THE SOMATID, an ultramicroscopic subcellular living and reproducing entity, which many scientists believe is the precursor of DNA and which may be the building block of all terrestrial life.

THE SOMATID CYCLE — visible in the blood of every human — which, when properly interpreted, can prediagnose degenerative diseases by up to eighteen months.

Gaston Naessens and Somatid biology

The landscape of medical science is on the verge of being radically altered forever by the use of a powerful microscope (the Somatoscope) developed by Gaston Naessens of Quebec, Canada. This incredible device reaches magnification levels of 20,000 to 30,000 diameters — well above the 2,500 diameter limit of conventional microscopes. The sheer magnitude of the difference in performance gives the appearance of either a gross violation of the laws of physics, or fraud.

Its radical departure in performance from optical and scanning electron microscopes registers this as a truly great discovery. Unfortunately, in most fields of science, a great deal of effort is put forth into listing why something will not work instead of attempting to duplicate the results. This in turn creates a situation where what was science turns into religion where the orthodox dogma is to be taken on faith, and that which defies dogma is to be persecute as heresy.

Establishment of a dogma slows down the rate at which new discoveries can be made. In the medical fields, slow acceptance of new ideas can cause many needless deaths. This is the case with the super-microscope and the discoveries of Bechamp, Rife, and Naessens.

HISTORICAL NOTES

In the 1930s, an obscure and dedicated scientist, Royal Raymond Rife, had successfully developed the Universal Microscope which was able to provide amplification levels of 60,000 times without killing the specimens! Rife was able to observe live viruses and their reaction to certain stimuli. His observation that bacteria could change into viruses and viruses could change form violated the strongest medical dogma — the germ theory of disease.

By 1934, after learning how to seek out and destroy the insidious cancer virus, Rife opened a clinic in which he cured 16 out of 16 patients within 3 months! Working side by side with some of the most respected researchers in America, Rife treated patients
electronically to kill the virus and then allowed the body's immune system to restore the body to full health. Many prestigious (and competent) organizations and institutions oversaw and verified much of Rife's work during the 1930s.

Independent physicians using Rife's therapy were treating and curing as many as 40 patients per day. Other degenerative conditions and illnesses such as cataracts, herpes and tuberculosis were found to be reversible and curable with Rife's equipment. This work was described in various medical journals of the time as well as the Smithsonian Institution's annual report and Science Magazine. Unfortunately, Rife's success attracted the attention and wrath of the American Medical Association (AMA) and the powerful pharmaceutical companies - the organised opposition of the medical fields.

Although Rife's work was in direct conflict with the orthodox views of his time, he was supported by many top-rated doctors. Many of these doctors continued using these devices in secret in defiance of the AMA and the US government. The carefully documented records kept by these brave doctors and testimonials by their patients vindicate Rife's theories. Many of these case histories and anecdotes about Rife's treatment can be found in the book "The Cancer Cure That Worked" by Barry Lynes.

The fascinating work of Rife was suppressed and he — like Nikola Tesla before him — joined the ranks of the forgotten inventors of the early part of this century. It has only been in the past few years that the general public has begun to develop an awareness that there is something wrong in the technical world.

THE MODERN UNIVERSAL MICROSCOPE

What Rife accomplished optically in the 1930s with his Universal Microscope, Gaston Naessens accomplished with a combination of optics and electronics in the 1940s in his Somatoscope. Born on 16 March 1924 in Roubaix, France, Gaston displayed a predisposition to be an inventor when at the age of five he built a little moving auto-like toy from a Meccano set and powered it with an alarm clock spring. Later, he built a home-made motorcycle and a mini-airplane!

While attending the University of Lille, Gaston nearly had his education disrupted by the German invasion. Fortunately, Gaston and his fellow students escaped to Nice where they carried on their education in exile. He was awarded a diploma from the Union Nationale Scientifique Francaise — a quasi-official institution under whose auspices the education of the displaced students continued. He did not bother seeking an equivalency degree from the de Gaulle government when French rule was restored.

At the young age of twenty-one, frustrated by the limitations of conventional microscopes, Gaston set out to build a superior microscope. Technical assistance was provided by German craftsmen from Wetzlar, Germany, who checked out many of Gaston's ideas on optics. Privately, Gaston devised the electrical manipulation of the light source. Once the technical aspects were resolved, Gaston had the body of his microscope constructed by Barbier-Bernard et Turenne, technical specialists and defence contractors near Paris.
THEORY OF OPERATION

The Somatoscope mixes light from two orthogonal light sources — a mercury lamp and a halogen lamp. The light from both sources enters a glass tube at 90 degrees from each other. As the light waves beat against each other, a strong carrier wave of light emerges and travels down the light tube. (It should be noted that two electromagnetic fields superimposed on each other at 90 degrees is a classic scalar formation!) As the light travels down the tube, it passes through a monochromatic filter which forms it into a monochromatic ray. The ray is then passed through a large coil that surrounds the tube. The coil's magnetic field divides the ray into numerous parallel rays that are then passed through a Kerr cell which increases the frequency of the ray before being injected onto the specimen.

The light, which contains the carrier and a mixture of selected signals in the UV range, stimulates the biological material in the Somatoscope to the point that the specimens give off their own light. (Rife referred to this as luminescence.) This is the key to the ultra-high resolution that has been achieved by Gaston Naessens.

Conventional microscopes pass light through the specimen which theoretically limits the resolution of optical microscopes to the wavelength of light. The finest optical microscopes have achieved magnification levels of 2,500 diameters. At levels above this, the resolution is limited by the wavelength of light and further magnification merely creates a blur! Higher resolutions have been achieved by microscopes that do not use lenses, but instead use apertures which are smaller than the wavelength of light. One such microscope engineered at Cornell University has achieved a resolution of 400 angstroms — a far cry from the 150 angstroms achieved by Naessen's Somatoscope.

The Somatoscope does not attempt to illuminate the specimen by passing light through two small objects. Instead, the illumination source is actually stimulating the specimen to the point where it generates its own light. The light itself expands as it moves outward and because the specimen itself is generating the light, the physical restrictions encountered by regular optical microscopes no longer apply. By converting the specimen into a light source, Gaston Naessens has converted the magnification problem from one of resolution to that of light detection! At magnification levels above 5,000 diameters, light levels drop off to the point that film is necessary, but the resolution is there.

To further research along the lines he has pioneered, Gaston has developed junior models of his Somatoscope for field use. These field units allow researchers to obtain illumination and stimulation of the specimens of the larger unit. The field units are capable of magnifying 6,000 – 7,000 diameters, although routine work will usually be at 3,500 – 4,000 diameters. The lower light levels of the higher magnification requires that a lower level of magnification be accepted for field use in order to maintain portability in the smaller units. One such unit will be in use in Colorado Springs at Clifford and Associates.

The Somatoscope has enabled researchers to discover the importance of colour and its relationship to the material being observed. The wavelengths of light generated are related to the size of the object and the health of the cell. For instance, the red blood cells vary from yellow/green to orange (540 nm to 580 nm) and white blood cells are rich in blue/violet (490 nm to 510 nm). Exposure to toxic materials, even in minute amounts, causes significant shifts in colour. Even 'safe' amounts of toxic materials like mercury...
and the aluminium in toothpaste cause significant degradation to red blood cells as I was able to witness from specimens on a videotape produced from the Somatoscope.

THE SOMATID CYCLE

In a long lost chapter in the history of science, a violent controversy took place in France between the illustrious Louis Pasteur and Antoine Bechamp, a noted professor of physics, toxicology, medical chemistry, and biochemistry. Bechamp's work led him to discover "microzymas" (tiny ferments), which were characterised by a host of small bodies in his fermenting solutions.

After years of study, Bechamp came to the conclusion that these microzymas were more basic to life than cells. Even with his crude equipment, he was able to observe that the microzymas underwent dramatic transformations during their life cycle. This caused Bechamp to champion the idea that the cause for disease lay within the body. Pasteur's germ theory held that the cause came from without. Pasteur's outspokenness helped the germ theory win out and it has dominated medical thinking for the past century.

Now, a hundred years later, Gaston Naessens has discovered an ultra-microscopic, subcellular, living and reproducing microscopic form which he christened a "somatid" (tiny body). This new particle could be cultured outside the bodies of the host. Naessens also observed that the particle had a pleomorphic (form-changing) life cycle, which has sixteen stages. Only the first three stages of the somatid's life cycle are normal.

Naessens discovered that when the immune system is weakened or disrupted, the somatids go through the other thirteen stages. The weakening of the immune system could be brought about by a number of causes, such as exposure to chemical pollution, ionising radiation, electric fields, poor nutrition, accidents, shock, depression, and many more.

