathic and chiropractic medicine. The AMA could also control the medications used by licensed allopathic physicians by black-listing an unapproved medication. Through the power of the Journal of the AMA, it could and did exert pressure, not only upon its own members to keep them in line, but also upon medical schools, hospitals and governmental agencies to force them to follow its dictates.

Over the years, the AMA could and did bar state licensed allopathic physicians from using the AMA approved hospitals when it found out that this allopathic physician was using some other forms of treatment or medication that the AMA had not approved. In practice, the AMA also used its power in several states, through its state and local societies, to cause a physician to put his medical license in jeopardy and/or lose his license to practice medicine when that physician used a method of treatment that had been disapproved by and/or that had been "Black-listed" by the policies of the AMA. As an example, the use of Dr. Koch's medications by a licensed physician was considered proper grounds for the local and state medical societies to go after a license allopathic physician and to try to take his license to practice medicine away.

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

The following article appeared in the New York Times.

> "In 1950 the A.M.A. lobby spent approximately $2,500,000. and distributed 43,000,000 pieces of literature in the campaign against so-called 'socialized medicine.' This placed it at the top of lobbies reporting to Congress." Also "Former Representative Andrew J. Biemiller of Wisconsin calls it 'the most massive and heavily financed lobby in the country.' He was beaten in the 1950 elections, and the A.M.A. accepts partial

responsibility for the fact that he no longer is in Congress."[49]

On November 14, 1951 the New York Times also printed the following article which illustrated the power of the American Medical Association.

"ILLINOIS U. Vice President Censured in Ethics Case"

"Special in The New York Times"

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

"The verdict was reached at a meeting of the society's council. Dr. Ivy appeared before the tribunal to plead his own defense, but what he said was not disclosed to reporters, who were barred from the hearing."[50]

These are but a few examples of the many ways the officials of the American Medical Association have acted to accomplish their goal. It can act as prosecutor, judge and jury when a licensed physician and medical researcher steps out of line and does not agree with the dictates of the official A.M.A. policies. The Yale Law Journal's[51] eighty four page report on the A.M.A. included the editors criticism and praise of the A.M.A., mostly criticism. On page 1018 the following statement was made:

"Limitations on AMA Power"

"No other voluntary association commands such power within its area of interest as does the AMA. It holds a position of authority over the individual doctor, wields a determining voice in medical education, controls the conditions of practice, and occupies a unique position of influence in shaping governmental health policies. Despite the dangers inherent in such a concentration of power, no interest group enjoys more freedom from formal control than organized medicine. The individual physician, subjected to disciplinary authority of the medical society in his local community, has little redress outside the framework of organized medicine. Courts, comparing society membership to affiliation in fraternal or benevolent organizations, find that expulsion or denial of membership deprives the doctor of no property rights, and are reluctant to interfere unless the society's own prescribed formalities were not observed. Even if the scope of judicial review encompassed an examination of the merits, and resulted in admission or reinstatement of unreasonably disciplined physicians, the remedy might still be of little use. Legal process cannot prevent informal sanctions and ostracism. And within the framework of organized medicine, the doctor who challenges AMA authority to determine his method of practice is tried and judged by fellow physicians who may have an economic interest in proscribing his allegedly offensive conduct. (687)"

---

[49] New York Times, Sunday, June 15, 1952, Sec. 4, p. 7, Col. 6.
[50] The New York Times, Wednesday, November 14, 1951, p. 22, col. 5.
[51] The Yale Law Journal, 1952, pp 938-1022,

Footnote 687 stated:

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

Dr. Morris Fishbein succeeded Dr. George H. Simmons as the Editor of the Journal of the American Medical Association during the 1920's and continued in this job for over twenty five years and then was asked to leave. Milton Mayer, in his article "The Rise and Fall of Dr. Fishbein"[52] wrote:

> "Last June the American Medical Association withdrew its Seal of Acceptance from Morris Fishbein. Then, just so there would be no misunderstanding, it beat his head in, cut his heart out, and kicked him into the street. 'If the atmosphere becomes unpleasant,' said the Voice of American Medicine, picking himself up and straightening his necktie, 'I'll quit in five minutes.'
>
> "Neither he nor anyone else had ever supposed that 'Dr. A.M.A.,' might be fired. **'Some people believe I run the A.M.A.,'** he often said. Some people certainly did. In the course of thirty-seven single-minded and single-handed years, he had converted a pantywaist professional society into the most terrifying trade association on earth. He had made it what it was today, and it wasn't satisfied. Why not?
>
> "The answer is childishly simple. He had become indispensable; he had to go. *Sic semper Fishbeinnis.*
>
> "To be sure, the deed had to be done publicly; there was no other way to persuade the public that Fishbein wasn't American Medicine. But at last, the insult, if not injury, might have been dealt in private. Instead, the announcement of his dismissal specified that he was not to speak, write, or be interviewed on 'controversial subjects' until such time as the Association, which would 'retain his talents until his successors could be trained, was through with him for good. He was being 'retired' after 'long and faithful service' at the lusty age of sixty."

Morris A. Bealle, in his book on American medicine; *Medical Mussolini,*[53] wrote the following comment about Dr. George H. Simmons and Dr. Morris Fishbein:

> "The commercialization of medicine, taught to too many doctors and hospitals of the country by the two Medical Midases of Modern Times – Dr. George H. Simmons of doubtful medical antecedents and Dr. Morris Fishbein, the IL Duce and Fuhrer of the Medical World...."

