

*HERBERT BAILEY*

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A  
Matter  
of  
Life or Death

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THE INCREDIBLE STORY OF  
KREBIOZEN

**The following letter is reproduced  
on page 122 of  
A MATTER OF LIFE OR DEATH**

March 15, 1954.

The Honorable  
William E. Pollack,  
Chairman, Krebiozen Investigating Commission,  
134 North LaSalle Street,  
Chicago, Illinois.

Dear Mr. Pollack:

We have learned that Dr. Paul Werner of the A.M.A. in his affidavit to the Commission has referred to Dr. Henry Szujewski who indicated that the Krebiozen patients whose blood was examined by him were dead or dying.

We the undersigned were among those Krebiozen patients and herewith certify that we are alive and in good health now for over three years.

We desire to point out that such a false report could be a source of serious embarrassment to us in our social and business activities. Accordingly, we desire to file our protest with the Commission.

Yours sincerely,

The cancer patients who signed this letter were reported as dead or dying in the Szujewski report in the *Journal* of the American Medical Association. Three years after the report was published, ten of the patients in the report appeared in person before the Illinois Legislative Commission, all in good health, seven of them *without any sign* of cancer! (And seven are alive today, six years after the Report; three of the ten have died, but not of cancer—for instance, one died at eighty-four of a heart condition.)

(continued from front flap)

credit the drug in the eyes of American doctors . . . and what a dramatic story it is! It just couldn't happen in these times when there are over 800,000 cancer patients in the United States. According to the American Cancer Society, one out of every four persons now living will eventually develop cancer. If for no other reason, this book should be read carefully by everyone who believes cancer will not always be a major medical problem.

In July 1952 Herbert Bailey first became interested in Krebiozen. He planned to write an objective article about the new anti-cancer drug which he hoped would have the approval of the American Medical Association. His investigations led finally to the writing of a book on the subject entitled *Krebiozen—Key to Cancer?* which was published in 1955. *A Matter of Life or Death* incorporates in condensed form most of the material in the earlier book, but it also covers results of three more years of testing and investigation.

Mr. Bailey is a veteran reporter who has worked for newspapers in North Carolina, Nashville, and Chicago. At one time he was radio and dramatic critic for *Billboard*. For the past ten years he has been a writer of medical articles for such magazines as *Pageant*, *Argosy*, *Better Homes and Gardens*, *Collier's*, *Science Digest*, *Magazine Digest*, and others. He is the founder of Man's Frontiers, an organization devoted to explorations of the unknown, and the dissemination of information on generally suppressed subjects.

A MATTER OF LIFE OR DEATH



# **A Matter of Life or Death**

**THE INCREDIBLE STORY  
OF KREBIOZEN**

**BY HERBERT BAILEY**



**G. P. PUTNAM'S SONS  
NEW YORK**

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*If you shut up truth and bury it under the ground, it will but grow, and gather to itself such explosive power that the day it bursts through it will blow up everything in its way.*

—*Emile Zola*

To those countless Searchers who have, through the centuries, sought for and tried to disseminate the Truth in spite of obstacles imposed by men of lesser vision—and therefore less dedicated to the Search—this book is humbly and respectfully dedicated.

And this book is especially dedicated to those great and noble individuals who have risen like lighthouses amidst vast seas of conformity and fear and who would not let the truth contained in my first book die. They are the ones who by their courage and active support, inspired me in the preparation of this book. H. B.



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**PART ONE**

**Discovery**



# CHAPTER I

ON the morning of April 9, 1953, the gavel of Illinois State Representative William E. Pollack banged, opening to public view an investigation of Krebiozen, a highly controversial anti-cancer agent.

Involved in varying degrees were: six United States Senators; the American Medical Association, most powerful medical organization in the world today; Dr. Andrew Ivy, then Vice President of the University of Illinois; Dr. Steven Durovic, Yugoslav physician who discovered Krebiozen; Dr. Durovic's brother, Marko, one-time director of Vistad, one of the largest munitions factories in Europe; a former chief of the Argentine Air Force; two Chicago businessmen once interested in the distribution rights of Krebiozen; a colonel in the U. S. Army Intelligence; the Federal Bureau of Investigation; Dr. George D. Stoddard, then President of the University of Illinois; Benedict F. FitzGerald, former trial attorney and investigator for the Justice Department; eminent doctors from all over the world; and last—but really most important—about one thousand, for the most part unknown, cancer sufferers who had been treated with the drug.

On one side of Chicago's City Council Chamber were aligned the proponents of Krebiozen; on the other sat the opponents. Chairman Pollack announced the scope of the inquiry: the fourteen-man committee appointed by the Illinois State Legislature was to investigate the cause of the controversy at the University of Illinois over the drug Krebiozen, and determine what, if any, legislation should be recommended to prevent a similar occurrence.

It was a dramatic moment for cancer sufferers and future victims. Dr. Ivy had supervised experiments on more than five hundred cancer patients, and was convinced Krebiozen was of merit in treating cancer. He was also convinced there existed a conspiracy against Krebiozen, and that everyone associated with the drug had been marked for punishment by a powerful force within the American Medical Association.

The man Ivy had singled out as ringleader of the "conspiracy" was Dr. Josiah J. Moore, operator of a pathology laboratory in his spare moments, but better known as the Treasurer of the American Medical Association. Also accused, but only as an instrument of the organized action against Krebiozen, was Dr. Stoddard, a psychologist and administrator, better known to the public as President of the University of Illinois.

Also charged with throttling research on Krebiozen (primarily because of Dr. Moore) was the American Medical Association. Some of its prominent staff members, such as Dr. Paul Wermer, and some of its executive officers, such as Dr. George Lull, its General Manager and Secretary, were accused of aiding Dr. Moore, possibly unwittingly, in his alleged conspiracy.

There were a score or more of lesser lights, both accusers and accused.

Never before in the history of modern science had such formidable adversaries faced each other over such fundamental questions. Mankind's most horrible disease and freedom of research were the issues involved. The newspaper accounts of the hearings necessarily reflected the tortuous day-by-day unfolding of an extremely complex medical and legal situation. The hearings were spaced nonconsecutively over the period of a year. Therefore, coverage as well as comprehension of the issues were difficult for both press and public.

Dr. Ivy based his claim of conspiracy principally on the activities of Dr. Moore, the activities and publications of one Dr. Henry A. Szujewski, and the publications of the AMA. He had several witnesses to corroborate his charges, including Dr. Durovic, and one of the most respected persons in Argentina, Commodore Alberto Barreira, former Under Secretary of Aviation.

The calm, blond, dignified Commodore threw the Krebiozen hearings into a state of shock the first day when he related his story of "conspiracy," involving Dr. Moore and one of his own countrymen, Humberto Loretani, and Messrs. R. Edwin Moore and Kenneth Brainard, two Chicago businessmen.

These sensational charges, buttressed by the Commodore's handsome secretary, Ana Schmidt, were substantiated in part by recorded telephone conversations. If the conspiracy actually existed which the

Commodore and Miss Schmidt described under oath to the Legislative Committee, then millions of cancer sufferers the world over might be dying because avaricious men squabbled for the rights to distribute this drug which offered more hope for the basic solution of the cancer problem than any other known agent.

The Krebiozen researchers and their antagonists had been feuding long and bitterly for the past three years. Charges and countercharges had filled the air with venom—totally unlike the careful, temperate utterances one usually associates with the heads of medical groups, university presidents, and scientists.

Almost hidden in the haze of battle were two basic questions.

The first: is Krebiozen of value in the treatment of cancer, and can it, or something similar, lead to a cure?

The second: Have results with Krebiozen been deliberately obscured, and consequently has freedom of research been seriously impeded, either by mistake or design?

Most of humanity will be interested primarily in the answer to the question of value. Scientists, medical men, educators, and a few laymen will be concerned with freedom of research. Some will be concerned equally with both questions.

A six-year search to get at the truth has led through a tangle of seemingly conflicting, complex and varied trails. The scientific parts of the Krebiozen story form a cohesive, easily understandable pattern when put together on the basis of fact.

Much of this book is based on sworn testimony and evidence received by the Krebiozen Investigating Committee (later Commission). This evidence now forms a part of the official record of the Krebiozen hearings.

Although the story of Krebiozen has been described in the *Saturday Review* as one of "international intrigue that puts the most fantastic dime novel to shame," and at times the melodrama threatens to obscure the real issues, some knowledge of the disease called cancer is necessary for a better understanding of the story.

What is cancer, and is there any hope that Krebiozen can cure it?

## CHAPTER 2

CANCER has been afflicting human beings ever since they became human and there is little doubt that the disease existed long before that memorable happening. Cancer has been killing life almost from the dim beginnings—certainly since life assumed multi-celled forms and became dependent on the correct multiplication of cells for its continuation.

Hippocrates, the father of medicine, described the disease 2500 years ago and tried to treat it. It was long recognized that the best treatment resided in the knife. The surgeon's knife occasionally could sever successfully the abnormal growth from the normal body; in fact, this was the only (sometimes) effective treatment for centuries until the discovery of X-ray therapy by Dr. Emil Grubbé in 1896.

It is certain that this disease which is manifested by wildly growing and spreading cells is rapidly becoming modern man's worst curse. People in previous civilizations did not live long enough for cancer to become a major problem. Until recently, infectious diseases killed most persons before cancer could establish its deadly parasitical tentacles in the body.

Today the spectre of cancer rises to confront all of us. There are over thirty victims an hour in the United States alone. This year over a quarter of a million of us will die unmerciful deaths from a disease exceeded by no other major disease in drawn-out agonized suffering. Next year there will be even more; about half of these will eke out the last months or years of their lives also *mentally* tortured by the knowledge they have incurable cancer and there is no hope.

Nearly half of those who contract cancer might arrest it if it were detected soon enough. Skin cancer, for instance, is about 85 per cent curable if treated properly. But for many deep-seated malignancies there is faint possibility that they can be discovered early, and for some, even remoter possibility of effective treatment. The knife cannot cut them. The invisible radiations of the X-ray, and even the

minute yet powerful atomic blasts engendered by Cobalt 60, are futile weapons for many cancers.

For cancer is many things, an ugly thousand-faced hydra. At one time it will cruise in a child's blood stream and its name is acute leukemia; then it will ravage a mother's breast and its name may be mammary carcinoma. Or it will burrow into a middle-aged man's bladder under another name. Or lodge in a young girl's brain as an *astrocytoma*. But whatever the name, whatever the type, the face of unchecked cancer is the face of death.

Cancer can originate almost anywhere in the human body where there are living cells. Too often, there are no "warning signals," not even for doctors.

While improvements on the standard methods of treatments, surgery and radiation, are being made almost daily, and are most eagerly welcomed, the basic answer to cancer lies not with them. Any surgeon and any radiologist will admit this.

Cancer arises as a result of abnormal changes within the body. This is true whether cancer is caused by a virus, an oxygen lack, irritants, or a combination of these and other factors which have been postulated as causing the disease.

Cancer is an end result, a consequence, a sign that something abnormal is happening in the body. While frequently the cancerous *result* may be eliminated by cutting it out or burning it away, neither surgery nor radiation strike at the cause. Therefore, if conditions remain the same as before treatment, the cause is likely to produce another consequence.

Is there then any hope for a universal cure for cancer, and if so, when and whence will it come?

Since surgery and radiation are necessarily limited by their own nature and the nature of the disease, it follows that the basic cure will be linked to the chemistry of the human body and perhaps to various substances which can be injected into the body to normalize or halt the disorderly processes which characterize the disease we know as cancer. For all cancers, though differing greatly in form and substance, share one basic similarity: uncontrolled, spreading growth. And it is within the vast realms of chemistry and body physiology that this uncontrolled growth can be controlled.

No less an authority than Dr. C. P. Rhoads, director of the cancer division of the world-famed Sloan-Kettering Institute, has testified before a Congressional committee that the cure for cancer would probably come within the "next decade," and would arise from a "penicillin-like substance." A chemical, antibiotic substance injected into cancer sufferers, which would throw off the disease, just as streptomycin conquers the once-fatal germs of pneumonia.

Now could it possibly be that the world already has what Dr. Rhoads describes as a penicillin-like drug which may cure cancer?

The answer is *yes* according to many reputable doctors and researchers who have been using Krebiozen for over six years with notable success. The drug has a definite relationship to the antibiotic Actinomycin, which eminent Nobel Prize winners say is effective in cancer, but too toxic.

This drug, Krebiozen, discovered in 1948 by Dr. Stevan Durovic, former Assistant Professor at the University of Belgrade, has now been used on about 1,800 patients dying of cancer. "Terminal" or "hopeless" cases, the doctors call them. The case histories of about 750 in the United States have been minutely checked by Dr. Ivy as well as by various other physicians.

Most of these patients had tried everything medical science had to offer. About half knew they had incurable cancer; the other half were told by their doctors they were suffering from other less hopeless diseases such as arthritis or bronchitis, or even kidney or heart disease.

The results with Krebiozen treatment were similar in both groups, regardless of whether the patients knew or didn't know they had cancer, regardless of whether they knew they were receiving an experimental drug or just another "dope" or vitamin shot. Therefore, "wishful thinking" or psychotherapy could hardly have played a significant role in the results, particularly when a number of patients were in coma—that is, in the last unconsciousness preceding death, and were unaware of *any* treatment.

Neither can "natural control" or "spontaneous regression" account for the results. Complete recovery by spontaneous regression—the medical term for nature's remedy in cancer, which means the cancer mysteriously disappears without treatment—is so rare in far ad-

vanced cases that even most cancer experts haven't seen it. And those who have seen it can't quite believe it!

It's estimated to happen about once in 50,000 to 100,000 cancer cases! This means that of all the persons who are to die of cancer this year, perhaps two to four will lessen the total by a "spontaneous" recovery.

Now, any cancer specialist is familiar with the "ups and downs" of his cancer patients: the body's natural defenses, while almost never effecting a cure, often manage temporary fluctuating improvements, but complete disappearance of cancer or even sustained improvement in terminal cancer patients can scarcely be interpreted by cancer experts as due to natural body control.

Of course, in speaking of a hypothetical cure for cancer, it is necessary to ask: "On whom will the 'cure' work?"

For no cure, no matter how universal, effective and non-toxic, can regenerate vital tissue if too much has been eaten away by the cancer. Nothing will save most patients in the last throes of the disease. Only a few—those lucky ones, whose cancers, though "hopeless" and too far advanced for conventional treatment, have not yet destroyed their vital organs' "margin of safety"—can hope to be saved by a cancer cure.

No agent, for instance, can create a new pair of lungs, though it may annihilate every cancer cell in the old cancer-invaded pair.

The inevitable failure of a cancer agent ever to cure those whose lungs, kidneys, or livers have turned into a mass of cancerous jelly is only one reason why any basic cancer cure should also act as a preventive. Eventually, cancer prevention injections should make cancer as rare as diphtheria.

Can this agent, Krebiozen, be the beginning of the long-awaited cure and possibly hold at least a suggestion of the dreamed-for preventive?

## CHAPTER 3

THE great puzzle of cancer had intrigued Dr. Durovic beginning with his medical school days at the University of Belgrade. The problem stayed with him during his years of research.

In 1933 he obtained a desk at the Pasteur Institute in Paris. He was particularly interested in mycology, which is the study of molds, from whence come penicillin and other life-saving antibiotics. Penicillin hadn't been heard of then by the medical fraternity, though it had been discovered by Dr. Fleming in 1929.

Nevertheless the young researcher Durovic found the study of molds fascinating and he wondered if their unique rapid-growth properties might not be applied somehow to cancer.

Later, when he acquired his M.D. and became a member of the medical staff at the University of Belgrade, the question still plagued him—why do normal cells become abnormal? Why do these abnormal cells disobey the fundamental law of the body? The law says that cells should grow, but only enough to benefit the whole organism, not grow for themselves alone at the body's expense.

Possessing an original intellect, he did not subscribe to the prevailing medical defeatism regarding cancer—as common in Europe as in America—that if we ever got an answer to cancer it certainly would not be in the foreseeable future—that because there are so many different varieties of cancer and they were induced in so many apparently different ways, it would be impossible to ever get *one* cure for cancer. Cancer was actually so many *different* diseases and all we could really do would be to improve our cutting and burning methods—surgery, X-ray and radium. Therefore Dr. Durovic kept thinking up and executing experiments involving defense mechanisms in the body which fight off disease and which regulate repair of tissue.

He reasoned as follows, and Dr. Ivy, another original thinker, halfway across the world, was thinking the same thought: all cancers have one common denominator, regardless of their origin or their

species, namely, unregulated growth. If something to cross out, to negate, that common denominator could be found, isolated and produced in quantity—there would be your answer to cancer. That would be the really basic cure, which esteemed medicoes have scoffed at, have denounced as quackery even to think about. The human body must possess that substance or that “something,” for rarely, unfortunately too rarely, a “hopeless” cancer would fade away, the patient would give thanks to God, and the doctors in charge would shake their heads in disbelief, yet be forced to set the miracle down in their big black books and attribute it to “natural control.”

Even the most conservative of doctors admitted this natural body defense against cancer.

The astounding part of this admission to Dr. Durovic and Dr. Ivy is that with all the millions spent on cancer research during the past 50 years, comparatively few research projects—almost none in the last 15 years—have been devoted toward finding that natural cancer control contained in the human body—the factor that really cures when there’s enough of it and it attacks the cancer before the victim’s life-force has ebbed too much.

While mulling over the problem of natural control of cancer, Dr. Durovic and his brother Marko, and Marko’s wife, Olga, were caught in the whirlpool of World War II. Dr. Durovic immediately joined the Yugoslav Army and became a captain in the Medical Corps. The Nazis and Italians quickly overran the civilized portions of Yugoslavia, overwhelming the Royal Yugoslav Army. Dr. Durovic was taken prisoner and for the next eighteen months was held in an Italian Prisoner of War Camp. Although sick a good part of the time in the prison camp, he spent many days and nights thinking about cancer. He reviewed his past experiments; dreamed of future ones. He reasoned that there must be a substance which could induce rapid, uncontrolled growth in animals, which in turn, should set up the body defenses against the unregulated growth. And if—

But before he could complete his thinking or put it to the test—for which he had no facilities in the P. O. W. Camp—his older brother Marko came to his rescue.

Marko had fared somewhat better than Stevan. As the Nazis were

closing their iron ring around Belgrade, and around Vistad, the munitions plant which Marko co-owned, Marko with his beautiful wife, Olga, slipped away in an auto, trying to reach a neutral country. But they were seized by Italian troops and sent to Rome.

Marko had influential friends in Rome. Because of them, succor for both Durovics was not long delayed. Dr. Durovic was entitled, under the rules governing treatment of Prisoners of War established at Geneva, to be released as a sick physician; for his brother, there was even less difficulty as he was a non-combatant and not a prisoner of war.

Through the Vatican's intercession with the Italian authorities, arrangements were made for the Durovics to proceed to a neutral country of their choice.

Dr. Durovic wanted to come to the United States because he had always dreamed of working in its vast laboratories. However, Pearl Harbor had been bombed by Japan a few days prior to the Durovic's release and consequently the U. S. was no longer a neutral country.

The Durovics' next choice was Argentina where medical facilities were second only to the United States.

It was now that brother Marko showed a great faith in his younger brother. With the remnants of his fortune he underwrote his brother's first experiments.

Dr. Durovic was by now convinced of his theory that a growth-regulating factor within the human body would prove to be the basic cure for cancer. There could be no doubt that there was such a factor. Aside from the rare but undeniable cancer "cures of nature," he was impressed by the fact that any animal tissue grown artificially multiplied indefinitely, as long as there was nourishment for the cells. (Most of these tissues grew slowly—they apparently needed more than mere food; they evidently needed a growth-*stimulating* factor as well.) Still, there was no growth *regulation*. Yet these same tissues *inside* the body maintained an orderly growth-pattern no matter how much food they received. Inside the body, for instance, liver tissue formed into an organ with a specific design, for specific purposes. The organ's shape was rigidly controlled and it could not be induced to change its form or to spread. Outside the body the same tissue would develop into a shapeless mass.

The primary reason cells reproduce in a normal adult body is for the purpose of *replacing* dead or dying cells, but never do they spread beyond the boundary defined by the agency responsible for maintaining healthy life.

Too, if an animal or human being were wounded, the body would replace the dead or injured tissues, but would stop exactly at the limit of the wound. Never would the tissues keep on growing after normal size or structure was attained. What caused the miracle of growth regulation? Clearly there was a growth-directing agency somewhere in the body, probably at the base of the brain—some scientists have identified it as the pituitary gland. That the pituitary acted as a growth *stimulator* was well recognized. It was responsible for most organized growth to normal adulthood. And just as the pituitary issued its summons to the body to grow via a hormone released and carried by the blood stream to every living cell in the body, it should follow that the growth-regulating factor would also be transported in the blood stream.

Later researchers have dramatically demonstrated a growth-regulating factor. One researcher placed the tissues of an adult frog within a growing tadpole. The tadpole stopped growing. There was a growth-stoppage element in the adult frog which apparently was even stronger than the growth-stimulating factor in the tadpole! Practically the same effects have been observed by other researchers working with cockroaches and caterpillars.

Yet the substance which would be Dr. Durovic's goal would not be an anti-growth element, but an anti-*abnormal* growth substance. It would not be the exact opposite of the pituitary hormone, because the pituitary was a stimulator of normal growth to adulthood; even when it got out of kilter and over-produced as with circus giants, all it did was make the organs and the body oversized; the organs were still under body control—there was no disordered reproduction of outlaw cells refusing to do their share in the body's function: in short, no cancer.

We are all subject to continual bombardment by cancer and though our susceptibility varies, our bodies usually can throw off the invasion; it is believed to begin with a microscopic attack on a small number of cells.

To Dr. Durovic, the theorizing was the easiest part. But how isolate the substance? How produce it in quantity so it would be of practical value for testing and then perhaps for using? He knew it must be present in the human body in almost infinitesimal quantities.

The various body hormones, controlling the workings of the entire body, release amounts so minute it was many years before their presence was detected by the finest of instruments and methods. Even then, their presence had to be assumed by their workings rather than objectively demonstrated by the microscope or the test tube. So it would be the same with the anti-growth, anti-cancer substance, Dr. Durovic believed to be present in, and on occasion to be released by, the human body.

The *human* body? If his unknown substance were in the human body, it would surely also be in the *animal* body, since practically *all* life, even plant life, fell victim to the curse of cancer. Consequently they should also possess the antidote the same as humans. So reasoned Dr. Durovic as he bent over his test tubes one evening.

But how to get the animal to produce this growth-regulating and therefore anti-cancer substance? By injecting with cancer tissue? That had been tried repeatedly by many early researchers in an attempt to produce defense antibodies against cancer, but such experiments had met with practical failure—though there were some significant results by a few researchers which had not been followed up.

Dr. Durovic reasoned further that the defense mechanism in most animals, including man, was not geared to the comparatively slow-acting, though wild, growth of the “normal” cancer. The average cancer probably didn’t grow fast enough to produce enough of the defensive substance necessary to check the cancer’s growth—once it had achieved a sizeable start—except in a very small fraction of cases.

Mostly, he worked with cattle during the early years of his experiments in Buenos Aires. He would inject whatever promising stimulating substance—of the defense mechanism of the body—he could think of, or had read about, into the cattle, and then wait for several weeks until the animals had had time to manufacture the counter-acting agent. Then he would bleed the cattle (in most cases, oxen or bulls) and try to extract from their blood the substance which theoreti-

cally the cattle should have built up to defend themselves. He used more than two hundred materials in five years, hoping to find the magic key that would release into the blood stream the mysterious growth-regulator he knew lay hidden somewhere in the body.

Most of the time he failed to extract anything. He blamed his methods, his choice of substances; he blamed everything except his theory. That he knew, with the intuition of a great scientist, was correct. During his experiments with cattle he extracted a substance which he thought was produced by stimulation of the reticuloendothelial system (the defense mechanism of the body); on testing the material, he found it ineffective against cancer, but in other tests it indicated some promise against high blood pressure.

Dr. Durovic tried this substance, later called Kositerin, on 150 patients in the clinic of the Durand Hospital, Buenos Aires. The results were encouraging in the treatment of high blood pressure, according to hospital records, and so the Durovics, having spent a good portion of their European funds, welcomed a group of businessmen who were eager to invest in the new drug. Some had been helped themselves by Kositerin; others had relatives who had been treated. Dr. Durovic, however, was still not completely satisfied with the results of Kositerin, and although licensed for sale in Argentina by the Ministry of Public Health, he never allowed it to be sold. He wanted further tests, further research. He was not convinced the drug under his imprimatur should be distributed as a remedy until as a scientist he was absolutely sure of it.

He told the stockholders he was not satisfied and that the drug would never be issued generally until he was. It was agreed that Kositerin should be tested further, possibly in one of the great medical schools of the United States.

Meanwhile, he was injecting just about all the substances he knew in an attempt to find the growth-control regulator he was sure would stop cancer. Finally it occurred to him that none of the stimulators he was using gave enough of a jolt to the defense mechanisms to produce the growth regulator in recoverable amounts.

What foreign bodies produced the fastest foreign body growth? Would it be bacteria? A virus? A fungus? He remembered his work on fungi at the Pasteur Institute and how fast they would grow.

One afternoon as he was half-dozing, the fair rich fields of his family's ancestral estate rolled before his mind's eye; he saw again the familiar herds of cows and horses.

The answer to his problem came to him! The final answers to most questions are comparatively simple, and this answer was simple—once you perceived it. Among his father's horses and cows sometimes there had appeared a strange disease. It began as a tiny growth, usually on the side of the neck or jaw. Within a few weeks, the growth would burgeon into a huge tumor. The horse would become very sick, often die. Sometimes, however, the horse would recover and the tumor would completely disappear.

Surely this was one of the fastest-growing living things composed of animal tissue. It was obvious too, that when the horse recovered, something in the horse's body had put a halt to the rabid growth by killing the invading cells. All this in a matter of weeks!

The growth was caused by a fungus, *Actinomyces bovis*, and the disease was commonly known as "lumpy jaw."

The intense scientist lost no time in translating his daydream into careful reality. He began using horses instead of oxen. Before the last phase of his experiment was over, he had injected many hundreds of horses with extracts of *Actinomyces*. Their blood had yielded about a half-teaspoon of a whitish powder he believed was the growth-control regulator for which he searched. About ten thousand gallons of blood and only two grams of active substance! The average yield from a horse was so tiny it was almost invisible to the unaided eye, yet it was so potent it could protect the hundreds of pounds of a horse from a foreign growth within his body! More mystifying, he found that certain horses yielded nothing, while others were relatively rich producers.

Dr. Durovic first used his new substance on old dogs with "natural" cancers.

The results astonished him—he who was prepared by theory for favorable reactions.

The dogs' cancers shrank noticeably; some even disappeared altogether.

Eagerly he arranged with his friends Dean Ernesto Canepa and Dr. Hanibal Da Graña of the School of Veterinary Medicine, Uni-

versity of Buenos Aires, for a series of independent tests. He saw their preliminary results confirm his own experiments.

By this time he was ready to come to the United States. He had agreed to have Kositerin tested there also. But most of his hopes lay in his new anti-cancer powder.

He had been certain of his theory. Now he had the fruition of his theory reposing in a tiny vial.

He sealed five hundred ampules, each containing a tiny fraction of the mysterious substance manufactured in some yet unknown tissues of the horse.

Would the substance halt or regress or have any effect on the disease mankind had been fighting for centuries? Was the substance reposing in the tiny vials, invisible now and sealed in water and sunflower oil, the answer? Or the beginning of the answer to malignancies?

The little doctor with the piercing brown eyes and the deep intuition would soon know the answer, he thought. Characteristically, he was taking the direct approach. A little later, he was telling his brother and sister-in-law and his good friend, Air Force Director Commodore Barreira, *adios*. He was boarding an intercontinental plane ultimately bound for Chicago, one of the great medical centers of the world.

In Chicago was Dr. Andrew C. Ivy whose paper on the probable cure for cancer he had read and had been astounded to learn how close Dr. Ivy's thinking was to his own.

## CHAPTER 4

WHEN he landed at Chicago's Midway Airport, Dr. Durovic was met by two Chicago businessmen, Edwin Moore and Kenneth Brainard, Moore's brother-in-law.

Dr. Durovic spoke no English; Brainard spoke French, a language Dr. Durovic understood well. An affable relationship began.

The men were not unknown to the doctor. The secretary of Duga S. A. (the company formed to commercialize Kositerin), Humberto

Loretani, had on a previous visit to the United States met Moore and Brainard. Loretani had been impressed with their business acumen and pharmaceutical contacts. He had recommended to his stockholders that the two Americans be used to secure pharmaceutical outlets in the United States when Kositerin proved effective in the treatment of high blood pressure. (It was thought at that time there would be no doubt of Kositerin's efficacy when it was tested in the U. S.)

Dr. Durovic had been empowered by Duga S. A. to arrange for the scientific investigation of Kositerin as well as its commercialization. Moore and Brainard were specifically mentioned as persons with whom the doctor might negotiate. In fact, the minutes of the company specify Moore and Brainard and *any other persons* he might select.

Moore and Brainard knew nothing of what later was to be called Krebiozen. The Durovics had secretly experimented with the anti-cancer substance on a farm 250 miles from Buenos Aires, and had informed no one connected with Duga S. A. except its president, German Calvo. (To avoid confusion, it should be explained that Duga Laboratories, as distinguished from Duga S. A., was the name of the Durovic's private pharmaceutical laboratory which manufactured Krebiozen.) The stockholders of Duga S. A. were eager to have Kositerin put on the world market and this was easier effected from the United States, especially if university medical schools there corroborated its value.

Therefore, when Moore and Brainard met Dr. Durovic, they assumed that the only material he brought with him was Kositerin which was the only substance they had discussed at length with Señor Loretani. Dr. Durovic did not see fit to mention to them for several months his ultimate purpose in coming to the United States. It was a far more important purpose than the testing and possible exploitation of another agent for relief of hypertension—for which malady there were already several remedies; it was to test something to which he had devoted almost his entire scientific life: a basic answer to man's most dreaded disease, basic remedies for which there were none.

But the testing would have to wait a few months until he had

presentable objective proof of the ability of his agent to destroy cancer cells.

Moore and Brainard were most kind to him, Dr. Durovic acknowledges, not just at the airport, but later. In fact, their kindness and solicitude extended throughout the next year.

Either Moore or Brainard was with him constantly and arranged for him to see various scientists and pharmaceutical authorities.

From their viewpoint, Dr. Durovic was a most promising contact. They had assumed their efforts would result in a contract for them to promote or distribute Kositerin.

Dr. Durovic arrived with a letter of credit on a London bank for \$190,000. The brothers Durovic were to spend this and more, much more, during the next three years in setting up and maintaining a research foundation the United States—all in order that they might give away their anti-cancer substance and have it tested under scientific procedures.

Moore and Brainard arranged for Dr. Durovic to meet Dr. Roscoe Miller, head of Northwestern University's Medical School, and now president of the university. Dr. Durovic showed him evidence from Buenos Aires' Durand Hospital that Kositerin seemed to be effective in relieving high blood pressure. Dr. Miller was impressed, and without further ado arranged to have Kositerin tested at Northwestern. In the light of subsequent developments, it is significant he did not demand the formula of Kositerin or its method of production before he agreed to experiment with the drug.

The fact that Kositerin had been developed by the private funds of a business organization and that its manufacturing processes could not be revealed until after it made returns on the initial investment did not deter Dr. Miller from ordering the tests. It is common practice for pharmaceutical houses to maintain secrecy on new drugs until their value can be ascertained by experiments.

The practice of testing new "secret" drugs is routine in medical schools, (usually the product is sponsored by a recognized pharmaceutical company), and is mentioned here only to illumine a curious later development.

Now a certain dominant stratum of American medicine has so twisted the concept of "secret remedy" that few scientists dare risk

experimenting on any new privately developed drug if there is a slight suspicion that its discoverers may be withholding *any* information. Under this strange concept of ethics it is entirely proper for great pharmaceutical houses to make millions on initially "secret drugs" which were developed by doctors on *their* payroll. However, let an ingenious individual doctor, or even one connected with a small or foreign pharmaceutical house, withhold information on a drug's manufacturing process. Then the charge of "secret remedy" arises and smites the "offender."

Dr. Miller undertook to test Kositerin in spite of the possible charges which could have been hurled against him later. He was not charged with promoting a "secret remedy."

Another scientist, a friend of his who took the same chance, was not so fortunate.

The investigation of Kositerin at Northwestern which lasted approximately three months, did not yield beneficial results similar to those reported by the Argentine researchers.

Failure to reproduce favorable results using a specific drug or method of treatment is a frequent medical occurrence, and reflects no discredit on anyone, provided scientific methods are used by both groups.

Dr. Miller called in Dr. Durovic, along with Moore and Brainard, and told them:

"We haven't been able to get any tangible effects with Kositerin, not anything like the results you've obtained at the University of Buenos Aires. However, I have a friend and a very thorough scientist at the University of Illinois. His name is Dr. Ivy. He might be interested in testing this material further."

The name Ivy was well known to all present. For laymen Moore and Brainard, the name signified the head of one of the largest medical schools in the United States. The name was one of enormous power and influence. To Dr. Durovic, the name denoted not only an eminent medical personage but an outstanding researcher in *cancer*.

Dr. Durovic thought of his anti-cancer material and believed the time would soon arrive when he would receive the all-important reports from Dr. Da Graña. His plan had been to ask Dr. Ivy to test

the substance if the report was as favorable as he thought it would be.

He was pleased when Dr. Miller agreed to arrange an appointment for him with Dr. Ivy.

Who was this man Ivy? What sort of man was he, this scientist who commanded the respect of the entire scientific world? To comprehend the Krebiozen story, an understanding of the man Ivy, the scientist Ivy, is prerequisite.

## CHAPTER 5

DR. ANDREW CONWAY IVY was apparently born with the trait of never surrendering no matter how violent the opposition or difficult the circumstances. At the age of five, he was returning home from play, when a neighbor's goat, notorious for butting any object that moved, cornered him against a stone wall. There was no escape.

Young Ivy's older brother happened to glance out the window.

"When the goat charged," he relates, "I thought this is the end for Andy. I ran out of the house toward them, but before I could get there, the whole thing was over." Little Andy neatly sidestepped the goat's charge and before the baffled animal could recover, the child launched a counter-attack. He struck him full in the stomach with his head. Tiny hard fists beat furiously into the soft underside of the goat.

The goat, unaccustomed to such unorthodox proceedings, was backing up slowly in perplexity when the older brother arrived. Relieved and marveling, he led the future researcher into the house. So it was that young Andy grew up in Cape Girardeau, Missouri, with the legend about him that he could out-butt a goat.

Later, as a 17-year-old in the Missouri National Guard, he again exhibited the same rare symbiosis of physical courage and original thinking. He weighed only 132 pounds, but he was an expert boxer—

and a slugger as well. He studied boxing as he did everything else, methodically, psychologically, and with the determination of a bulldog.

He knocked out almost all the challengers in his company and his regiment, most of them greatly outweighing him. There were no weight classifications for the championship, and he was allowed to fight the heavyweights for various titles. Then he rose to challenge the National Guard state champion, who stood six feet and weighed about 185. Even Andy's brothers and regimental teammates didn't think Andy could match the champion, though they knew his terrific punching power and skill. They knew, too, he had carefully studied his opponent's style.

There was little money put up that night.

Before the opening round, as the fighters were sitting in their corners waiting for the announcements, the challenger strode over to the champion's corner.

"You're a sucker for a right jab after a good feint with a left. I'll feel you out in the first round. In the beginning of the second, I'll knock you out!"

Before the astounded champion could think of a reply, young Ivy strode back to his corner. The bell rang.

The first round went as predicted. A cautious feeling-out. Only one punch was landed in the opening moments of the second round, and somehow the champion lay inert on the canvas, the victim of precisely the maneuver the challenger had predicted would floor him. Now the challenger was champion.

This physical courage of Andrew Ivy's metamorphosed subtly into an adult, moral courage which few men possess.

When Dr. Durovic came to Dr. Ivy he was coming to the right man. A man who listened to everyone. Some he learned from; others he taught; and a few he both learned from and taught.

Now at fifty-nine, his long persevering in the research laboratories and the dissecting tables had finally paid off in the scientific world's admiration, even its adulation. He had taught more than five thousand medical students, taken an active part in more than thirteen hundred medical projects which had been written for various scientific journals.

He had discovered several of the body's hormones. He had co-authored a classic volume on peptic ulcer. He had launched research projects to find more efficient methods of artificial respiration. They were to culminate shortly in the "arm-lift" method now adopted all over the world as a standard replacement for the Schaefer method. He had instituted some of the first experiments in space medicine, and held the world's first symposium on the medical problems confronting the human being when he attempts to reach the stars.

During World War II he had been chosen by the government to set up the vast Naval Medical Research Institute at Bethesda, Maryland. He served as its director for nearly a year until the center was established to his satisfaction.

After the war he had been selected by the American Medical Association's Board of Trustees to represent the Allied governments in the trials of German medical men, some of whom had callously slaughtered thousands of human beings in the name of medical research.

On his return from Europe, Dr. Ivy accepted the vice presidency of the University of Illinois. Among other things, he was in charge of the university's huge Medical School.

But he had enemies too. Throughout his career as a medical educator he had been a crusader against organized medicine's vicious "quota" system—which attempts to prevent more than a certain number of Jews, Negroes, Italians and Catholics and other minority groups from becoming doctors.

He had spoken out too, with clarion voice for a broader education for doctors. He saw the pitifully narrow education which modern doctors obtain—their almost total lack of the humanities; and although they were supposed to be taught science, theirs was a degenerated rote type of science. It was book-memorizing photographic minds devoted to idealizing orthodoxy who were graduated with top honors; while the questioning, the skeptical, the original minds who were capable of making the great advances in medicine were being pushed aside and discouraged—even if they were accepted in the medical schools.

These attitudes had gained Ivy many bitter enemies.

Throughout his career as a medical scientist, Dr. Ivy had plunged

deep into the riddle of cancer. Before him other great researchers, including Paul Ehrlich, had noted that the whys and wherefores of cancer—like no other disease—were tied directly to the enigma of life itself. Ehrlich, after devoting fifteen years to the cancer problem, despaired of finding the answer to why so often cells begin disregarding the “natural” laws of the organism and start a bizarre existence of their own, finally killing both themselves and their host. Ehrlich, he who had unleashed salvarsan against syphilis, wrote: “Until some fundamental discovery has solved the mystery of life itself, our knowledge of cancer will not advance a single step.”

Ivy did not take so pessimistic a view, though he realized fully that the basic answers lay immeshed in the complexities of what is life, how it reproduces itself, and how it regulates its growth. For long patient years he performed experiment after experiment in the laboratory. He observed the killer in action among laboratory animals: countless rats, dogs, and guinea pigs; and among human patients too, he watched an insidious something turn cells within the body against that body, finally inevitably destroying it unless the something, the process, was caught in time and ruthlessly cut or burned away.

He searched for the elusive secret that was locked in the heart of life itself with all the weapons modern science knows, and bit by bit, helped to compound the knowledge of what cancer is and what it is not. He, sometimes in collaboration with other researchers, occasionally alone, contributed a dozen important papers on cancer which were published in leading journals. For his efforts in research, both laboratory and clinical, he was named Executive Director of the most important scientific organization fighting cancer today, the National Advisory Cancer Council. This group of cancer specialists advises the U. S. Public Health Service on how and where to expend the cancer research funds appropriated by Congress. He was also elected a director of the American Cancer Society.

He became convinced that while the actual cause of malignancies did indeed lie immeshed in the ultimate mystery enveloping all living things, nevertheless the cure might be found with less knowledge and less perfecting of the processes and methods necessary to

discover the cause. Many diseases have been and are being successfully treated without knowing the cause.

Further, Dr. Ivy felt that cancer researchers were underrating the most promising area, that of chemistry. Because Ehrlich and many others had failed to immunize against or successfully treat cancer by serums which had worked so well in other diseases, it had become fashionable among the orthodox researchers to state categorically that this method led up a blind alley. Yet there were several illuminated spots along the alley in spite of the many blind areas. Some of these had never been explored by later researchers, although the methods, available machinery, and even fundamental approaches of the earlier researchers were known to be inadequate for thorough testing and evaluation.

For many years Dr. Ivy had been convinced that because all forms of cancers shared the basic similarity of uncontrolled growth, and because their chemical processes were different from normal cells, that chemical bullets—perhaps just *one*—could be found which would destroy the malignant cells of cancer. He wrote in 1947 of this belief in *Science*, the magazine published by the American Association for the Advancement of Science. Nine years later, the most orthodox of the orthodox, Dr. Charles S. Cameron, then Scientific Director of the American Cancer Society, stated exactly the same belief although he did not credit Dr. Ivy's prior announcement.

For twenty-five years Ivy had been telling his students that the rare disappearance of a cancer must be due to some chemical substance produced by the body cells which act as defenders against parasites and abnormal growths. He believed chemical isolation of this substance was the logical, realistic approach to the cancer problem.

This was the man Ivy and this was his thinking about cancer when Dr. Stevan Durovic came to him on a hot summer day in 1949.

## CHAPTER 6

DR. IVY agreed to test Kositerin as soon as he heard the biological rationale of its preparation. Stimulation of the body's natural defenses had long been the scientific *pièce de resistance* with him. However, Kositerin was destined to be switched to a scientific side-track. Shortly after seeing Dr. Ivy, Dr. Durovic received from his friend, Dr. Da Graña, the news he had been waiting for. Da Graña had injected six, later twelve, old dogs, all suffering from natural cancers, with the substance Dr. Durovic had given him for testing. Practically all the dogs were strays, dragging their pitiful old bones with extreme difficulty through the side streets of Buenos Aires. Seven of them were almost blind from that ubiquitous disease of practically every old creature: cataract.

Dr. Da Graña had noted with wonder that the old dogs' cancers had *all* been affected to some degree by the injections; indeed, some had entirely vanished! And all the dogs' tumors had undergone regression almost immediately after the administration of Dr. Durovic's substance. "Natural control" was definitely not responsible.

More amazing, the cataracts on six of the dogs' eyes cleared and the dogs regained their sight!

Clearly, Da Graña's tests had confirmed Durovic's own animal observations in a highly significant fashion.

This was the information for which Dr. Durovic had been waiting. Now he felt justified in asking Dr. Ivy for tests on human beings dying of cancer—in the same condition as that of the old dogs.

One afternoon in the early part of August, 1949, Dr. Durovic, accompanied as always by Moore and Brainard, held a conference with Dr. Ivy in the office of the vice president.

Dr. Durovic explained that he wished to suspend further study of Kositerin, at least temporarily, because he believed he had something of much greater importance to the human race—if it turned out as favorably on humans as on animals. He produced Dr. Da Graña's

reports, translating them in some detail from the Spanish. He also proffered some photomicrographs of cancer tissue from animals taken before and after treatment with his substance. They demonstrated definite disintegration of cancer cells.

As he talked, Dr. Ivy became more and more interested.

"How do you make the substance?" Dr. Ivy asked.

Dr. Durovic explained that his brother Marko and other creditors had made it possible for him to produce the substance; that it was the property of a small pharmaceutical house, Duga Laboratories, but which was heavily indebted to creditors who were naturally expecting return of their loans should the substance prove of value in the treatment of cancer. Therefore, he was not at liberty to disclose the method of production.

Now, if a substance is secret but not sold to the public with definite claims of benefit it cannot properly be classified as a "secret remedy" in the medical ethical sense.

True secret remedies are not secret in the *scientific* sense; their "secrets" are deliberately withheld because they are fraudulently conceived and cannot withstand exposure. The drugs which various reputable pharmaceutical houses promote are just as secret in certain stages of their development, but only because of potential value, not because of deceit or fear of exposure. Krebiozen and Kositerin were two such drugs.

However, Dr. Ivy was aware at this time only that here was a doctor withholding scientific information.

Dr. Durovic could not fail to notice the clouds of doubt and displeasure gathering in the face of the scientist sitting across from him.

"It is certainly not my wish to withhold anything," Dr. Durovic said. "It is that I *cannot* reveal the processes at this time. As one scientist to another, I can tell you I produced this substance in much the same way as I produced Kositerin, that is, by stimulating the animal's own defense mechanism. I used different stimulating substances to make Kositerin and this. The end products must be greatly different too, because I extracted more than two grams of Kositerin from a comparatively small number of cattle. It took many hundreds

of horses to obtain this substance, of which there are only two grams.”

Dr. Durovic impressed Dr. Ivy with his sincerity. Here was a man with a good background in medicine, who had worked for years on a theory and had finally come up with what he considered the partial proof that the theory had yielded some tangible results. Further, he had the animal evidence from independent sources as well as microscopic proof that the substance had the power to destroy cancer cells.

What should Ivy do? Shy away, and possibly deprive the world of a valuable clue to the cancer mystery? Or test the substance and risk the criticisms that were sure to follow, if the substance proved good and he were consequently “forced” into sponsoring its research?

It was a case of conventional, narrowly ethical, rote science which most medical men have to abide by versus true science which has as its goal the ascertaining of truth, regardless of dogma. Rigid technical conformity versus humanity and truth.

Today, sadly enough, there are few scientists of Ivy’s calibre. Few would have allowed the real issue—consideration for humanity—to override their fear of possibly violating the misinterpreted code. Yet at the time Dr. Durovic posed his research problem, there were two men who had the courage and the insight to tackle it. Dr. Miller had been the first; Dr. Ivy was the second.

“I weighed the evidence for and against the experiment,” Ivy related later, “and I believed that the greater good was to leave no stone unturned in the search for truth. Besides, if the substance proved of merit, scientific history has shown it could not be kept secret very long.”

While Durovic was talking, Dr. Ivy had been thinking. Now he turned to him.

“We will test your substance privately through some excellent researchers who are both on our staff and in private practice. We can obtain just as scientific an answer that way.”

Then he said he would arrange for its testing on human patients—patients whose cancers could be measured and observed day by day so there would be elimination of chance or other factors playing a decisive role in the experiment.

**PART TWO**

**Research  
and Controversy**



## CHAPTER 7

THUS was the stage set for the first testing on human beings of the mysterious substance Dr. Durovic had finally coaxed from the bloodstream of horses. They called it "Substance X" then for lack of a better name.

After confirming Da Graña's and Durovic's observations that Substance X was non-toxic to animals, and by all indications should not be harmful to humans—Dr. Durovic had previously injected himself with no noticeable effect—Dr. Ivy decided to act immediately. Both Dr. Durovic and Dr. Ivy agreed it should be tried on human cancers at the earliest possible opportunity.

Ivy called in one of his most trusted researchers, Louis Richard Krasno, M.D., Ph.D., then in private practice as well as engaged in research for the University of Illinois. Forty-year-old Dr. Krasno had already established himself as one of the nation's foremost medical researchers. He had been widely acclaimed as the developer of penicillin dust, which is used in sinus trouble and related diseases. He had been chief assistant to Ivy and the old master of physiology, Professor Anton Carlson, when they had first explored what happens to a human being who falls 40,000 feet before opening his parachute.

Then, working with Dr. Ivy, Krasno had developed the Flicker Photometer, a delicate little blinking light instrument, which is only now being investigated as an indicator and as a probable predictor of heart and blood pressure troubles. What this means to you and me is that soon we may be able, by taking a simple ten-minute Flicker test, to know whether we have coronary arterial disease or even whether we're likely to get it!

Such was the calibre of Researcher Krasno, whom Dr. Ivy entrusted with the first testing of Dr. Durovic's proposed anti-cancer substance.

Dr. Ivy explained to him the biological rationale of the new sub-

stance. He instructed Dr. Krasno to obtain the most hopeless cancer patients, those with measurable tumors, for the test. Dr. Krasno complied. He didn't have to look far.

The afternoon of August 25, 1949, accompanied by Mr. Brainard and under the supervision of Dr. Krasno, Dr. Durovic injected "Substance "X" into two patients suffering from observable, incurable cancer.

The first patient injected was—we'll call her Bertha Gwin. She was sixty-six, and was suffering, according to her medical record, from a hopeless case of "recurrent carcinoma" of the left breast, Grade IV. (There are two general classifications of cancer: carcinoma and sarcoma. Cancers are graded in types from I to IV according to rapidity of growth. Grade I is the slowest in development; Grade IV the fastest.)

Mrs. Gwin's secondary cancers, or metastases, had spread all over her body. She was given two or at the most four, months to live. As usual in far-advanced cancer, she was suffering unbounded pain. As a result of the cancers scattered all over her chest and underarms, she could not move her head. Her pain was only partially eased by large doses of narcotics. Altogether she represented a pitiful spectacle of what cancer can and has done to millions of persons all over the world.

Her doctors had utilized every possible treatment. Now they could do nothing, absolutely nothing, except try to make her dying as easy as possible. Today's medicine cannot even offer a reliable palliative for last-stage cancer.

All that could be expected for Mrs. Gwin was a few more weeks of hopeless misery. And then the dying by slow degrees. She had been told she had cancer because it was impossible to keep it from her. When cancers lie hidden beneath the skin's surface, doctors can lull their patients into a complacent attitude for a while. But not when the cancers burst through the skin and present the horrid evidence for all to see.

However, about half of all patients who have advanced cancer are not told by their doctors because there is no hope of saving their lives. Their doctors wish to spare them the compounded agony of

hopelessness, fear, and physical suffering. There is a *chance* otherwise, however slight—but without hope, there is no chance, there is nothing.

So Mrs. Gwin, *knowing*, was willing to try anything that promised any sort of relief, though Drs. Krasno, Durovic, and her attending doctors were careful not to raise her hopes. In fact, they didn't tell her anything which might induce false hope because they—at least Dr. Krasno—had no confidence that anything would happen. Krasno was open-minded, but highly skeptical. He had tried several “cancer drugs” before with little result.

Her original or “primary” tumor now ulcerated and tremendously swollen from the breast to the shoulder glands, measured about twelve by nine inches. In addition, there were three ugly metastatic offshoots along the breast. They measured several square inches. Dr. Krasno measured each carefully and set the measurements down in his record book.

Dr. Durovic gave the injection of “Substance X,” the first ever given to a human being afflicted with cancer. “Substance X” was soon to be known as *Krebiozen*, which, compounded from Greek terms, means “that which regulates growth.”

Would *Krebiozen* regulate the growth of the cancer in the dying woman? Or would it be just another substance which showed promise on animals, only to fail on the elusive, million-faceted enigma of human cancer?

None of those present at the first injection knew, but the researcher from Yugoslavia thought he knew. He had worked from theory to actuality. He didn't, as in most medical discoveries, find a substance which worked empirically and try to fit a theory to it. He had extracted his substance exactly according to his theory—and the substance had reacted on animals just as he had predicted. The theory indicated it should also work on the human animal. . . .

It would be hard to imagine Dr. Krasno's excitement when he came to examine his patient the day following the injection. The swelling around the big tumor had already started to subside!

And three days later, on August 28, Dr. Krasno and even Dr. Durovic (who of course was expecting a change) received an even

greater surprise. The swelling in one place had completely disappeared and their patient could move her head normally, without pain! The three small tumors showed the same startling changes. They had definitely shriveled.

The big cancer was showing miraculous favorable changes, too. It was softening and definitely shrinking.

Moreover, Mrs. Gwin felt no pain at all *anywhere* within twenty-four hours after the first injection. Her narcotics were abruptly cut off without any complaints. Small wonder that Dr. Krasno could scarcely believe the evidence of his eyes or even of his instruments.

He telephoned Dr. Ivy.

"Either I have forgotten how to use a ruler, or else these cancers have gone down, and I don't mean perhaps, sir," Dr. Krasno reported, a bit excitedly, he admits. "You'd better come over and measure them for yourself."

The cancers *had* receded—definitely. It was the first time in the history of cancer treatment that such tumors had responded so "dramatically," as medical phraseology goes. Cancers shrunk, all pain gone, the patient's "feeling tone" vastly improved, no toxicity. Although there are several chemicals which can produce temporary cancer recessions, the combination of all these factors, especially the speed with which it was accomplished, had not been known before. That is why Dr. Ivy rushed over to see for himself, to measure for himself—much as he trusted Krasno. What Dr. Krasno had told him was true, all right.

But, if they needed a further startler, it was presented to them, not on the proverbial silver platter, but via an agency more pertinent—another patient.

For with their second patient were the same startling changes. The second patient, Mr. Edward Smith, was altogether different, from a medical standpoint, from Mrs. Gwin. He had a huge cancer of the mouth, tongue, jaw and neck. Mr. Smith had received intensive radium treatments five months before, but with no effect. The tumor was "radio-resistant," which means cancer cells of that type are not affected by X-rays or radium. As for surgery, there was no way of operating without cutting off his head.

Mr. Smith was so far gone he couldn't even move his tongue enough

to speak clearly; he could only mumble, and only a few necessary words at that. He couldn't move his jaw. He couldn't open his mouth enough to eat, so he had to sip liquids. And had to force the liquids down because he had no appetite. Poor Mr. Smith suffered persistent, almost intolerable pain.

Yet what happened after the first injections? Let Dr. Ivy tell it in his objective medical manner:

"After the first few injections of Krebiozen, the following changes were observed: The speech became almost normal. The appetite improved. It became possible for him to chew. The tongue and jaws became mobile. His strength returned. The induration [swelling] of the skin of the face subsided. The necrotic [rotting] ulcer in the mouth became clean and islands of granulation tissue [new and reforming] were evident. And the cervical glands [of the neck] disappeared completely, except for the node beneath the tumor which became smaller."

Can you imagine the hope, the joyous feeling of the man, Mr. Edward Smith, as you read Dr. Ivy's technical medical scientific description? He felt hope and joy; he had lost the terrible pain, he could eat; he was strong again.

Anyone can see why the researchers were excited over the initial results of this new anti-cancer agent.

What of the patients? After making a remarkable improvement, Mrs. Gwin died later of a heart ailment which she had contracted earlier. She received no further treatment after October 8. In retrospect, Dr. Ivy says she was probably "undertreated." But how were they to know then?

Mr. Smith's cancer had disintegrated so fast that within three months he lost his lower jaw and refused an operation which would have corrected the condition. (This was to be true of many cases of Krebiozen-treated patients. Surgery is necessary in many patients, and does not indicate, as is claimed speciously by some critics, that because a patient has surgery during Krebiozen treatment, the surgery is responsible for all the beneficial effects. In many instances, surgery becomes absolutely necessary following Krebiozen treatment. Cancer tissue often replaces normal tissue and even serves as a "substitute" for it; therefore when the cancer tissue is destroyed

through a biochemical action such as Krebiozen produces, it is often necessary to repair the "holes" and spaces left. Sometimes the body can repair the damage itself, but sometimes not soon enough; occasionally, the body cannot do the job at all without outside constructive assistance. Instead of ignoring or trying to belittle the chemotherapeutic approach to cancer—as earlier many of them had belittled the X-ray—surgeons should realize their skills are now more than ever necessary in today's and tomorrow's battle against cancer. Chemotherapy may provide the starting point of a cure, but often in advanced cases it cannot achieve a successful conclusion without surgery.)

In the ensuing weeks, more patients were added to the test—nearly all with the same results: initial regression and improvement. Eventually, twenty-two patients comprised Dr. Ivy's first preliminary and exploratory series. Most of them were dying or were given up for dead. Few were expected by their doctors to live for more than a few weeks or months at best. Only one had received another form of treatment somewhat prior to Krebiozen which could be interpreted as causing the improvement.

As soon as Dr. Ivy saw the sudden effects of Krebiozen on the early patients, he began using the same careful medical checks he had used in hundreds of other experiments. He instituted a scientific methodology of each patient treated with Krebiozen. The first qualification was that each one must have a proven cancer by a biopsy (analysis of tissues by microscopic examination). In most instances, these were easy to secure since practically every patient accepted for treatment had a long and appalling history of cancer established by several specialists' reports and hospital records during the period of their illness.

Although Dr. Ivy was greatly surprised by the immediate response of the first patients to be injected, he was too much of a methodical and experienced physiologist to become enthusiastic. In addition to his systematic experiments with human patients, he ordered a battery of more tests on mice. He launched a search for more old dogs with natural or "spontaneous" cancer. During the next three years he tried Krebiozen on eight cancerous dogs. He obtained the same striking

results as Dr. Da Graña. The cancers, in most instances, either receded or completely disappeared.

But the mice? There was absolutely no effect on cancerous mice. The mice were of a special strain which is bred to have cancer, and, at a certain period in their lives, acquire it with fatalistic accuracy. Too, they tried Krebiozen on mice with tumors which had been transplanted from another animal. Again without success. Ivy and other researchers believe these laboratory-induced cancers are things unto themselves, presenting special, highly artificial problems not found in the world of nature, or "natural" cancer, as it is usually found in men, dogs, or even mice in the wild state.

But the human patients responded as had the first two, Mrs. Gwin and Mr. Smith.

During this period Dr. Ivy added considerably to his group of medical researchers investigating Krebiozen. Prominent doctors in New York City and Washington, D.C., were given ampules and began treating patients. They were astounded by the results on most patients. Later, however, when a broader sampling of cancer patients was taken, it was found that about 30 per cent failed to react to any noticeable degree. This is an unusually low percentage, considering the condition of the patients.

One of the researchers who was to figure prominently in Krebiozen investigation was the personal physician of businessmen Moore and Brainard, Dr. William F. P. Phillips.

Dr. Phillips was former Flight Surgeon with the Air Force in World War II, and after the war had returned to Chicago where he established a very wide practice. He had a number of cancer patients. Some were hopeless; several were in the early or middle stages, but for various reasons refused surgery or X-ray.

Dr. Phillips was just as amazed as the other doctors when he first used Krebiozen on his patients. His reports show his amazement evolving into a firm conviction of solid value with the passage of years and many, many other patients.

By October of 1949, Dr. Durovic was seeing his seventeen-year-old dream come true. His reasoning had run something like this: 1. The human body is continually eliminating cancer attacks. The body

sometimes cures its own cancer, even in advanced stages. Therefore, there must be a powerful body defense against cancer. 2. Most body defense mechanisms originate in the "reticulo-endothelial" cells or system. 3. A cell-growth regulator may exist which may be present in the normal cell. This agent would control the cell's growth and reproductive propensities. 4. Cancer is uncontrolled growth which spreads and contaminates no matter what its cause. 5. If you find an agent powerful enough, it will stimulate the reticulo-endothelial cells to produce an anti-cancer, anti-growth regulator, as a defense mechanism. This substance should be released in the blood stream. 6. If it is released in the blood stream, then it could be isolated by chemical means. 7. This substance should act as an inhibitor of cancer.

His hypothesis had worked, Dr. Durovic believed, and in a practical way. He had extracted the postulated substance, and it had proved effective against animal cancer, then human cancer! Further, it was not toxic!—as so potent a substance might easily have been.

## CHAPTER 8

MARKO had sent his wife, Olga, and their small son, Stevan—Dr. Durovic's namesake—from Buenos Aires to Chicago to help take care of Dr. Durovic who had been alone in a strange country where he could speak little of the native tongue. Olga Durovic, on the other hand, spoke English well.

Moore and Brainard helped the three of them get established in a house in suburban Winnetka close to the Moores and Brainards.

Ed Moore was vice president of Bell and Gossett, manufacturer of heavy machinery. Brainard, his brother-in-law, had been a real-estate operator in California.

While Dr. Durovic was grateful for the almost constant attention bestowed upon him by the businessmen, he began to feel the need of more privacy. As he explains it, "Either one or the other was with me constantly from eight o'clock in the morning until bedtime. I

could receive no one privately. I tried to tell them such courtesy was entirely unnecessary, but to no avail.”

Finally, in desperation at not being able to avoid their constant presence, according to the doctor, he wrote Marko for advice. But it was not advice alone he was seeking. Soon the experimenters would need more Krebiozen. He had brought only a small fraction of the two grams which he had extracted from two thousand horses. He wrote Marko of the almost unbelievable results on cancer patients.

He had previously written of the not-so-favorable results with Kositerin. Understandably, the Duga S. A. stockholders were unwilling to finance Kositerin any further.

Accordingly, the older brother with his own funds bought up the Kositerin stock at par from the stockholders and came to the United States in February, 1950. It should be pointed out that Marko's action in purchasing the Duga S. A. stock was almost unprecedented in business relationships. Needless to say, the stockholders were delighted to receive money back on an investment they had come to consider lost. Marko explains he did this so that their friends would not lose money on his brother's research project that had failed.

When Marko arrived, Moore and Brainard insisted that he give them the distribution rights to Krebiozen. These rights would have meant for the two businessmen exclusive financial exploitation of the drug. Marko refused, explaining: 1. The drug's value had to be ascertained first. 2. The drug actually belonged to Duga Laboratories and it could only be manufactured under license by another pharmaceutical house. 3. The businessmen had no pharmaceutical experience or an organization which could distribute the substance.

Both Durovics recognized the services Moore and Brainard had rendered them. They offered the businessmen a percentage of the royalties when and if the drug was marketed.

Marko offered them, in addition, a partnership in the company (Duga) if they wished to share in the expense of experimentation. Marko says they refused both offers of either a percentage of the royalties or a partnership, insisting on full distribution rights—which would have meant Duga and Marko would be working on percentage, not the businessmen.

Several days later according to Marko, Mr. Moore asked for power

of attorney. He explained that he had spoken to a friend in the pharmaceutical business about the results of the drug, and needed the power of attorney to prove his connection with the Durovics. Marko refused this second attempt by Moore to gain control of the drug.

On the other hand, Moore and Brainard maintain they were very close to Dr. Durovic before Marko arrived. They say Marko turned the doctor against them, and refused to deal with them.

Later, Marko was to term Moore and Brainard "incorrect men" even though he still agreed they should have a share in Krebiozen's profits, if any were to be had.

Whatever the cause of the quarreling between Moore and Brainard and the brothers Durovic, it is certain that it resulted in catastrophe. And it is true today that almost everyone who has become involved with Krebiozen, on the positive side at least, has suffered in direct proportion to his involvement. Call it a jinx or the bitterness of the battle or ascribe it to personalities who are implicated, or issues at stake—nevertheless this fact of personal damage remains. There is one important exception and that exception outweighs by far all of the suffering, mental and financial, of everyone else.

That exception is the patients who have received Krebiozen. They alone have benefited, demonstrably so, and consequently the world and all of suffering humanity must eventually gain.

Late in 1950 the Durovics committed a grave scientific mistake. They purchased approximately one million ampules and bottled up all of their remaining supply of Krebiozen in light mineral oil. This took about 200,000 ampules.

Dr. Durovic explains it thusly: "We thought we would use all this supply of Krebiozen for clinical evaluation and soon we would make another, perhaps more potent preparation for chemical analysis." Too, it was found that mineral oil would preserve Krebiozen better than any other agent. Dr. Durovic admitted after the ampuling that he and his brother realized that they had made a serious mistake.

For in thus preserving Krebiozen in a stable form, the Durovics effectively kept themselves as well as others from knowing the full chemical formula of Krebiozen. It was to put another stone in the

path of scientific publication and medical approbation—two essentials for a proposed medical agent. It was a scientific blunder which, as events proved, Krebiozen could ill afford.

When it was learned that vastly increased dosages were necessary for some patients and larger dosages were indicated for practically all patients after a period of time, this ampuling action rendered the larger doses impractical because of the relatively large amounts of mineral oil which had to be injected along with each ampule of Krebiozen. Also, further animal studies—with the exception of the larger animals such as dogs—were rendered practically impossible for the same reason.

When Dr. Ivy learned of this precipitate action by the Durovics, he came close to abandoning the whole experiment, for he knew that in addition to the charge of testing a “secret” drug would be added the charge that “not even a chemical analysis is possible.” Some critics later insinuated the Durovics were deliberately trying to avoid a chemical analysis—that there was really nothing of value in the ampules, anyway. Such was not the case.

They tried to rectify their mistake by sending three thousand ampules to a chemist. After many months he finally extracted an active ingredient—Krebiozen—from the ampules. He could not extract anything from a similar quantity of plain mineral oil which was used as a “control.”

The extracted substance was studied later by a microchemist. There was not enough powder to permit a full chemical analysis, but enough was available to reveal that Krebiozen was a unique substance. It was not related to the proteins, but might be related to certain of the hormones. More powder was urgently desired by the chemical specialist so a complete analysis could be made. This chemical report confounded and confuted critics, “scientific” and otherwise (notably the President of the University of Illinois, George Stoddard, who claimed Krebiozen was “non-existent” except possibly as a “cheap, inexpensive ingredient”). The report further corroborated both Dr. Ivy’s and Dr. Durovic’s theories on the subject of cancer and its rational antidote. Yet, as late as June, 1957, the American Cancer Society was still endorsing articles, which, in spite of the absolute proof offered by the chemical analysis, claimed the

very existence of Krebiozen was unproven, and that no chemical analysis had been made!

In the fall of 1949, because Dr. Ivy desired all the objective evidence he could obtain from every source, he sent Dr. Krasno along with Dr. Durovic and Mr. Brainard to see Dr. Josiah J. Moore, who operated a commercial pathology laboratory in addition to his functions as Treasurer and Trustee of the AMA. A pathology laboratory, among other functions, examines, classifies, and reports on the presence or absence of cancer as ascertained by microscopic determination.

Dr. Krasno took with him slides from a cancerous patient taken before and after treatment with Krebiozen. Dr. Krasno had cause to make an affidavit later which attests that Dr. Moore stated that a definite disintegration of cancer cells had taken place following the administration of Krebiozen. This is a significant episode in the history of Krebiozen and in the relationship of the persons involved in its complex history.

## CHAPTER 9

ONE of the remarkable features of the Krebiozen research program has been the eminence of many of its testers. Such a man was Dr. John Pick, world-recognized plastic surgeon, a member of the faculty at the University of Illinois.

Dr. Pick is known to the medical profession as the author of the authoritative two-volume *Surgery of Repair*, published in 1950. Profound respect is accorded this work by the profession.

Dr. Pick, researcher and surgeon, more than any other scientist, is responsible for disproving the Lombroso theory of criminality. Lombroso, nineteenth-century Italian "father of criminology," advanced the theory of "criminal types" which held that a criminal could be pointed out by his appearance; low forehead, lop ears, close-set eyes, and the like betrayed him and it was all largely a matter of heredity. For proof, Lombroso pointed to the large number of men

possessing one or more of these characteristics who were habitual offenders and were frequent inhabitants of jails. For various reasons scientists were suspicious of Lombroso's theory, but no one had actually disproved it scientifically on human beings, by making it work in reverse.

Dr. Pick postulated the counter-theory that man's *appearance* has much to do with his behavior; that the defects in appearance often produce the anti-social acts through frustration and despair. Defects were the cause, not the result, of criminality in those cases where physical defects were obvious. Eliminate the cause and you should eliminate the anti-social behavior. He set out to prove his theory. It took about fifteen years.

His first experiment encompassed one thousand convicts at Stateville, the Illinois State Penitentiary. He demonstrated that prisoners who had physical defects—usually facial—were returned 20 per cent of the time for later crimes. Dr. Pick operated on these prisoner-patients, whose abnormalities ranged from bulging noses to diminutive jaws. He gave them normal faces, and in so doing, gave them normal reactions. As a result, he reduced recidivism at the Illinois State Penitentiary from about 20 per cent to less than 3 per cent among these physically aberrant patients.

His experiment had thoroughly disproved Lombroso's theory, but better for humanity, it outlined a positive approach for reducing criminality and saving these social outcasts. At least fifteen states to date have adopted Dr. Pick's approach and have found it immensely successful. In addition to rehabilitating human lives, Pick's method—now no longer a theory, but a proven fact—is also the cheapest, easiest way.

On a November night in 1950, Dr. Pick lay listening to his wife's shallow, rapid breathing, his thoughts as black as the night outside.

For his wife was dying—his once gay, talented wife with whom he had spent fifteen years of happiness—and there was nothing he could do about it. His famed skill as a surgeon, he who had operated on hundreds of cancers, was useless now. His colleagues, also famous men of medicine, were just as helpless as he.

Months before, one of them had operated on his wife, had removed

her breast in an attempt to eradicate the awful disease which had stealthily crept up. So stealthily, in fact, that there were no warning hints. They knew only when they looked at the extent of the disease laid bare by the knife that they were too late.

Dr. Pick soon found that the metastasizing cancer had settled in the liver, one of the most hopeless spots in the human body for cancer treatment.

Surgery was out of the question. Dr. Pick knew this, but nevertheless he consulted with his friends, the surgeons. They confirmed his fears. He consulted also with his friends, the X-ray-radium specialists. They, too, shook their heads sadly. X-ray the liver when it was so invaded? The amount of dosage you would have to give would probably make her die quicker than she would anyway. . . .

So Dr. Pick took his wife home to die.

By a thousand signs which a doctor knows, he knew she would not live more than a few days at most. She had not eaten in fourteen days. Weak tea and water were all she was able to keep down. Nothing else. Even before then, her appetite had dwindled to practically nothing, until it was a wonder that she had lasted so long without food. It would be absolute folly to try to keep her alive on intravenous feedings, Dr. Pick knew. All the supportive measures such as this were doomed.

He had been deferring his practice. He was staying with his wife. He would be with her until the last.

It is hard for anyone to see a loved one linger and die without being able to do anything to help, but triply hard for a doctor. To be a minister to human ills, to be counted on to be able to do something—and then fail.

Dr. Pick looked at his watch. Eleven forty-five. Dr. Durovic would be over in a few minutes. Not that he had much hope of the new treatment of Dr. Durovic's, yet it was the only last faint hope and certainly it could do no harm now. She was past being harmed by anything . . . He had thought about the new drug Dr. Ivy was experimenting with. He had called Dr. Ivy, who in turn had asked Dr. Durovic to come over with his little vials of the substance which had worked miracles for some.

Dr. Durovic stabbed the hypodermic into the comatose Mrs. Pick at 11:50 P.M. Even the sharp prick of the needle did not rouse her. So what happened later could not be attributed to her "mental attitude," for she had none. She had already sunk into that dark, non-feeling oblivion, the last stage between life and death.

Dr. Pick bade Dr. Durovic a tired good night and went to bed.

At two o'clock she called him. He woke immediately.

"I'm hungry," she said. "What have we got to eat?"

Dr. Pick was justifiably dazed by this question, but scrambled back to the kitchen. He found a lobster of which he had eaten half for supper, some eggs and some milk. His wife ate and drank all he put before her, while he watched incredulously. When she was through, she sank into a deep sleep. He was so tired from his constant vigil, he slept too. Next morning both awakened at about eight o'clock.

"I'm hungry again," she announced.

He fed her a standard breakfast of bacon and eggs. By then he had recovered enough to be astounded. Next, she sat up in bed, with good color in her face, he noted, and said that she would like to go to work that day.

His astonishment was quickly superseded by his good doctor's sense. "Indeed, you're not," he found himself telling her. "Indeed not!"

But she went to work the next week. And for several months thereafter. She who had been dying, and he who knew she should have been dead, watched her, still almost unbelieving. Yet she was not dead, she was full of joyous life as she had been before.

Was it possible that she could be alive? She who had been breathing her last? And now gay, enjoying herself? It was unthinkable. Dr. Pick knew the extent of the cancer, his colleagues knew it. Nobody was fooled about that. True, you frequently see good and bad days or weeks in the cancer patient, but not in such advanced cases, not when they are this far along and dying. And yet here she was.

He was worried though. Dr. Durovic had allowed very few others to administer Krebiozen. He had rigidly prescribed only a single ampule as a continuing dose. And yet no one really knew what the dose should be, not even Dr. Durovic. And Dr. Durovic was deathly

afraid that he would give too much, that when the cancer cells disintegrated and broke up under the destroying impact of Krebiozen, in their ruin (as had been observed in Da Graña's dogs) they would throw more deadly poisons than usual into the blood stream. This would kill the patient just as surely as the cancer did in the normal course of the disease.

His reasoning proved correct, but overcautious. The dosage later was found to depend entirely on the patient, the type of cancer, and how far advanced or metastasized it was. Eventually, it was learned that some patients required fifteen times the average dose before they would respond favorably.

However, this knowledge was to come later, months later. And it was to be Dr. Pick's charming wife who was one of the major teachers of this knowledge.

She had received only one ampule every three weeks. After a few weeks she became ill again, though she was still without pain. She was given another injection—still just the single one—but the dread disease returned fast and unchecked. In vain Dr. Pick pleaded with Dr. Durovic to increase the dose to two ampules. Dr. Durovic was still fearful of harming the patient and then Krebiozen could be blamed for the cause of death—an occurrence a new drug could ill afford.

Dr. Pick was logically right; Dr. Durovic was logically right. Of course, neither wanted to see Dr. Pick's wife die. But dying she was. She was sinking fast again toward that black netherland, the last coma, though still without much pain. According to her condition, she should have been in utter agony and be taking the maximum of pain-killing drugs science has to offer.

Finally, after a violent scene Dr. Durovic agreed to administer a double dose, provided Dr. Ivy would accept the responsibility. Dr. Ivy accepted. He agreed with Dr. Pick that dosage had not been established, and how could you know unless you experimented? Besides, Dr. Pick's wife was clearly going to die anyway, so what harm could be done?

To Dr. Durovic the idea still seemed risky. But he yielded to Dr. Ivy's judgment and consented to the two-ampules dosage.