Incredibly, Naessens' research has resulted in the association of degenerative diseases (rheumatoid arthritis, multiple sclerosis, lupus, cancer and Aids) with the development of various forms in the sixteen-stage pathological cycle. The ability to associate the disease with specific stages has enabled Naessens to 'prediagnose' conditions in advance of when they would clinically appear.

This discovery puts Gaston Naessens at odds with the orthodox medical philosophy of today which has embraced Pasteur's germ theory wholeheartedly. Naessen's work is repeatable. The ability to culture somatids is a bell-wether to the rewriting of microbiology!

Naessens has stated:

"I've been able to establish a life cycle of forms in the blood that add up to no less than a brand new understanding of the basis of life. What we're talking about is an entirely new biology, one out of which has fortunately sprung practical applications of benefit to sick people, even before all of its many theoretical aspects have been sorted out."
714X

The research of Gaston Naessens has culminated in the discovery of 714X — an enzyme which helps the immune system do its job. 714X is a derivative of camphor and is injected interlymphatically — a process that the medical fraternity holds to be impossible. Yet the fact remains that many people have learned how to administer the medication through the lymph nodes.

When properly administered, 714X stabilises and strengthens the immune system in most cases. This allows the immune system to go about its normal business in ridding the body of disease. In other words, cancer is treated like an infection, not a state of cells.

Like Bechamp and Rife before him, Gaston states unequivocally that "germs are not the cause, but the result, of disease."

714X will not help everyone — especially where there has already been extensive use of chemotherapy and radiation. Chemotherapy and radiotherapy wipe out the immune system and other bodily resources.

THE SECOND CHANCE

The cancer death toll between 1970 and 1986 (in the U.S.? ) was approximately 6 million. Sadly, the conventional treatments of chemotherapy and radiation are nothing more than slow death sentences that enrich the cancer industry. Possible miracle cures are quickly quashed by the FDA (Food and Drug Administration) and the various medical societies around the world. It is a sad commentary that in a country that prides itself on freedom, terminally ill patients cannot make an informed decision to participate in experimental treatments that may save their lives.

714X is available in the United States. "Writers and Research" is one organisation working closely with the FDA and the IRN (Institution Review Board) to do work with 714X legally and ethically. 714X is an injected medication and must be prescribed by a doctor.

For a list of doctors prescribing 714X or an information packet, contact:

WRITERS AND RESEARCH
4810 St Paul Boulevard
Rochester, NY 14617 USA
Phone: 1–800–448–4332
Ultra Microscopes and Cure Rays ...

focuses on the work of Dr. Royal Raymond Rife. But, it also includes the work of four other men, and discusses other necessary and complementary "Cure Methods" that are required for a truly holistic therapy program.

These men became convinced, that the methods of orthodox medicine were not working and in fact, when considered in total are doing more harm than good. I must admit, having benefited from our Medical Professionals, that we do have the best micro-surgeons in the world and their work is really quite advanced. But, in regards to understanding body chemistry and the workings of nature, most doctors are still in the dark ages.

I interviewed approximately 25 doctors at the Mayo Clinic in Rochester, MN while taking my dad to the clinic in 2002-03, and not one knew anything about Zeta Potential. In my mind, a doctor who doesn’t know about Zeta Potential is like an auto mechanic who doesn’t know about engine pistons — they can’t be seen, so they must not be important. The mechanic can still fix a lot of things on your car for you — even parts of the engine itself — but sooner or later his lack of knowledge may allow him to be inspired to do something that is harmful to the engine, or he may just have to give up and tell you to get a new car. Getting a new body is a bit harder, so maybe we all should get together and figure out how it actually works.

It’s not the men who are working to do their best, but rather it is the educational mind-set that is preventing their best from being done, which is the main problem facing us today.

[ The (main) problem is that all educational orientation is directed towards a particular chosen solution. In the case of MD's it is a purely chemical one. The manipulation of cell dynamics and physiology through the application of frequencies and pulsed fields is something very foreign to their education. (However), this is all a developing science! (The) Past 3 years has seen tremendous growth in the understanding and utilization of all sorts of wavelengths and energies to affect cells. — James Bare — ]

It is well documented, that our current mind-set has taken us down the wrong path in understanding our bodies and the true workings of nature. Our Advanced Technology has produced a New Advanced Understanding of our Bio-system. We have many new things to learn and it can be a Fun and Productive Enterprise.

If we put together the concepts, that these five dedicated men have studied — and have made known to the world — in a holistic and scientific manner together with today's current practices, we will have safe, simple, inexpensive, methods for treating 90% of the diseases on our planet. And, the solution for the other 10% would be discovered in a very short time, since the previous knowledge provides the foundation for the understanding of these diseases.
The men to whom we are truly indebted are ...

**Dr. Royal Raymond Rife:** who performed his extensive studies on pathologies and pathogens, during the early 1900s. He developed a powerful microscope that could see living viruses and even smaller living entities. He discovered that all pathogens have resonate qualities, and just like a crystal glass can be shattered with the correct frequency of energy, disease organisms can be shattered also.

**Gaston Naessens:** who started in France and then moved to Canada. He won several court cases defending his work. Naessens independently developed a modern inexpensive and available, high-powered microscope, which can see living pathogens. He studied the metabolism of cancer cells and developed a cancer treatment that helps the body's own immune system to attack the cancer cells. *(This of course requires that you know how the immune system works.)*

**Dr. Hans Nieper:** who did his work in Germany, focused heavily on strengthening the body's immune system to fight all diseases. Independently, he was doing many things similar to the work of Dr. T. C. McDaniel in the U.S., who focused on cardiovascular issues.

**Dr. T. C. McDaniel:** who having developed a medical condition, that his medical schooling failed to address for him, developed a treatment system that worked for him, and thousands of his patients. He discovered the work of Thomas M. Riddick and added his medical training to the concepts Riddick introduced.

**Thomas M. Riddick:** who developed a cardiac condition, and being unable to get relief from orthodox medicine, used the tools of his trade — industrial chemistry — to develop an effective treatment for himself and dozens of his friends.

Others who have played an important role in the preparation of this presentation are ...

**Frank Hartman:** who also discovered Thomas Riddick, and needs to be acknowledged for introducing me to Riddick. He sent me an e-mail with some material about Zeta Potential and Colloids. The two of us then assembled the material into a web page. Dr. McDaniel discovered this page and contacted me, saying that he wanted to meet with me. I introduced Frank to T.C. and the three of us (and others) are engaged in an intensive study of the subject. Many other web sites have found this page and have links to this page and other pages here on the topic. Some have even "mirrored" it on their web sites, using this web site as a database. **Understanding Colloidal Suspensions**

**Dr. David H. Saxon:** who discovered my site, liked it and asked if he could have a link here pointing to his site. I studied his work and science and decided
that it was vital to the goals of this site. I installed links here for him. He subsequently became too busy and removed his web site from the Internet. I have posted a booklet written by his web designer that explains his work.

Dr. Saxon's work is important because he understands that before you offer patients medical therapy, you must remove the cause of the disease if possible, and all the factors that facilitate its growth. **Symptoms of Elemental Toxicities**

**The Tortoise Shell Life Science Puzzle Box:** This web site, is required course work at some schools, and has a primary study theme. We are ... *"Using Hydroponics to Understand the Earth's Life Processes on the Atomic Level"*. (Recently we have been adding sub-atomic information.)

Thanks to our advanced technology, we are able to study the atomic make-up of all the parts of our body. At this time we have identified approximately 34 different atoms that are needed in our bio-system. **The Tortoise Shell Hydroponic Reference Center**

**David Hudson:** a cotton farmer, who while investigating soil problems on his farm, suddenly made my life very much more complicated, when he discovered that approximately 5% of the Earth's crust is made up of mono-atomic atoms, that normal test equipment can’t see. He spent 8.7 million dollars of his own money to acquire the services of the best people and equipment on this planet in conducting his investigation. He was able to determine that plants and animals have a large percentage of these monatomic atoms in their makeup.

Wearing my "hat" as an investigating reporter with extensive science background and real world industrial experience, I am convinced that if this science was to be studied, comprehended and applied, we can virtually eliminate all disease, or at least effectively and completely treat them, in the next ten years. **There is nothing experimental here.** Thousands of patients have already benefited from these studies and programs. — Tommy Cichanowski —

"The Royal Rife Story"

( Below are MP3 Audio Clips from the MPEG Video Documentary. **Skip** )

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classroom presentations.  (The slide show will open in a new window and is best viewed with your browser in "Full Screen Mode").