By 1953, the AMA became so powerful that it was able to arrange for the appointment of a special assistant to the Secretary for Health and Medical

---

52 Harper's, November, 1949, p 76

53 Medical Mussolini, p.25, Columbia Publishing Co., First Edition, 1938

Affairs, a presidential cabinet post. An article that appeared in the AFL News-Reporter said:

> **"The American Medical Association admits that the special assistant to the Secretary for Health and Medical Affairs,** the new Eisenhower cabinet post, **will be a watchdog and censor for the AMA.** 'All our suggestions were received with interest and were largely adopted,' reported Dr. Louis H. Bauer, AMA president, in the March 28 (1953) issue of the Journal of the American Medical Association. 'As a result, the reorganization plan introduced, provided a new position, that of a special assistant to the Secretary. **All medical activities within the new department, as well as all medical phases of any activities within education or social security, must be cleared through this special assistant to the Secretary.** This will include appropriations and budgets as well as policies.'... 'The same special assistant will also be representative of the Secretary at all interdepartmental meetings at which health will be a topic for discussion and also at Congressional hearings where appropriations involving health will be discussed, the AMA magazine continued.' **The Journal also pointed out that the special assistant whose powers will in many cases be even greater than that of the Secretary, will probably be selected subject to AMA approval."**[54]

This political power and influence of the American Medical Association and its Journal is almost "unbelievable"! To further illustrate the power of organized medicine in the United States, one only has to read the "Merry-Go-Round", Drew Pearson's August 20, 1953 article.

"Drug Report Raps AMA"

> "WASHINGTON – Ohio's statuesque Sen. John Bricker ordered it suppressed before even reading it, but a confidential report on cancer has been sent to his desk highly critical of the American Medical Association for attempting to suppress a new drug which helps to relieve cancer.
>
> "This blistering report was prepared under the direction of the late Sen. Tobey as chairman of the Senate Interstate and Foreign Commerce Committee and was submitted to Bricker, the new chairman, by the investigator appointed by Tobey.
>
> "The report charges: (1) that 'the AMA has been hasty, capricious, arbitrary, and outright dishonest' in its opposition to the cancer drug, krebiozen; (2) that AMA's treasurer, Dr. J. J. Moore, 'attempted to get the distribution rights' for krebiozen for two Chicago businessmen, and, after failing in this, 'he embarked upon a course to ruin . . . the drug'; and (3) that 'public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals, and scientific research laboratories which do not conform to the viewpoint of medical associations.'

---

[54] AFL NEWS-REPORTER, WASHINGTON, D.C., Friday April 10, 1953

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

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

* * *

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

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

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

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

* * *

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

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

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

"'On the conclusion of his preliminary study,' the Fitzgerald report states, **'he issued a statement that 70 per cent of the cancer patients receiving krebiozen derived benefits from the new drug ranging from relief of pain to complete healing. A 1000-page compilation prepared by him, supplemented by laboratory records,**

gives case history on 500 patients treated by 232 doctors in 150 clinics and hospitals throughout the Country.'

"Though Dr. Ivy had once served on its board, the AMA promptly censured him and expelled him for three months from the Chicago Medical Society. Because of the controversy, he also took a leave of absence from the University of Illinois and was prevented from continuing his research there.

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

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

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

Drew Pearson should have asked Dr. William F. Koch about his personal experiences with the American Medical Association and the dictatorial power it and its Journal has over "the medical doctor and his practice" in the United States. Mr. Pearson could have gotten, from Dr. Koch, enough information to write over one hundred columns on the A.M.A..

This is the same American Medical Association, with its District of Columbia affiliate, that years before had been charged with and convicted of the violation of the Sherman Anti-Trust Law as a result of their joint actions in 1937 and 1938. It was alleged that they combined and conspired against the Group Health Associations, Inc. in its business of providing medical care and hospitalization and that they restrain the doctors on its staff, as well as other doctors, in the pursuit of their calling, and that they conspired to restrain Washington hospitals in the operation of their business, etc in the District of Columbia. This conviction was upheld by the United States Supreme Court in January 1943. (Detroit News – January 18, 1943)

Another example of the power of the American Medical Association and its local societies and how they exercise their absolute power and control over their members, the local doctor, is best illustrated by the following:

Dr. John W. Kannel, a surgeon, who had practiced medicine in Fort Wayne, Indiana, for over 35 years and who had been a member, in good standing of the American Medical Association and its local societies during this period of time, became another target of the A.M.A. In July, 1942, Dr. Kannel received the following letter from the Medical Center Hospital, an A.M.A. approved hospital, denying him the privilege of the further use of it facilities because he had elected to use the Koch Treatment in treating some of his patients. Subsequently, in 1943, Dr. Kannel received two additional letters from his local medical society after his medical society had learned that he had testified in support of the Koch Treatment for cancer in the 1943 Food & Drug

trial in Detroit, Michigan. At this trial Dr. Kannel presented one of his cured cancer patients, Mr. S. W. Roebuck, as a witness to illustrate the therapeutic effectiveness of the Koch Treatment. Dr. Kannel had been using the Koch Treatment for his cancer patients, since he first learned about the Koch Treatment in 1925, without any prior complaints from the local medical authorities or his medical society.

MEDICAL CENTER HOSPITAL
Wayne Pharmacal Building
Fort Wayne, Ind.