She rallied again briefly. But it was too late. She died several

weeks later, though still without pain. Inadvertently Mrs. Pick established for the researchers, more than any other patient, the idea that dosages had to be varied for each patient.

As Dr. Ivy commented tersely in his report: "In retrospect, the patient should have received larger doses."

As soon as he saw the startling effect of Krebiozen on his wife, Dr. Pick began testing the substance on other patients with the same hopeless and incurable status as his wife.

His first patient was a Catholic Sister who had been given up, had indeed been administered the Last Rites, because the cancer which had been eating into her brain had finally gorged itself too much on her brain tissue and she had sunk into her last coma—so said the attending doctors. When Dr. Pick saw her, she had been receiving six grains of morphine a day and had been sent home from the Mayo Clinic to die. She could eat nothing, say nothing, feel nothing—except pain when she was conscious.

Within twenty-four hours of the first injection she had regained consciousness and started eating voraciously. When Dr. Pick saw her several days later she was consuming half a chicken! She begged him to let her go to Mass the following Sunday. She had no need for narcotics; following the injection of Krebiozen, one half grain was all she took. She began walking after the first injection and soon began eating three meals a day.

Truly, the whole business was too fantastic. How could anyone recover from a coma in such a miraculous fashion, asked Dr. Pick—but then the miracle was happening to his wife as well. Of course, with the extensive damage to the Sister's brain and other vital organs, it was evident that she must die. And she did die a few days later, but free of pain.

No question but that here truly was a substance worthy of experimentation. . . .

## CHAPTER 10

MODERN man may talk and think in the most approved cynical fashion and the cynicism may be crude or subtle depending on the individual, but how quickly does the cynicism vanish when the individual is given something real to fight for!

This happened in the story of Krebiozen. From the time Dr. Durovic and Dr. Ivy were able to demonstrate Krebiozen's value, the Durovics attracted friends in widely scattered segments of society. The friends were not attracted because they particularly liked the Durovics. Nor were they drawn in the hope of eventual financial reward. It was association with an ideal, a cause they believed was right, that drew them. The fact that not one deserted that cause when to be associated with it meant ridicule and possible ruin attests that many modern men are not so much cynical as that they are desperately seeking a form of truth they are able to fight for.

For instance:

Colonel Nick Stepanovich, attorney and officer in the U. S. Army Intelligence, on recall duty, was sitting in a dining room of Chicago's Drake Hotel in early 1950 when the headwaiter approached him with a slip.

"Here's the name of a Yugoslav doctor who needs some kind of advice. I told him you spoke Serbian. Would you help him?"

Colonel Stepanovich was then representing the Royal Yugoslav government-in-exile, and he thought "Here's another D. P." He had been assisting hundreds of Displaced Persons of Yugoslav origin.

He telephoned Dr. Durovic nevertheless and they met. After hearing the doctor's story, intelligence-minded Stepanovich called for a check on the Durovics, Marko as well as Stevan. His facilities for investigation were world-wide, extending even into Marshal Tito's Communist Yugoslavia. Favorable reports on the Durovics came back; in fact, all the reports told of honesty and integrity, and of Stevan's outstanding scientific reputation, as well.

Stepanovich, privileged to see some of the early Krebiozen-treated cases, threw in his effort and talent unstintingly and remained one of the Durovics' closest advisers through the months of temporary success. He also stuck with them through the bitter disappointments when they and Dr. Ivy were attacked and faced attempts to discredit them.

Another prominent friend the Durovics gained in a somewhat odd though typical fashion was John S. Boyle, former States Attorney for Cook County (Chicago). According to Boyle, the first he heard of the Durovics was when he was approached for help in obtaining permanent residence for the Durovics.

Boyle, primarily because of Dr. Ivy, took an active part in befriending the Durovics. He met with them, became tremendously impressed with the results on the first patients. From then on, Boyle assumed an energetic role in the development of Krebiozen, even to later serving as an officer in the Krebiozen Research Foundation. At the Krebiozen legislative hearings, he, then no longer States Attorney, represented the Durovics and the Foundation as an attorney.

It was whispered by Boyle's critics that there must be "something in it for him" for him to take such an interest in the development of a drug. These rumors were without foundation in Boyle's case. He, like anyone else in an executive capacity who has helped the Durovics or worked for the Krebiozen Foundation, has not received a penny for his services, not even for personal expenses. Instead of receiving money for their service to the Foundation, all the executive officers have contributed personal funds to promote research and obtain a fair trial for Krebiozen.

Two other friends became attached to the Durovics and Krebiozen in a curious, amusing and characteristic fashion.

In 1950 the Durovics established a laboratory in a building in Chicago's manufacturing district. The owner of the building had promised air conditioning as part of the conveniences furnished. The air-conditioning equipment was installed in the building, but through a mechanical defect the Durovics' laboratory was not serviced. The Durovics had several laboratory workers, and all were suffering from Chicago's torrid summer weather.

The Durovics' reasoning was simple: no air conditioning, no rent.

They didn't pay. Their landlord became indignant over non-payment and started a process of eviction. It became Attorney James Griffin's task to persuade the Durovics to pay their rent.

With characteristic simplicity and obstinacy, the Durovics explained they would not pay until they got the air conditioning. Mr. Griffin explained payment of the rent was necessary; the proper legal procedure would be for them to pay all the rent and then file a complaint for redress if they felt some part of the rent should be returned to them. Their landlord was a reasonable man and he would surely listen to their justifiable complaint.

With infinite patience, the brothers Durovic carefully explained, then re-explained their position: no air conditioning, no rent. It was a matter of principle with them.

With equal patience, because they were foreigners and couldn't speak English well nor apparently understand the laws of the land, Griffin once more attempted to make it clear why they must first pay the rent; flat non-payment, even with a legitimate complaint, still constituted grounds for eviction.

With great politeness—because Griffin was American and apparently couldn't understand their position—Marko Durovic, a lawyer, older brother and spokesman for the two, once again carefully launched into his exposition of principle: no air conditioning, no rent. Surely Mr. Griffin, a lawyer, could see the justice of their position.

Mr. Griffin, although a lawyer, was becoming somewhat exasperated by this time. He was prepared to leave and let the law take its inevitable course, when he happened to inquire about the nature of their business.

The Durovics were happy to respond to this new direction of questioning. It obviated the unpleasant impasse on the matter of the rent. Besides, since it was a subject that was absorbing all their interest, they were enthusiastic.

Mr. Griffin, pleasantly skeptical at first, listened with growing interest as the Durovics unfolded the story of Krebiozen and how through Dr. Ivy's experiments, many deathbed patients were reacting well to the new substance.

Griffin's interest soon developed into enthusiasm. He related the

story to the landlord, and he also was soon converted. During the next four years of the Durovics' tribulations, two of Durovics' staunchest friends and closest advisors were attorney Griffin and the landlord. Griffin became their troubleshooter, remaining on call day and night to assist the Durovics.

Remarkable? Only when you fail to realize that man when he finds something to fight for in what he considers the larger interests of mankind, invariably renounces cynicism and self-interest to battle for it.

## **CHAPTER II**

AND now the actions of Moore and Brainard shifted to Dr. Ivy, as testified to by Dr. Ivy. He asserted that Moore and Brainard asked him to "put some pressure" on the Durovics to grant them the distribution rights to Krebiozen. They said they had a written contract with the Durovics which guaranteed them full commercial control of Krebiozen. Dr. Ivy replied that he as a scientist did not wish to become involved in any business disputes; his interest in Krebiozen was purely medical. However, he did resolve to speak to the Durovics about the matter; conceivably, business arguments, if serious enough, might interfere with the scientific aspects of the drug.

Accordingly, in the early part of 1951 he asked the Durovics if Krebiozen were to prove of value and was sold, did the businessmen have an agreement with the Durovics?

The Durovics replied negatively but said they wished to "acquit themselves as gentlemen" with Moore and Brainard in recognition of their services and favors. They desired the businessmen to present a bill for their services—a bill which the Durovics would pay immediately—and also a statement of any other claims. Later, at Dr. Ivy's suggestion, the Durovics agreed to accept an impartial arbitration board's findings on the amount which should be paid. Moore and Brainard at first agreed to the arbitration proposal, but later refused to accept it.

No contract was ever produced by Moore and Brainard at any

time even through the Krebiozen hearings; therefore, we must conclude none existed.

A series of events followed which may have significance in the duel for financial control of Krebiozen. Father Reginald Rabadan, a priest in the Chicago Yugoslav colony and a friend of the Durovics, told them he had been questioned by an agent of the FBI on an accusation that the Durovics were Communists. Dr. Krasno was also queried on the same charge.

Two or three weeks after the Durovics learned they were being investigated, Brainard asked Dr. Durovic if he would accept for Krebiozen treatment the mother-in-law of a high official of the FBI in Chicago.

Dr. Durovic informed Brainard that he and his brother were being investigated by the FBI, and they would not do anything which could be interpreted as trying to influence the results of the investigation; they wanted the investigation carried on with "complete objectivity."

Then—as the story was related by Dr. Durovic on the witness stand—several weeks later Brainard appeared at the Durovics' home one night. He was accompanied by the FBI official who had previously, through Mr. Brainard, requested Krebiozen for his mother-in-law. The FBI official explained to the Durovics that the investigation had been concluded and the charges had been rejected as "without foundation in fact."

Dr. Durovic then accepted the FBI official's relative for treatment. As an almost incidental sequel to this interesting series of nonmedical events, *the mother-in-law made a dramatic recovery.*

Now the fight was becoming deadly, more deadly than anyone on either side realized. It was to change the destiny of the drug, Krebiozen, and the fortunes of all the men involved in its development.

## CHAPTER 12

DURING the winter of 1950-51, twelve-year-old Gary Cathcart constantly complained to his parents of nausea. He weighed only 68 pounds. He was very pale, couldn't eat much and could keep down little of what he did eat.

Gradually, he had lost interest in playing with the other kids. It took too much effort.

His parents, alarmed by these disturbing symptoms, took him to the family doctor. The doctor located immediately a tremendous tumor in the boy's abdomen. He was given extensive X-ray treatment which did little or no harm to the rapidly growing cancer. Then in March, 1951, Gary was rushed to famed Mayo Clinic where he was opened up to find out just how extensive the tumor was and if it could be removed.

After awed examinations of Gary's insides—the noted doctors at Mayo's almost couldn't believe such a small child could have such a large cancer—the surgeons found the growth completely inoperable. It was so huge it had pushed his left kidney and his large intestine to one side. It was entwined around the large artery in the abdomen which carries blood to the legs. They sewed up the poor child and extended their gentlest, kindest words to his anxious parents. Gary was going to die within a few days or certainly within weeks; it was remarkable he had lasted so long. The pathologist's cold report read: "Malignant neoplasm, unclassifiable, grade IV," which translated means, "The worst type of fastest-growing cancer."

So Gary went back home to die. Of course the family physician would care for him the best he could, but what could he do—except wonder at the size and voracity of the cancer devouring his young, once-happy patient? It was so big it made the young boy look as though he had swallowed a watermelon. Gary had to spend almost all his time in bed.

His despairing parents heard about Krebiozen and prevailed upon

the family physician to send the boy to Chicago to receive it, if it could be obtained. Fortunately Dr. Ivy and Dr. Pick agreed that the young lad's case could contribute materially to their scientific investigation.

When Dr. Pick first injected Gary with Krebiozen, on June 25, 1951, his young patient was practically dying. He then weighed only 59 pounds. As Dr. Ivy's medical report put it: "The caput [head] of the tumor caused the abdominal wall to protrude locally." It should have caused some protrusion. The head measured six by four centimeters, and the base of the cancer measured 16 by 13 centimeters!

On June 25, Dr. Pick administered the regular adult dose of Krebiozen—one thousandth of a milligram. Three days later, the head of the tumor had shrunk to one half its original size. Unbelievable, implausible, all the adjectives in the book, but there the proof was. It was decided to double the adult dosage of Krebiozen, since it had been found by that time the dosage for individual control of tumors varied.

Another shot of Krebiozen, this time double strength.

Gary went into almost immediate shock and Dr. Pick spent a worried, sleepless night treating for shock symptoms. Gary rallied, however, and two weeks later no examining doctor—and there were five—could feel the slightest remnants of the once-terrible tumor. It had completely dissolved!

The naturally elated Dr. Pick and Dr. Ivy now decided on a bold move which they felt should end any possible debate over the cancer's disappearance being remotely due to a "delayed X-ray effect," as some critics of Krebiozen had been intimating.

Previously, on April 5, Gary had completed his X-ray therapy, having received a total of 2600 roentgens, a considerable amount. On April 14 he had been operated on at Mayo's with the dismaying results we have noted. Then, more than two months after the X-ray treatment, he had received Krebiozen. Could this sudden disappearance of the tumor immediately after Krebiozen be attributed to delayed X-ray effects? Hardly possible since delayed X-ray effects are almost as rare as sudden disappearance of a tumor.

Yet Dr. Pick and Dr. Ivy decided to prove that X-ray could have

nothing to do with Gary's sudden recovery. They deliberately withheld any more Krebiozen. In Dr. Ivy's words, "It was decided to let the tumor grow again—to prove X-ray therapy had nothing to do with the regression."

And grow it did. However, for about six weeks, the boy, freed of his awful burden, ate voraciously and began making a marvelous recovery. Until his old nemesis came back—without Krebiozen treatment and also without X-rays. By August 4, the cancer had regrown to about half its original size and Gary was beginning to feel very sick again.

Then Krebiozen was reinstated and the growth was abruptly halted. But now came one of the puzzles of Krebiozen. It took larger doses of the drug to perform the same cancer-disappearance act than it had before. Yet within one year, the tumor again shrank to the point where it could no longer be felt.

Gary received no Krebiozen after December, 1953. He did very well for nearly two years, excelling in his classes and in athletics. About two years later, however, he collapsed and was taken to a hospital.

There his condition was diagnosed as an "intestinal obstruction."

Attending doctors prepared for an immediate operation to save the boy's life. Dr. Pick was hastily summoned by Gary's parents.

One look, and Dr. Pick knew Gary's old enemy was back. He persuaded the reluctant doctors to let him try Krebiozen before they operated. This time another massive dose for the stricken boy.

And for the third time in the short, cancer-plagued life of Gary Cathcart, Krebiozen performed a miracle. Two days later, Gary was out of bed, rid of his "intestinal obstruction," walking around before the eyes of the astonished doctors. With more Krebiozen therapy Gary's tumor again disappeared. He has received Krebiozen every week since and there has been no recurrence.

And today, Gary is a strapping healthy, six-foot college sophomore. He is active in sports and leads his classes in scholarship. No evidence of a tumor, certainly. And most certainly, no question about "delayed X-ray effect"—the last two times, anyway.

You don't have to urge his mother to tell you about Gary. She knows her boy is a living miracle; she has no doubts about Krebiozen.

But six years ago he was given up for dead by all physicians, including the famous Mayo Clinic specialists!

Persons who wish to confuse the issues concerning Krebiozen's effectiveness frequently make statements—always without foundation—that “other treatments” are probably responsible for the miraculous effects. Perhaps it would be wise at this point to examine the case of still another Krebiozen-treated patient who offers the same living proof as Gary Cathcart that other treatments had nothing to do with the disappearance of their cancers.

In June, 1950, Mrs. Adalia Carbine began to have pains in her abdomen. A tumor was found, but her doctor thought it was a hernia. But by late September, Mrs. Carbine's condition had deteriorated so much the medicoes felt that cancer was the grim answer. Mrs. Carbine was suffering constant pain.

On October 2, they operated and found a cancerous invasion of the colon. A section of the colon was removed along with several other organs including the bladder and uterus. Much of the tumor itself, however, could not be removed. The surgeons then attached the portion of her eliminative organs—which were still apparently sound—to an opening which they made in her abdomen. (This is termed a “colostomy.”) This ingenious manmade device for waste elimination is, naturally, inconvenient and decidedly uncomfortable, but it has enabled many persons to live longer and some lucky few have not had return of their cancers—if the surgeons have managed to cut out all the cancerous material. Such was not the case with Mrs. Carbine, however.

So on October 12, and through November 23, she was subjected to a series of intensive X-ray treatments, fifty-six exposures in all. And under the intensive bombardment of the invisible yet devastating rays, Mrs. Carbine's tumor shrank to almost nothing. So far, so good. Yet the doctors knew that if Mrs. Carbine's case followed the typical pattern, her tumor was not really destroyed, but would soon return.

And so it did. In just one month, the tumor went on a rampage. With it came the old familiar symptoms, terrible pain and a horrible feeling of sickness.

More X-rays, this time to the “point of tolerance”; in other words,

as much as her poor X-ray-burned skin and body could stand without killing her. She could take only nineteen exposures this time.

The tumor shrank again but still following the usual course, it did not shrink as much as before.

By April it had returned full-blown, along with the distressing symptoms.

Up to now, her doctor had little cause to hope; the case was typical. But now he knew utter hopelessness. The X-rays which had diminished the tumor twice would not do it again even if Mrs. Carbine could have taken them, which she could not. There was nothing more to be done—except administer narcotics to the pain-wracked woman until death finally brought relief. This was the end of the line for both medical science and Mrs. Carbine.

However, Mrs. Carbine read about the new drug Krebiozen. Her skeptical doctor obtained it at her insistence. May 28, 1951, she received her first dose. She began improving noticeably. So noticeably that in a few weeks there was no tumor and no symptoms. Further, instead of the malaise which the X-rays had induced, Mrs. Carbine began to feel really good again for the first time since the onset of the cancer. Her appetite returned and she gained weight.

Her physician shook his head in disbelief. Could it be due to “delayed X-ray” effect? Highly unlikely. Yet he discontinued Krebiozen in August.

By late September the tumor had come back. Now she had to spend most of her time in bed.

She pleaded with her doctor to reinstitute the one substance she felt would save her. On October 6 she received her second course of Krebiozen. Again the same miracle—the tumor disappeared. She was fully recovered in two months. She stayed well until May of 1952 when her doctor again discontinued Krebiozen.

The cancer which had been forced to retreat for so many months now launched a vicious counterattack. And for the third incredible time, it was driven back by Krebiozen. Again Mrs. Carbine felt fine.

However, her doctor couldn't believe the evidence his own patient afforded him. Further, he was discouraged by reports of Krebiozen's critics. He stopped Krebiozen again in December, 1952. Again poor, helpless Mrs. Carbine saw and felt her cancer creeping back again.

Again she lost weight. The old familiar pains returned. She begged her doctor to open his eyes to what was happening. Finally, after much persuasion, her doctor consented. Krebiozen was started for the fourth time in March, 1953. This time a more intensive course for one year utterly routed the cancer. She was in excellent health with no sign of cancer. In October of 1954, Mrs. Carbine was examined under anesthesia and was told that her cancer was "apparently dormant."

For the next three years and up until this writing Mrs. Carbine continued feeling well and without detectable cancer. In May, 1957, Dr. Ivy saw her and found her in "excellent general condition."

*Four* times over a period of six years her cancer has disappeared *immediately* following Krebiozen administration and three times it has returned when the treatment was stopped. Meanwhile, since starting Krebiozen, she has had no other therapy. Coincidence? Maybe. But not when you multiply Mrs. Carbine's and Gary Cathcart's cases by scores of others.

## CHAPTER 13

BY late autumn of 1950 Dr. Ivy had seen enough salutary results with Krebiozen to convince him the substance showed promise in the management of cancer patients.

Krebiozen therapy was followed by favorable changes in many forms of human cancer. And most patients had been in the last stages of the disease. Further, it was non-toxic, which was not true of other chemical treatments.

But though Dr. Ivy was sure that Krebiozen deserved, even demanded, wide objective appraisal, he would have preferred to wait a little longer until his group had treated more patients and had more time for evaluation.

The history of so-called "cancer cures" teaches that one cannot be too overcautious in issuing claims and thereby engendering false hopes in both the medical profession and the general public. Rarely

has a calculated deception, a "quack cure," lasted long. But there were large numbers of "cancer remedies" advanced in the past which had to be taken seriously because of the professional reputation of their proponents. These remedies were not offered for the most part to deceive anyone or to make money on false pretenses. Their sponsors were either misguided or unscientific or read their data wrong. Yet they believed in their product. And therein lies the danger of advancing any anti-cancer agent to the profession or to the public without strict objective proof of its efficacy.

As a researcher in cancer for thirty-five years, and as Executive Director of the National Advisory Cancer Council and a director of the American Cancer Society, Dr. Ivy knew these things better perhaps than some of his critics.

Yet there were several problems associated with Krebiozen which had to be resolved, and immediately.

First, there was the question of the Durovics' visitor visas. The visas were expiring and the immigration authorities were demanding that the Durovics leave the country unless they could show very good cause for staying. States Attorney John Boyle consulted Senator Paul Douglas from Illinois about the problem. Senator Douglas offered to introduce a Bill granting them permanent residence, but first there would have to be some sort of medical justification—a medical meeting or an announcement to doctors, at least.

Second, the newspapers had heard about Krebiozen through patients or relatives. How can you keep several miracles which had occurred within eighteen months from the knowledge of newspaper reporters? Besides, one of the papers had an employee who had been benefited by the new agent.

In the end, all the Chicago papers had at least a part of the story and Ivy was repeatedly forced to beg them not to run it. They agreed temporarily, but he knew he couldn't stave them off for long. The pressure on them from their competition was too much; consequently, their combined pressures fell on Dr. Ivy about every week.

He was sensing the impending storm, but he was powerless to avoid it. The stormy weather was being brewed for him by people and circumstances far beyond his control—though he was unaware that he controlled so little when theoretically he commanded so much.

Moreover, it must be admitted, a wave of optimism had swept the Krebiozen camp, the patients as well as their doctors. Dr. Durovic, too, could not be blamed at this stage for exhibiting a little enthusiasm. His carefully nurtured, carefully experimented-on theory had shown at least the initial results he had anticipated. What other anti-cancer agent, worked out from hypothesis-to-theory-to-fact, had shown such results? None.

Remember this was at the time when practically every cancer expert was predicting that no cure for cancer was possible in the foreseeable future. Pessimism was the fashion of the day among the specialists. We'd have to trust surgery and radiation. Cancer was still locked in the mystery of life itself. It was so locked it probably would never be possible to find a cure. Did you say *cure*? Now you are talking mad talk, and wait until the solid medical men hear about this heresy!

That was only seven years ago which goes to prove how medicine advances in spite of the orthodox doctors. Today of course, a *century* later by the timetable the orthodox would have us follow, the entire picture has changed from deep pessimism to glowing optimism. And, ironically, some of the erstwhile prophets of gloom are the same ones now saying the cure is almost certain. Why this sudden change? Is it because the conventionalists have seen overwhelming evidence of the rational approach without admitting the now proscribed origin?

I cite the pessimistic attitude of only seven years ago merely to show the medical atmosphere in which Krebiozen was brought forth. It was impossible then to the great and the orthodox; today, virtually the same approach is taken for granted and already has been announced from the citadels of the medical hierarchy as undoubtedly being the "right" approach.

Originally Dr. Ivy had planned to arrange a meeting for cancer specialists in June of 1951. He hoped by that time to have sufficient data on a number of patients to make a thoroughly scientific preliminary report.

But circumstances again intervened. The pressure on the Durovics from the Immigration Department had mounted constantly. They would have to leave the country by May 10. The pressure on Ivy from

the newspapers had reached nearly explosive force. Not only were all the Chicago papers pounding away at the story, but during February of 1951 newspapers in New York and St. Louis began phoning, seeking confirmation of reports concerning the new drug.

Dr. Ivy then set March 26 as the date for a private meeting of cancer researchers and other persons known to be interested in cancer research.

He assembled the available data on twenty-two patients, some of whom had been followed for nearly eighteen months.

Dr. Ivy arranged for the information and observations to be collated in the form of a brochure entitled: "Krebiozen: An Agent For the Treatment of Malignant Tumors."

The brochure was not intended as a complete scientific document of investigation because not enough patients had been studied for a long enough period of time. There were only observations and theoretical discussions in the brochure, in keeping with Ivy's purpose of attracting more researchers to the project.

About eighty persons were invited. They were divided into four groups: those doctors who had referred patients or who had treated patients with Krebiozen; doctors from tumor clinics in Chicago and elsewhere who might be interested in a program of clinical investigation; laymen, such as States Attorney Boyle, Colonel Stepanovich, and others who had befriended the Durovics, and a few public figures concerned with cancer research in the medico-civic sense; and finally, the science writers of Chicago's four metropolitan dailies. This last group was to be given a short, blandly-worded release that included a report of the occurrence of the meeting and a statement by Dr. Ivy that Krebiozen had been tried on a few patients. Results indicated that the substance deserved "serious clinical investigation," and that in Dr. Ivy's opinion it possessed "much promise in the management of the cancer patient." It was not to be regarded as a "cure" under any circumstances.

The release was couched in much the same language as the letters of invitation, one of which read in part:

Up to January 1, 1951, 22 patients have been observed long enough for us to believe that a preliminary report of our observations to a limited group of physicians and a group of lay persons who have been connected

in some way with our study or who are particularly interested in cancer, is appropriate and warranted. It is my opinion that the substance merits a thorough clinical study and evaluation, since I believe it shows much promise in the management of the cancer patient. You are cordially invited to attend.

It was signed: "A. C. Ivy." You will observe that no claims were made but merely a request for more extended scientific study. Nothing really too unusual since reports on hundreds of potential anti-cancer substances are released routinely. You see them practically every month.

The science writers invited were all experienced men, well-versed in their responsibility to the public. And that responsibility certainly included not "blowing up" a cancer story because of the tragic effect of raising hopes of cancer sufferers and their relatives that always followed.

The science writers were taken into confidence regarding the situation. All would have confined their stories within the unspectacular confines of the mild release had not fate played an unexpected role in what was to be written when the meeting actually took place.

In retrospect, Dr. Ivy may seem to have been ingenuous in assuming that from the comparatively large number of non-medical persons invited because they were friends or because they were known to be interested in the cancer problem, some one would not tip off the already eager press that a meeting on cancer of great consequence was going to take place.

As it turned out, several persons attached import of historic proportions to the meeting. The press release which Dr. Ivy had intended to be distributed to the four science writers (and to any other news agencies who requested it after the meeting), was preceded by another release distributed to city editors before the meeting. This "report" stated the situation in terms that would make any medical man wince and any city editor shout for more reporters.

Much later at the Krebiozen hearings, I was shown the release by one of the invited science writers, Bob Kleckner of the *Chicago Sun-Times*.

"How many reporters and photographers would you have assigned

to this meeting—if you were city editor and you were sent this?” he asked.

“Just about every one that could write a decent story,” I told him. “And all my photographers!”

“Right,” said Bob. “And that’s just about what happened.”

This release was prepared by a publicity agent who was unauthorized by Dr. Ivy. He is innocent of wrongdoing, but he built a fire which nearly burned the houses of Ivy and Durovic down. It almost consumed Krebiozen as well. Medical science does not, should not and cannot tolerate extravagant claims for curing any disease, least of all cancer. Yet here is how portions of the release which so excited newspaper editors read (*italics mine*):

*“The battle of medical science to find a cure for cancer achieved its realization today, according to the documentary report of the announcement of the discovery by Dr. Stevan Durovic . . . a substance which has produced successful results following experiments on patients conducted in Chicago for the past 18 months . . . A number of patients who have been cured of this dread disease were present and observed today at a meeting of leading cancer authorities and scientists interested in cancer research held in the Drake Hotel.”*

After further comment on the theory of Krebiozen and fairly extensive details on the background of its discoverer, Dr. Durovic, the release concluded:

“Krebiozen is no longer a dream. Cancer need no longer signify certain and inevitable death, according to the clinical and histological report [which is] supported by other documentary evidence. This dread disease has been *genetically* explained today and its successful cure has been realized.”

Small wonder that city editors went wild. They could not know that such a release, based on such incomplete scientific evidence, could not have been approved by Dr. Ivy. Dr. Ivy’s name, titles and vast prestige were not only attached to this release, but he was ostensibly represented as condoning it, to judge from the wording.

Equally small wonder that the members of the medical profession who attended the March meeting did not particularly enjoy the atmosphere, and gave much credence to later rumors that Ivy was “cracking up.”

Prior to the meeting, the victim of these developments, Dr. Ivy, having no notion of the ridiculous events that were to occur, was busily assembling his booklet on the twenty-two patients.

These booklets were to be distributed to the cancer specialists with a view of persuading them to use Krebiozen in an experimental program. The reason Dr. Ivy had, so to speak, to "sell" them is this: in our country, the large pharmaceutical houses nearly always underwrite experimental programs in the development of any new drug, often spending millions of dollars in an effort to determine its value, but with Krebiozen the situation was different. The Durovics had already spent most of their funds in producing Krebiozen; consequently they did not have the million dollars or so necessary to finance its testing through usual channels—that is, through the university medical schools. Therefore Dr. Ivy would have to try to "sell" the various clinics on the idea of testing it without its being subsidized.

Dr. Ivy had been out of town the week immediately preceding the meeting. He arrived at the Drake Hotel a little late. He anticipated the quiet meeting he had planned.

When he arrived he was bewildered by the horde of newspaper reporters, photographers and newsreel cameramen milling around, within and without the suite engaged for the meeting. The suite, incidentally, was marked on the hotel register "No Publicity," which means in hotel usage that not even the names of the persons occupying the suite are to be made known to anyone. And of course no curious persons were to be informed that a meeting was being held. A futile gesture in view of the "cancer cure" press release. But it reveals Dr. Ivy's intent.

Dr. Pick saw his chief, Ivy, at the door looking as though he didn't know whether he himself had been invited to this meeting. Pick corralled Ivy and showed him a press release, again written by the same unauthorized man, but somewhat less sensational than the other one. (Ivy never saw the original "cure" release until the Krebiozen hearings when Bob Kleckner provided him with a copy.)

However, even this toned-down release was far stronger than Dr. Ivy could stomach, especially since he had issued what he considered the only release compatible with the facts.

"I might advise you to call off the meeting altogether," said Dr.

Pick who was alarmed. Dr. Ivy turned to Mr. Williston of the University of Illinois public relations office whom he had called in for the meeting to handle (as he thought) the judicious, quiet announcement at the Drake Hotel. Dr. Ivy asked Williston to confiscate the spurious releases which had already been distributed. Williston attempted to execute the command, but of course it was impossible. You cannot recall something already distributed and absorbed.

Dr. Ivy considered for several minutes what he should do. Should he call off the meeting and send the people he had invited back home? Or should he hold the meeting and attempt to explain what had happened in the hope that the doctors and the press would understand? He consulted Mr. Richard Finegan, Managing Editor of the *Chicago Times* who was a close friend of Dr. Ivy.

Questioned later, Dr. Ivy explained his decision to continue the meeting: "The cat was already out of the bag. Anything we might have done to try to keep the press out of this or a subsequent meeting would have just inflamed them more. I decided to try to explain to them the need of discretion in reporting this meeting."

He did try—and he did succeed in one respect. Nobody used the "cure" press release. No newspaper went that far. But the headlines that day and night and for subsequent days and nights contributed greatly to the damnation of Krebiozen, Dr. Ivy and Dr. Durovic in the eyes of the medical world.

It wasn't the headlines alone that did it.

It was also because Dr. Ivy had some unseen enemies and now was the chance to attack. No one in the medical profession who knew Ivy believed for one instant that Ivy was trying to "promote" Krebiozen or had allowed any absurd press releases to be issued, but many took advantage of that situation *as if he had*.

Ed Moore and Brainard had been invited to the meeting by Dr. Ivy. They, too, talked with newspaper reporters. The *Chicago Sun-Times* quotes Brainard as saying: "We were selected to aid Dr. Durovic's Institute in bringing about such things as happened today [the announcement of Krebiozen] on the idea that this might develop into something very interesting and profitable."

The *Chicago Tribune* reported that "Moore takes credit for having brought to the United States the Dr. Durovic who discovered the

cancer drug. He intimated that he has a business arrangement with Dr. Durovic and put Brainard 'in charge' of that arrangement which he refused further to describe."

These statements were hotly denied by Marko, who broke up at least one such conference between Moore and the reporters by dashing in and shouting that Moore "had absolutely no right to speak for either him or his brother!"

Thus, the commercial war, which had been smouldering privately for months, finally broke into public view, adding still another note of disharmony and confusion to the March meeting.

Why did the press agent prepare the sensational cancer cure releases? An examination of them reveals that he certainly had advance access to the information contained in Dr. Ivy's brochure and that he had some personal knowledge of Dr. Durovic's background and the theory of his work. That he had been friendly with various friends of the Durovics cannot be denied.

Dr. Durovic himself denies any knowledge of the releases. Was it some well-meaning, though medically ignorant, friend who sought to boost the Durovics but instead nearly wrecked them, their product and Dr. Ivy?

The explanation of the unauthorized press releases offered to (and later by) Dr. Ivy is that the press agent recently had had a wife who died of cancer and he wished to "do something" in her memory and for others who might have to die of this terrible disease. On his own initiative, he wrote and sent out the releases. While this may serve as a partial explanation, it does not seem likely that it furnishes the complete answer. It seems incredible that a trained writer would or could perform actions of such scope and assume responsibilities of such magnitude without consulting anyone.

## CHAPTER 14

THE most cogent proof that neither Dr. Ivy nor the Durovics had planned the publicity emanating from the fateful March meeting rests in the fact that the deluge of requests for Krebiozen following the meeting caught them utterly unprepared.

There was no organization set up to handle any phase of a promotional attempt, not even to handle correspondence. Too, Krebiozen was not generally available to cancer sufferers. If there were any commercial design associated with the March meeting, as was insinuated later by some detractors of Krebiozen, then it was the most inept, foolish effort in the history of pharmaceutical promotion.

No supplies, no sales personnel, not even permission to sell, no stationery, in short, nothing—except an abundance of confusion—when the requests began pouring in from every part of the U.S. and even from remote spots all over the world.

As might be expected, Krebiozen received a big black eye when the public found that it was not available to more than a tiny fraction of the medical profession for experimental study, and was not at all ready for general use. This is further evidence that it was never intended to publicize the drug because Krebiozen was still very much in the experimental stage and most of its proponents realized this.

Dr. Ivy received most of the damaging effects of the publicity. The University of Illinois switchboard girls were swamped with calls from desperate persons, from their doctors, from everywhere.

Mr. Williston estimated there were approximately fifteen hundred telephone calls a week during the weeks following the March meeting. It was a highly embarrassing time for everyone connected with Krebiozen, even indirectly, as in the case of the University of Illinois.

Shortly after the March meeting Dr. Ivy attempted to reconcile the Durovics with Moore and Brainard. There were a series of such "reconciliation" meetings, with finally an arbitration committee proposed to settle their differences.

Moore and Brainard would accept nothing less than distribution rights to Krebiozen and refused all other attempts at settlement of the dispute, according to the sworn testimony of Dr. Ivy and Dr. Durovic at the Krebiozen hearings. Their testimony was not refuted.

However, Dr. Ivy's presentation of Krebiozen to the Food and Drug Administration met with success and from that time on, the clinical study of Krebiozen was performed under the regulations of the FDA for an experimental drug—with all clinical reports being subject to inspection by the federal agency. The form used is a classic example of the complete, thorough and scientific checks on cancer patients before and during treatment. No cancer specialist, no group of medical experts, could ask for a more thorough report.

The Krebiozen Research Foundation was established in April, 1951. It is nonprofit and its purpose is to ascertain the value of Krebiozen. It administers the distribution of the drug to carefully selected patients who would prove valuable in the experimental program.

All its officers and members have served without pay. The first officers were: Dr. Ivy, President (a post he later resigned at the request of President Stoddard of the University of Illinois); John Boyle, Vice President; Dr. John Pick, Secretary; Col. Nicholas Stepanovich, Treasurer. Dr. Ivy is now Scientific Adviser.

The Foundation was supported financially for the next seven years by Marko Durovic. The costs of underwriting the Foundation has amounted to about \$107,000. Of this amount, only about \$28,000 was contributed.

Contributions however, were not solicited. Krebiozen could not be bought by contributions or offers of donations. When persons sent in payments along with their requests for Krebiozen, both were politely refused.

But by far the biggest gift of all in the interest of science and humanity was (and still is) contributed by the brothers Durovic. To produce their present supply of Krebiozen had cost them and their creditors \$6.63 an ampule up to 1949. (By 1954 the cost was to rise to \$9.50.) To date they have donated about 90,000 ampules to the Krebiozen experiment. This means that together with the overhead

cost of maintaining the Krebiozen Research Foundation the Durovics have expended about \$950,000 for Krebiozen experimentation. The Durovics' financial resources began dwindling some time ago, and today they are "broke," having spent all the finances they commanded on Krebiozen's development. Total, about \$2,000,000.

## CHAPTER 15

THE night of March 31, 1951, Arthur H. Vandenberg, Michigan's senior Senator, lay in a coma. He was dying of cancer.

As with most cancer victims, his malady was discovered too late. The terrible cells had marauded almost every part of his body: lungs, hips, bones—practically all the vital organs.

They hadn't told the Senator of his hopeless cancer. Yet somehow the Senator knew. Perhaps the dreadful knowledge was reflected in the eyes of his good friends, the doctors—or in the unconscious attitudes of the family.

He kept his secret to himself and played along with his doctors' grave mumblings about arthritis and other vague disorders. Once in a while a little sad, whimsical smile would betray him. Then the doctors would know that he knew, but they hadn't the heart to breach their own pathetic pretense, their carefully concocted equivocations.

Yet as he lay dying on that March night in Grand Rapids, the whole world was waiting tensely. And quite a few of the world's inhabitants were praying too.

For the past several months he had steadily declined—the wildly spreading cells were performing their grim assignments well.

Of course, all that modern science knew to do was done. He had the best doctors who employed almost every known medical technique to prolong his life.

They had no hope of saving him. During the last few weeks, his pain had become too much for human nerves to bear, so they injected him with massive doses of powerful narcotics. The narcotics

kept him in a stupor most of the time, but frequently he would awaken groaning with the pain no anodyne known to man can stifle.

During the past several days, all supportive measures to keep him alive had been abandoned—the feeding by injection, the drawing off of body fluids—clearly, it would be useless and even inhuman to force the poor over-pained body to draw a few more pitiful unconscious breaths.

Earlier that week, one of the Senator's doctors had made a telephone call to Dr. Ivy.

"Would you please come to Grand Rapids and see if you can do anything for Senator Vandenberg? It's hopeless, I know," he sighed, for he was a friend as well as physician to Senator Vandenberg, "but—well, medically speaking, as an experimental patient—if your new drug did *anything* for him it would be a miracle. The Senator won't last long."

"We'll come as soon as possible," said Dr. Ivy.

Later, Dr. Ivy and Dr. Durovic were admitted to the Vandenberg home. The family was there, hushed and grave. There were three doctors and the Senator's nurse.

"It wouldn't be a fair test of the drug at all," ventured the Senator's doctor, the one who had called Dr. Ivy. "We don't expect him to last more than one or two days. That is, if he lasts out *this* night. See if you don't agree."

Both physicians examined the stricken Senator. They agreed with the opinion of the attending doctors: Senator Vandenberg was indeed in his last coma; he probably would never awaken. Senator Vandenberg's heart was at last yielding to the damage wreaked throughout his body by the ruthless invader. It was beating slowly, so slowly.

"We have had some favorable results with patients *in extremis* such as the Senator here," Dr. Ivy said, finally. "If Dr. Durovic is willing, I think we should try. If I were in the Senator's condition, I should want someone to give me some Krebiozen."

Doctor Durovic nodded agreement. Quickly, he extracted from his bag a tiny vial. He handed it to the Senator's nurse. She filled the hypodermic with the oily, clear liquid from the vial. She pressed the needle deep.

There was no sign that anything momentous was occurring. The

labored breathing of the patient continued as if nothing had happened. Dr. Ivy and Dr. Durovic left for Chicago early that morning. What happened to the patient?

He lived through the night, all right, but to be completely accurate, let's take what followed from his doctors' reports: "The day following the injection, the Senator became noticeably more alert and definitely manifested an appearance of well-being. There was also a noticeable reduction in his narcotics requirements that day . . . [We] were privileged during this period [eighteen days] to witness a most amazing cyclic response which we can only attribute to the administration of Krebiozen. There were days of profound toxicity [poisoning] and prostration . . . Alternating with these periods, when he, at times, seemed *in extremis*, there were days of *uncanny revival* during which he would read the paper, listen to the radio, watch television, smoke his beloved cigars, and converse freely and intelligently, and manifest good humor and a feeling of well-being. We were compelled . . . to regard with awe what was transpiring before our eyes."

It would be sheer fantasy to ascribe the Senator's apparent recovery to "wishful thinking" either on his part or his doctors. And certainly there was no question of his poor dying body being able to rally of its own accord in this miraculous fashion.

*Had* the miracle happened? Were the world's prayers being answered?

"Tragically, however, the cycles of . . . toxicity . . . persisted in recurring and each bout of this nature seemed to strike a new low. It was in the throes of the last of these that Senator Vandenberg finally expired on April 18, at 9:40 P.M.

"Whether or not the Senator's life could have been saved had Krebiozen been administered at an earlier stage is, of course, a matter of conjecture. The fact that from the *third* day following the first injection, on until his death, he was miraculously relieved of practically all pain, and that all needs and indications for narcotics were entirely and absolutely abolished, is a matter for the records. To see a man suffering unbounded pain only partially dulled by maximal doses of morphine, *abruptly* become completely and permanently relieved in the presence of wide-spread devastating malignancy, has

been one of the most dramatic therapeutic achievements it has ever been my privilege to observe.”

The doctors' opinion was that the Senator could not have recovered even if every cancer cell in his body had been totally obliterated by Krebiozen, for the cancer had previously destroyed his vital organs' "margin of safety."

Another thought of the doctors was that the cancer cells were destroyed by Krebiozen so rapidly that the removal of this highly poisonous debris imposed too much of a burden on his already weakened elimination system.

The exact dosage of Krebiozen had not been determined. Consequently no one really knew whether the Senator was receiving the right amount, or too much, or too little, according to his condition.

This, then, is how a Senator died—his last days free of the inexorable pain which almost every human being so afflicted with cancer had suffered before him, and which, except for a comparative few, human beings after him have suffered.

For this drug, Krebiozen, would not be soon released to the world, as its developers had intended. Over it would occur a fateful struggle during the next three years, a struggle as incredible as the effects it produced on some cancer sufferers.

## **CHAPTER 16**

THE March meeting brought disaster in more than one way.

Although Dr. Ivy found two hundred or more individual physicians who would try Krebiozen on their own patients, all of the big cancer clinics except two shied away from a true evaluation—which meant running at least an eighteen-month test. The initial publicity had been too much for them. They were not prepared for such untraditional procedure.

Should they test Krebiozen in spite of the unorthodox launching? Very few knew that Dr. Ivy had not planned it that way. All they knew was that a dreadful number of reporters and photographers

were at the meeting and the affair received sensational attention in the press. And, of course, they couldn't be blamed for thinking that the whole episode was planned. That's certainly the way it appeared. Should they play it safe?

A few decided to test Krebiozen on a very limited scale, in a timorous, time-precluding fashion on a few patients who were dying, as their reports show. And when they achieved dubious or negative results, they seemed greatly relieved to report them. Most of these reports were made, not to the Krebiozen Research Foundation as they should have been, ethically and legally, but to the American Medical Association which organization by that time had manifested a strong interest in issuing a critical report on Krebiozen. And of course the AMA's interest was a bit more important to these clinics than that of the newly formed Krebiozen Foundation.

Six such clinics reported to the AMA; these, along with twenty-four allegedly "falsified" reports from a doctor who had treated only one of the twenty-four cases himself, later formed the basis of the AMA's hundred-case-history "Status Report." We shall examine the scientific validity of this medical report later, but it should be understood now that more than 70 per cent of these "tests" were conducted under circumstances which scientists of Pasteur's and Koch's calibre would have despised. From the standpoint of time involved, none were scientifically conducted.

Of course, Dr. Ivy had hoped for scientists of Koch's calibre, even expected them to come forward; eagerly he wanted them to test Krebiozen—to prove it either no good; or good; or moderately good; or something which showed promise or no promise in the management of cancer. And in spite of the publicity at the March meeting, he actually thought such would be the case.

He could see medical scientists, many of them his friends, saying, "Well, we'll show up Ivy. He's been solid all these years—but this time we've really got him! We'll test this absurd anti-cancer agent and show him up!" This type of thinking is necessary, even admirable in the scientific world, and no scientist worthy of his medical salt would be offended by it.

Yet buttressed by the overwhelmingly favorable reports coming in the spring of 1951, Dr. Ivy thought surely Krebiozen would be ac-

corded a scientific trial. Most of the individual doctors trying Krebiozen were achieving unheard-of success with their hopeless and dying patients; it was, of course, too early for the few clinics who had undertaken Krebiozen therapy to report—this should take many months, perhaps years, for a true scientific evaluation. Instead, these clinics with two exceptions reported in a matter of weeks.

## CHAPTER 17

DR. IVY had not succeeded in reconciling Moore and Brainard with the Durovics. Fate *had* succeeded in alienating a large section of the medical profession who couldn't possibly understand the March meeting fiasco. Nevertheless, during 1951, Dr. Ivy collected a large number of doctors' reports from doctors who were willing to write down and send in accounts of remarkable improvements with Krebiozen therapy. Almost as many favorable reports come in today to the Krebiozen Research Foundation from apparently fearless doctors. The doctors' findings on Krebiozen treatment speak for themselves.

At this point in our story of Krebiozen, it might be wise to find out exactly what doctors who have used (and are using) Krebiozen think of it as an anti-cancer agent on hopeless and dying patients—patients who had received every form of treatment medical science can offer. Bear in mind that most of these physicians have had long experience in treating cancer.

This, then, is a small sample of the record compiled at the present writing. Names of physicians and patients are deleted for ethical reasons. The wording in these reports is reproduced exactly as received from the doctors. It was, of course, necessary to shorten the lengthy details contained in the original FDA report forms. For the sake of not interrupting our narrative too much, only six typical cases are presented here, but more of these doctors' reports may be found in the Appendix. Forty-three patients have survived five years or more under Krebiozen treatment and are cancer-free. This is medicine's

criterion for a cure—though Dr. Ivy cautiously refrains from calling Krebiozen a “cure.”

Dr. W. F. P. P.—Illinois

Patient: E. V., 45 years—Squamous Cell Carcinoma of Vagina.  
Advanced.

Medical report September 28, 1950: An external lesion in the form of an ulcer is present on the right labium minor 2.5 cm. in diameter. On the right wall of the vagina a hard solid mass 3 x 5 cm. in size can be palpated. This mass is connected with the external lesion. Tumor painful on touch. Biopsy was made at K. Hospital. A squamous cell carcinoma was reported. The patient refused surgery and X-ray therapy.

Krebiozen started September 28, 1950.

October 16, 1950, the physician reported: Remarkable improvement. Three days after first injection of Krebiozen patient reported absence of all pain and discomfort. On examination the mass in the vaginal wall had decreased 50% in size. On October 1, the second injection of Krebiozen was given. On October 9, tumor mass in vaginal wall disappeared completely. External lesion has decreased 50% in size and islands of granulation tissue [new-formed and healing] were present in its base. Feeling of well-being.

January 15, 1952: Biopsy was made from the place where the tumor was located before, and *no cancer cells were found*. Patient normal and in excellent condition.

June 1, 1957: *Patient normal with no evidence of cancer.*

Dr. J. P.—Illinois

Patient: D. L., 65 years—Carcinoma of the Bladder. Terminal.  
Bedridden.

Medical report May 12, 1951: Patient was subjected to surgery in January 1951, for urinary obstruction due to cancer of the bladder, which had invaded the lymphatics. Surgeon-urologist informed family that the operation was for temporary relief only, and that the case was hopeless with life expectancy of 2-4 months. Present condition: Weight dropped from 138 to 90 lbs. Cystoscopic examination disclosed two tumors near the right ureteral orifice. From May 13 to May 19, patient was confused and at times semi-comatose.

Krebiozen started May 19, 1951, when patient was in coma. June 26, 1951, physician's report: Patient awake and became euphoric for several days after first injection, got out of bed and was free of any complaints. Dysuria [painful and difficult urination] and feeling tone greatly improved.

September 13, 1951: Patient feels fine. No complaints of any kind. Gaining weight. Now weighs 129 lbs. Urination normal.

May 23, 1953: Cystoscopic examination was performed. *No tumor was found.*

June 1, 1954: Patient feels fine; working every day. No sign of cancer in the bladder.

November 11, 1955: Patient fine, working every day in his shop (tailor).

June 5, 1957: Patient fine. No sign of tumor. Preparing for vacation in Florida.

Dr. L. and T.—Oregon

Patient: Mrs. J. G., 44 years—Malignant Melanoma. Bedridden. Terminal.

Medical report of August 8, 1951 read: Primary malignant melanoma was removed in October 1946. Recurrences occurred in November 1950 in left axilla, left cervical region, right elbow, right pelvic frame, left fibula, left ankle, left patella, and left great toe. On March 29 and May 24 patient received radio-active iodine. Present condition: Patient failing rapidly, and not expected to live more than 2-3 months.

Krebiozen started August 10, 1951.

September 1, 1951: Better appetite, felt better and stronger, and was able to spend more time out of bed. Nodules on the left ankle were tender and reduced one-half in size. The right arm became more movable at elbow, where the swelling and pain decreased.

September 15, 1951: The tumor on the left patella and great toe disappeared. Patient gained 6 lbs.

October 14, 1951: All lesions on the left leg and elsewhere have disappeared. Patient gained 10 lbs. Patient feels that she is cured and discontinued Krebiozen.

January 27, 1952: Pain returned in the elbow, but X-ray examination revealed no metastases. Krebiozen was started again.

February 9, 1953: Patient fine. All pain and discomfort disappeared.

October 1, 1953: Patient gained 60 lbs. from the beginning of Krebiozen treatment. *No evidence of cancer.* Right elbow completely mobile.

February 7, 1954: No evidence of cancer. Complete X-ray examination of the bones showed no metastases.

April 29, 1955: I have never seen a "cure" of malignant melanoma by any method of treatment. This one is miraculous and passes all understanding.

March 9, 1957: No change since my last report. *No evidence of cancer.*

Dr. G. K.—California

Patient: M. R., 69 years—Carcinoma of the Left Breast, Metastases in the Left Lung, Mediastinum and Lymph Glands, Grade III, Advanced.

Medical report April 1954: On October 5, 1953 left breast was removed. Biopsy showed infiltrating duct carcinoma of breast, grade III. On

April 1954, metastases in left axilla were palpable. X-ray discovered massive cancer involvement of the upper middle left lung. Mediastinum [space between lungs] is also involved.

Krebiozen started April 26, 1954.

July 27, 1954: Pain in chest is gone. Breathing has become free and easy. Increased sense of well-being. X-ray findings: Lesion in the lung narrowing.

August 27, 1954: Continued improvement. No pain in chest. Suspicious gland in left axilla cannot be found.

October 5, 1954: All respiratory embarrassment has disappeared. General feeling of well-being.

November 26, 1954: Patient feels fine. Completely symptom-free, stronger all the time. Constant rechecking reveals *no evidence of metastases*. I am confident that this experimental treatment is gaining the life of this very valuable member of society.

December 27, 1954: Continued improvement in energy and feeling of well-being. No unfavorable findings.

February 3, 1955: Patient completely free of all symptoms. Patient feels better than ever.

November 18, 1955: *Large size chest [X-ray] film shows no evidence of pulmonary metastases.*

August 24, 1956: Continued improvement. No sign whatever of recurrence of malignant lesion. Patient doing beautifully.

November 2, 1956: Patient feeling quite well and completely symptom-free as far as her former malignancy is concerned.

January 9, 1957: No change.

Dr. A. G.—New York

Patient: E. H., 39 years.—Undifferentiated Carcinoma of Stomach; Metastases to the Pancreas. Advanced.

Medical report September 14, 1954: On August 24, 1954 an exploratory laparotomy was performed on this patient presumably for Cholecystitic [gallbladder] disease, but exploration revealed a Tumor involving two-thirds of posterior wall of stomach with metastases to the Omentum and Pancreas. *No excision of tumor was attempted.* Biopsy showed it to be undifferentiated carcinoma.

Krebiozen started September 21, 1954.

October 9, 1954: Patient has become symptom-free during three weeks. Appetite increased much, gained 9 lbs. Abdomen soft, there is no tenderness. Patient surprised at own sense of well-being. Is returning to work driving a trailer truck October 10, 1954.

June 1, 1956: The following is abstract of a report which I have just received from Memorial Hospital in New York City, in regard to E. H. Mr. E. H., following his exploratory laparotomy in August 1954, received

a single course of Krebiozen treatment (8 ampules) and has received no other treatment since then . . . I thought you would be interested in having for your files the information of this second exploratory laparotomy performed on E. H. at Memorial Hospital:

*On May 9, 1956, exploratory laparotomy was performed. At that time, no neoplastic [cancerous] tissue was in evidence. There were, however, peritoneal adhesions between the liver, gallbladder, stomach and head of the pancreas. These were carefully separated. The stomach was completely mobilized and felt normal throughout. Full thickness biopsy of entire wall of stomach was taken. Head of pancreas was mobilized by means of Kocher and two generous biopsy specimens of pancreas were taken. Biopsy of liver was also taken and cholecystectomy performed. Postoperative course was gratifyingly uncomplicated.*

Pathology:

Negative gallbladder

Negative stomach

Negative liver

Fibrosis of pancreas

Patient has been acquainted with our findings and our microscopic evaluation of tissue removed.

April 17, 1957: Patient fine. No change.

[It should be emphasized that Krebiozen was not administered to this patient at Memorial Hospital; in fact, Krebiozen has been used on only *one* patient at Memorial, in spite of reports to the contrary (see page 304). The Krebiozen treatment was given to this patient privately by the doctor who reported the case. The surgeons at Memorial who performed the two operations, ignorant of the Krebiozen treatment between their operations, no doubt ascribed the disappearance of E. H.'s cancers to one of the rare "natural" cures.]

Dr. O. J. S.—Ohio

Patient: C. E., 34 years—Adenocarcinoma of Cecum; Metastases in Brain and in Lymph Glands. Partially Bedridden. Advanced.

Medical report January 5, 1955: This patient had surgery in March, 1954, when clinical diagnosis was confirmed by microscopical finding. Metastases occurred and Krebiozen started on March 4, 1955. Metastases occurred in the beginning of 1955. Patient refused all other treatment and has requested to be treated with Krebiozen.

March 22, 1955: Pain relieved, patient able to do without Demerol.

Sleep and appetite, feeling tone improved. Patient has felt better after each dose of Krebiozen. Results are good.

April 25, 1955: Mrs. C. E. has been taking two ampules weekly of Krebiozen and has now consumed a total of 16 ampules. She has used no analgesic drugs during this time and has been eating well. She does not have jaundice and has gained five pounds.

May 31, 1955: Mrs. C. E. is doing remarkably well. The neurological abnormalities [metastases in the brain] described in my last report have disappeared. Patient is gaining weight. Her present weight is now 153 [at start of Krebiozen 140 lbs.]. She is now able to do her housework and says she feels better now than any time before. Her family is very grateful for her improvement and I feel that she is an excellent case to continue.

August 5, 1955: Mrs. C. E. continues to feel well. She has been gaining weight. We feel that Krebiozen is successful in the case and would like to continue treatment.

September 6, 1955: Mrs. C. E. is doing very well on Krebiozen. She is able to help to paint her home as well as do all of her own housework. This is a remarkable case. She is getting 2 cc. weekly.

October 3, 1955: Patient did not do as well and during the past two weeks has complained of severe headache. Patient has had two *black stools*. *She also became very weak during this period.* [Physician was instructed to increase dosage of Krebiozen to 3 cc. every week.]

November 1, 1955: Mrs. C. E. has just finished another four-week treatment with Krebiozen. *She is doing fine.* I have been giving her 3 cc's once weekly.

December 3, 1955: Mrs. C. E. has been *asymptomatic* on three ampules of Krebiozen weekly. She has gained weight. 180 lbs. at present and I have had to advise diet.

April 2, 1956: Mrs. C. E. has been doing well and the case is miraculous, and I would like to try Krebiozen as soon as possible on a baby 17 months old with leukemia.

June 15, 1956: Mrs. C. E. is asymptomatic and has been gaining weight. [Dose of Krebiozen was then decreased 1 cc. every 15 days.]

October 1, 1956: Mrs. C. E. has no complaints. She continues to be asymptomatic. She is receiving now 1 ampule of Krebiozen every two weeks, as instructed.

June 21, 1957: *Patient is completely asymptomatic.*

(Doctors' reports are continued in the Appendix, page 344.)

## CHAPTER 18

DURING this period the name of Dr. Josiah J. Moore emerges. Since it is Dr. Moore whom Dr. Ivy later designated as the man most responsible for Krebiozen's later woes—the man who, Dr. Ivy charges, conspired with businessmen Moore and Brainard to gain control of Krebiozen by various means—mention of several episodes may be necessary to an understanding of why Dr. Ivy and others decided AMA Treasurer Dr. Moore was engaging in extra-curricular activities.

Dr. Moore had been treasurer of the American Medical Association for ten years. He had for the past thirty-five years been associated with many medico-civic programs and subsequently was rewarded for these activities by being appointed a member of Chicago's Board of Health. As previously related, he operated a pathology laboratory, and on one occasion (according to statements by Drs. Krasno and Durovic) declared a slide made from tissue of a Krebiozen-treated patient showed definite evidence of cancer destruction.

Of his powerful influence within the inner circles of the AMA and the Chicago Medical Society there can be no doubt.

At the Krebiozen hearings some strange and contradictory statements by the AMA attorneys were made concerning Dr. Moore's part in the Krebiozen controversy. In its official Status Report on Krebiozen, the AMA claimed that it decided to investigate Krebiozen at once, only because of the hundreds of inquiries it received following the publicity of the March meeting.

Yet one of the first days of the hearings, Mr. A. L. Hodson, one of the attorneys for the AMA, testified that Dr. Moore—whose official position was financial—had assumed charge of the AMA's investigation of Krebiozen. Formation of a committee to call upon the Durovics was one of the first acts of the investigation. The committee was composed of Dr. Paul Wermer, Secretary of the AMA's Committee on Research, Mr. Oliver Field, Chief of the AMA's Bureau of In-

vestigation, and Dr. J. J. Moore, Treasurer. Yet during the first portion of the hearings, Mr. Hodson and other AMA attorneys were vehement in declaring that Dr. Moore was not present at the meeting between the committee and the Durovics *as an official* of the AMA. The AMA lawyers further stated they were not representing Dr. Moore in the Krebiozen hearings.

This seeming affirmation and negation (and later, partial re-affirmation) by the AMA of Dr. Moore's role in Krebiozen makes the various actions more curious and much more interesting than they would be otherwise.

Dr. Peter Neskow, a practicing physician in Chicago, was asked by Dr. Moore to be present as an interpreter because he spoke Serbian and could make the conference go smoother since the Durovics spoke only broken English.

In his sworn testimony to the Legislative Committee Hearings on Krebiozen (most of his testimony was not contested), Dr. Neskow relates that after Dr. Durovic had answered some questions pertaining to the scientific aspects of Krebiozen, Mr. Field said he was satisfied and departed. Dr. Wermer and Dr. Moore remained much longer, examining the case histories of many patients, listening to various facets of Krebiozen discussed by Dr. Durovic. Both Drs. Moore and Wermer asked many questions, the answers to which seemed to satisfy them. In fact, as the later Status Report of the AMA states: "The Durovics proved most co-operative . . ."

Then it was, says Dr. Neskow, that Dr. Moore, after some preliminary discussion of Messrs. Moore and Brainard, asked Dr. Durovic: "Don't you think you have an obligation to Moore and Brainard for the distribution rights to Krebiozen?"

Dr. Durovic replied he did not think so; had in fact rejected the idea.

In his first affidavit made a year after the meeting, Dr. Neskow has Dr. Moore then demanding of Dr. Durovic: "You *must* give the distribution rights to Moore and Brainard!" One year later on the witness stand, under cross-examination, he cannot recall whether Dr. Moore said "must" or "should" give the distribution rights of Krebiozen to Moore and Brainard. He does say the statement was "im-

proper" and implied pressure of great degree since Dr. Moore was *there as an official of the AMA.*

Both Marko and Dr. Durovic say it was "must" in no uncertain terms.

But whatever the exact word was, the import of the sentence caused Marko Durovic unbearable impatience. And, as is customary with him, he lost no time in announcing his state of mind.

"Stop!" he shouted to the surprised group. Then he started speaking excitedly in French, a language Dr. Wermer understood. "If you want to discuss the scientific aspects of Krebiozen, well and good! But, gentlemen, the business aspects of Krebiozen and our personal affairs are no concern of the American Medical Association! I shall not permit it!"

The embarrassment was profound. With it came silence for several long seconds.

Then Dr. Wermer attempted to calm Marko's troubled mind, saying he had not come to discuss the business end at all; Dr. Moore, apparently nonplussed at this fiery reception to his demand (or "request"), commented that Marko was a very sharp businessman and a "fine lawyer."

After a further brief period of assuagement, the AMA doctors departed.

## **CHAPTER 19**

DURING the spring of 1951, while medical evidence for Krebiozen mounted with almost every doctor's report sent in, there were other, non-medical evidences that all was not well for Krebiozen in the camps of organized medicine.

Dr. Ivy was called upon to answer for the March meeting and report to the Cancer Committee of the Chicago Medical Society. Dr. Ivy attached little significance at the time to the fact that Dr. Moore, who was on this committee, assumed a leading role and asked many questions. In the light of subsequent revelations, he

ascribed much more significance to Dr. Moore's questioning. But then Dr. Ivy, secure in the knowledge that he had committed no wrong ethically and more secure in the fact that he was benefiting science and mankind, could not fathom the various allegations and insinuations leveled against him.

Dr. Ivy explained the circumstances of the March meeting to the Cancer Committee, pointing out that he was not responsible for the publicity. Nor was he promoting a "secret remedy," but merely trying to ascertain the truth about a promising anti-cancer agent.

He assumed from the attitude of most of these present that his explanation had been satisfactory and that the matter would be dropped.

As far as this committee was concerned, his assumption was correct. The Cancer Committee, after questioning Dr. Ivy at length, recommended "no action." The majority of its members were in thorough sympathy with Dr. Ivy.

What compelling force overruled the Cancer Committee's opinion of Dr. Ivy's innocence? And drove relentlessly on—in spite of the Cancer Committee's verdict—to bring Ivy at last before the Ethical Relations Committee of the Society? It had to be a very strong force indeed, in view of Ivy's quite reasonable defense, his vast prestige and his large number of friends.

At this point, however, with the Cancer Committee's verdict of "not guilty," perhaps Dr. Ivy had the right to assume that in spite of the devastating repercussions of the March meeting, he would still get a fair hearing from science and medicine—if he continued to follow the accepted rules of scientific, clinical reporting, which were the only rules he knew.

Another cryptic episode in the extraordinary sequence of events which began happening to Dr. Ivy and the Durovics occurred in June of 1951. Señor Humberto Loretani, former secretary of Duga S. A., appeared in Chicago "on business," he later told the Krebiozen Investigating Committee. The exact type of business became clear when Loretani was subjected to a brief cross examination.

It will be remembered Señor Loretani had had previous business arrangements with Messrs. Moore and Brainard.

One of the items on his business agenda was to see the Durovics on an urgent matter. Loretani asserted later on the witness stand that he saw the Durovics only once for about ten minutes, the purpose of his visit being to ask for some Krebiozen for a "sick friend." After being confronted with a prospective "surprise witness," Mrs. Jean Irwin, former secretary of the Krebiozen Research Foundation, Loretani changed his testimony and admitted seeing the Durovics twice. Both Durovics and Mrs. Irwin say Loretani was at the Krebiozen Research Foundation office for about two hours on his first visit and about three hours on the second, admittedly quite a length of time to request a vial of the substance which Loretani says he purchased quite easily in both Uruguay and Argentina—though the record shows none is being or has been sold (at this writing) anywhere in the world. (Currently, patients now accepted for Krebiozen treatment are being asked to pay for the cost of the ampules, \$9.50, if and only if they are able.)

What the Durovics say Loretani's business was with them is at some variance with his original story.

On the first visit, according to the Durovics (sworn to by Dr. Durovic), Loretani said he came as a representative of Messrs. Moore and Brainard who felt that they were entitled to the distribution rights on Krebiozen.

He was assured rather heatedly by Marko that they were not entitled to such rights, but that he and his brother were willing to have an arbitration board settle the claims advanced by Moore and Brainard. Marko and Stevan admitted being in the "personal favor" of Moore and Brainard and were willing to pay any sum the arbitration board agreed was fair. Under no circumstances, Marko said, would he give Moore and Brainard the distribution rights to Krebiozen.

Señor Loretani's second visit carried a bit more punch and was more to the point, the Durovics assert. He said Moore and Brainard had a very powerful friend in the American Medical Association who would see to it that if they didn't get the distribution rights, the Durovics and Krebiozen would be completely and utterly destroyed. Also Dr. Ivy would be eliminated as a potent medical force because he would not help Moore and Brainard obtain the rights.

Señor Loretani added that since the American Medical Association

governed practically all medical matters in the United States, naturally anyone who controlled the AMA itself would be able to command anything he wanted. He even went so far as to name this omnipotent official, one Dr. J. J. Moore, treasurer and member of the Board of Trustees of the AMA. He said Dr. Moore was working in collaboration with his good friends, Moore and Brainard, and they would ruin Krebiozen and Dr. Ivy. The Durovics would then have no other choice but to sell out cheaply.

For proof of his group's ability to produce their desired ends, Loretani asserted that there was a friend of Ed Moore on the medical faculty at the University of Illinois. This friend even then was preparing an unfavorable report on Krebiozen and it would be published in the *AMA Journal*.

All this could be avoided, he explained, by surrendering the distribution rights to the Moore group now.

He was making no idle threat, Loretani warned, although he disclaimed any desire for his own profit.

The Durovics demurred strongly to Loretani's proposal, according to Dr. Durovic's testimony.

"Although Moore and Brainard may not be able to do you much good now," Dr. Durovic quotes Loretani as insisting, "they can do you a lot of harm through their friend at the American Medical Association."

For an analogy he cited the case of a "bad man" living on his farm in Argentina. "This man is no good as a farmer, but he is such a bad man I have to keep him on the payroll, because he would burn my house down if I didn't."

In concluding his proposition on behalf of his friends, Señor Loretani stated that in case the Durovics could not give the distribution rights to Moore and Brainard, the latter would settle for the sum of two and one-half million dollars. In return for that sum, all projected and forthcoming attacks on Krebiozen by the AMA would be canceled. The Durovics would be free to research and develop the anti-cancer agent just as they pleased. We must reiterate that the account of the Loretani-Durovic meetings is a part of Dr. Durovic's sworn testimony.

Then it was that the Durovics say that they realized Messrs. Moore

and Brainard were finally presenting their bill for services rendered. A clearly outlined contingency was also provided in case of nonpayment, according to the Durovics.

Mrs. Irwin recalls many heated outbursts from the inner office during this visit of Señor Loretani's. She is quite certain they came from the elder Durovic.

However, today, Marko sadly remembers he thought little of Lore-tani's alleged threats since he could not believe the AMA would or could stop anything of medical value in the first place; in the second place, he didn't believe anyone in the AMA exerted that much power within the organization.

Loretani not only denied making the proposal to the Durovics, but until his memory was refreshed, *even denied being there at all*. The Durovics did not accept his alleged proposal. However, they related it shortly thereafter to all the officers of the Krebiozen Foundation.

Another somewhat unusual incident happened two or three weeks later. This one Dr. Ivy attested to at the Krebiozen hearings.

Dr. Ivy received a call from Dr. Moore, who asked that Dr. Ivy come to his office where he would obtain some interesting information about Krebiozen. He would learn that Krebiozen was made from cattle, not horses as Dr. Durovic had claimed.

On arrival, Dr. Ivy was introduced to Señor Loretani.

Yes, the Señor was positive that Kositerin was made from cattle. He did not mention Krebiozen. He had seen practically all the experimentation on Kositerin. He knew that Dr. Durovic was working on a cancer remedy at the Veterinary School of the University of Buenos Aires, but he did not know much about it. He did not know where Krebiozen was made, and did not state (at that time) that Krebiozen was made from cattle. The Señor thought Dr. Durovic was a genius. But he didn't like Marko. Marko was the cause of all the trouble. . . . At this meeting, Loretani did not tell Dr. Ivy that Kositerin and Krebiozen were thought by him or any one else to be the same substance. Even Dr. Moore did not say so. He had only said that Loretani would tell Dr. Ivy that Krebiozen was made from cattle. But the Señor did not confirm this at that time.

In October, 1951, the rumor was spread that Kositerin and Kre-

biozen were the same, and that Dr. Durovic, when Kositerin proved to be of no value, changed its name to Krebiozen.

This rumor originated because Dr. Durovic had first tried Kositerin for high blood pressure at Northwestern University, and then for Dr. Ivy he had switched to Krebiozen, his anti-cancer agent. Some doctors are unable to imagine that a research scientist might possibly have developed *two* substances after many years of experimentation. And of course when their suspicions were confirmed in 1953 by ex-Secretary Loretani who had changed the story he told Dr. Ivy and testified later that he had personally seen the bulls, but *not* the horses—ergo, suspicions became fact. And that “fact” was one of the prime arguments utilized by the American Medical Association lawyers and others at the Krebiozen hearings.

Toward the end of this rather puzzling conference, Dr. Ivy did receive some information which gave him more than a moment's reflection. Dr. Moore told him that Messrs. Moore and Brainard were “mad” at him because he would not go along with them in their claims for distribution rights to Krebiozen, and would not force the Durovics to accept them as distributors. Dr. Ivy replied that he had done all he could to arbitrate the matter, but as a scientist, his primary concern lay in testing the value of the drug, not in its ultimate distribution, should it be found to be of clinical importance.

Later, he pondered over Dr. Moore's apparent eagerness to discredit the Durovics and, therefore, Krebiozen. At the same time, he wondered at Dr. Moore's concern over the rights and feelings of businessmen Moore and Brainard.

## CHAPTER 20

DURING that same period, other disquieting information began to come to Dr. Ivy. He testified later that at least two friends informed him that Dr. Moore “was out to get him” and they wondered why.

The first and probably to this day one of the most apparent indi-

cations that other than scientific forces were operating against him was a notice ostensibly sent out from the Carle Clinic. The Carle Clinic is a highly reputable medical clinic located in the twin cities of Champaign-Urbana, Illinois. The Carle Clinic is relatively unknown except to people in its vicinity. The latter include the president and faculty members of the University of Illinois, for the main campus of the university happens to be located in Champaign.

The following card was mailed to many leading citizens and certain of the faculty in April, 1951.

—NOTICE—

This May Mean You!!

We are now administering KREBIOZEN for cancer. We are appointed one of 40 institutions in this country to give this special treatment. Phone us if you have friends or relatives who have cancer.

CARLE CLINIC

Phone 7-6671

For such a flagrant piece of advertising only one of two interpretations is possible: outright quackery, or a deliberate attempt to discredit Krebiozen and Dr. Ivy.

The director of the Carle Clinic was not a quack. Neither he nor any of his staff had sent out the announcement. No institution had been or would be "appointed to give this special treatment," as though it were available, but *only* as a special secret remedy. The implication was, of course, that one could buy Krebiozen if one had enough money.

Being an ethical physician, the director was acutely distressed over the fraudulent cards. He asked the postal authorities to help him discover their origin. The Post Office made an unsuccessful investigation. It is still an "open case" with the Post Office investigators.

But the furtive senders of the bogus cards were not motivated by a desire to damage the Carle Clinic—the Clinic merely had the misfortune to be located in the same place as the University of Illinois. Obviously, the damage was intended for Dr. Ivy. Most of the faculty would read the cards or hear of the incident. The seeds of doubt

created by the publicity of the March meeting would be well fertilized by this crude yet effective scheme.

Finding out who wrote and mailed the spurious notices might provide some of the answers as to why Krebiozen, the Durovics and Dr. Ivy were assaulted so viciously from "scientific" and other quarters later on. We may be sure it was not the handiwork of pranksters.

Many rumors began reaching Dr. Ivy that because he had sponsored Krebiozen he would have to suffer; there were vague but ominous warnings that he had better give up Krebiozen.

He received two telephone calls as a result of one medical meeting then being held in Chicago. One was from a newspaper reporter who heard from an authoritative source that Dr. Ivy "had to go" because of his nonconformism, but it would "take a little time because of his prestige"; another was from a former student who heard the same thing. He paid little attention to either informant. At the time, Ivy was accorded the respect of the entire medical world and believed that results, scientifically determined, would convince anyone. What did he have to worry about?

Science and truth and research will always win out, he thought devotedly, and when others examine my methods of research, and see how I have arrived at the conclusion that this substance should be investigated further, well then I shall be vindicated at least, and it's probable that we will have saved or prolonged many lives. . . .

## **CHAPTER 21**

THE kettle was beginning to boil. At approximately the same time as his meeting with Dr. Moore and Loretani, Dr. Ivy was informed by two friends close to top medical circles that unless he dissociated himself from Krebiozen and denied it had value, he would be expelled from the Chicago Medical Society (and consequently from the AMA). He would lose all of his national medical positions. Further, he would be "blasted" by the American Medical Association and be forced to resign from the University of Illinois. Ivy was

beginning to awaken to the seriousness of the situation. There were too many evidences that a fierce fire was burning brightly beneath the clouds of smoke warnings.

