R.P. STAFFORD
AMA M.D. TAPED -1- TALK TO JOHN F. CRANE

I would like to summarize several of the cases I have worked on during the past year and a half. Since my most fortuitous meeting with my old friend John Marsh, I believe that was in August 1957, at that time John came to the office with his wife who had some little illness, during and following the treatment of his wife, John told me he was engaged in some very interesting work in California. He was kind enough to explain some of this work to me and of course the things John had to tell me about the Rife equipment, was most phenomenal and at the time it seemed almost unbelievable. I have, fortunately, been able to observe and do work, here in Dayton whenever I have been able to do so, however, the work would be applicable. Several months after my first meeting with John Marsh I had the fortunate experience of applying the Rife therapy to two of my patients with cancer who were confined at the time to College Hill Hospital. Both of these patients were in a terminal state. I discussed the situation with their husbands, collectively, and the husbands agreed to support the transfer of the Rife Equipment to the College Hill Hospital and in the fall around October 1957, the therapy was initiated. The first of these cases was that of an eighty year old white, married woman who had been admitted to College Hill Hospital several weeks prior to the initiation of the Rife therapy. At this time Nellie Bias was suffering from extreme congestive heart failure at the same time with extensive carcinomatosis from a primary lesion in the left breast, to the right breast to the right axilla, to the verticle end of the neck. Mrs. Bias was given the treatment that is customary to cardiac failure and she showed remarkable response to this. Approximately 40 pounds of water were removed from her edematous body. This left Mrs. Bias in a terminal cachectic state in which she was unable to swallow, even a small amount of water or even the very minimum amount of soft non residue food. When she would try to eat this food she would gag and cough and it would tend to go into the trachea and she and she would have severe paroxysms of coughing. Many of these paroxysms seemed to indicate the very end for Mrs. Bias. Now, following the 4th or 5th treatment, which was given, each treatment given at an interval of about 72 hours prior, Mrs. Bias began to find that she could swallow a little better. The general nursing care was relieved. Her health seemed to return. However, I would say that after each treatment she became quite lethargic, groggy from a period of 26 to 36 hours and then would brighten up considerably up until the time of the nexttreatment. A most remarkable change began to be observed in the expexious seta carcinoma, especially noted in the right breast. The extension of the carcinoma to the right breast had produced ulceration and secondary infection and the odor was characteristically foul. Likewise Mrs. Bias right arm was bound to her side by the extensive

carcinomatosis from the breast. This was confirmed beyond a shadow of a doubt. Pictures were taken of the right and left breast when we began to see an improvement. These pictures are a matter of record in my files. Mrs. Bias general condition improved remarkably. She regained much of her strength, she no longer was bedfast as she had been. She traveled by herself to the bathroom and out into the lobby of the hospital and her appetite increased and her ability to eat increased to the point where she insisted on her husband, dear and tender man that he was, to bring her some extra food from the outside for she was able to eat again and she had much to catch up on. Another remarkable clinical demonstration of improvement occured in her right arm in that she could now raise her right arm and comb her hair and bring the elbow up clear to the level of the ear which was an impossible feat for her to perform prior to this therapy. Now Mrs. Bias was an irascible lady, God rest her soul, and though she was always very fine to the gentlemen she always seemed to have a tendency to dislike other female characteristics and one day when she was about to get back into bed and the kind nurse was trying to help her she raised her arm up to push the nurse away saying, I can do it myself, and in that swinging motion and with her advanced years of 80, she spun to the side and fell. Unfortunately, and what so often occurs to folks in their eightieth years, a fall seems to bring on a shock-like state.

This is not the same kind of shock that we see in an automobile accident. It seems to be a mental. This mental shock seems to pervade the entire organism and I have seen many older patients who have sustained a fall even without fracture, go downhill and die. That is exactly the case of Mrs. Bias. Following this fall, she seemed to be in a dazed state and within a week she had developed severe pulmonary edema which of course we attributed to her failing heart. Despite therapy she again lapsed into pulmonary edema, secondary bronchial pneumonia and died December 15th, 1957 at 9 o'clock in the morning. Autopsy was performed by Dr. Robert Zip and Dr. Osborne at Miami Valley Hospital and the complete autopsy report is in our files. I shall not go into the complete detail of this report but suffice it to say that because of the interest in the cancer progress in this patient the tongue, esophagus and trachea, were removed from the neck along with the paraesophageal and parasyphical membrane in the cervical nodes and a careful microscopic examination was performed on this structure as well as on the related part of the body, especially on the breast and the axilla. These tissues were found to be normal. There was no sign of carcinoma in any area of the body with one exception. There was still remaining in the primary tentsturein the breast a mass of tissue showing adenocarcinoma which was described as probably primary in the breast. The pathologist said, "the neostriatum