July 29, 1942

Dear Doctor Kannel,

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

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

Yours regretfully,
Daisy McCallister (signed)

and

FORT WAYNE MEDICAL SOCIETY
Fort Wayne, Indiana

January 19, 1944

Dr. J. W. Kannel
1405 Vermont Street, City

Dear Doctor:

By order of the Board of Trustees, you are hereby notified that your case will be presented to the Society at the regular business meeting to be held at the Chamber of Commerce at P.M. Tuesday January 25, 1944.

Ample opportunity will be given you to present your side of the case. After all the evidence has been presented, a vote will be taken.

Thank you in advance for your co-operation, I am,

Very truly yours,

Harry C. Harvey, M.D.

Secretary

and one week later, on January 26, 1944,

FORT WAYNE MEDICAL SOCIETY
Fort Wayne, Indiana

January 26, 1944

Dr. J. W. Kannel
1405 Vermont Street, City.

Dear Doctor:

At the regular business meeting of the Society last night, you were found guilty of unethical conduct in the practice of Medicine, and by more than the necessary three fourths vote, you were expelled from membership, with the understanding that you have the right to appeal to the Council of the Indiana State Medical Association. The next meeting of that body will be held the latter part of September in connection with the annual convention.

Very truly yours,

Ft. Wayne Medical Society
Harry C. Harvey, M.D.
Secretary

This case of Dr. Kannel is, but one of many examples, in which a honorable man, a humanitarian, an honest physician and a servant of the public, had been denied the use of hospital facilities, controlled by the A. M. A., for his patients. His refusal to bow down to the demands and dictates of the American Medical Association and its affiliated societies resulted in this denial of necessary hospital care for his patients. How many other ways does the A.M.A. control our health services that we, the innocent patients, do not know about?

Mr. Maurice Natenberg wrote about the Dr. Kennel matter in his book, *The Cancer Blackout*.[55] He also wrote the following on Dr. Koch's medical research.

"Allegations were also made that certain interests closely identified with official medicine tried to gain control of the Koch formula; unable to grab it, they resorted to a campaign of vilification and persecution.

"This oppression was extended to those who dared to employ Glyoxylide. It became dangerous for physicians to endorse the Koch method, for they were immediately threatened with loss of their academic and professional standing in the medical profession. These threats were allegedly employed successfully against Dr. Carroll W. Allen, professor of surgery at Tulane University, and against Professor Bryan, head of

[55] The Cancer Blackout, Maurice Natenberg, Regent House, Chicago, p. 81, 1959

surgery at Vanderbilt University. Both reported good results but were coerced into discontinuing the use of the Koch preparations."

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

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

Based upon Dr. Allen's personal investigation of the Koch Cancer Treatment and the favorable information he had learned about Dr. Koch and his cancer treatment, he contacted several doctors in New Orleans to tell them of his investigation. Finally on April 27, 1925, he read his report, *SOME INFORMAL REMARKS ON THE TREATMENT OF CANCER* [56] to the Orleans Parish Medical Society. This report included a brief history on how he became interested in Dr. Koch's cancer research and treatment and the results of his investigation. In this report Dr. Allen said:

> "Last October a patient of mine suffering from an inoperable cancer of the rectum asked my advice about the Koch treatment. I strongly advised him to have nothing to do with it, that it had been investigated and pronounced worthless, and that I regarded it as a fraud. He, however, was determined to go to Detroit and consult Dr. Koch. At that time he was emaciated, weighing less than a hundred pounds and was so weak that he had to be carried to the train on a stretcher. Two months later he returned to New Orleans weighting more than 130 pounds, and now weighs 170 and attends to business as usual though there is still some local evidence of his trouble.
>
> "I am frank to say that I was amazed at the wonderful improvement in this man. I then called on another patient here who was treated by Dr. Koch at the same time. After talking with these two afflicted persons I was deeply

[56] Printed in the September, 1925, issue of the Journal New Orleans Medical and Surgical Society Orleans, pp 169 – 174.

impressed, not only by their personal experience but also by statements concerning others with whom they came in contact while being treated.

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

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

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

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

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

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

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

that disarmed at once any feeling of the possibility of subterfuge or evasion that may have existed in my mind.

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

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

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

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

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

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

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

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

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

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

The meeting was then open for discussion. During the discussion period, the issue of the secrecy of the Koch medication was brought up as if this was the most important issue. The issue of therapeutic effectiveness was over looked. It should be noted that at that time Dr. Koch did not have patent protection because it was necessary to prove the therapeutic effectiveness of his product through recognized testing of his discoveries before he could get a patent as was the case with Dr. Banting and the production of insulin. Dr. Banting did not release to the medical profession or the public the method to produce insulin until after he received his first Canadian patient.

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

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

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

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

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

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

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

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

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

"Answer by Dr. Allen:

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

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

would have to resign from the American Medical Association and this would mean he would lose all his rights to use the A.M.A. controlled hospitals and his standing in the A.M.A. controlled medical community. On June 26, 1925 the following letter was sent to Dr. Allen:

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

OFFICE OF THE DEAN

June 26, 1925

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

Dear Dr. Allen:

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

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

There was considerable discussion and expressions from different members of the Faculty indicating their recognition of the importance of the situation and the discredit and criticism of yourself, the School of Medicine and particularly the Department of Surgery in which you have served, that has resulted from your association with Dr. Koch as a promoter and endorser of the secret remedy of cancer.

The following formal action was taken:

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

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

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

Yours very truly,

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

On July 2, 1925 the following letter was written to the Judiciary Committee by Dr. Allen.