1. **The Early Years**
2. **The Benefactors**
3. **His Work Begins**
4. **His First Microscope**
5. **He Receives Recognition**
6. **Dr. Johnson, Dr. Kendall, and the K-Medium**
7. **Viruses and Mutation**
8. **"The End To All Disease"**
9. **The Cancer Virus**
10. **The Universal Microscope**  
11. **Dr. Rife’s Laboratory**  
    - Isolating the cancer virus  
    - Injecting the cancer virus  
    - Growing cancer virus  
    - The very first pictures of the cancer virus  
    - Showing dead cancer virus after using ray tube instrument
12. **Dr. Johnson’s 1934 Clinic**
13. **The Rife Ray**
14. **The New Method – Audio Frequencies On A Carrier Wave**
15. **1930’s Beam Ray Corporation**
16. **Antibiotics vs. Frequencies**
17. **Life Labs: The New Instrument**
18. **A Great Loss And A New Interest**

[ ALL Underlined Words at this web site are "Links" or "Bookmarks”. ]
{ There are about 100 links to additional information on this page. }
personal feuds long enough to recognize the common specter. Joining our best forces to defeat this dread army long ago would have secured major victories for all of humanity.

It has therefore fallen to the sensitive and impassioned few who seek alone, armed with vision and swords of light. The independent medical crusaders enter the battle alone. Their names are seldom seen in major journals any longer. Their private research forever dangles on gossamer threads of grants and endless bureaucratic labyrinths. Yet, these are the ones, the men and women who make the discoveries from which cures are woven. Real cures.

They often live on shamefully minuscule budgets, preferring to pour out their personal funds into the work. They are the seekers. They are always close on the brink of a possible new development. One never knows when such will come. The important thing is that they are prepared, and wait in prepared chambers for the gracious and providential revelations upon which humanity depends. Theirs is the excitement of the chase. Their quest is "the breakthrough". They are the ones who fill little lab rooms, closet spaces, which line university hallways. Their intuitive vision has guided them into research alleys, which are too small for the big concerns of profiteering medical agendas. If these researchers are fortunate, they find an impassioned patron. Perhaps the patron is a sensitive one, whose life has been touched with the sting of tragedy. Perhaps a loved one was lost. Perhaps also in the heat of that pain, the recognition came that gold must be transmuted by passion and devotion before it can cure. These quiet ones who go about their work daily, so many devoted hearts, are driven on behalf of all who bear such sorrow over what has been lost.

There was once such a man. His discovery gave eyes to the blind. He perfected a means by which humanity's enemies could be detected. His microscope could optically sight viruses, and sight them in their active state. And he developed a means by which viruses, any virus, could be eradicated with the flick of a switch. His medical developments won him no reward because his research did not fit the desired agenda.

The Microscope. The Super Microscope. There were predecessors to the prismatic marvel of Dr. R. Raymond Rife, but no equals. Others had designed and used oil immersion lenses, dark-field illuminations, and deep ultraviolet light, each holding part of the secret for optically magnifying infinitesimal objects. But the design, which Dr. Rife developed, outpaced all of these.

It is doubtful whether you have ever heard his name. Reasons for mass forgetfulness run deep. Truths have been kept from you. Only a careful and
relentless study of the past will relinquish secrets purposefully and cunningly buried. The information is safely nestled in dust-laden libraries, which few now venture to search. Perhaps you will recognize why his name has been blotted out of the historical records before we reach the end of this amazing biography.

Dr. Rife began as a research pathologist. A medical crusader of the very highest qualifications, his was a heart filled with but one goal: the eradication of disease. Dr. Rife recognized first and foremost that successful medicine relies on vision, on light. What we cannot see we cannot battle. An unseen foe is impossible to destroy. Therefore his first quest was to secure a vastly improved system of microscopy. Once he could see, once all could see, then the pursuit of medical knowledge could again move forward. An armada of equipped seers could assail the foe on every shore. Looking for more light.

Dr. Rife’s study of microscopy detailed every component and premise which tradition had presented to our century. The creation of a super microscope would run counter to every physical law and restriction, which the previous two centuries had accumulated. Academes began again to love the writing of papers. Without the exercise of experiment, however, all these papers were so much tinder.

Dr. Rife wanted to develop super microscopes capable of seeing viruses. His aim was to chart and catalogue them, understanding that these represented a deadly foe, which exceeded bacilli in their destructive assault on humanity. His quest now began. He reduced the fundamental premise by which microscope design had developed, analyzing each separate component and premise.

FOCUS

Optical designers had been adding ever more complex components to the design, which began with Van Leeuwenhoek. Lenses were compounded to lenses, crowns were added to compounds, crowns were added to crowns ... the complexity was frightful. Simplifying the problem necessarily led to Rife back to the study of optical geometry and the comprehension of simple ray divergence.

Rife thought on these ancient principles. An ideal magnifying system is a geometric construction of extreme simplicity. Diverging light rays can magnify any object to any magnification. Given a strongly divergent light source and a great enough distance, one can theoretically magnify the indivisible! This is the principle, which underlies projection microscopy. Dr. Rife realized that the projection microscope represented the best and simplest means for magnifying infinitesimal objects. One simply needed to discover a means by which a vanishingly small, brilliant radiant point could project divergent rays to the surface of any material speck. No virus, however indistinct and cunning, could hide from such an optical magnifier.
The theoretical design of microscopes relies purely on geometric principles. Actual materialization of these principles requires material manipulation, since geometric rays and light rays are significantly distinct. What is a microscope essentially? What is achieved in a microscope with light rays? The notion is quite simple. Take divergent rays from a vanishingly small point of brilliant emanations and allow them to pass through any specimen, which is to be viewed. Light from this encounter is then made to diverge as far apart as possible in a given space. Geometrically it is possible to divert rays from a vanishingly small point out to an infinite distance. This geometric construction would produce unlimited (ideal) magnifications. Provisions toward this ideal goal would require that the point radiant source be tiny and brilliant enough, the specimen be close enough to the radiant point, and the image diverging space be very long. The geometric divergence of the point light source is the magnification factor. But geometry is an idealized reality. And ideal geometry encounters significant frustrations when implementing light in inertial space.

The most basic type of microscope is the projection microscope. It is the most simple system which is employed to greatly magnify the most infinitesimal objects. In the more common version, light is made to pass through a tiny specimen. Light from the specimen is forced to diverge across a long space by means of a very small focusing lens. Rays from this lens cross, diverging and expanding across a long space. This widely divergent beam is then projected onto frosted glass. The viewing of images derived through these means is indirect, but provides superior magnifications with ultrahigh resolutions.

Formerly, laboratories required compact units capable of close personal manipulations. The development of fine optical microscopes became frightfully complex when more powerful but compact models were required. The notion of a compound microscope is to physically compress the long projection space into a compact tube, delivering the shrunken design to customers who wish to conserve space. The "problem" with compact optical microscopes was bending the necessary wide beam through a small space. The "trick" in a compound microscope was to keep the image rays from prematurely diverging between lens stages.

The long expansion space required for divergent beam magnification had to be "folded" and "convoluted" within imaging tubes. Large numbers of lenses performed this duty. Being thus "convoluted" by lenses to achieve magnification, images produced by most expensive bench microscopes were inherently limited. Since the diverging image in these microscopes is "interrupted" within a greatly shortened space by means of several optical stages, it cannot produce great magnifications with either clarity or brilliance.

Each optical stage continually bends the image until a tremendous effective divergence is achieved. The effects are dramatic, but the necessary stages introduce optical resistances by which magnifications are inherently limited. Fundamental problems with white light alone complicated the problems which designers faced. Breaking into spectral components, each color refused to focus in exactly the same point. As a result, chromatic aberration blurred every image.
The light-crossing action of each lens brought widely diverging light beams into the ocular lens. It was pivotal that these rays be parallel. Images lost most of their radiant power against the tube walls before arriving in the final ocular. Therefore more corrective lenses were added in the beam path to bend the light back from the tube walls. Differences when light traveled between lenses and air introduced more aberrations. Batteries of corrective lenses, crowns and compounds, so loaded the light path with crystal that images lost their original brightness. These horrendous optical problems were never completely solved, despite the high cost of these instruments.

All of these optical horrors were the result of an old tradition, which yet compels designers to maintain familiar outward forms. The projection microscope is so simple and potent; one wonders why newer designs had not been developed with as much dedication and zeal. It was the outward form, which compelled the convolution of projection microscope simplicity, detracting from the excellence of magnified images. What was really lacking in optical microscopy was the development of true, tiny radiant points of monochromatic light. These diverging ray sources could produce novel and economical projection microscopes.