cells, hypoplasmatism. Some of the cells are evacuated and there is moderate edema. There are clumps of tissues between the neoplasm cells. This shows no characteristic deterioration changes, or changes in the pathology of the cancer cell. The summary of the pathology report at autopsy This 70 year old female (and that is wrong. It is 80 year old) died of the effects of severe arteriosclerosis and cardiac ischemia carcinoma of the breast with a terminal bronchial pneumonia. The pathological diagnosis was stated as bronchial pneumonia, bi-lateral, generalized arteriosclerosis, arterial nephrosclerosis, carcinoma, left breast with metastases locally, post radiation status. The last statement of post-radiation is very interesting in that the patient at no time received any xray or radio-active isotopy therapy. Therefore this diagnosis, of course, would have to be challenged. The second case that I wish to report is that of Mrs. Cartwright, aged 50 who had had a hysterectomy, followed by extensive xray therapy, for a carcinoma of the cervix. This operation had been done in December of 1956 and the patient, following extensive radiation, had developed a severe rectal vaginal fistula. She had progressed down hill. She had lost weight. She had been having much pain in the pelvis and in the back and when she was finally admitted to College Hill Hospital in the fall of 1957 she was having gross bloody stools and extensive pain that could not be relieved at all by medication alone. She was given therapy every third day on, say at the same time and in the same room, as a matter of fact as Mrs. Dyers. Mrs. Cartwright's mental equipment was of course functioning much more clearly than Mrs. Bias as she was almost half the age of the elder and she was a rather pleasant woman except that she was under great duress with this extensive pain. She had constantly, this very foul situation of the bowel movements tracking through the vagina. Following the very first treatment with the Rife aparatus the gross hematuria ceased. This was most spectacular and following the 6th or 7th treatment the pain of Mrs. Cartwright, or ordeal, seemed to be diminishing. We were able to reduce the pain medication and Mrs. Cartwright began to eat better. She was a very heavy smoker. We did not request her to change her habits in this regard but Mrs. Cartwright's progress seemed to be so good that in about 4 weeks I was prompted to call a surgeon, Dr. Robert Snyder, and request that he do a colostomy to clear up this perineal difficulty. Dr. Snyder was very cooperative and was willing to transfer Mrs. Cartwright to Mira Valley Hospital for a colostomy operation. I told Dr. Snyder at this time, that we were working with a very interesting procedure hoping that we could alleviate some of Mrs. Cartwright's difficulty and I challenged him to look carefully in the abdomen when he went in to do this procedure to see if he could find any evidence of metastatic carcinoma. This he did and he was ahhble

to find any evidence of an extension of carcinoma or any evidence of any carcinoma tissue intro perioneal. This, of course was encouraging but the note of caution was sounded, following his exploration, in that he noted extensive scarring envolving the annexa of the pelvis and incorporating the ureter approximate to the injection of the bladder. This actually produced a polymenosis of the right kidney and ureter and was producing a hydronol process on the left ureter. Dr. Snyder felt that this was an inevitable situation, that probably nothing further could be done, surgically, to alleviate this drainage problem. Following surgery, Mrs. Cartwright regained much of her strength. She ate very well, she was much brighter and she was up and about and was sent home. Unfortunately, after she was home a short time she had finally a closure of the left ureter and developed a very rapidly progressive uremia. The BUN rose to 90 and she had all of the clinical evidence of terminal uremia. Because of the anatomical picture and the probably end result we did not feel justified to do any further surgery, in an effort to relieve this secretin of the ureter. Mrs. Cartwright died in College Hill Hospital and an autopsy was performed on her case at the Miami Valley Hospital by Dr. Zip. The gross impression was that she died of confluent bilaterial bronchial pneumonia, uremia hydro nephrosis of the right kidney and bionephrosis of the left kidney. My report was inverted on thekidney.carcinoma of the uterus was only a clinical diagnosis in that there was no uterus there to examine. A pelvic mass was noted. This secretin from post irradiation and they mentioned that she had had a post colonary section with possibly colostomy and possibly hysterectomy. No actual evidence was found in the autopsy of Dorothy Cartwright that there was any active carcinoma cells growing at the time of her death in her body. Following the observation of these two patients, in the fall of 1937 I was forced to believe that the Rife apparatus had some definite beneficial affect in alleviating symptomatology of cancer and in affecting the cancer tissue. Further work now had to be done to show what this affect was and how effective this might be on other cases, a tremendous challenge presented itself and we set about in a methodical way to develop a series of cases, minor cases and major cases which we could eventually bind together to show what this form of energy was actually producing in the human and animal tissue. Along with John Marsh, I ran several cases through the office of minor complaints. These people were advised that this was a form of investigational therapy that we made no claim as to the efficacy