New Orleans, La.
July 2nd, 1925

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

Gentlemen:

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

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

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

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

Yours very truly

Carroll W. Allen

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

July 30, 1925

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

My Dear Doctor:

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

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

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

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

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

It is also quite significant that the Board of Health, composed of such able men as make up its personnel, should have acceded to the request of the council if they could have taken any other course. One fact in connection with the action of the council I feel I should state as it has

been said that if Dr. Koch has accomplished anything those in his own community should be in a better position to know the true facts. This investigation was confined to what had been accomplished within the City of Detroit with residents of the city as the council could not concern itself with outside affairs.

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

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

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

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

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

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

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

Very truly yours,

CARROLL W. ALLEN

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

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

SOME INFORMAL REMARKS ON THE TREATMENT OF CANCER*

CARROLL W. ALLEN, M. D.,
NEW ORLEANS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOCAL AND REGIONAL ANESTHESIA

With Chapters on Spinal, Epidural, Paravertebral, and Para-sacral Analgesia, and on other Applications of Local and Regional Anesthesia to the Surgery of the Eye, Ear, Nose and Throat, and to Dental Practice

BY

CARROLL W. ALLEN, M. D.

ASSISTANT PROFESSOR OF CLINICAL SURGERY AT THE TULANE UNIVERSITY OF LOUISIANA, NEW ORLEANS; LECTURER AND INSTRUCTOR IN GENITO-URINARY AND RECTAL DISEASES AT THE NEW ORLEANS POLYCLINIC; VISITING SURGEON TO THE CHARITY HOSPITAL

WITH AN INTRODUCTION BY

RUDOLPH MATAS, M.D.

PROFESSOR OF GENERAL AND CLINICAL SURGERY AT THE TULANE UNIVERSITY OF LOUISIANA, NEW ORLEANS, ETC.

SECOND EDITION, RESET

PHILADELPHIA AND LONDON

W. B. SAUNDERS COMPANY

1920

To Dr Wm F. Koch
One of humanities benefactors.
In grateful recognition of his
wonderful work.

Carroll W. Allen

Dec 29-1924

On December 29, 1924, Dr. Carrol W. Allen presnted
a copy of his Medical Texbook "LOCAL AND REGIONAL ANESTHESIA"
to Dr. William F. Koch with the above handwritten inscription.

Minister Defends Koch Cancer Claims

Cites Cases as Undoubted Cures, Urges Society to Look Up Own Records.

Replying to the attack of the cancer committee of the Wayne County Medical society upon the reported cure said to have been discovered by Dr. William F. Koch of Detroit, which was announced in Chicago recently, Rev. C. N. Ruesskam, pastor of St. Mark's English Lutheran church, last night issued a statement asserting that Dr. Koch had cured at least one woman of record, and that he knew of hundreds of others.

Rev. Ruesskamp took exception to the statement of the Wayne county doctors that "the committee has not been able to find a single case of undoubted cancer which has been cured or even favorably influenced by Dr. Koch's serum."

Not a Serum, He Says.

Dr. Koch's preparation is not a serum (organic compaund) but is a chemical, Rev. Ruesskamp pointed out. The case of Mrs. Fritts, of Toledo, who was discharged from Herman Kiefer hospital December 12, 1919, as cured of cancer, after two of Dr. Koch's treatments, is properly authenticated and in the records of the committee, he says.

Mrs. Koch has been cured for four years, he says, and he stands ready to produce other cases of undoubted cures, if the committee "proves receptive." His statement follows:

"In this morning's Free Press I read the following statement, issued by the Wayne County Medical association's committee:

"'The committee has not been able to find a single case of undoubted cancer which has been cured or even favorably influenced by Koch's serum.'

"Because of the inability of the committee to find such a case, the writer of this article believes it timely to assist the committee. The matter is of such importance that nothing must be left undone to put the committee in position to become convinced, lest through its inability the value of this Koch cure is set aside. One of the most important questions before the public today is just this cancer question. First, and above all else, we wish to correct the committee in its conception of the Koch treatment as a serum. Koch has never cured a cancer by serum because he never used a serum. Insofar, then, the committee's statement is correct. Koch has cured cancer by the use of a chemical. We assume that the committee can differentiate between a serum and a chemical. This statement, then, betrays a lack of knowledge even as to what is used. It is well to be scientifically exact in such important questions.

"But the committee cannot find a single case of undoubted cancer which has been cured by Koch's chemical. The committee will welcome such a case. We desire to furnish the committee with the plain facts, in simple form, so we may not be misunderstood.

Gives Answers to Questions.

"1. Where will the committee find such a case?

Answer: If the committee will turn to its own archives, it will find the names of those who were admitted to the Kiefer investigation in 1919. Please look it up.

2. What undoubted case is recorded there?

Answer: The committee will there find the name of Mrs. Fritts of Toledo. This was an undoubted case. This case is on record in the archives of the Wayne County association. Declared to be an undoubted case by the Wayne County Medical association in its investigation in 1919.

3. Who treated Mrs. Fritts?

Answer: The records state that Dr. Koch treated her with his chemical (not serum). He gave two treatments.

4. What became of Mrs. Fritts?

Answer: She left Kiefer hospital cured December 12, 1919. She is in excellent health today and is willing to show herself to the committee at any time they show a receptive spirit. She has been cured four years. If then the committee can not find one single case, he is one. Furthermore, we are able to show many more such undoubted cases. Much depends on how eager this committee will be to advance real progress in the science.

But it stands corrected on this, has looked up its own archives.