The numerous optical components of most excellent laboratory microscopes are configured to prevent image splitting, image incoherence, and other optical aberrations. All the differences between geometric ideals are suddenly and severely limited when using light and glass. The optical ideals come short of the geometric ideal.

Geometric rays do not fade with infinite distance. Light rays do. Geometric rays do not blur at their edges with increasing divergence, Light rays do. Geometrically magnified lines do not diminish in their intensity. Light images do. A successful optical approximation to the geometric ideal would produce a super microscope. Dr. Rife decided to manipulate all the possible variables in order to approach, as closely as possible, each part of the ideal geometric construction. If such a feat could be accomplished, he would have successfully bridged the gap between optical and electron microscopy.

**POINTS**

To be sure, numerous individuals had accidentally discovered enormous magnification effects while experimenting in completely different fields of study. A magnifying system which magnified much smaller infinitesimals than viruses appeared in 1891. Nikola Tesla developed a remarkable carborundum point vacuum lamp and made an accidental observation, which opened a new world of vision to science.

Tesla began inventing single wire vacuum lamps for purposes of illumination. These were large glass globes powered by very rapidly impulsed currents. The impulse currents made the single supported wires glow to white brilliance, melting them. Impractical for public use, he sought to alleviate this condition by using special crystals. High melting points were required. An assortment of
such materials were poised at the single wire termination. When electrified, they suddenly became radiant.

His experiments included using diamond, ruby, zircon, zirconia, carbon, and carborundum. He found it possible to blast the natural gems after a few seconds' electrification time. But before exploding, each of these crystalline terminations released puzzling patterns of light across the globe surface. This symmetrical pattern of points attracted Tesla's attention. They appeared when the current was turned on for just an instant.

Moreover, Tesla noticed that the brilliant fixed points of light remained in fixed positions each time he applied the current. Equally astounding was the fact that each material portrayed distinctive point symmetries upon the glass enclosure. The most resilient and successful crystalline material was carborundum, which he ultimately adopted for practical use. This too gave its characteristic point symmetry across the globe.

Tesla was not sure what he had discovered. He intuitively surmised that these point patterns of light somehow revealed the crystalline structure of the excited material. He also utilized the geometrical construction to obtain his deduction. His thoughts turned to the internal crystal conditions. As electrically charged particles were propelled and ejected through the carborundum, they were deflected by infinitesimal points. Diverging from such infinitesimal points, they impinged upon the inside spherical globe which housed the carborundum point. These brilliant points of light were always of the same symmetry because the ejected particles were passing through a fixed grating: a crystalline grating.

He theorized that this fixed pattern represented the greatly magnified crystalline symmetry. This simple apparatus was the world's first point-electron microscope. The phenomenon responsible for the defined projection of crystalline spaces is referred to as “field emission”. Later, others would duplicate these same results with other crystalline specks. The remarkable X-Ray photography of Max von Laue already permitted the sighting of crystalline atoms. In this scheme a thin crystal point was placed at a critical distance from an X-Ray source. Entering and passing through the crystal slice, divergent X-Rays produced a greatly magnified image of crystal atoms on photographic negatives.

The result of von Laue's experiment was astounding, but was a purely geometric consequence. Divergent rays from a vanishingly small radiant point can theoretically magnify equally small specks to immense size. But while both Tesla and von Lane produced wonderful results with particle-like emissions, the practical achievement of these ideals were diminished when using optical light rays.

Emile Demoyens (1911) claimed to have seen extremely tiny mobile specks under a powerful optical microscope ... but only at noon during the months of May, June, and July! Colleagues thought him quite mad, but Dr. Gaston Naessens has comprehended why these specific time periods permitted such extreme viewing. During these seasonal times the noonday sunlight contains
great amounts of deep ultraviolet light. The shortened wavelengths provide a sudden optical boost, permitting the observation of specks, which are normally invisible.

Progress in optical science seemed limitless and free. It was anticipated that no limit could bar humanity from viewing the very smallest constituents of matter. But when the physicist Ernst Abbe challenged the high hopes of optical science by imposing certain theoretical limits on optical resolution, all these hopes seemed to dissolve. Abbe claimed that optical resolution depended entirely upon incident light wavelengths, the limit being one-third of the light wavelength used to illuminate the specimen. According to Abbe, the extreme ultraviolet light of 0.4 microns wavelength could not be used to resolve the details of objects smaller than .15 microns.

This theoretical "death-knell" discouraged most optical designers of the time. Since, he claimed, resolution of optical microscopes was restricted from 1600 to 2500 diameters, developing newer optical microscopes was a futile pursuit. Since resolution is the ability of a magnifying instrument to identify details and ultra fine levels of internal structure, the Abbe limit imposed a serious halt on the development of newer optical microscopes.

Continual medical progress rides entirely on the excellence of its instrumentalities. In the absence of new and excellent optical instruments of greater precision, medical progress grinds to a screaming halt. When this happens, academes write papers in the absence of true vision. True knowledge, reliant on vision and experiment, is replaced by unfounded speculation.

Others conceived of electron microscope designs, taking advantage of the Abbe restriction for lucrative purposes. These developers were not good planners, failing to recognize that electron microscopy would place equally grave limitations on biological researchers. **Electron beams kill living matter.** Magnifying images only after killing them, no living thing could ever be observed in natural stages of activity through electron microscopy. But, if money was to be made, then "all was possible". Despite the protests of qualified medical personnel, RCA continued its development with Zworykin at their helm.

Electron microscopy, rationally impelled by the Abbe limit, became the new quest of young financiers. Despite the protests of major researchers, RCA continued its propaganda campaigns. This technological imposition, were it developed into a marketable product line, would severely handicap the work of every medical researcher. Pathologists would be literally forced to accept the limitations of the anticipated electron microscope.

Bracing themselves for the announcement of mass-produced electron microscopes, corporate researchers prepared themselves for the laboratory adaptations they would be forced to adopt. Manuals were already being distributed.
They would be unable to watch progressive activities in the boasted "highest
magnifications ever achieved". Before RCA reached the goal however, others
had already challenged the capabilities of electron microscopy. The
unexpected development temporarily threw RCA off balance. The competitors
had challenged the Abbe limit, and seemed to be optically working their way
into realms in which RCA had claimed "exclusive" rights.

**DEEPVIOLET**

Vibrating above the deep ultraviolet range were the X-Rays of von Laue's
projection microscope. But this realm was not good for pathologists since X-
Rays would only reveal the structure of crystalline substances. Some
designers went ahead and built soft X-Ray microscopes. These devices placed
heavy requirements on the preparation of specimens. X-Rays passed right
through specimens and would kill them if they were alive to begin with. The
very best X-Ray images of tiny specimens required organism-killing metallic
stains. Biologists needed to see their specimens in the living state.

While engineers at RCA were yet scrambling to take the competitive edge and
seize the new market, several designers of ultra-microscopes began to
successfully challenge the Abbe limit. Abbe stated that the maximum resolving
power of any ultraviolet ray microscope would be restricted from 2500 to 5000
diameters and no further. But ultra-microscopes constructed by Graton and
Dane (Harvard University) succeeded in developing resolutions of 6000
diameters with magnifications of 50,000 diameters.

Dr. Francis Lucas of Bell Telephone Labs developed a modified version of this
system in which a maximum magnification of 60,000 diameters was developed.
Not only did this work significantly reduce the theoretical limits set by Abbe,
but the ultra-microscope which Dr. Lucas designed actually empowered Bell
Labs to compete with RCA in the microscope field. Dr. Rife had previously
achieved resolutions of 6000 diameters with resolutions of 50,000 diameters.
And now, Dr. Rife believed he had a means by which these preliminary feats
could be greatly outperformed. The Abbe Limit, a theoretically perfect
expression, was dissolving before the new empirical evidence.

Of course, RCA ultimately outdid the propaganda campaign for their own
electron microscope system, wiping out the optical systems of both Bell Labs
and Harvard University. Nevertheless, independent researchers preferred
these ultraviolet microscopes to any system, which RCA could market.
Attractive because the ultraviolet microscopes permitted life-active
observations, pathologists were not impressed by the extra magnifications of
electron microscopy.
Ultraviolet light for ultra-microscopes is an absolute necessity. The successful operation of any such device depends on deep UV rays. Monochromatic ultraviolet sources prevented many of the familiar optical aberrations common to optical microscopy. Blurring and fringe degeneration when passing through the optical resistance of lenses would be minimized. The ultraviolet source would also need to be of the shortest possible wavelength in order to approach the geometric ray ideal.