of this treatment but we felt there would be no harmful effect since we had tested this for xray intonation and found it lacking in that respect, fortunately we had tested it in several other ways in an attempt to find out what form of energy we were using. This form of energy seemed to center itself in the field of radio wave vibration, high energy oscillation, and we felt that this form of energy as far as we knew the present had never had a effect detrimentally to human tissue and therefore because of experimentation that Dr. Rife had carried on previously and some of the work that we had done, we felt that it was safe to try this therapy on several cases.

One case, that of Harry L. Ben we used the machine on his case. He was suffering with diverticulitis and he was also having a great deal of urinary and bladder difficulty. We gave him 6 treatments and Mr. Ben has been one of our most enthusiastic supporters ever since. He felt that he had received untold benefit in his bladder difficulty. Mr. Ben had previously had resection of the prostate for carcinoma of the prostate and he is convinced that his clinical symptomatology of urgency and frequency and hematuria improved tremendously following this therapy. He had begged for repeat therapy but because of our program, we haven't had the opportunity to give him further treatment as yet. Interestingly enough, despite a high uric acid, correction, an alcoline phosphotate level, Mr. Ben seems to remain free from the signs of the signs of carcinomatosis, which might be suspected in the level of such high acid and alcaline phosphotate levels. The 4th case that I would like to report on is that of Robert Clifford.

58 year old white man who had had a transuretal resection at the Veterans Hospital 6 months previous to the therapy and since that time he has been bothered greatly by frequent urgency and hematuria. Now, he was given so many of the conventional treatments including anti-spasmotics, urinary antiseptics, to no avail, and when advised that we would try this for him, making no claims to efficacy, he said anything would be very welcome, which would have any chance of helping him. Following his first treatment he noticed less burning, but no change in the frequency and urgency of the urinating, but had only noticed blood once in three days since the first treatment. Following the 2nd treatment he was feeling much better. He had only a little burning and much less frequency but the urgency was the same. The stream was twice as large but there was no bleeding at all. Interestingly enough, he had a bronchitis which didn't seem to change its characteristics during the entire therapy. After the 3rd treatment there was no blood and the burning was much less and often no burning was noticed at all. The urgency did not change, but nocturia which had been 4 or 5 times a night had reduced to once. He had less cough but he was still wheezing. Now, on following the next treatment he was feeling very well,