The person who offers this information to the committee is not a physician, but has observed much in the Koch treatment. He is astonished at the statement made by the committee in face of the facts. The Kiefer investigation was by the City of Detroit. It was reported that it had no results. The writer has seen the results and in the name of the city asks that this committee report accordingly.

'CURE FOR CANCER'

Claims of Dr. Koch for Serum May Be Considered

1924

NEW YORK, Nov. 29.—(Universal Service.)—Hopes of cancer sufferers were being revived today by the insistence of a committee of influential men and women upon an investigation of the claims of Dr. William A. Koch that his anti-cancer serum is a cure for the dread disease and not a nostrum, as listed in the catalogue of the American Medical Association.

The committee includes among its members Mrs. Elisha Dyer Hubbard, daughter of Mrs. Edith Rockefeller McCormick and granddaughter of John D. Rockefeller and Rep. Robert L. Bacon. They became interested in the Koch treatment after observing the effect of the serum upon Mrs. H. Hardcastle Pennock, wife of the committee chairman.

The treatment has never received the approval of the American Medical Association and has been listed by their board as a nostrum because of the refusal of Doctor Koch to supply the general medical profession with the formula for his remedy and to furnish a sufficient supply to give it a thorough test in the hospitals.

Doctor Koch announced his serum in 1919 and he has been fighting to establish it ever since.

Koch Cancer Cure Theory Accepted

The theory of Dr. William S. Koch, of Detroit, relating to a cure for cancer was accepted Saturday by five visiting doctors, it was announced after a private conference.

Dr. Koch has produced an anti-toxin which he has used in 1,100 cases of cancer and it has been successful in 80 per cent of these cases, according to his report.

The visiting doctors who are here investigating the theory are Dr. C. Everett Field, of New York; Dr. Carroll Allen, of New Orleans; Dr. L. L. Dill, of Logansport, Ind.; Dr. Albert Lynch, of Omaha, Neb., and Dr. Frederick Dugdale, of Boston, Mass.

1925

KOCH STARTS CANCER FIGHT

Foundation Headed by Detroit Physician Is Formed at N. Y. Conference.

Special to Free Press from New York World.

New York, Feb. 28.—The Koch Cancer foundation, formed "to further the application and development of the William F. Koch synthetic anti-toxin for the non-surgical treatment of cancer," was organized today after a two-day conference of physicians at the Hotel Commodore.

Officers are Dr. William F. Koch, of Detroit, president; Dr. C. Everett Field, of New York, Dr. W. Wallace Fritz, of Philadelphia, and Dr. Elnora C. Folkmar, of Washington, vice-presidents; and Dr. Lorenz L. Dill, of Logansport, Ind., secretary and treasurer. Among the directors are Dr. Frederick Dugdale, of Boston, Dr. A. W. Hoyt, of New York, and Dr. Albert Lynch, of Fairbury, Neb.

Members of the foundation announced that they hope to treat at least 20,000 cancer sufferers this year at clinics to be established here and in other cities.

Physicians attending the conference asserted that more than 3,000 patients were treated with Dr. Koch's anti-toxin during 1925. Dr. Field, head of the radium institute here, said he had been making a study of the anti-toxin for two years and found that its injection brought about complete control of the progress of the disease in 180 sufferers.

1925

CHAPTER 12

NEW FOOD & DRUG LABELS

In an attempt to work with the Food and Drug Administration on new labels, in accordance with the revised Food and Drug Act, Dr. Koch wrote the following letter to the Food and Drug Administration for the purpose of updating his current labels for the medications that were being sold, by the Koch Laboratories, Inc., directly to licensed physicians only, in the United States. It was his desire to comply with the new F.D.A. Laws and Regulations that had just come into effect.

May 15, 1941

United States Department of Agriculture
Food and Drug Administration
Washington, D.C.

Gentlemen:

I wish to change two formerly used labels to conform with the recent Food and Drug Act and to submit the enclosed for your inspection.

Benzoquinone is one of the products distributed to physicians under the name Synthetic Antitoxins since 1925. Glyoxylide also was distributed under this name until 1936 when I chose to give it its full chemical designation. We have used both of these products in dilutions ranging from 1 to 1000 to 10^{-30}. The Glyoxylide is regularly used now to 10^{-12} and the Benzoquinone we generally used in two dilutions, 10^{-3} and 10^{-6}, depending upon the case, but some cases require a dilution of 10^{-2}. Whatever dose is used is indicated upon the label. Each dose is approximately 2 cc. And is sealed in an ampoule which is sterilized under steam pressure.

These substances are sold to physicians only.

Sincerely yours,

Wm. F. Koch

I response to this letter, Mr. Larrick wrote the following letter to Dr. Koch on June 3, 1941 at the time Dr. Koch was on his way to South America by boat on a business trip and a summer vacation with two of his sons, Bill and Paul.

June 3, 1941

William F. Koch, M.D.
P. O. Box 1377
Delray Beach, Florida

Dear Sir:

Your letter of May 15 requesting comment on proposed revised labels for "Glyoxylide" and "BQ" is acknowledged.

As you know, according to the present-day medical consensus, there is no known preparation which could serve as an adequate treatment for allergy, cancer and infection.

We call your attention to section 502 (a) and 502(f) of the Federal Food, Drug, and Cosmetic Act, a copy of which is enclosed, together with an information sheet dealing with drugs.