All optical components in the ultra-microscope would then have to be composed of pure quartz crystal in order to flawlessly transduce the deep ultraviolet rays. Even the specimen slides were made of thin quartz glass. The ultra-microscopes of Dane, Graton, and Lucas used as few lenses as possible, being virtually pure projection microscopes.

According to Dr. Lucas, resolution one-tenth of the illuminating light wavelength was obtained. This broke the so-called Abbe optical restrictions by an order of 300 percent; the resolution being brought up to .05 microns. How was this possible? Drs. Dane and Graton further stated that far greater resolution could be obtained through lenses than claimed by their manufacturers. The reason for this? So long as the manufacturers had accepted the theoretical limits there was no incentive toward progress in the field. No one bothered to find out!

The ultra-microscopes demonstrated beyond question that lenses do in fact surpass theoretical limits. The manufacturers, eager to maintain credibility in the academies, had simply endorsed whatever the physicists wrote. Equally as significant was the fact that each of these ultra-microscopes did not require the fixation of specimens before viewing. The embodiment of each ultra-microscope gave new drive to researchers who wished to see live pathological stages in tissue cultures. The systems were immediately demanded and obtained by numerous serious research institutes on both sides of the Atlantic.

Certain highly respected researchers came to believe that the most basic laws concerning physical light were fundamentally flawed. Perhaps light was of an entirely different nature than supposed. This, they mentioned, was why the Abbe limit was such a distorted mathematical expression. Light was not what the physicists declared it to be. This is why Abbe's assessment was so obviously flawed. But what other assumed truths were holding back fresh discovery? Empirical observations now replaced the theoretical piles with discoveries, which were once termed "unlikely" by qualified authorities.

When researchers realized the great cost, which the Abbe limit had so long imposed on microscope designers, they began challenging every known theoretical limit, which pertained to their fields of study. Every scientific premise was questioned during the astounding decade of the 1930's. Every applicable optical rule was again subject to fresh questioning, the epitome of renewed scientific mind. New vision filled the researchers, challenging the inertial world again. The most significant effect of these new ultra-microscopes was a renewed questioning process. Now also pathologists and biologists alike were given instruments with which to peer into the most infinitesimal natural recesses.
With the ability of medical researchers to peer into the deepest pathogenic lairs, new cures for ancient maladies could be affected. The war was on, and fresh crusades came to the battlefield armed with light. Curiously, the lines of battle brought two distinct groups to fight the same foe. Unfortunately, one group desired all the glory and crushed its more sensitive brother.

Rockefeller Institute extended their campaign by highlighting the efficacy of electron microscopy, securing the sale of their new units. The RCA cash flow was unrestricted now. Electron microscopy coupled its forces with the pharmacological industry, producing its line of allopathic medicines. Those who took upon themselves the inquisitorial profession, rather than the profession of truth, found themselves drowning in seas of new developments, which their business-minded patrons wished to eradicate. Independent university researchers maintained their poise as the prime recipients of fresh and astounding discoveries, which shook the medical world. This would not long be tolerated by the growing pharmaceutical monopolies and trusts who wanted total domination of the field.

MAGNIFICAT

The encroaching economic depression of the time period had crushed the general populace. Dr. Rife had been designing and assembling ultraviolet projection microscopes of superior quality from 1920 onward. He had planned to build a far superior instrument. The super microscope. The design was based on theoretical considerations developed during his preliminary experimentation in optics. Now this work was abruptly terminated. Finding himself out of employment, Dr. Rife sought the ordinary work of those who are in need. Humbled and not proud, he sought a salary in less intellectual venues for the time being.

Hired as private chauffeur by H. H. Timkin, a wealthy and philanthropic motor magnate, he gradually won both the respect and willing ear of his adventurous employer. He could not keep his wonderful dream to himself. On long journeys to boring boardroom meetings, Timkin engaged Dr. Rife in detailed discussions on his medical work. Dr. Rife eagerly entered these discussions with an enthralled candor, which caught his employer quite by surprise. The seriousness and integrity of the man did not catch Timkin by surprise. He recognized quality when he saw it, and listened.

The man’s great stature was not hidden, despite his humbled position. But when he spoke of these designs and research goals, the very air began to brighten around him! He mentioned regret at having to postpone his work, but was very sure that all would turn out well. What he had shared was enormous. Inspiration of the purest kind. When Timkin and his business partner Bridges realized exactly what Dr. Rife had hoped to achieve, they made a resolute decision to arrange financial support for the work at hand. Timkin and Bridges created an endowment fund to finance Dr. Rife and his astounding research. Rife was delighted. Delighted to tears. An emotional man, he promised that no one would be disappointed. He would work until success. A laboratory was
constructed on the Timkin estate grounds, (Point Loma, California) and Dr. Rife set to work with a fury, which surprised those who lovingly surrounded him.

Timkin and Bridges were taken aback by the rapidity with which Dr. Rife completed each design, which he began. His efforts were relentless, a true inspiration to the equally loving people who supported his research. It was very apparent that the pensive and gentle doctor was serious in the extreme.

Dr. Rife aggressively pursued and achieved what had not been done in the field of ultra-microscopy. His mind had turned over the method, which he had conceived so many years before. The dream, which Dr. Rife originally received, was now in view. Looking for more light. He decided to try filling the entire objective with cylindrically cut quartz prisms. There would be no difference in refractive index from start to finish along the optical path. Quartz prisms would "open out" each ray convergence, maintaining strictly parallel ray cadence. An increased ray content being thus returned to the ocular, the image would be brilliant in appearance and of high resolution.

This configuration of quartz prisms caused the rays to "zig-zag" in 22 light bends. The internal optical path was now entirely composed of 22 quartz blocks, fitted snugly to lenses. It was as if the entire device were one solid crystal of diverse surfaces. Now, specimen emergent light would launch out in parallel paths through quartz prisms, being magnified only when they reached each quartz lens. This optical tracking method would insure the brilliance of the emergent image.

A second optical innovation was added to this brilliant configuration. Dr. Rife decided to use a phenomenon by which strong specimen-entrant light stimulates internal fluorescence in the specimen. Pumping the specimen with brilliant ultraviolet-rich light would shift the divergence point into the very heart of the specimen rather than beneath, forcing the specimen to radiate its own brilliant ultraviolet rays.

Here was a true, vanishingly small radiant source with which to illuminate the specimens: they themselves would become the radiant source! This concept was truly sublime, since the very infinitesimal particles themselves were now made to radiate brilliant and divergent rays. This scheme was truly original from the very start. Dr. Rife then designed a system by which selected portions of the ultraviolet spectrum could be split and directed into the specimen using a polarizer. Turning this component of the system would allow each specimen to brightly fluoresce in its own absorption spectrum, the infinitesimal specks radiating their own maximum brilliance.

Theoretically, it was possible to magnify these brilliant specular rays to any degree. But a secondary monochromatic ultraviolet ray would perform an unheard wonder. When combined with the brilliant internal fluorescence of the specimen, this secondary ultraviolet addition would heterodyne the light. This meant that light pitches from the specimen would be raised far above its original values. At such shorter wavelengths, the resolving power of this device would be incredible.
An additional monochromatic deep ultraviolet beam was mixed with the fluorescent radiance of specimens, producing an astounding visual sharpness of otherwise invisible objects. The illumination scheme and the tube filled cluster of quartz prisms (designed to maintain the specimen emergent rays in absolute parallels) were now brought together. Dr. Rife claimed that these parallel lines were within one wavelength of accuracy, an astounding claim.

He soon created a small ultramicroscope whose fundamental mode of operation violated the supposed laws of optics. This design outperformed all previous ultramicroscopes. So astonishing was this feat that the Franklin Institute, in rare form, published a long and detailed series of articles concerning the developments of Dr. Rife. They were also given several of these units for preservation, where they remain to this day.

This microscope was different, totally different. This microscope revealed not just viruses in their dormancy. This microscope could see viruses in their active stages with magnified clarity. Dr. Rife’s Prismatic Microscope surpassed the theoretical limits, which were possible for optical microscopy in 1930, giving unheard resolutions of 17,000 diameters; three times the resolution developed by Dr. Lucas.

The first Prismatic Microscope was a horizontal optical bench assembly, mounted on a massive pier. Fitted with the finest photographic instruments, Dr. Rife took breathtaking photographs at unheard magnifications. The resolution was so staggering that research institutes rushed to watch Dr. Rife’s demonstrations.