his wife and his associates had noticed a big improvement in him. He stated that on "beggars night" when the children rang the bell, many times he was very much amused by their antics and he knew that if he hadn't been improved so dramatically, he would have been quite an old grouch, with so much interruption on that night. Finally, after his 6th treatment he had noted no bleeding and he was feeling very good and he had still had the urgency. Now this sequelle came to this report several months later when he returned to the Veterans Hospital and they cystoscoped him again and interestingly enough he was found to have a calculous in the bladder. This calculous had apparently been there ever since the transureteral resection and had apparently formed around the ingrowing catheter that had been used at that time. This calculous obviously was irritating the lining of the bladder and setting up this cystitus and despite our therapy which relieved the infection, probably, and relieved some of the inflamation, the calculous was still in the bladder and was still producing this feeling of urgency. A side note at this point, all along I have learned and re-learned and established one important principle that this form of therapy like any other form will never replace careful diagnosis, careful evaluation of the patient and a continuing interest in doing everything within the medical field possible to improve the patient's condition. This is a little bit of philosophy that I have worked out. Along with any other great form of therapy The Rife machine is no substitute for careful medical care. Now the next case I would like to discuss is that of James Garrison a 37 year old white man who had been to Montreal and had brain surgery. At that point they discovered that he had a astrocytoma of the left sylvianfossa. This surgery was done in 1952 and following that, several years later he had recurrent symptoms in the right arm and leg with weakness in these extremities and unreliability in walking and he had difficulty in saying the word flagrant. After the first treatment he stated that he felt very nervous in the evening following that treatment and he took a hot bath and he noticed intense itching from the groin to the ankle along the inner side of the right leg, but, following that he noticed less weakness in his leg. Following his second treatment he stated that he was very confused and he felt like he might be getting another seizure. He had had seizures and he had been controlled partly by phenobarbital and other anti-epileptic medication. Following the third treatment he had noticed some hiccoughing and this was relieved by therapy. He had slight nausea but there was a decreased amount of stool. Interestingly enough, he was able to say flagrant at this time, and he was very happy about this. He felt that it was a sign of some improvement. Now, we continued our therapy for Mr. Garrison following

the treatments each time, he had noticed quite a dopiness, drousiness or a change in his mentality for about 24 hours. Then he would feel better and he would feel stronger. He saw Dr. Fabian in Cincinatti after the 5th treatment and Dr. Fabian said to Mr. Garrison "I never heard of such things," when he explained his symptoms. Now despite our therapy, Jim seemed to get weaker and so in the spring of 1958 he went back to Montreal. There he was given heavy, intensive doses of radiation and the people in Montreal were very pleased with his progress. He has returned and at the present time except for looking like Yule Bryner with his hair burned out with xray he has been in very good condition. We do not know, of course, how much of this is due to the therapy we gave, or how much could be attributed to the radiation given in Montreal but this much we can say, if it takes 2 forms of therapy to cure a man lets give him two forms. Again, lets not deprive anyone of anything that can make them well. Following the treatments in the office with some of the minor complaints, I sent a questionaire to many of these patients. This questionaire was sent 6 months after the secession of therapy and interestingly enough I received 100% response on these questionaires. The general cooperation that I obtained was very encouraging. The patients who had been given this form of therapy, although not all had received definite benefits, all di seem very grateful that we had made an effort to help them. No one mentioned in any way any detrimental effect of this therapy and so I want to read at this time a comment from one of these patients who had a poison ivy. This patient Dorothy Johnson, came over for therapy at the suggestion of John Marsh, she was a friend of John's and I will read what she said "Requested treatment for severe case of poison ivy involving lower extremities, bottoms of both feet heavily blistered for 4 days, the discomfort of itching was unbearable, treatment was given at end of 4th day. That night itching was ended and notfurther discomfort was felt. The processes of healing required about 2 weeks. No further spreading during this time was manifested. Only precaution that was used was frequent bathing with Fels Naptha soap and sterile bandaging of broken skin areas. There was no further infection. "As I have never had poison ivy before" she says." Just what value this treatment was in this case could best be judged by a medical practioner. You, Dr. Stafford can best answer this. Rest assured if I am ever unfortunate enough to get mixed up with this weed, I shall not delay 4 days, a request for the same treatment. This same experience was noted in my own family. My oldest daughter, Ann, who is now 12 had a severe case of poison ivy last summer. I keep a nice poison ivy weed bed out in the back yard for such experimentation, and Ann came in and she has always been quite susceptible to this weed. She was very miserable. We treated her and very promptly as in the case of Dorothy Johnson, she noted relief of the itching and the lesions dried and disappeared. She is a true devotee of the Rife machine as are, as a matter of fact, all of my family.