Very truly yours,

Geo P. Larrick
Acting Commissioner
Of Food and Drug

Enclosure
FDC 1
LD 3-25-39

Mr. Larrick's letter reflected the opinions of the "so called" medical "experts" of the American Medical Association and the Cancer Society, of that day. These experts were able to unfairly influence the decisions of the Food and Drug Administration with their archaic medical knowledge dating back to the dark ages of medicine. Like the medical experts of the A.M.A. and the Cancer Society, Mr. Larrick had no comprehension of the advances in medical research as established by the scientific research of Dr. Koch. It is obvious that the Food & Drug Administration experts had never read any of Dr. Koch's many research papers and publications, all of which had been banned from all A.M.A. approved medical publications. As Mr. Larrick said to Dr. Koch at their official meeting in Washington, D.C. on February 27, 1942:

> "We have no authority to attack your theory or anybody's theory on the treatment of disease. We are just dealing with these two medicines."

How can one really understand how a medication acts on the body until one first understands the physiological and pharmacological principal on which this medication works with the body? Dr. Koch's theory on the Chemistry of Natural Immunity was completely foreign to the employees of the F.D.A. None of these F.D.A. officials or their employees had any experience with the use of the Koch therapeutic agents and thus they did not know what they were dealing with and how it worked. Thus application of the Koch medications in the treatment of disease conditions was incomprehensible to these Food and Drug bureaucrats, since they had been misinformed on Dr. Koch's research by those persons who

opposed him for financial reasons. Thus Mr. Larrick was in error when he used the phrase:

> "According to the **present-day medical consensus**, there is no known preparation which could serve as an adequate treatment for allergy, cancer and infection",

Mr. Larrick was relying exclusively upon the inadequate medical knowledge and opinions of that day, that were made by medical experts who did not know what they were talking about, to support their own erroneous statement and conclusions. He overlooked the fact that there is such a thing as the body's natural immune system that plays a very important role in fighting off all diseases. When a person recovers after receiving absolutely no medication at all, this is called "spontaneous recovery". The body's natural immune system is not given any credit at all.

This action of the Food & Drug Administration was a present day example of the "Galileo matter;" wherein it took the Catholic church 350 years to acknowledge its error, after the church had condemned Galileo for teaching the Copernican doctrine that planets revolve around the Sun. Likewise, it has taken 100 years for science to finally honor Professor Moses Gomberg, the discover of the organic free radical.

> "In 1900, on the University of Michigan campus, Gomberg announced that he had isolated an organic free radical – a carbon molecule with an odd number of electrons, which was unusual because electrons tend to travel in pairs. The chemistry establishment had thought that it could not be done because previous attempts had failed."... "Gomberg's experiments with organic free radicals eventually led to profound advancements in biochemistry, biology and medicine, as well as the production of plastics for use in items as diverse as children's toys and the space shuttle."

This announcement was made by Hallarie Fogel, a spokeswoman for the American Chemical Society.[57] When will the American Medical Association, the American Cancer Society and other self acclaimed medical authorities step forward and recognize the scientific and medical contributions of Dr. William F. Koch? Dr. Dow, Dr. Hale, Dr. Maisin, Dr. Szent-Gyorgyi and others have acknowledged the correctness of Dr. Koch's medical research. There are many thousands of cured patients of Dr. Koch that have recognized his medical research and are thankful for it.

---

[57] Detroit Free Press, June 26, 2000, page 2B

From: Saturday Review July 2, 1960

SR/Research

SCIENCE & HUMANITY

DEPARTMENTS: Research in America • Science in Books • Personality Portrait—LII • The Research Frontier

ARTICLES: A Federalist Paper for the 1960s

RESEARCH IN AMERICA

DRUGMAKERS AND THE GOVT.—WHO MAKES THE DECISIONS?

SINCE January 1959 there have appeared in these columns from time to time reports on abuses in the marketing of drugs. It was here that attention was first directed to a conflict of interest in the employments of Henry Welch, Ph.D., who accepted pay for editing two privately-owned journals financially dependent on the drug makers at the same time that the people of the United States were paying him, as chief of the antibiotics division of the Food and Drug Administration, to judge drugs. But nothing conveyed in this space heretofore has been as disquieting as the burden of this present report will be. For events have thrust upon us the question: In the regulation of drugs in this country, who makes the final decisions—the government or the drug makers?

If there had been very much truth in a widely accepted cliché—a cliché the drug makers have spread as though it were utterly true—the cliché which says patients needn't ever worry about the medicines they take because the government is watching day and night to make sure that all drugs are safe and pure—Dr. Welch would never have been allowed to compromise even the most superficial appearance of his official vigilance. But he was allowed to compromise not only his own office, not only the antibiotic division of F&DA, but the whole of F&DA and beyond that the very integrity of the Federal Department most intimately related to the life of the common man. According to evidence now in the hearing record of the U.S. Senate Subcommittee on Antitrust and Monopoly, he was able to collect more than a quarter of a million dollars in seven years time through a formula that enabled him to see from month to month which drugmaker was contributing how much to his income. The Senate record says he was even able to use the signature of an unwitting President Eisenhower on greetings to impress foreign scientists at annual drug symposia whose papers Dr. Welch later sold in two or more different forms for his private profit. Documents in the Senate record reveal his slanting of these symposia to his own private ends, his insertion into other people's manuscripts of the names of some drug makers and his removal of the names of some other drug makers, and his intensively active role in calling the attention of drug houses to reprints that would be valuable in sales promotion of particular drugs.

Shocking though it was, Dr. Welch's chicanery was part of one public official's behavior, which other public officials could deplore and move to isolate. (Health, Education and Welfare Secretary Arthur H. Flemming did require his resignation.) Now, however, the same Senate record that bears the account of Dr. Welch's operations has spread upon it a story in which he is only one of many characters a story that casts doubt on the conduct of the whole Food and Drug Administration.