In June, Dr. Paul Wermer of the AMA asked for a list of physicians to whom Krebiozen had been released. Dr. Ivy replied it would be presumptuous and premature to hand over such a list without the consent of the physicians. He added that when enough data had been accumulated and enough time had elapsed for the data to be evaluated and to be of scientific value, then he would ask the physicians and then should be happy to open the files to the AMA and cooperate with the organization in every way.

Ivy could not conceive that the American Medical Association would presume to evaluate any proposed anti-cancer agent in a matter of weeks—before the dosage was established, or any claims made. The drug would have to be tried for at least a year on many patients under varying conditions before the sketchiest of conclusions could be drawn. To attempt to pass judgment on any anti-tumor agent in weeks or even a few months would be violating one of the basic principles of medical research. Surely the American Medical Association, the bastion of orthodoxy in medicine, would not be guilty of so flagrant an error.

He was to learn that his science was apparently old-fashioned. The hitherto standard, careful observation period for testing a new substance had been deemed obsolete, it appears, by a research subcommittee of the American Medical Association. Though the association had always insisted on orthodox methods heretofore, and would thereafter, it seems that in the case of Krebiozen there would be a special dispensation, a suspension of the rules of cancer research.

Dr. Ivy was apprised of this startling fact via the newspapers on July 10, 1951. Now of course the papers didn't mention the suspension of the rules; they merely carried in substance a press release issued by Dr. George Lull, the Secretary and General Manager of the AMA, that a "critical report" on Krebiozen would be issued in "about six weeks."

Dr. Ivy was baffled. Working at top speed under the most favorable conditions, he judged it would take any medically scientific

group at least two years to issue any kind of report, pro or con or neutral. Even then it would at best be a preliminary report. Every medical researcher knows that five years are absolutely essential to adjudge a cancerocidal agent. At the minimum, eighteen months would be necessary to offer any sort of the barest "observations" such as Ivy had done—reluctantly—at the March meeting.

The Krebiozen researchers were alarmed. Dr. Pick immediately invited Dr. Wermer to examine a group of his patients then being treated with Krebiozen. Dr. Wermer accepted. He came alone on the first visit. Then he appointed a subcommittee to come back with him. Members of the subcommittee appeared impressed with the patients, but wanted more details which Dr. Pick promised to supply as soon as he could learn what details the committee wanted.

By a seeming oversight, descriptions of such details were long delayed. The committee somehow never got to learn the details of Dr. Pick's cases, though a study of the record shows this might well have been due to a genuine misunderstanding on both sides.

However, we have Dr. Pick testifying later in the Krebiozen hearings that Dr. Wermer remarked to him that summer: "It's too bad a man of your calibre has to go down with the ship." They were discussing Krebiozen and Dr. Wermer had indicated the AMA would publish shortly a negative report on it. When Dr. Pick questioned him further on the statement, Pick quotes Wermer as saying, "I'm sorry, but that's the way it has to be."

Then later in this interesting conversation, Pick asked Wermer what he really thought of Krebiozen. Wermer replied, "Well, if my mother had cancer, I would want you to give her some Krebiozen."

In August, 1951, Dr. Ivy was the recipient of two letters. The contents of both were more than a little intriguing, since they advised the same procedure for Dr. Ivy to follow with respect to Krebiozen. One was from a doctor in New York City who had had amazing results (his own terminology) with Krebiozen on several patients. He had, in fact, reported publicly at the March meeting, on seven patients all of whom were in the last stages of advanced cancer, and all of whom had responded in a most dramatic fashion.

Although he admits frankly, "there are some aspects about the early observations I saw in my cases which I am entirely unable to

explain" (a masterpiece of understatement when compared with his documented reports), he asks Dr. Ivy to repudiate the drug and "make a statement to the medical profession concerning Krebiozen"! He "sincerely and honestly hopes that this statement will come at a very early date and through the usual medical channels, such as the correspondence columns of the *AMA Journal*, or in a statement from you published by the AMA." He acknowledges this will be "a very momentous undertaking," and reading further, one can detect the obvious torment under which this letter was composed.

Here is a man, a doctor, who has publicly recognized the results of Krebiozen. And in his *public* acknowledgment may lie the key to his confused, anguished letter. He knows that Ivy does not claim Krebiozen to be more than a drug of promise, worthy of further study. On his own hopeless, despairing patients it has shown remarkable results, according to his own admissions and even now he does not deny its effects. Yet he wants Dr. Ivy to denounce Krebiozen and get his denunciation printed in the *AMA Journal*. This without knowing, and not seeking to know, Dr. Ivy's results, and without any further study of the substance!

Now if Dr. Ivy marveled at the extraordinary advice in this letter, the thesis of the second letter was even more exceptional. The theme was the same: Get a denunciation of Krebiozen to the AMA at the earliest possible moment and you will still be able to save yourself.

The second correspondent was a friend of Dr. Ivy, a food chemist, formerly Secretary of the American Medical Association's Council on Foods and Nutrition, Dr. Franklin C. Bing. Much ado was made at the Krebiozen hearings over whether this letter was intended to be one of friendly advice or contained the approximation—consciously or unconsciously—of a threat.

Assuming for the moment that there did *exist* an organized, directing force for the overthrow of Krebiozen, would it not have been a comparatively simple matter to plant a *suggestion* to write Dr. Ivy a letter of friendly warning? Remember, the medical climate was predominantly against Dr. Ivy because of the publicity resulting from the March meeting, and he had many friends who felt he was doing the "wrong thing" by "promoting" Krebiozen, even though it might be an effective agent.

These friends, particularly the self-righteous or unacquainted-with-the-facts ones, would be ideal conduits for funneling “suggestions” from this organized conspiracy.

Let us further assume that the writer of the letter was eager to help save his friend Ivy from the certain doom which would befall “anyone who had committed the medical sins that Dr. Ivy had.”

Now put yourself in Dr. Ivy’s place for the moment. You have received perhaps *fifty* such intimations and/or warnings during the last three months—from widely varied sources, but all amounting to the same thing: “Denounce Krebiozen or be destroyed!”

How then, would you take the following? (*Italics mine*)

When that [AMA] report—and *it will be devastating*—appears, it is my belief that the following events will occur: 1. the newspapers will publicize the AMA report, not once but repeatedly, and reporters will pester various medical bodies for statements about what they are going to do about it, and about you. 2. The Chicago Medical Society will act quickly to declare you as a member not in good standing. 3. You will quickly be deposed from all official connection with national cancer committees, etc.; your name will be dropped from the AMA Council on Physical Medicine and Rehabilitation. 4. Your post at the University of Illinois will be taken from you.

These events will follow in greater or lesser rapidity, but they will surely occur, for *the AMA Report will serve as the initiator of a whole chain of reactions.*

Now, Dr. Ivy, I want to assure you *that I am not indulging in idle conjecture.* You have been in a precarious position ever since the Drake Hotel meeting, and only the eminence of your position and the stabilizing influence of the American Medical Association has served to protect you. [Sic!] When the AMA support falls, *you will be ruined as completely and thoroughly as any man can possibly be ruined.* You can plead for more time, you can promise to make full retraction if further studies convince you that Krebiozen is worthless, you can attack your critics as biased, *but it will be to no avail.*

When that report of the AMA appears, you are sunk and *you and your family will suffer* and every good cause for which you have fought will suffer also. . . . You have worshipped the god of research for many years. But have you stopped to think that after an exposure of Krebiozen appears you will no longer have an opportunity to do research in any reputable institution anywhere?

There is only one constructive thing that you can do, and I am praying that you will have the wisdom and courage to do it. *At the very earliest*

*moment you must have in the hands of the AMA—before their report is set in type—a letter, which you will ask them to publish at once. In that letter, which should be a short one, you can explain briefly the extenuating circumstances which led you to report on Krebiozen at the Drake Hotel. You can point out the initial reports given you seemed to justify further study. But you must say that since that time critical examination of the records forces you to the conclusion that these original hopes have not been realized, and that Krebiozen has no value in the treatment of cancer.*

*Get the statement in your letter that Krebiozen has no value in the treatment of cancer, and you can make any other explanatory statements you wish. You can even point with pride to the fact that you have never asserted that Krebiozen is a cure for cancer.*

*. . . There is more that I could write, but I think I have written enough. Whether I have stated the case clearly will become evident by what you do in the next few days.*

When I read that amazing letter later, I was immediately reminded of Marlowe's Dr. Faustus, who cries out to the Devils about to escort him below: "Ugly hell, gape not, come not Lucifer, I'll burn my books—ah, Mephistopheles!"

Dr. Ivy had never said Krebiozen *was* of value, but in his opinion, only *promised* to be of value and had listed his favorable observations, yet all the while inviting critical study. He had not read proscribed books or made a pact with Mephistopheles.

Yet he was being asked to renounce his *intent* to study, or rather asked to denounce and make false statements about, a chemical substance he had only begun to study!

Dr. Ivy answered his informant friend in part:

I have considered the subject of your letter very carefully and what you advise may be wise, and I know it would be best for my own selfish good. But I cannot yet bring myself to believe that Krebiozen is an inert substance in the cancer patient. Maybe in time, I can, but I cannot do it now. So I could not write the letter and keep faith with myself.

No one knows better than you that you can't break faith with yourself, and that you must let your conscience and belief in what you think is the right to be your guide. On this basis, I am ready and willing for "nature to take its course" and suffer the consequences, whatever they might be. . . .

He was to learn that the sender of the letter was indeed "engaging in no idle conjecture"; that the letter contained an exact blueprint of the future.

Meanwhile, famed cancer man C. P. Rhoads (currently responsible for spending about a fifth of the nation's total appropriation for cancer research) apparently imagined that Dr. Ivy's ill-fated March meeting was indeed engineered by Ivy. It therefore must follow that the brochure distributed to physicians at the meeting was intended to be a "scientific report" with all the connotations that term implies. Now no one can blame the eminent Dr. Rhoads for his assumptions thus far. He was not present at the meeting and evidently did not learn of the circumstances.

What he may be blamed for, however, is assuming that Dr. Ivy was projecting Krebiozen as a valuable agent in treating cancer. Dr. Ivy had reached no conclusions whatsoever and naturally did not state them in the booklet. He merely listed the observations on twenty-two patients and while they seemed very promising to him, he wanted other scientists to test Krebiozen. The brochure was never intended to be a scientific document demonstrating Krebiozen's worth. Dr. Rhoads, being familiar with the quality of Dr. Ivy's previous scientific treatises, should have known better than to so assume, especially since no conclusions were stated as is customary in scientific reports.

Dr. Rhoads analyzed, for all of science to see, the inadequacies evident in Dr. Ivy's booklet, as if Ivy had claimed it to prove many wonderful things.

Dr. Rhoads quoted "the classic unreliability of subjective responses in evaluating a cancer agent." Then he went a step further, delivering a stinging slap on the wrist to equally renowned cancer researcher Ivy: "The protracted and variable course of untreated cancer is always surprising to those unfamiliar with it. Many medical men, demonstrably most competent in general fields, have been tragically misled by their lack of experience with the long-term care of cancer patients."

Was Dr. Rhoads sniping at Dr. Ivy who was even then his peer in cancer research? And at Ivy's brilliant investigators who had all of their professional lives known and cared for cancer patients and had experienced all of their vicissitudes? For as long and as lucidly as had Dr. Rhoads?

"From the evidence presented concerning Krebiozen, it is not possible to conclude that it is capable of exerting a salutary effect on

the course of neoplastic [cancer] disease in man," he finished loftily, as if he had just destroyed a false scientific premise.

The article was published in *Science*. Dr. Ivy's reply was brief. Part of it follows:

. . . I agree with everything Dr. Rhoads states in his article. . . .

I had witnessed most of the changes recorded in the booklet and became convinced that the substance merited a careful investigation. I felt that it was my duty as a scientist to lend assistance toward ascertaining whether the substance had merit in the management of the cancer patient. I have drawn no other conclusion and have made no other public statement. And, on the basis of what I have seen since January 1, 1951, I, on August 1, 1951, hold the same conviction, namely, that the substance merits further careful clinical investigation.

We know relatively so little about the biology of cancer that no clues should be ignored. The fact that Krebiozen has been distributed for clinical investigation free of charge constitutes unequivocal evidence of the conviction that it may prove to be of value. The implication of that conviction is *the only question of any scientific and humanitarian stature*.

Following his reply, Dr. Ivy received several messages of commendation from scientists. Typical was a letter from the head of a large research department:

I was particularly delighted to read your recent note in *Science* regarding Krebiozen, in rebuttal to Dr. Rhoads' article. The scientific statute in this country would be in a far better position were there more men who felt that part of their duty as scientists was to lend assistance to ascertaining whether certain ideas or substances had merit rather than adhering so closely to the classical unimaginative reproach [of a tentative postulation].

The fact that we know so little about the biology of cancer condemns much of the currently accepted routes of investigation and substantiates the fact that new ideas or substances should be given their just and proper trial without the unfortunate publicity as occurred in the case of Krebiozen. Certainly no one who knows you could ever be misled by the unfounded propaganda and rumors associated with this project.

## CHAPTER 22

THE strong belief that Krebiozen was *already* of definite value had been evidenced in several quarters for the past six months.

In April, 1951, a large pharmaceutical company had offered Dr. Durovic \$100,000 in cash and one million dollars, also in cash, the latter sum to be paid when the product was approved for sale by the appropriate governmental agency. He was, under terms of the proposed contract, to receive also five per cent royalties from sales. Although the company would issue Krebiozen (and of course *not* reveal its manufacturing process, since no pharmaceutical house reveals the exact manufacturing process of *any* drug), Dr. Durovic would retain all rights to Krebiozen, including discoveries of "improvements." In addition, the company would purchase the existing supply of Krebiozen at cost, then \$7.26 per ampule. The Durovics then possessed about 200,000 ampules.

It was a tempting offer, and had the Durovics been motivated primarily by the desire of financial profit, this would have been their opportunity.

Dr. Durovic was to receive a somewhat similar offer from another company a little later.

But Dr. Durovic refused both offers because he wanted Krebiozen tested scientifically first to find out if it were of *permanent* worth in the treatment of the cancer patient. At the time he refused these offers there was every reason to believe that Krebiozen would be approved for sale. The Federal Food and Drug Administration had approved for sale practically every product imaginable so long as it was found to be harmless, even though its benefit was strongly questioned by everyone except the manufacturer.

The Durovics were to receive similar proposals from medical laboratories and clinics in several foreign countries. They refused them all. They would remain in the United States with Dr. Ivy unless they were driven out.

\* \* \*

As soon as Dr. Ivy received the ominous letter from his friend detailing exactly what he must do in order to avoid the AMA thunderbolt, he read the letter to all members of the Krebiozen Research Foundation without revealing its authorship.

"This is what we face. They mean business," Dr. Ivy told the assembled group: the Durovics, Dr. Pick, States Attorney Boyle, and Colonel Stepanovich. Gravely they agreed. But they also agreed that being men of honor like Dr. Ivy there was nothing to do but follow his course.

It was decided that Dr. Durovic should write a letter to Dr. Lull of the AMA, explaining the situation and send the 140 closely followed case histories the Foundation then possessed in the hope of persuading the AMA to co-operate in a mutual attempt to ascertain the truth about Krebiozen.

Paraphrased, the letter asked a fundamental question of scientific investigation: How can you possibly issue a critical report on Krebiozen, favorable or otherwise, when your evidence, even less than ours, cannot possibly encompass enough time or patients? *We* cannot evaluate or determine Krebiozen's worth or even its effect at this stage because not even the dosage has been established. In short, scientifically, *you* can only know very little about Krebiozen, and *we* can know only relatively little more. How can either of us "evaluate" Krebiozen?

"It does not improve a situation or a problem to add another premature public release to a previous premature release [the March meeting] accidentally released," the letter stated.

It was pointed out that the public had not really been harmed in any way, since Krebiozen, a non-toxic material in itself, was being distributed free of charge under the regulations of the Federal Pure Food and Drug Administration only to qualified physicians. A plea for cooperation was advanced; the AMA was asked to send committees to clinics and investigate cases where the doctors now had a little more experience in using Krebiozen than was known at the time of the March meeting.

"We have been unable to conceive of an acceptable reason why the American Medical Association would decide or desire to make

'a critical report' favorable or unfavorable, at this time," the letter went on.

Photostat copies of doctors' reports sent to the Foundation were forwarded to the AMA.

Dr. Ivy's friend had predicted that pleas after the AMA report was published "would be to no avail"; the Krebiozen researchers were to discover shortly that pleas *before* the report were to be of even less avail, even when accompanied by signed full and exact case histories from reputable AMA doctors on *forty more* patients than the final AMA article utilized.

The researchers tried yet another last-ditch effort in the way of cooperation. Although viewed as a business secret by both Ivy and Durovic, the substance *Actinomyces bovis*, which was injected into the horse to produce Krebiozen, was revealed to an AMA subcommittee.

This revelation, normally only made by pharmaceutical firms under firm patent protection, still did not lift the stigma of "secret remedy" in the eyes of the AMA officials. (The Durovics revealed almost *all* their scientific formula when they applied for a patent a few weeks later).

It should be added that Drs. J. J. Moore and Paul Wermer were among the AMA officials present at the meeting when the fungoid stimulating material was revealed.

And it might be of interest to note that the American Medical Association's "Status Report on Krebiozen" was already in print when this meeting was called. October 18, 1951 was the date. On October 27 the sledge hammer fell.

## CHAPTER 23

THE AMA "Status Report," as it was called in the *AMA Journal*, purported to be based on one hundred case histories, carefully studied and compiled from "seven independent sources." And

“these histories were carefully reviewed by a subcommittee of the Committee on Research.”

The article was impressively titled “Report of the Council”; subtitled “A Status Report on ‘Krebiozen,’” it occupied more than eight pages in the *AMA Journal*. It was replete with charts and graphs. From its language and its charts, you would assume, if you were an “average” doctor or even a cancer “specialist,” that the report must be factual and therefore correct.

It certainly read that way. And naturally no one can possibly blame any member of the medical profession for accepting the conclusions as they were formulated. Indeed, no doctor can attribute blame to the subcommittee, whose members “carefully reviewed the histories” as they were presented to them—on paper, it should be added.

Of the claimed one hundred patients, “ninety-eight failed to show objective evidence of improvement,” the conclusion states.

“Two patients showed some evidence of temporary improvement coincident with Krebiozen therapy,” but the report easily disposes of these with beautiful scientific verbiage. It did happen also that six other patients “showed some degree of subjective improvement,” but this likewise is easily accounted for. Furthermore, as though this were a damning fact, “44 of the 100 patients treated have expired” among the already dying patients. Krebiozen also failed to show, it was reported, that of a group of patients checked there was “any discernible histologic [cell changes] effect upon tumor.”

“These findings fail to confirm the beneficial effects reported by Ivy and associates,” the report concludes.

Following the Status Report the *Chicago Tribune* editorialized: “Medically speaking, Krebiozen is dead. Let it be buried without ceremony.”

It became faddish in many medical circles to disparage Krebiozen—and Dr. Ivy.

Few bothered to examine the methods used in the preparation of the AMA article. How could the AMA report be wrong? And what about the seven independent cancer clinics?

Dr. Ivy, after examining the report, was shocked by an obvious fact: the core of the article was comprised of reports from one Dr.

Henry A. Szujewski and five clinics which had never made a report of their observations either to him or to the Krebiozen Foundation.

It is relevant now to point out that the bulk of the reports in the AMA article were comprised of thirty-two patients from the University of Illinois Tumor Clinic, and also twenty-four patients of Dr. Phillips, who were reported on but not treated by Dr. Szujewski—altogether a total of fifty-six of the one hundred. Five other widely scattered clinics treated only five to ten patients each.

The patients treated at the Illinois Tumor Clinic were under the supervision and observation of Dr. Danely Slaughter and his chief assistant, Dr. Samuel Taylor III. Also Dr. Warren Cole, chief of Surgery at the University's Medical School, had a hand in the Tumor Clinic's Krebiozen experimentation, although he was in England during most of the time. The clinic administered Krebiozen and reported their findings independently of Dr. Ivy and the Krebiozen Research Foundation, although Ivy was at that time vice president of the university and, consequently, the nominal head of the clinic. Ivy, however, exercised no direct control over the clinic or its research.

Dr. Slaughter, after only a few weeks' experimentation with Krebiozen, turned in a report on the drug that it was of no value in the treatment of cancer. Yet just how basically scientific was the University of Illinois Tumor Clinic's report on Krebiozen?

An interesting viewpoint concerning the methods of cancer research employed at the university's Tumor Clinic was furnished later by a cancer specialist. It may provide a partial answer to the question of scientific validity.

This well-known researcher had been invited to test another proposed anti-cancer material at the University's Tumor Clinic.

He had then inspected the processes of "screening" or testing used at the Clinic to evaluate an anti-cancer agent. His visit happened to occur during the Clinic's "screening" of Krebiozen. During his inspection, the researcher came across some disturbing facts and formed some decided opinions. He even went so far as to write a letter expressing them. In the letter he relates a conversation with the doctors at the Tumor Clinic:

... Dr. — mentioned the fact that he was screening Krebiozen, and that after a period of *only three weeks* there was no evidence of tumor

regression as claimed by the original authors. . . . He gave us a quick survey of the screening process he was using in the case of Krebiozen. *I was amazed at the lackadaisical manner of the screening and the incomplete type of therapy used on the individual patients as well as the type patient used for this purpose. . . .*

I realized the futility of placing [the other anti-cancer substance] in the hands of [the Illinois Tumor Clinic] to receive the same sketchy screening that appeared to be given in the case of Krebiozen. After all, Dr. Y and myself have been attempting a screening process here . . . for a period of three years and I cannot see the sense in subjecting it to a few weeks' scrutinization. . . . As a result, [the material] was never submitted to the Chemotherapeutic Tumor Clinic at the University of Illinois.

Here is a cautious scientist writing, one who knows the fundamental techniques of cancer research. Dr. Ivy who, of course, knows the rules as well if not better than anyone else, was now having some occasion to regret issuing Krebiozen to certain clinics and assuming because the clinic was well known, such as the one at the University of Illinois, that automatically Krebiozen would be screened and evaluated according to the accepted rules of research.

Dr. Ivy, too, had received some complaints about the way cancer research was being conducted in his own school—the university's Tumor Clinic. Although he had nominal jurisdiction over the clinic, he had never exercised any direct control.

When asked by many researchers why he didn't relieve Dr. Danely Slaughter of his duties as chief of the Tumor Clinic, Dr. Ivy would smile and say: "Well, he's a good *clinician*. Besides, I've never fired anybody in my life except one man who was an acknowledged thief, and I rehired him—and he proved to be an honest man the rest of his life!"

The scientific complaints against Dr. Slaughter and his chief deputy, Dr. Samuel Taylor III, meant little to the trusting Dr. Ivy. He attributed the complaints to politics, unfortunately so rife in the medical world. Nor did the fact that Dr. Slaughter was a nephew of businessman Ed Moore's boss, and acknowledgedly a good friend of Ed Moore, signify much to him.

However, these things, in addition to what Dr. Durovic considered research shortcomings on Dr. Slaughter's and Dr. Taylor's part, meant a great deal to the more realistic Dr. Durovic. The name of

Dr. Warren G. Cole did not connote caution to Dr. Ivy, but it did to Dr. Durovic, as we shall see.

That the whole AMA report was fantastically premature any man of science who has studied the facts will acknowledge—at least privately, when the Fear isn't on him. But what made the usually calm, always-thinking-the-facts-will-bear-me-out Ivy see red was the more or less concealed Dr. Henry A. Szujewski report of twenty-four cases, which to Ivy were patently fraudulent. This finally caused this patient-waiter-until-the-facts-are-in Dr. Ivy to attain explosion level.

For in Dr. Szujewski's case, the facts were not just prematurely arrived at or distorted or misinterpreted; they were "faked." These are the expressions used by Dr. Ivy in describing Dr. Szujewski's reports in the AMA article; and as we shall see by the record admitted in the Krebiozen hearings, Dr. Ivy stood on solid ground.

Although the AMA Status Report served as the "Krebiozen-Killer," the Krebiozen hearings brought out the fact that Dr. Szujewski occupied an extremely important though anonymous place in the AMA report. His own signed contribution to Krebiozen literature was published later in the *AMA Journal*. Twenty-four cases are identical in both articles. Therefore it might be well to examine Dr. Szujewski's own report first. The knowledge derived may help us to understand quite a sizeable portion of the AMA's Status Report.

The title of Dr. Szujewski's article is "Krebiozen in the Treatment of Cancer: Comparison with Other Therapy as Determined by Enzyme Analysis." The theory underlying this type of cancer treatment evaluation is that certain body enzymes react in an abnormal pattern in the presence of cancer, and if, under treatment, the cancer regresses or disappears, this will be reflected by the enzymes. Incidentally, the enzyme analysis test is not universally accepted as an infallible indicator of the value of a particular type of cancer treatment.

Dr. Szujewski claimed seventy patients were treated in the series he observed and that he "closely followed" fifty-seven of these. Dr. Szujewski maintained that "in no single case [under Krebiozen treatment] has complete or partial inhibition of the cancerous growth been demonstrated." And "whatever improvement in any case was suspected, *it could easily be attributed to natural control*" [italics mine].

And again: "In the cases studied between April, 1951, and the present, [March 15, 1952], 18 patients have died and all others show progressive disease. On the basis of the ability to prognosticate the outcome at present, the outlook is very poor for those surviving."

A shattering, damaging report on Krebiozen if it could be accepted at face value. And of course it was accepted at face value by all doctors who read it since they could not know about the circumstances under which the article was prepared.

As Dr. Ivy testified under oath, the records of all of the patients who receive Krebiozen are subject to submission to and review by the Krebiozen Research Foundation and the Federal Food and Drug Administration. This is the law under which Krebiozen, "an experimental agent in the treatment of malignant tumors," is administered. These reports, by Federal regulations, *have* to be returned to the Krebiozen Research Foundation. (Several of the researchers contributing to the AMA Status Report violated this regulation.) Dr. Ivy, who is Scientific Adviser of the Krebiozen Research Foundation (without pay) knows where every ampule of Krebiozen is sent and who receives it. So do some of the other officials of the Foundation, as a matter of record.

Dr. Szujewski *actually* saw only forty-four patients who had received Krebiozen. Sixteen more had cancer and did not receive Krebiozen. They served as "controls."

Now the astounding fact is that practically all these cancer sufferers were patients of *Dr. William Phillips* and under the supervision of *Dr. Ivy*, and were treated with Krebiozen by *Dr. Phillips*, not Dr. Szujewski.

Only three patients received *before, during* and *after* enzyme tests instead of the fifty-seven which Dr. Szujewski claims were thoroughly followed. Dr. Szujewski states: "Seven typical [Krebiozen-treated] patients are presented in detail." Actually only *three* are presented. Some patients which Dr. Szujewski claims received Krebiozen did not get it, according to the records, and some patients which he said did not receive it, did, again according to the records, and Dr. Phillips.

But Dr. Szujewski's errors of omission are fully as serious as his errors of commission. Dr. Ivy specified some of these on the witness

stand. For instance, under questioning by State Senator Roland Libonati:

Senator Libonati: How many cases did he [Dr. Szujewski] leave out that were sent to him that showed Krebiozen biologically active, and the enzymes tests were in accordance with the accepted principles of the test?

Dr. Ivy: Eleven.

Sen. Libonati: He left them out?

Dr. Ivy: Yes.

Mr. John Sembower (attorney for Dr. Ivy): Dr. Szujewski said, "In no instance in which a patient was treated with Krebiozen was there any dramatic or startling change for the better." What is your opinion on that statement?

Dr. Ivy: That, of course, is absolutely false, either intentionally or unintentionally. Dr. Phillips saw these patients several times a week as our sworn record . . . will show. Dr. Szujewski would see them maybe once a month . . . or two or three months to take a sample of blood. He had no right to express any clinical opinion. They were patients of Dr. Phillips . . . He [Dr. Szujewski] did not study their X-rays.

Senator Marvin Burt: Of the eleven cases which were not reported on, are those cases generally showing favorable results from the use of Krebiozen?

Dr. Ivy: Of these eleven cases which are omitted from this report, nine are alive and well today.

Sen. Burt: You mean are completely, would you say, cured?

Dr. Ivy: No. When we speak of cures . . . we generally mean five years [without cancer]. We speak of five-year cures and we have not been giving Krebiozen that long.

Sen. Burt: Do you mean, however, that carcinoma or cancer has regressed to the point where it has gone?

Dr. Ivy: We have five patients [omitted in Dr. Szujewski's report, but tested by him] in whom I can say there is no detectable evidence of cancer by sight or feel or by X-ray. That is as far as we can go and be scientifically accurate.

Dr. Ivy pointed out that the improvement which even Dr. Szujewski was forced to mention but attributed to natural control happens

but rarely in far advanced cancer cases. Complete disappearance as occurred in five, perhaps six, of these forty-four patients happens only about once in a hundred thousand cancer patients, as we have noted previously. For complete disappearance to occur five times in forty-four patients would be so unusual it would take several pages to type the chances against it.

In his sworn statement to the Krebiozen Investigating Committee, Dr. Ivy said:

He [Dr. Szujewski] testified that three or four tests should be done on a patient. Dr. P. L. West, the originator of the test [which Dr. Szujewski was using] stated to me in a personal communication that two tests were utterly inadequate. Yet on the three patients [presented in his article] whom he said received Krebiozen, only two tests were done on two of them. Yet he had eleven patients with more than six tests on each, where the values of the test were normal, indicating the cancer was being controlled by Krebiozen. *He failed to show these favorable results.*

Mr. Sembower: From your examination of the working papers which are in the files of the Committee [some subpoenaed from the AMA] did Dr. Szujewski actually study seventy patients . . . ? What was the fact? How many patients did he study?

Dr. Ivy: He studied, according to our records, forty-four.

Senator Libonati (interrupting): Just a minute. I want to ask something. Do you mean to say that Dr. Szujewski faked this report?

Dr. Ivy: Yes . . . It is a dishonest, false and misleading report. [And under later questioning] Then Szujewski has the temerity to take these patients Dr. Phillips sent him for blood and enzyme tests and then write this article stating Krebiozen had no effect on Dr. Phillips' patients, and then furthermore, he was so unethical that he told Dr. Phillips' patients they should quit taking Krebiozen . . . [Several of these patients asserted that Dr. Szujewski told them that Krebiozen was "no good"—that they should come to *him* for treatment.] That is the outrageous thing that Dr. Szujewski did here.

Chairman William Pollack: Is that ethical in the American Medical Association?

Dr. Ivy: That is not ethical any place.

Under further questioning by members of the committee, other facts concerning Dr. Szujewski's qualifications and his own apparently contradictory opinion of himself were elicited. (Dr. Szujewski was called as an *adverse* witness by Mr. Sembower, and chronologically Szujewski testified *before* Dr. Ivy had made his charge against him—only Sembower had attempted to show his scientific culpability.)

Representative Charles Skyles: How old are you?

Dr. Szujewski: Thirty-six, sir. [He then testified that he had received his medical license in Wisconsin and Illinois; that he had been in practice about two and a half years before he undertook the Krebiozen "evaluation" project; that he had no other articles on cancer published.]

Rep. Skyles: Then you became a cancer expert immediately after you received your license to practice?

Dr. Szujewski: I didn't claim to be a cancer expert.

Rep. Skyles: You wrote some [this] article like an expert on cancer. . . .

Dr. Szujewski: I think I am.

Rep. Skyles: All right . . . and in less than five years you became an expert on cancer?

Dr. Szujewski: Well, maybe some would disagree with that.

Rep. Skyles: Well, I just asked you. I just want to know.

Dr. Szujewski: I think I am an expert.

And later (after Chairman Pollack established that the enzyme test was first advanced in 1891 and still was not universally accepted) :

Rep. Skyles: I still find myself seeking information. It has been sixty-three years now since the enzyme inhibitor test . . . has been going on, hasn't it?

Dr. Szujewski: Yes, to some degree.

Rep. Skyles: Now, in the short space of two years [*sic*: actually only one year] you can reject Krebiozen and say it is absolutely no good, according to what you say?

(No verbal answer)

Then later, concluding his analysis of Dr. Szujewski's AMA article, Dr. Ivy stated:

"The patients were patients of Dr. Phillips." (He had earlier es-

established that some of the so-called "documentary" evidence consisted of *phone calls* as ascertained by the subpoenaed papers of the AMA and that the brief "information" had been jotted down by Dr. Paul Wermer of the AMA who was in charge of compiling the AMA report on Krebiozen). "Dr. Szujewski did not give them Krebiozen, he did not supervise them, he did not examine them, he did not study their X-ray films. It is outrageous and rank falsification for him to make statements about the course of pain, body weight, and complete or partial inhibition of the cancerous growth, or to say that Krebiozen is or is not effective.

"It is difficult to understand why the editorial staff of the *Journal* of the American Medical Association published an article which contains so many errors."

It is possible that some significant light may be shed on the reason why by a letter from the AMA's Dr. Paul Wermer to Dr. Szujewski. This letter forms a part of the Official Exhibits of the Krebiozen Hearings (*Italics mine.*)

November 14, 1951

Henry A. Szujewski, M.D.  
Holy Cross Hospital  
2700 West 69th Street  
Chicago 29, Illinois

Dear Dr. Szujewski:

Many thanks indeed for your letter of November 10th.

All us here at [AMA] Headquarters were most interested in your statement that you were preparing observations and laboratory studies for publication concerning the seventy-five patients treated with Krebiozen. Dr. Austin Smith, Editor of the *Journal*, returned today. I immediately took up with him, *at the suggestion of Dr. Cy [J.J.] Moore*, the possibility of getting early publication. While I cannot promise that your article will be accepted, I am sure that it will be given most active consideration. It might save time if you would submit it directly to my office so that we could work out mutually any editorial revisions.

*As Dr. Moore expressed to you, it is of utmost importance that Dr. Phillips' name be attached to this paper.*

Yours very sincerely,  
Paul L. Wermer, M.D.  
Secretary

It is to be noted particularly that Dr. Moore considered it "of utmost importance" that Dr. Phillips' name be attached to Szujewski's anti-Krebiozen article (since, as we have noted, Dr. Phillips was the physician of these Krebiozen-treated patients). Dr. Phillips, a stalwart of science, of course would not lend his name or his approval to such a paper which represented the exact opposite of what he knew to be true.

Nevertheless, and perhaps more significant than any other fact, this paper of Szujewski's was accepted and published by the American Medical Association without question and *without* Dr. Phillips' name, who alone had the real authority to write about his own patients.

Perhaps we may gain some insight as to why the *AMA Journal* printed these anti-Krebiozen articles when we realize the close connection between Dr. Moore and Dr. Szujewski. Dr. Moore's laboratory is in the same office building as the office of Dr. Szujewski, and the two were acknowledged to be friends. But was their relationship in the matter of Krebiozen more than friendly? Two witnesses, Commodore Barreira and his secretary, Ana Schmidt, both swore under oath (and their testimony was never denied) that when they entered a "conspiracy" with Dr. Moore to discredit Krebiozen, on one of their many visits to Moore's office that "Dr. Moore told us he felt sorry that we had not arrived earlier because we could have had the opportunity to meet Dr. Szujewski who wrote the unfavorable reports about Krebiozen which were published by the AMA." (See Chapter 32 for the affidavits concerning the conspiracy.)

Now, with this background firmly established, and with the sworn testimony of Dr. Ivy and the patients' own physician, Dr. Phillips, along with the incontestable records and all the other available evidence in mind, we can appraise the AMA Status Report.

Let us examine by sworn testimony and by facts developed at the Legislative Investigation on Krebiozen, just how scientific this report really is.

Excerpts from the actual testimony follow:

Mr. Sembower [questioning Dr. Ivy]: Have you had an opportunity to study the working papers which were used in the prepara-

tion of this [AMA] report which were turned in pursuant to subpoena to this Committee?

Dr. Ivy: Yes, I have. I have looked over all of them, and I might say when this article first appeared, there were only forty-three cases, perhaps forty-five cases, which had allegedly been treated with Krebiozen which were reported to the Krebiozen Foundation. There were roughly fifty-seven reported here [in the AMA article] that we could not account for [in violation of the Food and Drug Administration regulations] but since looking over the material submitted to this Committee by the AMA, we have identified, I believe, all of them.

Mr. Sembower: Dr. Ivy, what did you find with respect to these cases which comprise the so-called one hundred cases used in preparation of this article—what did you find as a relationship between these cases and those which were used by Dr. Henry Szujewski in the work on this article?

Dr. Ivy: . . . Now in going over the reports . . . material submitted by the AMA to this Committee, we find that Dr. Szujewski instead of submitting ten or twelve cases [as he had testified previously] to form this group of one hundred cases, [actually] submitted twenty-four cases. That is, 24 per cent of those one hundred cases were submitted by Dr. Szujewski. Now, of course, we have detailed records on all those twenty-four cases. So what I did was copy to the left of this line—[He held up a chart which compared patients in Dr. Szujewski's report with those of the actual records possessed by Dr. Phillips and himself. These records were complete with measurements, X-ray reports, and other medical material] . . . To the left of this line I have copied what is reported in the *AMA Journal* . . . To the right, I have copied the [actual] record on these patients . . . and you will find that Dr. Szujewski reported subjective improvement only in one patient out of twenty-four, whereas our observations showed that subjective improvement occurred in twenty out of the twenty-four patients, and objective improvement [corroborated by X-rays, actual measurements of the tumors, and other medical determinants] occurred in eighteen out of the twenty-four.

Mr. Sembower: Now, Dr. Ivy, to what extent would you say

that the [AMA] article prepared by Dr. Paul Wermer was affected by this imperfect data by Dr. Szujewski?

Dr. Ivy: Well, it [the article] was faked considerably. I have covered other inaccuracies in these reports . . .

And in later testimony: "I have found several other errors [in the AMA report] . . . I found reports of what [actually] happened to the patient was at variance in certain cases [with the way] they were presented in this article of the *Journal* of the AMA. I shall refer to them in the form of a table which I have prepared."

Dr. Ivy then produced several photostatic copies of doctors' *original* reports which were submitted to the AMA. One of these, from a doctor in Texas, showed a dramatic response to Krebiozen. The patient was in a coma when Krebiozen was administered.

Dr. Ivy continued, "The doctor [treating this patient] reports a remarkable change in the course of the disease. That statement is omitted from the report in the *Journal* . . . No new lesions [cancers] have appeared since the beginning of Krebiozen therapy, [original physician's statement] . . . and that is omitted from the Status Report."

One of the greatest scientific sins of the doctors conducting the AMA experiments lay in the selection of patients. Now while, as we have seen, Krebiozen has in some cases revived patients who were unconscious and in their last hours of life—and a few still live today, years afterwards—it is hardly to be expected that many persons would rise from their deathbeds and emerge cancer-free. *Yet that is the test* to which Krebiozen was subjected by research groups of the AMA, they knowing full well the impossibility of *any* agent accomplishing many miracles under these circumstances for reasons we have discussed previously—chiefly, that the margin of safety in the vital organs is gone and the body has nothing left with which to stage a comeback, no matter if every cancer cell in the body is destroyed. The incredibly unscientific approach made by these doctors was recounted by Dr. Ivy at the hearings:

"Of the one hundred patients in this Status Report, forty were so close to death they received only two injections three days apart. Thirty-three [others] were so close to death that only four injections were given.

[In other words, among the hundred patients, seventy-three were

so close to death that they could be given only an average of three injections!]

In Dr. Ivy's series, the patients received an average of eighty injections, and of course some of them are still getting them! While practically all of the patients under Dr. Ivy's series were far advanced and terminal cases—hopeless as far as standard treatment was concerned—most of them had a life expectancy of at least a few weeks or even some months. It is necessary to have some sort of life expectancy in order to test the efficacy of *any* mode of treatment.

No surgeon wants to operate on a terminal case of cancer and no radiologist wants to shoot his ordinarily cancer-destroying rays into a patient he knows is dying. (And almost none does when confronted with these dismaying circumstances.) Is it fair to subject a new mode of treatment to an impossible criterion? Something which anyone with the faintest knowledge of the human body and how it works, knows is foredoomed to failure? For instance, the surgeon *could* cut out some far-advanced cancers but he doesn't dare touch them for he fears his patient will die on the operating table; radiologists could burn out many cancer cells in hopeless patients, but they, too, fear the grim ending.

Typical of the other five "independent" clinics testing Krebiozen on the remaining forty-four of the one hundred cases was that of the Alton Ochsner Memorial Clinic in New Orleans. As Dr. Ochsner, alone of the five, was still willing to be quoted publicly by the United Press in its series of articles on Krebiozen in July, 1957, as standing by his original observations made to the AMA in 1951 that Krebiozen was worthless, it might be well to examine the scientific evidence on which Dr. Ochsner rests his case.

Dr. Ochsner was very emphatic in his statement to the United Press; on the basis of his observations (on twelve patients for an extremely brief period in 1951) he could state positively that Krebiozen was utterly "worthless" and furthermore, "*should not be used.*"

It may be of more than passing interest that Dr. Ochsner accepted Krebiozen from Dr. Ivy and wrote him on April 3, 1951, that "we are indeed happy to co-operate with you and will send the reports on to you as we make our observations."

However, Ochsner sent no reports to Ivy, but sent them instead to

Dr. Wermer of the AMA who, meanwhile, had written of the AMA's urgent interest in receiving Krebiozen reports. In fact, within the two months which comprised the Ochsner "experiment," only six of the twelve patients had received two ampules (the introductory dose), only five had been administered four ampules, and one patient received only one ampule, as he was so close to death he died before a second could be given. Krebiozen was forthwith halted on all patients, although six of these "terminal" cases were still alive at the time of the report submitted to the AMA (June 23, 1951) and results on two had to be reported: "Unable to adequately evaluate" . . . and "present status unknown" . . . We must remember this was before any dosage on Krebiozen was established, that Dr. Ivy was only seeking *experimentation*. Yet Dr. Ochsner found out all he wished to know about Krebiozen with a few weeks by administering only the introductory dose to a majority of his twelve patients and then peremptorily closed down the experiment, even though half his patients were still alive.

The extreme haste which this and the other "independent" clinics showed in stopping their Krebiozen "experiment" and concluding that Krebiozen was valueless, is a scientific indictment which none can deny.

Another typical clinic reported in the AMA Status Report, although anonymously as were the others, was that of the Massachusetts General Hospital in Boston. This "study" was under the supervision of the late Ira Nathanson, M.D. This clinic was issued with a total of sixteen ampules of Krebiozen and treated eight patients, an average of two ampules per patient. Even so, Dr. Nathanson reported one patient definitely improved on even this meagre dosage, a fact which was easily explained in the AMA report as due to "natural control."

Some light as to these "independent" clinics' haste and eagerness to write off Krebiozen because of AMA pressure against it may be afforded by the following portion of a letter written by a subordinate of Dr. Ochsner on August 31, 1951 to Dr. Paul Wermer of the AMA. The writer is Dr. Albert Segaloff, Director of Endocrine Research at the Ochsner Clinic.

In the first portion of the letter he tells of enclosing "a table on the [Krebiozen-treated] patients," because he thought Dr. Wermer "would

be in a hurry to get this.” In the next portion of the letter Dr. Segaloff petulantly reminds Dr. Wermer he has performed what Dr. Wermer had asked him to do and hasn’t received any thanks. The following is a direct quote from the letter which was subpoenaed by the Illinois Legislative Commission. (Italics are mine.)

I was very disappointed in hearing no comment at all from you, not even a thank you for *getting it in on time*, with regard to the [Krebiozen] manuscript which I sent recently. I trust that despite the fact that I haven’t heard from you that it arrived and *that it is satisfactory*.

Need we say that the Ochsner material was highly satisfactory to Dr. Wermer and was already an integral part of the AMA Status Report? We trust that Dr. Segaloff was finally rewarded with at least his wistfully hoped-for “thank you” note.

According to the Status Report of the AMA, only 7 per cent of Krebiozen-treated patients were subjectively improved, that is, were relieved of pain, had improved appetite, moved around better, and felt better.

Dr. Ivy [continuing with the sworn testimony]: Now when we make corrections on the basis of our reports [original reports from physicians] and what has turned up in the American Medical Association material [from identical sources in some cases], that percentage increases from 7 per cent to 31 per cent! . . . Now how many were objectively improved [definite decrease of tumors, X-ray pictures, etc.] according to the Status Report of the AMA? Two per cent showed objective improvement. Now when we correct this on the basis of reports to us, that percentage or number increases to 24.

Remembering that 73 or approximately 70 per cent were so close to death they were injected with an average of only three and one-half doses of Krebiozen compared with eighty doses received in Dr. Ivy’s first test run of patients, this difference in actual number benefited is highly significant in a medical and several other senses. Add to this the simple, irrefutable fact that the AMA report failed to include reports from 140 physicians which were sent to the research subcommittee. Could it be that this rather significant omission of 140 doctors as compared to the seven clinics which the AMA report utilized, is in any small sense tied in with the provable fact that

these 140 doctors' findings in the use of Krebiozen closely correspond with those of Dr. Ivy's and his associates; that Krebiozen was subjectively beneficial in 70—not 7—per cent of the cases, and objectively beneficial in 50 per cent, not 2 per cent—as reported by the AMA?

Attesting this fact is the sworn testimony and reports which are available for study by any qualified person:

Sen. Libonati [to Dr. Ivy]: But you did submit these reports [of the 140 doctors] to the American Medical Association, did you not?

Dr. Ivy: Yes, we submitted them to Dr. ———.

Sen. Libonati: And they left out certain statements in several clinical reports that showed the value of Krebiozen as being biologically active, is that right?

Dr. Ivy: Yes. The [Krebiozen Research] Foundation submitted photostatic copies of around 140 [reports on] patients which had been reported to the Foundation by various physicians and then Dr. Wermer of the AMA wrote these doctors asking them to report to him, that is on special forms which Dr. Wermer sent them, their observations . . . And the reports are in one of the files which I studied, and many of the doctors reported to Dr. Wermer many of the things that they reported to us, and can be found in our records. . . . The reports from none of these physicians were considered by the Scientific Committee of the American Medical Association or by Dr. Wermer's committee.

As we have noted, the words "falsification" and "fakery" were frequently used by Dr. Ivy in direct reference to Dr. Szujewski and the Status Report of the AMA. They have frequently been used afterwards in public print and on television programs by Dr. Ivy. They are the most serious terms that can be used in the world of medicine—or anywhere, for that matter. Is it not reasonable to suppose that with their reputations being impugned openly, the AMA and/or Dr. Szujewski would have taken some form of legal action or at least issued a point-by-point denial, if the allegation were false? They did not, and have not to this day, made even so much as a simple, unsworn denial.

In answer to certain queries by the *Chicago American*, February

March 15, 1954

The Honorable  
William E. Pellack,  
Chairman, Krebiozen Investigating Commission,  
134 North LaSalle Street,  
Chicago, Illinois.

Dear Mr. Pellack:

We have learned that Dr. Paul Werner of the A.M.A. in his affidavit to the Commission has referred to Dr. Henry Szujewski who indicated that the Krebiozen patients whose blood was examined by him were dead or dying.

We the undersigned were among those Krebiozen patients and herewith certify that we are alive and in good health now for over three years.

We desire to point out that such a false report could be a source of serious embarrassment to us in our social and business activities. Accordingly, we desire to file our protest with the Commission.

Yours sincerely,

- 1) Mr. Julian Howard  
2427 Resamie Ave.
- 2) Cecile Luchman  
2442 Rosemont
- 3) Mrs. Catherine Surotski  
6205 N. Oakley  
Chicago 45 - Ill
- 4) Mrs. O. Kelly  
1830 N. Byron St  
Chicago 13. Ill
- 5) C. H. Howard
- 6) E. Eleanor Johnson  
Garfield St  
Chicago
- 7) ~~Martha Johnson~~
- 8) Martha Johnson  
3810 N. Troy St.
- 9) Evelyn Vogel  
1820 Nelson St.
- 10) Irene R. Pietronicy  
3407 N. Lowell Ave

3, 1955, Dr. Szujewski is quoted as having "no comment" and that he didn't "want to have anything more to do with the Krebiozen matter." Truly a statement we can accept at par value.

These patients now living cancer-free whom the AMA-Szujewski report termed "dead or dying" provide the most logical answer for the inaction of the authors and contributors of the Status Report to defend themselves.

Of the patients who were reported as dead or dying in the AMA-Szujewski report, three years after the report was published, ten of

March 15, 1954.

The Honorable  
William E. Pollack,  
Chairman, Krebiozen Investigating Commission,  
134 North LaSalle Street,  
Chicago, Illinois.

Dear Mr. Pollack:

We have learned that Dr. Paul Wermer of the A.M.A. in his affidavit to the Commission has referred to Dr. Henry Szujewski who indicated that the Krebiozen patients whose blood was examined by him were dead or dying.

We the undersigned were among those Krebiozen patients and herewith certify that we are alive and in good health now for over three years.

We desire to point out that such a false report could be a source of serious embarrassment to us in our social and business activities. Accordingly, we desire to file our protest with the Commission.

Yours sincerely,

[All patients reside in Chicago]

- |   |   |
|---|---|
| 1) Mrs. Julian Howard<br>2427 Bernice Avenue      | 6) Eleanor Gahan<br>1619 West Garfield Blvd.        |
| 2) Cecile Luebke<br>2442 Rosemont                 | 7) Helen Arndt                                      |
| 3) Mrs. Catherine Firnsthall<br>6205 North Oakley | 8) Magda Johansen<br>3810 North Troy Street         |
| 4) Irene O. Kibby<br>1830 North Byron Street      | 9) Evelyn Vogel<br>1820 Nelson Street               |
| 5) A. M. Howard                                   | 10) Irene R. Pietrowicz<br>3407 North Lowell Avenue |

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these patients appeared in person before the Legislative Commission, all in good health, seven of them *without any sign* of cancer! (And seven are alive today, *six* years after the Report; three of the ten have died, but not of cancer—for instance, one died at eighty-four of a heart condition. There is as yet no elixir for old age!)

These ten patients submitted to the Commission a letter which is more eloquent proof of the falsity of the AMA-Szujewski report than any other evidence yet advanced. And today, these same patients which the AMA used to demolish Krebiozen would alter the entire report—then and now—if the hierarchy at the AMA did not choose

to ignore them! Yet their names, addresses, and medical records are available to anyone.

Dr. Ivy presented an excellent summary of the AMA report—the one which caused all the damage to Krebiozen:

I proved under oath . . . that 24 of the 100 cases were falsified; that two favorable case reports were watered down; that in two other cases favorable results reported to us by attending physicians were omitted from the AMA's account of these cases; that AMA files contained no more than 20 words on some cases, in one instance the report having been obtained over the telephone; that 40 of the non-falsified cases were so close to death that they lived long enough to receive only two doses of Krebiozen and that 33 were so close to death that they received only four doses. Obviously, the official Status 100-Case Report of the AMA is not a research report at all. It was and is only a "*smear report*."

Thus spoke the man who was selected in 1946 by the *American Medical Association* as the *one* doctor best qualified to represent American Medicine, both in ethics *and* in medicine at the Nuremberg Trials.

This is what Dr. Ivy says and knows about the *only* medical reports against Krebiozen. This is a matter of public record.

## CHAPTER 24

THE Chicago Medical Society is known among medical men for its blue-nose attitude toward any of its members who happen to be publicized in the popular press as having discovered something new in medicine. Researchers appear in both medical and lay publications constantly, as they are the ones who are advancing medical knowledge and therefore making medical news.

However, if they happen to be members of the Chicago Medical Society—as many of them are—woe be unto them if their discoveries reach popular public print.

The society tolerates researchers and their discoveries when reported only in medical journals. Not if some enterprising medical

writer makes the findings public on a big scale. Then that discoverer or innovator is on the spot.

Paradoxically, Chicago with its great university medical schools is acknowledged by many researchers to be the medical capital of the world. It is only within the past few years that the ruling group of the Chicago Medical Society has assumed a tight "no publicity" control over its members. Of course, many research doctors escape its jurisdiction because they are not practicing physicians and do not choose to join the society; many more cannot escape because they practice medicine as well as engage in research.

Yet fewer than fifty almost unknown doctors control this medical group that forces famous men of medicine to explain with genuflections any popular publication. One and all, the newsmakers among the researchers are guilty of "advertising," of "publicity" or of making statements against the state of medicine as it has been and ought to be practiced. To the guillotine with them!

With the society, however, there is an unwritten law that whoever gets the guillotine and whoever escapes—the fact shall not be publicized. The public press is anathema even for the most savage of the medical judges who conduct the tribunals.

Most of the victims, convicted or unconvicted, at least escape public notoriety. When Dr. Ivy was to be "tried" however, the news was widely publicized days before the actual trial.

Such was the bias of the group before whom Dr. Ivy was called the night of November 12, 1951. The time set for Dr. Ivy's trial before the Chicago Medical Society followed the AMA Status Report by only two weeks. His friend's prediction of immediate action as a consequence of the AMA Report was prophetic in such a *specific* sense it would make a professional psychic blush with envy.

From their viewpoint, the inquisitors had three points which seemed unbeatable. First, there was the publicity which gushed out of the March meeting. In *everybody's* opinion, the publicity was a tragic affair. Ivy could present evidence to show he was not responsible for it. Still he *had* called the meeting, hadn't he, regardless of his intentions?

Second, official medicine—that is, the American Medical Association—had just denounced Krebiozen as of no value medically. The bureaucracy had spoken. Krebiozen, from thenceforward, would not

be regarded as a substance worthy of further attention by any doctor who valued his status with the powers that be.

So now Ivy was wrong, even scientifically. Therefore, in punishing Ivy, the society would not be haunted by the spectre of scientific worth, which phenomenon, if the drug were of benefit in treating cancer, might have materialized. That possibility had been troubling a few of the members. The drug almost *had* to be “proved” worthless before Ivy could be punished, they reasoned. If Krebiozen was of any value in treating cancer, then regardless of its origin, the public and perhaps even some doctors surely would not countenance the punishment of its sponsors. The AMA Status Report had nicely taken care of that problem for them. So Krebiozen, in addition to being introduced in unorthodox fashion, was now proved worthless.

Third, Krebiozen was still classified as a “secret remedy” even though its rationale and a good part of its scientific formula had been revealed. Ivy could plead that Krebiozen was not “secret” in the true ethical sense, and not even asserted to be a remedy; that it was not being sold; that no claims had been made for its value—consequently all these things meant that no real criterion of medical ethics had been violated. The canon against secret remedies had been established to prevent quacks from advertising for patients and injecting them with a secret substance which they concocted, the “secret” (the rationale of the preparation) being known only to the quacks. Therefore they could charge fabulous prices for “cures.” It was obvious such was not the case with Krebiozen. Obvious, that is, to anyone who would carefully think through the whole matter.

But Krebiozen, once having been pinned with the label of “secret remedy” by the world’s largest medical organization, would have to endure that stigma and no amount of logic or reason or exposition could unpin it. Not at this time, anyway.

These things Ivy’s prosecutors knew well. His actual “trial” had already been held before the Ethical Relations Committee only a week after the AMA Status Report. The Executive Council had only to vote for Ivy’s suspension as recommended by the committee.

Until the results of the meeting were made known to him, Dr. Ivy had never thought the Executive Council of the Chicago Medical Society would seriously consider that he had violated medical ethics.

He had carefully explained to its Cancer Committee and to its Ethical Relations Committee the facts about Krebiozen; if it should eventually prove of little or no real value in cancer treatment, he would be the first to see that it never reached the market; it would be buried promptly.

All his scientific life, he had experimented with many proposed medical agents; not one questionable drug had ever been marketed because of an Ivy "OK."

His explanations fell on previously sown soil. The Ethical Relations Committee had already prepared a recommendation that Dr. Ivy be suspended for three months "as a disciplinary measure." This, of course, Dr. Ivy did not know.

## CHAPTER 25

AS Dr. Ivy waited outside the Executive Council chambers of the Chicago Medical Society on the night of November 12, 1951, he was thinking rather sanguine things.

He had prepared his defense: a short informal talk such as he had given to the Ethical Relations Committee. They would, of course, recognize the absurdity of the charges, would probably commend him on his energy and his determination to find the truth about this new substance. He would tell them in his careful research scientist's way that Krebiozen had more than lived up to its original promise; the Krebiozen Research Foundation had about two hundred terminal cancer patients—about 50 per cent showed substantial favorable changes. Too, he knew some reasons why the AMA Report differed so much from his own findings.

He knew nearly all the members. In spite of their unfamiliarity with research, most of them were his friends. They respected his work. Once he explained the situation to them, the meeting would end with many of them crowding around him, wanting to know more about this mysterious, yet apparently effective, substance.

He thought, too, of the irony of his being here at all—he who at

Nuremberg had formulated the major ethical regulations under which medical science can use human volunteers—regulations which all Western civilization adopted so that governments could not, in the name of medical science, ever again conduct medical experiments without the consent of the human beings involved.

These things he was thinking as he waited outside. He heard sounds of commotion within; many members were leaving. Could they have *already* voted? Then he was asked if he would like to make a short statement.

He accepted. He was allowed ten minutes. He pointed out the inherent absurdities of the accusations: “advertising” and “promoting a secret remedy.”

But when he finished there was an ominous silence. He believed then that the issue had already been decided.

Before the vote was taken, there had been some argument over approving the committee’s recommendations to suspend Dr. Ivy. Dr. Ivy had several vocal friends who didn’t know about Krebiozen and might even have admitted that Krebiozen was no good, but *they knew Ivy was good*. Why should they discipline a fellow doctor for trying? It might ultimately reflect on *all of them*—on *all American medicine* if they cast him out. We all know he’s honest and sincere. We all owe Dr. Ivy some respect.

“Let’s at least let Dr. Ivy in to speak in his defense before we vote,” said one. This suggestion received some measure of support; in fact, a slight degree of wavering on the part of the usually dependable was detected. Some friends of Ivy maintain the vote was taken *before* Ivy spoke; and there have been no direct denials, only vague hints, that such was not the case.

Chicago *Sun-Times* Columnist Irv Kupcinet reported two weeks later as an exclusive item in his syndicated column:

The bitter fight that ensued behind locked doors when the Chicago Medical Society voted its three-month suspension of Dr. Andrew C. Ivy may now be revealed. The vote was 31-17, with the minority protesting vigorously that the vote should be taken *after* Dr. Ivy was given a chance to state his case. Instead, the vote was taken beforehand and Dr. Ivy, after being forced to wait in an outer office, was allotted only ten minutes.

"Kup" did not retract this statement. Had he been incorrect there is little doubt he would have been forced to acknowledge so grievous an error.

Of one thing we may be sure: a large segment of the group dominating the Medical Council was certain of the result whether Ivy spoke before, after, or during the vote. They knew their men and their sentiments.

They were ready with their carefully thought-out statements concerning Dr. Ivy's punishment. Within minutes after the vote, these statements were released to eager news reporters.

The release by the President of the Society actually declared that members of the Chicago Medical Society "were free to associate" and fraternize with Dr. Ivy during the period of his suspension!

Dr. Ivy arrived home about twenty minutes after he finished speaking. No sooner was he there than the telephone rang. It kept ringing for quite a while that evening. The calls were from newspaper reporters who had been informed of Dr. Ivy's suspension and were asking for a statement.

No, he had not been informed of his suspension, but thank you very much, sirs. A statement? Well, it's something like this:

"I am not guilty of unethical conduct. Krebiozen has not been offered as a cancer cure or even as a remedy. It is merely being investigated. It has not been sold, but instead given away. The unfortunate publicity released when the use of Krebiozen was first announced was never authorized and cannot be so attributed. Our release was conservative and accurate. I still hold the same opinion of Krebiozen now as then, that it shows promise and deserves further investigation. I shall continue to investigate it."

His voice didn't betray to the newsmen that he was stunned for perhaps the first time in his life—that while he could conceal the hurt his colleagues had given him, he was deeply wounded nevertheless.

The wounded man fell back on the only recourse he knew: science. The slow method. The faithful proven method that would win for him the ultimate victory. He was a wounded lion, but he was sure that by using exact, long-recognized methods with which few could argue, at least in the biological sciences, that he would finally win his battle.

The 12:30 A.M. edition of the Chicago Tribune flashed in its top

headline the news of Dr. Ivy's suspension. The other papers followed with similar "splashes" in the morning. The news was teletyped around the world that night and the next day.

Following Dr. Ivy's suspension a tidal wave of indignation poured in from both doctors and public alike. Fewer than thirty-five doctors out of the six thousand that compose the Chicago Medical Society had deposed Ivy.

Dr. Ivy received hundreds of letters and telegrams from doctors and scientists in many parts of the United States. All expressed anger over his suspension. Many were from the six thousand doctors in the Chicago Medical Society who were not members of the Executive Council and consequently could not vote.

Let us look at a few excerpts.

Perhaps oversimply, it seems to me clearly a case of the spirit of research versus the bureaucratic mentality.

My feelings are those of all of us who have had the privilege of association with you through the years, and know your greatness is invulnerable.

I feel very much like you always have felt—that any drug that shows merit should be given an adequate research program of testing. The forces which were in play in the Krebiozen incident were not those that add to the stature and freedom of biological research. To my way of thinking, they were very narrow expressions of men who, unfortunately, have never had the broadness of outlook which a research laboratory gives one.

We who have had the privilege of working with you pledge our support and understanding of your trials at the present time. I dare not put in writing my feelings after reading this morning's *Tribune* regarding the action of the Chicago Medical Society. The action of the Society was a step backward, not forward. They tried a basic, honest, scientific method and not an individual.

All of us who know you are convinced that your endeavor has been, and is, to help humanity any way you can. As to the specific accusation that you have been working with a substance, the composition and origin of which the discoverer does not want to divulge at this phase of the research, I find simply preposterous. No research man ever did reveal any discovery of his, or the nature of any substance he was working with, before he had finished the basic experiments and succeeded in establishing

his claims. Any rule that would force the research man to do otherwise is bound to fail, and constitutes a curtailment of research.

It is most distressing to have our faith shaken in the intelligence of American medicine and specifically in the so-called scientific minds of Chicago. As we read about the action of the Medical Society it leaves us not only with this distressing thought but also with a great deal of anger. It is our feeling that this type of thing is a personal attack upon every scientist in this country. If we, as scientists, cannot feel free to proceed and publish as we see fit, then there has been established a self-appointed United States Research Control Board which is altogether foreign to the sacred rights and privileges endowed, not only to the scientists, but to every member of this country. We, members of the scientific group, would like to protest violently against this type of control which is a throttling mechanism for free thinking to search out the truth.

If these matters have disturbed you, and I presume they have, I want you to know that I and hundreds more like me whose privilege it has been to study under you, and who are now scattered over the length and breadth of the land and the globe, are behind you. We are behind you because we know that anything which you have done in connection with Krebiozen was done because you firmly and steadfastly believed that there was a possibility or perhaps even a probability that the drug might be of some value.

Furthermore, I believe I am correct if I say, as far as the members of your local medical society are concerned, there is probably not a mother's son among them who would not have seized upon the opportunity of doing "something" with Krebiozen if Durovic had approached them. And again I am certain that many of them would have made a much less scientific approach. You know the price of greatness far better than I ever will know it, and I am sure you must recognize that there are probably deeper and more subtle reasons for your suspension than Krebiozen itself.

I am seriously considering discontinuing my membership in protest of their decision. The scandal they have caused Dr. Ivy, as well as the members of the Medical Society, is preposterous. I would like to know why this committee thinks that investigation of a "cancer cure" of unknown composition is considered unethical. It is my opinion that the decision of our committee does not represent the majority of the Medical Society. I suggest that a vote be taken of all members.

Some members of the Chicago Medical Society threatened to resign; some would have resigned. It would have been a "grass roots" revolt which the small commanding clique could not have suppressed. But Dr. Ivy cautioned them against any political action.

He told them: "We'll have to fight on scientific ground and that alone. An act of protest will not solve the Krebiozen problem."

His quiet talk soothed the unruly, the indignant, when they would have acted. Some of his friends now say sadly, "If we had only disregarded Ivy and acted anyway, we could have saved the situation."

They might have. But the moment was lost and once lost could never be recaptured. Especially would this be true if there were other more organized forces which would never allow Ivy and his friends to recover from the initial attack. If there were such a coordinated program, then logically the first stunning attacks should be followed up with constant harassments, constant pressure from high places, keeping Ivy and his would-be supporters continually off balance. There were several incidents which may suggest that such forces existed.

For instance, one of Dr. Ivy's close friends who was not present at the council meeting—and several were not because they, like Ivy, had been complacent about the whole thing—later on tried to arrange an "indignation party" for Dr. Ivy at Chicago's Swedish Club. One of the first doctors Ivy's friend called was Dr. Moore (whom everyone knew as "Cy," the friendly fellow who was treasurer of the AMA and a leader in the Chicago Medical Society). He was acknowledged to be a good friend of Ivy's.

According to Ivy's friend, "Cy" told him that "We all love Andy Ivy like a brother, but he's got off on the wrong tack this time. Now I'd like to come to the dinner—but—well, I've talked to Dr. Carlson about this whole affair and we think it might better be dropped . . . You know, let it fade away . . . Andy will see the light pretty soon . . . that these Krebiozen people are taking him for a ride. . . ."

Ivy's sympathizer then called more of Dr. Ivy's "best friends." Men that he knew would be most indignant about the treatment that Dr. Ivy received at the hands of the few who represented the Chicago Medical Society at the time of the meeting.

Indeed, they *were* most indignant. However, the deed had been done and what could they do about it now?

We *know* Ivy is too much of a scientist not to win through finally, anyway. Of course you can count on me *if* you still want to arrange

the dinner, in spite of the fact I've just remembered I do have something very important on for that *particular* night—

And that is the story, paraphrased, of some of Dr. Ivy's life-long doctor friends (not the researchers!) when they learned he was really being fought by all the powers of organized medicine—and also (they were told) by Anton J. Carlson, the retired dean of American physiologists. Retired but apparently recalled for a task unique in his long career—medical political service. And seemingly for the purpose of overwhelming by influence and power an anti-cancer agent of which he had not the slightest first-hand experience. His information on the subject was relayed to him by various persons, among whom was another former pupil, Dr. J. J. "Cy" Moore.

Dr. Ivy's friends sold no tickets to his proposed protest meeting; it was then he learned that an American medical scientist or doctor keeps few friends practicing in the profession when the full fury of organized medicine is launched against him, no matter how great a scientist he is.

Ivy's friend did not have the heart to tell Dr. Ivy of his dismal failure to organize a protest dinner against his suspension.

I told him when I learned about it. I know the scientist Ivy wants the truth even when it hurts. This is the only way a true scientist can work. No matter if the whole world is against you, no matter if friends fail you, no matter how many "scientific" committees rule against you—you cannot desert the truth and you cannot desert science. And the truth always helps a true scientist.

## CHAPTER 26

DR. IVY may have marveled at the shoddy "scientific" evidence or "rank falsification" in the AMA report which "demonstrated" Krebiozen to be of no value, but his scientific soul was shaken to its core when he read the correspondence column in the *AMA Journal* of November 24.

It was a short note, but incredible to Ivy, except that there it was

in type and already in the offices of 150,000 physicians who belonged to the American Medical Association and received its *Journal* every week. The note read:

#### KREBIOZEN

To the Editor:—At the Oct. 12, 1951, meeting of the Committee on Cancer Diagnosis and Therapy, the following opinion regarding “Krebiozen” was formulated:

The Committee on Cancer Diagnosis and Therapy has reviewed available data on the effects of a secret preparation called “Krebiozen” in the treatment of a large number of cases of cancer. The preparation was used as directed in the original publication of Drs. Durovic and Ivy. The Committee finds no evidence of any curative effect, and no proof of palliative effect attributable to the “drug” itself.

This opinion is based on examination of (a) the original booklet presented by the head of the Department of Clinical Science of the University of Illinois in March, 1951; (b) a summary of 63 cases reviewed by the staff of the Committee; and (c) an analysis of 100 cases prepared by a study committee of the American Medical Association, which 100 cases include some of those referred to under (b).

M. C. WINTERITZ, M.D., Chairman  
Division of Medical Sciences  
National Research Council  
2101 Constitution Avenue,  
Washington 25, D.C.

The National Research Council was one of the government’s most vaunted scientific agencies. Here was its committee on cancer appraising Krebiozen, and reaching the same conclusions as the American Medical Association Research subcommittee.

This could be the clincher! How could the AMA’s and an independent government agency’s report be other than the absolute truth?

If we concede the hypothesis of an organized directing force against Ivy and Krebiozen, we shall have to acknowledge that a more effective program to quash them could scarcely have been devised. Ignoring the minor contributing episodes, what better plan than having (1) the AMA declare Krebiozen of no value, (2) the Chicago Medical Society suspend Ivy for “unethical” conduct, (3) the National Research Council declare Krebiozen of no value?

What shocked Dr. Ivy perhaps more than the wretchedly unscientific report of the Research Council was the dawning suspicion

that the American Medical Association, a privately chartered organization, controlled even Federal Government agencies.

For in April of 1951, when Dr. Winternitz, then Chairman of the National Research Council's Division of Medical Sciences, had written him, saying the Council had been "requested" to make a study of Krebiozen and asked for enough ampules to treat twenty patients, Dr. Ivy had sent him forty ampules. This amount was enough to conduct preliminary tests for seventy-two hours on twenty patients. Ivy wrote Winternitz he would be supplied week by week with enough Krebiozen to maintain his experimental patients for one year or longer—as soon as Dr. Winternitz sent in the required FDA forms, telling how his patients reacted to the first treatment of Krebiozen.

Weeks passed, however, with no word from Dr. Winternitz. It was very clear that the National Research Council had not embarked on its announced program of testing Krebiozen, since Winternitz had been sent only enough Krebiozen to treat twenty patients for seventy-two hours. Or, as Dr. Ivy's record shows, only half enough to treat *one* patient. (Eighty ampules was the average dose in Dr. Ivy's series.)

Where were Winternitz's cases? He had failed to send one report back to Dr. Ivy. Further, he admitted that the opinion of his council was based upon "some" cases which were the same cases as those in the AMA report. It would be interesting to ascertain just how many (if any) of its reported sixty-three cases were the Research Council's own and how many of the AMA's "were reviewed by the staff of the Committee" [of the Research Council].\*

This National Research Council's "report" was sent in to the American Medical Association which had apparently requested the "study." The report was published seriously by the AMA as being an *independent* scientifically conducted test.

Although several other "scientific" groups were to denounce Krebiozen in the same way as did Dr. Winternitz, it was demonstrated their "evidence" too was based on the Status Report.

With the exception of those groups reported by the AMA in its Status Report and those reported by Dr. Ivy in the Ivy Report, there

\* A later spokesman for the National Research Council admitted the Council had not tested Krebiozen on any patients of its own!

have been no other Krebiozen studies of any consequence. (That is, in this country. The foreign reports on Krebiozen, coming in from thirty countries, *without exception* closely parallel the favorable findings of Dr. Ivy's groups.) How is this proven? As we have shown, every ampule of Krebiozen has to be accounted for and records kept showing the disposition of *each* ampule.

With the exception of the forty ampules sent to the National Research Council, no Krebiozen was supplied to various groups which have denounced Krebiozen.

**PART THREE**

**Crisis**



## CHAPTER 27

APPARENTLY there were a few doctors in key positions on Dr. Ivy's faculty who were acutely aware that Dr. Ivy might suffer because of the condemnation of Krebiozen by the American Medical Association. Two such were Dr. Stanley Olson, Dean of the Medical School, and Dr. Warren Cole, Chief of Surgery.

Dr. Cole is recognized by the surgical fraternity as an outstanding practitioner and researcher.

However, Dr. Cole's activities were not confined to his specialty, it seems. Immediately after the publication of the AMA Status Report, Dr. George Stoddard, president of the University of Illinois, had called a meeting of his medical faculty advisers to talk about possible courses of action regarding Dr. Ivy and Krebiozen. The "problem" had been foisted on the university by the sensational public dissemination by the AMA of its Status Report.

Dr. Cole was unable to attend as he had to be out of the state at a medical meeting. However, we have the benefit of his thoughts on the matter as he communicated them by letter to President Stoddard. This letter was introduced later as evidence in the Krebiozen hearings.

The letter reveals a remarkable prescience on the part of Dr. Cole concerning the outcome of Dr. Ivy's "trial" before the Chicago Medical Society.

Dated November 1, it was written even prior to Dr. Ivy's appearance before the Ethical Relations Committee and nearly two weeks before his suspension by the Executive Council of the Chicago Medical Society.

Dr. Cole was a leading member of this council which was to convict and sentence Dr. Ivy. From Dr. Cole's letter we may derive some further insight into the thought processes of these physicians who in their minds had already found Dr. Ivy guilty without hearing him.

In the first place, I look upon the Krebiozen problem primarily from the standpoint of its effect upon the University [wrote Dr. Cole]. True enough, I have always had the greatest admiration for Dr. Ivy and appreciate the multiplicity of things he has done for the University and the medical profession. However, I think that University interests should supersede that of any one individual.