My wife has experienced a marked improvement in her general well-being, in her feeling, she had had lower abdominal cramping, and some cramping with her menstrual periods and I gave her some treatments, periodically, and interesting enough, she has had much better health since. She feels better and I hasten to say that she is even more beautiful. That's a testimony for the time I have spent on this project. Now, my other three children beside Ann have all had a crack at this form of therapy and have all benefited. Susan, my 10 year old had some very aggravating dermatosis of her feet, athlete's foot type of thing, last fall around Christmas time and so did my youngest, Pattie, and so I treated both of these girls and very promptly their itching cleared up and very shortly after that the lesions in the skin, the cracking and so on disappeared. The blisters also disappeared. I treated not only their feet but the shoes that they wear. This we had worked out in the fall on another case, which I will report later. My David, also. He is 7 years old has had several treatments with this machine. The most remarkable time was the time that my wife and I were about to go on a trip and David and the children were staying with the grandmothers. That morning, David awoke with a high fever, sore throat and just a miserable upper respiratory infection. I gave him a treatment at 10 o'clock. We were prepared to delay out trip, or possibly postpone it and actually, during the treatment the boy brightened up, he was being held by his grandmother and he just seemed to brighten up and he began to perspire and his temperature dropped and believe me, it was almost unbelievable the difference in the boy after that treatment. Now, just what happened I can't say but we went on the trip and we called back and he just continued to improve and had no relapse and it all cleared up. This was in the spring of 1958.

Another very interesting episode was with my little girl, 5 years old (Patty.) All fall and winter this year she just seemed to have one cold after another and her adenoids and tonsils became infected by this and became enlarged and even when she wasn't having any infection she did definitely have obstructive tonsils and adenoids. None of my children have had surgery for their tonsils and adenoids but I felt that Patty would be the first who would have to succumb to this. I had even talked to one of the local doctors here about the possibility of removing the tonsils and adenoids in May, this month, and I thought I will give our little girl three or four treatments with the Rife machine over the neck glands and see if maybe we can't prevent this surgery. Believe it or not, my wife and I were just talking this week about how much better she seems. In the past month she hasn't breathed with the obstructions, she has been eating much more and she has been behaving much more the way most children

do after an adenoid-tonsilectomy when they have had a lot of trouble over a long period of time. They begin to eat better, they sleep better, they breather better and Patty has certainly responded to these treatments in a very similar way. I talked to the other doctor just today in the halls of the hospital and told him that possibly we can postpone that operation, that Patty seems so much better. I didn't tell him why but someday I will. I hope to tell him why this girl got better and of course, that day may come very soon. Along this same line I treated my mother, through the winter of 1957 and 1958 she was having a lot of discomfort in her abdomen, upper abdomen. She had a gall stone and she was losing some weight and she was feeling very badly. She had some neuritis and bursitis. We gave her some treatments and she absolutely claims that she knows she had felt much better from the time she had her first treatment with the Rife Machine. Because of the dangers of Carcinoma, chronic irritation in the gall stone, we decided to remove the gall bladder and the stone which Dr. Damster did in the spring of 1958. My Mother has certainly made a tremendous improvement. She went through the surgery beautifully, her post-surgical course was as fine as anyone could have and both she and I feel that very likely her nice recovery from the surgery could be partially, at least attributed to, the benefits she obtained with her previous treatments with the Rife machine. I believe that we eliminated, or at least partially eliminated much of the infection that always is found in the gall bladder wall when cololelethiasis is present, and, this infection and inflammation extends up into the liver, contiguous with the gall bladder, and of course produces a focas of infection that takes a lot of a person's energy and I believe that, possibly, by giving her these treatments prior to surgery, we put her into the best pre-operative state possible and therefore she had a very uneventful post-surgical course.

Now, another case that I would like to mention in my own family is that of my little nephew. (he is not really little anymore.) He is 17 years old, Bobby Lori (eye). Now this boy was approximately 7 or 8 years old when I first noticed some deep pigmentation in his left arm and as soon as I saw it and noticed some of the muscle atrophy I was quite sure that we were dealing with scleroderma. I sent this boy down to Dr. Welsh in Cincinnatti. Dr. Welsh confirmed the diagnosis of scleroderma and fell upon some of the imperical forms of therapy that are used for this form of scleroderma. Around Christmas time, 1957, I first noted the progression of the scleroderma. I had not seen Bob very much and my sister, Betty, had called this to my attention - how the pigmatation was extending up over his left shoulder and how much more atrophic the eminence in the hand had become. Bob had gotten so he wouldn't carry his books in his