THIS story begins where SR's reports on drugs began in January 1959, with a drug called Sigmamycin. Sigmamycin is made by Chas. Pfizer and Co., Inc. One of the advertisements for it—a brochure that featured the implied testimonials of eight physicians who did not exist—provided the clue that led to the unmasking of Dr. Welch. In checking the clinical citations on that ad, SR's Science Editor discovered Dr. Welch's name, followed by his government title, on the mastheads of two journals owned by MD Publications: *Antibiotics and Chemotherapy* and *Antibiotic Medicine and Clinical Therapy*.

It turns out that the misleading Pfizer ad that was reproduced in these columns was only one of the quieter elements in a Sigmamycin advertising "blitz." Chief blitzer was Dr. Welch. In opening the annual antibiotic symposium for 1959, he named the chemical ingredients of Sigmamycin as exemplary components of a "third era in antibiotic medicine," an era to be marked by the blessings of synergistic combinations of drugs—that is, drugs which together bring more effective results than they would if they were administered singly.

THE Senate testimony does not divulge whence it came, who brought it, or who wrote it, but does indicate that a draft of the remarks Dr. Welch was to make popped up in an advertising conference at the offices of Pfizer International in New York, the foreign marketing division of Chas. Pfizer and Co., Inc. This was a week or two before the symposium. Dr. Gideon Nachmod, now a resident physician at Kings County Hospital in Brooklyn, testified that while he was a third-year student in medical school he had been hired by Pfizer International as a copy writer. He had moved over to Pfizer from a similar job in McAdams International, the advertising agency which handled the Pfizer advertising account until 1958. "As is customary," he said, "people having received Pfizer products or Pfizer grants submitted papers to the symposium . . . Usually, they [the papers] are first submitted to Pfizer itself for editorial changes. These changes usually are designed to make them more intelligible, perhaps more accurate, and perhaps sometimes to make more clear the advantages of the Pfizer product." "In the middle of a bunch of such articles," he related, he

CHEGOU O PROFESSOR KOCH

E' inventor de um processo químico para a cura do cancer, da tuberculose e da lepra



O professor Koch em companhia do Dr. Renato de Souza Lopes e dos seus filhos, a bordo do "Delbrasil"

A bordo do "Del Brasil" chegou hoje ao Rio, procedente de Buenos Aires, o professor Koch, inventor de um processo de tratamento do cancer, da tuberculose e da lepra. O ilustre visitante foi recebido pelo Dr. Renato de Souza Lopes e por grande número de cientistas.

Antes de desembarcar, o professor Koch disse-nos:

— Passarei alguns meses no Rio, onde vou fazer a demonstração do meu método e processo clinico para o combate ao cancer, á tuberculose e á lepra. Aumentando o poder de combustão do organismo, tenho conseguido a cura de 70 % dos doentes que foram submetidos ao meu processo.

Dentro de alguns dias, darei início ás minhas atividades no Rio.

A Noite 7/3/41

EMINENTE BACTERIOLOGISTA AMERICANO EM VISITA AO BRASIL



O professor William Koch e seus dois filhos em companhia do jovem Almir de Castro, que os convidou para virem ao Brasil (Fotografia I. A.)

Pelo transatlântico norte-americano "Delbrasil", que fundeou na Guanabara, ás primeiras horas da manhã de ontem, passou pelo Rio, devendo prosseguir viagem para Buenos Aires, um dos mais notaveis homens da sciencia dos Estados Unidos: o professor William Koch. Filósofo, químico, biológico, bacteriologista, William Koch é uma autoridade reconhecida mundialmente, tendo descoberto um processo para o tratamento e a cura de enfermidades até agora tidas como praticamente incuraveis, como o cancer, a tuberculose, a paralisia infantil e a lepra. Utilizando uma terapeutica original — o emprego do "glyocylide" — o sábio americano consegue uma ação estimulante sobre certas células cerebrais e do coração, determinando a combustão de todos os produtos tóxicos. Os resultados obtidos pelo emprêgo do produto do professor William Koch são notaveis, tendo mesmo a bordo tido ocasião de aplicá-lo em um passageiro enfermo de ulcera no estômago, que, desde logo, experimentou melhoras sensiveis.

Na volta de Buenos Aires, o professor William Koch se demorará alguns dias entre nós.

A nota altamente significativa é que se deve a viagem do mestre americano á iniciativa de um comerciante brasileiro, o sr. Attila de Castro. Tendo um filho — Almir de Castro — estudando no Rollins College, na Flórida, sr. Attila de Castro escreveu-lhe manifestando o desejo de que, por ocasião de suas ferias, escolhesse dois de seus colégas para virem conhecer o Brasil. O sr. Attila de Castro tinha como objetivo tornar o nosso país conhecido nos Estados Unidos, levando a efeito, assim, uma interessante obra de intercâmbio cultural e de propaganda do nosso país.

Paul e Bill Koch, filhos do professor William Koch foram os colegas escolhidos pelo jovem Almir de Castro, devendo ficar, durante a permanência no Rio, hospedados na residência particular do conhecido homem de negócios.

A vinda, assim, de seus filhos, obrigou o professor William Koch a vir tambem visitar o nosso país.