You are, no doubt, aware of the Council meeting of the Chicago Medical Society early in this month (November 12th), at which time a decision will be reached regarding infringement by Dr. Ivy on rules and regulations of the Medical Society. Frankly, I do not know what this decision will be. However, the feeling is strong enough in the Council itself to make it obvious that the verdict will not be less than censure. It is possible that the vote might be expulsion for one year, or longer. There might be one advantage in holding off any University decision until the Medical Society verdict is known, particularly if the verdict were expulsion.

Here, in this interesting paragraph, Dr. Cole, already without the customary perfunctory hearing, recognizes Ivy's guilt. He does not say *alleged* infringement or *supposed* infringement. It is clearly infringement. He knows already that the council will probably punish Ivy because its members have already informed him of their feelings.

One year or longer may be the grim verdict and it is easy to see that Dr. Cole is in thorough accord with the feelings of the group that is against his superior. The letter continues:

Counterbalancing this reaction is the reaction of the public at large, which is a great admirer of Dr. Ivy. I think we should also include the members of the State Legislature in this group.

Here enters the note of caution because of public sentiment.

However [Dr. Cole suggests], if Dr. Ivy did resign shortly after the Medical Society verdict, particularly if it were for expulsion, we would presumably not want to make a University verdict shortly thereafter lest it appear that University opinion was being influenced by the Medical Society verdict. Proper delay in the University verdict would obviate this impression.

Here he obviously expects not only Ivy's sentencing, but Ivy's resignation from the University as a result. He delicately proffers the idea that the University ought to have a "proper" waiting period for appearance's sake; in other words, do not appear to admit that the verdicts of organized medicine govern not only American

medicine, but also the last stronghold of academic freedom, the Universities as well.

Accordingly [he concludes], I personally do not have a concrete idea on a solution to the problem at the present time. If Dr. Ivy should offer his resignation it would appear entirely safe to me to postpone [the decision], for a short time, until we could observe further reaction from the recent report in the *Journal of the American Medical Association*, the Chicago Medical Society verdict, etc. However, it is very true that if public opinion [stemming] from the medical profession [verdicts] should accentuate sharply, there might be an urgent indication for action from the University.

In other words, if public opinion can be swung over to our side as a result of our actions against Dr. Ivy, and if he doesn't resign immediately, then it's O.K. to fire him right away.

Would Dr. Cole have written such an intimately advisory letter unless he were a very trusted adviser to President Stoddard? Much more trusted than Dr. Ivy who wasn't even invited to the meeting though it was Ivy's fate the president and his advisers were deciding? And since Ivy was vice president, would you not have thought that President Stoddard would have invited him to this meeting of the inner sanctum? Or would you not have thought that Ivy's subordinates, such as Dr. Cole for instance, might have apprised him of the hastily called presidential meeting?

Unfortunately for Dr. Ivy and for the experimental agent, Krebiozen, Dr. Cole had already entered and was about to penetrate further into both their destinies in a much more decisive fashion than the mere rendering of "inside" advice to President Stoddard.

When George D. Stoddard was forced to resign the presidency of the University of Illinois in August, 1953, he blamed the action of the Board of Trustees on "the Krebiozen affair."

It was, he said, the Board's anger over the way he "had handled Krebiozen." Krebiozen, he asserted, provided the trigger, which, when pressed, fired the big gun that suddenly and unexpectedly blasted him out of one of the top positions in American education.

By his own admission, Dr. Stoddard's seven-year tenure at the University of Illinois was a long, almost unbroken series of bloody campaigns. He was victorious in most of them, but at the end it

added up to one big Pyrrhic victory, with his trustees tiring of being led through so many battles against their will. Finally they revolted.

They wanted, they said, a president with less direct political inclinations, a man with a more "diplomatic" personality, a president capable of listening to opposing viewpoints rather than one who "shoved through" his own personal policies heedless of the cost. Even his friends admit George Stoddard is inclined to be aggressive (*Newsweek* called him "hot-tempered") and is on occasion known to "explode" when exasperated.

This explosive trait is nowhere better illustrated than in his final "disposition" of Krebiozen—when he believed himself to be thwarted.

Whether or not Krebiozen provided the precipitating factor in Dr. Stoddard's firing as he and almost every other observer thinks, it was almost impossible for "the Krebiozen affair," as he terms it, not to have played some part in his removal. Followers of the Krebiozen controversy are very much disposed to agree with Stoddard that Krebiozen did indeed "trigger" his ouster.

It should be explained here that in spite of the negative AMA report and Dr. Ivy's subsequent suspension, public sentiment in the latter part of 1951 was still overwhelmingly in favor of Dr. Ivy and his research on Krebiozen. This is confirmed, as we have seen, by the prescient though certainly unsympathetic Dr. Cole. The people of Illinois infinitely preferred the calm reasoning of Dr. Ivy to the pompous, high-handed edicts handed down by the medical societies—for the people trusted neither the Societies nor their edicts.

Therefore, to the majority of persons reading newspapers in the State of Illinois (where the Krebiozen controversy was widely reported), Dr. Stoddard enacted a very perplexing role. For more than a year, he had donned the hero's mantle, according to popular thinking, and then quite suddenly shed it and become almost overnight, anti-Krebiozen and anti-Krebiozen research—at once more outspokenly rabid than the worst *medical* foes Krebiozen had ever encountered, or is still encountering.

Dr. Stoddard at first stood solidly behind Dr. Ivy. He announced his "full support" of his vice president. He issued a statement, slightly contemptuous in tone, to the effect that "the action of a local medical society has nothing to do with our appointments." He termed the

suspension an "unhappy situation." Stoddard called the Chicago Medical Society a "responsible body" and "assumed it was acting in good faith." However, he was quoted as saying (this should be noted well in the light of subsequent developments): "If Dr. Ivy's final report is favorable, then the Society's actions will seem unimportant."

Later, he shifted ground with regard to Ivy's report. He declared that, co-operating with Ivy, for whom he had the highest respect, the university would work out a plan for "evaluating" Krebiozen.

The plan, which followed some weeks later, comprised the appointment of a committee which was to evaluate the results of Krebiozen therapy on about five hundred cases which the Krebiozen Research Foundation under Dr. Ivy's supervision had gathered by that time.

The "Krebiozen Evaluating Committee" was composed of six doctors, most of whom were regionally well known and respected as specialists in their fields. Dr. Stoddard made sure that each member was approved by Dr. Ivy, so that there would be no friction. Dr. Ivy approved each member but did not discuss them with Dr. Durovic.

When the membership of the committee was announced, one proposed member, Dr. Danely Slaughter, head of the University's Tumor Clinic, was so vigorously objected to by Dr. Durovic that Dr. Ivy asked for a substitution. Dr. Durovic's objection seemed valid: Dr. Slaughter and his assistant, Dr. Samuel Taylor III, had been responsible for presenting the largest bloc of patients in the AMA Status Report.

A study of the Illinois Tumor Clinic had convinced Dr. Durovic, as it had several other researchers noted previously, that the methods employed there would not be conducive to a scientific evaluation. He was also disturbed over the fact that Dr. Slaughter was a good friend of Ed Moore and a relative of Moore's boss.

Dr. Durovic objected also—with equal if not more vehemence—to another proposed member, Dr. Cole, who, as Chief of Surgery, was Dr. Slaughter's superior. Dr. Cole had approved the clinic's negative report on Krebiozen. Further, in August, 1951, Dr. Cole submitted to the AMA an adverse article on Krebiozen. He was told by AMA *Journal* editor, Dr. Smith, the AMA Status Report would be

published soon and that a separate article was unnecessary at this time, but that it might well be used as a "follow-up."

Dr. Durovic felt that the leaders of the Illinois Tumor Clinic had already passed judgment on Krebiozen. They had done enough damage by inept screening and evaluating processes, thought the discoverer of Krebiozen. Why give them a second chance? How Dr. Ivy could be so guileless as to think Krebiozen would receive different scientific handling than in the past was unfathomable to Dr. Durovic.

However, Ivy felt that Durovic's worries were possibly groundless in Cole's case. He allowed Cole to stand without objection. Dr. Stoddard promptly appointed Dr. Cole to the all-important chairmanship of the Krebiozen Evaluating Committee (technically known as the Research Validation Committee). It became known as the Cole Committee.

This committee was to issue one of the strangest reports known to medical science, with its interpretation still a matter of hot debate among medical men, newspaper editorialists and reporters, university presidents and vice-presidents. By utilizing the numerous contradictions that appear throughout the Conclusions, Recommendations, and the (confidential) Main Text, you can prove almost anything you want by the Cole Report. We shall examine this curious document later.

There are some students of the Krebiozen controversy who see a dark significance in President Stoddard's initial defense of Dr. Ivy. They argue that since Dr. Ivy didn't receive the drastic punishment of a year's expulsion from the Chicago Medical Society as had been anticipated by Dr. Cole in his written advice to President Stoddard, the lesser punishment of three months suspension was not sufficient to depose him summarily; therefore those desiring Ivy's ouster would be forced to follow the next plan of action which would be somewhat more involved but which would finally permit Dr. Stoddard to reach his breaking point with Ivy with more "medical" and "scientific" justification. Then he could say something like this: "I've leaned over backward to give Dr. Ivy every chance possible but I can go no further." These observers cite another point to explain their position, namely, the great weight of popular opinion reacted

strongly in sympathy with Dr. Ivy (a point well noted by Dr. Cole in his letter) so that President Stoddard could not have asked the trustees to fire Ivy at this juncture without risking his own neck too much. Further, a relative of a member of the Board of Trustees had shown a dramatic response to Krebiozen.

## CHAPTER 28

IT became increasingly obvious to Dr. Ivy and his fellow workers with Krebiozen that the substance was proving effective in controlling the many forms of cancer on which it had been tested. They worked the winter and early spring of 1952 compiling data on over five hundred patients who had been treated with Krebiozen under careful supervision of their doctors. Drs. Ivy, Pick, and Phillips, along with several other physicians in the Chicago area, supervised the treatment of about one hundred of these cancer sufferers—the remaining four hundred came from all parts of the United States. All except ten were in the last stages of cancer. All the usual forms of treatment had been tried and had failed.

The problem of dosage had been worrisome. During the spring and summer of 1951 and thereafter, they began to realize through experience that many patients would respond favorably to initial doses of Krebiozen, then after a few weeks or months begin to slip downhill again. They would respond to larger doses though, sometimes as much as fifteen times the average dose! But once having conquered the problem of "refractoriness," the patients would not demand ever-increasing doses. Clearly, the action was not that of a drug such as morphine. It seemed that in order to knock out the cancer or hold it in check, there was a "second plateau" roughly comparable to the mesas commonly experienced in the learning process.

The systematic Ivy spent all his days and most of his nights compiling tables, constantly checking, amassing a mountain of evidence. He was aided by his wife, herself a scientist of some repute, and several volunteer doctors. The result finally emerged in April of

1952: a heavily graphed, two-volumed 700-page exhaustive report. He knew that no true man of science could quarrel with his methods of evaluating Krebiozen now—there the proof was—with comprehensive charts on every patient, and every type of tumor completely analysed. It was a monumental work of careful scientific reporting and analysis.

In spite of its size, there were so few errors that the AMA's team of cross-examining lawyers at the Krebiozen hearings were hard-pressed to find them—except in one or two instances, they were mostly typographical. Dr. Ivy expressed his thanks on the witness stand to the AMA's team of lawyers, of course doctor-abetted, who had pored so minutely over his voluminous report seeking to find some inevitable errors. Their work saved him much minute editing.

Here, in the following summary and conclusions of the Ivy report you will find the extremely cautious wording characteristic of all disciplined scientists—no extravagant claims, merely an elaborate series of observations. Read it thoroughly. There are almost no difficult medical terms. (*Italics mine.*)

1. Following the administration of Krebiozen, symptoms were ameliorated in approximately 70 per cent of the patients observed, the induration [inflamed area] or edema [swelling] around a tumor or its metastases or of a part due to a tumor decreased in approximately 70 per cent of the patients observed, and *the size of the tumor or a metastasis decreased in approximately 50 per cent* of the patients observed. *Body weight was observed to increase an average of 8 pounds* in 66 per cent of those patients studied. Other favorable changes were observed and have been summarized in this report. These favorable changes occurred to a variable degree and persisted for a variable period. No evidence of toxicity has been found in animals or human patients in the doses employed.

Most of the patients to whom Krebiozen was administered were in the advanced stages of the disease and had received *all the aid that surgical, radiological, and steroid [hormone] therapy had to offer.*

Our observations made on 99 patients, as a group, *resemble closely those made on 385 patients as a group*, by a large number of [other] physicians.

2. The activity of Krebiozen is best, though not uniformly, indi-

cated by an amelioration of pain which is probably due either to the absorption of inflammatory fluid about the tumor or its metastases or to a decrease in the rate of growth or a recession of the tumor. At the same time in most of these patients an improvement in the feeling of well-being, in the mobility of the body, and a gain of weight is observed. *A number of patients have gotten out of bed and have gone back to work.*

3. The narcotic requirement was reduced in 70 per cent and abolished for a period in 40 per cent of 203 patients who required narcotics for pain. *The favorable results occurred to an approximately equal percentage in those who knew and did not know they were receiving Krebiozen.*

*The cases of revival from coma and the improvement on increasing the dose after the development of tolerance cannot be explained by the assumption of "wishful thinking" on the part of the patient or physician.*

4. When the patient responds favorably, refractoriness to the usual dose may develop in from a few weeks up to several months. This refractoriness may then be overcome for a period by increasing the dosage-rate of Krebiozen.

5. The extent and duration of the subjective and objective improvement has been therapeutically valuable in approximately one-half the patients, and in our opinion *further investigation may increase the therapeutic effectiveness.*

6. It cannot be stated that Krebiozen is a cure for cancer in the sense that it will eradicate the disease from a patient. [Remember it takes five years of cancer disappearance to claim "curative properties."] The few patients who have now been observed for from 12 to 20 months and appear to be free from malignancy may develop it later. [As of today, Dr. Ivy has modified this opinion because some patients have lived much longer, now four, five, and six years.]

7. Various degrees of oncolysis [tumor destruction] have been observed to occur after Krebiozen administration, but the evidence we now possess does not warrant the unequivocal conclusion that Krebiozen has an oncolytic property. Nevertheless a decrease in the size of a tumor or its metastases has occurred with sufficient frequency to warrant an investigation of the circumstances under which

this property is evidenced. [Dr. Ivy now claims unequivocal evidence of tumor destruction in 50 per cent of the patients treated.]

8. We interpret the results of the analysis of the observations made after the administration of Krebiozen as demonstrating that Krebiozen is biologically active in the management of a significant number of patients with cancer and deserves a further more detailed and controlled study.

All later evidence corroborated and confirmed these findings of more than four years ago. In fact, because of the wealth of additional material and because of overwhelmingly favorable evidence on the patients who are still alive today after two, three, four, five and six years' treatment with "Krebiozen," the original Ivy Report is obsolete without ever being published. At the time of publication of his short monograph, September 1956, Dr. Ivy had twenty-three patients who had been cancer-free for four and/or five years. (There are 43 such cancer-free patients at this writing.) There were many others who had been cancer-free for one, two and three years. And, of course, there were scores whose cancers had been retarded and who were living normal, healthy lives.

However the original Ivy Report still stands as a monument to science. It is curious that of the few physicians who saw it, most either ignored it or buried their heads in non-controversial sand. Meanwhile, they acknowledged, of course, the pitiful meagre "scientific" reports appearing in the *AMA Journal*. They accepted *them* without question.

## CHAPTER 29

AN old friend dropped in on Dr. Ivy one day. It was obvious from his manner he had not come merely to inquire about Dr. Ivy's health. He was genuinely alarmed.

"Don't ask me where I got my information," he began in what Ivy had come to recognize as a somewhat familiar pattern by now, "but someone very high in the AMA has heard that your report will be favorable to Krebiozen.

“If you submit a favorable report to the Cole Committee,” his friend went on, “certain very powerful forces on your faculty at the University of Illinois will demand your resignation. And that’s not all; if you submit a favorable article to the *AMA Journal*, it will not be published, but instead you will be blasted again, and the Durovics will be completely discredited.”

Dr. Ivy thanked his friend for the information but told him he could not under any circumstances alter his report to make Krebiozen look bad—or good; his report was a work of science, and as a scientist he would be compelled to submit it even if it cost him his job. He told his tale-bearing friend that he must be the victim of a hoax. Surely no one in the American Medical Association could be that immoral—or crude. The friend thoughtfully agreed with Ivy.

But as if to confirm both immorality and crudeness, a few days later a second messenger-friend appeared. He bore essentially the same tidings, except this time there could be little doubt about either their authenticity or meaning.

“Either conform and play our way, or be ruined completely” was the import of the second message. “Look what has already happened to you and Krebiozen. Do you need more proof that we can do what we say?”

Dr. Ivy was by now very impressed. He had seen Szujewski’s article as well as the AMA’s Status Report both published in the most influential medical journal circulated in the world today. He had been suspended from organized medicine for crimes he didn’t commit. Medical magazines which had contracted for articles from him were writing: “We were sorry to hear of your little embarrassment with the Chicago Medical Society recently; and for this reason feel it wise to withhold your article from publication until this unfavorable publicity has subsided. . . . We hope you will understand our position in this. We are fully sympathetic with your view, but because of the nature of our magazine, we cannot jeopardize our position.”

And Major General Wallace Graham, President Truman’s personal physician, who had personally supervised Krebiozen treatment on about a dozen Army veterans or their wives, was writing from the White House to Colonel Stepanovich: (*Italics mine.*)

I regret very much not having seen you on your last visit to Washington. However, duty outside the limits of the United States prevented our meeting.

I have had some very interesting work with Dr. Ivy, and have had, what I think, *unusually good results with Krebiozen*. Due to the controversy which was stimulated by adverse quarters, it was the Army policy *not to allow me to continue* with this particular type of research project. *I feel that Krebiozen, or perhaps a similar substance, is certainly on the threshold of finding the answer to some of our malignant problems.*

(Today in private practice, Dr. Graham is once again using Krebiozen with excellent results.)

And Dr. Krasno, now in Navy Medical Research, was similarly "discouraged" from further Krebiozen experimentation on Navy personnel—though his results on a half-dozen Navy veterans had been extremely promising.

Of course, Dr. Ivy knew that direct pressure against Krebiozen probably wasn't applied in many instances; it wasn't necessary. All that was required was an official denunciation of Krebiozen published in the *AMA Journal*. That was all. Both the Services, medical administrations, governmental agencies and doctors everywhere took the strong hint. Few doctors and no medical agency cared to fight the AMA.

It was truly remarkable, thought Dr. Ivy, the number of doctors who were tremendously impressed with Krebiozen and its potentialities, at first stating so even publicly, but who after the AMA Status Report and his suspension, had become faint-hearted and weak-voiced. Some discontinued its use even though they were achieving beneficial results, according to their own reports sent to the Krebiozen Research Foundation.

Clearly, the "heat was on." The fear of being an outcast is stronger in doctors than in any other group.

Among the many letters Dr. Ivy received during this period was one from a woman in Ohio. It illustrates the pressure brought to bear on doctors because of the AMA articles and his own disciplinary "warning." It read in part:

August —, 1952

Dear Doctor Ivy:

... I am quite sure that my dearest husband would be alive today had

it not been for the fact that he was unable to have enough injections of Krebiozen. He had a series of two injections from Dr. X. . . . I paid Dr. X \$75.00 for giving the injections [this charge was a violation of medical ethics as the physician received the Krebiozen free]. I kept telephoning him about the next treatment . . . he admitted to me that he had returned same to you. I nearly lost my mind, as the treatments were the only medication that had helped him, and I had seen him so weak that he could not stand on his feet, and about five days after the injection he would be strong, so *very* much better.

Oh, Dr. Ivy, *it was a case of Dr. X just killing him because he was afraid of the American Medical Association.*

I tried to find someone here in ——. Dr. Y had [previously] given him several of the injections. But he refused too. I asked Dr. X if he had anything but sedatives for treatment of [my husband] and of course he said no. But he still refused to give [Krebiozen], and when he sent the injections back to your laboratory, he had not even examined my husband or seen him for one month.

Finally, I realized that my only hope of saving his life was through a refugee physician. . . . I found Dr. Z and was so happy to have my husband again receive your wonderful injections. But for some unknown reason, Dr. Z had not given him any injections for nearly a month before he passed away.

I want to thank you for everything you so kindly contributed. Also, thanks to Dr. Durovic for his most wonderful contribution to the most awful disease that we have today. For at least two months before [my husband's] death he did not have to suffer, and he did not have to take those sedatives that he had been taking. People just couldn't believe that he could be so very low and then come back and seem to regain his strength the way he did after the injections.

Gratefully,  
D.W.

Here was the sorry spectacle of a greedy, actually unethical doctor who charged exorbitantly for the Krebiozen he received free (and which a nurse probably administered). Yet not even his avariciousness could overcome his more potent fear of his medical bosses. The second doctor, who had also witnessed Krebiozen's dramatic results in this patient, also refused point blank to use any more Krebiozen. And presumably even the "refugee" physician was scared off too.

Now, of course, no one thought that the American Medical Association issued any official directives against the use of Krebiozen.

As this letter and others clearly demonstrate, such actions would have been quite superfluous; negative articles in the *AMA Journal* and Dr. Ivy's suspension more than sufficed. Most doctors still have to practice to survive.

During the Krebiozen hearings, Mr. A. L. Cronin, one of Dr. Moore's attorneys, remarked that he was puzzled why some doctors had gotten good results with Krebiozen at first and then later changed their minds and renounced it.

Mr. Cronin seemed utterly sincere in his bewilderment. Perhaps in time he may perceive some of the answers to his puzzlement.

There have been many instances of doctors reporting to the Krebiozen Foundation after the pressure was put on them by the AMA's anti-Krebiozen articles and the action of the Chicago Medical Society, and saying: "I am still getting remarkable results with Krebiozen but for God's sake don't let anybody know I'm using it. I can't afford to sacrifice everything I've got!"

Of course, Dr. Ivy sees to it that their identities are kept secret.

The pattern was developing fast. Throughout the months since his suspension, Dr. Ivy could see it.

He had already resigned from most of his positions, national and local.

The oracular warnings and threats were all coming true. Now he had another crude threat. The blackjack. Was it possible, or was he dreaming? If he had been told three years ago that such things could happen in medical science, he would have shrugged it off as the wildest fantasy.

Yet here it was and what would he do? Present his favorable report as it was written and defy the oracles? Or change it to conform with the will of his opponents? Personal ruin through telling the truth, or personal safety through altering the truth, perhaps subtly, yet still a lie or a half-truth?

The forces which thrust such alternatives on Dr. Ivy miscalculated their man.

Is it necessary to say what Dr. Ivy did? His complete report was handed to Dr. Cole without a line changed.

And the consequences as predicted by more than six-friend-messengers happened almost exactly as predicted.

## CHAPTER 30

THERE were two bright spots which emerged from the threatening gloom in the spring of 1952 when even Dr. Ivy was beginning to believe the Krebiozen battle might not be won on so simple a battleground as the scientific front.

The two illuminations happened to be on the scientific front, however, and were most welcome as confirmatory evidence that Ivy's own results, and those of his two hundred contributing doctors, could not be far off the truth.

Out of several large clinics which Dr. Ivy had asked to assay Krebiozen in a long-term experiment at the March meeting, only two had accepted. The others, as we have reported, had been appalled by the publicity and had refused to undertake experimentation or else had tried it in an extremely sketchy and therefore unscientific fashion.

The two clinics which refused to be frightened off and did undertake a thorough evaluation were two of the country's best: The Lankenau Institute for Cancer Research in Philadelphia and the Marquette University Tumor Clinic in Milwaukee.

Both reported essentially the same findings: that Krebiozen was effective in "hopeless" cancer patients in about the same ratio as Dr. Ivy's group had found it and the two hundred other physicians had found it.

*Objectively*, their findings were the same as ascertained from X-rays, blood-cell determinations, diminution in the size of the actual tumor or its spread. The reports of all four groups corresponded so closely that the chance of "natural remission" or even "psychological improvement" was totally out of the question. The fact that all four of these disparate, widely separated groups achieved nearly *the same results* was a well-nigh indisputable proof of Krebiozen's efficacy.

The Lankenau group under Dr. Stanley P. Reimann, aided by his first assistant, Dr. Thomas C. Pomeroy, had treated about forty patients over the last year. They had, they wrote, totally disregarded

any "subjective" favorable results—that is, whether or not the patient "felt better" or "looked better" or seemed to be able to "get around better." (For that matter, Dr. Ivy's group did not elicit "subjective" responses as a main proof of benefit—his group followed the gain in weight and a decrease in the size of the tumor or metastases as the criteria of benefit. No one took much stock in the "feeling tone" of the patient.)

The Lankenau researchers counted only reduction or disappearance of the actual cancer or its metastases, destruction of the cancer cells as proven under the microscope and regeneration of cancerous tissue as being valid evidence of Krebiozen's efficacy. They experimented with the dosage considerably and wanted to experiment on animals, but were handicapped because all the Krebiozen had been mixed in the bulky, unmanageable mineral oil.

Dr. Reimann and his associates were the first to notice the excretion of *melanin* following the administration of Krebiozen.

This proved that cancer cells of *melanoma* (originating from pigmented moles), the most deadly type of cancer known to man, were being destroyed by the action of Krebiozen and the melanin, or black pigment, was being excreted by the kidneys.

Other similar favorable objective results were recorded by the Lankenau team, although by now the pressure was beginning to be felt by them. Nevertheless, Dr. Pomeroy came to Chicago, bringing his micro-slides and other data to present to the Cole Committee when Dr. Ivy offered his evidence for Krebiozen.

Here are important excerpts from the Lankenau Report:

Preliminary Observations  
of 40 Krebiozen Treated Patients  
(May 1951 to July 1952)

The results in 40 patients treated by the Institute for Cancer Research and the Clinical Oncologic Research Service of the Lankenau Hospital are summarized very briefly in the accompanying tables. [Tables omitted from excerpts.]

In brief, our impression is that this material definitely has a biological effect on tumor cells in the human, either directly or indirectly, without any primary toxic effect on the host. The toxic symptoms related in Table II to the use of Krebiozen have, as definitely as can be determined, been related to absorption of products from tumor destruction. On biopsy of

several of these cases we have seen what we believe to be *unmistakable evidence of oncolytic change histologically*, [cancer destruction microscopically] which coincides with the changes seen clinically. *In a few instances we have seen complete disappearance clinically of metastatic lesions.*

Our conclusions on the material to date, though quite preliminary,\* are that it is non-toxic *per se* and has definite biologic activity specifically against tumor cells either directly or indirectly, *of sufficient degree to warrant continued investigation both clinically and more important, from the basic investigation of its mode of action with the hope that improvements may be made or some further knowledge concerning the biologic factors controlling tumor growth may be contributed. Since this represents the first and only non-toxic chemical agent to show definite biologic activity of any degree against tumors of many types, it seems justifiable to encourage as much basic and clinical investigation as possible, but with the caution that these investigations should be carried out by experienced people particularly those who have been engaged in evaluation of other chemotherapeutic agents. [Definite objective improvement was observed on 18 of the 40 patients, or 45 per cent objective benefit, which parallels the Ivy findings of 50 per cent.]*

The Marquette University Tumor Clinic came forward with other favorable reports on Krebiozen therapy. This clinic treated approximately thirty patients.

The report consists of data accumulated on various patients and is, for the most part, highly technical. The data showed that Krebiozen caused improvement in "hopeless" patients with metastases of the bones and lungs. Some excerpts from this report follow:

"Having followed patients for many years at the Tumor Clinic at the Marquette Hospital, I do not feel that the improvement [noted following Krebiozen therapy] is due to the natural course of the disease because improvement is not the natural course in a patient with wide-spread bone metastasis. . . .

"This [particular] patient did not know she had bone metastasis and did not know she was receiving treatment for cancer until after she had shown marked improvement. It was only then that she was informed of her disease and of Krebiozen. She read the [unfavorable] articles about Krebiozen in the newspapers in October and November [the AMA Status

\* Note that Dr. Reimann's group had properly experimented with Krebiozen for more than a year, and it considered their conclusions "quite preliminary." Compare this scientific report with the few weeks or months "experimentations" comprising the AMA Status Report.

Report] and did not go downhill. The relief was, therefore, not psychological.”

And on another “hopeless” cancer patient: “[She] received no other medication. The pain was reduced, her appetite improved and she gained weight. Several internists [Specialists in internal medicine] observed the blood changes. The patient was out of bed and walking without difficulty on June 29th [Two months after administration of Krebiozen.]

“It has been demonstrated that Krebiozen can raise the hemoglobin and erythrocyte [blood factors] count. It is, therefore, reasonable that Krebiozen can give symptomatic improvement.”

With such reports from independent sources, Dr. Ivy began to feel again that surely he and science would win; that he would be vindicated at least to the extent that Krebiozen would be given a thorough and fair test by American medicine despite the adverse publicity, despite the AMA and in spite of the forces who might be using the AMA to suppress Krebiozen.

Dr. Ivy sent his Report to the Cole Committee in June, 1952. He presented also about fifteen patients who were being treated in Chicago. Dr. Pomeroy of the Lankenau Clinic traveled from Philadelphia to offer his Clinic’s “objective” favorable findings. Dr. James M. Garland came from the Marquette Clinic to demonstrate its favorable objective and subjective results with Krebiozen to the committee.

Dr. Ivy had many reasons to hope that the Cole Committee Report would sweep aside the premature and misleading negative reports that had enveloped the medical world. Surely the Cole Committee which had seen at least a few patients, which was supposed to have digested the Ivy Report, the Lankenau Report, the Marquette Report, surely the committee would perceive the value of Krebiozen. Surely they would not discount the objective evidence. . . .

Dr. Ivy did not know that the chairman of the Cole Committee, Dr. Warren Cole, had already pronounced his verdict on Ivy and on Krebiozen nearly a year before.

Neither could he know that one of the most prominent members of the six-man Cole Committee had written to a friend following Dr. Ivy’s suspension and long before the writer himself would be selected as a member of the Cole Committee that “Ivy should have listened to his friends” in the Krebiozen affair.

## CHAPTER 31

DURING this period there occurred one of the most bizarre episodes in the history of science and medicine.

Commodore Alberto Carlos Barreira, wealthy businessman and landowner in the Argentine, and until recently Cabinet Minister and Undersecretary of Aviation for the Republic of Argentina, came to Dr. Ivy and related a strange tale.

Now Commodore Barreira, although retired as chief of the Air Force, is probably one of the best-known and best-liked public figures in Argentina. Of his military acumen there is little doubt; he revamped the Argentine Air Force, instituting jet aircraft at a time when most South American countries were operating old World War II propeller-driven planes. In addition to setting up a powerful, efficient Air Force for Argentina, Commodore Barreira is the author of several authoritative books on aviation. Recipient of high military honors from many countries, including Brazil, Italy, and Spain, his influence in Argentina is both wide and deep; his prestige is well recognized in diplomatic and military circles in the United States.

Of a calm disposition and sincere demeanor, the blond, blue-eyed Commodore is not a man whose word can be taken lightly.

Yet had not his story to Dr. Ivy been substantiated with affidavits, recorded telephone conversations, and had it not also meshed perfectly with other undeniable evidence, it would probably have been passed off as utter fantasy.

As it was, it was well-nigh unbelievable. And yet to Dr. Ivy it definitely provided the nexus to the almost equally fantastic developments concerning Krebiozen which had been occurring with regularity in the *AMA Journal* and in the world of science.

According to the Commodore, there was indeed a plot on the part of AMA Treasurer J. J. Moore and businessmen Ed Moore and Kenneth Brainard to acquire the distribution rights to Krebiozen and failing that, to obtain a settlement of \$2,500,000, and if not that,

then to wreck Krebiozen and all connected with it, finally forcing the Durovics to beg for terms. It was essentially the same story that Señor Loretani had impressed on the Durovics except this time there was some tangible proof. This proof was admitted as evidence in the subsequent Krebiozen hearings and the Commodore's story was never denied—either under oath or in any specific detail at *any time, any place*.

Commodore Barreira had been one of the Durovic's best friends in Argentina. He had been impressed with Dr. Durovic's early work in high blood pressure; further, the doctor had given valuable medical advice in the case of the Commodore's wife. All other doctors had given her up. She was suffering from an irreversible, incurable kidney disease. By sage advice, Dr. Durovic had kept her alive and in fair health for over two years.

The Commodore had been more than grateful.

He had introduced the Durovics to influential persons in Argentina, and when the Durovics left for the United States, had handled the affairs of their laboratory for a time. He had been greatly cheered by the news from North America that Krebiozen was proving effective in the treatment of cancer. Commodore Barreira had been aware of Krebiozen ever since Dr. Durovic had first isolated it in 1948. He had visited the horse farm where it was produced. The Commodore had seen the first successful treatments of the old dogs and cats. He had also attended the ill-fated March meeting in Chicago.

Consequently, the newspaper and radio stories denouncing Krebiozen and announcing Dr. Ivy's suspension which were sent around the world confused the Commodore considerably. On his next visit to the United States, he paid a call on the headquarters of the American Medical Association. He didn't even inform his good friends, the Durovics, of his mission. An excellent diplomat, the Commodore keeps his business to himself until ready to talk. Though the Commodore spoke fair English, he had employed Gregory Pastore, an American working at the Argentine Consulate in Chicago, to act as an interpreter.

Then armed with little but curiosity, intelligence, and his interpreter, he had entered the stronghold of orthodox medicine.

\* \* \*

The Commodore asked for an appointment with Dr. Paul Wermer, compiler of the AMA Status Report. Dr. Wermer proved to be readily accessible and friendly. After some amenities, the Commodore came to the question he had come to ask:

“Is Krebiozen good or bad? Is it what Dr. Ivy thinks? Seemingly beneficial? Or is it without value as your article states?”

“Really, I can’t say,” the Commodore and his interpreter quote Dr. Wermer as saying. “But why don’t you talk to Dr. J. J. Moore about it? He has most of the information on that subject.”

The Commodore thought it odd that the compiler and the writer of the negative report which had rocked the medical world should have no definite opinion on the subject. It was, as he told me later, almost as if a man who had compiled a thorough study on a polio vaccine and had pronounced it of no value in his published study, privately announced he didn’t know whether it was good or not!

Dr. Wermer later denied in an affidavit that he was in any way connected with the alleged conspiracy against Krebiozen. He said he would be happy to testify about this meeting with the Commodore and his interpreter.

At any rate, Dr. Wermer’s attitude intrigued the Commodore, so when Dr. Wermer offered to arrange an appointment with Dr. Moore, the Commodore accepted somewhat eagerly. He had a notion . . . and he decided on a daring plan. . . .

After some brief fencing the Commodore let it be known to Dr. Moore that he certainly wasn’t sorry that the AMA had finally caught up with the Durovics because they had also treated him (the Commodore) rather shabbily.

Upon hearing this, according to Commodore Barreira’s sworn testimony, Dr. Moore manifested intense interest. In fact, before the afternoon was over, the Commodore and Dr. Moore had achieved an *entente cordiale*.

The Commodore told Dr. Moore he was in possession of certain papers very compromising to the Durovics. This news pleased Dr. Moore, the Commodore recounts.

In this and subsequent meetings Dr. Moore and the Commodore worked out a neat scheme of action. The Commodore would ally

himself with the group already fighting the Durovics. He would provide his incriminating papers (now in Argentina, he told Dr. Moore); the AMA executive would continue to harass Krebiozen scientifically by causing the *AMA Journal* to publish additional unfavorable articles against Krebiozen. Eventually they would force the Durovics to their knees and make them beg for mercy. Then they, the Moores and the Commodore, as the rightful promoters of Krebiozen, would share the anticipated proceeds. It would be millions, of course. They would work out the exact division with their business partners, Moore and Brainard. And, naturally, Humberto Loretani was their man in Argentina. Meanwhile Dr. Moore, who was going to Argentina, would meet with Loretani and Miss Schmidt to work out other details of their project.

The Commodore says he agreed to this plan with a very straight face, although he wondered how Dr. Moore could have accepted his story about the Durovics so readily.

After entering the alliance with Dr. Moore against the Durovics, the Commodore wrote Miss Schmidt to appear as though he (and therefore she) were "against the Durovics" and to watch out for callers, particularly Loretani. The Commodore was staying in the United States for a time but not in Chicago.

Miss Schmidt didn't have long to wait for the anticipated callers. Señor Humberto Loretani was the first. He inquired what she had heard from the Commodore regarding Krebiozen and the Durovics. Miss Schmidt, a charming, beautiful woman and loyal to the Commodore, replied as her employer had instructed: the Commodore had definitely broken with the Durovics and entered into an agreement with Dr. J. J. Moore.

Then, testified Miss Schmidt at the Krebiozen Investigation, it wasn't very long before she was meeting at the Plaza Hotel in Buenos Aires with Señor Loretani and Dr. J. J. Moore, eminent treasurer of the American Medical Association. They discussed the Krebiozen situation and all agreed the drug Krebiozen was good; the Durovics were bad characters for not "cutting in" the rightful promoters on a share of the profits. But that situation was being remedied through Dr. Moore's powerful influence with organized

medicine. And now with the Commodore's immense prestige arrayed against the Durovics . . .

After dinner, they attempted to gain access to the Durovic's Duga Laboratories but were refused by the caretaker. Miss Schmidt says Señor Loretani then took Dr. Moore around the outside of the laboratory, explaining the operation of the laboratory in some detail.

Loretani on the witness stand in Chicago said that he and Dr. Moore *entered* the laboratory—denied that Miss Schmidt was with them—and gazed at an “empty room” which was supposed to be filled with Kositerin ampules and powder. By a judicial act from the government of Argentina, it was later shown that this room had been officially sealed since the Durovics' departure in 1949 and when the seal was broken, lo and behold, the self-same Kositerin ampules and powder were still there in the identical position as when the room was sealed.

This and other provable discrepancies in Señor Loretani's story (such as his visits to the Durovics) may have caused Loretani's hurried departure from the United States before a subpoena on a charge of perjury might have been served. Loretani's testimony was repeatedly challenged as being untruthful.

Finally, one member of the investigating commission had said, “Sir, if I were you, I would stay in the United States and try to clear myself of these most serious accusations.” But Señor Loretani had pressing business in the Argentine and flew to the Southern Hemisphere without delay.

But this is getting ahead of our narrative.

According to the Commodore and Miss Schmidt (and as yet un-denied by Dr. Moore), Dr. Moore assisted Miss Schmidt to obtain a visa to this country.

Both the Commodore and Miss Schmidt met with Dr. Moore in Chicago many times in the spring and summer of 1952.

But their fascinating story is best told in their own words. Dr. Moore has not denied any of the intriguing story specifically, but in an unsworn statement filed with the Krebiozen Commission he repeated his earlier assertions that “everything [he did] in the Krebiozen matter was solely to protect the American public against a cancer hoax.”

## CHAPTER 32

THE following is taken from the official Record of the Illinois Legislative Hearings on the Krebiozen controversy. It takes us to the heart of the allegation of a commercial conspiracy against Krebiozen.

### AFFIDAVIT

COMMODORE ALBERTO CARLOS BARREIRA, being first duly sworn on oath, deposes and says:

#### I.

That on the 22nd day of May, 1952, I gave to Messrs. Stevan and Marko Durovic an affidavit, which, in my opinion, together with my conversations and the activity of my secretary, Miss Ana Dorotea Schmidt, in the city of Buenos Aires, Argentina, completely verified the complaints of Messrs. Stevan and Marko Durovic that they had been victims of commercial conspiracies by people such as Messrs. Ed Moore, Kenneth Brainard and Humberto Loretani in association with Doctor J. J. Moore, who had used the American Medical Association for their own interests.

That during several subsequent meetings, where there was present Messrs. Stevan and Marko Durovic and James L. Griffin, and with the legal advice of several other lawyers, among them Mr. Nick Stepanovich, it was concluded that my former affidavit was insufficient because it could not be used as a complete and objective proof, except in case Dr. J. J. Moore would admit it, and that this was almost an impossibility. That moreover:

1) Dr. J. J. Moore would deny knowing me, as well as he could deny the conversations he had with me and which he had in Buenos Aires with my secretary, Miss Schmidt, which facts I would not be able to verify in any other way except by Dr. Moore's own employees. This would be almost impossible, because in that case they would have to be witnesses against their own employer.

2) In case Dr. Moore would admit having known me and having known my secretary, he could allege that the facts stated by me in my former affidavit were misinterpretations of our conversations because of my limited knowledge of the English language, being a foreigner.

That, consequently, it became necessary and convenient to continue my meetings with Dr. J. J. Moore, with the exclusive intention to obtain more concrete proof of the facts set down in my former affidavit, so that they could not be misinterpreted on purpose.

That then, in agreement with the former named persons, I decided:

a) To ask Miss Ana Dorotea Schmidt to come to the United States, as Dr. J. J. Moore requested, in order that I could say that she had brought me the papers which compromised the Durovics and furthermore, so that I could use her as interpreter in my conversations.

b) Use some device that could allow me to perpetuate the conversations, arrangements and meetings that in the future would be held with any of the members of the group.

c) That, once Miss Schmidt arrived, the relations with Dr. J. J. Moore should continue as well as those which would follow as a consequence of these contacts, and that we would use, for the verification of these contacts, conversations and arrangements, a recording system, that, attached to my private telephone, would permit us to verify with the presence of the voice the facts that would show the conspiracies of Dr. J. J. Moore and his group.

That I have intended, as far as possible, and without arousing suspicion, to repeat the principal points of my conversations over the phone and to record them so that I could get complete and irrefutable proof.

## II.

That on the 11th of June, 1952, Miss Schmidt arrived in Chicago from Argentina. From the time of her arrival until her first contact in Chicago with Dr. J. J. Moore, Miss Schmidt composed her affidavit dated the 18th of June, 1952, in which she tells about her activities with Dr. J. J. Moore and Mr. Loretani in the City of Buenos Aires.

That on the 23rd of June 1952, Miss Schmidt and I went to The Sheraton Hotel and occupied there rooms 2213 and 2211 respectively.

That on the same day, at 4:20 p.m., the contact with Dr. J. J. Moore was established. The following conversation was taken from the engraving [recording] we then made and now have. At this time I made reference to my conversation to the last meeting I had with Dr. J. J. Moore in his office on the 30th of April of this year.

Dr. Moore: It finally got through . . . your passport . . .

Miss Schmidt: Yes, I wanted to thank you, because you were so nice.

Dr. Moore: Well, you tell Admiral Barreira that I called up the State Department here and talked to them and they told me that they were going to write down there again, that I had met you down there and that I would certainly be willing to go through and vouch for you, but they couldn't tell anything about it here, through the local office, you see.

Miss Schmidt: Yes, well everything went all right.

Dr. Moore: You tell Admiral Barreira that I called him and left word to have him call me up two or three weeks ago.

Miss Schmidt: Oh, yes. But you know, Commodore Barreira went to Washington . . .

Dr. Moore: Oh. He did? Oh.

Miss Schmidt: He went to Washington, but now he's here again.

Dr. Moore: Oh! He is? When did you come up here?

Miss Schmidt: I have been here since a week.

Dr. Moore: Oh. . . a week, huh?

Miss Schmidt: Yes.

Dr. Moore: How is the case coming? How are you doing?

Miss Schmidt: Oh, more or less. He wanted to talk with you, see?

Dr. Moore: You want to talk with me, eh? Is the General back? Is the Admiral back from Washington? Is he here now?

Miss Schmidt: Commodore Barreira is here, yes.

Dr. Moore: Yah, you want to talk to me today?

Miss Schmidt: Yes, if it is possible; you see, Commodore Barreira when . . . as he came back he felt rather sick. We are staying at the Sheraton. Maybe it isn't possible today?

Dr. Moore: Yah, if you come down today, I will see you when you come down here today, because . . . ah . . . ah . . . I may be late tomorrow.

Miss Schmidt: And so . . .

Dr. Moore: Come on down today.

Miss Schmidt: Should I come alone?

Dr. Moore: Well, you come down . . . or does he want to come down with you? because I want to get the whole picture. Whichever you want to do.

Miss Schmidt: Well . . . er . . . er . . . I don't know. You see, if you want to talk with me alone or wait till Commodore Barreira is all right?

Dr. Moore: Well, he . . . Barreira is still in Washington, isn't he?

Miss Schmidt: No, he is here at the Sheraton also. He is right here. One moment please.

Dr. Moore: Yah.

Commodore Barreira: Hello. How do you do, Doctor?

Dr. Moore: Hello. How do you do, Admiral? How are you?

Commodore Barreira: Very well, thank you.

Dr. Moore: That's good. Now, you know I called you up at the other hotel and told them I talked with the State Department here and left word for you to call me back. Maybe you got it and maybe they didn't give it to you.

Commodore Barreira: No. I have not the message.

Dr. Moore: Yah, you did. Well, anyhow, as long as you heard it.

Well now, how is everything? How is everything coming out now?

Commodore Barreira: Yes, I was awaiting my secretary. She is here now.

Dr. Moore: That's right, yes. I just talked with her.

Commodore Barreira: We have the papers here now.

Dr. Moore: Yah, you got the papers.

Commodore Barreira: Yes, I've got the papers in my hand.

Dr. Moore: Have you been over to your attorney yet?

Commodore Barreira: . . . and we are ready now for reach an agreement.

Dr. Moore: Yes, you are ready for now.

Commodore Barreira: Yes.

Dr. Moore: Good. That's fine. Well, now I can see you if you want to come with her today . . . you both come down and talk to me today . . . or she can come down.

Commodore Barreira: Well, if you like she can go now.

Dr. Moore: All right.

Commodore Barreira: In order to make the date, and after we can meet.

Dr. Moore: Then we can meet and talk over. She can tell me . . .

Commodore Barreira: Yes.

First meeting between Dr. J. J. Moore and Miss Ana D. Schmidt:

June 23, 1952

Duration: 5:00 P.M. to 6:25 P.M.

Ana Dorotea Schmidt, being first duly sworn on oath, deposes and says:

That after this meeting as well as immediately after all other meetings with Dr. J. J. Moore, I made notes of what occurred and what conversations were held, which notes serve as a basis for this affidavit.

That in accordance with the telephone conversation of the 23rd of June, 1952, I left the hotel and went to Dr. J. J. Moore's offices, located in 55 E. Washington, in this city, where I arrived at approximately 5:00 P.M. and found Dr. Moore in company of his receptionist and another physician, whose name I do not remember. Dr. Moore introduced me to both of them, explaining that I was the lady from Argentina about whom he had been speaking, and saying that I was going to join my efforts in the fight against the Durovics. Thereafter he led me into his private office.

That once we were alone, Dr. Moore again told me how glad he was that I finally was here, repeating what he had told me over the phone about his dealings with the State Department in order to help me. When I told him that Commodore Barreira had been in Washington especially in connection with obtaining my visa, he tried to make me think that

all the troubles I had had to obtain my visa were caused by the Durovics, in order to prevent the papers I was going to bring from being used against them. He evidently was trying to sow seeds of rancour against the Durovics and thus make me feel more confidence in him in order to get more unconditional cooperation. He added that I could have shown him as a friend in the United States when I was applying for my visa.

That he thereafter asked me if I had brought the papers with me and, as he was so evidently interested in seeing them, I had to tell him that they were deposited in the security box of a bank. This was a disappointment for him.

That at that time he referred to his trip to Argentina, saying he was sorry that he had not found Commodore Barreira in Buenos Aires because he was certain that the Commodore could have been very useful to him in obtaining information and details concerning the Durovics and that, knowing the prestige and the situation of Commodore Barreira in Argentina, he could, through him, easily have arranged a meeting with General Perón, because, as he knew, the same thing had happened with Mr. Durovic [actually only Dr. Durovic met General Perón.]

That he also told me, at this time, about Dr. [name deleted], United States physician attached to the Embassy in Argentina, and he recommended that when I returned to Argentina I should go to see Dr. ——— in his name, because he could be helpful in my affairs concerning the United States.

That he spoke to me in a very complimentary way about Commodore Barreira, saying that on the several occasions he had been with him, he found him very interesting and that he wanted to help him in any way because he had been betrayed by the Durovics, adding that Commodore Barreira was the "nicest fellow I ever met."

That when I told him that Commodore Barreira had intended to arrange his affairs with the Durovics in a peaceful way, because that was his customary way of acting, he told me that it was useless to wait to come to a peaceful arrangement with these people; that until the present they never had kept their word with anybody who helped them and that to reach an agreement with them it was necessary to make it by force. That in the same way as they were proceeding now with Commodore Barreira, they had done before with others, but that now we had caught them. He said to me: "I must speak again with Senator Douglas in order that they shall not obtain their residence here, and if it is necessary we are going to throw them out of the United States, in spite of their many friends that help them and work for them." He then began to attack the attitude and the past conduct of the Durovics with their collaborators.

That Dr. J. J. Moore continually stressed the great prestige and the influence he had, resulting from his position as treasurer of the AMA.

He said he practically had the whole organization in his hands. He said that his influence was not only over United States physicians but also over all the health matters of the country. He constantly boasted of his power and to prove it he told me proudly that a few days prior he had been named as a member of the Board of Health of the City of Chicago.

That, when the meeting was finished, Dr. Moore asked me to come again the following Monday, the 30th of June, together with Commodore Barreira, because during all of the next week he was going to be away. After that he closed his office and we went out together, taking leave on the sidewalk in front of the office building.

Second meeting between Dr. J. J. Moore, Commodore Alberto C. Barreira and Miss Ana D. Schmidt, June 30, 1952.

Duration: 5:00 P.M. to 6:25 P.M.

Joint Affidavit of Commodore Barreira and Miss Schmidt:

After each meeting or conversation with Dr. J. J. Moore we made notes of what had occurred and what was said, and these notes are the basis of these affidavits.

That after our previous announcement by phone we went to Dr. J. J. Moore's offices where, upon our arrival, he introduced us to his son. When his son left, Dr. Moore began to tell us about his trip. Afterwards he asked for the papers, and when we told him again that they were in the security box, he wanted to know what kind of papers they are, saying that Mr. Loretani had told him that they were very important papers. Commodore Barreira informed him that he was in possession of photostats of documents written in Serbian, Italian and Spanish and copies of bills of chemical products bought by Dr. Durovic for use in his work, copies of compromising papers against Marko Durovic when he was a munitions manufacturer and other documents and letters belonging to Marko Durovic, all of which were very interesting.

That when Dr. Moore asked Commodore how he could get all these papers, he answered that once, when the Durovic brothers made a trip to the Province of Cordoba, he was left in charge of the laboratory and that at this time he opened the safe, looked over the private papers and took some of the documents in order to take photostats. The Commodore added: "I feel ashamed making this confession, because I committed an abuse of confidence." Dr. Moore answered: "Well, that's what you were supposed to do, that's all right." After this, Dr. Moore went on: "Yes, yes, Loretani told me that you have very important papers, which will compel the Durovics to beg for mercy." Dr. Moore continued asking if the story that some months ago had appeared in the newspapers was true, and Commodore Barreira answered him that as far as he knew it was exact. [Series of factual articles on the Durovics' background which appeared in the *Chicago Tribune*.]

Dr. Moore said that he had undertaken some investigations among the Yugoslavian physicians who had arrived during the last years in the United States. He said he had found them to be schoolmates of Dr. Durovic and also his former pupils, and that they had confirmed that Stevan Durovic was a scientist and that he had devoted his life to scientific investigation. He added that he did not believe that Stevan was a bad man and that an arrangement could easily be reached with him, but that the bad man was Stevan's brother, Marko, whom he characterized as a "crook." Dr. Moore told us:

"It has never been seen that the discoverer of a medicine obtains benefits from it; the scientist discovers and the companies derive the benefits, if they exist; otherwise they are formed specially for that."

That Dr. Moore insisted that Commodore Barreira should bring his papers, because his friend, Ed Moore, also had some and it was necessary to have a meeting in order to find out the best way to use these papers.

That Commodore Barreira told Dr. Moore that he was only interested in the money, and Dr. Moore replied: "We are all interested just in the money and we have to meet together in order to find the way to obtain it, lots of it, and soon."

That Commodore Barreira observed that he was not very enthusiastic about the collaboration [with Ed Moore] and that he was going to think a little about this; Dr. Moore replied: "Think it over, please, but I tell you that he is a nice fellow, with good connections and a clever businessman."

That after this we took leave, telling Dr. Moore that the Commodore was going to think it over and that we would call him by phone in order to fix the date when we were to meet again. Dr. Moore begged us not to delay in our resolution.

(Telephone recording No. 2 merely establishes an arrangement for a meeting on July 3, 1952).

Third meeting between Dr. J. J. Moore, Commodore Alberto C. Barreira and Miss Ana D. Schmidt: July 3, 1952.

Duration: 5:20 P.M. to 6:20 P.M.

Joint Affidavit of Commodore Barreira and Miss Schmidt:

That after our phone conversation we went to the offices of Dr. J. J. Moore, where after greeting us and letting us enter, he sat in expectation, waiting for us to open the conversation.

That when Commodore Barreira told Dr. Moore that he had thought about the matter and has consulted his lawyer; that he had arrived at the conclusion that his papers were of great value for him [the Commodore], but that they could not be used as a proof for others in a law suit and that the papers belonging to the others also could not be used as proof by him. That the papers he possessed enabled him to initiate a law suit

in Buenos Aires against the Durovics, because there is the seat of the Instituto Biologica Duga, and for this reason he thought that an alliance with Ed Moore was not interesting.

That Dr. J. J. Moore replied: "We do not think of a law suit either, because law suits last long and we do not want to lose much time."

That Commodore then asked Dr. Moore: "Leaving business aside and considering that all is based on the Krebiozen, it would be interesting for me to know your sincere opinion about the Krebiozen"; Dr. Moore answered: "There is no doubt that Krebiozen is good; it removes the pains and improves the conditions of the patients during the first five or six months; in some cases the patient dies; in others the improvement continues."

That Commodore Barreira, taking advantage of the situation, said that there had been an Argentina physician in Chicago, Dr. Morel, on a round-trip to the United States, who had tried to obtain Krebiozen and that, as he had to return to Washington, he said that he would try to obtain it through the Argentina Embassy, that Commodore Barreira had asked the physician to inform him about the results various physicians had been getting with the use of this drug in Washington as far as he could get them. He said that Dr. Morel had said he would do so. [See Dr. Morel's letter at conclusion of fourth meeting.]

That Dr. Moore, interrupting Commodore Barreira, asked him why he had not called him to obtain the Krebiozen, because he could get any quantity through Dr. Ivy, and he added "If it had not been for Dr. Ivy, who is the main obstacle for us, we would have finished this business successfully and easily a long time ago." The Commodore replied that it was too late anyway, because Dr. Morel was leaving the next day for Argentina, but that he had contacted him by phone and he had promised to send a list with the cases of the patients treated in Washington with Krebiozen, and with the names of the physicians that had used Krebiozen, saying that the results were astonishing to him.

That Dr. Moore showed great interest for the cases and the list of the physicians who had treated the favorable cases and turning to his desk he took a big book, saying that it was the Directory of the AMA and that in it were all the physicians of the United States listed with their addresses, telephones and history, and that he, because of the authority he had in the organization, was in a position to compel the physicians to do or say what he wanted.

That Dr. Moore returned to the matter of Ed Moore and Kenneth Brainard and began to tell how they had helped Dr. Durovic here, that they wanted to come to a peaceful arrangement with the Durovics but that it had been impossible for them.

That Dr. Moore informed us then that, after the meeting held last

year on the 26th of March, he had visited the Durovics with two other physicians of the AMA. He explained to us that the two physicians were interested in the scientific part of Krebiozen and that he was examining the economical problem, taking account of the situation of Moore and Brainard. That in that meeting he asked Dr. Durovic if he remembered some fellows named Moore and Brainard who had brought the Doctor to his offices and who had accompanied and helped the doctor in his dealings. When Dr. Durovic admitted this, he asked him why he did not fulfill his obligations with those people, in a corresponding way. Dr. Moore added: "We had Stevan almost in a corner, when Marko came in and asked me what I had to do with the financial part"; he went on talking that in this moment he had his argument with Marko Durovic, that being the only time he spoke with that gentleman.

That Dr. Moore added: "I am going to arrange a meeting in order to introduce Mr. Ed Moore to you; he is really very nice and a very good business man"; Dr. Moore continued saying, casually, that on that very day Mrs. Ed Moore had called his wife by phone and invited them to have dinner with them in Winnetka, and that Mrs. Ed Moore, when she spoke to his wife, had told her: "I am the wife of Ed Moore, the man who works with your husband in the cancer affair."

That when Dr. Moore was speaking about his intervention in politics he said that he was in up to his neck in this affair, that he was with those who wanted to stop the socialization of medicine and that what he said was going to be accepted by the other physicians of the AMA, due to his position.

That at the end of the conversation Dr. Moore told us to call him next Monday, 7th of July, in the morning, so that he could arrange a meeting with Ed Moore and also in order to have a meeting with us that same day at 2:00 P.M. in his offices.

That on the 7th of July we did not call Dr. Moore by phone, because we believed that he would bring Mr. Ed Moore to his offices and we wanted to avoid this meeting, therefore we stayed out of the hotel the whole day.

That the reason we wished to avoid this meeting with Ed Moore was based on our fear that Dr. Moore would delegate to him all the business matters, and thus we would not be able to make a recording that Dr. Moore was working with Ed Moore. Furthermore, with the appearance of Ed Moore, we would no longer be in a position to continue the conversations and speculate with the papers, because we would have to come to a definitive arrangement, and produce the papers which we actually did not possess.

Transcription of the phone conversation held on the 8th of July, 1952, at 4:30 P.M., between Dr. J. J. Moore and Miss Ana D. Schmidt:

Dr. Moore: We tried to get you yesterday, I mean this morning. I had to go out and could not find you in the hotel; have you changed the hotel?

Miss Schmidt: No, you see, we were out this weekend and . . .

Dr. Moore: Yah, I know, that's all right, you wanted to do that, you went out.

Miss Schmidt: Yes, and just this morning, when we came to the hotel, this afternoon they told us you had called.

Dr. Moore: Oh, that's it, yah.

Miss Schmidt: Yes.

Dr. Moore: Well, did you get the things from Washington?

Miss Schmidt: Yes, Dr. Moore, but it is not as we expected, you see, the doctor did not send us a list, he sent us a letter; he generally says, more or less, what you said to us, that the Krebiozen was good for five or six months and then in some cases the patients died and in other cases they went on; but he could not get a list; he explains us in the letter; I translated it and I will bring it to you.

Dr. Moore: All right.

Miss Schmidt: Hello.

Dr. Moore: Yah, bring the letter down.

Miss Schmidt: Yes. And another thing I want to ask you; you offered us the other day to introduce Commodore to Mr. Ed Moore.

Dr. Moore: Oh, yes, hey, I'll call him up this afternoon.

Miss Schmidt: Yes.

Dr. Moore: I'll cut and call him up, yah.

Miss Schmidt: Yes.

Dr. Moore: I'll see that he can see you.

Miss Schmidt: Well.

Dr. Moore: Yah, I'll do that before you get down.

Miss Schmidt: Well, do you want to see us today?

Dr. Moore: Well, if you want to come in today, yah, that will be all right. I was going down to . . . at the . . . to the Republican Convention.

Miss Schmidt: Oh yes.

Dr. Moore: I'm too late to get down there, so you can come in if you want to.

Miss Schmidt: Oh yes, well, what do you think . . .

Dr. Moore: Well, all right, you bring me the letter and I'll get your opi . . . my opinion on the letter.

Miss Schmidt: Oh yes, very well, then we . . .

Dr. Moore: And then I'll see when Mr. Moore . . . I'll call him up and ask him if he wants to see you . . .

Miss Schmidt: Yes.

Fourth meeting, between Dr. J. J. Moore, Commodore Alberto C. Barreira and Miss Ana D. Schmidt, July 8, 1952.

Duration: 5:00 P.M. to 6:15 P.M.

Joint Affidavit of Commodore Barreira and Miss Schmidt, saying:

That, after our previous arrangements by telephone, we went to the offices of Dr. J. J. Moore, who immediately invited us to enter.

That, as was arranged before by phone, we handed Dr. Moore the translation of a part of Dr. Morel's letter, which had been concocted [translated] for that use; and after reading it, Dr. Moore expressed his opinion again about Krebiozen, substantially the same as he had said before over the phone.

That Dr. Moore showed himself very interested and he especially wanted to know the names of the physicians who had given favorable reports. He asked us to try to get more details.

That Commodore Barreira advised him that he was going to write to Dr. Morel, who had already left for Buenos Aires, and to ask him to send the exact information, with the names of the patients, names of the physicians and names of the hospitals where the treatment had taken place.

That Dr. Moore told us again that that was very interesting because once in possession of this information, he could do something against these physicians.

That after this Dr. Moore told us he felt sorry that we had not arrived earlier because we would have had the opportunity to meet Dr. Szujewski who wrote the unfavorable reports about Krebiozen which were published by the AMA.

That he told us further that he had heard that the Durovics had entered an agreement with English enterprises, and that, if this were true, it was bad for us, because the whole affair would be lost. That Commodore Barreira answered him that he knew this rumor too, that apparently it was a society formed with English capitalists. That Dr. Moore showed himself very worried in view of the possible departure of the Durovics to England, asking the Commodore to try to obtain the most detailed information regarding the matter. [The England rumor was pure fiction originated only to see how fast and through what channels it would reach Dr. Moore.]

That Dr. Moore told us that he had spoken with Ed Moore who was very pleased that he was going to meet Commodore Barreira. That a tentative date for a luncheon was made for the next Friday, July 11th. We took leave with the promise that we would call the following Thursday to fix the hour.

The following is an exact copy of the letter shown by Commodore Barreira to Dr. Moore during the above meeting:

Washington, July 1st, 1952

Commodore  
Alberto C. Barreira  
Chicago  
Dear Chief:

Krebiozen: Thanks to your intervention, Commodore Filbueira introduced me to the authorities of the Military and Naval Hospitals of this city. After certain difficulties, because the doctors did not like to give me any information, I could convince them of my personal interest concerning the use of the drug Krebiozen and, after knowing that the next day I was leaving for Buenos Aires and would not violate the medical secret, they allowed me to see about fifteen clinical histories of patients that had been treated in both Hospitals.

I want to inform you about the effects of the drug:

- I. In all cases, without exception, the Krebiozen had an effect.
- II. The pains disappeared in all the patients.
- III. The improvement generally had an endurance of five to six months; after this time some of the patients died and the others continued improving; the most astonishing is one case of lung cancer, which tumor disappeared completely and the patient is now very well.
- IV. I believe, that for your orientation it is convenient to accept that there is no doubt about the effects of Krebiozen.

Generally this is the opinion of the doctors of these two hospitals, with whom I had extensive talks.

I would like to know through you how this matter is going on, and, if you should need more detailed information, I can send it to you from Buenos Aires; because now, ready to leave and with my luggage all prepared, I don't know where to find my notes.

Transcript of the telephone conversation held on the 16th of July, 1952, at 3:30 P.M. between Dr. J. J. Moore and Miss Ana D. Schmidt.

Miss Schmidt: Can we be there more or less in one hour?

Dr. Moore: Oh, that's all right. Yah. Come down.

Miss Schmidt: Yes, you see, because we are waiting here for somebody, with whom . . .

Dr. Moore: Yah, you wait, you wait for the other party; that's all right, that's all right.

Miss Schmidt: Yes, I, you see, somebody is going to bring us some more news about the England business.

Dr. Moore: Oh, yah; wait and get them.

Miss Schmidt: Yes, then we can inform you.

Dr. Moore: Yes, do that.

Miss Schmidt: Another thing, Dr. Moore. Commodore told me to beg

your pardon because he is no longer interested in the meeting with Mr. Ed Moore. I hope you don't mind?

Dr. Moore: Oh no.

Miss Schmidt: No.

Dr. Moore: What we try to do is the best thing.

Miss Schmidt: Yes, because he wants to, well he wants to speak only with you, because you are the important person and he thinks he can arrange everything with you. No?

Dr. Moore: Yah, that's all, that's all right, yah.

Fifth meeting between Dr. J. J. Moore, Commodore Alberto C. Barreira and Miss Ana D. Schmidt, July 16, 1952.

Joint Affidavit of Commodore Barreira and Miss Schmidt:

That, in accordance with the arrangements made in previous telephone call, we went to the offices of Dr. J. J. Moore, where we were received by him while he was putting his papers in order for his Colorado trip he was to begin the next day.

That Commodore Barreira began the conversation by telling Dr. Moore that he received the information concerning the England affair of the Durovics through a business friend of his, and that he was a little late for the present meeting as it was arranged by phone, because his friend had been in Chicago and he had met him in order to get a better explanation of the matter, but that the friend could only confirm the rumors about which we had spoken during the former meeting.

That Dr. Moore answered: "I hope it will be impossible" and went on saying how bad it would be for all of us if the Durovics would make such an arrangement because we would lose every possibility of obtaining their surrender. He said that Krebiozen would escape from our hands and the whole fight would have been senseless.

That Dr. Moore told the Commodore Barreira that he could not understand why the Commodore always refuses to meet Ed Moore and that Commodore Barreira answered that it was because he wanted to come to an arrangement with Dr. Moore and to sign a pact, because he considered him [Dr. Moore] as the most important person, and that he [Barreira] and Ed Moore were in the same situation.

That Dr. Moore replied that he would make all the arrangements that were necessary, but that Commodore should bring the papers first in order for them to see how useful they were, and what percentage in this business could be assigned to Commodore, but that he personally could not sign any paper because of his position in the AMA, and that the fight he was carrying on under the name of the organization did not permit him to show his face. "So," he went on, "for you it is the same if any one of the group signs." He continued, saying that for this reason the formal representative of this business was Ed Moore, with whom Commodore

Barreira had to sign any agreement; although, he said, he wanted to tell us that in this kind of business it is necessary to have faith in each other's word.

That Dr. Moore continued by asking Commodore if he knew Roy Gibbons, and when Commodore said he did not, he went on saying that he was a newspaperman with the *Chicago Daily Tribune*, with whom he had spoken and who had told him that he knew Commodore Barreira. To that Commodore replied that in the last year, during the Krebiozen meeting, he had met several newspapermen and that probably Mr. Gibbons was among them, but he did not remember him. Dr. Moore said further on that Mr. Gibbons had given him an exact description of Commodore, affirming that he had spoken with Commodore and that he knew him; Dr. Moore added then: "I would like, Commodore Barreira, if you would have a meeting with Mr. Gibbons and tell him how the Durovics have fooled you." Commodore replied that he was interested but he could not say when he would have time to meet the newspaperman.

Dr. Moore said that he was leaving the next day at 4:00 P.M. for Colorado, and therefore another meeting to fix up everything could be held the next morning. Commodore said that he agreed, but that there was not time enough to accomplish an agreement, so he preferred to wait till Dr. Moore was back from Colorado.

That after this the meeting ended and we went out in company of Dr. Moore and took leave on the sidewalk, Dr. Moore saying that he would call us when he was back again.

That in the meeting with Dr. J. J. Moore, which we had on July 8, 1952, during which he spoke about Dr. Henry A. Szujewski, saying that the latter was preparing an unfavorable report on Krebiozen which was to be published by the *Journal of the American Medical Association*, [reference may be made to a "follow-up" article on the article published March 15, 1952]. Dr. Moore told us that Dr. Ivy had submitted a favorable report concerning Krebiozen to the Scientific Board of Physicians [Cole Committee] which had been appointed by the University of Illinois. Dr. Moore said that in spite of all the warning of the consequences he will suffer, which had been made to Dr. Ivy in various ways, he had remained stubborn in defense of Krebiozen. He said Dr. Ivy was their principal obstacle. He said they had expelled him from the Chicago Medical Association for three months last year and had caused him great damage as a medical authority. He said they were then working to have him removed from his office at the University of Illinois, using their men they have at the same University.

None of the statements in the foregoing affidavits were denied by Dr. Moore in his unsworn motion offered to the Krebiozen Commis-

sion in March, 1954. Dr. Moore's motion will be discussed in proper sequence. Both the Commodore and Miss Schmidt were examined and cross-examined at great length. Their statements were not contradicted at any time.

An interesting incident which may shed some light on the situation occurred in May 1953—shortly after the two Argentinians had charged Dr. Moore with the conspiracy against Krebiozen. The Illinois Medical Society was holding its annual conclave and Miss Effie Alley, medical reporter for the *Chicago American* was covering the meeting for the paper.

According to Miss Alley, she was sitting alone in the Press Room when Dr. Moore entered.

She asked Dr. Moore about the Commodore and Miss Schmidt.

"I saw them all the times they said I did, all right," Miss Alley quotes Dr. Moore as replying.

"What was your purpose?" she asked.

"I was supposed to get Dr. Durovic out of the country," he answered.

"Why would you want to do that?" she asked.

Miss Alley says Dr. Moore hesitated at this and finally replied "Oh, I don't know," and then shook his finger warningly at her and said, "If you keep on with this, you'll get into trouble, Miss Alley!" With that, he left the Press Room.

## CHAPTER 33

AT last Dr. Ivy was convinced that a high-level conspiracy existed to discredit the drug Krebiozen. Now, as a result of Commodore Barreira's counterintelligence work, the various threats, warnings, actions, all seemed to make a recognizable pattern and the pattern made sense—in a terrifying way. Heretofore, though he could understand why he personally might have been attacked because of political motivations, he had failed to see the reasoning behind the "scientific" discrediting of Krebiozen by those who hoped to possess

it ultimately. Apparently now the reasoning was not too complex: once in control of Krebiozen, the conspirators could change its name and, by more "extensive" testing, reverse the existing negative medical attitude. That would be the least of their problems, with their enormous power.

The Commodore's report also allowed Dr. Ivy to reinterpret the premature negative medical articles as being more than scientific shortcomings or misunderstandings. He could condone sincere scientific attacks based on misconceptions, such as Dr. Rhoads' critique, for instance.

Dr. Durovic found the "conspiracy" equally hard to believe: he had been a medical scholar and researcher; such things were foreign to his mind. And Dr. Ivy, whom the medical world considered one of its greatest physiologists and cancer specialists, was being called a "dupe" because of him, Dr. Durovic. And such a concerted, vicious attack! Of course, almost every great medical pioneer had had his struggles with the orthodox, the "respectable" doctors of his period. Each had been baited viciously, unmercifully. . . .

What of the detractors of Semmelweis, he whom they forced from the hospitals and finally drove insane for advocating that they—the surgeons—should wash their hands before delivering babies? What of Joseph Lister? He had been hooted out of the "best" hospitals, ridiculed everywhere by his colleagues for advocating antiseptic surgery. What if Major Walter Reed had not listened and learned from an old Scotch-Cuban physician, Carlos Findlay, that yellow fever was due to a mosquito and not from the dank marsh air? Or contaminated feces? The great medicoes at Washington and elsewhere thought Reed was crazy and had done everything in their power to discourage him and his human-volunteer experiment—which finally scientifically proved the cause of the fatal "Yellow Jack." What of the mob howling and throwing stones outside the house of Dr. Crawford W. Long, the discoverer of ether anesthesia?

What of Dr. Émil Grubbé, the founder of X-ray treatment? X-ray therapy is, of course, considered as orthodox as surgery by most of the medical profession today—radiation used in over five hundred diseases has saved or prolonged millions of lives. Yet when Dr. Grubbé first used it on cancer in 1896, he had been scathingly de-

nounced and nearly driven from the hospitals. By whom? "Leading doctors." It took him and other pioneers of the X-ray thirty-seven anguished years before the American College of Surgeons finally recognized X-ray as a valuable agent in the treatment of cancer.

What of Frederic Gibbs, the brain researcher, who demonstrated one of the first electro-encephalographs in America (now famous as the "brain-wave" machine)? At an AMA meeting in 1934 the machine was publicly called a "fake." By whom? Whom else but "eminent physicians"? The "E.E.G.," as it is known to medical scientists, has proved invaluable in various diseases such as epilepsy and brain disorders and is opening new vistas of the human brain.

Yes, Researchers Ivy and Durovic knew the numerous victories of medicine were won against overwhelming opposition from the medical profession itself, the profession being represented by the staid, "ethical" proponents of the *status quo* who always seem to dominate organized medicine.

They were agonizedly aware that the stories of Semmelweis, Reed, Lister, Long, Pasteur, Grubbé and hundreds of others were being duplicated today—under somewhat altered circumstances.

But a conspiracy launched from the top of organized medicine? Incredible, they had thought, they had wanted to think, until they were confronted with harsh, crude realities. The Commodore and Miss Schmidt had stripped their minds clean of any lingering doubts. Commodore Barreira told them: "I could not believe it myself until I heard. Even then I found it hard to believe. Cancer sufferers were being used as pawns in a multimillion dollar business!"

Dr. Ivy submitted his report to the Chairman of the Krebiozen Research Validating Committee, Dr. Cole, in June, 1952. Dr. Ivy had been waiting for a chemical analysis of Krebiozen because he knew it would immeasurably strengthen his case in the eyes of the committee and the orthodox scientific world. A chemical analysis would do much to remove the false stigma of "secret remedy" under which Krebiozen had been suffering for many months.

But the analysis was delayed for some time, so Dr. Ivy was forced to present his report without it.