left hand because of the weakness noted so I suggested that we contact you, John and find out if this kind of therapy was of any value and you, at that time, gave me very good guidance - that Dr. Wright thought that we could treat scleroderma very much like we would treat TB. So we did the same and we followed the advice that you gave us and treated Bob Lori and I asked Betty, my sister, to make a chart of the areas of depigmentation and to watch these areas and see what changes might occur over the next several months. To summarize, Bob now seems much stronger. His general health seems better, his left arm is stronger. The atrophy in his left thumb has decreased, the depigmentation that was noticed in the left shoulder area has disappeared and it is almost fantastic the changes that have occurred. Dr. Welch has not been informed of the therapy that we used concurrently with his and of course he is quite pleased with Bob's progress. At the proper time I will bring this forth and describe this to Dr. Welch and others.

I want to describe another case of a skin lesion, that of Robert Witte, a 15 year old boy who had had severe athlete's foot with severe infection. This skin condition had been bothering this boy for several years. During the past six months prior to treatment he had had very severe infection and cellulitis secondare infection in the cracks of the toes, skin of the feet. He had seen two physicians, I had tried to treat him with gentian violet and other topical applications. I had been able to control the secondary infection, the cellulitis with antibiotics, but we were unable to impress the basic fungus infection in any way. We gave this boy some treatments with the Rife machine. For 24 hours the itching had been very intense and aggravating but had disappeared 72 hours after the first treatment. The weeping and the oozing of the serum from the cracks in the skin ceased. This boy was treated, given three treatment. His shoes were treated along with the feet and he has been practically free of difficulty at this time. This, I think was one of the most phenominal of the cases that I saw treated in the original study. I would like also to record on this tapy another minor case of my office secretary, Mabel Yoman who is quite a convert to the Rife form of therapy following her remarkable recovery in 12 hours from a severe follicular tonsillitis. This girl had been very interested in our work, seeing John Marsh and myself in conference and treating others. One week about Wednesday, she developed quite a severe sore throat. My assistant had put her on achromycin and had given her some combiotic, thats penicillin and streptomycin and this was repeated on Friday. She saw me and I told her to continue the achromycin

and more combiotic and on Sunday noon she called me at my home. This girl was not a hysterical type person, she was very level headed. She knew how jealously we guarded our few minutes off Sundays and she hated to call me on Sunday but she was in a very severe condition, severe sore throat, a lot of pain and I think she thought she just wouldn't be able to get back to wirk if something heroic wasn't done for her at that time. I told her that we had done just about everything that we could do but that we had the Rife apparatus there and that if she wanted to meet me at the College Hill hospital that afternoon that I would give her a treatment. This we did and lo and behold the next morning she said that she reported to work. She felt fine. Her throat was quite exudate over the tonsils but observing her over the next couple of days and taking no medication her throat cleared up promptly and she had no reoccurenae or sequel to this tonsillitis. She said in her six month follow-up that she felt partially relieved in 12 hours and completely relieved thereafter. She says that "I feel that the Rife Machine has a great future and is of great value to our patients as well as many other people, especially in the treatment of cancer. I also feel that anyone receiving treatment from the machine for any length of time would feel extremely better. I have been very enthusiastic about this type of treatment and continue to feel that way. I am hoping for a lot of progress in the promotion of the machine as I feel that it will help many people and help them to live longer and have happier lives. This was the tone of most of the patients that we treated. They couldn't sometimes, put their finger directly on what to say but they felt down deep that they had benefited and they expressed themselves so in our questionairre. A short while ago I mentioned, in recording, that also my family were impressed by the effects of this machine. I failed to mention one of those closest and dearest to my heart, my little 12 year old cocker dog. Old Skipper had been quite a companion to me in the Navy, he travelled with me, he would make house calls with me, he would walk me from the office to home, or the hospital, home, he would seem to have an unusual ability to think and to perform. Now, Old Skipper had for the past year previous to his first treatment with the Rife machine, developed severe arthritis. This kep Skip from even getting into the automobile and so he stayed at home and he seemed to adjust to the change in lifes pace, but he got to the place that his hind quarters were so feeble that he would shake and tremble as he would stand to eat. And it was actually painful to see the old dog try to get up after he had been lying down a while. I talked to John Marsh about this and sort of joking with him a little I said "John,this machine that is