His accomplishments were extolled by the entire medical establishment on both sides of the Atlantic. An incredible amount of professional research publications devoted lengthy articles to his achievements. His findings were duplicated and reported by leading medical institutes whose names are well known. Therefore our general lack of knowledge concerning his life story is equally conspicuous.

Dr. Rife, humble enough to have worked as a chauffer, had been raised from obscurity to fame ... from shadows to light. The man’s genius was only equaled by the upstanding character by which he was loved. The Timkin family adored him. The Rife laboratory was completely equipped with the very finest apparatus money could buy. Dr. Rife methodically designed new research ventures. Incredible new biological discoveries followed him in every direction.
Now, with this "ultra vision", he was able to peer with his colleagues into unheard dimensions. These discoveries quite often challenged accepted biological and medical notions.

Dr. Rife had in mind the creation of an Institute, in which he could train younger specialists in the operation of these wonderful ultra-microscopes. Mass production of the devices would be insured. They would become fixtures in every professional laboratory. Money was not the aim of this research. Monies were already secured. Dr. Rife had a singular goal, and demonstrated the passion associated with his quest.

He developed seven different models of this initial projection-type prismatic microscope in quick succession. The horizontal projection format was converted to a more compact vertical orientation, best serving the needs of pathologists and biologists in practical laboratory settings. Several of these wonderful Prismatic models may be seen in the various archival films and photographs taken in Dr. Rife’s laboratories.

If the Rife Prismatic Microscopes outperformed every standard laboratory microscope, being able to discern and photograph virus particles in their active state, the Universal Microscope outdid all the former records. In 1933 the creation of the Universal Microscope afforded resolutions in an astounding excess of 31,000 diameters, with magnifications in excess of 60,000 diameters.

Using technically precise photographic enlargement techniques, he was able to provide 300,000 diameter magnifications. His calculations indicated that a ultra-optical projection microscope giving clarified magnifications of 250,000 diameters would be possible. After photographic enlargement, there would be no limit to the optical viewing power unleashed for researchers.

The Rule of Abbe was mentioned as a failed byword in Dr. Rife’s laboratory. He had succeeded in breaking the “vision barrier”. There are those whose familiarity with optics and attainable optical precisions state that the claimed magnification effects cannot be obtained with ordinary principles of light. Beyond simple optical parameters, other light energies become the more active in such devices. The focusing process is radionic in effect, utilizing the penetrating "Od luminescence". The stimulation of special retinal modes releases the anomalous perception with its reported ultra-optical magnifications. Careful examination of the Rife Ultra-microscope reveals tubes filled with quartz prisms, identical in basic use as the patented radionic analyzers of T. G. Hieronymus (Lehr).

Viruses remained absolutely invisible to the eye when cultures were searched with the then-standard Zeiss dark field (oil-immersion) microscope. Dr. Rife’s Prismatic Microscopes were immediately obtained by Northwestern University Medical School, the Mayo Foundation, the British Laboratory of Tropical Medicine, and other equally prestigious research groups. These models produced magnification and resolution up to 18,000 diameters.

A space composed of brilliant light, where mind illuminating light merged with light in the eyes was now opened before him. Fields, all of light. The new vision
would be unstoppable. No cloak of invisibility could protect the foe now. Soon everyone would see, and the armadas of death and shadow would be vanquished. The spoils of this war would flood humanity with indescribable treasure. Life and light would again be unleashed in a world where shadow and death had reigned far too long. The immense task of cataloguing viral pathogens had begun.

QUEST

With the new Prismatic Microscope models, both he and Dr. A. I. Kendall (Northwestern University Medical School) were able to observe, demonstrate, and photograph "filterable" pathogens (viruses) in 1931. Moreover, they were perhaps first to discern the transition of these bacilli from dormancy to activity over a specific period of time. Freshly made cultures were sampled at specific stages, revealing fixed periods of quiescence and activation.

An initial tissue substrate was prepared in which bacillus typhosus was cultured. After several days' growth, samples of this lethal culture were filtered through a fine triple zero Berkefeld "W" filter. This filtration process was repeated ten times. When viewed under the best available laboratory microscopes, a turbidity was seen, but there appeared no organisms whatsoever.

Under the Rife Prismatic Microscope, polarizer adjusted, the bacilli in this sample fluoresced with a bright turquoise blue coloration. Two forms were observed, taking the researchers by surprise. Long, relatively clear and non-motile bacilli were found alongside a great population of free-swimming ovoids, granules of high motility. The motile granules glowed in a self-fluorescent turquoise light at a magnification of 5000 diameters.

These motile forms were transferred to a second fresh substrate, and allowed to grow for days. The same filtration process was performed. When sampled randomly before the four-day period, the filtered specimen revealed something remarkable. Dr. Rife and Kendall observed relatively quiescent clear containing bright turquoise ovoids at one end. The implication was enormous. Exact transition periods were thereafter determined with precision, the entire process photographed through special attachments designed by Dr. Rife. At specific intervals of activation, the clear bacilli were discharging the turquoise motile forms into the culture. These blue ovoids were the real cause of the disease. The long and clear bacilli were only hosts. Transitions back and forth (between clear host-dormancy and motile turquoise granules) were observed and reported in the professional journals. These findings were corroborated first by Dr. A. Foord, chief pathologist at Pasadena Hospital, and later confirmed and reported by Dr. E. C. Rosenow at the Mayo Foundation (1932). The Rife Prismatic Microscope was quickly earning its reputation.

Soon, other specimens were obtained and studied by the team. Active poliomyelitis cultures were studied, the virus successfully isolated, identified, and photographed in 1932 by Rife and Kendall. In these cultures the team
recognized streptococcus and motile blue forms resembling typhosus. These last reports were immediately transmitted to the Mayo Foundation and duplicated by Dr. E. Rosenow. Dr. Karl Meyer (Director of the Hooper Foundation for Medical Research, University of California) came to the Rife Research Laboratories with Dr. Milbank Johnson, examining and corroborating the stated results. The impossible and anomalous became fact. **Bacilli could act as virus carriers.** Furthermore, poliomyelitis victims evidenced a startling degree of typhosus-like associated virus.

Frightening implications came when comparisons between the Prismatic Microscope and the Zeiss scopes were made. All of the previous studies made with Zeiss scopes returned negative results. Such reports flooded the literature. The filtrates had been maintaining their cloak of invisibility for years. Professionals, bereft of this clarified vision, were concocting numerous speculative explanations for the appearance of these disease states. The vacuum produced by lack of visible evidence was producing erroneous theories. Many highly qualified persons, in absence of the sight required to know better, steadfastly maintained that victims of certain diseases were suffering from internally developed conditions.

The Rife ultra-microscope was about to trigger a war on viruses. **Because of the self-fluorescent “staining” method, Dr. Rife observed live specimens exclusively; a distinguishing feature of his technology.** The fluorescent coloration of each pathogen was catalogued, an historic endeavor. Tuberculosis bacilli appeared emerald green, leprosy was ruby red, E. Coli were mahogany colored ... each wickedly deceptive in their pretty colors. The degree of precision demonstrated in Dr. Rife’s catalogues bears the unmistakable mark of genius. We can view him at work in the archival movies.

Photographic arrays of all kinds may be seen in this footage, including the professional Scandia 35 mm movie camera with which he made stop-action films of viral incubation periods. **Dr. Rife made sure to document every discovery.** It was novel at the time to document every image on movie film as well as in still shots. He methodically went through every possible pathogenic specimen, photographing the deadly families. Suddenly new viral species began appearing: non-catalogued species.

The prismatic microscope was piercing into new shadows. Dr. Rife recognized unknown virus species everywhere. And then he turned his vision into the deepest shadow. He looked at the dreaded disease. To this very day the very utterance of the disease is foul. It carries the nimbus of finality. Cancer. It is an arrogant boast, a victory over cringing humanity. All who speak its name whisper in fear, afraid that it will hear and come for them. Immigrants refused to even mention the name, fearfully crossing themselves ... calling it "the evil sickness".

In the absence of fact, in the absence of vision, researchers developed contradictory theories concerning cancer and its development. These contradictory theories were eventually consolidated in the professional literature, a self-neutralizing amalgam of conjecture. Researchers were forced to examine the biochemical effects, and not the cause, of cancer. Most could
not imagine what would drive cells into the bizarre and abnormal cycles common to cancer tissues. There was certainly "no visible cause".

Dr. Rife began obtaining a wide variety of malignant tissues in 1931. The full power range of the first Prismatic Microscope was turned on these tissue samples with a vengeance. Dr. Rife was a master pathologist. His techniques can be observed in his cinematic presentations. Was he seeing correctly? What were those motile forms, glowing with a beautiful violet-red coloration? He watched them for a long while. They moved swiftly through the field of view. Clocking their motility in triple distilled water, he watched them darting across the grating. These stretching ovoids moved with startling speed.