He was confident nonetheless. He was convinced no group of doc-

tors could examine his detailed accumulation of scientific data on five hundred patients and fail to agree that Krebiozen showed much promise as an anti-cancer agent against many types of cancer.

Besides, Dr. Pomeroy, second-in-charge of the Krebiozen experiments at world-famous Lankenau, had come and testified before the Cole Committee. His group's report, as we have seen, substantiated thoroughly Dr. Ivy's findings and even went somewhat beyond. He brought microphotographs of "before and after" treatment with Krebiozen which in the opinion of several Lankenau pathologists showed definite destruction of cancer cells. Dr. Pomeroy told the committee Krebiozen was superior to folic acid antagonists (drugs which provide effective though temporary benefit in some leukemias). He said Krebiozen offered more promise than any other type of chemotherapeutic agent because of its wide range of effectiveness and its lack of toxicity.

Dr. Garland of Marquette University Tumor Clinic also presented his evidence to the Cole Committee. He brought patients as well as his medical records of blood, bone and various other physiological assays. His data also fully corroborated Dr. Ivy's findings and checked with those of the Lankenau Institute, and with the reports of the two hundred individual doctors from all over the country.

In addition, a pathologist who had autopsied a number of patients treated with Krebiozen for a few weeks prior to death told the committee that if he could autopsy 20 patients who had died with cancer, 10 of whom had received Krebiozen for two or three weeks, he could pick out those 10 because of the softening and liquefaction of the tumors.

Finally, the committee saw thirteen patients whose bodies and whose hospital reports bore eloquent witness to Krebiozen's efficacy. There was no denying these "in-the-flesh" patients' definite improvement. No denying their X-ray pictures, their pathologists' reports, their doctors' testimony. There was just no quibbling about these patients and none of the committee quibbled—at that time. That the committee, however, seemed peculiarly incurious about actually questioning or personally examining these patients was disclosed later in one patient's testimony at the Krebiozen Hearings.

The patient, Miss Claryce Moreland, had made a spectacular

“deathbed” recovery after she had been given up by all doctors, including those at the Mayo Clinic. More than a year before she had been given only a few hours to live. Her bones, lungs, spine and other organs were massively invaded by cancer. She was receiving an almost record dose of morphine daily—thirteen grains. (One-fourth of one grain is the usual dose.) On receiving Krebiozen as a last desperate measure, the stricken woman gradually recovered, her pain miraculously vanished. She stopped all morphine, went home from the hospital and after a while, resumed her normal work. (She was a lawyer.) Her X-ray pictures showed evidence of bone regeneration. Yet read from the Official Record of the Krebiozen Hearings with what lack of interest she was regarded by the Cole Committee:

Miss Moreland: Dr. Ivy informed the Cole Committee that they could ask me any questions they liked but the committee sat there for quite a while and looked at me and didn't ask me anything.

And after a little while, one of the doctors said, “We are mainly interested in the pain angle,” and then we sat there a little while longer and looked at one another and then another doctor said, “How much morphine were you receiving at the time that you first took Krebiozen?”

Rep. Marzullo: Miss Moreland, you stated that there were several doctors in that room and you were ready to make a statement to them.

Did they refuse to let you make a statement? What did they do?

Miss Moreland: No, they didn't refuse to let me make a statement. Dr. Ivy told them they were free to question me and they didn't ask me anything.

Rep. Marzullo: They didn't ask you anything?

Miss Moreland: No.

Rep. Marzullo: I think that is sufficient to this committee. No use going through any details. They weren't interested in asking any questions.

Senator Larson: They asked no questions of you as to your experience with Krebiozen?

Miss Moreland: That is right.

Mr. Sembower: I ask you, Miss Moreland, were you given a physical examination by the Committee or by any representative of the Committee?

Miss Moreland: No, I was not. Dr. Ivy informed the Cole Committee that they were free to examine me if they wished to and none of them signified any interest in examining me.

This incident was not marked by Dr. Ivy at the time. Besides, there was such an avalanche of positive evidence on the efficacy of Krebiozen that such negative incidents were relatively unimportant to him.

So, in July of 1952, Dr. Ivy felt confident that at last he would soon have proven to the scientific world Krebiozen was a substance of great promise in the battle against cancer.

He had the Commodore's story on why it had been attacked.

Now girded with the scientific facts, he would write a medical article which would demolish the shallow, irresponsible and, in part, dishonest reports which had appeared in the *AMA Journal*. Now the story could be told to a shocked world. . . . Dr. Durovic was not so confident. Was the chairman of the Cole Committee not the same Warren Cole who had worked closely with Dr. Slaughter and who had already rendered a negative report?

However, Dr. Durovic's misgivings were lost in the air of general confidence infecting all other members of the Krebiozen Research Foundation and the doctors who were testing Krebiozen. Science and the truth would soon win. Everyone was sure of that.

## CHAPTER 34

IN July of 1952—the “month of revelations,” I was to find out later—I received a telephone call from Dr. Ivy.

“If you'll come over,” he said, “I'll show you some reports and affidavits on the Krebiozen matter that might interest you.”

For some time I had been gathering material for a possible book on Dr. Ivy and Krebiozen. Practically the only one who hadn't volunteered an “expert” opinion on Krebiozen was the one person who could tell me the most: Dr. Ivy. But he had promised to call me when he thought the truth about Krebiozen was ready to be told to the American people. And to American doctors.

Dr. Ivy had read several of my medical articles; one in particular had impressed him: my “discovery” of a hitherto unrecognized pioneer of medicine, Dr. Émil Grubbé, the founder of X-ray therapy.

The article had appeared in *Pageant* and had inspired some belated medical and popular recognition for a doctor, still living, who was responsible for saving or prolonging millions of lives—and who, but for a trick of fate, would be as famous as Louis Pasteur or any of the other immortals of science.

As a writer of medical articles for the popular magazines, I was caught flush in the middle of the Krebiozen controversy. I had worked closely with various officials of the American Medical Association in preparing my medical articles for magazine publication. I considered the AMA almost infallible in rendering advice on what was good for the public to know in medical news. Moreover, the great authority of the organization lent much prestige to a writer's work, if it approved in advance the contents of his story.

There is no question that sound medical advice is necessary for popular medical articles; otherwise sensationalism and outright quackery are likely to be presented as solid truth, and tragically mislead readers. No reputable writer would knowingly mislead his readers merely for the sake of publication or for money. Yet there have been instances where both the writer's enthusiasm and that of his medical informants have been overexuberant, and their reports have led the public into thinking cures for various diseases were available or "just on the verge" of success when actually later and more careful research showed the "cure" to be just another scientific error or perhaps a cure for the few but not for the many.

Many months before, a friend had told me the inside story of Dr. Ivy's suspension from the Chicago Medical Society. In his opinion Ivy's suspension was based on a thoroughly false charge.

I, too, had experienced firsthand how prodigiously Dr. Ivy had tried to prevent publicity on Krebiozen. Though he respected me as a medical writer, he was closed-mouthed on the subject before and even after the sensational publicity on Krebiozen had hit the world's newspapers. Knowing the man and his work, it was hard for me to believe he had been responsible for the publicity surrounding the announcement of Krebiozen.

I had written several medical articles concerning research at the University of Illinois; Dr. Ivy had contributed materially to much of this work, yet "Link" Williston, the university's Public Relations

Officer, had cautioned me not to use Dr. Ivy's name in a news release except in the rare story where it was absolutely necessary and obviously silly not to use it—and even then such use had to be cleared with Dr. Ivy. So, knowing this background of Dr. Ivy's "anti-personal publicity," I suspected Dr. Ivy's suspension for "promotion of a secret remedy" might have been based on less than real evidence.

I had researched the Krebiozen project for several months and had become convinced that there might be more significance in the Krebiozen story than had appeared in the public press—or in the medical journals. Dr. Ivy had hinted to me such was the fact and that he would tell me more about it when he could.

I laid the Ivy-Krebiozen project before Dr. Austin Smith, editor of the *Journal of the American Medical Association*, the most influential medical publication in the world today. If an official report is printed in the *AMA Journal*, it is automatically accepted as unalterable truth by the medical fraternity.

I had consulted with Dr. Smith on several projected and assigned medical articles and had obtained his approval. One of these published articles had been "blown up"—that is, enlarged to many times its actual size—and had been presented at a meeting of the AMA to demonstrate how accurate, objective reporting of medical subjects greatly benefits the medical profession in the eyes of the public and also increases the public's knowledge and understanding of health matters in general.

I regarded Dr. Smith (and still do on most medical subjects) as a thoroughly competent medical adviser.

"Write a book about Krebiozen and Dr. Ivy?" Dr. Smith questioned. "You mean one based on the theme that a great researcher at the peak of his career stakes his prestige on something that doesn't work? The tragedy of the experiment that failed?"

"Is it that much of a failure?"

"It is indeed. We've run some things showing that Krebiozen is worthless."

"But I have it via the grapevine and from more authentic sources that Dr. Ivy's two-year testing on five hundred cancer patients indicates definite benefit."

"That's interesting. But why don't you stick to something we *know*

is good? Something we know more about? I wouldn't advise a book on Krebiozen."

"I think you know me well enough to be assured that I wouldn't write about anything unless I knew a great deal about it. I will have to know a lot more about Krebiozen and about the whole situation before I tackle it. Of one thing I'm certain. Dr. Ivy is an honest man—and a great researcher."

"On that point we are agreed," said Dr. Smith. "But don't forget *any* man can make a mistake."

"On *that* point we are also agreed," I said. "Now I'm going to see if Krebiozen is Dr. Ivy's mistake."

Yet I approached the whole matter of this new anti-cancer drug, Krebiozen, with confidence in the AMA's position. Surely the AMA must be right. And naturally, since my medical articles were coming more and more to depend on the AMA's direct approval, I did not look with much personal enthusiasm on a project that had already incurred the official wrath. Yet I had enough evidence to indicate that I should investigate Krebiozen. I knew that many, in fact almost all, great medical discoveries had been contested bitterly by conservative elements, and had been called "hoaxes" and "quack remedies." Still, the orthodox, the conservatives, *had* been right at least in debunking most cancer-cure claims. Yet with a man of Dr. Ivy's stature in the medical world, one could not easily belittle his recommendations that Krebiozen showed a beneficial effect against cancer and should be investigated further.

The modesty of Dr. Ivy's statements about Krebiozen made a favorable impression. He neither made claims nor advanced conclusions about this substance which he had investigated for more than two years; he had merely stated that Krebiozen showed "much promise in the management of the cancer patient."

The day Dr. Ivy called, I went to his office. I talked with him for several hours. I examined his 500-case report which he had just finished compiling. Then he showed me the Commodore's affidavits which staggered and strained my credulity. Was Krebiozen being used as a gigantic pawn with millions of cancer sufferers the world over as the possibly unwitting victims of an incredible, absolutely nonscientific battle? The affidavits certainly did more than suggest that such was

the fact. I knew then that here was something so compelling it could not be ignored regardless of whether or not I, and various other persons and our livelihoods, might be destroyed in the process.

Dr. Ivy's pale blue eyes appraised me very carefully. He was showing his report on the five hundred patients.

He said: "The truth must be told to the American people. It must be told to the medical profession. I don't want this incredible thing that has happened to me, to Dr. Durovic and to any other honest research effort ever to happen again in science. That must not be. It *cannot* be."

He gazed at me calmly, yet I could momentarily detect something akin to puzzlement in his look. Then he became determined again.

"The falsity of the reports concerning Krebiozen and the baseness of the rumors concerning me and the discoverers of Krebiozen must be made known," he said.

I told him that if, in my opinion, false reports had been made against him and Krebiozen, I would do all in my power to correct them.

He replied: "Judging from your articles and from my personal knowledge of you, you have always searched for and reported the truth. That is all I want in the case of Krebiozen. I am satisfied you will report the truth, let me say the *provable* truth, no matter where it may take you. That is why I called you."

I thanked Dr. Ivy for his confidence in me. Here was one of the great men in world science who now seemed to be in almost desperate circumstances, apparently because of something which neither of us could really credit as existing in science. Yet I could feel his urgency, the something he had to say to the people of the world—not just scientists—something fundamental, something he could not say himself at this time.

No one can talk with Dr. Ivy without feeling the overwhelming integrity that emanates from the man. And as I think back on that meeting now, and no doubt arising from that integrity, I remember Dr. Ivy's quiet confidence that when the truth was told, that would be all there was to the matter. The truth would certainly win—and without too much trouble.

He related to me the whole, almost unbelievable story. And al-

though I respected his judgment and knew he would not wittingly distort any scientific findings, I told him then that the responsibility of writing about a projected cancer treatment was too immense for me to accept anyone's opinion, that I would have to be convinced by incontestable evidence, that I would take no *one* person's opinion on the subject—not even his. I would have to make a thorough, independent investigation as I had in all my other projects.

Dr. Ivy reiterated this was exactly what he wanted, and *only* what he wanted.

He gave me then his report on the five hundred cases. He also gave me the affidavits. After I had studied this evidence and had explored the whole problem thoroughly in several different parts of the country, I was convinced the book should be written. It should be written because of the medical implications, if for nothing else.

The people of the world and the world's doctors deserved to know the truth about a drug that showed more promise than anything medicine had yet discovered toward a solution of the most feared disease afflicting mankind. They deserved to know the incredible behind-the-scenes actions which posterity may call the most sordid scandal of modern history.

## CHAPTER 35

WHEN Dr. Ivy showed me the Commodore's affidavits I was staggered like anyone else who reads them for the first time. They seemed like a TV melodrama you've caught if you've made a bad choice of programs.

"You can imagine the hard time I had believing this too," said Dr. Ivy calmly. Looking at him, I wondered anew: how could he be mixed up in this wild tale of medical and business intrigue? He told me what he thought were the underlying whys and hows.

"This plot is the only logical solution for everything that has happened," he explained. "We know that Krebiozen shows definite objective results in the cancer patient—even in the last stages of the

disease. It follows that such an agent is worth an infinite amount of money. It's possible that a few medical men are willing to sell their souls, their Hippocratic oath, for a great amount of money. After all, it has happened in the medical profession before, and without so much monetary prospects. And you must admit that customarily it would be easy to deceive most doctors with a lot of scientific-looking papers which they would have no reason to believe were not scientific.

"And indeed," Dr. Ivy went on, "you have to also admit such a stratagem would play right into the hands of those doctors who for various reasons are eager to disprove anything which smacks of progress. And it is still true that interpretation of data can be very misleading to other scientists and to the public. Even for a scientist, it's still possible to believe what you *want* to believe. Though you may not consciously twist the findings, your unconscious may do it for you, unless you're prepared for the tricks your mind can play on you."

The remainder of that summer I was busy examining hospital reports, interviewing patients and their doctors. I talked with the Durovics at length. I became convinced of their basic sincerity and integrity.

I saw the patients, the ones whose cancers had been arrested or healed; I saw others revived from a certain death. And there was the case of my friend's wife. . . .

A doctor friend of mine—we'll call him Dr. A—is one of the world's foremost eye specialists. I hadn't seen him for some time, but one day in August 1952 he called. He seemed despondent. I knew his wife had cancer, so I asked about her.

He told me: "She's taken to her deathbed. She can't last much longer. Everything's been done. She doesn't know she has cancer, and it would be too cruel to tell her now."

He had heard of Krebiozen. It was arranged for his wife to come in as an experimental patient.

"It was a miracle," Dr. A told me later. "Of course, I didn't expect anything. My wife was dying. That much I knew as a doctor. But she didn't know. She thought it was arthritis and other troubles. I told her the shots were routine treatments."

But after the third or fourth dose, Mrs. A rose from her deathbed, and shortly thereafter resumed **her** normal activities. She went on

long auto trips with her amazed husband. Her pain practically disappeared. Some days she felt wonderful.

"It was not a case of induced euphoria such as ACTH sometimes produces," Dr. A told me. "It was a genuine *physiological* improvement which I cannot explain. I can only tell you that it happened, that the improvement lasted for six months. It might have lasted longer, or it might have cured her completely—though you know as a conservative doctor I shudder to use that word in connection with cancer—but unfortunately she caught a bad respiratory ailment and died from that. But the Krebiozen produced a miracle," he repeated, "just a miracle."

I wanted to see more evidence first hand. I wanted to speak with persons completely apart from the Krebiozen controversy. So I went to Washington and I talked with one of Senator Brien McMahon's doctors. The last one. Senator McMahon of Connecticut had just died of cancer. His sudden illness and death had shocked the nation.

Senator McMahon, Chairman of the Congressional Committee on Atomic Energy, thought he was in good health until about six months before he died. He certainly looked to be in good health. A little fatigued from constant work, perhaps, but that's about all. His regular physical examinations had revealed nothing to indicate any abnormality. *Yet he was literally riddled with cancer.* Too many cancers have a nasty facility of eluding detection by the regular medical means until it is too late for effective treatment.

So it was with Brien McMahon. In the winter of 1951-52 he had gone south for a short, well-earned vacation. One day he was playing tennis when he slipped and fell on his hip.

He felt some pain in his hip then. Later, when he returned to Washington, the pain grew worse. He went to his doctor. Finally, after extensive examinations, the verdict was cancer. Very advanced cancer. In fact, the trouble in his hip was a metastasis. His primary cancer was in his lungs and inoperable.

The verdict of cancer struck Senator McMahon particularly hard. He was comparatively young, full of things to do, filled with responsibilities to his country. He had plans for atomic energy in war and peace, plans which he felt must be carried through. He had devoted the latter years of his life toward the solution of the Big Problem

which is overhanging the world. Senator McMahon believed that as the result of his intensive study he had at least part of the answers to the control of atomic power.

But now cancer! He would die, of course. It was what surgeons call inoperable and X-ray specialists call non-treatable.

They did operate, however. Mainly to give some temporary relief. No hope of real benefit.

The emphasis on early detection of cancer is well and good, provided it doesn't present us with a somewhat distorted picture of the cancer problem as it exists today. As of today, Mr. Average Citizen is certain to ask: If our present-day methods of diagnosis are as effective as some propaganda indicates, then why do so many Senators and Congressmen under almost constant medical observation—much more so than I, the average individual—come up with hopeless, far-advanced cancers? Truly, the hope for curing cancer should not be placed entirely on early detection which is obviously impossible in many cases, but on developing a real cure and a preventive for cancer.

So as Senator McMahon lay in fearful pain, eaten up with cancer, gasping out his life, one of his doctor friends, recently consulted, thought of that substance, Krebiozen, which had wrought the miracle in Senator Vandenberg a year before. (In fact, he had been Senator Vandenberg's doctor when the Senator was in Washington.)

The doctor thought of his ten other patients who had been desperately ill with cancer and how nine of them had showed the most amazing responses when he had treated them with Krebiozen as a last resort. Certainly the Senator was in that last desperate stage now and could lose nothing by trying Krebiozen. The doctors couldn't determine the full extent of the metastases, but they knew there were many. There was a big cancerous pocket in the hip. This was causing the Senator's terrible pain.

The doctor administered Krebiozen on June 14, 1952.

"The effect was amazing and unheard of, I believe, in previous methods of cancer therapy," the doctor related to me. "Within six days, the Senator's hip tumor had completely *liquefied*—that is, it had changed from a solid, fast-growing cancer into a mushy fluid filled with dead cancer cells. We drained off about *eight ounces* of this material."

The Senator improved immediately. He was relieved of his pain and showed unmistakable signs of recovery.

"At one point," the doctor continued, "he became so much better, we even dared hope for something we knew was impossible—his ultimate recovery."

"But wasn't that out of the question?" I asked.

"Of course," he replied, "He was too massively invaded and nothing could have given him a new pair of lungs. But if we could have treated him with Krebiozen earlier, before his chances for final recovery were gone, who knows what would have been the outcome?"

We were sitting in the doctor's office in Washington. He told me of having "good to remarkable" responses with ten out of eleven Krebiozen-treated patients, including the Senator. The doctor, an eminent specialist, showed me charts and case histories of all these patients, discussing each in detail.

"In my opinion, Krebiozen shows much more promise against various types of cancer than any other chemotherapeutic agent," he said, "and I believe we're on the brink of a great discovery."

The doctor related one of Brien McMahon's last acts. The Senator had been told that Dr. Ivy and Colonel Stepanovich were seeking to arrange passage of the bill sponsored by Senator Paul Douglas whereby the Durovics would be granted permanent residence in this country so they could continue the Krebiozen experiments.

No action seemed forthcoming and Congress was due to adjourn shortly.

Senator McMahon knew very well how much Krebiozen had helped him. He was determined to repay the debt.

First, he called his administrative assistant and told him to "stick with that Durovic-Krebiozen Bill until it's passed."

Then he telephoned his friend, Sam Rayburn, Speaker of the House.

"Sam," he said, "there's one thing I want you to do for me. Get that bill passed keeping the discoverers of Krebiozen in this country. I know what it's done for me, and it'll probably do even better for others before long. Let's give it a chance."

Some days later, Senator Brien McMahon died. He died quietly and free of pain—the substance which he had fought to make

available for future cancer victims had served him well to the end.

And he died with the knowledge that his request had been granted, that he had been in a large measure responsible for the passage of Bill 1159. He did not know that the Bill almost didn't pass regardless of his deathbed plea—because of Krebiozen's enemies. Nor did they tell him that Dr. Ivy and Colonel Stepanovich were forced to wage a desperate last-minute battle to offset the insidious negative influences which were steadily working against the substance that had come close to saving his life.

## CHAPTER 36

EARLY in September Dr. Ivy sent President Stoddard the affidavits made by the Commodore and Miss Schmidt. Dr. Stoddard did not read them immediately. When they met a short time later, Dr. Ivy told him: "I think if you read the documents, you will understand why I and Krebiozen have been under such an unwarranted attack."

President Stoddard then read them, but what impression they made we do not know. Dr. Ivy suggested that Dr. Stoddard might wish to offer the papers to the Cole Committee. President Stoddard deemed this inadvisable. In fact, until his appearance before the Krebiozen Investigating Commission many months later, he gave no hint to Dr. Ivy or others that he had even read the documents, much less allowed their contents to affect his thinking!

His reason in substance: "I thought it was none of my affair. Dr. Ivy marked the documents confidential and further he didn't ask me to take any action." (Dr. Ivy *had* asked him to take action; he had suggested Stoddard show the affidavits to the Cole Committee. Stoddard declined.)

Dr. Ivy had been contemplating what to do about the mounting evidence of a business and professional conspiracy against Krebiozen.

He decided to employ John F. Sembower, a Chicago attorney, to evaluate the legal aspects of the situation. Sembower had worked closely with him in the great pro-science campaigns of the National Society for Medical Research.

The society had been formed to combat the insidious inroads on scientific research made by the anti-vivisectionists who succeeded so well in many states under the smoke screen of anti-cruelty that it became virtually impossible for medical researchers to secure animals for experimentation. All of medical science was menaced by the anti-vivisection movement.

A few researchers decided the only way to defeat the deadly attack was to form an association of scientific groups which would get the truth to the public. The organization, which became known as the National Society for Medical Research, was largely the brain child of Dr. Ivy. It was fitting that its president should be the country's ranking physiologist, Dr. Anton Carlson.

Both physiologists, the old master Carlson and his most brilliant pupil Ivy, had been fighting the anti-vivisection war since the 1920's.

Dr. Ivy was named Secretary-Treasurer. Mr. Ralph Rohweder, a top public relations counsel, was selected Executive Secretary. John Sembower was chosen to represent the society in its numerous legal clashes with the organized anti-vivisectionists.

Within four years the National Society for Medical Research performed the herculean job of exposing and routing the "anti-vivisectionists." Medical science was at last free, or comparatively so, to continue to develop the remarkable drugs and medicines which had saved and prolonged the lives of practically everyone now living on this planet.

(The astonishing ending of Dr. Ivy's services with the society he helped found and build will be told later.)

So now when Dr. Ivy was confronted with another serious medico-legal problem, he called once again on his legal counsel, Sembower.

Sembower, after seeing the affidavits and meeting the Commodore and Miss Schmidt (both had secretly remained in Chicago after their rapprochement with Dr. Moore), drew up a legal brief. He advised that what they said probably constituted a cause of action against Drs. J. J. Moore and Szujewski, Messrs. Moore and Brainard, and the American Medical Association since it should be held responsible for the action of its executive officers, if they were acting under the cloak of its authority.

Sembower explored the idea that the major Krebiozen antagonists

had violated Federal law pertaining to restriction of interstate trade.

(It is a noteworthy fact that an Attorney-Investigator [Benedict F. Fitzgerald] for the Justice Department who investigated the Krebiozen controversy independently concurred with Sembower that the Interstate Commerce laws had been violated.)

Further, the enemies of Krebiozen had seized and kept the initiative in the public relations media; to most medical men at least, they had succeeded in discrediting the drug Krebiozen and everyone connected with it. In this endeavor they were possibly aided by Dr. Ivy who had steadfastly refused any comment on the value of Krebiozen beyond the very conservative short press release offered by him at the March meeting, and his equally short statement issued after the AMA Status Report and his suspension by the Chicago Medical Society.

Here was a genuine scientist, but an extremely ethical one who really believed the scientific truth would ultimately win; that he could last until it had won; that he certainly would not speak prematurely on the Krebiozen controversy. He would not defend Krebiozen beyond his modest observations, either to the public or to the medical profession until the appropriate time—which would probably be the publication of his report.

Meanwhile, the forces against him and Krebiozen had been capitalizing on all the negative elements possible, exploiting them to the utmost, in newspapers, medical journals, and by word-of-mouth.

As previously pointed out, the anti-Krebiozen forces had succeeded so well that nearly all doctors believed the negative medical reports. These were followed fast by rumors of Ivy being duped. The unkindest cuts of all came naturally from his old friends.

I believed the possibility was good that a soundly litigated lawsuit might light up the dark corners. The Krebiozen controversy was now out of orthodox channels anyway; if Dr. Ivy waited for medical publication in the hope that some medical journal would publish his report in spite of the stated opinion of the AMA, it might be too late to reverse the current.

Sembower drafted a complaint to file in Federal Court. Ivy seemed on the verge of directing him to file suit.

He ordered Sembower on the alert. For about two weeks, Sembower went to bed each night in the almost certain knowledge that

the next morning at about ten o'clock he would be instructed to file his suit and the world would soon know a good part of the truth about Krebiozen.

But it was too tremendous a leap for Dr. Ivy all at one time; he was a cautious man of science. He talked with other cautious men, some of them men of medicine, some of law, but all were wary. The medical men could scarcely believe the fantastic evidence; the legal men advised without knowing more than a small portion of it. Underlying all of their advice was the oft-repeated admonition: "You cannot win against the AMA—it is too powerful and it has too much money!"

Sembower, who alone really knew the case, as a skilled lawyer who had won many legal victories for the National Society for Medical Research, was optimistic about the prospects, particularly if he could establish the jurisdiction.

In the end, the cautious ones succeeded in persuading Dr. Ivy to wait and see.

A persuasive factor which helped swing Dr. Ivy over to the wait-and-see advisory group was his belief that the Cole Committee would soon come up with a favorable report. Thus he would be vindicated for his past efforts to ascertain the truth about Krebiozen. A lawsuit, naturally repugnant to him as a man of science, would be avoided. He would be allowed to prove his point about Krebiozen in objective isolation, unbothered by the carpings of shallow prejudiced men. . . .

## CHAPTER 37

THE first lightning stroke hit on September 20, 1952. The headline in the *Chicago Tribune* read "Committee Reports on Cancer Drug Tested by Dr. Ivy—Experts Deny Benefits; Ask New Research." The story capsuled the Summary and Conclusions of the Cole Committee Report which would be presented to the University of Illinois Board of Trustees the following Monday. The story gave an accurate account of the Conclusions.

Later, we were to find the Conclusions were at considerable variance from the main text of the report, particularly in regard to omitting the positive evidence presented to and admitted by the committee. Also several noticeable "mistakes" were found in the Conclusions—mistakes which did not check at all with the main report which was labeled "*Confidential*" and withheld from the public by order of President Stoddard. Later, Dr. Stoddard said the reason he withheld the main text of the report was because of its "medical and technical nature." However, this explanation is difficult to understand because the Conclusions are fully as medical and technical as the withheld portion, the main report.

In fact, the confidential part of the report is easier to understand, even for the non-medical mind, than are the Conclusions. The Conclusions do not read as though they were derived from the report from which they are ostensibly drawn. One newspaper reporter called the Conclusions the most "weasel-worded" two pages of medical writing yet extant. We shall see if the description applies.

The Cole Committee, in its Conclusions at least, did *not attack Ivy's data* but instead *passed judgment on the drug*. In other words, it could find little or nothing to criticize in the material presented, or the methods employed in the research; *it accepted both* in substance. But by some process of logic as yet unexplained, it calmly wrote the drug off as of little consequence. Yet it recommended further research "if the manufacturing process is made available."

The manner in which the author of the Conclusions blandly quotes from Dr. Ivy's own report in an attempt to disprove the value of Krebiozen is nothing short of classical.

"We have found no acceptable evidence that any malignant tumor has been cured and none has been claimed in Dr. Ivy's report (pages 1 and 77, volume 1)." The author must have known full well that Dr. Ivy would never claim a malignant tumor is cured unless it has been cured for at least five years, the minimal acceptable time to claim a cure. The author must also have been aware that several patients in the Ivy Report have had a complete *disappearance* of their cancers following Krebiozen treatment (from one to three years) and at least one of these patients *was examined by the committee*, "which could find no evidence of residual tumor" (quoted from main

body of the Cole Report). Is it fair to indulge in this sly play on medical terminology?

“We have found in the evidence submitted no evidence that prolongation of life has been effected and no claim in this direction has been made in Dr. Ivy’s report (pages 1 and 77, Vol. 1).” This wording is medically reprehensible for the same reason as the “cure” wording. In order to prove beyond doubt that life is prolonged by *any* kind of new treatment, it is necessary to judge the treatment and make comparative analyses of longevity *with and without* treatment. This comparison usually takes at least ten years. Being a cautious, ethical scientist, Dr. Ivy certainly would not claim prolongation of life as a fact, though he is fairly certain it occurs as he states, and as do all other doctors who have used Krebiozen for any period of time. As the Lankenau report put it: “It would certainly be reasonable to assume that any agent which can produce temporary regressions . . . would certainly . . . prolong the patient’s life.” The author of the “prolongation of life” sentence could hardly be so medically naive as to not know what he was saying.

The following conclusion is even less subtle:

“We have been presented with no histological [microscopic examination of tissue] evidence [“before and after” treatment slides] by Dr. Ivy that the material produced degenerative or regressive changes in tumor cells.”

Yet on page eight of the Confidential Text, we find the following: “Microscopic slides were examined on nine patients, of whom six were included in the series of patients demonstrated to us Sunday, June 29th. We concurred in the diagnosis of all except one patient. In this patient we considered the slide (representing uterine scrapings) following Krebiozen therapy was negative for malignancy instead of positive as reported to us. Accordingly, this difference of opinion does not reflect disadvantageously on Krebiozen therapy, but might reflect advantageously.” Four of the other slides in which the committee “concurred” were *negative* for malignancy. So the committee at this point is admitting not only receiving and examining histological evidence, but also admitting that of the nine patients, *five* were cancer-free, according to microscope tests. But does a hint of this creep into the conclusions? Indeed not!

But to continue with this remarkable report:

“Histological sections which Dr. Pomeroy [of Lankenau] presented to our Committee were interpreted by him [and several other pathologists at Lankenau, including Dr. Reimann] as showing oncolytic [cancer destroying] changes; they were reviewed by one member of our Committee who could not agree that oncolytic effects were evident.”

The clever man who wrote the Conclusions also had the audacity to give the kiss of death to Dr. Ivy for being a misguided fool, yet at the same time seeming to compliment him; also he disdainfully writes off Krebiozen as of no value in cancer, yet leaves a loophole big enough to make it appear the committee is scientific and thorough. These last paragraphs of the Conclusions deserve a special place in the Archives of Cleverness, Smugness, and Piousness. They make especially interesting reading when compared with Dr. Cole's initial letter to President Stoddard prior to Dr. Ivy's suspension in 1951.

“We are keenly aware of the idealism which has prompted Dr. Ivy to interest himself in the evaluation of this product. We are convinced that his motives are entirely honorable and sincere.” [Yes, poor man, he has been “duped” and we know how.]

“It is our belief that Krebiozen has no curative value in the treatment of cancer. On the basis of evidence submitted we cannot state it is entirely devoid of biological activity.” After reviewing the seven hundred pages of *unchallenged* evidence in the Ivy Report, the unimpeachable evidence from Lankenau and Marquette University and seeing personally thirteen patients who, according to the Cole Committee's own admission, were seemingly “benefited” by Krebiozen, this last statement is a masterpiece, not of understatement, but of misinterpretation.

In the unpublished portion, a report on the patients presented to the committee appears. It may be significant that no mention is made of them whatsoever in the Conclusions.

“The clinical details of 15 cases were presented to the Committee by Dr. Ivy and some of his associates. . . . Thirteen of these cases were presented in person. All of these cases showed subjective [sic] improvement of some type such as relief of pain, reduction in size

of tumor, or retardation of growth, and the possible disappearance of the tumor in one case.” [Possibly the committee wished to include subjective *and objective* improvement, since tumor retardation, reduction, and possible disappearance cannot be classified as *subjective* by any medical definition.] “Judged by this presentation alone, Krebiozen would appear to have beneficial effects. No opinion of any kind can be expressed concerning these patients until after a period of several months.” Yet more than a *year* later, the chairman, Dr. Cole, calmly ignoring this overwhelming evidence which earlier he had indicated would be of utmost importance, reiterated the committee’s original Conclusions—without examining any of these patients.

One year later Dr. Ivy testified under oath that eleven of the thirteen patients they had seen the year before were alive and well.

There are other obvious attempts to denigrate Krebiozen in the published Conclusions, but the foregoing are the most important.

The Cole Committee recommended in a separate section of the Report that further research on Krebiozen should be continued, but only *if* the Durovics released to the university the process of manufacturing Krebiozen. Every assurance should be afforded the Durovics, the recommendations stated, that there would be no infringement of their legal, financial and scientific rights.

In the later cross-examination of President Stoddard at the Krebiozen hearings significant facts were elicited which may further corroborate the notion that the Cole Committee may actually have served as a “front” for Ivy’s ouster more than anything else.

It was indicated, for instance, that Dr. Cole *alone* composed at least the Conclusions of the Cole Report; that the report although widely publicized and presented to the Board of Trustees at the University of Illinois about September 20-24, was not signed (and presumably not seen) by the *other members* of the committee *until much later*—in the next month of October.

These facts are indicated by the following testimony taken from the Record of the Krebiozen Hearings.

Mr. James Griffin (Attorney for the Durovics) (interposing): You saw that letter?

Mr. Ralph Lesemann (Attorney for the University of Illinois): I saw

some letter about this, that he [Dr. Cole] was sending the report on before all of them had signed it.

Mr. Griffin: Before anyone had signed it.

Dr. Stoddard: Where there was a delay in that, I don't know. At least I'm sure there was no deception about it because ——

Mr. Griffin: That's your statement, Dr. Stoddard.

Mr. John Boyle: . . . the fact that sticks out [is] that without reading the Cole Report they [the other members] signed it. That's what he's trying to show.

And later:

Mr. Griffin (to Dr. Stoddard): If somebody on the Cole Committee, excepting Dr. Cole, disagreed with the Cole Committee Report, he would be in a bad position to disaffirm the report after you had made it public, wouldn't he?

Mr. Lesemann: No one disagreed, however.

Senator Marvin F. Burt: Do you imply, Mr. Griffin, that the members of that Committee do not in fact approve of that report?

Mr. Griffin: I say I don't know. All I say is that this report was submitted to the Board of Trustees prior to their [Cole Committee members] signature, and that they, as people in the profession—and [before] the whole world—could not then deny it because it was a *fait accompli* and they couldn't—[deny it].

It would also be interesting to know just how many members of the Cole Committee actually studied with care Dr. Ivy's report—the report they were supposed to evaluate and validate. One member of the Committee stated to a member of the Foundation that he had never seen a copy of the Ivy Report and would like to see one!

The Cole Report stunned the Krebiozen researchers' camp. Everyone with the exception of Dr. Durovic had been expecting a favorable report which would clear the air for Krebiozen and vindicate Dr. Ivy's stand. Two members of the Cole Committee during August, before the Report was completed in September, had even stated that they "felt certain that Krebiozen was active in some cancer patients."

Though sorely disappointed, Dr. Ivy felt the best thing to do was to seize what crumbs had been tossed his way in the report. True, the report had advocated further research under stipulated conditions, yet its Conclusions had evaluated Krebiozen as next to worthless. Still, this was more than had been offered by the preceding medical reports. Too, he soon saw the confidential part of the report and was somewhat encouraged by it.

He issued a brief statement hailing the report as a "victory for freedom of research." Many friends thoroughly disagreed with this viewpoint, believing the published report should be attacked as intellectually and scientifically dishonest, full of obvious discrepancies, a seemingly calculated attempt to drive the final nails on the twin coffins of the drug and its chief sponsor.

## CHAPTER 38

MISS EFFIE ALLEY, medical reporter for the *Chicago American*, was assigned the task of writing the Cole Report story. As it had already broken in the *Tribune* that morning, she was also faced with the task of getting a different angle.

She remembered a doctor from Memorial Hospital in New York who had told her nearly eighteen months before: "Dr. Ivy has lost his job over this thing [Krebiozen] and he deserves to."

Could this new report be a link in the chain? Could the AMA report and Ivy's suspension from the Chicago Medical Society be the first links? She had heard favorable accounts of some Krebiozen-treated patients.

She noticed some of the discrepancies and the tortured wording of the Conclusions. They didn't jibe at all with what she had been told. She began checking the facts. She telephoned the superintendent of a hospital where she knew Krebiozen had been administered.

The superintendent was reticent. He didn't really care to discuss Krebiozen, particularly in the face of the critical reports. But she persisted.

Effie has persistence, a trait very irritating to people who don't want to talk . . . but she usually gets her story. Nice, but very, very persistent.

Finally the superintendent talked.

"Yes, we've had fifty-eight cases treated with Krebiozen."

"Are your conclusions the same as these of the Cole Committee?"

"No, they are diametrically opposed."

Under prodding, he told several ways in which they were opposed: there was reduction in the size of the tumor in about half the cases; there had been provable microscopic evidence that Krebiozen had destroyed cancer cells; there was striking, prolonged improvement in many hopeless cases. He also revealed another interesting item: *all* of his cases had been submitted to the Cole Committee for analysis. An analysis upon which the Cole Committee Conclusions were supposedly based!

Altogether, the pattern didn't at all match the Conclusions of the Cole Committee, and while withholding identification of the doctor and the hospital, Effie turned in her story and the *American* published it.

While it may have caused a twinge of uneasiness in high medical circles, Effie's story's main value was that of a "morale builder" for the people at the Krebiozen Research Foundation. The news that after many months finally, one reporter—only one and a wisp of a woman at that—had had the courage and the reportorial guts to challenge the powers—it seemed rather like a miracle to the Krebiozen camp.

In newspaper reporting, conformity to the orthodox is more apparent in the medical field than in almost any other. For instance, most of the newspapers accepted the Cole Committee report at face value—the gods had spoken. And, as in the past, the gods could not be wrong.

But Bob Kipp was the courageous City Editor of the *American*, and Harry Reutlinger was Managing Editor. Both were of the old print-the-truth-when-you-find-it school. They encouraged Effie to get a "follow up" on her first Cole Committee story, no matter what gods she had to offend.

And get that story she did. She went to the hospital; she interviewed doctors, and examined their reports. She talked to the patients. She was a true reporter, tracking down evidence wherever she could find it. She didn't accept as absolute truth the smooth copy which flowed from the fountainheads of medical authority. In other words, Effie was checking unctuous words against facts. I had done this before entering the Krebiozen controversy and I was pleased to see

another writer making the same approach under different circumstances and arriving at similar conclusions.

She managed to obtain a copy of Dr. Ivy's hitherto secret report. When I saw her she was busily checking through it. I was a little startled because Dr. Ivy's report was supposed to be confidential. However, several of Dr. Ivy's friends had copies. (After the *American* began publishing stories on Krebiozen, the Krebiozen Research Foundation released a copy of the report to all Chicago newspapers.)

I thought it an auspicious omen that a reporter was putting in time and effort to really delve into the Krebiozen controversy, and possessed the ingenuity to get the information she needed in spite of Dr. Ivy's refusal to release it. I felt that second to a lawsuit, the best way of setting forth the truth would be through the press.

Dr. Ivy, of course, would not talk to Effie about Krebiozen. Neither at the start would Dr. Durovic. And she felt honor-bound not to use the Ivy Report except as bolstering background information. Almost all of Effie's material had to come from the patients, the doctors and the hospital where she had developed her first Krebiozen story.

She planned and built a series of articles around the patients, their hospital reports and their doctors' comments. She had heard I was planning to write a book about Krebiozen. She called and told me she was intending to do more stories.

Later I made it a point to drop in on her boss, Harry Reutlinger, who, as it happened, was one of my ex-bosses.

"What about this Krebiozen?" he asked me bluntly.

"I'm staking my career as a writer on it, Harry. It hasn't had a fair chance."

I outlined the whole course of my investigation, concluding with my recent visit with Senator McMahon's doctor in Washington. I also gave him a hint of the possible reasons why Krebiozen had been attacked by the AMA.

"This is hard to believe," said Harry, "but if you've checked all this stuff, it might make sense. Effie's written several stories on patients. We've been wondering whether to run them or not. What will Ivy say if we do? Will he squawk?"

"Dr. Ivy may protest your running *anything*, he's such a stickler for medical ethics," I answered. "But he will never denounce the

truth if it comes from doctors and hospital reports such as Effie has. Knowing the man, I can guarantee that. And since when have you rejected a big exclusive?"

"But Effie's such a crusader. When she's convinced of anything, she goes all out."

"In the days when you were a reporter that was a virtue. *Now* it's a vice?"

"All right, I'm convinced. Now let's sell the executive editor."

The executive editor, Ed Lapping, proved hard to sell. But he agreed that a series of stories completely objective, fully verifiable by hospital records and doctors' reports, might be beneficial to the public and to the paper.

He sent for Effie and her stories.

"I have a tremendous respect for Dr. Ivy," he said. "Else, no matter *what* the evidence, I wouldn't print one word about Krebiozen. However, with Dr. Ivy's reputation combined with all this medical evidence, I think we can run this series, provided we keep it completely objective."

We watched, Harry and I, as Mr. Lapping tore huge chunks out of Effie's stories.

"But this is not objective," he would say. "Can you prove this statement by absolute, incontestable records? Otherwise, out it goes." He went over each story, line by line. Harry and I watched Effie squirm.

But Mr. Lapping's big copy pencil was slashing to good purpose and it served his paper well.

He recognized that in a controversial medical story, you must have incontrovertible proof of what you write.

The *Chicago American's* Krebiozen stories were unchallenged by any medical group when they were published in the fall of 1952. Near the conclusion of its Krebiozen series, the *American* was able to say "In the eleven days of . . . the series no official of the American Medical Association which previously reported adversely on 100 Krebiozen-treated cases, no member of the medical profession and no member of the Cole Committee challenged the truth of this paper's articles."

The stories stand unchallenged today. They will remain unchal-

lenged tomorrow. Yet is it not unthinkable that no medical bodies have protested, or disputed this medical evidence specifically, since some have issued such dire, supposedly scientific, medical pronouncements against Krebiozen? Wouldn't you think they would rise in their august wrath, and smite down their challengers with a mass of counter-evidence?

The *American's* series on Krebiozen ran for about two weeks. The stories stimulated great public reaction. For the first time since its tragic announcement at the March, 1951, meeting, the substance was shown publicly to have definite value in treating even "hopeless" cancer patients. Many doctors who had read only the critical AMA reports, were impressed by this positive evidence, even though it reached them through a newspaper and not through regular medical channels.

The *American* emphasized the series was the result of its own investigation and not authorized by anyone. Nevertheless, Dr. Ivy's well-wishing friends, and, it must be suspected, some not so well-wishing, became quite disturbed over the fact that articles on Krebiozen were appearing in newspapers; striking was the fact that all the negative, premature and misleading articles widely reported in the press for the past year had not perturbed them in the slightest. Now that some of the truth was finally, belatedly, penetrating the public consciousness, there were agonized squirmings. They feared anew for Dr. Ivy's reputation (which some were working overtime to destroy). Most of the horrified laments came from certain of Dr. Ivy's own medical faculty. Some didn't or couldn't understand that the orthodox channels of imparting knowledge about Krebiozen had been obliterated for him. At this critical stage, the press was probably the only medium that might save him and Krebiozen—by creating an overwhelmingly favorable public opinion. That alone could force medical recognition.

Dr. Ivy, however, listened to the wailings, and although of course having nothing to do with the articles personally, he thought it best to write a protesting letter to the *American*.

The letter produced consternation in the editorial offices of the *American*.

Reutlinger called me: "You mean Ivy is backing out on Krebiozen? We'll stop the series today."

He read the letter to me.

"It doesn't mean that at all," I told him. "It just means he is protesting the publication of a scientific problem in what, my friend, he calls the lay press. All the letter needs is one paragraph stating you are telling the truth. It'll make your series even stronger."

"Can we get that paragraph?"

"We'll pin him down. You see, he's the kind who always has to tell the truth. He'll do it in this case, I'll lay you a hundred to one!"

And, of course, since I knew the man Ivy, Reutlinger got his paragraph, and the Krebiozen series was saved. The paragraph ran: "... I cannot, however, deny the truth or validity of the articles now appearing in the *American*. It is apparent they are based on actual hospital records and case histories."

## CHAPTER 39

THE American Medical Association has always denied that it exerts any pressure on doctors, directly or indirectly. I shall now put on record an example of its direct pressure.

Those who have followed this episodic history of Krebiozen will recall that Dr. Reimann of the Lankenau Institute in Philadelphia and his assistant, Dr. Pomeroy, obtained the same striking objective results with Krebiozen as did Dr. Ivy's group, and as did everyone else who tried the anti-cancer agent for any reasonable length of time.

During the hot battle between Krebiozen's friends and foes in the late fall of 1952, a copy of Dr. Reimann's report was obtained from a source other than Dr. Ivy and published in one newspaper. It was then decided by friends of Dr. Ivy that the report should be released to all newspapers. This was done. Reporters called Dr. Reimann and asked about Krebiozen and whether he still subscribed to the report.

But Dr. Reimann, decidedly uncomfortable, to put it mildly, in finding himself flatly contradicting the AMA, apparently decided the

fight wasn't worth it. He told newspapers that he was "giving up" Krebiozen as practically valueless. Asked to explain the discrepancy between this statement and his published report, he made vague excuses. (The fact was at that time he was receiving and using about one hundred ampules a month from the Krebiozen Research Foundation.) All Chicago newspapers made big stories out of Dr. Reimann's statement that Krebiozen was practically valueless and the Lankenau Clinic was abandoning experiments with it.

It seemed that a main bulwark of Krebiozen—the independent, objective, favorable report of the highly respected Lankenau Institute—had collapsed.

The news of Reimann's defection produced incredulity and consternation in the Krebiozen camp. How could he renege on his written reports, corroboration of which he was even then obtaining?

Now a further development occurred at this time of which we should take particular notice. Dr. Arthur Kirschbaum wrote to Dr. Reimann for information on his results with Krebiozen. Dr. Kirschbaum was a member of the medical faculty at the University of Illinois.

At this point, Dr. Reimann was frank, privately at least, in his evaluation of Krebiozen. He wrote Dr. Kirschbaum a letter stating essentially the same facts as contained in his Report, reiterating the same objective improvements (45 per cent of all patients treated with Krebiozen). It should be observed that although Dr. Reimann felt himself under considerable pressure, nevertheless he still stuck to his original findings when questioned by medical men. His favorable observations were still being corroborated in December, 1952.

Now Dr. Kirschbaum was writing in order to accumulate data against Krebiozen: to prove that President Stoddard, Dean Olson and others of the faculty were right in their proscription of Krebiozen because it was "secret" and valueless. In fact, it was probably non-existent, as President Stoddard had stated in his "considered opinion." But at least Dr. Kirschbaum has the reputation of being a scientist, and was accumulating material presumably which would demonstrate to the faculty and to the world that Krebiozen was being annihilated in a scientific fashion.

We must assume that Dr. Kirschbaum is a scientist of the conven-

tional opportunistic modern school, since he did not see fit to release to his colleagues or to anyone else, this letter from Dr. Reimann. It only came to light in a most inadvertent way—some time after its receipt.

Much as some doctors deplore newspaper accounts of anything scientific, some doctors always read them and quite a few even make up their minds on that fragile basis. So some did with the stories of Reimann's "desertion." The doctors in control of the AMA know this propensity full well. Else why would they have solicited an "official" denunciation of Krebiozen from Dr. Reimann late in 1953 when they were experiencing rough going in trying to convince the Illinois State Legislative Commission that their own work was scientific?

Dr. Reimann's letter to the AMA is both pitiable and pitiful to almost anyone. It is tragic to persons who think scientists to be above coercion.

*Finally, the powerful medical bureaucracy forced Dr. Reimann to recant his printed views on the use of a drug called Krebiozen.*

As we have seen, he did not hold his repudiating views concerning Krebiozen as late as *six months* after he wrote his report to Dr. Ivy; nor did he hold them as late as *February, 1953*, when his assistant, Dr. Pomeroy, wrote a letter to Dr. Ivy. In the letter Dr. Pomeroy asked for *more Krebiozen*; he said that due to pressure, Dr. Reimann *saw fit to tell the press* that Krebiozen is valueless and that he is giving it up.

Dr. Pomeroy's letter in February, 1953, is a private professional plea for additional Krebiozen, in spite of Dr. Reimann's public repudiation of it. Both Reimann and Pomeroy knew Krebiozen was effective. Now from the tone of Dr. Pomeroy's letter we can surmise that he did not approve of his superior's step in declaring Krebiozen valueless. We can even detect a rather sad, frustrated, questioning note. But we must remember that Dr. Pomeroy is a comparatively young doctor, and presumably has not yet realized that certain phases of American medicine are what they are—and that he must eventually conform along with all the other "good" doctors. Dr. Ivy did not release Dr. Pomeroy's letter; it became public when the Krebiozen Investigating Committee subpoenaed it.

It is a matter of record that the Lankenau Institute did not receive

any Krebiozen after February, 1953; therefore we can assume that all data accumulated by Lankenau previous to February, 1953, must be accepted as valid scientific evidence. Without more Krebiozen to use for testing, how could it be otherwise? Drs. Reimann and Pomeroy had reported 45 per cent objective improvements in their patients throughout their eighteen-month experiment. Therefore, the recantation letter of Dr. Reimann's, which the Assistant Secretary of the AMA, Dr. Ernest B. Howard, exhibited to the press on October 21, 1953, must be viewed as a forced confession.

Dr. Reimann wrote Dr. Howard, obviously in response to an AMA request, that "Krebiozen should be returned completely to the laboratory" for further testing on mice. "Objective results at first led us to think that there was some sort of biologic effect. . . . I was not impressed [*sic!* compare with his reports and letter] because biologic effects can be obtained from innumerable substances." He goes on to suggest future results be presented "in the approved ways."

Because of the letters which both Dr. Reimann and Dr. Pomeroy wrote, and which were eventually subpoenaed as a part of the Official Record of the Krebiozen Investigating Commission, I wish to add that I, stunned and angered by this yielding-under-pressure, talked with Dr. Reimann twice by telephone. I had the talks recorded with witnesses. I was appalled that such a thing could happen in science. In science? Impossible. Yet there it was! In our talks, Dr. Reimann fully corroborates the content of his earlier letter to Dr. Kirschbaum, his favorable report on Krebiozen, as well as the fact that he was still using Krebiozen and intended to continue. This additional proof of Dr. Reimann's real opinion of Krebiozen was later found to be unnecessary, but I still have transcripts of our talks as proof that pressure from the bureaucracy will cause an eminent scientist to take the truth as he has known it and say it is an untruth.

## CHAPTER 40

ANOTHER instance of provable direct pressure that emanated from the AMA as a result of Krebiozen occurred during the Krebiozen hearings. Dr. Pick had testified to Krebiozen's great merit in his personal experience of many cases. He also related testimony incriminating the AMA in the matter of its Status Report.

Shortly thereafter, Dr. Karl Meyer, a colleague of Pick's who moved freely in the AMA's top circles, said to Pick:

"You know the AMA doesn't like what you're doing."

"What do you mean?" Pick asked. "I'm only telling the truth as it happened."

"They think you're talking too much," Pick quotes Meyer as replying.

Pick, however, still continued to "talk."

A little later, Meyer approached him again.

"They think you're doing too much surgery at Columbus Hospital," he said.

Now Dr. Pick, as we have seen was (and is) an internationally famous plastic surgeon and was head of the Department of Plastic Surgery at Columbus Hospital in Chicago. As a result many people came to him for help from all parts of the country. His average schedule at the hospital was about twenty operations a week and had been for some time.

A short time thereafter, however, Dr. Pick found great difficulty in scheduling operations at his own hospital. The facilities available to him shrank to five operations a week and even lower. "A shortage of help" was the excuse proffered when he tried to find the reason why.

Finally he had to seek elsewhere for facilities to accommodate his desperate patients. Dr. Pick was not naïve enough to think this was coincidence, particularly after he had received two pointed warnings.

As an example of how direct pressure was exerted in areas outside Chicago, I cite the case of Dr. Allen Rutherford, of Lebanon, Pa. Dr. Rutherford, a respected member of the staff at the Good Samaritan Hospital, Lebanon, had successfully rescued two "terminal" patients from a certain cancer death via a way now familiar to us—Krebiozen therapy. One of these patients had even been given the Last Rites of the Catholic Church, his situation was so critical. Both patients recovered completely and lived to write letters to the Lebanon newspaper telling of their unique experiences.

But for this service to his patients and to humanity, Dr. Rutherford found small thanks from certain members of the staff at Good Samaritan and also from his county medical society. In fact at a meeting during his absence, the motion was passed that Dr. Rutherford be ousted from the hospital for his use of Krebiozen. Bear in mind that his Krebiozen-treated patients were living and doing very well in spite of the fact that they had been given up for dead by the same representatives of the medical fraternity now proposing Dr. Rutherford's ouster!

Apparently, Dr. Rutherford was to be booted out for saving his patients when they could not. Either quit using Krebiozen or be expelled, was the ultimatum handed him. Dr. Rutherford chose to fight it out on the basis of scientific evidence. And thereby he takes his place among the few courageous doctors who are willing to sacrifice their careers for their patients and for an abstraction called truth.

Although there were times when he had to administer Krebiozen alone and surreptitiously (as the edict forbade even a nurse to help him!), the stalwart Dr. Rutherford managed to interest various influential persons in the rightness of his position. One of them included the editor of the newspaper in Lebanon. Another was the chairman of the board of a well-known steel corporation. Both, to their great credit, listened to the facts instead of rumors. Too, he had his patients to help prove his point.

Altogether the combination was too powerful for even the Medical Society and the hospital staff.

Dr. Rutherford had found it necessary to resign from the staff, from the medical society, and from the AMA. Now because of the pressure of public opinion, the hospital graciously changed its policy. It allows

Rutherford or any M.D. to use Krebiozen in the hospital provided a hospital committee is notified.

This victory of Dr. Rutherford proves that the Power can be broken by an individual doctor who is possessed of enough courage.

Dr. Durovic wrote him: . . . "I deeply regret all the trouble our enemies are making for you . . . all of us here sincerely appreciate and admire your courage, your independence and your firm stand in defense of something in which you believe. If a significant number of our profession would also take this honest stand, it would impede the machinations and abuse which a few medical politicians are making against the profession."

Dr. Rutherford's gallantry is in refreshing contrast to the actions of other M.D.'s we have noted. But the nadir of cowardice was achieved by two doctors who reported their Krebiozen-treated patients dead when as a matter of fact both had recovered from their cancers and no longer needed Krebiozen.

One of these "dead" patients was restored to "life" in the files of the Krebiozen Research Foundation when a relative telephoned to request Krebiozen.

"We're sorry it didn't help your relative," the caller was told.

"Didn't help her? Why, Krebiozen saved her life three years ago!" was the astonishing reply.

"Her doctor reported her dead and discontinued Krebiozen, according to our information."

"He discontinued Krebiozen because he considered her well enough not to need it. Come out and see for yourself."

And indeed, a check showed the former patient very much alive and cancer-free. Thus we have the ignominious picture of a doctor being afraid to admit Krebiozen had saved his patient's life, and instead reporting Krebiozen as being worthless. There should be a way to punish such callous disregard for the truth.

Still another instance of callous disregard—this time for the patient—came from two doctors in the East. Both admitted privately they were not injecting Krebiozen into their trusting, hopeful patients. They were injecting saline water! Their patients, needless to say, were steadily growing worse. "Krebiozen" was not helping them, they thought. The doctors' reason for this violation of practically every

Hippocratic precept: "Well, we knew from the AMA reports that Krebiozen was worthless so we thought saline water would be just as good." These doctors' false reports were soon expunged from the records of the Krebiozen Research Foundation so as not to interject the immoral trickery of these charlatans with the scientific accounts being kept by Dr. Ivy and the Krebiozen Research Foundation.

## CHAPTER 41

ON September 24, President Stoddard, acting on the recommendations of the Cole Committee, asked for and received approval from the university's Board of Trustees to initiate a study of Krebiozen at the University of Illinois—provided certain conditions were met.

Those conditions were that no more "clinical evaluations" were to be attempted until after the chemical and biological "secrets" of the drug were disclosed. In other words, no more human beings were to be given Krebiozen (except those already under treatment whose doctors recommended continued treatment) until the chemists and biologists at the University of Illinois had manufactured Krebiozen themselves and had determined its chemical nature. Such a study might take many months or even years. Certainly it would not be an easy task to fully identify the substance chemically if it were, as Drs. Ivy and Durovic believed, a body hormone. A body hormone such as insulin defied the chemists for more than twenty-five years; and today other hormones such as ACTH may not be completely identified for many years.

The actual production of Krebiozen should be much easier. But what were the restrictions placed on that?

The university would undertake to produce it (an impractical, expensive undertaking since it would cost at least \$80,000 to make enough for just a *chemical test*). Or the university would undertake a contract for its production *with an outside laboratory*.

"Throughout such work," Stoddard's recommendation and the

Cole Committee's went on, "there would be no infringement of the technical, legal or financial rights of the originators [the Durovics]."

Though Dr. Durovic felt he was being slighted by not being asked to supervise the making of another supply of Krebiozen—indeed, his own laboratory was not to be utilized either—he agreed to the plan. Brother Marko looked with some understandable misgivings on the probable scheme of having an outside laboratory manufacture Krebiozen. He said he would wait for a definite legal agreement between Duga and the University of Illinois; otherwise his creditors in South America would not conceivably allow him to give away the manufacturing formula of Krebiozen which they (and he) had underwritten for more than a million dollars.

However, with University of Illinois' protection, the Durovics would feel safe and their creditors would permit full disclosure. And, as Dr. Durovic told me, they would see to it that in the event Krebiozen proved as effective against cancer as Dr. Ivy's results indicated, that the university received a large share of the commercial returns. They were prepared to negotiate a definite arrangement, including the equitable distribution of money derived from possible sales.

The Durovics were to learn, however, during the next few weeks that President Stoddard's idea of protection was vastly different from their own; in reality, he was undertaking biological and chemical studies of Krebiozen only in order to write what he considered the scientific "final chapter" to the whole Krebiozen episode. This is not what President Stoddard or the Cole Committee stated to the Board of Trustees in September, but it is what he stated six weeks later. In the end, the Durovics, Dr. Ivy and the members of the Krebiozen Research Foundation felt that they had been misled into thinking the Stoddard-Cole recommendations were to be accepted at par.

The Durovics waited in vain for some sort of contract to be drawn between themselves and the university. President Stoddard later implied he was *waiting for the Durovics* to advance a "concrete" proposal which they "failed to do."

Meanwhile, the Durovics were called upon to deliver four thousand ampules of Krebiozen to the Chairman (Dr. Robert Johnson) of a committee designated by Stoddard to investigate Krebiozen; and

within three days to give "all data, descriptions and formulations necessary . . . to undertake its biological preparation."

The Durovics were bewildered. They were in receipt of an ultimatum to surrender everything they or their creditors possessed—without even a scrap of paper assuring them that their financial rights would be safeguarded, as had been proffered in the Stoddard-Cole recommendations.

They wrote politely and said they were prepared at any time to deliver both the Krebiozen *and* the formula, provided they received some definite assurance that their rights would be protected by the university. They quoted and requoted the paragraph on protection.

Later, on the witness stand, Dr. Stoddard testified he never meant to enter into any contractual negotiations with the Durovics for their protection. "The word of the University that there would be no infringements of their rights, I considered sufficient," he explained. "We have never entered into negotiations of that sort."

He didn't explain just how practical protection could be achieved with a large number of technicians and sundry folk in full possession of the formula.

Dr. Stoddard, although his recommendations certainly implied *practical* protection, apparently supposed that a general assurance to the effect that no one at the university would make nefarious use of Krebiozen information would be enough protection in the highly competitive pharmaceutical field.

Dr. Stoddard's true feelings about Krebiozen came to light a few weeks later when he contemptuously wrote: "The Durovics still speak of their need for protection, as if the substance possessed value."

Regardless of whether he personally thought the substance possessed value or not, his own recommendations had *promised* protection, and the Board of Trustees which approved his recommendation had approved it on the basis of practical protection; it was not considered by any one to be a hollow assurance.

During the exchange of letters between the university and the Durovics, Dr. Ivy was selected as a go-between. After a plea from the Durovics for a workable plan of protection, Dr. Stoddard instructed Dr. Ivy to write: "Neither the Johnson Committee [set up for the Krebiozen study] nor any member of the staff of the Uni-

versity has the *slightest interest* in abridging such rights. . . ." Here Dr. Stoddard professed to speak for the intentions and interests of the several thousand persons composing his large staff, of whom he could not have intimate knowledge, nor could he know each one's designs.

Stoddard, through Johnson and relayed through Ivy, continued pouring pressure on the harassed Durovics: "If, within a reasonable time [two weeks] we do not receive this form of cooperation from the Durovics, we shall proceed to dissociate Krebiozen from research or service programs."

Here Dr. Stoddard wants the world to believe that Krebiozen *was already* in the research or service programs of the university, whereas it was not and never had been, as was brought out in the legislative hearings. Furthermore, the university had spent almost nothing on Krebiozen. Except of course for the expenses of the Cole Committee, and the somewhat vague value of the time spent by various members of the university's Tumor Clinic under Dr. Slaughter, Dr. Taylor, et al., when it tested Krebiozen for a short period in 1951. Dr. Durovic even had receipts to show that the only time he made use of minor university facilities, he paid the bill in full.

What President Stoddard's real intent was, was demonstrated later when he issued his ban on Krebiozen research *at any time* by any staff member.

And Dr. Johnson wrote the Durovics (via Dr. Ivy) in response to still further pleas by the Durovics for some sort of written assurance: "It is not within my province to make legal commitments on behalf of the University." Certainly a true statement, but in view of the recommendations, could not the Durovics have expected a *degree* of understanding?

But the poison which had been poured in a steady stream into Dr. Stoddard's ear concerning the Durovics, Krebiozen and Dr. Ivy had finally accumulated into a dangerous concentration. He not only would not meet with the Durovics, but when they did not accede to his arbitrary demands, his famous temper erupted, and he issued a decree of excommunication unique in modern American education.

Prior to that, the Durovics and Dr. Ivy were threshing about, desperately striving to find some way out of the impasse. The Duro-

vics could not and would not release their total formula without some written assurance of protection. President Stoddard either would not or could not give such assurance. Dr. Ivy was in the middle.

Dr. Ivy wanted the chemical properties of Krebiozen analyzed, he wanted its manufacturing process available, he fervently wanted a strictly controlled experiment with Krebiozen which would forever end any doubts as to the substance's efficacy. Most of all, he wanted all of this done at the University of Illinois. Yet he knew the Durovics' rights had to be protected—he knew they had no choice, for what creditors of *any* pharmaceutical company would allow the company to give away its know-how so that another more powerful and richer company could become even more powerful and richer from the product which the original company had developed? He knew the Durovics could not betray their trust, nor did he wish them to after all they had endured.

So the tormented Dr. Ivy first thought about dissociating himself from Krebiozen and remaining with the university; then he planned to resign from the university and perhaps go somewhere else, possibly with the Durovics, for testing of Krebiozen in a foreign country under more scientific and fairer circumstances.

In the end, Dr. Ivy could not bring himself to accept either alternative; each had so many disadvantages. He decided to stay with the university and with Krebiozen and in this country. He had been attacked here; here is where he would stay and see things through, come what may. The United States was his country, American medicine was his whole life, however roughly it had served him recently.

The portentous rumbles from the president's office grew louder. He would not give the assurances which he had stated he would give. Further, President Stoddard would not even deign to communicate with the Durovics personally, much less meet with them. This had a profound effect on the proud Durovics.

The Durovics were desperate; Dr. Ivy was desperate. Finally, the Durovics developed what they considered an ideal solution. A certain former creditor in South America had offered them enough additional credit to manufacture another supply of Krebiozen. Now, all of the other offers tendered to the Durovics from foreign sources had come

with the definite stipulation that the Durovics bring themselves and their product to the country making the offer. Then that country would derive the benefits and the glory of the anticipated cancer cure.

This new offer came suddenly and almost unexpectedly. The Durovics reacted immediately. They saw a way out of their predicament. They would, they wrote to President Stoddard, manufacture more Krebiozen within six months. They themselves would have it chemically analyzed. Simultaneously, they would furnish the University of Illinois—*without* assurance of protection of any kind—with enough Krebiozen for its own chemical analysis. Then they would reveal all of the manufacturing processes. (Previously, the Durovics had been persuaded by Dr. Ivy to patent their product because he would accept no further Krebiozen information from them unless it was protected in a patent application.)

In other words, within a period of six months, the Durovics would not only provide the university with the manufacturing process but with enough Krebiozen to analyze—the whole procedure not to cost the university a penny. (The university presumably, if it had followed the recommendations advanced by the Cole Committee and Dr. Stoddard, would have had to expend many thousands of dollars.) The Durovics and Dr. Ivy were confident this was the solution.

But the poisonous advice injected into President Stoddard's mind turned his thoughts in only one direction, led him to interpret this plan in only one way: the Durovics were stalling. He promptly issued a decree.

President Stoddard's edict—which we may note in passing was given to the press in advance of any official notification to members of his faculty or to Dr. Ivy—was about the most prohibitive restriction on research ever signed by a president of a modern American university. He sent it to the press himself because Joe Wright, head of the public relations division of the university, advised him not to send it out. Dr. Stoddard, under tremendous pressure from the press and public, later amended the order and tried to explain he never meant it as it was universally interpreted. Nevertheless, the edict speaks for itself; and it bespeaks a very angry, injudicious and, at that time at least, intolerant man. This was the point of view of at least one newspaper editorial.

Here are some striking passages from the President's Order:

... there are to be no further clinical uses or determinations of Krebiozen on the part of staff members of the University of Illinois at any time ... henceforth Krebiozen is to be dissociated from research or service programs. I am informing Dr. Ivy of these prohibitions.

The evidence of the Cole Committee is decisive with respect to the therapeutic value of Krebiozen; it has none. ... This then is the end of the road for Krebiozen insofar as any staff member of the University of Illinois is concerned.

... the originators of the drug still speak of their need for "protection" as if the drug possessed value. Actually, all the University of Illinois sought to do, following the report of the Cole Committee, was to solve the mystery of a preparation already discredited in medical practice.

It must be admitted that the Krebiozen affair has been damaging to the scientific reputation of the University of Illinois. It is to be hoped that the present divorcement will have restorative value. ... It would appear that we really might have found nothing in the ampules and therefore were not allowed to look for it. It is my considered opinion that, except possibly as a common, harmless inexpensive ingredient, Krebiozen does not exist.

For three or four days before the edict, the Durovics and Dr. Ivy had been feeling relaxed from their tension. They had, they imagined, every reason to feel relieved, because they had finally hit on the ideal solution to the problem. Everything and more which Dr. Stoddard and the Cole Committee were demanding, would be delivered: (1) powder for a chemical analysis; (2) complete method of manufacture; (3) the university would not have to spend one penny of taxpayers' money; (4) all this would be accomplished in approximately six months, a very reasonable time. Altogether, Dr. Ivy and the Durovics were very optimistic.

Dr. Ivy felt so relaxed he went with some friends to Champaign for the university's homecoming football game. Between halves, Dr. Ivy's name came through the loudspeaker. He was wanted to answer a long-distance telephone call. He feared that it might be bad news from his son who was at the front in Korea. Instead, it was a Chicago newspaper reporter.

The reporter had a copy of President Stoddard's edict banning Krebiozen research. Stoddard had just released it to the press. What,

the reporter wanted to know, would Dr. Ivy do? Follow Stoddard's order or resign from the university? What were his comments?

Dr. Ivy had none at the moment. He wanted to see the order and to think about it. It had caught him absolutely unprepared. He was shocked that President Stoddard could do such a thing and he was wondering why.

No one could doubt that President Stoddard meant a total ban of Krebiozen research by any professor, including Ivy. Since Dr. Ivy was the only full-time staff member who was doing research on Krebiozen and since all of Dr. Ivy's research on Krebiozen was undertaken away from the university in his spare time, the ban naturally included spare time, too. President Stoddard was very specific: "*At any time.*"

One newspaper, the *Chicago Sun-Times*, quoted a "spokesman" for the university as saying, "The President's announcement puts Dr. Ivy on the spot where he must move one way or the other." (That is, either quit Krebiozen completely or resign from the university.)

The same article also quoted Dr. Stoddard as tacitly agreeing to this interpretation: "Asked what he would do if Ivy continued his research on Krebiozen, Stoddard replied: 'Let's cross one bridge at a time.'"

The meaning here is less cryptic than it appears at first look. President Stoddard is agreeing that Dr. Ivy must make a choice of abandoning Krebiozen completely or else resign. He wants to wait until Dr. Ivy has decided one way or the other before saying what he (Stoddard) will do. Clearly, he considers his edict an ultimatum to Ivy. From his knowledge of Dr. Ivy, he must know that Ivy will probably resign rather than forsake what he considers to be the truth. Therefore, there will be no further problem of Krebiozen at the university. Therefore, why should he *threaten* what he would do if Dr. Ivy does not comply with the ban?

This reasoning about Ivy's reaction to the edict proved entirely correct. Ivy immediately prepared to resign, drafted a letter and was dissuaded only at the last minute from sending it. He was persuaded that it would be to the greater good of the university, to science and to humanity, for him to stay on the battlefield. Not to fit into the plans of his enemies by resigning, but to ask for a leave of absence

without pay in order to resolve the Krebiozen issue. His influence in the fight would be considerably lessened away from an academic background. A divorce from his academic background was what Ivy's antagonists wanted, of course.

As a matter of fact, Dr. Stoddard could have secured Dr. Ivy's resignation from the Vice-Presidency at any time simply by filling in the date on Dr. Ivy's undated letter of resignation which Dr. Ivy had supplied on commencing his university duties in 1946. (It has been Ivy's custom to supply his superiors with such a letter on beginning any assignment.) Instead of filling in the date, Dr. Stoddard chose the "publicity" route. Why?

President Stoddard's ban on Krebiozen had the important effect of stopping the Durovics' credit for financing a new supply of Krebiozen. Indeed, what would be the point of spending hundreds of thousands of dollars to produce more of such a controversial substance, something called worthless by the AMA, and now called worse than worthless by the President of the University of Illinois? The medical climate would have to change considerably before anyone would want to risk a large sum of money in Krebiozen's manufacture.

But if it shut off the Durovics' credit, the presidential ban also had the effect of a gigantic boomerang on no less a person than the one who issued it. No sooner had the headlines flared in Chicago and across the country than many persons and groups, hitherto either neutral or unfriendly to Dr. Ivy and Krebiozen, began protesting against this "ban on scientific research." The value of Krebiozen had not been fully ascertained by Dr. Ivy and his group of co-operating doctors. Nor had the question of value been acknowledged as really settled even by the contradictory Cole Committee report: "Because there is sufficient doubt in the minds of the Committee members concerning the ability of Krebiozen to bring about alteration in the biological activity of human cancer, it is suggested that further investigation of the material might be considered to determine with finality whether it is capable of alleviating pain, reducing the size of tumor lesions [cancers] and bringing about histologically provable tumor lysis [cancer dissolution]."

To stop, completely and utterly, research "at any time" by staff

members on a substance which even negative-minded medical men agreed should be investigated further—to halt research on a substance which some said showed great promise against “mankind’s cruelest enemy”—well, medical men, scholars and the man on the street alike voiced their indignation at such a dictatorial procedure, especially when Dr. Durovic made public the correspondence in which he offered to co-operate with the university—to co-operate immediately, with protection or without protection, in six months.

The newspapers reflected the indignation. Legislators became aroused, and began looking into the situation. Some threatened action, an inquiry. There were advance warnings of the legislative investigation which was to follow.

Thus, it may be said that this one act of President Stoddard did more to focus attention on the Krebiozen problem than any other single action, and it was to cause, in part at least, Dr. Stoddard’s downfall.