so wonderful, and of course this was just in the first few days of its use in Dayton, I said, "John, if this machine is so wonderful, why don't you cure my dog.?" And John, with a very confident statement said, "We shall." He said, "We will give it a treatment tomorrow." So, we did, we got the machine and we treated old Skip. 24 hours later I was eating in the dining room and the dog came in and he just had such a saucy look on his face that I hadn't seen for quite a while. He had been moping around for months. I had some graham crackers there and I held one up and I said "beg" and the dog sat right up on his haunches and begged as he had done in days of yore. My wife was sitting at the table and we looked at each other and we could scarcely believe what we had seen, for this dog had not been able to even stand on his haunches, let alone sit up on them for months. Well, this progress we watched very closely. We gave Skipper some more treatments and lo and behold, not to dramatize the story too greatly, for it is dramatic, this dog got to the place where he could again ride, get into the car, jump in and out, could sit up jump up and he could go out on the ice in the tennis court in the winter, he could play, he could bat his legs at me and we used to box, shadow box, and he could do that again. He actually looks like a pup and he is 12 years old and since his treatments, I see no sign of aging. This report on the dog is rather significant, for my collegaue, one of my colleagues, had felt in the early stages of this procedure that possibly we were hypnotizing our patients into thinking they were feeling better since they could see the blue light and he did admit that probably it would be a little difficult to hypnotize the dog into thinking that he would feel better when a blue light was pushed around in front of him, so, the dog did seem to open a new horizon to therapy or to the acceptance of this therapy here among some of my skeptical colleagues. I do not say this, cynically, for I think that skepticism is a very important part of science. If we go overboard without proper controls in our experimentation, if we feel that one experiment proves the whole works, we are very likely to be let down at some later time. I feel skepticism has it's place but I feel also that we must be able to evaluate what we see with our own eyes. We must try to keep an open mind as we work with new things for history is full of incidences where men have grasped knowledge and in trying to show this to others they have repeatedly been discouraged, but in the end, in all of life's progress I believe that history will show that in something that is worthwhile will be accepted.

Now, while we are talking about animal experiments I would like to describe our preliminary work with rats at Miami Valley Hospital. At this point I wish to toss a bouquet to my good friend Robert Lip who has cooperated very well with our work despite the fact that he still can't believe that this is as great a form of therapy as I believe it is. He has never-the-less shown very nice cooperation and it was basically through his help that we were able to get a foothold in good clinical, good scientific experimentation. I am going to record, here, a report on a rat experiment at Miami Valley Hospital that was conducted in the fall of '58 which is one year after our first cancer cases (two of them) were treated at College Hill, Mrs. Bias and Mrs. Cartwright. This report is the summary of the result obtained from the experiment conducted in collaberation with Dr. Staffard, Dr. Grife and Dr. Catsman in the use of the device purported to deliver "Electron therapy," in conjunction with chlora-leukemic Spragne-Dolly rats. It is called for 16 suckling rats to be injected with standard doses of rat leukemic whole blood of which 8 were to be treated as a device, the other 8 to serve as controls. In addition 8 suckling rats without injection were to be treated with a device. This is not exactly what we did, we injected 7 with cancer and 9 were used as controls - treated controls. Now, in the treatment, the rats were to receive treatments the day following injection, and every Monday, Wednesday and Friday at 10 A.M during the experiment, Dr. Staford gave the treatments with the machine and the prescribed frequency for carcinoma and sarcoma, for streptothrix, streptococcus and staphylococcus, were used. A carrier wave of 2400 cycles was used. Now, the rats, both the injected and the non-injected treated rats were placed in the same container and they were treated in the same way and I did not know which rats had been injected and which rats had not. Therefore, we could eliminate any possible prejudice, or any form of therapy except straightforward administration. Now, our results were as follows: only three animals were available as controls at the time the experiment was begun. These animals were all positive with respect to the chloroma at death and they died respectively 43 days, 39 days and 49 days which gave an average date of death of 43.6 days. Now, in the injected and treated group, we had as follows: in this group there were 7 animals injected. Of these, 4 animals died and were positive for chloasma as follows: the 4 that died, died on the 55th day, 53rd day, 48th day and the 46th day, which gave an average rate of death of these four, of 50.5 days, which is 7 days longer, one week longer than the average date of death of the three peekeds. This in itself