Dr. Rife obtained yet more and diverse tumors from wider and more diverse clinical sources. An amazing 20,000 of these tissue samples were obtained and cultured. Incubating and culturing each of these required care and time. Absolute sterile conditions were maintained. He employed several groups of large high-pressure steam autoclaves. No question of contamination could exist in this setting. His methods may be surveyed in the archival films, which show every room of his facility. Specimens, removed from these cultures were always filtered through unused triple zero Berkefeld porcelain, mixed with triple distilled water.

Examination of each separate sample under the Prismatic Microscope revealed a consistent truth. There they were again! Always the same violet-red presence. He called it the BX virus, finding it present in every case of cancer in humans. Were these same violet-red motile forms the very cause of cancer? They were always found in every sample, a deceptive beauty. Could this be the cursed stream? Had he alone been brought to see these first? Colleagues were able to verify these findings only when using his microscopes. Both Dr. Rife and Dr. Kendall successfully demonstrated the isolation of the BX virus to more than fifty research pathologists associated with the most noteworthy institutions.

Many writers of medical theory had already postulated that there were some cancer cases which were viral in origin, but they never cited these agencies as the universal cause of cancer. The speculation, the papers, the lectures, the theories. Talk and more talk. Rife saw the universal cause of cancer. There, in full sight lay the proof positive. In case after unmistakable case, Dr. Rife found the very same agency at work. Always the same violet red motile forms. It mattered not where the tissue materials came from. There could be no mistake. There was no citing possible contaminations. Independent acquisition of tissue samples were obtained by others who then verified these findings in distant laboratories. They were using the Rife prismatic microscopes.

He succeeded in isolating the BX virus in 1931, filming the process so that posterity would hopefully learn of its enemy. He cultured this evil spawn and proceeded to demonstrate its incubation and activation periods. Transferring BX virus from culture to host, and from host to culture, all became routine. One hundred and four separate transfers were successfully made with various BX strains. Dr. Rife witnessed the appearance of another related viral cancer-causing strain, the BY virus, found to be a much larger strain of the sarcoma
group. Demonstration of the infection and incubation process was subsequently affirmed by other professionals.

The same virus appeared in every case of cancer in humans. He assembled high-speed movie cameras in order to clock the periods of BX virus activity. When the film ran out and was developed, he and all his colleagues could watch the deadly dance. He stepped back for a moment and surveyed the photographic evidence, flickering on the wall. Those wicked damned wriggling specks! From how many souls had they drawn away the life?

Dr. Rife now watched in horror as the malignant act was revealed before his eyes at high speed. **BX virus infection required special "weakened" physiological states.** Contracted as a flu-type infection, the virus incubates in host physiology for a time. When specific detrimental physiochemical states are compounded, the virus stirs into activity.

Stimulating the rapid proliferation of cell division, **the BX virus forces the host body to manufacture needed nuclear material on which to further its survival.** Tumors were found to be sites where BX viral colonies were rampant. Occasionally there were persons who demonstrated spontaneous remissions. These were exceedingly rare cases where antibodies actually drove off the attacking virus. Most persons could not summon this degree of response. Once the virus took control of cellular integrity, death was imminent. Shadows sweeping over humanity. There had to be a means for destroying this enemy. There had to be ... a light. (Strengthening Our Immune System)

**SPEARS**

Others, working in distant laboratories, did not claim the same success. Why had they not seen them? Because, using the over-celebrated electron microscopes, they could not see. The frightful truth concerning the BX virus was that electron microscopy could not image them at all. What had occurred in the other research labs became clear again to the man with eyes to see. The others overlooked this obvious pathogenic presence simply because their microscopes could never reveal it. This hideous specter exalted itself in what cover it could find. Unfortunately, it found cover among those who claimed to be professional seers.

Otherwise excellent researchers became completely blind when searching for the BX virus because electron microscopy was itself the blinding agent. How could so obvious a pathogen not been imaged in a technology which boasted greatest visual resolving powers? In preparing specimens for an electron micrograph, technicians "kill" the tissue specimens. The process involves placement of the specimen in a high vacuum chamber. Bombardment of the specimen with metal ions is the "staining" procedure. The thin metal film gives highly projective electrons a detailed surface upon which to impinge. The electron spray is directed into this prepared specimen and is then magnified by successive intense magnetic field coils. Images are then watched on a phosphorescent screen, or photographed directly.
Electron microscopy mishandles frail viruses. It mishandled the frail BX virus, destroying it during each preparation process. Destroyed evidence. The same ritual was repeated a hundred times with the same negative results. Unable to think clearly, few of these technicians could surmount the situation and comprehend why this virus did not appear on their viewing screens. Overconfidence in the RCA system blocked common reason. Electron microscopy does not resolve frail viruses because they are shattered and dissolved during the preparation stage.

Well then, there was the flaw. Why would no qualified person see this simple truth? Why was the light eluding those who claimed to have all of it? The technological marvel, designed to replace all competitive microscopes had brought a secure sleep on those supposed to resolve such obvious dilemmas. Medical technicians had forgotten how to think. Its newly adopted methods actually destroyed frail pathogens intended for study. Quite recently the search for the HIV virus evidenced frustration again because of these inherent limitations of electron microscopy.

The BX viruses cavorted and wriggled boldly before his eyes. But ... how to destroy them? To find an immunological tool for each of these would represent an enormous task, a project which would take centuries. Humanity did not have that much time to wait. No, some other more universal means had to be developed by which this, and all pathogenic forms could be dissolved. Protozoa and bacteria of all kinds could be destroyed by exposing them to special ultraviolet spectra. Perhaps the BX virus would succumb to such exposures. He had to know. He had the tool with which to see. So he began a long and arduous search, looking for spectra which could destroy virus cultures.

**Dr. Rife discovered that deadly viruses actually thrived in the radiations of specific elements. Radium and Cobalt-60 were the notable ones.** Dormant viruses became virulent in these energetic emanations. The horror filled him again. Medical practice was attempting the cure of cancer with these very radiations! There had to be some light spectra which destroyed the viral activity altogether. He searched through the periodic table. Electrified argon and neon also brought intensified virulent activity from dormant viral cultures. He actually utilized argon lamps to grow virus-infected tissue cultures with greater rapidity. But there had to be a spectral range, which killed these terrible death-agents.

No light seemed to have any effect on their crystalline structures. This is why it was possible for him to view viral activity under intense light in the first place! No light spectra of any intensity was able to destroy these quasi-living crystals.

Then he thought of crystals. How could we destroy a crystal? What do chemicals do to germs ... dissolve them, take them apart ... shatter them?

He had done this very thing in 1917 with protozoa and large bacteria. He knew it was possible to shatter these kinds of pathogens by the application of a sudden electrical impulse. His early attempts with small radio transmitters and
simpler microscopes proved somewhat effective. He used Telefunken output tubes to produce the impulses. Operated by a small generator, this simple device projected fifty radio frequency watts to his samples.

His original inspiration applied to larger pathogens. It therefore needed no excessive frequency, short wave being sufficient. It was certainly possible to interpolate the necessarily super high resonant pitch needed to shatter any microbe. But viruses? How high would this pitch need to be? If not attainable, could he use some much lower harmonic of this fundamental at greater power levels? Could he find the lethal pitch for every found pathogen?

Equipment was quickly assembled. He needed a generator of extremely short duration electro-impulses. Direct current electrical "spikes" of quick duration, when applied to a gas filled discharge tube, would project electric rays (Cooper Pairs) toward an infected sight. The tube could not be a simple high vacuum. That would release dangerously penetrating X-Rays. X-Rays would stimulate the BX strain into increased activity. No, the projection tube required a very light gas, one whose response was almost instantaneous. The gas he desired would be one whose mass would in no way interfered with the impulses.

Hydrogen was used in special high power thyratrons: quick acting high voltage switches used in diathermy machines and (later) in radar systems. Old X-Ray tubes often failed in their operation because they became filled with hydrogen and helium mixtures. Such X-Ray tubes were generally discarded.

His new projector was one such old X-Ray tube. He tested its output, adjusting the excitation circuit so as not to release even soft X-Rays. The tube glowed, a good sign. This meant that there was sufficient gas for the release of electrical rays. Dr. Rife set the polarity so that the tube would pulsate in electropositive spikes of specific duration.