In vain he tried to alter his position two weeks later, saying it is of “no interest to the university what a professor does in his spare time.” But the original restriction was aimed solely at Ivy, who worked on Krebiozen only in his spare time. This fact was well known, since Dr. Ivy had made a point of advertising it many times. He wanted no one at the university or elsewhere to think he was using university time or funds for experimenting with a substance which he himself, as we have noted, did not place on the list of university-sponsored researches because its sponsor could not reveal (at that time) either the scientific or the business details of its manufacture.

Therefore, any prohibition of research on Krebiozen would have to apply to Dr. Ivy’s spare time. Besides, Dr. Stoddard had made it very clear both in language and attitude, as we saw previously, that “divorcement” was what he demanded and expected. Otherwise, Dr. Ivy would not have been presented with the ultimatum nor been informed of the “prohibition” of Krebiozen research.

Even if we accept Dr. Stoddard’s later amendment, that he was not concerned about what Dr. Ivy did in his spare time, then his original ban was utterly useless and not applicable. Dr. Ivy could have ignored it, saying “since I do all the Krebiozen research in my spare time, this

ban does not apply to me!" It would take extremely devious logic to rationalize that the phrase used by Stoddard to ban Krebiozen research—"at any time"—really did not apply to spare time.

Meanwhile, the public and some parts of the academic world reacted very violently, some pointing out that such an action by the president not only violated the principles of academic and scientific freedom, but violated most of the Bill of Rights and the Fourteenth Amendment to the Constitution as well.

President Stoddard had not foreseen the storm that would follow his research ban.

An example of how prejudiced Dr. Stoddard had allowed himself to become toward the Durovics is afforded by a recorded transcript of a television program, "Press Conference," December 8, 1952. Stoddard was being interviewed by members of the press relative to Krebiozen.

Stoddard: They [the Durovics] withdrew the offer to send us four thousand ampules [of Krebiozen] in oil suspension before they had delivered it. They made it and they withdrew it and we never got any.

Miss Effie Alley: Did they withdraw the offer, Dr. Stoddard? I've seen the correspondence and I find no records that they withdrew the offer.

Stoddard: I'm glad to state publicly and definitely that they withdrew the offer in writing and none was ever delivered to the Johnson Committee.

Stoddard's categorical statement is in demonstrable error; the Durovics did not withdraw their offer. The letter Dr. Stoddard referred to was as non-existent *literally* as Stoddard would have us believe Krebiozen is. When asked by reporters after the program to produce this letter, Stoddard admitted there was no such actual letter, but claimed that "it wasn't necessary."

Yet he had stated "publicly and definitely" that there was—and presumably many thousand persons heard him—thus further contributing to the misinterpretation of the Durovics. Needless to say, Dr. Stoddard's private retraction to the reporters was never heard by the audience who had heard the positive declaration, for his private admission was never publicized.

But the president's manner of arriving at the conclusion that the Durovics were less than honest was far less culpable than that of many supposed scientists who had the opportunity to look more

deeply into the matter, but did not. After all, there were extenuating circumstances for Dr. Stoddard's failure to carefully examine the Krebiozen problem, even though the problem troubled him greatly. His main defense—and a solid one—was that he was forced to rely almost entirely on the advice rendered him by his own medical men. Even here, Dr. Stoddard is not as guiltless as he would have us believe, for he consulted only with certain of his medical men, for example, Drs. Olson and Cole, and not at all with Dr. Ivy.

The medical men and the so-called scientists who advised him have no defense; it was their job as scientists and as medical men to investigate thoroughly before passing judgment. This, hardly a one did.

They merely parroted what they had heard from various sources and made up their minds completely on the basis of the apparent evidence. In the end, we have a picture of intelligent, capable medical men—some brilliant in their specialties—accepting wild rumors as fact and weirdly concocted fantasies as scientific deliberations. It is truly a sad commentary on the intellectual status of American medicine that they passed judgment on a scientific question of which they had only faint knowledge. The fact that they were led by two or three ambitious and covetous men does not excuse them. In time, these men's acts will be held up for the scientific world to scorn.

Some of these myths and rumors which staid, conservative and otherwise esteemed scientists have pronounced for truth were exploded at the Krebiozen hearings.

However, it was these men to whom President Stoddard had been listening for many months now. They were, as he said, highly reputable and respected; therefore he, a non-medical man, should respect them. Whom else could he respect and listen to? Whom else except Dr. Ivy? But Dr. Ivy was a voice crying in the wilderness, and that wilderness was located 120 miles away in Chicago.

Besides, Dr. Ivy cried hardly at all. In fact, his voice could not be heard above the breast-beatings of certain department heads in the medical faculty. They were terribly shocked by the Krebiozen affair. It had been stated to be valueless by recognized medical groups. Dr. Ivy had been suspended by the Chicago Medical Society for "promoting a secret remedy." It was a clear-cut case and of course few

of the scientists doubted the validity of the charges. Even fewer—two, to be exact—thought that Krebiozen could possibly be of value after the AMA report. These two had bothered to ask for Dr. Ivy's report. The remainder of the scientists were as certain that Krebiozen was valueless as they were certain that the AMA existed or that Dr. Stoddard was President of the University.

## CHAPTER 42

ON November 28, 1952, only two months after he had recommended further research on Krebiozen, President Stoddard asked the Board of Trustees to abolish Dr. Ivy's job as vice president of the university. He asked that Dr. Ivy be retained as "Distinguished Professor of Physiology" and head of the Department of Clinical Science, academic positions he already held by tenure and from which he could not be fired except on proven grounds of "moral turpitude." He presented arguments to show that a vice president was unnecessary to the university anyway and that this post should be filled by the Dean of the Medical School. (In this case, Dean Stanley Olson, who had already resigned as of January 1, but let it be known he might be willing to remain at the university, provided, of course, he could take the place of Dr. Ivy and restore to the office the dignity which it had lost through research on Krebiozen.)

The president's recommendation, presented November 28, gave Dr. Ivy only forty-eight hours to vacate the office of vice president. His duties as vice president were to cease less than two days later, on December 1. This precipitate action, almost unprecedented in the academic world, implies more than unusual discourtesy. It implies that Dr. Stoddard, angered by Ivy's not presenting a "fresh" letter of resignation and not abandoning Krebiozen, was seeking to punish Ivy by replacing him with the still-available Dr. Olson.

What makes the arbitrary move more appalling is that President Stoddard is punishing Dr. Ivy for a supposed *scientific* error by taking away his *administrative* position. And it was in the administrative

field that no one, not even President Stoddard, could attack him. Judging on the material basis alone, in the seven years Dr. Ivy had been vice president, he had raised university funds for medical research from \$85,000 to almost \$1,000,000 annually; had increased the scientific budget from two million to almost eleven million annually; had raised twenty-five million dollars for a vast expansion program in the colleges of medicine, dentistry, pharmacy and nursing, and had helped in obtaining an additional fifteen million dollars for clinical facilities.

The university was becoming noted as a world pioneer in medical research. Ivy had endorsed the new approaches in medicine and health; he was the champion of the unorthodox as well as the orthodox. For example, he had sponsored the program of finding a better method of resuscitation. The research resulted in the adoption of the now "new orthodox" arm-lift "push and pull" method instead of the "old orthodox" Schaefer. Ivy's—and his lieutenants' (Drs. Gordon and Sadove)—refusal to accept the conventional just because it's the accepted way will save countless human lives in years to come.

And then, too, it was under his sponsorship that the noted vaccine against tuberculosis, BCG, was made available on a mass scale in this country. It is still not *used* on a mass scale, thanks to orthodox backwardness. This vaccine has been proven for many years in various foreign countries to be about 85 per cent effective as a preventive against the "white scourge."

His role in wheedling funds from a reluctant legislature cannot be overlooked. As a tax-supported institution, the University of Illinois had to obtain about ninety million dollars every two years. A good many legislators looked with suspicion on appropriating such a large sum for "higher education." Part of Dr. Ivy's job was to extract as painlessly as possible the sums required. He did not do so from a lofty academic point of view, but instead carefully explained to the legislators why such a sum was needed and how it would be spent. From a small Midwestern town himself, he could talk their language.

Result: he always got what he asked for. But more than money, he won the respect and admiration of legislators.

## CHAPTER 43

MANY of the legislators became alarmed over the dissension at the university, especially after the president and some faculty committees had denounced Krebiozen and also Dr. Ivy for his participation in its research. Eighteen legislators appeared at the November 28th meeting of the Board of Trustees at which President Stoddard recommended Dr. Ivy's summary firing as vice president with his duties to be taken over immediately by the Dean of the Medical School.

Dr. Ivy was asking for six months' leave of absence without pay to continue his Krebiozen research. (He did not know at the time the Durovics' South American creditors were withdrawing their offer because of Stoddard's edict, or he might have insisted on a showdown with the president at that time.)

As soon as Stoddard's recommendations were read, the legislators buzzed angrily. Charles Jenkins, then Chairman of the House Committee on finances, a highly strategic position in the eyes of the Trustees, spoke: "We are not here to tell you what to do. But we have known Dr. Ivy as one of the greatest scientists in this country. We believe that when he says something may be of value in cancer, it is worth investigating, and I don't care if it comes from old peanut hulls! My mother died of cancer. She suffered the most terrible pain which nothing could stop. If Krebiozen is only capable of relieving pain, then it should be investigated."

Jenkins was a Republican. But support came from the Democratic camp also. Senator Roland V. Libonati, the Democratic "whip" often referred to as the "old fox" of Illinois politics, said:

"I just want you worthy gentlemen to know that we members of the legislature aren't going to see Dr. Andrew Ivy pushed around by a group of politically ambitious people at the University of Illinois. He deserves a better break than that, after all he has done for the University and the people of this country!"

Senator Libonati's appeal grew more vehement. There were restless stirrings among the group of University of Illinois medical professors who had come to support President Stoddard, if need be.

Later, some expressed their views. "It would be extremely disconcerting to learn that a bona fide cancer agent came from such a suspect source," one said. "How could it be possible?" another asked. Manifestly, they had turned down the possibility of Krebiozen without reading the Ivy report or hearing the other side. But they were there in support of "ethical medicine" and President Stoddard.

Members of this same group, their professorial brows unfurrowed by any information about Krebiozen except the myths and rumors spread by its and Dr. Ivy's enemies, undertook an august "censure" of Dr. Ivy. Their report, which upholds President Stoddard's action in banning Krebiozen, represents one of three such approvals of the president by a faculty group. Ostensibly, they were "spontaneous expressions," although there is ample evidence the "Palace Guard" was working overtime with the arrangements.

At the end of his impromptu speech, Libonati turned to Dr. Ivy and dramatically declared:

"Now, let's hear from Dr. Ivy. Now is the time to speak in your defense, Dr. Ivy!"

Everyone turned to Dr. Ivy.

Chairman of the Board, Park Livingston, asked him: "Will you speak, Dr. Ivy?"

Dr. Ivy replied quietly that everything he had to say was contained in his statement requesting a leave of absence to study Krebiozen further.

Some there are who say that Dr. Ivy could have won the battle both for Krebiozen and himself that day had he chosen to speak; that the Trustees would have overthrown Dr. Stoddard then and there and granted Ivy anything he wished. Perhaps another golden chance was missed. Certainly the temper was in Ivy's favor that day. Dr. Ivy always wins his points in open hearings but loses them often when people meet later in secret sessions.

At any rate, the Trustees did not accept Dr. Stoddard's recommendation to fire Ivy; instead they accepted Dr. Ivy's proposal that he

be given a six months' leave of absence without pay for more research on the drug for which he had to have a definitive answer.

Meanwhile the legislators were becoming increasingly dissatisfied with Dr. Stoddard's dictatorial handling of both the drug Krebiozen and the man Ivy. A Bill to investigate the Krebiozen controversy existing at the University of Illinois was passed overwhelmingly by House and Senate of the Illinois Legislature. A committee of fourteen—seven Senators and seven Representatives—was appointed to conduct hearings.

However, no sooner did word get around in the Legislature that an investigation of Krebiozen was to be undertaken than the lobbyists for the organized medical groups got busy. They could not stop the investigation because so many of the legislators were indignant over Dr. Ivy's treatment. But they succeeded in narrowing the wording of the authorization for the investigation down to the controversy *only* as it existed at the University of Illinois. Beyond that, the investigation would have no jurisdiction. The lobbyists also succeeded in placing on the committee various legislators who were in complete opposition to the investigation and, in a couple of instances, had even spoken publicly against it. But, ironically, some who had been persuaded by the lobbyists to be against the investigation, after hearing the evidence became Krebiozen's ardent champions, while at least a couple of the pro-investigators having been convinced for opportunistic, political reasons that the investigation was a "good thing" for them to sponsor politically, later became fainthearted because of the AMA-instigated newspaper editorial pressure against the investigation. One, an extremely powerful individual—from the standpoint of the committee at least—even went so far as to visit on at least one occasion the editorialists of a certain anti-Krebiozen newspaper and ask advice on what he should do.

Part of the legislative resolution read: "This controversy presents important issues of a scientist's right to engage in research . . . and demands an objective consideration by the General Assembly after an investigation of all relevant facts. . . ."

The hearings formally opened April 9, 1953.

**PART FOUR**

Challenge



## CHAPTER 44

ON the first day of the Krebiozen hearings, after Miss Schmidt had given testimony involving Dr. Moore, Dr. Moore rushed to the microphone, announced his name and demanded attention.

"A lot of things have been said against me here today," he shouted, "and I want to be heard!"

Chairman Pollack told him that, first, the persons bringing the charges against him and the other defendants would present all of their evidence and be cross-examined on it, and then the defendants would be allowed to put on their case and be cross-examined. Dr. Moore answered that he was satisfied with this customary procedure and would appoint an attorney to represent him.

That afternoon, however, he was quoted by newspapers as saying Miss Schmidt's testimony was a "pack of lies." That night he appeared on a television program and said "Krebiozen was a hoax," and that his only purpose was to "protect the American public against it." Apparently Dr. Moore was trying his case in the newspapers or any other medium that would present his unsworn story.

And this is the position he took throughout the hearings and up to this present writing. He has not denied that he sought the distribution rights for the substance, as testified to by Dr. Neskow and the Durovics (and later more than tacitly admitted by Dr. Wermer!). This contradiction of words and actions has not yet been explained by Dr. Moore.

After the first day, the committee and Dr. Moore learned that the Commodore and Miss Schmidt had made recordings of some of their telephone conversations with Dr. Moore.

Could it be significant that Dr. Moore did not ever demand his right to testify following all the lengthy cross-examinations of the other principals? Nor did he, in his subsequent statement to the committee, specifically deny or refute any of the Commodore's or Miss Schmidt's or Dr. Neskow's testimony, all of which implicated him in

a plan with Moore and Brainard to discredit Krebiozen and its sponsors so that they could secure the commercial rights to Krebiozen. Nor did he respond to a letter from me offering to publish any and all explanations of his actions—provided he would swear to their truthfulness.

Dr. Moore has been consistent in one respect: he has one story and he has stuck to it: he was “protecting the American public.”

He says the Krebiozen business was purely a private project with him. He admits spending goodly sums on this, on what amounted to a costly personal crusade on his part in time, effort and money, if we are to accept his unsworn statements.

His interest in Krebiozen also entailed dealing extensively both in this country and in Argentina with persons with whom he had to form business alliances and to whom he had to admit Krebiozen was “good” and that they (the group) would take it over. And he admits being friendly with Messrs. Moore and Brainard, but in another apparent contradiction he says his only motive in talking to them about Krebiozen was to dissuade them from having anything to do with it. This, of course, is in direct conflict with all the sworn testimony.

Other representatives of the American Medical Association, when the hearings began on such a sensational note, were quick to assert that Dr. Moore’s activities in connection with Krebiozen were entirely on “his own responsibility.” This was announced by A. L. Hodson, the first of a series of able lawyers representing the American Medical Association. The second notice was issued by Dr. George Lull:

“The AMA is confident that Dr. J. J. Moore, *who acted as an individual* in this matter, was motivated by only one principle: to seek the truth in the best interests of the public, the medical profession and the thousands of cancer sufferers whose hopes were raised by announcement of the drug’s discovery.”

Yet while AMA’s bosses and its attorneys disclaimed that Moore was acting as a representative of the AMA in the Krebiozen controversy, none could deny that Dr. Wermer and Mr. Field (AMA Investigation Chief) were “accompanied by an elected official of

the AMA" (Dr. Moore) when the AMA launched its investigation of Krebiozen.

It would be difficult to deny this since it was printed in the Status Report on Krebiozen in the *Journal of the American Medical Association*.

And, of course, as we have noted, Mr. Hodson, perhaps unwittingly, informed the committee that Dr. Moore was the instigator of the AMA investigation of Krebiozen. "Dr. Moore," said Mr. Hodson, on page 102 of the Official Record, "decided to make a study, a survey of Krebiozen, and this meeting with Dr. Durovic was arranged as a first step in that study."

Dr. Neskow also definitely attests the fact that Dr. Moore was present at the AMA's meeting with the Durovics as an official of the AMA.

From the Official Record, page 78:

Dr. Neskow: Well, Dr. Wermer was definitely . . . a representative of the American Medical Association. Dr. Moore said that he had come also—the whole committee had come up in behalf of the American Medical Association.

From the foregoing it is clear that Dr. Moore investigated Krebiozen as an "elected official of the AMA," at least in this instance in which he put it up to Dr. Stevan Durovic that he must (or should!) give the distribution rights of Krebiozen to Moore and Brainard. In fact, as Dr. Neskow testified, it was Dr. Moore who asked him (Neskow) to come as an interpreter. The man and the office are exceedingly hard to divorce in *any* instance. They can only be divorced in theory, not in actual practice.

The recorded telephone conversations between Dr. Moore, Commodore Barreira and Miss Schmidt did not cover *all* the points made in direct testimony by the Commodore and Miss Schmidt. They were to be used only in corroborating certain conclusions in their testimony, and can be understood only in the light of the preceding direct testimony. As with any phone call on secret business, specific details are usually not mentioned, especially when the persons concerned are to meet personally within an hour, or on that day.

The following are the corroborative links to the best of my determination:

1. A spirit of friendly joviality is shown between Dr. Moore and Commodore Barreira and Miss Schmidt; as a result of the recordings, Dr. Moore could never deny a close and lengthy relationship with Commodore Barreira and Miss Schmidt.

2. Dr. Moore establishes the fact that he had a definite relationship in the Krebiozen business with Ed Moore, tries to arrange for the Commodore to meet Moore, and approves the Commodore's specific mention of an agreement between himself and the Commodore based on the Durovic-incriminating "papers" presumably possessed by Barreira.

3. Dr. Moore earnestly solicited any derogatory information concerning the Durovics and went out of his way to secure it, if possible, from Commodore Barreira and Miss Schmidt.

4. Dr. Moore interceded on Miss Schmidt's behalf with the U. S. State Department in an effort to bring her to the United States for conferences with himself in connection with his search for derogatory material concerning the Durovics.

5. Specific reference is made to the possibility that the Durovics might become discouraged in the United States and take Krebiozen to England (purely fictitious, "planted" information) and Dr. Moore laments this possibility, thereby putting himself in the anomalous position of publicly condemning Dr. Durovic's Krebiozen while at the same time privately desiring the Durovics and Krebiozen to remain in the United States.

6. Dr. Moore assents to Miss Schmidt's comments on his own previous statements about the value of Krebiozen in the cancer patient, and thereby corroborates the testimony of Commodore Barreira and Miss Schmidt that he told them Krebiozen was "good."

7. The Commodore's and Miss Schmidt's testimony on Dr. Moore's intention to "do something against" those doctors who reported favorably on Krebiozen is in part substantiated by Dr. Moore's great interest in the "Washington papers." (Papers which the Commodore possessed, showing various doctors who were using Krebiozen.)

Miss Schmidt's cross-examination was relatively uneventful in that no one really tried to shake her story. Therefore, we must assume that her sincerity and truthfulness were self-evident even to the opposing lawyers for the AMA and to the first of Dr. Moore's private attorneys, Jerome J. Kennelly.

A review of Mr. Kennelly's cross-examination of Commodore Barreira shows that he tried to establish (1) that Dr. Moore was being accused by foreigners whose word could not be taken against that of Dr. Moore; (2) that the Commodore would "lie to gain his ends"; (3) that the Commodore was financially interested in Krebiozen.

Even in Dr. Moore's Motion to the Commission in March, 1954, his lawyers employ these arguments as though these factors, even if true, would magically, automatically establish Dr. Moore's innocence. Dr. Moore's own actions are ignored in his own motion which was filed presumably to establish his non-complicity in the alleged conspiracy against Krebiozen.

However, a careful search of the record does not even bear out the charges made against the Commodore by Kennelly.

In every case where applicable, reading of the full record *in context* reveals quite the opposite of Kennelly's contentions.

For instance, Kennelly suggested to the committee that the Commodore and Miss Schmidt were "foreigners" (the implication being they were not to be trusted), while Dr. Moore was a respected physician in this country. This observation brought a storm of protest from various committee members; Kennelly immediately apologized, saying he hadn't the slightest intention of implying that foreigners were not to be trusted. He even mentioned his own close ties with a foreign country in an attempt to demonstrate that his remarks on foreigners were not intended to reflect discredit.

Then later:

Representative Skyles: Counsel Kennelly, please.

Mr. Kennelly: Yes, sir?

Rep. Skyles: We know very well these gentlemen [the Commodore and the Durovics] and we know they are from a foreign government and they are from a foreign country. We know you are going to indicate to us, because they are from a foreign country, that they

are dishonest and that they are wrong. Yesterday when you were in there claiming immunity . . .

Mr. Kennelly: I never claimed immunity.

Rep. Skyles: Let me do the talking, you had your say-so. We offered you every opportunity under the sun. Now I would suggest to you, as a member of this Committee, before you go popping off and making wild statements and accusations about what this Committee is doing, you better go read up on the case.

Then, because the Commodore had "lied" to Dr. Moore about his true feelings on Krebiozen and the Durovics, Kennelly used this in his attempt to impugn the Commodore's honesty in *everything*. If this principle were adhered to in the detection of crooks and spies, and other malefactors, then no investigation of any kind would be possible. Almost every investigator has to assume a pose.

Just as ridiculous was the bold assertion that the Commodore was "financially interested" in Krebiozen. The fact was that Commodore Barreira had a business agreement with the Durovics in which he paid for the upkeep of their laboratory in Argentina; then he would be reimbursed by them when he came to this country. There was no investment of any kind. Yet out of such a simple procedure came Kennelly's sinister charge that the Commodore had a "financial" interest in Krebiozen. By picking one or two passages from the record, Kennelly tried to smear the Commodore. The attempt failed.

## CHAPTER 45

AT the legislative hearings, several doctors testified and some presented patients.

First on the stand with evidence of the medical efficacy of Krebiozen was Dr. Krasno, who, as we have recorded, was the first doctor to test Krebiozen on a human. At the time of his testimony, spring of 1953, he was a lieutenant in the Naval Medical Research Center at Bethesda, Maryland. Dr. Krasno testified he had supervised the treatment of several patients in Chicago; then, after recall to the Navy, he had treated a few Navy veterans with Krebiozen.

Q. (Senator Roland V. Libonati) Now, Dr. Krasno, about the Navy patients, did you find as a result of the . . . research that you conducted there under your Commanding Officer of the Navy, any of the similar findings that you found on the—what do they call them—terminal patients—those patients that medical science gives up?

Dr. Krasno: Yes.

Sen. Libonati: They call them terminal patients; is that correct?

Dr. Krasno: Yes.

Sen. Libonati: And those are the orders you got from Dr. Ivy?

Dr. Krasno: To use only terminal patients.

Sen. Libonati: Those patients that medical science says, "We can't do anything with those kind of patients?"

Dr. Krasno: That's right.

Sen. Libonati: What did you find in the Navy with your experimentation with Krebiozen?

Dr. Krasno: The preliminary observations we made here in Chicago were being confirmed by results and observations made on patients that were treated with Krebiozen in the Navy.

Under later questioning, Dr. Krasno revealed that of four patients treated with Krebiozen in the Navy under his supervision, one died, but the other three (all were terminal, and none knew he had cancer) became well enough to discharge!

Another well-known doctor testifying at the Krebiozen hearings was Hedwig S. Kuhn, M.D., who, with her husband, Dr. Hugh Kuhn, and a staff, operates a clinic at Hammond, Indiana. They are eye specialists. Both doctors Kuhn are internationally known as the authors of many original papers on diseases of the eye.

Excerpts of the transcripts follow:

Mr. Sembower: Dr. Kuhn, would you please tell us about what experience you have had with Krebiozen and the present Krebiozen research program?

Dr. Kuhn: May I preface that statement by saying that the reason I am here, and I was not subpoenaed, is because of the incredible nature of the criticism leveled which was contradictory—

[She was interrupted by Chairman Pollack and asked to keep her personal opinions to herself; the Committee wished to hear only her actual medical evidence. Later, she explained what she had wished to say was that she found it incredible that anathema from the AMA against Krebiozen could occur so fast, so soon, and without a true scientific evaluation.]

Dr. Kuhn: Our man [the patient] who has lived two solid years on borrowed time, in 1943 had an eye removed. The pathological report proved it to be a malignancy, a melanoma, and we did not see him for seven years. In 1951, he came to us [again] through another doctor because he had been very ill with abdominal pain, terrific skin reactions, and pain in his hip. We were interested because melanoma is one of the most dangerous and malignant and fast-growing and death-producing malignancies in the whole category. He was brought in at that time and was started on this Krebiozen with the idea only of trying to see what it could do to relieve his pain and make him more comfortable. This patient knew exactly what was wrong with him and went along.

His weight improved. He was bedridden when we started. He was working in the garden afterwards. He ceased having any pain immediately afterwards; then he has had an up-and-down existence ever since. He worked for a solid year . . . went on frequent fishing expeditions and trips, had occasional pain, but ceased using any pain medication, slept without sedatives of any kind . . .

We feel that he has, through the careful records kept, been able to contribute, in those two years, to medicine, certain facts that are important. He has also had two years of life. [Dr. Kuhn testified that the patient was now going "downhill."]

Mr. Sembower: Has Dr. Ivy advised you to increase the dosage, suggested increasing the dosage of Krebiozen in connection with the case you have just described?

Dr. Kuhn: That is right; he has; and we are going to do so.

[Dr. Kuhn later expressed hope that increased dosage would benefit the patient as it had in other cases.]

Senator John P. Meyer: Do you feel that as a result of the use of Krebiozen this person's life has been prolonged?

Dr. Kuhn: By two years. He was moribund practically when we started.

Chairman Pollack: Just to clarify the record, Doctor, what in your opinion, would have been the life span of this person if Krebiozen had not been used?

Dr. Kuhn: He was moribund when we started, which means he was dying.

Chairman Pollack: You expected death to occur within a matter of days?

Dr. Kuhn: Within a matter of at least a month. He was in pain and unable to lift his head.

[Dr. Kuhn also reported other cases with similar results which she and her husband had treated with Krebiozen.]

Dr. Phillips, one of the pioneers working with Krebiozen, was then called:

Mr. Sembower: I understand you have some patients here today . . . I will tender these particular cases as exhibits in the hearing.

Dr. Phillips: We have with us one very remarkable patient. A lady with cancer of the brain. An astrocytoma of the brain . . . We opened her head and found a non-operable type of lesion [cancer mass] so we just took a biopsy and closed the brain.

This woman was treated for approximately six months or so. She started to develop increased symptoms and physical findings . . . We started to give treatment in small doses, and as we went along, the patient was temporarily helped. We carried her for several months on the usual one and two cc. doses. Approximately a year later she began to fail, fail terribly. She had dropped down to about 80 pounds, was bed-ridden. These people, being Catholic, had given her the last rites and we expected her to die almost immediately.

At this time, figuring there was nothing more we could do for her, I administered 10 cc. of the drug. Three weeks later I administered 12 cc. of the drug . . . And, within two weeks' time, a most remarkable recovery started to occur.

Ever since then we have been giving her approximately 10 cc. weekly. At one time we dropped the dosage down, and we found that she would slip back into the symptoms again and just recently I picked up the dose again in the last few weeks, and again relieved her from all symptoms. [The woman stepped forward so the Committee could look at her.]

Senator Elbert Smith: Dr. Phillips, I will ask you, was it not true that in January of this year, [actually 1952] this woman was in a coma?

Dr. Phillips: Yes, she was. That was the reason for us attempting to enlarge the dosage, to see what we could do for her . . . this lady is one example of a tremendous amount of a drug given [to] one individual with no side effect of any kind.

Representative Rollo Robbins: What, if anything, other medicines or medications did you give this patient which just appeared, other than the Krebiozen?

Dr. Phillips: Nothing in the way of treating cancer. [She had Vitamin B<sub>12</sub> and an occasional narcotic.]

Dr. Phillips then presented six other patients, three of whom became cancer-free following Krebiozen therapy.

One of these, with confirmed cancer of the vulva, had been under treatment with Krebiozen since early 1950.

Mr. Sembower: Is there any detectible trace of cancer in this patient today?

Dr. Phillips: At present we have not been able to find any type of lesion to indicate there is still active cancer present.

Senator Marvin Burt: I understand you performed surgery upon her.

Dr. Phillips: Yes, I did.

Sen. Burt: And it was that that can be credited to the removal of the cancer?

Dr. Phillips: Not at all. The removal of the *present* lesion that appeared—we took this tissue off to find out if there was any underlying or any type of cancer present, and in doing so, and in having her tissues sectioned for the purpose of trying to locate whether there is any penetrating type of cancer; we found none. [He meant that an apparent ulcer which later arose was found to be non-cancerous and not even a true ulcer; he attributes this action to Krebiozen, as previously the vulva was cancerous.]

Sen. Burt: Doctor, in your experience has that situation ever occurred without the use of Krebiozen?

Dr. Phillips: No.

And later, after Dr. Phillips had presented another cancer-free patient:

Sen. Libonati: Doctor, in your work with these patients, did you come to any determination after operative surgery that Krebiozen . . . localized any lesions that were present or any [cancerous] infections that were still present?

Dr. Phillips: In several patients that I have treated, it [Krebiozen] seems to stop the spread [of cancer].

Sen. Libonati: It localized it?

Dr. Phillips: That is right.

Sen. Libonati: After even operative surgery and you administered Krebiozen, it prevented the cancerous growth from spreading, is that right?

Dr. Phillips: Not in all patients. . . .

Sen. Libonati: In some patients, I mean.

Dr. Phillips: In some patients, that is true.

And under later questioning:

Rep. Carl Preihs: Doctor, speaking in regard to your last patient . . . was the cancerous condition you found there in this lady's uterus of such [nature] that would normally or likely spread about the system. . . . ?

Dr. Phillips: That is right . . . we were surprised to find no metastases which we expected actually to find.

Chairman Pollack: Is it possible it [the cancer] may not have . . . [advanced]?

Dr. Phillips: That I couldn't tell you. I have yet to see a cancer that does not advance.

Chairman Pollack: Did you ever see a case that remains static?

Dr. Phillips: The only time I have seen a static type of cancer is in very elderly people, up in their seventies or eighties, but usually in the younger people, especially women during their child-bearing age, the cancer seems to go on very rapidly . . . This lady is only 37.

Sen. Libonati: You attribute whatever has resulted to the administration of Krebiozen, do you not . . . ?

Dr. Phillips: I think they [the patients] have definitely improved and maintained their lives because of it.

Sen. Libonati: And you feel that in your experimentation you have at least established that, is that right?

Dr. Phillips: That is right.

Sen. Libonati: Now as to the metastases, what results when you administer Krebiozen . . . ?

Dr. Phillips: We have seen some metastatic lesions . . . disappear.

Sen. Libonati: Have you had persons that have been in a coma in the bed, and after the administering of Krebiozen get out of bed and walk around?

Dr. Phillips: Yes, I have.

Sen. Libonati: Do you attribute that to Krebiozen?

Dr. Phillips: Definitely to Krebiozen.

Sen. Libonati: Do you know if any other drug does the same thing?

Dr. Phillips: Not yet.

Sen. Libonati: Would you use it if you knew [of it]?

Dr. Phillips: I certainly would try.

Up to this writing, Dr. Phillips has treated scores of cancer patients with Krebiozen with beneficial results of some kind apparent in approximately 70 per cent. Some cases, such as those with brain tumor and those who are now cancer-free, are truly remarkable examples of what Krebiozen is able to achieve against our most feared disease—the disease on which millions of dollars have been spent in the thus far futile effort to find a “cure.”

Dr. Pick was called next. He presented two patients in person and told of having treated approximately one hundred. One of these was Gary Cathcart, whose extraordinary case we reported earlier.

Dr. Pick presented another cancer-free patient with the following testimony:

Dr. Pick: The patient [a 55-year-old man] had been at Billings Hospital where a diagnosis was made of an inoperable, invasive carcinoma of the bladder. The genito-urinary specialist at the Columbus Hospital had referred him to me.

I checked his condition and confirmed the diagnosis of carcinoma. He was given no other treatment except Krebiozen, which began May 29, 1951. He has had no Krebiozen now since the 18th of December, 1952. He has been re-checked on several occasions by the same specialist without any sign of a tumor being present. The patient seems to be well and is back at work, running his own business. [The patient is still alive and cancer-free at this writing—six years later.]

Most of Dr. Pick's other testimony was concerned with his dealings with the representatives of the American Medical Association in an attempt to prevent abortive reports on Krebiozen.

## CHAPTER 46

DR. IVY and Dr. Durovic were on the witness stand many exhausting days during the spring and fall of 1953. Both related essentially the same detailed story we have set forth in these pages. Neither was shaken under the most stringent cross-examinations—so reported the Chicago newspapers.

Their cross-examinations were conducted by some of the cleverest lawyers in these United States. There was the large distinguished legal partnership which represented the American Medical Association, the firm of Kirkland, Fleming, Green, Martin and Ellis. A. L. Cronin and Mr. Kennelly represented Dr. Moore; and Randolph Bohrer and his son represented Messrs. Moore and Brainard. Altogether, a most imposing array against the Durovics and Dr. Ivy.

They knew the law and they did a beautiful job of cross-examination. They prolonged the hearings until the commission ran out of funds and most of its members became so disgusted by the lack of progress that they finally decided to reach an arbitrary settlement report in the spring of 1954. Time and time again various commissioners reminded the lawyers that they were taking up valuable time by repeating and repeating the questionings which had been wearily gone through be-

fore by their colleagues, and time and time again the attorneys, working in relays, would insist on their fundamental rights as cross-examining attorneys. Any examination of the record will show that prolongation was the order of the day insofar as Krebiozen's antagonists were concerned. Bohrer even admitted this on at least one occasion.

But though the commissioners, working entirely on their own time and not on the state's, and continually harassed, did not conclude their hearings in the spring of 1953 as they had expected (it was a year later before they finished), they nevertheless came to some conclusions which will be reported later.

The attack against both Dr. Ivy and Dr. Durovic was spearheaded by Bohrer, an enormously wealthy attorney whose demeanor was sometimes a source of embarrassment even to his colleagues, the anti-Krebiozen attorneys, who would attempt to quiet his outbursts with "shushes" or whispered entreaties to calm down.

Dr. Ivy was on the witness stand for scores of hours. Many of them were spent in cross-examination by Attorney Bohrer. The other lawyers seemed content to let Mr. Bohrer play captain and lead the assault.

on both Dr. Ivy and Durovic.

Mr. Bohrer, apparently quite willing to play hero, led the attack

Bohrer was frequently challenged by members of the commission to stop his vituperation and put his clients on the witness stand.

What better way of establishing the truth than to let his clients speak it on the witness stand?

Bohrer, in reply, would say something to the effect that he demanded the right to a *full* cross-examination; and just wait until his clients took the stand! Somehow Mr. Bohrer never got around to putting his clients on the stand, and even when finally asked by the commission to file a statement offering proof of his allegations against the Durovics and Dr. Ivy, he chose to ignore the request and replied instead with a very remarkable letter which contains not one word of proof of any kind, only insults to Drs. Ivy and Durovic. The commission later also again offered his clients the right to request a hearing before the commission. This offer was not accepted. Dr. Moore was also offered the same right, and did not accept.

Mr. Bohrer claimed in his letter that Krebiozen was worthless, yet at least a few short weeks before, his own clients did not share this view. I had a long informal talk with Moore and Brainard. I made the statement: "You know that Krebiozen is good. You've seen its effects."

Mr. Moore replied: "We have never said that Krebiozen is not good."

Thus, Mr. Bohrer is placing his clients, because of their long and intimate association with Krebiozen, in the highly dubious position of being either fools or promoters of a nostrum.

In fact, at one stage in the inquiry, Attorney Bohrer himself expressed to me sentiments that led me to believe he would not blindly follow the AMA line.

I am also extremely sorry that Dr. Moore did not request his right to be heard in an open forum under oath. This is exactly what he said he wished to do and this was his right, about which he complained so bitterly in his final statement to the commission. I note, however, that when this right was re-extended to him and his attorneys, the offer was not seized upon.

During his cross-examination of Drs. Ivy and Durovic, Mr. Bohrer received adequate assistance from a battery of AMA attorneys, headed by John B. Martineau. At times when Mr. Bohrer would show signs of flagging, Mr. Martineau, an able, sharp and satirical gentleman, would leap into the breach and carry on in less flamboyant fashion, but with a good deal more finesse.

However, the cross-examination of Dr. Ivy and Dr. Durovic failed to prove anything the defendants' attorneys set out to prove against Dr. Ivy.

A stone wall was encountered also in the case of Dr. Durovic, with one minor exception. Dr. Durovic had previously stated that he had nothing to do with financial affairs in Argentina. Yet the record indicated that he signed various papers dealing with monetary affairs while there. He explained this by saying his brother Marko was his financial adviser and he signed anything that Marko advised him to sign.

\* \* \*

On July 25, 1953, the Board of Trustees of the University of Illinois in a night session, voted six to three “no confidence” in President Stoddard’s administration. The move was initiated by Harold “Red” Grange, the famous football star. Dr. Stoddard, surprised and shaken, immediately resigned. The next day, as we have reported, he blamed the “Krebiozen Affair” for his firing.

In the same session the trustees ousted Dr. Ivy as vice president by not renewing his contract. Dr. Ivy, however, was asked to remain at the university as head of the Department of Clinical Sciences and Distinguished Professor of Physiology.

Thus, both principals in the Krebiozen controversy at the University of Illinois were eliminated from administrative positions. Apparently the trustees thought the best way of handling the hot potato was simply to drop it. It was a rather radical method of settling a dispute by eliminating the participants.

Now the often-voiced prophecies concerning Dr. Ivy and Krebiozen had all come true.

## **CHAPTER 47**

IN the spring of 1953 Dr. Ivy needed moral support.

He had resigned from practically all his medical posts after his suspension from the Chicago Medical Society. True, none of the organizations had directly asked for his resignation, but he had resigned rather than subject them to an embarrassing situation. It wasn’t that any of them disbelieved in him or in Krebiozen, for that matter; it was just that organized medicine had disapproved, and it wouldn’t be proper for him to continue in most medical posts after he had aroused the ire of the AMA and other organized medical groups. . . .

So it was that Dr. Ivy, shorn of most of his medical posts, and under strain from the legislative hearings, was in need of some signal approbation.

He had an unknown friend who happened to be in a position to bestow recognition for great service to humanity. And that is exactly how the award read: “For great services to humanity.”

The awarder was the Right Reverend Bernard J. Sheil, famed founder of the Catholic Youth Organization. The bishop had long been noted as a stalwart champion of basic American principles. Through his organization he has turned countless potentially anti-social persons into healthy individuals, able to take their places in society. For this work he was chosen to confer the Pope Leo XIII Award on those who contributed greatly to humanity.

In the year A.D. 1953, this award was bestowed on a man, a non-Catholic, a scientist whom the bishop considered most deserving of the award. Krebiozen was not mentioned. But the bishop had read—in fact, the bishop had made a thorough study of—the Krebiozen controversy, and courageously he chose to confer the award not when Dr. Ivy needed it the least—at the apex of his career two years before—but at the time when all of his enemies were assailing him and when to award it would be to invite criticism.

Bishop Sheil told me when I asked him about Dr. Ivy: "He's one of our greatest living scientists. I've examined this question of Krebiozen thoroughly and I think Dr. Ivy's been outrageously mistreated. This problem is not just concerned with the freedom of research in science or medicine. It's a question of whether our fundamental liberties will remain intact. It all intertwines with our fundamental liberties. Dr. Ivy saw his liberty of research go; we may see our own liberty of thought go if this type of thing continues."

Another event which caused some consternation in various political and organized medical circles happened in the summer of that same year, 1953.

The fiery, crusading Senator Tobey from New Hampshire had been itching to delve deep into the inner workings of the powerful medical organizations. For one thing, he had been hearing powerful rumors on Capitol Hill that perhaps a big medical lobby influenced a few things there. Not only did this political-medical pressure exist in legislative Washington, but it extended all over the country in the smallest hamlets as well as the biggest cities. For instance, there was his son, Charles, Jr., who five years before had had a supposedly hopeless cancer, and yet, miracle of miracles, was well now. (He is alive and walking today.) And with some justification, I think, Charles W. Tobey, Jr., attributes his extended span on earth to a

treatment of Dr. Robert Lincoln's of Medford, Massachusetts, which many doctors believe is beneficial in the treatment of cancer.

His son's cure (and his cancer was one of long standing, proven medically) convinced the Senator that Dr. Lincoln's treatment was worthy of mention in the Senate. He got nowhere with his personal presentation. The lobby saw to that. The idea that Dr. Lincoln's "bacteriophage" treatment was being completely ignored or discredited by organized medicine nettled him. No matter what the merits or demerits of Dr. Lincoln's cancer treatment might be, Senator Tobey believed that a probe into the methods and practices of various medical organizations was long overdue. Then he learned about the Krebiozen controversy, and he determined to act.

He had often wondered why the top political doctors who headed the medical bureaucracy had such profound distrust of the people and were so fearful of being legislated against, that they were forced to maintain the second most expensive lobby around Congress—second only to the vast electrical utility association.

It did seem a bit incongruous. He could, of course, understand why the various giant manufacturing associations and companies like the railroads, the steel companies, the utility organizations—all the other special interest business groups—maintained huge lobbies.

But why should the second mightiest lobby of all be acting for a *professional* group and claiming to speak for the country's doctors?

Senator Tobey liked most doctors he knew personally; but whenever doctors collected together, he mistrusted their leaders. For he believed their leaders were misleading the flock, not just in political actions, but in scientific ones, too. In addition to his son, he had seen various persons benefited by Dr. Lincoln's bacteriophage treatment; he had heard individual doctors praise it; but he had also witnessed organized medicine turn a cold and unbelieving jaundiced eye on it. Various promises were made to "test" the treatment which, because of its scientific rationale and its clinical demonstrations of seeming benefit, certainly deserved a trial. None of the promises materialized.

And now Krebiozen: a drug experimented with by one of the world's greatest scientists and backed up by reports from two hundred doctors all over the country? And the scientist now assailed by the

medical organizations he had helped to build? And now a state legislative hearing on the subject? Why not get to the bottom of it for the whole country's benefit?

So Senator Tobey, an astute politician and possessing a healthy respect for the power of the lobby to hamstring a proposed investigation, determined to conduct his initial investigations undercover.

For the project, he obtained the services of one of the country's ace investigators, Benedict F. FitzGerald, Jr. FitzGerald was working for the Justice Department as a trial attorney and enjoyed an enviable reputation among men to whom excellent investigating is standard and routine, and enviable reputations are not easy to acquire. His extensive legal experience enabled him to evaluate quickly a situation with respect to the law.

Senator Tobey, after examining the qualifications of a number of men in the Justice Department, decided that FitzGerald was the man he needed for the cancer research investigation—one of the main assignments: Krebiozen.

He asked for FitzGerald as special Investigator-Counsel for his committee. Attorney-General Herbert Brownell replied he would consent to lend Investigator FitzGerald to Senator Tobey's "project" for a limited period of time. "I have been assured," wrote Brownell, "that his services with your committee will not involve his employment or duties with the Department of Justice in that regard, and it is on this premise that I have approved his being loaned to your committee."

FitzGerald, under orders from Tobey, took off for the Midwest.

He studied the Krebiozen controversy for some time. He was shocked by the evidence. It was almost unbelievable, yet with his investigator's mind he did not—as did a certain Senator and several newspaper editorialists, among others—slough off the evidence as being too fantastic on the face of it, and harden his mind to not believing it simply because it was not credible to him.

FitzGerald knew better than not to believe simply because it disrupted the patterns of his usual thinking. He refused to put it out of his mind because it seemed to tear at the tap roots of American cancer research. He investigated. He absorbed. He penetrated.

When he had seen and heard enough, he returned to Washington to write his preliminary report and tell Senator Tobey his findings.

The Senator was stimulated by FitzGerald's oral report. The case clearly called for a full-scale Congressional investigation.

However, within a few days, Senator Tobey was suddenly stricken with a heart ailment. He died shortly thereafter. But one of his last requests, according to his son, Charles W. Tobey, Jr., in a letter to Senator John W. Bricker, was to carry on the Krebiozen investigation because it was vital to the American people.

On Senator Tobey's death, FitzGerald submitted his written report to the new Chairman of the Interstate Commerce Commission. That is, he tried to submit it. But Senator Bricker of Ohio, who succeeded Tobey as Chairman, proved to be a very hard man for Investigator FitzGerald to see. Finally FitzGerald was forced to submit copies of his report to other Senators on the committee because he perceived that the Senator from Ohio did not wish to see or talk with him. (He had left his damning report on the AMA with Senator Bricker's Administrative Assistant.)

Columnist Drew Pearson, impressed with FitzGerald's report and its prompt quashing, published parts of the report in several columns, claiming "statuesque Senator John Bricker ordered it suppressed before reading it." Pearson cited two major points in FitzGerald's report.

1. That the AMA has been hasty, capricious, arbitrary and downright dishonest" in its opposition to the cancer drug, Krebiozen.
2. 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.

"He [Bricker] refused to so much as see FitzGerald. However, FitzGerald wrote a sharp letter to Bricker, saying he was 'surprised and even shocked' at the runaround.

"Irony is that Bricker's own Senate partner, the late Bob Taft, was killed by cancer. Tobey on his death bed sent FitzGerald to New York with data on Krebiozen. However, the doctors refused to use it, citing opposition of the AMA." [Senator Taft was at Sloan-Kettering's Memorial Hospital when this incident occurred.] FitzGerald's Report went on:

The fight against Krebiozen is the weirdest conglomeration of intrigue, selfish motives, jealousy and conspiracy I have ever seen.

In my considered opinion, Dr. Ivy is honest intellectually, scientifically and every other way. He appears to be one of the most competent and unbiased cancer experts that I have ever come in contact with. In assisting to stop Dr. Ivy's investigation of this drug, President George D. Stoddard of the University of Illinois has, in my opinion, shown attributes of intolerance for scientific research in general.

Concerning the AMA's responsibility in the Krebiozen matter, FitzGerald was specific: "... the alleged machinations of Dr. J. J. Moore could involve the AMA and others in an interstate conspiracy of alarming proportions."

Because of the pressure upon him from public disclosures of the FitzGerald Report, Senator Bricker at last took notice. He issued a statement saying it was "inconceivable" to him "that a great body of medical leaders would engage in such actions"; that, furthermore, the subject didn't fall in the jurisdiction of his committee; that in the fall [a few weeks distant] there would be a real airing of the country's total health problems, including cancer. These public hearings would be held by the House Committee on Interstate and Foreign Commerce. Thus did Senator Bricker dispose of the Krebiozen matter.\*

At the House Committee hearings which were held the following October, Dr. Ivy was somehow left off the list of persons testifying on the state of cancer research in this country. He was not invited. Nor was Special Investigator FitzGerald invited. FitzGerald had volunteered, but it seems his testimony was not wanted by the Chairman of the Damon Runyon Cancer Fund, John Teeter, who was now

\* For his services to the politically-minded doctors in control of the AMA, Senator Bricker was well rewarded. When he introduced his "Bricker Amendment" to the Constitution—which curtails Presidential authority in foreign treaty-making—his AMA pals responded by flooding the nation's doctors with propaganda supporting the Amendment. The Senator was also invited to address the national convention of the AMA. Whatever the merits of the Bricker Amendment, its implications are political in *every* sense. It has no relationship to medicine. Thus, doctors' dues to the AMA very probably were used to pay off the political debts of the hierarchy while, ironically, the rank and file were being "counseled" at the same time as to how to vote on a purely political issue.

acting as consultant to the Chairman of the House Committee holding the hearings. This consultant had previously congratulated Senator Bricker for calling off FitzGerald's proposed investigation of the AMA.

But if Dr. Ivy and FitzGerald were not invited, by a not so peculiar circumstance the representatives of the AMA received cordial invitations.

One of them, Dr. Paul Wermer, issued a statement concerning "cancer quack remedies" which the AMA was "striving mightily to suppress." In fact, Dr. Wermer used the very words Dr. Ivy had used in his own report. He condemned these agents that were claimed to be "valuable in the management of the cancer patient."

Dr. Wermer took the opportunity to launch into lengthy praise of the American Medical Association "which had always protected the public against such fakes."

Dr. Wermer would undoubtedly have made his words stronger and more direct had it not been for the presence of Dr. Ivy. Ivy was asked by the chairman if he wished to speak, but he did not since he was originally uninvited and Krebiozen had not been mentioned publicly and specifically.

However, unknown to Dr. Ivy, an AMA press release had already been prepared and distributed in advance of the meeting. This release made extremely pointed references to Krebiozen, and was carried by at least one wire service. It was plain to all the newsmen that Krebiozen was the prime target of the AMA.

This was a strong indication that Dr. Wermer, startled at seeing Dr. Ivy in his audience, dared not refer to Krebiozen by actual name as a "quack" remedy.

So instead of an investigation of the Krebiozen controversy as recommended by Senator Tobey and Investigator FitzGerald, Senator Bricker's substitute consisted of Krebiozen being attacked, and not subtly either, by the very organization which was to be investigated for its activities against Krebiozen.

Of course, everybody was hoping desperately that it wouldn't be long before some "orthodox" channel came up with something really "hot" in chemotherapy—that is, in the only field possible for a basic cancer cure, so that the heat engendered by this lamentable "Krebio-

zen Affair” could be really cooled by a wonderful orthodox announcement.

The most optimistic prediction any of those invited could make came from Dr. Rhoads, who opined that medicine would develop a cancer cure “within the next decade” and it would come from a “penicillin-like substance.” (Dr. Rhoads is today still making essentially the same predictions.)

Even as they spoke, praising themselves and their practices and denouncing the unorthodox and the “unethical,” still another Senator was being mortally attacked by the disease for which they had not even developed an adequate method for diagnosing, much less curing. So that eight months later when Senator Lester Hunt, of Wyoming, was told by his doctors he had incurable cancer, he took his own life rather than face the awful prospect of a slow, agonized death.

His death in June 1954 raised the total of Senators who had died of cancer in recent years to five. Who would be next? Wherry, Vandenberg, McMahan and Taft had preceded him. The two Senators on whom Krebiozen had been tried had responded remarkably and although it was administered too late to save their lives, they had lived their last days in a state of unbelievable well-being. And they had died free of pain. But now, since the medical bureaucrats had succeeded in making Krebiozen a feared word in medical circles, the last two Senators, Robert Taft and Lester Hunt, had died without the benefits of Krebiozen, died without even the chance of learning whether this drug *might* have saved them as it had saved other, lesser-known cancer victims.

Ironically, on August 12, 1953, Special Counsel FitzGerald had written to Dr. Durovic:

“I am confident that the outrageous machinations of the American Medical Association with respect to its treatment of research activities such as you are conducting will be met by stern resistance on the part of the United States Senate as well as by the people of America.”

Now, they said many good things, many good and positive things at the hearings, these eminent doctors. (And they have said basically the same things every year since then at their annual Washington

confabs.) Most of them did not—and perhaps do not—realize that their abstruse theories and predictions were visualized and made actual by a Yugoslav doctor several years previous to their hearings.

When he found a hostile reception in Senator Bricker's headquarters, and a declaration stating his services to the committee were at an end, Justice Department Investigator FitzGerald naturally assumed he would resume his regular duties with the Justice Department.

But he ran into difficulties there too. He had resigned at Attorney-General Brownell's suggestion in order to obviate technical difficulties in working for both the Justice Department and Senator Tobey's Committee. Now FitzGerald found he was no longer employed by the Justice Department nor would he be rehired by it, for reasons very obscure. He appealed to Attorney-General Brownell, but that gentleman was unavailable for an interview.

So FitzGerald was out of a job with the Justice Department. Special Counsel FitzGerald's mistake had been that no matter how skilled an investigator he had proved to be in many fields, he could not bluntly and naïvely tackle the colossus which told, directly or indirectly, Congress, the Army and Navy, the nation's doctors, and in fact, the American people, *how, why, when* and *what* they should think or do about their medical problems. Of course, all its actions are in the name of fighting "socialized medicine" and in the cause of free enterprise.

Perhaps the Attorney-General didn't dream Tobey's investigation would be so hot, or tread on so many puissant toes. It would be interesting to learn the mechanics of how an investigator in the Justice Department gets fired for making a too-hot report.

Pearson's column and other publicity given to FitzGerald's report caused such grave concern to the AMA that its then president, Dr. Edward J. McCormick, was selected to issue a reply. It is well known that the president of the AMA is merely a one-year figure-head and spokesman for the controlling clique of the AMA. Therefore, it is interesting to compare Dr. McCormick's reply with all other statements issued on Krebiozen by the AMA and Dr. Moore and note how they resemble each other in loose generalities and unsupported charges.

In the interest of the public and cancer sufferers, the AMA states that the so-called cancer drug Krebiozen has failed to show the beneficial effects claimed for it by its promoters.

The quoted charges of Benedict Fitzgerald are vicious lies. The American Medical Association has based its conclusions with respect to Krebiozen on careful scientific studies. Mr. Fitzgerald's accusations are an obvious attempt to gain public recognition and support for an alleged cancer treatment whose continued promotion will result in thousands of cancer victims failing to seek and obtain proved therapy.

Although the Krebiozen Foundation and others have continued to extoll the virtues of the drug and many physicians have used it experimentally, no nationally known cancer authority has recommended its use, no article has been published in a recognized scientific publication demonstrating its value and no paper on the subject has been presented at a scientific meeting.

The American Medical Association would be the first to hail the discovery of any substance which helped to win the war against cancer. However, at the same time, every effort is being made, and will continue to be made to protect the public from false hopes and quack cures.

Dr. Ivy replied in part:

Dr. McCormick stated the AMA conclusions were based on careful scientific studies.

Dr. McCormick could not have been familiar with the sworn testimony before the Committee of the Illinois Legislature investigating Krebiozen, and the AMA file on Krebiozen subpoenaed by the Committee.

This testimony showed that the case histories of 24 patients in the official report of the AMA [Krebiozen] Committee were falsified and outright fakes.

At the same time the AMA Committee deliberately ignored the [favorable] reports of the 140 members of the AMA.

Dr. McCormick apparently was not informed that I have reported that a well-known tumor clinic [Lankenau] observed favorable [objective] changes in tumors in 45 per cent of patients after Krebiozen was given. I have personally found Krebiozen to be biologically active in 50 per cent of 100 cancer patients. Other physicians . . . have found it to be active in 50 per cent of a total of 500 patients.

Of the patients discussed in my 500 case report, 70 per cent had partial to complete relief of pain, 50 per cent a decrease in the size of the tumor or complete disappearance.

The AMA has never sought to establish the value of Krebiozen. All it has done is to publish two reports based on fabrications and very incomplete case histories. Mr. Benedict Fitzgerald had all the evidence

given to him by us [Ivy, et al.], the AMA and others. It must have been this evidence which moved him to seek an investigation of the AMA.

Krebiozen has no "promoters." It has never been offered for sale or sold. Some 65,000 doses have been given away.

The one question cancer sufferers have a right to know is "How good is Krebiozen?" Petty, dishonest and prejudiced critics should bow their heads in shame, keep their mouths shut and their pens dry until this paramount question can be answered.

Objective scientific corroboration of the theory behind Krebiozen came from an unexpected source little more than a week after publication of the FitzGerald report.

Months before, Dr. Durovic had talked to the New York representative of the gigantic German pharmaceutical House of Bayer. The representative had exhibited much interest in Krebiozen, the results on patients and the material used to stimulate horses to produce it, the fungus *actinomyces*. The official asked for and received a copy of the Ivy report, which, in addition to giving elaborate details of the patients' histories, has a long section on the scientific rationale of Krebiozen. It explains the basic scientific steps necessary in the production of Krebiozen.

Some months later, in the fall of 1953, Dr. Ivy and Dr. Durovic were surprised to read a news dispatch from Rome reported from the International Congress on Microbiology.

The author of the matter concerned was none other than Dr. Selsman Waksman, Nobel Prize-winning discoverer of streptomycin and discoverer of the toxic antibiotic, actinomycin. He reported on the work of another equally famous medical researcher, Dr. Gerhard Domagk, also a Nobel Prize winner for his discoveries in the sulfa drugs.

Dr. Waksman, according to the United Press report, was quoted as saying Dr. Domagk, research director at the Bayer Institute, had achieved "remarkable results" in human cancer patients with a fungus filtrate of *actinomyces*—the same substance Dr. Durovic used in the production of Krebiozen. Also, another German physician, Dr. Christian Hackmann, was quoted as saying he found this same substance to have "remarkable properties" against cancer cells in animals.

However, according to later news accounts, Actinomycin "C"—

a less toxic derivative of the original actinomycin—was the agent being administered directly to patients. It, too, was “too toxic” to be recommended for general use.

When questioned on the witness stand concerning this new corroboration of Krebiozen’s theory, Dr. Ivy said:

“Dr. Waksman’s report of the work now going forward at Bayer Institute indicates that German scientists are working on the basis of Dr. Durovics’ theory. He was the first to use *actinomyces* in the treatment of cancer. However, instead of making the patient sick [with this substance], Dr. Durovic makes the horse sick, and thus induces it to produce the growth-regulating substance we call Krebiozen.

“From the first, we have foreseen the possibility that *actinomyces*, if given directly to humans, would stimulate them to produce Krebiozen.

“Dr. Waksman isolated actinomycin, the antibiotic, from soil fungus in 1940. It was tried on thousands of animals but had to be discarded eventually because all of them died even though very small doses were used.

“No one thought of using the material or its close relatives against cancer until after Dr. Durovic had explained its use in the manufacture of Krebiozen.”

Do you think that such scientific revelations and rational explanations would change the thinking of the orthodox?

Their thinking is typified by a remark made by Dr. George Wakerlin, head of the Department of Physiology at the University of Illinois, in the presence of several witnesses: “Even if Krebiozen proved to be the absolute answer to cancer, the final cure, still Dr. Ivy would be wrong!”

In fairness to Dr. Wakerlin, this observation is not as reprehensible as it may sound to non-medical, unsteeped-in-orthodoxy ears. Dr. Wakerlin had swallowed, and believed with his whole thinking apparatus, the rumors and false charges about Ivy’s “unethical” sponsorship of Krebiozen; he believed that Krebiozen was a secret remedy; that publication in a medical journal was obligatory regardless of the circumstances. Also he believed, for I heard him say it on a television program, that when the answer for cancer comes, it will

come only through "regular scientific channels," and "only after thousands of experiments on animals first."

This type of thinking is almost as dangerous to true science as if the Mau Mau were placed in charge of U. S. medical research.

## CHAPTER 48

AS the hearings dragged on week after week with the anti-Krebiozen lawyers continually dwelling in their cross-examination on minutiae which were inconsequential to the issues, or attempting to fan already squelched fires, such as the already disproved charge of the Durovics' misleading Dr. Ivy—interspersed with Mr. Bohrer's fantastically wild, almost incoherent displays when the hearings became too repetitious and dull even for the assiduous commissioners—the commissioners perceived that the hearings as they were fashioned by Krebiozen's opponents would probably drag on for another five years.

The commission's appropriation for the hearing was exhausted; only \$10,000 had been allotted for the Krebiozen investigation.

The majority of commissioners were impatient at this waste of their time since all of them had to make a living in fields other than their legislative jobs. They were not paid for participation in the Krebiozen hearings, and for most of them the investigation represented a very real sacrifice in time lost from other jobs.

Further, they saw some basic issues had been nearly obfuscated by the endless repetitive questionings of the anti-Krebiozen forces. And, as we have noted, when some commissioners would challenge the opposition to cease their almost meaningless cross-examinations, they would be met with brave assurances that Dr. Moore, Messrs. Moore and Brainard would be only too happy to take the stand to discredit this wicked conspiracy against them, yet following these vehement attestations by the lawyers, the self-same wearisome repetitions would go on. Almost all of the defending lawyers demanded the right of *unlimited* cross-examination. They were repeatedly warned

by the chairman and other members of the commission throughout the later part of the hearings that if they wished to put their clients on the stand they should do so soon, as everyone felt the avenues of cross-examination had been thoroughly canvassed, in fact, exhausted, and that the commission could not sit indefinitely and listen to the same charges and questions being put by all the various lawyers representing the combined opposition.

No heed was paid to these warnings, however. Editorially, the press was becoming increasingly sarcastic about the worth of the hearings—not checking into the real reason why the hearings were degenerating into a sorry spectacle.

Informants would tell you that Krebiozen had been tried by the best cancer experts in this country, and none had good results with it. They would tell you that although they respected Dr. Ivy as a very fine medical researcher in the past, now he had been led astray by these foreigners, the Durovics, and possibly, quite possibly, Dr. Ivy was a little “off the beam.” And if you asked what your companion meant by that, well, he would touch his head in a significant gesture and say “I heard this for a fact—Dr. Ivy’s suffering from cerebral arteriosclerosis, and he’s no longer capable of evaluating things.” (This was a vicious rumor exposed as completely false at the hearings.)

And you would believe that and everything else the medical official told you at the bar, or over the telephone or even in a crowded corridor and you would go back to your paper and write an editorial which concludes: “But in the light of the evidence, medical and otherwise, Dr. Stoddard’s order that Krebiozen research be discontinued at the University of Illinois was well founded.”—All of which proved you had neither read the record nor examined the evidence nor bothered to visit hospitals within fifteen minutes from your office where you could have seen evidence of Krebiozen’s efficacy.\*

In December of 1953, the commissioners attempted to obtain an agreement among the opposing forces. Actually, the two principals

\* The reporters on the various Chicago papers attempted to present the controversy fairly and accurately in the news columns. The *Tribune*, for instance, through newsman Percy Wood, devoted much space to equitable summations of the events at the hearings. With the exception of Effie Alley of the *Chicago American*, however, no Chicago reporter actually made an investigation of Dr. Ivy’s reports.

within the scope of the investigation as defined by the commission's authority had been erased from the University of Illinois' Krebiozen controversy by the Board of Trustees, as we have seen, through the outright firing of Dr. Stoddard and the non-reappointment of Dr. Ivy as vice president.

The commission as constituted had no legal right to penetrate into the depths of the alleged conspiracies of Dr. Moore and company with respect to their conspiring against Krebiozen or Dr. Ivy *outside* the University of Illinois. There were some commissioners who had held that the whole problem of cancer research and therefore Krebiozen, was subject to their investigation; they felt that they were responsible to the people of Illinois who had elected them and that they were responsible to the people for delving into health problems no matter where their investigations took them. But they could not, since the medical lobbyists had succeeded in the beginning, in so limiting the investigation that nothing could be really resolved. In other words, the conspiracy to gain control of Krebiozen by Dr. J. J. Moore and Messrs. Moore and Brainard as sworn to by Commodore Barreira and others, would have to link President Stoddard and faculty members to the moneymaking deal in order that the Krebiozen Investigating Commission could even consider the evidence!

Now everyone on either side of the controversy knew that the "business conspiracy" to gain control of Krebiozen did not involve Dr. Stoddard or the faculty at the university. Yet these conditions were imposed upon the commissioners.

However, though hamstrung in its original intent, the majority of the committee wished to hear the accused, regardless of whether their evidence would be pertinent to the committee's narrowed investigational scope. They did not receive the opportunity, however.

Finally, the commissioners asked for a possible settlement of the case.

Although Dr. Ivy wanted an apology from the American Medical Association for its discrediting of his scientific findings, he finally agreed to settle for a rigidly controlled experiment of Krebiozen. Now a controlled experiment is something which all scientific bodies advocate and none could actually refuse—and still be scientific. And

as we have noted, all of Dr. Ivy's experiments with Krebiozen had been *controlled* in many ways.

All four groups of investigating scientists (Ivy, Lankenau, Marquette, and the two hundred independent physicians) had achieved similar findings and had served as a form of control over each other. Further, there was a controlled study on pain in which half the patients did not know they were receiving Krebiozen, the others did. Finally, broadly speaking, the whole Krebiozen experiment had been "controlled" in the sense that about half the patients did not know they had cancer and consequently could not know they were receiving any treatment for the disease.

To conduct the proposed experiment, two doctors would be selected by the AMA, two doctors by the Krebiozen Research Foundation, and a fifth doctor chosen by the other four. They as a committee would conduct a controlled study of Krebiozen.

This is the way it would work. About one hundred patients with far-advanced, hopeless cancer would be selected. The committee of doctors would be provided with unidentified ampules of Krebiozen, ampules filled with plain mineral oil and ampules filled with plain (saline solution) water. A committee of laymen alone would know which lot of ampules contained Krebiozen, which contained plain mineral oil or just plain water.

At the end of six months the effects of Krebiozen would be determined by assessing the groups administered the various lots of ampules. Not even the doctors would know what they were injecting. The patients would not know.

This is what science terms a "double-blind" controlled experiment. This type of test is the closest approach to infallibility that medical science has yet devised.

It will settle any medical argument without a scintilla of doubt.

Could there be a fairer proposal? Now was the American Medical Association's chance to show up Krebiozen for the worthless remedy its hierarchy had claimed it to be. Surely, surely it would leap at the opportunity to disprove Krebiozen, by means of a scientifically controlled experiment—by scientific methods upon which it claimed its whole denunciation of Krebiozen was founded.

But, although the AMA was prepared to fight Krebiozen for years

on a legal battlefield based on their now discredited Status Report published in 1951, they were not prepared to accept any sort of scientific challenge offered in 1954. Apparently the hierarchy, which at the outset of the Krebiozen hearings seemed ready to let Dr. Moore shift for himself, was now defending and maintaining him as a defender of the American public.

The AMA refused Dr. Ivy's offer of a "double-blind" controlled experiment. It said it "would not oppose" future research with Krebiozen, but it would not take part in any experiments with the drug. The AMA's statements, as released to the press, said that the AMA had already satisfied itself on the worthlessness of the drug.

The commission, frustrated, then asked for affidavits or any proof from the AMA *et al.* The commission asked in effect: Present us with some kind of valid evidence concerning all these charges you have made against Krebiozen, the Durovics and Dr. Ivy in cross-examination. In light of everything you've insinuated or charged and said that you would prove, please, we ask you, won't you submit *some* evidence? Dr. Stoddard, who had accused the Durovics of misleading Dr. Ivy, could not in two days of testimony support his charges in any particular; on the contrary, he had been forced to admit he had no evidence against the Durovics. As for Krebiozen, which he had called worthless—probably even non-existent—he had no evidence of *any* kind on that either.

Even the anti-Krebiozen special witness, Humberto Loretani from Argentina, imported to "smear" the Durovics could offer no proof, and had left the country in ignominious haste after being warned he might be prosecuted for perjury. (In fact, at one point, Loretani even admitted Dr. Durovic was an honest man with a good reputation in Argentina.)

Characteristically, Mr. Bohrer, defending Messrs. Moore and Brainard, answered the commission's request with an unsworn letter which had nothing to do with any of the issues in question. Not only did he not defend his clients (who alone had any claims) from the various charges made against them, but he attacked Krebiozen as medically worthless—the substance his own clients had been eagerly promoting!

But as late as February, 1952, Mr. Brainard, according to Dr.

Ivy's sworn testimony, had told Dr. Ivy he was glad he (Ivy) had kept on with Krebiozen in spite of the opposition since he knew Krebiozen was "good medicine."

Mr. Bohrer did not have, in the final analysis, the courage of his clients' convictions. His tune had been somewhat different in the beginnings of the hearings. Mr. Bohrer even went so far then as to say that his clients would magnanimously donate their rightful profits derived from the sale of Krebiozen to a worthy charitable organization or to cancer research.

Dr. Moore's "motion" to the commission filed by his attorneys, Kennelly and Cronin, was likewise unsworn but it did make an attempt to defend Dr. Moore's position. It makes various allegations and insinuations, none substantiated, concerning Krebiozen. It repeats Dr. Moore's oft-repeated defense that all he did in the Krebiozen episode was to protect the American public; he denies *none* of the charges and evidence against him.

Dr. Moore upbraids the commission for not giving him his chance to prove his innocence. He asks the commission to find him, *and* the American Medical Association, *and* the Chicago Medical Society among others, completely innocent of all charges of conspiracy. He thus identifies himself and his actions with *all* of organized medicine. The commission, after its preliminary report, again invited Dr. Moore and Messrs. Moore and Brainard to testify if they wished. But after all the protests, no one accepted the commission's offer. Therefore, one may conclude that their protests were made for the sake of the newspapers (which gave them wide notice) and the record of the Krebiozen hearings.

The only one of the variously implicated persons who submitted a sworn statement in response to the commission's request for certified evidence and sworn affidavits was Dr. Paul Wermer. Dr. Wermer, alone of those accused of being in the alleged conspiracy against Krebiozen, denies being a party to it. When questioned about Dr. Wermer's alleged complicity, Dr. Ivy said on the witness stand that he felt Dr. Wermer was "used" by the conspirators. Dr. Durovic thinks otherwise, as was stated in his reply to Wermer's affidavit.

What would the AMA lose by participation in a "double-blind"

controlled study of Krebiozen? Nothing—except its hierarchy's jobs and the confidence of doctors and public alike. And, perhaps, this is why the hierarchy of the AMA cannot accept the challenge of a supervised controlled study of Krebiozen: it fears the result.

Dr. Ivy, more cognizant of the massive influence of the AMA than he was six years ago, feels that such a controlled experiment is futile unless the AMA agrees in advance to accept and publish the results. Further, after his sobering experience with the Cancer Committee of the National Research Council in 1951, he is very hesitant about such a controlled study being done by any *one* agency, governmental or otherwise. He feels such a controlled study might be "controlled" in more ways than was originally proposed. He has set up an airtight procedure for the experiment, in that no doctor and no patient will know what is in the ampules. He has agreed to a committee of laymen, to be selected by himself and the AMA, to administer the passing out of the ampules and to seal the results as they come in.

Can there be any good reason why the AMA will not accept such a challenge? Would you not think the American Medical Association, so confident in its belief that Krebiozen is worthless, would have proposed the test itself? Instead of categorically refusing to accept it?

The Legislative Commission had hoped that the AMA would go along on a controlled experiment such as Dr. Ivy proposed. Since it would not, what could they do? They sat down and wrote a preliminary report after they had asked all parties to submit affidavits and other pertinent evidence. As previously noted, their jurisdiction did not extend over any alleged machinations of any of the AMA's officers, the AMA itself, the Chicago Medical Society or its officers, or the implicated businessmen, Ed Moore or Kenneth Brainard *except* insofar as they were *provably involved* in the controversy at the University of Illinois.

Ex-President Stoddard had certainly not been *knowingly* involved in any conspiracy against Krebiozen, business or otherwise. For that matter, neither had any of the faculty at the university. What had been done there may have been done through malice, envy and jealousy toward Dr. Ivy, but there was no question of a business, money-making conspiracy.

Therefore, the commission ruled that as *organizations*, the AMA, the Chicago Medical Society and the University of Illinois were not guilty of conspiracy against Krebiozen and Dr. Ivy. Dr. Ivy had testified that he was not accusing the organizations themselves, only certain individuals in the organizations.

The gist of the commission report was: that *Dr. Ivy's acts surrounding the research on Krebiozen* "were in conformity with the highest ethical and humanitarian plane," and that his testimony before this commission "reaffirmed in our minds his reputation as a great scientist" and that the record showed that "the development and growth of the colleges [University of Illinois professional schools] under his administration was unparalleled."

The findings of the commission for the Durovics' characters were as follows:

It was moved by Senator Libonati, seconded by Senator Mondala, that the Commission consider the character of the Durovics, and we find that Dr. Stoddard, in his brief to the commission, has in substance stated that, when you solve the mystery of the Durovics, you will have solved the mystery of Krebiozen. The Durovics introduced evidence as to their good characters. Dr. Ivy has testified that in his opinion the Durovics have the highest degree of integrity. No evidence has been found that the drug was ever sold by the Durovics or the Krebiozen Foundation, but was given without charge to physicians of cancer patients. Although we requested in our notice of February 11, 1954, evidence concerning the lack of integrity of the Durovics, no competent evidence was submitted to us and, therefore, we cannot conclude that the Durovics, on the basis of this record, are other than men of good character.

The commission cleared Dr. Stoddard of any conspiracy against Dr. Ivy or Krebiozen, but felt "that untactful handling of his public statements added to the controversy. . . ."