O cientista americano, quando de volta da Capital argentina, fará algumas conferências no Rio. Sua intenção era descer ontem mesmo na capital da República, o que não fez, devido a ter que prosseguir viagem substituindo o médico de bordo do "Delbrasil", que foi chamado a prestar serviços nas fileiras do Exército norte-americano.



Dr. William F. Kock

a Noite
6/13/41

CELULAS DO CORAÇÃO PARA CURAR CANCER, LEPRA E TUBERCULOSE

Fala-nos sobre o seu metodo o Dr. William F. Kock

(TEXTO NA SEGUNDA PAGINA).

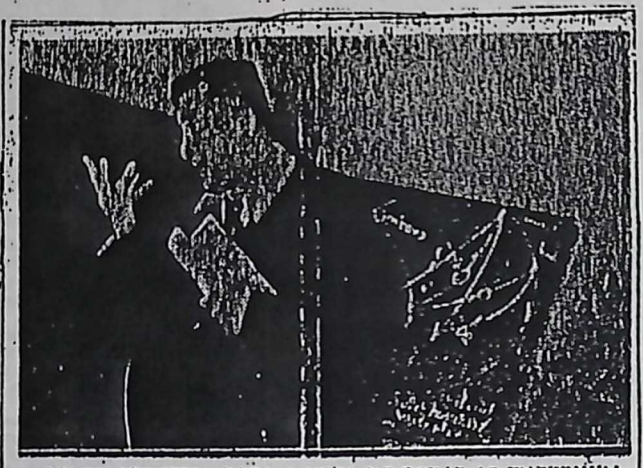
Celulas do coração para curar cancer lepra e tuberculose

a Noite 6-13-41

(Clichê na 1ª pagina)

O Dr. William F. Koch, que permaneceu durante dois anos nos Estados Unidos fazendo experiencias do tratamento do cancer, tuberculose, lepra e outras terriveis enfermidades, chegou hoje pelo "Del Brasil". Pedimos algumas palavras sobre os seus estudos, ao que ele respondeu:

— A base do meu processo de cura consiste no emprego das celulas nervosas do coração, que nunca são afetadas pelos microbios do cancer e de outras molestias, tendo eu tratado mais de 2.000 pessoas só na America do Norte alem de muitas outras que foram por mim curadas em todos os paises da Europa. O meu processo é mundialmente conhecido e empregado por numerosos especialistas no tratamento do cancer, tuberculose e outras molestias terriveis para a humanidade.



UM SO' PROCESSO PARA A CURA DE TODAS AS ENFERMIDADES — Realizou-se ontem, no "auditorium" da Associação Brasileira de Imprensa, conforme estava anunciado, a conferencia do médico chileno Dr. Arturo Guzmán, sobre a nova terapêutica d'que é autor o Dr. William Koch. O amplo salão abrigou grande número de pessoas, entre as quais muitos médicos e biologistas que acompanharam com vivo interesse a discussão em torno do método ideado pelo Dr. Koch para curar a lepra, cancer tuberculose, paralisia infantil e outras graves doenças que affligem a humanidade. Disse o Dr. Guzmán que é possivel eliminar totalmente a doença no organismo humano, revitalizando as células de maneira a impedir a ação dos microbios. Acrescentou que o mecanismo de oxidação que funciona em perfeitas condições nas pessoas sãs, realiza essa tarefa, que o Dr. Koch se propõe facilitar nos organismos enfermos, por meio de injeções de um produto por ele descoberto. Na gravura, o Dr. Guzmán falando, e parte da assistencia.

O Globo
6/17/41

O processo Koch já adotado por um médico brasileiro

Como o Sr. Anorelino Cruz explica o seu sistema ao GLOBO

A teoria exposta em entrevista concedida ao GLOBO pelo professor William Koch e relativa á cura de enfermidades pela revitalização das células do organismo humano, teve a maior repercussão. Segundo o médico norte-americano, a lepra como a tuberculose, a paralisia infantil e até mesmo o cancer, pode ser definitivamente curada com o emprego de um produto que impeda a produção de toxinas necessarias ao microbio para atacar os tecidos. Com o restabelecimento do equilibrio do mecanismo oxidante do corpo é possivel — de acordo com a teoria do Dr. Koch — eliminar do organismo enfermo os infinitamente pequenos agentes da morte. A terapeutica anunciada pelo Dr. Koch despertou os mais contraditorios comentarios.

Agora, um brasileiro declara ter descoberto método semelhante ao divulgado pelo Dr. Koch. Trata-se do Sr. Anorelino Cruz, o qual, tendo feito seu curso de medicina na Faculdade Livre do Estado de S. Paulo, foi obrigado a suspender suas atividades clinicas em virtude de não ter sido o seu diploma reconhecido devidamente pelo Ministerio da Educação. Afim de conseguir a revalidação do seu diploma, apresentou o Sr. Anorelino Cruz um trabalho scientifico, um estudo sobre o sangue que diz ser idêntico ao trabalho feito pelo Dr. Koch.

Disse-nos o Sr. Anorelino Cruz:

— A minha descoberta revoluciona toda a terapêutica, uma vez que vem de encontro ás teorias até hoje aceitas sobre a hematologia. Fazendo successivas experiencias, cheguei á conclusão de que é possivel provocar, não só o aumento da taxa de hemoglobina, como tambem o número de hematias. Consegui com o meu produto injetavel diminuir os bacilos de Koch, atenuar a virulencia do mal e manter os animais em experiencia, com seu "tonus" e peso absolutamente normais. A minha descoberta é de grande utilidade nas infecções syphiliticas e de grande auxilio na cura e prevenção da tuberculose.