Highly significant is the following finding: "In view of the fact that the commission found there is *no conspiracy at the University of Illinois, therefore* they find there is no involvement on the part of Dr. Paul Wermer, Dr. Josiah J. Moore, Mr. Edwin Moore and Mr. Kenneth Brainard *in any matter before this Commission.*" (Italics mine) These persons, that is, were not involved in *any provable conspiracy at the University of Illinois*. The commission did not clear them of

conspiracy, but merely ruled that it properly did not have jurisdiction over what acts they may have allegedly committed elsewhere.

The newspapers apparently did not have a copy of the report or did not make a careful reading of it because they immediately concluded that the commission had cleared the alleged conspirators of all complicity. Most of the headlines read something like: "Commission Clears Everybody Involved in Krebiozen Controversy." Such was far from the actual case, however.

The commission, in defiance of the AMA's edict damning Krebiozen and its rejection of the controlled experiment, even went so far as to recommend further research of Krebiozen, thereby rejecting the "evidence" which the AMA submitted. The commission had, in effect, also censured the AMA and the Chicago Medical Society for casting Dr. Ivy out while he was engaged in research on the highest "ethical and humanitarian plane."

Seeing that I would probably never get a chance to hear their testimony from the witness stand, I telephoned John Bach, AMA's Director of Press Relations, and asked for interviews with all the AMA principals involved in any way in the Krebiozen controversy. I also asked for interviews with anyone else at the AMA who cared to present his opinions on the subject of Krebiozen.

Bach's answer to me after polling the various AMA executives was that they did not wish to discuss Krebiozen any further in any respect. I considered this a rather odd attitude to assume directly following all the clamor and demands to present their case.

I determined to afford persons involved in the controversy—those who had not taken the stand—every possible opportunity to answer charges and otherwise defend their actions, which the principals had so often said they desperately desired to defend. I sent a registered, return-receipt-requested letter to the following: Dr. J. J. Moore, Messrs. Edwin Moore and Kenneth Brainard, Dr. Warren H. Cole, Dr. Paul Wermer and Dr. Henry A. Szujewski. (Dr. Szujewski was sent a letter because although he had testified, he was probably the most directly accused figure in the scientific part of the controversy, and therefore I felt he was entitled to make any further statements he desired.)

Here is the letter.

Dear———:

As you may know, I am writing a book on Dr. Ivy and Krebiozen. I have, of course, carefully examined the records of the Krebiozen hearings.

If you feel that your recent submissions to the Krebiozen Commission do not adequately represent your position, or if you wish to state your position as an interested party, I would be most happy to receive your statements. These should be made under oath (as was all previous testimony).

As I am trying to present the full truth (as far as it has been determined) about Krebiozen, the medical picture as well as the alleged conspiracy, I shall be most gratified to publish in the proper place, the substance as well as the *spirit* of your position. I cannot, of course, promise to publish *in toto* everything submitted because of space limitations, but I do agree to publish an abstract of everything submitted under oath if it is pertinent to the charges raised in the controversy, and if this material is received within ten days following the receipt of this letter. Naturally, I reserve the right to express my own opinion regarding submissions or testimony, but I will see that they are given a place in the book and are as fairly presented as possible.

In addition, if you feel that certain matters should be explained personally, relative to the submitted material, I will be more than glad to arrange a personal talk. I realize that most human matters, including Krebiozen, cannot be explained in terms of a formal statement.

I am sending this letter in the sincere hope that I can obtain additional pertinent expressions from the various persons concerned in this controversy. As I have already expressed in the part of the book that I have been able to write thus far: "I am well aware of my responsibility to write not only the truth as I have found it, but also not to write any untruths, or half-truths, even unwittingly." In editorial evaluations of various actions it may well be that I will err as any writer, however conscientious, may err, but these possible mistakes will not be the result of deliberation, of seeking to prove a point just because I believe it.

I have examined the available evidence and it showed me beyond much question that Dr. Ivy is certainly right in demanding a controlled experiment on Krebiozen. I have not yet been able to obtain any valid answers as to why this experiment should not be done. Or as to why the AMA should not take part, since its published reports consist of so much controversial, or possibly outdated data. Why should any medical body be hesitant about a controlled experiment? Especially if they could almost lay down the conditions themselves?

But if some valid answers as to why the controlled experiment should

not be performed should be furnished, I should not hesitate in printing them.

But perhaps your evidence is not relevant to the controlled experiment. I'm glad to receive *all* kinds of evidence and will print it, if it's sworn to.

Sincerely

Herbert Bailey

My offer was ignored completely with one exception. That exception was Dr. Cole, who replied that he did not wish to be "quoted" relative to the Krebiozen affair.

The silence was eloquent.

And now Dr. Ivy reaped the last bitter husks of a poisonous planting that began in the spring of 1951.

Dr. Ivy, as we have noted, was the organizing force behind the National Society for Medical Research, the agency which has practically eliminated effective opposition to the use of animals in medical research.

Dr. W. W. Bauer, representative of the AMA on the board, rose in February of 1954 to announce that if Dr. Ivy were re-elected as secretary-treasurer of the society, he, Dr. Bauer, would be forced to withdraw, thereby taking AMA support away from the society. He explained his action was due to Dr. Ivy's role in Krebiozen. Now obviously Dr. Ivy's position in the society which he founded was of no real embarrassment to anyone. Malice and the urge to utterly destroy the one man who had dared to challenge the AMA were the motivating factors in the move. Dr. Bauer was acting as a well-trained subaltern of the bureaucracy, he of course being responsible for carrying out the orders from on high.

The society could not very well exist without the support of the AMA. All the directors knew that.

Dr. Ivy sent in his resignation to Dr. Carlson immediately. It was accompanied by a classic letter addressed to the once-thundering demander for the evidence, but now not-so-demanding in the twilight of his world-famous career.

The tragic aspect of his letter lies in the fact that a one-time great teacher and defender of absolute freedom in research failed to accept the challenge of his most famous pupil to really examine the

Krebiozen evidence under a scientifically controlled experiment. If Dr. Carlson had only examined the already existing evidence instead of accepting the superficial froth which looked good until you tried to pick it up and weigh it!

Dear Dr. Carlson:

In resigning as Secretary-Treasurer of the N.S.M.R., I should like to point out to you that the statement by Dr. Bauer of the A.M.A. to the effect that if I were continued as Secretary-Treasurer, he would have to resign and the supporting influence of the A.M.A. would be withdrawn, is a part of, and a good illustration of, the conspiracy that was started by J. J. Moore at the A.M.A. headquarters in the Spring of 1951, when J. J. Moore could not get the Durovics to give the distribution rights of Krebiozen to Messrs. Ed Moore and Brainard.

I cannot understand why you and others believe (?) the lies spread around by J. J. Moore and a few others, in the face of my statements and all the evidence submitted at the legislative hearings, proving his charges to be lies based solely on suspicion. The use of rumor and the "big lie" technique is foreign to my character.

As I have told you and others: 1) I was not responsible for the initial publicity in March, 1951. Neither I, nor the Durovics, nor the Krebiozen Research Foundation have been responsible for the subsequent publicity. All statement released by us to the press were in reply to misinformation and actions directed against us by enemies. 2) It seems that everyone ignores the fact that in September, 1951, we asked the A.M.A. to cooperate with us in ascertaining the truth about Krebiozen and the A.M.A. rejected the proposal and started a chain of events to destroy me. All the A.M.A. had to do would have been to set up with us a strictly controlled experiment. 3) Stoddard offered a good experimental program as a result of the Cole Committee Report. But, under the pressure and publicity of the A.M.A. group, and Dean Olson, who, I was informed, wanted to be Vice-President, and a few others, Stoddard failed to validate his promise to protect the rights of the Durovics and very injudiciously and unjustifiably attacked them in public, an act which cost him his job. 4) The Official Status Report of the A.M.A. was dishonest in that it included 24 cases presented by Szujewski, who falsified the reports on most of these patients, and it was premature in that too few doses of Krebiozen were used on the other cases. Furthermore, the article published by Szujewski in the J.A.M.A. in March, 1952, was erroneous and also dishonest because he reported falsely. Szujewski's dishonest reports were instigated by J. J. Moore and Paul Wermer. Nothing is done about the dishonest tactics of J. J. Moore and Paul Wermer; whereas I, whom the attorneys on both sides agree have been honest and sincere, am hounded and forced

by the A.M.A. officials to resign from positions which my efforts have largely created.

With only dishonest and premature evidence in their support, it is easy to understand why the A.M.A. officials through their attorney have rejected my challenge to perform with me a strictly controlled study, or my challenge to identify by means of the clinical test, those ampules among three sets of identically appearing ampules which contain Krebiozen. Furthermore, I have offered to demonstrate the activity of Krebiozen in a group of patients with intractable pain due to carcinomatous infiltration of nerve roots. With patients of the latter type I believe I can demonstrate the activity of Krebiozen just as one demonstrates the activity of drugs to students in a physiological laboratory.

You know that in the past I have always been anxious to demonstrate the truth of my conclusions. Krebiozen is the first instance where I have been denied the opportunity of doing so.

There can be, as I view the matter, only one reason why I am denied this opportunity, namely, because the A.M.A. officials are afraid of the truth when Krebiozen is concerned.

I cannot conceive of you being against a controlled study, or against accepting a challenge for an opportunity to demonstrate a truth, unless you have changed a great deal from your former self. Formerly, you would be out in the front fighting for anyone who asked for a chance to demonstrate a truth. You have never before been afraid of the truth. I have never been afraid of the truth, and I am not afraid of it today. All I ask is an opportunity to ascertain or to demonstrate the truth, regardless of where it leads me, under conditions where the performance of the study or the demonstration would not be futile.

I had two objectives in mind when I agreed to take part in the Legislative Investigation. One was to expose under oath the rank dishonesty and the conspiracy which has been and is in operation. This I have achieved to the extent of about 70%. The other was to create a climate in which a sincere controlled study of some type could be conducted without prejudice. But I suspect that I have failed in achieving the second objective, because the A.M.A. officials have refused to cooperate; and without their cooperation or agreement in advance to accept the results, such a study would be futile, because the power and fear of the A.M.A. is tremendous. . . .

If you have any questions to ask on any points regarding this matter, which you might care to discuss with me, I am available at your convenience most any time.

Yours sincerely,  
A. C. IVY, Ph.D., M.D.

P.S. The dishonest procedure employed by the A.M.A. officials produces quacks, in my opinion. Did it occur to you that the only way that the

claim that Krebiozen has no value could be established is by the A.M.A. cooperating in a controlled experiment? As it stands, with the millions of dollars of publicity the A.M.A. officials have given Krebiozen, the Durovics could have legally sold all of it in the State of Illinois, and many times over the present supply in South America.

## CHAPTER 49

A brief history of my first book *K-Krebiozen—Key to Cancer?* may prove enlightening to followers of this story.

When the book was first released a curious series of events occurred.

An advertisement for the book was placed in the *New York Times*, a newspaper considered by many to be the freest of the large circulation newspapers and which advertises itself as publishing "all the news that's fit to print." However, the powers that control medical news acted quickly. The *Times* categorically refused a second advertisement for the book. I asked for the reason and received a written explanation that the *Time's* medical counselors had advised against accepting an ad for the book and that, indeed, the first ad had slipped through by mistake. There was no inquiry as to the book's truthfulness, no investigation whether or not the charges as reported by sworn testimony and affidavits were true or false. Nothing except an arbitrary ruling that the book should not be advertised in the pages of America's most influential newspaper. I learned, however, that the *Times'* Science Editor, Robert Plumb, was deeply impressed by the book and had prepared a review of it which he had already turned in. He told a friend of mine, Wade Jones, he expected it to be printed in a couple of weeks. This review never appeared.

When the *Times* finally reviewed both my and Dr. Stoddard's book (*Krebiozen: the Great Cancer Mystery*) together, the documentation throughout my book was ignored and my book was written off as a personal "plea" for people to accept Krebiozen. Dr. Stoddard's book was called "seemingly well documented" although even then

Dr. Stoddard was being sued for libel on fifty-seven counts by Dr. Ivy because of statements Dr. Stoddard made in his book.\*

On the other hand, far from being sued, I have offered repeatedly to donate to any designated charity all the proceeds of my book if any misrepresentations concerning Krebiozen treatment can be shown.

On the publication of my book, the American Medical Association issued an "anti" press release couched in ambiguous, nonspecific language. The release (signed by Dr. George Lull, General Manager of the AMA) deplored the publicity attendant on Krebiozen and called the book a "rehash" of charges previously aired. It did not refute any specific detail, and indeed, when reporters called the AMA asking for specific answers to specific questions such as: "Does Dr. J. J. Moore deny that he formed a conspiracy to gain possession of Krebiozen?" or: "Does the AMA deny that its Official Report against Krebiozen was falsified?" they would be met with a stock answer: "*The AMA will not answer specific questions concerning Krebiozen.*"

This attitude perturbed at least one reviewer, Irwin Ross writing for the *New York Post*, so that he wrote "it sounds a bit like the AMA is pleading the Fifth Amendment."

Pleading the Fifth Amendment or not, the sheer power of the AMA's negative attitude toward Krebiozen was sufficient to crush any real objective probing. It was enough that the bureaucracy had spoken. Although many individual reviewers throughout the country wrote favorably about the book, their efforts could not bring enough concerted reaction.

The power of the medical bureaucracy reached not only into the staid *New York Times*, but into one of the world's largest libraries, supposedly the citadel of free expression, the New York Public Library.

The following letter I received September 25, 1955, may be shocking to some readers.

\* In fairness to the *Times* however, it should be stated that its policy seems to be changing with respect to Krebiozen. For instance, when Dr. Ivy's Monograph on Krebiozen was published in September, 1956, the *Times* was one of the few newspapers in the country to publish a full-length, thoroughly objective report of Dr. Ivy's findings.

Dear Mr. Bailey:

I have just finished reading (and digesting) your book "K," and have come to the conclusion that Krebiozen is the "key to cancer."

It is indeed pathetic and revolting that the efforts of Dr. Durovic and Dr. Ivy were so ostracized by the "representatives" of the medical profession.

I first heard of your book from an attorney who read it. Since my father passed away from cancer, the subject interested me, and so I went to the Main Branch of the New York Public Library, the largest in the world. The librarian-in-charge advised me that the library decided not to purchase your book for circulation to its readers. When I asked "why?" she told me that in view of the fact that the author "*went against*" the American Medical Association it was decided that this book was to be "taboo." After giving my regrets to the librarian that it wasn't allowable by the library for its readers to weigh the truth of the issue instead of having a censor, I immediately went to the nearest book store and purchased "K," much incensed over the infringement of the basic principles of our American heritage.

After reading your book, I have tried to influence many people to read it, but the majority I have found would not accept the challenge to buy the book, since the whole idea that such a thing could be possible seemed foreign to them. My *audi alteram partem* fell on deaf ears.

I pray that if not in our time, our children will take up the fight with, perhaps, less obstacles in the way of progress.

Sincerely yours,  
DAVID NISSENBAUM  
Licensed Insurance Broker  
1885 E. 21st Street  
Brooklyn 29, N. Y.

A recent check at the New York Public Library confirmed Mr. Nissenbaum's statements. Two librarians there affirmed (July, 1957) that the book was not put on the shelves because of its "controversial" content until nearly a year after its publication—and then only because of "popular" demand. Yet could it be coincidence that Dr. Stoddard's AMA-approved, anti-Krebiozen book, although controversial to the point of being sued for libel on the date of its publication, October, 1955, was purchased and displayed by the library shortly after publication?

It may be interesting to the taxpayers of New York City who support their library that their reading material regarding medical con-

troversies, is, in actuality, being censored by certain medical politicians in control of a well-known though privately chartered medical organization with headquarters in Chicago.

Months later when Dr. Stoddard's anti-Krebiozen book was published, the influential *Saturday Review* reviewed both books and was quite favorable to mine. However, the *Saturday Review's* praise came too late. My publishers (Hermitage House) were already out of business.

It was then that we—Dr. Ivy and other friends who were determined that the truth would reach the public and the nation's doctors—realized that the battle would have to be fought through slowly. It was obvious we could not at that time, at least, depend on the great popular publications nor the other communications media to investigate for themselves and publish the true story of Krebiozen.

When the book was first published, we received several promises to investigate and publish the facts as they were made available, but the significant truth remains that with few exceptions, the national news media never investigated the records kept at the Krebiozen Research Foundation in Chicago. One of the exceptions was a staff member of a national news periodical who came one day, talked to Dr. Ivy and Dr. Durovic, and actually examined the records of some of the more than seven hundred patients. Later I saw his report to his editors which was very favorable, but further investigation was quickly dropped.

An editor of another very prominent magazine wrote me a letter of congratulations following publication of the book, and later sent another letter saying he was putting his medical staff into a "thorough investigation" of the whole very vital matter. He is still probably unaware of the "investigation" his staff performed. It consisted of a perfunctory talk with Dr. Ivy—not one "investigator" ever set foot in the Krebiozen Research Foundation where the records are kept and where any investigation worthy of the name must begin. But mainly the "investigators" talked with officials and staff members of the Sloan-Kettering Memorial Hospital in New York. From them the medical writers received the shattering information that Krebiozen had been tested at Memorial on one hundred cases and found worthless. (The truth is not one single ampule of Krebiozen has ever been

tested on any patient at Memorial. See page 304 for incontrovertible proof.) \* However, since they were armed with this certain knowledge from Memorial and other “cancer authorities,” and assured further by officials of the American Medical Association that Krebiozen was worthless, why should the medical writers look further? What indeed was the use of querying the Krebiozen Research Foundation as to whether Memorial had actually tested Krebiozen? And what was the use of seeing whether or not the AMA had falsified its report on Krebiozen—as was demonstrated in the Illinois State Legislative Hearings on the subject? Why indeed?

Although I knew part of the reasons for this seemingly incredible slipshod reporting, they were emphasized anew to me by an editor of a prominent news magazine. We were having lunch some time after the book’s publication. “Herb,” he said, “I’ve read most of your book. I’m very impressed with your evidence. And I can understand your anger at the medical writers because none will actually make a real investigation. But do you know that if we, for instance, made an investigation and came out in favor of Krebiozen—that all our medical sources would be cut off? And that our competitors would have all the top stories first? We’d be on the outside looking in.”

“In other words, everyone’s afraid of what he’d find and have to print, and therefore no one wants to go looking?”

“That’s partly it. We have to face the reality of the situation.”

I told him I was somewhat aware of the realities in a more personal way as my source of medical news had dwindled considerably since I had become identified with Krebiozen. My phone which used to ring fairly consistently with “inside” medical information was oddly silent now. Yet in some way I was sure we would be able to break the stranglehold and get the truth out, both to the people and to doctors.

“Your best—and maybe only chance—is through a big publisher. That’s about the only medium left in which there’s some area of freedom on anything as big as this—in the medical field, anyway,” he told me.

\* Since this writing (July, 1957) Krebiozen has been used on one patient at Memorial Hospital. This patient was in desperate condition, even to the point of having had her pituitary gland removed in an effort to curb the cancer. Even so, a dramatic, beneficial effect was noted immediately following the administration of Krebiozen. She could not be saved, however.

## CHAPTER 50

IN the summer of 1954 an announcement in Irv Kupcinet's column in the Chicago *Sun-Times* proclaimed that Dr. Stoddard, via Beacon Press, would publish a book the following September. Its contents could hardly be in question judging from the title: *Krebiozen: the Great Cancer Hoax*.

Information received showed that Dr. Stoddard, completely ignoring the facts proven at the Krebiozen hearings, was writing the book to justify his position and would rely on the demonstrably falsified AMA report for his medical "evidence." Obviously he also would depend on the discredited testimony of Humberto Loretani to impugn the Durovics and Dr. Ivy. (The Señor, we remember, had long since fled these shores after being warned by members of the Krebiozen Commission that he might be prosecuted for perjury. Yet his words remained on the record for those who wished to use them.)

The news created consternation in the Krebiozen camp. Forthwith, Drs. Ivy and Durovic dispatched documents to Beacon Press. They averred that Stoddard might be more than considerably in error and that such a book could be inimical to the public welfare. Further, they pointed out that not even the American Medical Association had employed the term "hoax" in all of its fulminations against Krebiozen.

The then editor of Beacon Press, Melvin Arnold, admitted to two friends of mine (Wade Jones and Halsey Munson) that these documents produced a profound impression at Beacon Press. He said that "drastic rewriting" of Stoddard's manuscript would have to be done as a result of the documentary evidence. The title of the book was changed to *Krebiozen: the Great Cancer Mystery*; publication date was delayed to November, then January. Meanwhile, another friend proposed to Beacon that the manuscript of my book (then nearing completion) be compared with that of Dr. Stoddard so that obvious errors in either script could be corrected on the basis of the record. Beacon seemed amenable to the exchange idea, except they included

a proviso that Drs. Ivy, *et al.*, would not sue when Stoddard's book was finally published. In other words, Drs. Ivy and Durovic would have to agree that disputed passages would have to be left to editorial discretion. Stoddard's manuscript not having been seen, this posed an impossible condition for Drs. Ivy, Durovic, and the Krebiozen Research Foundation.

Further, Dr. Stoddard, being a past moderator of the Unitarian Church which owned Beacon Press—and admittedly a powerful influence in the organization—certainly exercised a definite control over final publication. I, on the other hand, wished no immunity from a lawsuit, since what I had written was based on demonstrable truth. In fact, I welcomed—and still do—a challenge of what I write about the Krebiozen controversy.

Meanwhile, Drs. Ivy and Durovic continued to send Beacon documents from the Krebiozen hearings. Again and again publication of Dr. Stoddard's book was postponed, a rather certain indication that a battle of some proportions was being waged in the offices of Stoddard's publishers.

Finally, however, in the early part of 1955, galley proofs of the book were nationally distributed to various newspapers for review purposes—with the announced publication being a "few weeks" away.

Drs. Ivy and Durovic immediately sent more documents to Beacon which disproved various statements in the galleys. They warned they would sue for libel. Beacon again postponed publication, shifting it this time to April 2, then to "some time in April." More documents were submitted and somehow April passed with no publication.

Meanwhile, my earlier book on Krebiozen had been published the preceding January. Several important newspapers had written they would not review it until Dr. Stoddard's book (which had long been announced) was issued.

I wrote to Beacon Press asking them to please set a publication date for Dr. Stoddard's book and publish the book or else, in all honesty, they should cancel the book entirely. I recounted the fact that Stoddard's book was built on hearsay, rumor and falsified evidence and that the seeming documentation was not documentary at all in the true sense. A large part consisted of "resolutions" by various

university committees who really knew nothing of Krebiozen, but who for various reasons were friendly to President Stoddard, and believed he should be supported.

I pointed out that the whole Krebiozen experiment since April, 1951, had been under Federal Food and Drug Administration jurisdiction, which means that all reports on patients have to be filled out by qualified physicians. The form used is an exhaustive one, covering thoroughly every phrase of observation, both subjective and objective. Dr. Stoddard knew this full well. Yet he wrote of the Krebiozen evidence as consisting mainly of "testimonials" and spoke of "anonymous" doctors as doing the bulk of the research!

When Dr. Ivy realized that Beacon Press was finally going to issue Dr. Stoddard's book in "hard-cover" form he and the Krebiozen Research Foundation members decided something must be done. They sought an injunction against further dissemination of the book, holding that sending of the galley proofs to newspapers in New York and Chicago constituted publication *already* and that they had a legal right to prevent its distribution if they could show the book was untruthful and libelous.

Since this sought-for injunction was granted temporarily, though subsequently reversed and made the subject for several critical newspaper editorials which protested this "abridgement of freedom of publication," it might be pertinent at this point to examine Dr. Ivy's motives in bringing this action. It is somewhat ironic that none of his motives was published in the several publications which so vehemently editorialized for "freedom" of publication.

First of all, Dr. Ivy felt that no one man has the right to influence the lives of millions of people in a *medical* sense when it can be shown that that man's "evidence" is compounded solely from a provably falsified and premature medical report (the AMA Status Report). Discrediting one of the most promising anti-cancer substances known to science might hamper the research on it so that it could be years before the "true" facts could be made known widely. Meanwhile, millions of persons the world over would be dying—possibly for lack of the substance which might have saved them. This might well have happened had Dr. Stoddard's book achieved wide circulation and acceptance.

The Krebiozen issue was not a question of one man's opinion, medical or otherwise, against another's. To Dr. Ivy it was a question of truth versus falsehood, with humanity and science being the scape-goats. And this he could not permit if it lay within his power to prevent it.

If he waited, as many suggested (including me) to sue Dr. Stoddard for libel when the book appeared publicly, it would probably take years before the case was tried (it did) and the damage done to Krebiozen, and to him as its chief researcher, would be incalculable. Further, Dr. Ivy contended that the libel laws as presently constituted offer pitifully inadequate restitution, even if the case is won. Money, which is the primary compensation for libel, cannot restore an irreparably damaged professional reputation, nor can it bring back to life those who may have died because of false statements contained in a publication. Dr. Ivy was striving toward a new concept of libel law in this country: that when a book can be clearly shown in advance of general publication to be libelous, untruthful, and damaging to the public welfare, that book's publication should be withheld from general circulation until the proven falsities are withdrawn. In other words, the right of free publication does not grant the right to lie or repeat provable lies, especially when detrimental to public health and welfare.

Ivy considered the injunction against Stoddard's book the lesser of two great evils; he debated for weeks before instigating the suit. He knew that the press would probably misinterpret his motives and editorialize against the injunction without really studying it. Yet he felt he had to do it regardless of the consequences, for this was the right way for him.

Some newspapers *did* editorialize against what it considered was an attempt on Ivy's part to stop Stoddard from saying what he wished to say. They construed it as an attempt to limit "freedom of the press" and expostulated long and loudly about "fundamental rights."

The earlier temporary injunction was reversed on the grounds that the courts had no power to halt publication of a book of any kind. Also the court was sympathetic to the publication of Stoddard's book on the grounds that it would present the issues publicly. This decision was maintained through the Massachusetts Supreme Court.

Meanwhile, Dr. Stoddard's book was published. But Dr. Ivy, convinced he had to fight on purely for ideological reasons, carried his case to the U. S. Supreme Court. There it met the fate that several other highly controversial though important issues have met in recent years: the Supreme Court arbitrarily refused even to review the case.

When Stoddard's book finally appeared, the publishers attempted to make capital of the fact that the book's delayed publication was due to the attempted "ban." No mention was made of the real cause for the delay: that they didn't dare publish it in its original form when confronted with undeniable proof of the falsity of some of its statements. It was "drastically" toned down, according to the editor. Even so, Dr. Ivy recognized blatant untruths in fifty-seven passages and promptly filed suit for libel for \$360,000. After numerous delays asked for by Dr. Stoddard, including a change of venue from New York to Chicago, the case is still pending.

At this writing the suit is still dragging its weary legal way along in Chicago—without ever coming to trial. Dr. Stoddard's answer to Dr. Ivy's charge, seems to be, in substance: "If I have libeled Dr. Ivy and Krebiozen, it was unintentional, and I disclaim responsibility!"

Oddly, one of Dr. Stoddard's main theses in his book is that the Roman Catholic Church, namely the Vatican, is supporting Krebiozen, and concertedly the Church, from the Pope on down, worked to overthrow him! How he reaches this astounding conclusion of a Catholic "plot" and offers "proof" is a masterpiece of the debating art, utilizing rationalization to its highest degree. It is not precisely what might be defined as a masterpiece of fact, however. But it does offer us a startling insight into the processes of his thinking and the means by which Dr. Stoddard arrives at his conclusions.

First of all, (to prove his Catholic-plot thesis) he says the Durovics were "men of mystery, traveling easily from country-to-country on a Vatican visa." Even Dr. Stoddard now admits the Durovics' identity has been thoroughly established by sworn statements by many persons who knew them well in other countries. As reported, they traveled only to *one* final destination on a Vatican visa and this was arranged by powerful friends of Marko's in Rome, but not because Marko was Catholic. In fact, the Durovic family in Yugoslavia have for generations been affiliated with the Eastern Orthodox Church of

Yugoslavia. Friendliness towards each other has not been a conspicuous characteristic of the relations between the Church of Rome and its Eastern rivals.

From this initial premise (i.e., the Vatican is behind the Durovics because it granted them a visa—a routine privilege accorded to many), Dr. Stoddard goes on to cite that a Catholic bishop (now deceased) in Springfield, Illinois, attacked certain passages in a book Stoddard had written as being “godless.” This incident occurred in 1946-47 when Dr. Stoddard first assumed office as President of the University of Illinois. The Durovics were then in Argentina and Krebiozen was not discovered until 1949.

But the third and final clincher of the dark Vatican plot now, at last, is unveiled to us by Dr. Stoddard. We will remember that Bishop Sheil awarded to Dr. Ivy in 1953, the Pope Leo XIII Award “for distinguished services to humanity.” (Leo XIII is known as the “liberal” Pope.) Now it is a matter of common knowledge that Bishop Sheil admires persons who pursue ideals of individual liberty, and more than admires those who are willing to stand up and fight for those ideals. And Bishop Sheil thought that no one else deserved the Award more than Dr. Ivy in the Spring of 1953 when he was beset by one of the most powerful forces in the country and yet chose to fight it, almost alone. Dr. Stoddard attributes Bishop Sheil’s action as being evidence of the Catholic “conspiracy.”

Yet it is an interesting observation that Bishop Sheil is equally outspoken against any who he feels would destroy our fundamental freedoms. It is rumored that higher ecclesiastical authorities did not look kindly on Bishop Sheil’s active participation in controversial matters outside and beyond the Church’s own stated views. In any case, Bishop Sheil retired as head of the nationally famous Catholic youth organization which he had founded—because of “ill-health,” it was stated. And there have been few, if any, public statements from him in regard to any subject.

Certainly we can, on the basis of the record, realize that Bishop Sheil’s public reactions to Dr. Ivy, or to the late Senator Joseph McCarthy or to many others, were not dictated from “higher up.” To attempt to link the Vatican with the case of Krebiozen is sheerest fantasy, yet it was seriously proffered by Dr. Stoddard who pleaded

that cancer research should be taken out of the “sectarian” realm and put back into science.

Because of Stoddard’s attempting to make the Catholic Church the whipping boy in the case of Krebiozen, the AMA could not actively promote Stoddard’s book, as various officials were known to be planning to do. Even so, the AMA infinitely prefers Stoddard’s book to mine and recommends its reading, as letters from Oliver Field, Chief of the AMA’s Bureau of Investigation, reveal. Mr. Field, curiously, now answers all correspondence for the AMA pertaining to Krebiozen. This fact we will examine later when we take up Mr. Field’s unusual part in the Krebiozen drama.

But if there were no other evidence available to disprove Stoddard’s Vatican-Durovic-Krebiozen hypothesis, the following would suffice.

When my book, *K-Krebiozen—Key to Cancer?* was issued, the only “bad” review the book received was published in a leading Catholic book review publication, *Best Sellers*. The reviewer excoriated me, Dr. Ivy and the Durovics. In language which would make even a seventeenth-century pamphleteer envious, the reviewer, Dr. William White, a prominent surgeon in Pennsylvania, and an official of the American College of Surgeons, described me as a “Devil’s Advocate”—“a sometime newspaper man . . . woefully ignorant of cancer . . . and the scientific method. . . .”

The opening sentence will illustrate the tone of the entire review: “K is a prejudiced, slanderous, scurrilous, border-line libelous malevolent diatribe. . . .” I immediately framed this review and it became the source of much banter among groups discussing Krebiozen.

However, instead of viewing the piece jocularly as we had supposed most people would because of its archaic, violent style, various Catholic periodicals accepted this reviewer’s decision without question and placed my book in a Grade IV category. This means: “Not recommended for reading by either children or adults.” In other words, Catholics *could* read my book without committing a sin but they were strongly discouraged from reading it! (Dr. Stoddard, please note: Wasn’t this a rather devious and bizarre method of advancing the Catholic plot, by having the only pro-Krebiozen book practically banned for Catholic readers?)

Subsequently, some Catholic readers wrote to the periodical, pro-

testing this unwarranted judgment. I understand the near-ban was lifted. However, Dr. White subsequently reviewed Dr. Stoddard's book favorably and Dr. Ivy's later medical monograph most unfavorably, though his language was more temperate.

## CHAPTER 51

BY the winter of 1955-56, Dr. Ivy had accumulated enough evidence on Krebiozen to publish results of his five-year study. He now had adequate reports on 687 patients which he and other physicians had followed for periods ranging up to six years.

The evidence was overwhelmingly favorable, though the super-cautious Ivy would never admit more than was absolutely necessary and that which he could prove beyond any question of doubt. Even so, he now knew he had at least twenty-three "five-year cures"—that is, persons rescued from their graves who had lived that long to attest Krebiozen's efficacy in terminal and far-advanced cases of cancer. No other "orthodox" treatment had come even close to this percentage.\* No other so-called chemotherapeutic agent could possibly approach this figure. In fact, it is even doubtful—with the possible exception of radio-active iodine—that even *one* far-advanced patient has gone the five-year limit *cancer-free* under treatment with only one chemical agent. (The American Cancer Society achieved quite a bit of publicity when it announced that *one* cancer patient had gone the five-year course without cancer, following radio-active iodine treatment. It should be noted that radio-active iodine is rarely claimed as a "cure" even in the cases of thyroid cancer on which it is beneficial.)

In addition to his four- and five-year cancer-free patients, Ivy had scores of patients who were one, two and three years cancer-free. Besides those, he had many others whose cancers had been arrested and who were living normal, healthy lives. Moreover, he had hundreds who had been benefited by Krebiozen and who, unable to be saved by

\* At this writing, there are 43 patients who have been cancer-free for periods ranging from four to six years.

it, had made miraculous temporary recoveries and had lived their last days in a dignified, clear-thinking frame of mind free of pain and also free of the brain-numbing effects of narcotics. No other agent in the history of medical science had been able to effect these results. Truly, Krebiozen was at least a key to cancer. Never had anyone associated with Krebiozen claimed it to be an absolute cure, though it apparently was a cure in some patients for at least five years.

Dr. Ivy was now convinced by the evidence that Krebiozen was observably beneficial in 70 per cent of the cases and directly, objectively beneficial in 50 per cent. Remember, Ivy was not trying to establish Krebiozen as a "cure" in the limited time of his observation. He thought that any agent which could be demonstrated to be *beneficial* to cancer sufferers should be included in science's fight against cancer.

Accordingly, he prepared a short monograph on his and other doctor's observations. This monograph is not to be compared with the monumental Ivy report of 1952 (see Chapter 28) because it does not encompass the latter's exhaustive 700-page case-history reports; yet the monograph should have been heralded by the medical world as the first report by a leading scientist concerning a substance which showed more promise than anything medical science had known in the treatment of cancer.

Dr. Ivy sent his article (based on the monograph) to one medical journal after another. And one after another the journals accepted his article for publication, only to return it with apologies. The classic case was *Clinical Medicine*, whose editor accepted it and actually put the article into type, gratefully acknowledging the honor it was to publish such an original and comprehensive work. But the sledge hammer fell soon thereafter, and the article was returned with profuse apologies and excuses for not being able to publish it. Dr. Ivy was informed that the publications were told by AMA Headquarters they would lose all their revenue from pharmaceutical advertising if they published Ivy's article.

Beyond doubt, the heat was on. The AMA would do all it could to prevent publication of Ivy's report.

The question was even raised as to whether Dr. Ivy and the Krebiozen Research Foundation might be able to buy a small reputable

medical journal and thus obtain publication. However, this idea was dropped as unfeasible as no one connected with Krebiozen had enough money for such a venture.

Finally, in desperation, Dr. Ivy turned to a small general publisher (Henry Regnery, Chicago) and arranged for publication of his medical work. And this is how Dr. Ivy's monograph was finally published in the late summer of 1956.

During the early summer of the same year, an official of the AMA admitted to Dr. Pick: "We would like to stop publication of Dr. Ivy's monograph, but since he has taken it to a private book publisher, we don't know how."

Instead of making world headlines which would have been the case had Sloan-Kettering or any "orthodox" cancer research center issued such a report, Ivy's monograph was received coldly by the medical press in general. By and large the press, both lay and scientific, misinterpreted Ivy's (I think unfortunate) use of the term *palliative* in connection with Krebiozen. In order to lean overboard in the modesty of his claims, and not to claim Krebiozen a "cure," Dr. Ivy chose the term *palliative* as defined in the very special sense by the Therapeutic Trials Committee of the AMA in its reports on the effect of X-ray and hormone therapy in advanced breast cancer. In this narrow sense, the term indicates a "beneficial *objective and/or subjective* therapeutic effect which results from the direct or indirect effect of an agent on a disease or the malignant process." This is very much more than *palliative* as defined in the dictionary or even a medical dictionary. The medical concept coincides with the almost universal concept of *palliative* which is "affording only temporary relief," usually of pain. Very few science writers or scientists accepted Ivy's specialized use of the word, taking it to mean that Ivy wasn't claiming very much for Krebiozen, and if they bothered to write about the monograph at all, brushed it off lightly.

As a matter of fact, Dr. Ivy was claiming a great deal for Krebiozen. He claimed cancer cell destruction in half of the Krebiozen-treated patients, something no other chemical agent had been able to produce.

However, no Krebiozen-induced effect of *any* kind would be granted by the AMA, the American Cancer Society or the National Institutes

of Health in Washington. The spokesman for the ACS, Dr. W. Kenneth Clark, said the society was still standing by the AMA verdict of 1951; National Institutes of Health Director, Dr. John Heller, was quoted as requoting the findings of the National Research Council, which as we have seen was formulated entirely from the falsified AMA Report of 1951.

And Dr. Rhoads, reviewing the book for *Science*, although correctly recognizing that Ivy's claims were much more than palliative, yet "hoped" that the claims "published in this document would be carefully reviewed by impartial and informed individuals, and endorsed, before they are accepted."

He did not mention Dr. Ivy's proposal of a strictly controlled "double-blind" test as being the easiest and only really scientific way of settling the argument. And where would Dr. Rhoads obtain "impartial and informed individuals" to evaluate Dr. Ivy's claims, since practically every recognized medical agency as well as individual cancer experts, including Dr. Rhoads, had already gone on the record as being prejudiced against Krebiozen?

In spite of the cold shoulder tendered him by the official scientific world, Dr. Ivy received hundreds of letters from outstanding medical men—some quite highly placed in medical schools and cancer clinics—all complimenting his scientific presentation of Krebiozen. Typical among these was a letter from a former high official of the American Cancer Society, who termed the monograph a "work of outstanding merit." Dr. Ivy considers these communications to be on a strictly personal level and will neither release the names of the writers, nor most of their comments.

It is highly probable that if they were made public, they would easily overbalance the "official" negative attitude and show to American doctors and public alike just how favorably eminent cancer experts and other esteemed medical scientists really regard Dr. Ivy's work with Krebiozen. It would seem that "official" medicine is sitting on a powder keg and all that is needed is one spark. That spark could be the realization by the public of the truth about Krebiozen.

## CHAPTER 52

NOT all Americans nor all publications in this country were willing to accept the medical hierarchy's pronouncements concerning Krebiozen. In addition to overwhelmingly favorable reviews of my previous book by many newspapers, certain of the smaller independent publications continued to publish the facts as they were made available. Chief among these were *The Independent*, a monthly periodical published in New York City which is devoted to publishing factual material that is in general suppressed elsewhere; the *Guard News*, the official publication of the Plant Guard Workers of America; and *Prevention*, a national health magazine.

Among the individuals who read the book and were not afraid to speak publicly for it was Miss Gloria Swanson, the noted film celebrity. It happened that Miss Swanson was already perturbed about suppression of various other "unorthodox" anti-cancer agents, in particular the Lincoln "bacteriophage" treatment which is credited with having saved the life of Charles Tobey, Jr.

What she read in *K-Krebiozen—Key to Cancer?* made her very angry indeed. Now, while Miss Swanson has a logical mind, and is an altogether charming person as well, she has also the temperament commonly associated with theatrical folk, and when she becomes angry, the world—or least some parts of it—is generally made acquainted with the fact. Further, she has a conscience, and this conscience will allow her no rest: she has to speak out on what she considers injustices.

She called from Hollywood. "I've read your book," she said. "I want to know what I can do to help. I'm no doctor, but you don't have to have much knowledge of medicine to understand what's going on here. The proof is there."

I thanked her for her offer of assistance. It was arranged that on a forthcoming trip East she would visit the Krebiozen Research Foundation, meet Dr. Ivy and the Durovics and examine the more than

six hundred case histories in the files so she could know first-hand the medical aspects of the situation. It was also arranged that she would appear on some Chicago radio and television programs.

It developed, however, that other persons and organizations were quite interested in Miss Swanson's participation on behalf of a substance frowned upon by orthodox medicine. This substance was, quite naturally, likewise frowned upon by fund raisers for the "orthodox" researchers. One of these fund raisers included Walter Winchell, the gossip columnist. Mr. Winchell more or less founded the Damon Runyon Cancer Fund and has spent much time and energy in promoting funds for it. He has also been a very fast man to denounce any "unorthodox" cancer agents, including Krebiozen, and has publicly pronounced as "quack remedies" several other seemingly promising substances. All this without any investigation. The "investigation" is left up to his Chairman of the Damon Runyon Cancer Fund, Mr. John Teeter, whose activities we have mentioned in helping to throttle the FitzGerald-Tobey Senate investigation of cancer research in this country.

When it became known that Miss Swanson was going to speak her piece on behalf of Krebiozen, she received a call from Mr. Teeter. The conversation was very friendly indeed. In fact, purely as a friend, Mr. Teeter was informing dear Gloria that Krebiozen was no good, had been tested by the AMA, and that while he knew her intentions were the best in the world, it was a mistake for her to associate herself with a worthless remedy.

When she, in turn, informed Mr. Teeter that she had examined the evidence and that it did not take a genius to discern that something was awry not only in the medical sense but in other areas, she was told by Mr. Teeter that Krebiozen was something that had best be left alone.

When Miss Swanson told me of this interesting conversation, she made a startling prediction: "Within a week or so," she said, "you'll see Mr. Walter Winchell taking a big blast at me in his column. I don't know what sort of thing he'll say, but he'll try to get me in some way!"

Her assessment of the situation and of Walter Winchell proved correct; on March 8, (1955) Mr. W. ran the "blast." For those un-

familiar with the technique employed, the item may seem puzzling. It read: "Gloria Swanson's medics have stopped all her dieting. She has anemia. Her last diet: vegetables soaked in goat's milk (ugh)."

Now why would Mr. W. W. print such a report on Gloria Swanson? There is only one answer. To make her look ridiculous in the eyes of the American public, a crazy food faddist whose diets have made her anemic—so that when she attempted to tell about another unorthodox "remedy," Krebiozen, her story would automatically be discounted.

The item was an obvious fabrication. Anyone seeing Gloria Swanson at once perceives a picture of glowing health and a vast store of energy. For a woman of fifty-eight, she gives the impression of being an energy-laden *young* woman. Her multifarious activities prove she could not be anemic.

Yet when Winchell's item appeared, she went immediately to an impartial medical group for a complete blood examination. She went to Life Extension Examiners, New York City. This medical group reported: . . . "the blood count which you had yesterday is normal. This is as we expected it to be. . . . Enclosing a detailed report for your files."

So we see that Winchell's "blast" was no more than a cunning device to discredit Krebiozen on the part of those persons who are responsible for a great portion of the funds raised and spent for cancer research in this country. Admittedly, the funds are not misused in a technical sense, insofar as they go to "orthodox" scientists who are diligently seeking the cause and cure of cancer. And probably Mr. Winchell is sincere and believes himself justified in using such methods. But should such men be virtual arbiters of cancer research?

## CHAPTER 53

IN addition to the publications mentioned, many individuals besides Miss Swanson accepted the challenge of my book.

Out of an initial distribution of only five thousand copies, I received nearly six hundred letters and phone calls from readers volunteering

their services and asking what they could do to rectify the situation. Among these was Mrs. James Henderson of Chicago, who proposed to organize a committee of volunteer workers which would help to make the truth about Krebiozen available to a larger proportion of the American public. This committee was eventually formed by Mrs. Henderson, Mr. Claude Hayes, of New Orleans, retired U. S. Shipping Commissioner, and myself. It was called the Committee for Independent Cancer Research, and later changed to Freedom for Cancer Research Committee, with Mr. David M. Kasson, of Westport, Connecticut—himself one of Krebiozen's "living miracles"—becoming president.

Why Mr. Kasson is alive today and is the dynamic head of the Freedom for Cancer Research Committee is due to one of those odd quirks of circumstance, which belong in the believe-it-or-not category.

In September of 1956—and for some years before that—he was president of a large electronics corporation in Brooklyn, N. Y. For thirty years, he had been a leading industrialist. But in September, David Kasson's whole world suddenly blew apart. It started when he noticed a little bleeding. His doctor told him he'd better have a check-up at the hospital. There doctors decided on an exploratory operation.

They found a large cancer in the intestine, with widespread metastases. Verdict: Inoperable. The doctors told his wife his condition was so bad he couldn't have more than a few weeks to live. But when, after a few days, Mr. Kasson didn't recover from the operation, they shortened their original short-life expectancy even more. For Mr. Kasson, it seemed, the end was near. He couldn't eat at all, and he started a steady downward path of deterioration. Gradually he descended into semicoma. He was being fed intravenously, but he could not regain his strength. Then horrible hiccups came and would not go away.

"Finally I felt that I very likely would die," he told me later. "And somehow I didn't object to the idea too much. I realized then it is the fear of pain which is the terrible thing about dying."

While Mr. Kasson was hiccupping his life away, a close friend and neighbor, Brett Halliday, the nationally known mystery writer (creator of Michael Shayne), was desperately casting about for some way to help his friend. Two years previously, Dave Kasson had given him

a subscription to *The Independent*. In one issue he recalled reading about a book which told of a new drug, Krebiozen, that offered some help in hopeless cancer cases, even though it was termed worthless by the AMA. After several attempts, he procured a copy of the book, though it was not then available at the bookstores. According to Halliday, he read the book through in a straight six hours. When he finished, he was determined his friend Dave Kasson would have what Halliday now considered was the only hope. As he put it: "I would get Krebiozen if I had to turn hell upside-down!" He almost had to. But by employing some of the techniques which characterized his fictional heroes, Halliday managed to have Krebiozen administered to Kasson.

"I can swear that Dave was in a coma when Krebiozen was given him, for I was there," Halliday recounts. "So what followed couldn't be psychosomatic in any sense."

What did follow was a matter of amazement to the doctors, nurses, Kasson's lovely wife, Helen, and Halliday himself.

They saw the miracle happen but once. Readers of this narrative who have experienced—although vicariously—the miracles of Dr. Pick's wife, Gary Cathcart, Adalia Carbine, Senator Vandenberg and many others, already know what to expect.

As Mr. Kasson puts it: "I only know that the next morning I knew something wonderful had happened to me and that I felt good again."

As attested by hospital records, the previously dying man, having lost his hiccups, that morning called for two eggs and ate them. He asked the nurse "what they had given him." She replied it was some new kind of injection.

"Whatever it is, I want more right now," Mr. Kasson said "It's saving my life." Seventy-two hours later, after the second injection, Mr. Kasson "felt on top of the world." Within a week, the erstwhile doomed man left the hospital, and made a steady, progressive recovery.

Today, 18 months later, Kasson has maintained his recovery, though neither he nor his doctor consider that the disease is conquered yet. Nevertheless, any agent that can pull a man from his grave—something nothing else could have done—that agent Mr. Kasson will fight for. And so he has. He accepted the presidency of the Freedom for

Cancer Research Committee, working full time without pay. He believes more people should know the truth about cancer research in this country. As a result of his and others' activities, people *are* learning more about it.

For instance, Mr. Kasson wrote a letter which was published in the Westport (Conn.) *Town Crier*. The opening sentence was startling:

*I will not contribute to the American Cancer Society!*

Kasson cited a paper issued by Henry K. Wachtel, M.D., eminent researcher and former Associate Professor of Physiology and Director of Cancer Research at Fordham University. Dr. Wachtel developed an anti-cancer agent, Antineol, from the pituitary gland after years of research in Europe and in the United States. Dr. Wachtel offered much proof in his report, "The Disappointing State of the Cancer Problem," that although his substance Antineol showed much promise in many patients, he was coldly rejected by the American Cancer Society, the Damon Runyon Cancer Fund and various governmental agencies. (Interestingly enough, when Dr. Ivy was Executive Director of the National Advisory Cancer Council, he found Dr. Wachtel's work very promising and recommended a study of it. His recommendations were ignored by the American Cancer Society.

Kasson's second point was that the American Cancer Society and the American Medical Association had rejected Krebiozen without a real scientific test. He called for a re-organization of the ACS, so as "to put it back into the hands of non-business, objective people." Dr. Wachtel had charged that the society since 1945 had been "controlled" by two businessmen members of a world cartel in drugs, and that one of them, Elmer H. Bobst, had in 1941 been convicted for violation of anti-trust laws and fined \$6,000. The violations of the law under which Bobst had been found guilty included "the hostility of cartel members toward a new product which endangers their control of the market . . . in the field of synthetic hormones the cartel control has been such as to be detrimental to our national interest."

Kasson said he realized the overwhelming majority of persons connected with the society were outstanding, idealistic citizens who were unwittingly serving "entrenched business interests," and therefore he asked his fellow citizens not to contribute to the American

Cancer Society until the “rascals”—as he termed them—were thrown out.

The following week, the executive vice president of the American Cancer Society, Mefford R. Runyon, replied to Mr. Kasson, and invited him to visit American Cancer Society headquarters in New York City “so that we may explain some of the facts about the American Cancer Society and the way it works.”

Excerpts from the letter:

He [Mr. Kasson] will find that the research funds of the Society are allocated to scientists and to institutions upon applications received and studied by committees and panels on which over one hundred of the leading scientists in this country serve, and it is on their advice that the Board makes the final allocation of such research funds as are available to it.

He will find that there has been in existence for the last six years a committee of the National Research Council known as the Committee on Cancer Diagnosis and Therapy whose responsibilities have been to make certain that ways and means are provided for the evaluation of unorthodox or unproven proposed methods of the treatment of cancer.

He will find that so far as Drs. Wachtel and Ivy are concerned the same means of evaluating their drugs are available to them as are available to any other scientists in this country on identical terms.

Mr. Runyon went on to praise the American Cancer Society and its “more than a million volunteers, whose work has been a vital factor in saving the 150,000 men, women, and children who are saved from cancer each year.”

As Mr. Runyon had been generally unresponsive in a specific sense to Mr. Kasson’s charges, and since he had mentioned the National Research Council’s Cancer Committee as “making certain of the evaluation” of unproven anti-cancer agents, I felt impelled to answer Mr. Runyon.

I wrote specifically of the charges made by Dr. Wachtel which had (and have) not been answered by the American Cancer Society: that the American Cancer Society was dominated by persons whose companies stood to gain financially by development (or suppression) of anti-cancer agents; that public donations were being used to develop these agents. Wachtel’s charges—and his background as a cancer

researcher is unimpeachable—were specific, detailed and seemingly well documented.

Excerpts from my letter follow:

I believe that a majority of the Board of Directors of the American Cancer Society are outstanding citizens of integrity. . . . It is well known [however] that policies governing such organizations are formulated by a few individuals and rubber-stamped by the Directors. These policies always indicate commendable objectives. Their interpretation by the operating group is quite another matter.

People believe the Society is fairly investigating new anti-cancer agents for which serious claims are being made.

The American Cancer Society really expresses no opinions formed by its own research. It merely passes along the opinions of the other "authoritative" groups. If the opinions of the other groups are based on false reports, as have been given by the American Medical Association in the case of Krebiozen, the American Cancer Society accepts such a report without question or investigation. By this failure of proper investigation, we believe the American Cancer Society actually has contributed to the delay in finding a cancer cure. . . . There is an amazing chain of "passing the buck" from the American Cancer Society to government bodies such as the National Research Council . . . to the American Medical Association. . . . The National Research Council did not test Krebiozen itself (though its report gave the impression it did) but merely endorsed the false AMA report. . . .

So obviously the charge of falsity against the AMA is basic and pertinent.

*And basic and pertinent to the American Cancer Society which promulgates this false report without investigation even though the charges were made publicly.\**

My letter was not answered. Does not the American Cancer Society owe to Dr. Wachtel's documented charges a specific, detailed answer to the American public—from which it derives its sole income, and to which it is responsible? Also since it has endorsed the AMA's position on Krebiozen, does it not owe the public a detailed answer on the charge of falsity of the AMA's Krebiozen Reports? The AMA,

\* My original letter contained the following statement: "I am fully aware of the tremendous value of the work in basic cellular research which the American Cancer Society is supporting. This research is having, and will have, vast effects not only in cancer, but in almost every phase of scientific endeavor. Its value is well-nigh incalculable."

being a privately chartered organization which is not supported by public funds, might theoretically claim it is not responsible to the public and does not have to answer any such questions to the public. This might account for the silence of the AMA on the specific charge of falsity. This, and the seven patients now living and *cancer-free* six years after the Szujewski-AMA Report pronounced them “dead or dying.”

With the ability to influence Congress, the various state legislatures, and of course, its own important membership, the nation’s doctors—and without overwhelming public pressure against it—the AMA can afford the arrogant position of ignoring the charges of falsity and allow various other groups such as the American Cancer Society to fight its battles and quote its now thoroughly discredited 1951 report on Krebiozen for “proof” that Krebiozen is worthless.

The American Cancer Society cannot afford this attitude because more and more people are learning the truth about Krebiozen. The American Cancer Society is directly dependent on public support for its existence. It is keenly sensitive to criticism, for this criticism may represent less income. When enough people refuse to contribute to the ACS because of its attitude to Krebiozen (and possibly other unorthodox anti-cancer agents), then there will be some changes made, but definitely. This naturally will have profound repercussions within the AMA, because that body also cannot for long maintain an arbitrary, dictatorial position on such a matter of life or death *if* enough people in this republic learn the truth and are willing to make themselves heard.

The weakness of the American Cancer Society’s position manifested itself clearly when Mr. Kasson visited the society’s headquarters June 18, 1957. About twenty of the society’s executives were present and “arrayed themselves around a huge table like a fortress,” as Mr. Kasson puts it. The executives, including Mr. Runyon, were extremely polite and cordial.

Mr. Kasson, however, “came loaded for bear,” and propounded eight very pointed questions. The American Cancer Society was not prepared to answer the questions at the time, but indicated a written reply would be made. The executives then launched into an explana-

tion of the society's workings, all of which can be found in the several publications the society spends many thousands every year to promulgate.

One director [wrote Mr. Kasson in *The Independent*], a newspaper publisher, elected himself a one-man judge and jury and pronounced me guilty of irresponsibility.

I did not ask him the amount of revenue his newspaper received in advertising from drugs . . . chemicals . . . and other items controlled by the monopolies.

His medical writer was there. With all the assurance which makes extreme youth so endearing, the writer saw nothing incongruous in his passing on Dr. Ivy's stature as a scientist.

The youthful writer also passed on more than Dr. Ivy's stature as a scientist. He is pictured by Mr. Kasson as knowing "practically all there is to know about cancer research." Kasson quotes him as blithely tossing off Dr. Ivy's five years' work with: "I reviewed Dr. Ivy's monograph and there really wasn't much there!"

"Despite the pleasantness of the executives," Mr. Kasson says, "I came away with the impression that no independent scientist had a chance of getting anywhere with them."

His impression was confirmed a few weeks later when he received a written answer to his submitted questions. Concerning Krebiozen, all the old stock answers. Concerning Dr. Wachtel's charges, no specific answers either, only statements deprecating "rumors" and "charges."

Because of pressure arising from Krebiozen articles in newspapers and magazines, the American Cancer Society did offer to appoint a committee to "evaluate . . . Dr. Ivy's case histories." Dr. Ivy, however, has had quite enough to do with "evaluating committees" as we have seen. He is afraid of the same type of "evaluation" as rendered by the National Research Council's Cancer Committee, or by the Cole Committee. (Perhaps not so incidentally, Dr. Cole is a powerful member of the board of directors of the ACS.) Dr. Ivy's attitude now is "either accept the results of my experiments or else perform with me a strictly controlled double-blind test, with both sides agreeing to accept the results."

Whether or not the ACS accepts Dr. Ivy's proposal of a controlled test will be a reliable indication of its good faith.

A startling contrast of views within the American Cancer Society was afforded shortly after the publication of my book on Krebiozen. A high American Cancer Society official—a layman—remarked when queried about the book: "We know that Dr. Ivy is certainly on the right track and we know Bailey is telling the truth. Yet the same doctors or doctors like them whom they name as obstructing Krebiozen, control our medical policies. The only thing that will force us to change is public opinion. And I hope it does!" Comparing this observation with the favorable comment on Dr. Ivy's monograph ("a work of outstanding merit") made by another official of the ACS, we must arrive at the conclusion that a certain uneasiness lies behind the smooth official announcements of Mr. Runyon, *et al.*

## CHAPTER 54

THE question is often asked: "It is incredible that news of Krebiozen is kept from the public—how is it possible?"

Indirect pressure, working through the censorship the press and radio-TV outlets impose upon themselves, is usually sufficient to discourage publicity for all medical remedies which have not been approved by medical "authorities." The root of this censorship is that the responsible press does not, quite rightly, wish to raise false hopes concerning alleged cures. Too, most science writers have a natural repugnance toward writing about some new remedy which later turns out to be a "dud," making them look silly, the gullible victim of an overenthusiastic publicity campaign. Their reputations suffer.

So, it's understandable that when news of an incredible story such as Krebiozen comes to them, their first reaction is to pick up their telephones and check with sources recognized in the field. First of all, the AMA, quite probably. Second, the American Cancer Society. Third, the local medical society. Fourth, a leading hospital noted for

its research. Fifth, probably a doctor friend. Or the order may be reversed and with minor variations.

Now suppose you were a science writer in New York City, for example. You are checking Krebiozen. You are sceptical, because the whole thing sounds so fantastic. You have been conditioned to believe that a cancer remedy, when it comes, will not come in this fashion. It will come through a great announcement from, say, the Sloan-Kettering Memorial Hospital, the recognized authority and leading research center for chemotherapy, whose director, Dr. C. P. Rhoads, is the most quoted cancer authority in the country. Dr. Rhoads has been noted for his penetrating insight, and his outspoken conviction for many years that the cure or control of cancer would come through chemical means. He was the scientist who proclaimed surgery and radiation had reached about the limit of their effectiveness in the treatment of cancer and that the only promising avenue for cancer control lay in chemotherapy. He made these statements at a medical meeting in London in 1956. At the same time, he announced the finding of a "natural immunity" in man against cancer. As a result of experiments conducted on prisoner volunteers at the Ohio State Penitentiary, his researchers had proved that cancer would not "take" on "normal" persons, whereas it would grow on those who had cancer. This demonstrated something present in the blood stream of normal persons which fought off cancer unless the cancer overwhelmed this protective factor or unless for various reasons the person's blood chemistry changed and did not possess enough of the factor, so that cancer could creep in without too much trouble.

Nevertheless, as a science writer, would you not accept the word of this fountainhead of cancer research and would you not accept the word of his trusted top executive researchers who direct thousands of other researchers in huge laboratories—researchers who are spending more time and have more facilities at their disposal than any other anti-cancer project in the world?

What if you called and were solemnly informed that "Krebiozen has been tested by us on a hundred patients and found to be worthless." Or by still another doctor: "I had occasion to investigate Krebiozen and believe me, it is absolutely no good." Or "We like Dr. Ivy but he's been taken in by this Krebiozen." You would be shaken,

if not disillusioned. For how could you know—indeed, how could you possibly imagine—that these august doctors were lying? That they had not tested Krebiozen on even *one* patient? (See pages 304-309 for their assertions and categorical proof of their misrepresentations.)

Calling any other agency such as the AMA, the American Cancer Society, the National Institutes of Health in Washington, the local medical society, or your own physician, would elicit the same response . . . you would be told of the *seven independent* clinics comprising the AMA report which had all pronounced Krebiozen valueless . . . *and* the National Research Council's Report which also tested Krebiozen with the same results . . . and likely as not you would be told by other clinics and doctors as well that they also had tested the drug with absolutely no effects. And if you still wished to dig further, you would be informed that it was a secret remedy, the product of a mysterious doctor whose credentials as an M.D. were in doubt, that the material had never been offered for chemical analysis following accepted practices . . . Your "information" would be overwhelming. Naturally, the thought wouldn't occur to you that all of this was compounded from misstatements—even though most of your informants actually believed them themselves. So why should you bother further? The thought of checking the actual cases and the facts with Dr. Ivy and the Krebiozen Research Foundation for proof did not occur to many science writers or reporters. There were five, to be exact, and out of those five all came away convinced that the story of Krebiozen should be brought to the world's attention. Only three, however, succeeded in obtaining publication.

One well-known writer, Wade Jones, who investigated Krebiozen, lost his job with a national news syndicate, Newspaper Enterprises Association, primarily because he insisted that his organization publish his carefully checked, based-on-the-record stories of the Krebiozen controversy. His New York boss, who had assigned Jones to report the controversy, apparently could not believe the sworn, largely undenied testimony. Further, he consulted a medical friend who persuaded him such lurid happenings were impossible in science and medicine.

However, Jones, unwilling to see the truth perish because of official disbelief when the facts were provable, wrote more articles on Kre-

biozen. He had the articles checked for factual accuracy by none other than the American Medical Association's lawyers, who were forced to admit the articles were based on the record and were accurate—even though they discouraged publication. Result: the articles were never published. Finally in desperation, the die-hard Jones wrote a pamphlet based on the articles and had it printed himself. It was called "America's Incredible Cancer Case." However, the pamphlet had a limited circulation. Jones found that the great days of America's crusading pamphleteers had vanished along with Tom Paine.

Such is the partial story of the self-imposed censorship of the press and why the public has not been informed of the basic, provable facts about Krebiozen. However, this censorship is carried to absurdity when serious claims and charges made by reputable investigators, such as Drs. Ivy and Wachtel, are throttled by it. Proof of this lies in the fact that not one detractor of Krebiozen—press or medical—has ever been to Chicago and examined the 750 reports on Krebiozen which are available at any time. And not one detractor has ever talked with, or examined the reports of the seven Krebiozen-treated patients now living cancer-free who were declared dead or dying by the AMA six years ago. If they did they would be forced to change their attitudes and acknowledge the facts as have other sceptics before them.

## **CHAPTER 55**

WHILE indirect pressure and self-imposed censorship helped to keep the facts from the public, evidence exists that direct pressure was applied when necessary.

In the fall of 1956, the Committee for Independent Cancer Research (now Freedom for Cancer Research Committee), possessed of extremely meager finances—most of the funds had been contributed by Mr. Claude Hayes, the vice president—determined the best way to use them would be to advertise my book and Dr. Ivy's monograph.

Miss Teresa deBarba, publicity director of Devin-Adair, the publishing company then distributing the book, arranged for a half-page ad in *The Clubwoman*, the official publication of the National Federation of Clubwomen, a very powerful group.

The advertisement was arranged with the magazine through its editor, Mrs. Mary McGinn Taylor. It was scheduled for the November issue. However, Miss deBarba was agreeably surprised to receive the following letter from Mrs. Taylor, parts of which follow:

From 1949 through 1951, I was Director of the Woman's Department for the AMA in their national campaign against socialized medicine. During that time I came to know Dr. Ivy . . . I recall the whole story [of Krebiozen] very clearly. I'm afraid it parallels the experience of many of our greatest scientists. I am in emphatic agreement with you that there should be a controlled experiment on this drug, and I wonder if Dr. Ivy would do a piece for our magazine on the subject? Or Mr. Bailey? We would give it a really powerful art-work treatment and I think it would stimulate tremendous interest. . . .

Miss deBarba replied in part: "I am sending your letter Air Mail, Special Delivery to Dr. Ivy . . . Oh, to get the clubwomen in the country behind us! Pressure could be put on the AMA so fast their heads would spin!"

Dr. Ivy agreed to write the article. Mrs. Taylor wrote him: "We were thrilled indeed to learn . . . that you have consented to do an article for the November issue of *The Clubwoman* on Krebiozen . . . I should like to tell you how much I have admired your courageous work over the years, and what personal pleasure it gives me to publish an article authored by you."

And on October 2: "We are deeply appreciative to you for supplying us with the excellent article. We are running it with pride in our November issue. . . ."

But then on October 5 came the ominous news from Mrs. Taylor that a Miss Palmer from the AMA "coincidentally enough" happened to be in the Clubwomen's office and that their president mentioned they were running an article on Krebiozen. Miss Palmer immediately took this to be a horrible mistake. "She did not give too many reasons," say Mrs. Taylor, "but after she left, I had a call from Dr. [Ernest B.] Howard of the AMA [Dr. Howard is Assistant Secretary

of the AMA and, it will be recalled, exhibited Dr. Reimann's forced recantation of Krebiozen to the press in October 1953]. . . . Dr. Howard said it would be unwise to run anything on Krebiozen. . . that it was a secret drug, never had been analyzed, that it had been discredited by the AMA and all other authoritative groups; that it was brought here in a suitcase by a refugee doctor, and they couldn't substantiate the fact that he really was a doctor; that, unfortunately, Dr. Ivy, for whom the AMA had the greatest respect, was taken in by some pretty 'slick people'."

Mrs. Taylor also talked to Wallace Janssen, public relations officer at the Federal Food and Drug Administration. He corroborated what she had heard from the AMA.

The Clubwomen's president advised Mrs. Taylor not to run the article; it was "too controversial" (as if she didn't already know).

Mrs. Taylor received proof within the next few days from Dr. Durovic that the controversy wasn't really a controversy when you examined the facts. He enclosed proof that Krebiozen wasn't secret; had been analyzed; had been tested on more than 1,000 patients; that the AMA report was falsified; that the Durovics were men of notable reputation in pre-war Yugoslavia; he even enclosed his M.D. certificate issued by the University of Belgrade Medical School in 1930.

All to no avail, however. It seems that Mrs. Taylor's courage deserted her, especially as it turned out that a Mrs. Lee Ozbirn, a Clubwomen board member, and also First Vice President of the American Cancer Society, came to Washington. Finally, Wade Jones, who had been informed of the situation, managed to talk to Mrs. Ozbirn.

According to Jones, the talk was informative if only because of Mrs. Ozbirn's "emotional agitation." She said that this "whole business of the article" was decided before she reached Washington. She had absolutely nothing to do with its not being published. She was just a little wheel with no weight whatsoever. But in her next statement, she was not only an officer in the General Federation of Women's Clubs but she held high offices in many other organizations and she was going to see to it that Dr. Ivy's article was *never* published in *any* magazine.

She stated, Jones said, that *The Clubwoman* had not asked for the

article. It was Dr. Ivy who solicited the magazine; in fact, sent the ad in, too!

She asked Jones to call up Mefford Runyon, Executive Vice President of the American Cancer Society, and tell him that she had nothing whatsoever to do with the Ivy article.

Then she tried bargaining with him: "If you promise not to mention this business, I promise not to bring it up at the board meeting tomorrow morning."

Failing in this, Mrs. Ozbirn suggested the matter "be shelved for the present." Maybe later *The Clubwoman* could print Dr. Ivy's article on one page and on another the AMA could present its case.

But the one question to which she returned time and time again throughout the conversation was: "Where do you work?" Having been fired from two good writing jobs because of Krebiozen, Mr. Jones was in no mood to be "released" a third time, so he adroitly managed to avoid a direct answer to this question.

Almost needless to say, Miss deBarba received word from Mrs. Taylor that Dr. Ivy's article would not be published by *The Clubwoman*.

Miss deBarba then replied she was extremely sorry, but she assumed that since the advertisement for the two books had been contracted for, and set in type, surely it would be published.

Back came the answer: "Our editorial committee feels that we should not run this ad for the same reasons that they feel we should not run the article. . . ."

Both *The Independent* and columnist Drew Pearson broke the story of the AMA—American Cancer Society's suppression of Dr. Ivy's article. It became apparent then that Krebiozen was winning powerful friends, and that because of the certain knowledge that further suppression of Krebiozen would be widely reported, perpetuation of the old AMA canards were becoming harder to effect.

## CHAPTER 56

AND now we come to one of the most unbelievable chapters in our whole incredible history of Krebiozen. Like the Commodore's account of the conspiracy—if it were not completely augmented with documented evidence—one would be inclined to dismiss it as a part of a juvenile detective mystery. And definitely not in the scheme of things in an orderly world of scientific medicine.

Yet the documentary proof exists here, too, as we shall see.

Ever since I had become associated with the Krebiozen controversy, I had received information from various sources that Krebiozen had been tested by this clinic and that, by this eminent doctor and that one, and found "absolutely worthless."

For example, a friend of mine, Howard Hays (who subsequently became a key assistant to Dr. Ivy) had an embittering experience when his father was hopelessly and seriously ill with cancer in a St. Louis hospital. There Mr. Hays inquired about Krebiozen and was solemnly assured that the hospital had tested Krebiozen on "hundreds of cases and it was found to have no value whatsoever."

Hays naturally accepted the statement at face value, not knowing that similar statements were being issued in scores of places all over the country—and all without an iota of truth. When we checked the records at the Krebiozen Research Foundation (the only source of Krebiozen in the world) we found, as always with such reports, that the St. Louis hospital had never tested Krebiozen on even one patient!

Meanwhile, Hay's father had died in terrible agony. Hays considered that his father might have been saved, or at least relieved of his pain, had he (Hays) not been the victim of a monstrous deception. Forthwith, Hays became a devoted member of the ever-growing band of persons who are determined that the truth about Krebiozen shall not be smothered under a barrage of lies, calculated or otherwise. He offered his full-time services to Dr. Ivy. How Dr. Ivy made use of Hay's brilliant scientific talents, we shall see presently.

Another notable instance of such Krebiozen “testing” occurred in Chicago. A certain medical bigwig was asserted to have tried Krebiozen on forty patients in his hospital and found it “absolutely worthless.” This rumor reached the myth stage since the doctor, highly respected in medical circles, spread this devastating news himself. I checked on this claim and found that his hospital had been issued with only thirty-four ampules of Krebiozen in 1951 and had actually treated only *four* patients—and those in a necessarily brief period. The assistant physician who was really in charge of the experiment was very much impressed by the results in three out of the four patients; he received such a cold reception from his chief, however, he didn’t dare send in a written report. Instead he telephoned his report and explained why he couldn’t submit the required form. Since the Krebiozen Research Foundation knows where every ampule of Krebiozen is being used and on what patient, it is hardly likely that the doctor who claimed to have treated forty patients is a responsible scientist. You may be sure that if he had forty adverse reports on Krebiozen, the AMA would have been eager to print them in a separate article, or have included them in its Status Report. (Likewise with the St. Louis hospital as well as with the other false claimants.) Motive of the Chicago doctor? I traced that, too. Jealousy, envy, extreme frustration and an itching palm which was not salved.

By the summer of 1956 I had tracked down and proven false at least a dozen such reports. One of the most persistent came from the world’s most famous cancer research center, the Sloan-Kettering Memorial Hospital in New York—headed by none other than renowned Dr. C. P. Rhoads. Many persons had called and informed me that they would like to try Krebiozen on their “given-up-for-dead” relatives who were then at Memorial, but they had been advised by the doctors there that Krebiozen had been tested at Memorial and found worthless. Some of these claims of testing ran as high as one hundred patients; with others, it was just “a few” patients.

I investigated each of these reports as soon as they came to me. Some of my informants when told that their doctors had given them false information about their testing of Krebiozen would gasp and exclaim: “How is it possible? It’s almost too much to believe!”

I would agree, but be forced to point out the irrefutable proof. And then add that perhaps some doctors needed to go back and pick up a course in basic morals which they had apparently missed in their medical education.

However, as the false reports from Memorial and elsewhere mounted in quantity and intensity, I began seeking for some way to put an end to them. What better way than publicizing the truth?

About this time, a friend, Mrs. Dorothea Seeber, who had become interested in the Krebiozen controversy because of her hatred of injustice, happened to have a friend in the last stages of cancer. He had been operated on by the chief surgeon at Memorial. Mrs. Seeber knew several other physicians there too.

“Why don’t you ask them about Krebiozen—and if they would try it as a last resort on your friend?” I asked her. She thought it would be a good idea. She wrote to three top physicians and researchers at Memorial—and to Dr. Rhoads. She asked their opinions of Krebiozen and whether it would be advisable to use it on a “hopeless” case.

Here are their replies.

May 2, 1956

Dear Mrs. Seeber:

I have your note concerning your ill friend and the possible use of Krebiozen. When this was given such publicity in Chicago we tried it on one hundred patients and I regret to say that we could not substantiate any of the claims ascribed to its use. Judicious surgery on the central nervous system or palliative X-radiation therapy are still our best methods for control of pain in cancer patients.

I am indeed sorry that I do not have more encouraging information for you but I will be happy to cooperate in attempting to alleviate your friend’s discomfort by referring him to the proper physician if you so wish.

Sincerely,  
MICHAEL R. DEDDISH, M.D.  
Attending Surgeon  
Rectal and Colon Service  
Memorial Center for Cancer  
And Allied Diseases  
444 East 68th Street  
New York 21, N. Y.

May 9, 1956

Dear Mrs. Seeber:

I have just returned from an illness in the hospital to find your letter of April 22nd, in relation to your friend's present condition.

I have had only a few patients who have been tried on Krebiozen and there was no improvement in their condition. The value of Krebiozen in the treatment of cancer is still somewhat doubtful but to my knowledge there are no ill effects from using the medication and if your friend desires to try it, I see no reason for not doing so, however, I am doubtful it will be of much value.

Trusting this is the information which you desire, I am,

Sincerely yours,

VIRGINIA K. PIERCE, M.D.

April 27, 1956

Dear Mrs. Seeber:

Thank you for your note of April 22. I can speak with some authority on Krebiozen, inasmuch as I was one of the men who investigated the original work done in Chicago. A considerable amount of work has been done on this drug and we found it is absolutely worthless. Most of the patients, if not all, that were reported to have been benefited by it, were on other drugs such as hormones, morphine, etc. I cannot speak strongly enough in my advice to leave this drug alone. It is *no good*, especially not in the help of cancer patients.

Very sincerely yours,

GUY F. ROBBINS, M.D.

June 28, 1956

Dear Mrs. Seeber:

I am in receipt of your recent letter in which you seek an opinion on the value of Krebiozen in the *cure* of cancer. I am sorry to say we have no information to substantiate such claims.

However, let us hope that the currently intense scientific research will produce better control of cancer in man, if not, in the future, an actual cure.

Sincerely,

C. P. RHOADS, M.D.

Sloan-Kettering Institute

For Cancer Research

Research Unit of Memorial

Center for Cancer and

Allied Diseases

410 East 68th Street

New York 21, N. Y.

July 13, 1956

Dear Mrs. Seeber:

I am in receipt of your recent letter in which you seek an opinion on the effective usefulness of Krebiozen in the *prevention* of cancer. I am sorry to say that we have no information to substantiate such claims.

However, let us hope that the currently intense scientific research will produce better control of cancer in man if not, in the future, an actual cure.

Sincerely,  
C. P. RHOADS, M.D.  
Sloan-Kettering Institute  
For Cancer Research

November 30, 1956

Dear Mrs. Seeber:

This is written in reply to the question you raised in your letter to me of recent date.

Doctors Virginia Pierce, Michael R. Deddish, and Guy Robbins of Memorial Hospital, New York City, have never received Krebiozen from the Krebiozen Research Foundation, and according to my search of the files have never even asked for it. The allegation or implication that Krebiozen was tested on 100 patients at Memorial Hospital by the foregoing or any other doctors on the staff of this hospital is entirely erroneous and misleading like many of the statements some physicians make about Krebiozen.

I am attesting to the truth of the above statements so that you may use this letter as you deem desirable in order to let the truth become generally known.

With best wishes, I am

Yours sincerely,  
A. C. IVY, PH.D., M.D.

I herewith attest to the truth of the above statements.

A. C. IVY, PH.D., M.D.

Subscribed and sworn to before me this 30th day of November, 1956 in the city of Chicago, county of Cook.

ELIZABETH L. FALER

December 3, 1956

Dear Mrs. Seeber:

In reply to your recent inquiry, I would like to send you the following statement.

Dr. Michael R. Deddish, Dr. Virginia Pierce, or Dr. Guy Robbins of the Memorial Hospital, New York, never received Krebiozen from this Foundation and according to our records never requested the use of the

drug. Any statement that Krebiozen was tested on 100 patients at Memorial Hospital by these above mentioned physicians or any other doctors on the staff of this hospital is not true.

I am making this statement in the interest of truth and in the hope of correcting some of the false and misleading information circulated concerning Krebiozen.

With kind regards, I am

Yours sincerely,  
STEVAN DUROVIC, M.D.  
Krebiozen Research Foundation  
a nonprofit organization  
devoted to research  
105 West Adams Street  
Chicago 4, Illinois

I herewith attest to the truth of the above statements.

STEVAN DUROVIC, M.D.

Subscribed and sworn to before me this 3rd day of December, 1956, in the city of Chicago, county of Cook.

MARYLU BUTLER  
Notary Public

You will note Dr. Rhoads answers with two letters in which he says they (Memorial) cannot substantiate "claims" made for Krebiozen in either the "prevention" or "cure" of cancer—as though such claims had been made.

The fact is, as the sworn statements by Drs. Ivy and Durovic prove, that *not one of these doctors at Memorial has ever asked for or received a single ampule of Krebiozen!* As for Dr. Robbin's claim of "investigation in Chicago," a check shows he was not officially affiliated with the several weeks' "testing" done by the University of Illinois Tumor Clinic. And as the only other negative report of any substance in Chicago came from Dr. Szujewski's provably falsified report on Dr. Phillips' twenty-four patients, it seems hardly likely that Dr. Robbins would want to lay claim as a participant in this bit of Krebiozen "research," particularly as he was not mentioned by Dr. Szujewski as a collaborator. As for Robbins' statements that "most if not all" of Dr. Ivy's original twenty-two patients were on "hormones or morphine," an examination of the record shows that in only *one* case could there have been any possibility of previous treatment having any influence. Four of the twenty-two are now living cancer-free

six and seven years later. No other treatment can account for this irrefutable fact.

## CHAPTER 57

AS if more proof were needed that a conspiracy existed at the AMA to destroy Krebiozen at any cost, it was furnished in abundance during 1956-1957. This was the period that Dr. Ivy, with extremely limited resources,\* set out to duplicate Krebiozen. In science, as everyone knows, duplication of a product, *as well as* its clinical results, furnish the basis for iron-clad scientific proof.

In his first experiments, Dr. Ivy needed only normal horse blood. He wanted to show that the normal blood of any animal—including man—contains the anti-cancer factor we have come to call Krebiozen. From these early experiments he extracted a very small quantity of a substance which he believes to be this factor.

Dr. Ivy received the horses' blood from Mr. Paul Joost, owner of the C & P Dog Food Co. in Marengo, Illinois. Joost had been supplying the University of Illinois Medical School with animal products.

Dr. Ivy, having concluded the initial phase of this experiment (which was to prove that a substance which gave much evidence of being Krebiozen could be extracted from the normal bloodstream of animals), launched his attempt to reproduce Krebiozen by following the same scientific procedures as its originator, Dr. Durovic. The *exact* manufacturing details, which Dr. Durovic could not release as they were the property of Duga, Dr. Ivy felt any competent physiologist or biochemist could deduce. And this he did. He was ably assisted by Howard Hays, to whom he entrusted some of the technical details of the experiment. By this time Hays' offer of full-scale assistance without pay had been eagerly accepted by Dr. Ivy as Ivy's research funds were extremely meager, and men with brilliant minds who would and could work for nothing were a rarity, if not virtually nonexistent.

\* Funds were supplied by the Lakeland Foundation.

Mr. Joost purchased forty horses for Dr. Ivy and put them on his farm in Marengo, where the experiment was to be conducted. Remember, critics of Krebiozen had been saying that the drug was "secret" and even "non-existent"; that no one had produced it or *could* produce it from the information furnished by Dr. Durovic. Therefore, if Dr. Ivy could manufacture Krebiozen *independently*, by using the identical scientific procedures as revealed by Dr. Durovic, it should settle once and for all the criticisms. In addition, if the substance showed the same amazing anti-cancer properties as the original Krebiozen, it would establish beyond any reasonable doubt that Dr. Durovic and Dr. Ivy had been right theoretically and also in a practical sense. In short, the last criterion of science would have been met, the criticisms answered, the rumors, solemnly parading as fact, completely dispelled; the liars, both conscious and unconscious, squelched. AMA opposition should now be withdrawn and with it of course, opposition from the American Cancer Society, as well as various governmental agencies who were all dependent on AMA opposition for *their* opposition. All of science should welcome Krebiozen as the most promising anti-cancer agent yet developed. Pharmaceutical companies, as in the case of the Salk vaccine, should be working twenty-four hours a day to bring the blessed drug to millions of cancer sufferers all over the world. And with the pharmaceutical companies' multi-millions at their disposal, they should, of course, perfect the substance in a short time, making it even more effective—just as insulin today is a far cry from the crude substance isolated by Banting and Best more than three decades ago.

Now could it be that the same forces in control of the AMA which, as we have seen, formed the-as-yet-undenied conspiracy against Krebiozen, would perceive the vast scientific importance of Dr. Ivy's making Krebiozen? And if the fact became widely known, would cause an explosion which would catapult them from their dictatorship? We must remember that the same men that Dr. Ivy, Dr. Durovic, Commodore Barreira and others had accused of the conspiracy were still in full control, having been voted back in power year after year by a puppet medical-political hierarchy which masquerades as democracy in the AMA.

There is definite proof, some of it by sworn statements, that not

only did these forces perceive the danger of Dr. Ivy's producing Krebiozen independently, but acted to prevent it, throwing the full power of the AMA's potent political and investigative arms into a behind-the-scenes battle.

Officially, the AMA's position was—and is—that Krebiozen is worthless. Why then, if the AMA sincerely believed this, would it wish to stop a scientist from duplicating it? Surely the AMA should not have the slightest interest in Dr. Ivy's attempting to reproduce the substance it had termed worthless. What would it matter if Dr. Ivy succeeded? What would it matter to the AMA? Obviously, the experiment would have interest to certain officials of the AMA *only* if they really believed Krebiozen *was* of value and they couldn't allow the fact to be made public.

In evaluating the following events, it is necessary to remember the AMA's entrenched position in state politics. We have seen direct proof of this in the AMA's ability to limit the Illinois State Investigation of Krebiozen to the controversy *only* as it existed at the University of Illinois—thereby automatically absolving the AMA's Dr. J. J. Moore or any of the other alleged conspirators from guilt, or even *investigation*, in "any matter before this Commission."

This hamstringing of the purpose of the state investigation before the investigation was started is only one instance of the AMA's unseen but much-felt hand in state politics.

The first indication that Dr. Ivy's experiment would be faced with more than scientific problems came when Mr. Joost, the dog-food manufacturer, was informed by Mr. Lowell Oranger, an official of the Illinois State Department of Agriculture, that "it had been decided" that the horses used in the experiment "could not be used for food, including *dog food*." This edict hit directly at Mr. Joost.

It should be explained here that Mr. Joost and his chief animal supplier, Mr. LeRoy Burnside, also of Marengo, had previously been named by Mr. Oranger and other officials of the Illinois Department of Agriculture, as "two of the cleanest and most honest" men in the animal-supply business. This observation followed the notorious horse-meat scandal in Illinois in 1952. Both Joost and Burnside were on extremely friendly relations with the Agricultural Department prior to their entry into Dr. Ivy's experiment.

It should be explained further that the horses used in the experiment were injected with "killed" *actinomyces bovis*, the fungus used to stimulate the production of Krebiozen, and under no circumstances could the dead organisms have produced disease in the animals. In other words, the horses used in the Ivy experiment were just as fit for animal food as they were before the experiment. The injection of the dead fungus provided no more change in the tissues of the animal than does a vaccination of any sort which is used routinely to *protect animals* against disease. Even more significant is the fact that the State of Illinois allows cattle which are afflicted with "lumpy jaw," the disease caused by the *live* fungus *actinomyces*, to be sold for *human* consumption, provided the cattle are "properly processed."

Faced with this arbitrary edict, Mr. Joost was forced to turn over the horses which had been used in the Ivy experiment to a "rendering plant." Now a rendering plant collects dead animals (without pay to the owners) and utilizes them for various purposes, including dog food. Rendering plants are naturally eager to pick up animals for the profit derived. Not so in the case of Dr. Ivy's horses, however. After two "pickups," the rendering plant originally called for the service said it could no longer pick up the horses. Joost tried all others in the vicinity but without success. Each one made some excuse but would not pick up the animals on which it would make a sizable profit! Toward the end of the experiment, Mr. Joost began to wonder if he could, indeed, obtain burial permits for the horses! Finally he secured the services of a rendering plant in Wisconsin, which was glad to travel the many miles necessary to make the profitable "pickups."

"When I couldn't get the local rendering plants to pick up the animals, then I knew something very strange was going on," says Mr. Joost.

Still stranger developments were to ensue.

Joost and Burnside were suddenly summoned to appear before the Illinois State Director of Agriculture, Stillman J. Stanard. There were several departmental officials present. Mr. Stanard said he had a list of about "fifty complaints" against the two men for various violations. In fact, the department director went on, the two men had "broken all the laws and regulations" of the Division of Foods, Dairies and Standards of the State of Illinois. Yet these were the two men pre-

viously cited by the Department as exemplars of model conduct. Stanard actually referred only to two of the "complaints" he said he had received. One was a complaint against Mr. Burnside from the Agricultural Department in Wisconsin for bringing "diseased cattle" across the state line and selling them to Mr. Joost. The complaint against Mr. Joost was that he sold the beef to a certain pet shop in Chicago which, in turn, sold it in hamburger form for human consumption.

Both men were bewildered at the charges, but denied them angrily. A few hours later, Burnside drove to the State Department of Agriculture in Wisconsin. There he talked with Wisconsin's Director of Agriculture, Don McDowell. Mr. McDowell assured Burnside that his department had not presented any complaints to Illinois concerning Burnside. On the contrary, Wisconsin's Special Agricultural Police had frequently praised Mr. Burnside for taking injured—though healthy—cattle off the human consumption market.

Joost could produce certificates of inspection which proved his meat was not diseased. Obviously he could not be responsible for what the pet shop did with it afterwards, though knowing the persons involved, he was sure it was sold as dog food only, and not for human consumption.

It was during this period that Burnside received an anonymous telephone call. "Get Joost to get rid of those plugs and all your troubles will be over. I know what I'm talking about!" his mysterious caller informed him.

Then one day a doctor known to be close to high AMA circles appeared and asked Mr. Joost's permission to inspect the farm. Joost referred the doctor to Dr. Ivy, who said he would readily grant *anyone* permission to inspect his experiment, for he had nothing to hide.

Shortly after the incident in the Agricultural Department director's office, it seems that the Department decided that Dr. Ivy's forty horses needed considerable watching. State agents descended on Joost's farm and maintained a day-and-night cordon around it. For fifteen weeks the agents kept the Joost family and Dr. Ivy's researchers under constant surveillance. It amounted to harassment. When Joost tried to find out why he was subjected to tactics resembling those of a con-

centration camp, he was told by one of the agents, "We don't know why, but our orders are to watch you. Just don't do anything illegal!"

One of the assigned agents included LeRoy Brown, an old friend of Joost. To the nonplussed Joost who asked him as a friend, he replied, "Listen Paul, I don't like what's going on here. I know you're an honest man, and I don't want to see you treated this way."

Some light as to the reason why Joost was the recipient of such unusual attention from the squads of agents was furnished later by Agent Brown. Brown revealed that he had received a call from Oliver Field, Chief of Investigation for the AMA, who told him the AMA was "very interested" in the horses kept on Joost's farm and wanted all information possible. Brown replied that Mr. Joost was an honest man and that anything he did was aboveboard.

"Well, *we are in touch* with the big chief in your department, Mr. Stanard," Brown quotes Field as saying.

"I let my feelings be known so much about this that it's a wonder I'm not fired," Brown told Joost.

Later it was learned that Investigator Field had also called County Veterinarian Henry Vanderveen (McHenry County), told him of the AMA's interest in Ivy's horse experiment, and asked him to furnish as much information as he could. Specifically, he wanted to know what Vanderveen knew about Joost and the horses he was handling for Dr. Ivy.

Vanderveen informed Field that Joost, in his opinion, was above reproach and that he knew very little about the Ivy horse experiment.

In the meantime, Joost's animal supplier for his dog-food company, Burnside, was arrested on several technical charges. A veterinarian who had previously certified a certain shipment of cattle for Burnside refused to sign at the last minute (a prearranged deal, Burnside thinks) and thirty minutes later Burnside was corraled by state agents for nonpossession of a Health Certificate. He was told several times by various officials of the Department of Agriculture: "You've got to quit selling cattle to Joost. If you don't, we'll take away your licenses!" In other words, Burnside could sell cattle anywhere any-time even for human consumption, but he could not sell Joost cattle for dog food! Yet Joost was the man that only a short time ago the

Department had strongly recommended that Burnside sell to, as Joost was one of the "cleanest" men in the dog-food business!

The redoubtable Burnside told them he would never "quit selling to Joost so as to put him out of business." Burnside was convicted and fined \$200, and again threatened with loss of his licenses if he continued to sell to Joost. Finally, in order to keep his licenses, Burnside was forced to change the name of his business.

Meanwhile, his friend Joost was attempting to cope with the "quarantine" erected around his farm by the state agents. His wife was in a state of near-nervous collapse. Burnside relayed the information that "all would be well" if Joost would quit the horse experiment. However, Joost was as stubborn as Burnside. By now he was thoroughly convinced of the rightness of his and Dr. Ivy's cause. He was determined that nothing should deter him from carrying out the all-important experiment to make Krebiozen independently.

He tried to get an injunction against the unwarranted use of state agents. At first, he enlisted a locally powerful lawyer-politician who assured him he could "straighten things out" after he talked to "the people in Springfield" (the capital). However, after a visit to Springfield, this gentleman backed off from the case. Mr. Joost then found it impossible to get a lawyer in his vicinity who would defend him and ask for an injunction!

Finally, in desperation, he told Dr. Ivy of his woes and of the threatened danger to the experiment. Dr. Ivy had his lawyer, Mr. Sembower, accost Mr. Oranger, Mr. Stanard and others in the State Department of Agriculture. Sembower asked them point-blank if they were harassing the Krebiozen experiment because of AMA pressure. Dr. Ivy was planning to bring legal action against them if this were the case. One and all denied any AMA complicity.

However, the state agents were withdrawn shortly thereafter and the Krebiozen experiment continued. But pressure against both Joost and Burnside has been unremitting up until the present writing. It seems they are to be penalized for their roles in helping to make Krebiozen.

Later, the intrepid Joost paid a visit to the man he thought was responsible for at least part of his trouble. Chief AMA Investigator Field admitted to Joost that he "had talked" about the Ivy experiment

to Stanard and LeRoy Brown, the state agent, and to Veterinarian Vanderveen, but he denied "putting on pressure" to stop the experiment.

Mr. Joost is wondering today just what Mr. Field means by the term *pressure*.

But as the weeks of harassment went on, the researchers persisted in their scientific endeavors. It was plain that the *actinomyces bovis* was having a profound effect on the horses' defensive mechanisms. One horse, when brought in, had a terrible cancer in the posterior region. After one injection of the killed mold filtrate, the cancer sloughed off and started to heal.

Would researchers Ivy and Hays be able to reproduce Dr. Durovic's anti-cancer substance from the blood of the inoculated horses? After a few weeks, by using basically the same scientific procedures as Dr. Durovic, they extracted a brownish-white substance which resembled the Krebiozen extracted from the oil ampules.

But would the substance have the same anti-cancerous effect as Krebiozen? Only time and scientific observations would tell. During 1956 and 1957 Dr. Ivy tested the substance on mice. He found that it retarded the development of cancer to a significant degree. These were mice bred to develop cancer with mathematical predictability. Other mice from the same breed used as controls developed cancer at the usual time.

But what about *human* cancer? Although Dr. Ivy's forty horses did not produce enough of the substance for extensive testing on human beings, he tried it on a half-dozen "hopeless" and far-advanced cancer patients. The results proved almost beyond a scientific doubt that he had indeed duplicated Krebiozen. Half of the patients were benefited to a marked degree. One woman, with cancer of the breast with widespread metastases, became cancer-free and symptom-free and is at this writing without detectable cancer.

Thus we see that every criterion of science has been met in spite of all the obstacles, and any opposition Krebiozen encounters in the future is indeed based on motives other than scientific.

## CHAPTER 58

POSSIBLY one of the more subtle ways of waging the AMA's private war against Krebiozen was exemplified by the AMA's policy of having all correspondence pertaining to Krebiozen answered by Mr. Oliver Field, its Investigation Chief. This has been its policy since the conclusion of the Illinois State Legislative Hearings.

This seemingly puzzling procedure of the AMA's having its chief detective answer questions and state policies of the organization pertaining to an important medical subject must have seemed strange indeed to persons writing the AMA for information on Krebiozen. Being no physician, Investigator Field was hardly the person expected to relay medical information. The AMA, of course, has a very large staff of doctors who usually answer questions pertaining to medical subjects, and indeed, did answer them about Krebiozen until the peculiar shift in policy.

Why then did the AMA's executive officials who had previously answered Krebiozen questioners suddenly "clam up" and refer everything to its expert sleuth? There are two interpretations, and interestingly enough, both may be correct.

The first is that the AMA's executives, realizing they were becoming more and more involved in an extremely untenable and dangerous position by continually citing their only argument against Krebiozen—that is, their own discredited 1951 Status Report—decided they would have no more and would let Mr. Field, by quoting their stock answers to correspondents, ease them of the responsibility.

Further, and this forms the basis for the second interpretation, the battle against Krebiozen could be carried on even more effectively through Field—but without the increasing danger of openly attacking something which might well publicly prove to be an efficacious drug in spite of their opposition.

Too, the psychological effect of having the AMA's Bureau of Investigation take over the whole Krebiozen matter should exert an ad-

verse influence, particularly on doctors. By answering a letter of inquiry about Krebiozen through its Investigative Department, the AMA would be saying in effect, "Krebiozen is not worthy of our *Medical* Department's attention"; the suggestion being that "Krebiozen is so obviously a hoax that our Investigation Department is now taking full charge of the situation."

The effect is comparable to a person writing the President of the United States on an important issue and receiving a reply from J. Edgar Hoover, the chief of the FBI. The inference to be drawn concerning the issue in question is not too difficult to grasp. This action might well represent a last clever attempt to "bluff" through in the hopes that a really "orthodox" cancer cure would be found which would, of course, put an end to the entire Krebiozen affair.

## CHAPTER 59

IS Krebiozen the only anti-cancer remedy which has been condemned by "orthodox" medical groups without a fair—which is to say, scientific—trial?

Since investigating the Krebiozen controversy, I have become increasingly aware that claims were being made for various other anti-cancer agents. Dr. Wachtel's Antineol (pituitary gland extract) was among these. These other substances were, for the most part, developed by scientific researchers of established reputation. Some were not. Yet why should medicine scorn *any* kind of proposed treatment, no matter *what* the source? Especially so, since most of the medicines listed in the U. S. Pharmacopeia and prescribed today by "modern," "scientific," registered M.D.s, originated from "nonmedical" sources? (For instance, digitalis, the widely prescribed heart remedy, was discovered by an ignorant English woman "herb doctor." The basic "tranquilizing" drug reserpine, now universally prescribed for insanity, high blood pressure and just plain "nervousness," came from an ancient East Indian "snake-root" remedy.)

One and all, developed by recognized scientists or not, these various

other "unorthodox" anti-cancer substances have been deprecated by various "authoritative" groups such as the AMA and the ACS. Yet the record shows *none* was afforded a scientific testing. Dr. Ivy believes—and I am sure every objective scientist will agree with him—that *every* seriously advanced anti-cancer agent should be given the benefit of a controlled study in order to prove or disprove its efficacy. Instead of the AMA and the ACS spending multimillions "protecting the public against quacks" by public warnings, publicity campaigns, and high-handed investigations by staff detectives (in lieu of medical investigations), some of the money should be diverted into controlled experiments. In that way, the real quacks would be quickly eliminated, and medicine would likely find some valuable new remedies to add to its armamentarium.

This concept of true scientific investigation should replace, in *every* field of medicine not just cancer research, the present-day hysterical name-calling which all too often is based on prejudiced opinion, not on verified evidence.

Not having the time to research the other purported anti-cancer agents as I had Krebiozen, I asked from their developers a summary of their clinical evidence, their scientific rationale and the reception accorded them by "orthodox" medicine. I wrote to as many of these people as were known to me. Their replies are astounding. The same general pattern of suppression accorded Krebiozen is evident. While the efficacy of the various agents cannot be ascertained without a thorough investigation, it would seem that true science and simple justice demand a real medical investigation, not persecution without a trial.

## CHAPTER 60

TODAY, Dr. Ivy is a frustrated yet still hopeful man. He has performed all within his power that science dictates in order to prove that Krebiozen is of great value in cancer and certainly should be investigated from every aspect known to science.

He knows therefore that the AMA's position against Krebiozen is

political instead of scientific; yet even now it is nearly unbelievable to him that the representatives of American medicine can still pursue such a course in the face of all the scientific verifications.

As he learned—week by incredible week—that neither he nor his Krebiozen-testing doctors would be credited with having produced factual evidence, I saw the lines of amazement etched in his face slowly change into frustration and disappointment. For the first time in his life he would not be believed; yet the disbelievers would, calmly contemptuous of scientific principles, ignore his carefully compounded evidence and then arbitrarily refuse his challenge of an experiment to end the dispute. It was these things which limned the deep lines of frustration on his face, which destroyed most of his illusions about the scientific world, the world he thought he knew so well. Yet today, paradoxically, in spite of these bitter disappointments, Dr. Ivy is supremely confident of Krebiozen's ultimate triumph. How can this be?

Those who control the AMA would like to see Dr. Ivy, Krebiozen, and the embarrassing facts about both forgotten. They value their own situations far above any sort of truth-seeking. To *Pageant* (May, 1956) the AMA's published telegram read: THE AMA HAS NO STATEMENT WHATEVER TO MAKE REGARDING KREBIOZEN.

Publicly, that is, the AMA now has no statement to make regarding a substance all its top executives once termed worthless. Yet even today, when not for publication, we have seen plenty of evidence that the AMA's statements are quite derogatory and damaging. The fact that the AMA considers its case against Krebiozen so weak compared to the ever-growing mountain of positive evidence that it no longer attacks Krebiozen publicly, may be considered a portent of the coming victory for Krebiozen. Too, while officially the AMA is still waging a private war against Krebiozen, much evidence exists that certain officials there do not wish to burn all their bridges behind them. They do not wish to see the AMA completely and utterly discredited in the eyes of the American people and the average American doctor. And this is precisely what will happen—almost inevitably—when the truth about Krebiozen penetrates to enough people. That is, provided the AMA did not leave itself an "out" or a loophole whereby it could show it really wasn't to blame for what happened to Krebiozen. The

fact that the AMA is leaving such "outs" is adequately demonstrated in the following letter. To most persons this letter from a high AMA official is truly amazing. Here is the AMA saying in May, 1954, that the *AMA* is "encouraging" as many clinical trials of Krebiozen as possible, and that if the patient requests Krebiozen, there is no reason why it should not be used. Yet that same month the AMA was bitterly denouncing Krebiozen at the legislative hearings. Which side of this strange-talking mouth should we listen to? However, this letter may be valuable to the AMA soon, for it can say, "we encouraged Krebiozen research all the time!"

April 9, 1954

American Medical Association  
535 N. Dearborn Street  
Chicago, Illinois  
Gentlemen:

Would you please answer the following question as it involves the policy of your Association.

If a person has been operated on by doctors in good standing with your Association and they did not remove any part of the body but immediately closed it with a diagnosis of cancer and wherein the patient is aware of this condition and is very anxious to try the new controversial drug Krebiozen, is her family physician of many years standing and a member of your Association, permitted to administer this drug at the insistence of the patient?

Even though your Association does not approve of the drug and the doctor should administer it, would your Association take any retaliatory measures against the doctor?

As a member of my family is faced with just such a situation at the present time, I would appreciate your reply as we believe the time element is quite important.

Sincerely yours.

E. E. WELBY

Room 1900

185 N. Wabash Avenue

Chicago 1, Illinois

4 May 1954  
Mr. E. E. Welby  
Room 1900  
185 North Wabash Avenue  
Chicago 1, Illinois

Dear Sir:

The substance concerning which you have inquired can be employed by any physician if he so desires, and as a matter of fact the American Medical Association has encouraged clinical trial of it as a means of making a scientific evaluation possible. Certainly, no department at the American Medical Association would criticize a physician for doing this, or attempt to prevent him from giving the treatment that has been demanded by the patient.

Very truly yours,



TODAY'S HEALTH

B:ck-4523

There is evidence too, that certain others within the hierarchy of the AMA—but not in the small controlling clique—are becoming more and more disturbed over the AMA's role in the Krebiozen issue. At first they believed all the myths and rumors concerning Ivy, the Durovics and Krebiozen, but on being repeatedly confronted with incontrovertible evidence to the contrary, now feel that the present policy of the AMA is sowing seeds of disaster for the organization, powerful though it may be at the moment.

Some, it is reported, even went so far as to state the AMA should now acknowledge Ivy's evidence for Krebiozen as valid, and that the only reason the AMA once opposed Krebiozen was because that body did not consider the evidence conclusive enough at the time, and, in the interest of science and cancer sufferers, wished to wait until the research was satisfactorily established!

These doctors who do not want themselves and the AMA to reap the whirlwind of public indignation when the truth finally bursts over public consciousness have not succeeded in overruling the old guard, but their views reveal a deep agitation behind the once-smooth façade of the AMA's official pronouncements. It shows too, that a strong wave of public opinion would topple that false front.

There are reasons to think that the public is increasingly being made aware of the life-and-death issues involved in the Krebiozen controversy. And an aroused public, as had been demonstrated time and again throughout history, puts an end to tyrannical powers, no matter how strong those powers are or seem to be.

During 1956-57 three national magazines, *Pageant*, *Argosy* and *Inside Story*, defying the wrath of the AMA and related groups, published full-length articles about Krebiozen. *Argosy*, the much-respected, seventy-five-year-old magazine, noted for its "Court of Last Resort" which has been instrumental in freeing many innocent though convicted persons, was the first to publish a comprehensive survey of the Krebiozen controversy. I was delegated to write one article and an American Cancer Society-approved writer, Walter Ross, was assigned to write an article opposing mine. (It is significant that the AMA did not officially approve Ross's article, but it *was* approved by the scientific director of the ACS, Dr. W. Kenneth Clark, who had previously admitted to the *New York Times* that the ACS was dependent upon the AMA for its information about Krebiozen.)

Both articles were printed in the June, 1957, issue, with the written notice that the pages of *Argosy* would be open to full-length refutations of any points in either article.

I based my article on demonstrable fact such as is contained in this book. Mr. Ross' article was, in the main, a condensation of Dr. Stoddard's book: all the outworn, obviously refutable charges of "no chemical analysis," "subjective evidence based on testimonials," and the old insinuations about the Durovics' supposedly dubious activities. We must remember that Dr. Stoddard is being sued for libel for publishing these statements.

Dr. Ivy and I both had "rebuttal" articles in the July issue of *Argosy*, disproving by documented fact every negative point Mr. Ross had raised. There was not a word sent in to *Argosy* by either Ross, the AMA or the ACS to refute any point of my first article. The inference was plain to *Argosy's* millions of readers. For the hundreds of letters received by the Krebiozen Research Foundation, Dr. Ivy, *Argosy* and me, not one favored the ACS position. And most were very indignant indeed. Apparently the inference was not so plain to the American Cancer Society, for it ordered hundreds of copies of *Argosy's* June

issue, presumably to distribute Ross's piece as containing the "facts about Krebiozen." It did not order copies of the July issue, however, in which Ross's "facts" are demolished point by point, while my facts about Krebiozen still remain unchallenged.

Among other indications that the public and the nation's doctors will not be kept uninformed for very much longer is the fact that many writers and commentators are joining the battle against suppression and their own medical self-censorship carried to ridiculous extremes. Columnist Drew Pearson has already devoted several columns to different aspects of the Krebiozen story. (Pearson has recommended several cancer patients for Krebiozen treatment, and has seen its undeniable effects.) Radio-TV commentator Frank Edwards has also revealed some of the truth about Krebiozen on several occasions. New York's bold, uncensored TV interviewer, Mike Wallace, was the first to have Dr. Ivy tell his side of the story; later over his ABC show, Wallace had Gloria Swanson to add her bit. And in July 1957, U. P.'s Science Editor, Delos Smith, wrote a series of articles on Krebiozen.

So there is every reason for Krebiozen's supporters to believe that at last the public will be given a chance to become aware of what is happening.

## **CHAPTER 61**

I have received many hundreds of letters from persons asking what they could do to help the situation. I believe the best way to help is by joining Mr. Kasson's Freedom for Cancer Research Committee in Westport, Conn. The committee has a concerted plan of action which should prove most effective in righting the injustices now so evident in cancer research in this country.

A quick way to make Krebiozen available to every cancer sufferer is for you and your Congressman to demand that the Federal Food and Drug Administration grant the Durovics a license to manufacture and sell Krebiozen. The Durovics, knowing that every clinical test had been met, applied for such a license in 1954, but have been given the

“run-around” in Washington. (For pertinent details, see Mr. Arthur Hershey’s letter to Senator Lyndon Johnson in the Appendix.)

Once permission is granted by the F. D. A., pharmaceutical companies would feel free to manufacture Krebiozen under license from Duga Laboratories, and thus the world’s need of Krebiozen would be quickly filled.

A full-scale Congressional inquiry into the methods and practices of the American Medical Association seems one logical answer to the question of how the situation may be corrected. The inquiry would not concern Krebiozen alone, although that pressing question would be an integral part of the inquiry, but would delve into many fields, such as the veteran’s problems, the voluntary insurance programs, and many other issues on which the AMA has taken a stand. If the AMA’s stand is honest and in the public interest, then its leaders should be the first to welcome such a probe since it would be given a nation-wide chance to explain its position. (However, I strongly suspect such will not be the AMA’s attitude, judging from its actions in the past.)

A Congressional investigation will have to be demanded by the people through their Congressmen—those legislators who will not be afraid of the facts, and who will not quote Dr. John Heller of the National Institutes of Health (who merely quotes the National Research Council and the AMA when queried about Krebiozen by Congressmen).

What can the doctors themselves do toward cleaning their own house?

Now, as we have witnessed, the mere thought of a scrap with the officialdom of the American Medical Association drains the average doctor of his red blood cells quicker than they can be replaced by any known means. In the parlance of the trade, he suffers from acute erythropenia.

Bloodless, gutless he becomes when the pronouncements are issued. Or renounces his heresy in a rather stylized manner (as we have seen), and his recantation can almost be transcribed verbatim from the Kremlin’s prescribed and acceptable confessions.

Dr. Moore has been quoted frequently as saying: “You won’t find

one cancer expert who will say Krebiozen is beneficial in the treatment of cancer!”

There are several cancer experts—not controlled by the AMA and consequently not now accepted by it as “expert”—who know and say Krebiozen is the key to cancer.

Yet Dr. Moore knows very well what he is saying. He means that no doctor at present acknowledged as a cancer expert *by the AMA* will say *now* that Krebiozen is beneficial. Remembering Dr. Reimann and several others, it should not surprise us in the least to see similar recantations from other doctors who have previously found Krebiozen of value. Yet, like Dr. Reimann, they cannot really retreat from the truth of what they have written and noted. Nor can they alter the slides of cancerous tissue before and after treatment. Nor the X-ray plates. Nor can they command the Krebiozen-treated cancer-free and much-improved patients to vanish from the earth. All these things will ultimately speak much louder to science than their fearful, phony confessions.

The average doctor will become outraged when he reads how his masters have betrayed him and his profession to the people. He will want to do *something* if it lies in his power.

Actually it does lie in his power. It lies in his power just as it lies within the power of the American citizen to alter or abolish, to render null and void anything he doesn't like—provided he can get enough of his fellow citizens to support his views.

The framework of the AMA is as democratic theoretically as the larger political structure of the republic under which it exists. Why then cannot the average doctor exercise his rights and hold his head as high as most of his fellow citizens of the republic? How did he come to be so controlled in an otherwise free society? Partially by his own negligence in allowing his freedom to slip into the hands of those who control him. Partially because of the very nature of his work.

The average doctor in the United States, being concerned with the care of the sick at least sixteen hours a day, does not have enough time to think about medical politics or about his political leaders. He *may* vote for officers in his local medical society—particularly if he is importuned—but that is all. From then on, his control ends

and he is as far removed from the seat of authority as a native on one of the lesser Hawaiian Islands. He is completely in the hands of the upper echelon. We have seen what those in power can and will do.

Yet I believe that the American doctor when and if he has absorbed the *evidence* contained in this book will try to change things in his own profession. He will finally realize how seriously his so-called leaders have impugned him and his profession in the eyes of the American people. It won't be just the question of whether only one or several drugs against cancer have been deliberately stifled, important as that may be to the world. It will be that such a monstrous thing exists and could be possible in his profession. This fact I believe will convince him that perhaps he should devote an hour or two a month to thinking about ways in which he can save his profession's reputation.

I know one way the doctors of this country could create a square deal for themselves. They could organize into little local groups quietly, and finally when they have enough power through their votes, they could either elect or re-elect a president of their local society who would be pledged to vote for a certain state medical representative. This state representative would, in turn, be pledged to elect new administrative officers of the AMA (the Secretary-General Manager and the Treasurer, for example). He would also be bound to elect a president of the AMA who would not be just a tool of the hierarchy, but one who would make it his business and consider it his duty to understand the inner workings of the powerful organization which he is supposed to head. For instance, when serious charges are made against administrative officers of the AMA by a responsible group of doctors as in the case of Krebiozen, the president should make a thorough investigation instead of automatically assuming the role of a mouthpiece for the administrative hierarchy who speak in the name of the AMA.

The presidents of the state medical societies comprise the House of Delegates of the American Medical Association. The House of Delegates elects the administrative officers of the AMA. It is these officers who, in effect, actually control the AMA.

Yet it would be a grave mistake to disrupt much of the medical

work the AMA is doing through its lower echelon administrative (non-elected) offices. Almost all of the AMA officials whom I know are efficient, sincere and I believe incorruptible. The organization's achievements during the past hundred years in bringing public attention to health problems, in acting as a clearinghouse for medical research and establishing ethical codes for doctors, are certainly commendable. Currently, the AMA's public relations campaign to educate the public on most medical subjects is admirable, and the people who are doing that job are thoroughly competent. I know some of them well. The fact that they are dupes in the case of Krebiozen will surprise and shock them.

The real work of the AMA is carried on by the "little people" who have no knowledge of corruption or wrong-doing. They should not be punished when their bosses are voted out, nor should the AMA as an organization be made to suffer for the sins of a very few now in control.

Granting that it would be a difficult task to overthrow the administrative hierarchy at the AMA, nevertheless it can be done. I am convinced that it will be done when the truth about Krebiozen permeates the thinking of the people and the doctors. Fortunately, the machinery is still there—although a bit rusty.

These then are the things that the people can do and these are the things the doctors can do: a Congressional investigation of the AMA by the people, and a housecleaning of the AMA by the doctors. They can be done by both the people and the doctors. One by one we have seen all the seemingly impregnable defenses erected by the AMA and others against Krebiozen crumble into scientific dust when exposed to the glare of truth. The overwhelming scientific evidence amassed by Dr. Ivy and his exposure of the falsity of the negative AMA report has forced the AMA not to mention this subject publicly. All the other fabricated myths and rumors have been exploded, such as "secret remedy," "no chemical analysis," the "dubious background of the Durovics," and even the most vicious and insidious of all, "Dr. Ivy is a great researcher, but he's suffering from cerebral arteriosclerosis, and therefore his judgment is impaired." All these have blown up in the faces of the promulgators.

The whispering campaign still goes on furtively, based on the old

canards and rumors. But even so, its effectiveness is becoming diminished due to ever-increasing awareness of the truth on the part of doctors and public alike. The whisperers now find hearers only among the naïve. And the naïve rapidly lose their naïveté when they make even a cursory investigation of the facts. So there is every evidence that the victory for science and humanity will be won—provided everyone who knows the truth makes his voice heard immediately and not assume that such things are won automatically, or that John Smith next door will certainly do something about this. Or that the fearless Congressman who represents you will certainly act when the truth is learned.

You can be assured that *nothing* will happen unless you make it happen. Public opinion is the *only* force which can right the injustices to science and humanity revealed in this book. I believe it is just as much your duty as voting. In this case, however, there are no real controversies, no momentous decisions to make with your conscience. You will either support true science, or immorality will win by default. Most of the people, most of the *scientists* that I know, are confident of the outcome.

When I talk with them, and with the indomitable Durovics, the dedicated Ivy, and when I re-examine the reports on Krebiozen as I have done many times, and look into the bright-with-hope, shining eyes of the rescued patients—some of them my personal friends—who have been treated with this substance evolved by the genius of a devoted Yugoslav doctor, then I know the calm security of having gathered and written the truth no matter what ensues.

THE END



## **THE SCIENTIFIC STATUS OF KREBIOZEN TODAY**

WHAT is the scientific status of Krebiozen today? Approximately 750 patients in the United States have been treated with Krebiozen to date, and their cases carefully followed or supervised by Dr. Ivy and his associates. Approximately 600 more have been given Krebiozen, but scientific data on these have been inadequate in varying degrees so that Dr. Ivy did not include them in his monograph. Nor did he include in his survey about 500 Krebiozen-treated patients in thirty foreign countries, reports on whom show proof of Krebiozen's efficacy. (See Appendix, page 342, for a recent report from the University of Prague.) Dr. Ivy included only those patients whose complete records and cancer status can be checked *at once* by any qualified doctor or medical group wishing to examine the evidence.

Krebiozen's efficacy is the same today as it was four years ago when Dr. Ivy compiled what is now known as the Ivy report. The four years have confirmed his original findings, and the number of patients now cancer-free and the increasing number in whom the disease has been checked by Krebiozen treatment have convinced him beyond doubt that Krebiozen is of great value in the management of the cancer patient.

Is Krebiozen effective on early or middle-stage cancer? All available evidence is affirmative. Remember that thus far practically all Krebiozen-treated patients have been the hopeless, far-advanced ones who have received everything medical science has to offer; any lasting improvement in these patients would be a miracle. The question arises: what will Krebiozen do for patients in the early or middle stages? Shouldn't it be just as effective, or much more so, than on those already given up for dead?

Dr. Ivy and associates found ten patients in the early or middle

stages of the disease who either refused all other forms of treatment or were cases in which conventional therapy could not be applied. Their tumors included cancers of the breast, tongue, bladder, vagina, and uterus.

Four years later, *without any other treatment*, six were alive and in excellent health; of these, four were totally cancer-free by all known tests; two were doubtful. Two others, while not entirely free of cancer, were not troubled by the disease.

Of the two who died, both died before it was known that massive doses of Krebiozen are often necessary for some patients with extremely rapid-growing tumors. Although Krebiozen produced initial regression in both patients, the dosages employed did not stop the rampaging cancer once it started growing again. One of these (with cancer of the tongue) responded very favorably at first. All evidence of tumor disappeared for eight months under Krebiozen therapy; then it came back and started growing again, very rapidly. Usual doses of Krebiozen failed to halt the growth. The patient was warned about his condition, but still "felt good" and failed to report for larger doses. When next seen after an interval of several weeks, the growth was too far along to be stopped with five times the normal dose. As we have reported, it was found later that even five times the average dose is often not enough; some patients require fifteen times the average dose before a resurgent cancer can be halted.

As Dr. Ivy explains it, Krebiozen seems to act like a protective dike in holding a dangerous cancer in check. But cutting off Krebiozen before the cancer is completely obliterated is like knocking a hole in the dike through which the cancer then flows. It is then necessary to build a more massive dike with tremendous doses of Krebiozen, but sometimes this is not practical and often even this heroic treatment fails.

Such evidence from these early and middle-stage patients corroborates the theory of Krebiozen—that it is indeed a part of the body's natural defense against cancer. It leads Dr. Ivy to postulate further that Krebiozen or a further refined, more perfected product may act as a preventive of cancer. That is, by injecting this natural body substance at certain intervals to "normalize," and keep normalized, all the body cells, it should be possible to stop cancer be-

fore it starts, preventing it from ever gaining a beachhead in the body. A preventive, of course, should be the ultimate goal of cancer research. But with the type of medical philosophy prevalent in our country, this advanced original thinking about a preventive seems unlikely to penetrate for several more years. The "cure" philosophy now seems to be finally achieving scientific recognition and perhaps we should be grateful for that.

In developing Krebiozen, Dr. Durovic had postulated that every living body cell contains a regulator or regulators of its growth and its reproduction, very like one which stimulates and one which inhibits the multiplication of cells. He postulated that a growth inhibitor and stimulator was produced especially by the cells of the reticuloendothelial system, which is generally known to be responsible for body defense and repair.

Dr. Durovic further postulated that Krebiozen controls the permeability of the cell wall and also affects the enzyme systems of the cell (the enzymes are substances which activate the cell in its various functions). For various reasons (perhaps because of virus activity), a cell may be deprived of its normal supply of Krebiozen. This will cause the cell wall to become more impermeable and it cannot receive enough oxygen through its wall for normal function. The acidity of the cell is raised, the enzyme systems become imbalanced and this upset causes uncontrolled, metastasizing (cancerous) growth. If Krebiozen is returned to the cell in its early stages of "upset," uncontrolled growth, then the cell becomes normal again. On cells which are far advanced in the chemical imbalance and have reproduced themselves and invaded normal cells with their upset oxygen-lack pattern, Krebiozen has the effect of destruction. In other words, the shipment of regulation arrived too late to restore; it now destroys.

Dr. Durovic also was accorded another powerful corroboration to his theory of the basic cause of cancer.

Dr. Harry Goldblatt, Director of the Institute of Medical Research at the Cedars of Lebanon Hospital in California, revealed that for the first time in history of medical science, cancer had been artificially

created in the test tube. That is, *outside* the body. Dr. Goldblatt and his assistant, Gladys Cameron, took normal rat tissue and caused it to become cancerous. And they had performed this unprecedented feat by depriving the tissue of oxygen. They had induced cancer by oxygen-starving the normal tissue!

Dr. Goldblatt's history-making achievement was reported in one International News Service account as follows:

The lock to one of cancer's most closely guarded secrets was opened here. A famous Los Angeles researcher reported he has duplicated outside the body the process that takes place when a normal cell becomes cancerous.

The discovery, hailed as one of the most significant cancer research finds in medical history, will let medical teams observe in the test tube a normal cell start its wildfire cancerous growth—something hitherto impossible.

The report was made by Dr. Harry Goldblatt, director of the Institute of Medical Research at Cedars of Lebanon Hospital, and Gladys Cameron, his laboratory collaborator.

The key to the discovery—which may turn cancer research in one unified direction—is that normal tissue growing in test tubes becomes cancerous when deprived of oxygen.

Cultures of connective tissue taken from a small fragment of a young rat's heart became malignant by every known test after the tissue was intermittently and repeatedly deprived of oxygen.

Said Dr. Goldblatt: "It is too soon yet to say that deprivation of oxygen in tissue is the cause of cancer in man, but we can say that we at least have a possible clue.

"It is true, however, that cancer in man not infrequently arises in sites in which poor blood supply exists before the tumor develops."

He pointed out that cancer frequently occurs in or near skin scars, at the site of burns and in internal organs which have a reduced blood supply.

Dr. Durovic's assumption is that Krebiozen ought to work efficiently against all forms of cancer, no matter what the type or the cause, because Krebiozen is a basic natural body defense against cancer regardless of its origin. Durovic's theory did not imply that other chemical substances would not have a powerful effect against certain forms of cancer, as now indeed we know to be a fact. (TEM, nitrogen mustard, the sex hormones, for example.) There are probably many ways of attacking cancer chemically, but for all forms,

probably the best basic attack lies in utilizing the body's own natural defense, again no matter what the cause.

Almost every press release issued nowadays from the citadels of orthodox cancer research brings confirming evidence that Drs. Durovic and Ivy were right in their theories concerning Krebiozen, the natural anti-cancer factor which is present in every living mammal. Probably the strongest and most authoritative of these announcements came from Dr. Rhoads, whose researchers in 1956-57 definitely proved on Ohio State Prison volunteers that there is a natural anti-cancer substance in man which resists cancers. Dr. Rhoads failed to mention the work of Drs. Durovic and Ivy—both of whom had been responsible, through the “Krebiozen controversy” of stimulating a revival of interest in this truly basic approach to the cancer problem.

Now many researchers of late are drifting back to the virus theory as a causative factor in producing cancer. And they have much to support them. Dr. Charles Oberling, famed French researcher, is a strong adherent of the virus theory and advances some convincing proofs in his book, *The Riddle of Cancer*, translated by Dr. William Woglum, another eminent cancer researcher.

It follows that no matter what is eventually proved the cause, or multiple causes of cancer, that utilization of the body's own defenses against it must be the *basic* answer. That such a *defense* substance exists is now recognized by every cancer researcher. Many studies are now being conducted on the development of body resistance or immunity against cancer in animals. Five years ago very little research was being done in this field.

In his monograph, Dr. Ivy demonstrates from an exhaustive study of the literature on the subject and his own research that both cancer-retarding *and* cancer-producing substances exist in certain tissues, organs and bloodstreams of many and various animals. Therefore, all that should be necessary now would be a refining process of animals' blood to extract the anti-cancer material (Krebiozen or whatever you wish to call it) and you ought to have both your cancer preventive and your cure—so far as a cure is possible in far-advanced cancer cases.

Dr. Ivy does not believe that stimulation of the animals' defense

mechanism as was done in the case of Krebiozen is absolutely necessary to produce what is known as Krebiozen. He thinks on the basis of preliminary experiments that Krebiozen or a like material flows in sufficient quantity in the bloodstream of "unstimulated" horses and other mammals (including man) so that with proper methods it can be isolated. With stimulation such as Dr. Durovic and later, Dr. Ivy, induced, more Krebiozen is produced. But with *enough* animal blood, such a procedure may be unnecessary.

Dr. Ivy has excellent reason to believe that the blood of the horses and cattle which is now poured down the drains of the slaughterhouses might possibly yield enough of the anti-cancer factor to forever defeat cancer in man!

And now we approach the reason why Dr. Ivy and Dr. Durovic did not use thousands of rats, mice, dogs, guinea pigs and other animals—which conventional medical thought prescribes as necessary before testing any anti-cancer product on humans.

Dr. Ivy is not a blind dogmatist in any phase of science. He does not, for instance, believe the use of animals is necessary to prove *everything* in medicine. When the great medical pioneers of the nineteenth century won their point in proving that animals were essential to much of research, little copybook, memorizing minds immediately seized on this fact, made it axiomatic and forthwith it became dogma of the new Holy Church of Science. Now, as a result, a scientist cannot prove *anything* in medicine unless he has first proved it on thousands of rats, mice and guinea pigs and preferably dogs as well. Hamsters are available by the thousands also. (Dr. Ivy uses mice and rats for the study of cancer too. When I visited his laboratory a short time ago I found his colleagues were using over 2,000 rats and mice in the study of cancer. He does not deny the value of animal work.)

The only flaw in the usually workable ritual is that diseases such as cancer, yellow fever and some others are not quite the same ailments in animals as they are in human beings nor will they always respond to the same treatment. Using cancer as a classic example, there are a number of substances which will regress or absolutely cure mouse cancers, yet none has more than a temporary effect on human cancers.

Why can't the copybook researchers see that *human* cancer arises within that delicate, hyperconscious, highly psychical organism known as the human being? And that the human being who is so close to the mouse, the guinea pig, the dog, yet is not so much a part of them in *reality*: in terms of space-time, in processes of emotion and intellect which play such a role in human disease and even in physiological processes? Why will they not really see that a mouse is not a man? Not even a reasonable facsimile of a man! How many hundreds of times will they have to demonstrate they can develop substances which will cure rat cancers and then fail to cure human cancers before they realize that their goal lies beyond a rat?

A mouse is still not a man and neither are his laboratory-induced cancers necessarily the same as man cancers.

Walter Reed was forced to use human beings in his epochal experiment to prove the cause (and therefore to learn the means of eradication) of yellow fever because the disease seemed to be peculiar to the human race. Now, while cancer is certainly not peculiar to the human race, various aspects of its living, "breathing" and dying seem to be. Therefore, why not establish, as Dr. Ivy suggested to the National Advisory Cancer Council when he was its executive director, *human* "testing stations" throughout the country? The persons to be tested would be hopeless cancer victims, recognizedly beyond any standard treatment. The substances to be assayed would be those which offered promise through rational biological deductions and preliminary human tests—as well as those which showed promise on animals. In all instances, the material would be non-toxic: it could not be harmful to the patients; in fact, probably far less harmful than the drastic treatments they had already endured. In this way, substances would, in all probability, be found which would be effective against *human* cancer, which is, after all, the supposed goal of the cancer researchers. But Dr. Ivy's simple logical idea was, of course, too radical and unorthodox to be accepted by the *idée fixe* thinkers, the animal cancer dogmatists.

Yet there is no biological knowledge or law which indicates that for a substance to be of value in the treatment of cancer in man, it must first be effective in the treatment of cancer in mice and rats. These then are the reasons why Dr. Ivy and Dr. Durovic used Krebio-

zen on human patients as soon as it showed some promise on natural cancers in dogs and cats and was found to be a non-toxic substance. They wanted to cure human cancer and they believed in the direct approach.

Why did Krebiozen clear up the cataracts in six of seven of Da Graña's old dogs? And show clear evidence of the same action in later experiments in this country? Experiments under the supervision of Dr. Ivy on dogs and two human patients confirm Dr. Da Graña's observations of Krebiozen's effect on cataract. Dr. Da Graña has since obtained additional proof on more dogs.

No one knows the answer, just as no one definitely knows the reason for Krebiozen's action against cancer cells. One can only theorize. The probabilities of cancer destruction seem at this stage to check so closely with the Ivy-Durovic theory regarding cancer that in at least some major aspects of the cancer question it seems likely that some of the answers are indicated.

With cataracts, the physiological processes are even more obscure, and there is necessarily much less evidence as to the number of cases. However, Krebiozen probably being a natural defensive component of the body, and more than likely a body hormone, is no doubt capable of affecting the body in a multiplicity of patterns. Just as ACTH, cortisone, the steroid hormones, affect the body in many different ways, so might Krebiozen. ACTH and cortisone are effective in scores of diseases. Because these hormones are efficacious in many diseases has anyone called them nostrums or "Indian snake-oil" remedies? Of course, Krebiozen has not been offered as an agent for anything but cancer, yet as a result of the dog-cataract indications, its medical vistas may open out as much as ACTH's or cortisone's did after these hormones first showed benefits in arthritis.

# Appendix

- A. Letter to Senator Johnson
- B. Krebiozen Report from University of Prague
- C. Case Histories of More Krebiozen-treated Patients

## APPENDIX A

13-116 Merchandise Mart  
Chicago 54, Illinois  
June 17, 1955

The Honorable Lyndon B. Johnson  
Senate Office Building  
Washington 25, D. C.

Dear Senator Johnson:

I am writing to ask your aid in a matter crucial to me and of great importance to the welfare of millions of Americans, because I can think of no one else with the requisite qualifications of character and authority to put it straight.

The thing I want to put before you is the situation which has grown around a new drug known as Krebiozen.

Here is the basis of my interest:

Last November my wife was operated on at Chicago's Wesley Memorial Hospital. Three leading medical men, all professors at Northwestern University Medical School, agreed that she had cancer in such an advanced stage that nothing further could be done. They could recommend no further treatment whatsoever and told me it was just a matter of time, possibly four months.

Apparently, their prognosis was correct, since my wife rapidly went from bad to worse. Her pain became unbearable. Helpless to relieve her sufferings, which I had watched with growing despair, in my desperate search for something to aid her during the course of the next few months, I came across a book called *K, Krebiozen—Key To Cancer?*

by Herbert Bailey. I read it avidly but with incredulity. I simply could not believe it and yet, it held such promise that I could not put it out of my mind.

I went to my doctors. They scoffed at me for a credulous fool and sneered at Bailey's allegations, though admitting that they had not read his book. I became possessed of a terrible anger.

Finally I hit on this plan. I offered the man in charge of my wife's case \$100 for his favorite charity if he would read the book. He agreed. He was amazed and deeply concerned at what he learned, but best of all, came to the conclusion that enough evidence had been presented to warrant a trial of the drug in my wife's case. Though he would not administer the drug himself, he agreed to keep her under his observation and to check the results.

Krebiozen treatment was started immediately by Dr. William F. P. Phillips, a man with much experience in using it. That was sometime in February. After the second shot, my wife never had any more pain. On doses of one shot weekly, she regained normal appetite, weight and strength. Today she has no detectable sign of tumor, that is, the growth which only a few months ago was so widespread as to threaten her life has disappeared so far as can be determined by examination or X-ray. I am overjoyed to be able to tell you that she is now so well that she plays golf about twice a week.

Of course, one case proves nothing. But my wife is just one of 1,000 cancer cases treated with Krebiozen under the overall supervision of one of America's foremost medical scientists, Dr. Andrew C. Ivy, of the University of Illinois. His research with Krebiozen extends over a period of almost six years; among those who have collaborated in it are many of the country's leading physicians and cancer experts. According to Dr. Ivy's analysis and tabulation of results, 68 per cent of all patients have benefited from the drug, with improvements ranging from relief of pain (68%) to diminution or, as in my wife's case, disappearance of tumors (50%). Among the latter are four patients who have been rid of their cancers now for a period of five years. There is a larger number of such cases alive and well, after two, three or four years on Krebiozen.

As you probably know, the originator of Krebiozen is Dr. Stevan Durovic, a refugee Yugoslav physician. He owes the fact that he is presently in this country partly to the help of a grateful patient, the late Senator McMahon. The Senator, did not, unfortunately, get Krebiozen in time to save his life, but he obtained such marked relief that he called Senatorial colleagues in Washington from his sick-bed to ask them to back the bill of Senator Douglas of Illinois, granting permanent residence in this country to Dr. Durovic and his brother. . . .

In the ordinary way, it is usual for drug houses to charge for experimental use of a drug. Application is made to the FDA for a temporary permit and thereafter the manufacturer is entitled to distribute it to doctors at cost price. The Durovics, however, did not ask this privilege. Instead, they gave about 65,000 doses of Krebiozen free of charge, at a cost to themselves of more than \$500,000.

For obvious reasons, no man can continue forever to give away his property. If Krebiozen is to be made available to those who need it, it must be allowed further development as a commercial product. Otherwise, it will be lost—not only to the Durovics, but to cancer sufferers everywhere.

But the fact that dying people might be saved—that its free use by the profession might lead to new research which would solve the whole problem of cancer—means nothing to the little clique which runs the AMA. Should Krebiozen be allowed to take the normal course of development, it would undoubtedly succeed—and this would mean ruin for the little group who have held it back through all these years. Therefore, it must not be given the ordinary breaks which are accorded even the most worthless of drugs. To this end the AMA group has used one of the cleverest tricks in the world. It is so clever that I must almost admire them. . . .

As you know, we have two departments under the Surgeon-General—the Food and Drug Administration, and the U. S. Public Health Service; the first has jurisdiction over all drugs; the second, over serums and vaccines. The rules and regulations of the two departments differ greatly; to get a permanent permit or license for sale of a drug from the FDA, it is not necessary to prove its effectiveness. It is needful only to show it to be non-toxic. The American Medical Association (on false evidence) denied merit to Krebiozen, but even they could not say it was harmful. How then were they to stop its licensing? According to law, once the non-toxicity of a drug has been established, the FDA has no choice but to grant licensing within 60 days.

Since it would have been impossible under the law for Dr. Scheele to refuse Dr. Durovic's application to FDA, a clever administrative trick was used invoking Dr. Scheele's other arm, the U. S. Public Health Service. The application was transferred to this department where the law permits him to sit on it, if necessary for a thousand years. Such action was possible only by flying in the face of the scientific fact and assuming Krebiozen to be a serum. I say "assuming" because Dr. Scheele has never yet had the courage to declare it such. He has simply begged the question because no decision means no appeal.

I realize that you are not a medical man. But at this stage Krebiozen is not a medical problem. What is needed is bare compliance with the law; not favoritism but the simple justice which should be accorded to all

under our system. And this is within your province, hence I ask you to take action. My request is that you question Dr. Scheele and ask him why his department has so suppressed and mishandled Dr. Durovic's application which was made a year ago, in June, 1954. His refusal to accept or reject it is proof of his guilt. Ask him to show you his proofs that it is a serum and not, as Dr. Ivy and Dr. Durovic contend, a drug. If he has evidence that it is a serum, why then does he not say so?

I think my interest in coming to you is clear. It is that of any decent man who sees rank injustice done. It is that of any man of sympathy who knows what cancer victims endure. But it is not that alone. At bottom it is a selfish motive which moves me. My wife needs Krebiozen and the supply is running perilously short.

Respectfully yours,  
ARTHUR HERSHEY

## **APPENDIX B**

**REPORT FROM PRAGUE, CZECHOSLOVAKIA**  
(Dr. Poper is associated with the University of  
Prague Medical School)

This confirms results in the U. S. and in thirty  
foreign countries

1st May, 1956.

MUDr Max POPER  
Praha 1, Diouha trida 9  
Krebiozen Research Foundation,  
Chicago 4, Illinois.

Dear Sirs,

A meeting is going to take place on the 12th of May [1956] at the Bulovka Hospital, which is our biggest hospital, in which foundation I took part. In this meeting I intend to give the following report:

Our great teacher Josef Thomayer often repeated the saying that if a pernicious tumour has been successfully cured, then it must have been due to a wrong diagnosis. Prof. Jaksch from Wartenhostn at the German university was of the same opinion. Today these opinions are not correct any more. I would like to point mainly to carcinum of the prostata, which is being treated and cured here with the German medicine Honvan

(Astawerke Braukvede Westphalen) and in the U.S.A. with Biethylestilbestrol. These medicines affect only the carcinum of the prostate.

I have occupied myself for more than two years with the medicine manufactured by a Chicago Corporation, Krebiozen Research Foundation, and have handed over the medicine to our clinics and heads of hospitals. Part of the patients I have treated myself. Of course, most of the cases, especially the ones in advanced stages, ended fatally. But slowly I formed the opinion that after the use of krebiozen, pain caused due to the growth of the tumour ceased; that there is no need to use morphine. But what is more important, cancer of the lungs, even with methastases of the lungs, heals up entirely.

I would like to enumerate a few cases:

1. A professor at a technical school, F. P. was examined on the 20th of November, 1955. X-rays showed malignant tumour of the lungs. Lobektomie of the right upper part of the lung-lobe was recommended. Meanwhile a patient treated and cured with krebiozen recommended the medicine to him. The first injection was given on the 18.XII.1955 at 8 o'clock. Temperature normal, neither difficulties nor pains. Second injection 21.XII,1955, again without temperature; on the 23.XII,1955, sharp pains under the shoulder-blade. Next day the pain subsided. The third injection—28.XII,1955. The fourth—4.1.1956. All difficulties disappeared, the patient returned to his work. On the 5.IV.1956 an X-rays examination showed entirely clean lungs. The patient has no troubles, gained 3 kilos on his weight, teaches and feels absolutely fit.

2. A woman patient who recommended the above case to me had to be 6 weeks in bed. After the fourth injection she got up, and manages her household since. The lungs have cleared. There remained only sciatical pains which now disappear.

3. Patient L. at the same hospital was ex-rayed. It was a case of carcinum caused by pleurisy. She was thrice pumped. The patient, who has been treated since the beginning of 1955, gains constantly weight (altogether 8 kilos). The pumping was unsuccessful. 1.5 liter had been exuded at the beginning. Now nothing is being exuded after pumping.

From hospitals at Brno, Prostějov and Olcmouc the same reports arrive, that the results with tumours of the lungs are amazing.

I regret that Chemapol, a department for the import of medicine from abroad, does not enable us, as yet, to use this medicine on a larger scale, especially since the medicines used till now have failed on the whole.

Krebiozen is being manufactured from horses' blood serum, after their having been vaccinated with the mould of *Actiaonyces bovis*, as was suggested by Gerhard Domagk at the Biological Congress in Rome. The author of this medicine is Dr. Stephan Durovic, a Yugoslav. At the head of the corporation in Chicago stands Prof. Ivy, who is well known here and in whose clinic worked Dr. Maratka of Professor Vancura's

clinic, who is also trying this medicine in cases of malignant tumours of the digestive organs.

Yours respectfully,  
DR. MAX POPER

## APPENDIX C

### MORE KREBIOZEN-TREATED PATIENTS

*Dr. W.F.P.P.—Illinois*

Patient: E. G., 37 years—Adenocarcinoma of Endometrium (Uterus). Early.

Medical report of June 15, 1950: This patient had a history of menorrhagia and metrorrhagia for 6 years, of increased severity during the past year. Last hemorrhage required hospitalization. A diagnostic curettage was performed and the microscopic diagnosis was adenocarcinoma. The patient refused surgery.

Krebiozen started: June 17, 1950

August 1, 1950: Severe hemorrhage, which the patient had had for several years, ceased. The uterus is now fully movable but slightly enlarged. Diagnostic curettage yielded no tumor cells.

December, 1950: Patient feels fine. No hemorrhage, but Papanicolaou test positive. Dosage of Krebiozen increased.

January 30, 1951: Patient fine. Papanicolaou test negative.

July 6, 1951: The patient had, for the first time since starting Krebiozen, a moderate hemorrhage. Dose increased.

November 14, 1951: After increased dose, the hemorrhage disappeared, periods became normal.

November 16, 1952: Coming in climacterium, the patient decided that a hysterectomy be performed. Findings: The carcinoma had not extended to the serosa . . . no evidence of metastasis to the adjacent or distant tissue.

June 11, 1957: Patient in excellent condition. No evidence of cancer anywhere.

*Dr. W.F.P.P.—Illinois*

Patient: A. H., 48 years—Lymphosarcoma of Jejunum. Advanced.

Medical report November 13, 1950: This patient was operated on for intestinal obstruction in August 11, 1950. A loop of jejunum was removed with the tumor which had caused the obstruction. The tumor was diagnosed histologically as a lymphosarcoma. Regional lymph nodes were not removed. In November, 1950 patient complained of

excessive fatigue, poor appetite, abdominal distress, loss of weight, and a diagnosis of a recurrence was made.

Krebiozen started November 17, 1950.

December 15, 1950: Patient's fatigue and abdominal distress disappeared. Gained 3 lbs. Working long hours . . . peppy.

June 11, 1951: . . . in excellent health, working heartily . . . no evidence of cancer.

May 7, 1952: No evidence of cancer, patient normal.

June 7, 1957: Patient normal, working hard. No evidence of cancer.

*Dr. W.F.P.P.—Illinois*

Patient: M. J., 62 years—Adenocarcinoma of left Breast. Ambulatory.

Medical report of April 27, 1951: A tumor of the size  $2.5 \times 1.5$  cm. was discovered in left breast in January 1951. The patient complained of pain and tenderness in the entire breast. A biopsy was performed on April 30, 1951, the microscopic diagnosis being adenocarcinoma. Patient refused surgical and radiation therapy.

Krebiozen started April 27, 1951.

November 5, 1951: Tumor hardly can be palpated. All pain disappeared.

January 7, 1952: No tumor can be palpated in the breast. No complaints.

October 27, 1952: A small nodule under biopsy scar reappeared, measuring  $1 \times 1$  cm. Krebiozen dosage was increased.

February 16, 1953: Patient feels fine. *No evidence of cancer.*

*Dr. J. P.—Illinois*

Patient: H. N., 55 years—Carcinoma of the Bladder; disseminated Abdominal Metastases with Involvement of Both Ureters, Terminal.

Medical report of December 5, 1951: An exploratory laparotomy was performed on October 13, 1951. No attempt to remove tumor was made, because of widespread malignancy.

Krebiozen started December 7, 1951.

January 11, 1952: Pain disappeared. Urination improved.

October 26, 1953: Patient fine, working daily. No urinary difficulties. No sign of cancer.

February 1955: Patient very active. No sign of cancer.

June 27, 1957: Patient fine. Working heartily. No signs of cancer.

*Dr. W.F.P.P.—Illinois*

Patient: Mrs. J. H., 58 years Adenocarcinoma of the Splenic Flexure of the Colon. Advanced.

Medical report of March 30, 1951: In November 1950 an adenocarcinoma of splenic flexure of the colon was removed, but some of the nodes involved with metastases could not be removed. Patient complains of pain and stiffness of the leg. Present condition: Patient losing weight,

does not feel well, complains of weakness and pain. On this date, the patient limped.

Krebiozen started March 30, 1951.

April 10, 1951: Pain decreased. Appetite and feeling tone improved. Decreased stiffness of leg.

July 3, 1951: Patient fine. Limp is gone. Patient gained 5 lbs.

January 7, 1952: No complaints. Patient gained 8 lbs. Krebiozen discontinued to check what would happen.

May 2, 1952: Pain in left leg recurred. Krebiozen was started again.

June 7, 1952: Patient fine. No pain, no complaints.

May 1953: Patient fine. No detectable cancer.

November 1, 1955: No change. Feels fine. Performing housework like any normal housewife. No evidence of cancer.

June 21, 1957: No evidence of cancer. No complaints.

*Dr. G. B.—Uruguay*

Patient: F. C., 47 years—Cancer of Stomach. Advanced.

Medical report of June 2, 1951: On May 14, 1951 exploratory laparotomy was performed but tumor was considered inoperable and no attempt to remove it was made. No X-ray treatment was believed to be indicated because of the extensive spread. Metastases were found in the transverse colon. Patient lost 20 pounds in two months.

Krebiozen started June 15, 1951.

July 7, 1951: Appetite improved, loss of weight stopped; no change in extension of tumor.

January 4, 1952: General condition of patient pretty good. No change in tumor.

November 1955: The patient had a normal appetite and tumor has been in state of arrest for 4 years and 6 months.

February 5, 1957: No change since our last report.

*Dr. M. and Dr. W.F.P.P.—Illinois*

Patient: Mrs. Z., 65 years—Adenocarcinoma of the Stomach, Grade III. Metastases in Pancreas and Colon. Terminal.

Medical report of June 12, 1951: On March 10, 1951 resection of stomach was performed but widespread metastases from Colon and Pancreas could not be removed. On June 15 a new metastasis appeared in the left upper abdomen. Patient is not expected to live more than 6 months.

Krebiozen started June 15, 1951.

July 9, 1951: Noticeable improvement and feeling of well-being.

October 1, 1951: Pain disappeared completely. Patient fine: doing all housework; gained 5 pounds.

June 3, 1952: No physical finding of cancer. Patient fine. Krebiozen was discontinued.

October 7, 1955: Patient began to complain of pain after eating. Krebiozen was started again.

November 21, 1955: Distress after eating disappeared.

May 7, 1957: Patient fine. No complaints. Entirely normal.

*Dr. G.J. and Dr. R. L.*—Wisconsin.

Patient: Mrs. V. S., 36 years—Fibrosarcoma, left Thigh. Advanced.

Medical report April 29, 1953: In April 1944 surgery was performed and x-ray therapy post-operative was administered. In February, 1952 a recurrence of tumor occurred. Again surgery was performed, followed by x-ray treatment. Recurrence appeared again in September 1, 1952 on the left thigh. Patient refused further surgery. Lesion is now 4 square inches in size, slightly raised, firm and attached deeply to muscle about one inch down from pubis.

Krebiozen started April 29, 1953.

June 9, 1953: Lesion flatter and possibly smaller. No burning or distress in lesion since Krebiozen started. Always had some before.

February 11, 1954: No symptoms. Lesion about stationary.

November 30, 1955: She feels fine and has no pain and no evidence of recurrence.

March 27, 1957: In December, 1956 a biopsy was taken from the place where the malignancy was formerly located, with no evidence of malignancy. Patient fine.

*Dr. E. K. and Dr. C. C.*—Georgia

Patient: Mrs. M. W., 43 years—Metastatic Adenocarcinoma in the Omentum and Lymph Glands. Bedridden. Terminal.

Medical report September 12, 1953: Surgery was done in December 1950 for the Ca. of ovary. Biopsy showed to be adenocarcinoma. Widespread recurrences of cancer occurred in 1951 in the omentum and in lymph glands all over. Ascites. No therapy was administered except fluid withdrawn from abdomen, which was done 44 times since surgery in December 1950. Patient highly icterus. Life expectancy one to two weeks.

Krebiozen started September 29, 1953.

October 17, 1953: Pain greatly decreased. Appetite and feeling tone improved. Ascites and distension of abdomen greatly decreased. It has not been necessary to aspirate the abdomen. The tumor mass around the right ovary decreased in size. Mobility greatly improved, due to extensive pelvic involvement and pain was impossible for patient to walk or stand before treatment. The patient can now walk the length of the corridor, a distance of 300 feet. The general condition has greatly improved under Krebiozen therapy.

November 17, 1953: Appetite increased; gaining strength; color improved, icterus condition has greatly improved; pain almost entirely

subsided; sleeping well, distention of abdomen greatly reduced; entire outlook on life improved. Palpable abdominal nodules greatly reduced; inguinal glands that were greatly enlarged have subsided noticeably. The large firm nodulated mass in the region of the right ovary has decreased considerably in size. This patient has shown unbelievable results in the use of Krebiozen. No opiates are required. Patient is now ambulatory. *This was a terminal case with life expectancy of one or two weeks.* From physical findings as well as subjective, I feel that if she continues to improve as nicely that within a few months she will be symptom-free.

January 20, 1954: Nodules in inguinal region only slightly palpable. Very little fluid in abdomen. Mass in region of right ovary greatly diminished in size. Patient greatly improved.

November 27, 1954: Perhaps you would like to know that Mrs. M. W. who received Krebiozen a year ago has resumed all of her household duties and social activities and is still apparently symptom-free.

June 27, 1956: No masses palpable, no discomfort, no pain. Feels very good.

June 17, 1957: The above-named patient still remains symptom-free of any malignancy, does all her own housework and leads a normal healthy life. Patient is receiving 2cc. of Krebiozen twice monthly. This has been an exceptional case that has responded well to Krebiozen.

Lack of space prevents including the many more patients cancer-free and/or symptom-free.