[ The positive spikes are used to accelerate the negatively charged Cooper Pairs toward the target area. It is VERY Important to remember, that it is a negative electrical charge that is being applied to the body. Positive charges fatally destroy the "Zeta Potential Charge" of the blood. ]

Power was ready. Pathogens cavorted boldly in view. Poised at the Prismatic Microscope, he fired the X-Ray tube. Turning the tuning dial near the specimen, he would know the lethal pitch by watching the pathogens. When these "exploded" he would mark the setting. If this method worked, then he could methodically correlate each lethal pitch with its pathogen. Soon, a catalogue of lethal pitches would be amassed. With this Dr. Rife could wage victorious wars against every disease in existence.

Dr. Rife swept through the diathermy range, which he calculated should vibrate these viruses to pieces. Empirical evidence always contradicts the theoretical. Quite below the calculated extreme frequencies, the BX virus suddenly dissolved. He switched off the transmitter and sat there quite amazed. The scene in the microscope was unreal. Not a fraction of a second at the lethal pitch and the specimen was reduced to a globular mass. The viruses were stuck together in shattered fragments! He had successfully "devitalized" them.
Fine tuned lethal frequencies now filled his catalogue. With great precision Dr. Rife determined every lethal pitch as planned. Armaments of light against legions of shadow. Analysis of the electropositive impulse showed that its radiance was penetrating, intense, and unidirectional ... more like invisible light rays of pure electric force. What then was this strange light like power? Experiment proved that virus cultures were absolutely incapacitated, congealed, and destroyed by the electropositive impulse. The power of an extreme form of light? Had such light ever been seen before?

This energy had been accidentally generated in 1872 by Thomson and Houston. Not waves, but rays. Electrical rays. A forgotten phenomenon. Unidirectional electric impulses (Cooper Pairs) of great power radiated electric rays, not waves. These rays penetrated all kinds of matter, whether stone and steel alike. The resultant sparks could be drawn from every insulated metal object in the large building in which the experiment was being performed. Not radio waves, but electric rays.

Later in that century, Nikola Tesla accidentally observed the same electric ray production. He studied the phenomenon exclusively, developing impulse generators and electric ray projectors. When speaking of electric rays which evidenced a light-like nature he referred to this phenomenon. Not radio waves, but electric rays. New light. Dr. Rife had rediscovered this phenomenon. Tesla spoke of his own "millimeter rays", mentioning their "bactericidal" value. This same phenomenon had vindicated Tesla's words. Therapeutic properties were demonstrated when precisely controlled.

**FORTRESS**

Whereas the destruction of virus cultures on a quartz slide was easily accomplished, the destruction of pathogen cultures in human hosts was not. Rays had to penetrate through skin, musculature, and bone; a considerable resistance through which to travel. Rays might lose their original accurate pitch in this transit, destroying the intended action altogether.

Fortuitous and strange, the pathogens were found to be some two thousand times weaker than body cells. This meant that pathogens could be destroyed by the radiant impulse method without harming the patient. How sublime. Pathologists had treated microorganisms as chemical systems for a century, working overtime in order to find each specific chemical dissolving agent. This method treated all germs as mechanical systems, dissolving them with vibrations.

He himself had been exposed to the instantaneous blast without harm. When adjusting the rates to annihilate ordinary viral infections, he noticed that he became drowsy and tired for a few hours. Determining the cause of this as the resultant toxin release after infective agents were coagulated, he recognized the need for a de-toxifying agent. Physiology had to be prepared for the curative impulse. Exposure would release large amounts of toxic pathogen fragments into the bloodstream all at once. The ray cure had to be metered in
Body tissues had to be flooded with special fluid electrolytes to aid the enhanced and rapid elimination of these toxins.

Detoxing and Hydrating the Body Before and After Treatment

This Topic is Extremely Important !!!

[ I sometimes think that the universe herself prevents the introduction of technology until we, Her Children, have matured enough. I wasn't given this topic to "chew on" until I was carefully schooled in several other areas. ]

When the pathogens are killed, toxic by-products are released and stress the body's chemical system.

Using this device on persons who have cardiovascular issues, without proper preparation, can easily bring about a heart attack or stroke!

The reason for this is that the by-products from the "shattered viruses" can cause profound changes in the electrical properties of the blood. It is the electric force alone that controls the amount of solute that a solution can carry. The issue here is that the separated components of the virus produce a different electrical influence in the blood, than the virus did when it was whole.

Blood and milk are two examples of natural systems that have an extremely large amount of material in solution / suspension. Unassisted, water is Totally Incapable of preventing that amount of solute from "settling out" from the fluid. It is a system of electrical influences that allows nature to make these systems work in our bodies.

Like charges repel each other, and our bodies have a System of Colloids, that create an electrical environment, which keeps everything flowing smoothly. When this system is damaged or malfunctions, materials settle out from the blood and form deposits on the walls of the blood vessels and other things such as heart valves. Instead of being separate, blood cells will "clump" together and can block capillaries, bring about a heart attack or stroke.

Our bodies use a large quantity of a natural colloid called "Albumin" to coat the walls of our blood vessels, blood cells and more. This produces a negative surface charge that allows the vessel walls to repel the similarly charged blood cells. In this way, albumin also keeps blood cells separated so they can properly do their jobs.

This electrical potential between the constituents of a fluid is called "Zeta Potential" and is expressed as a voltage. The larger the voltage value, the more solute a fluid can carry. If anything lowers this voltage, material will come out of solution, and of course cause problems.

Also, the special fluid electrolytes, that aid the rapid elimination of the toxins produced, needs to be closely matched to those of healthy normal blood in
proportion, and also have a low solute concentration.

You can acquire a basic understanding of the science from these in depth pages.

Here is a 8 second, [1.82MB AVI video](#) of an exploding Blepharisma organism being subjected to a "Rife Plasma Ray". This image should help impress on you the important need for detoxification after a treatment.  — More Info —

To stimulate deepest shattering action, the patient had to be bathed in a "carrier field": an electrical body permeation in which the impulse light rays could penetrate into and through every body cavity. Superficial exposures would not completely cure the patient. This light ray energy, had to permeate the body completely. Dr. Rife conceived of method whereby patients could be enveloped in a harmless body-permeating electric field of acoustic frequency, while the intense electro-impulses (bursts of Cooper Pairs) of short duration would be simultaneously projected. In this manner, efficacious electro-radiant impulses could shatter specific pathogens throughout the infected body with no harm to the patient.

[ By today's standards, the term "intense" is over stating the effect. Dr. Rife's portable device projected less energy towards the patient than today's average color TVs do. It is the frequency period, and timing of the energy pulses — "dark light rays" — that allows the device to work on viruses, etc. ]

Dr. Rife utilized two banks of oscillators with which to generate his primary and secondary impulse fields. Acoustic generators supplied the primary field of "immersion". A diathermy machine was coupled to a powerful transmitting amplifier to provide the shattering impulse. Two radiant energies were thus employed to destroy pathogens in vivo. Dr. Rife's catalogue of lethal rates always gives a pair of lethal frequencies per pathogen.

Dr. Rife discovered that virus cultures were not safe from the radiant impulses from the special Raytube. Fixed to the lethal pitch of a single pathogen, the rays were unerring in their message. Selectivity was the hallmark of the Rife curative method. Several pathogens could be assembled adjacent to one another. Choosing the lethal pitch for one of these, the others would remain unharmed. The target, however, was utterly destroyed.

Dr. Rife tested the lethal effective distance of his rays, determining the safe placement of patients from the radiant source. Pathogen cultures did not seem "safe" anywhere near the device at all. Arranging the tube at one end of his
laboratory, Dr. Rife brought cultures out to increasing distances from the radiant tube. In a final amazing experiment, he took cultures away from the laboratory in sealed containers. It was found that radiant tube emanations operated effectively on viral cultures up to an eight-mile distance! [You can see how this can be the answer to "Bio-terrorism", and concerns like SARS.]

Metal cabinets did not protect viral cultures from the deadly ray effects either, being ray conductive. Even when locked in aluminum cabinets, the entuned light-like rays destroyed their pathogens wherever found.

This represented a major medical discovery of greatest value to all humanity. This principle actually made possible curative broadcasts. Entire populations could be electrically "vaccinated" from single monitored sites. The world potential of this system was staggering. Now the outbreak of epidemics could be controlled without the time-consuming need for individual inoculations. The radiant lethal message would eradicate specific pathogens in several simple broadcasts. The constant monitoring of socially prolific germ populations could be maintained by continual public health "broadcasts".

CONQUEST

He ran his entire staff through varied frequency exposures. Infections of all kinds each dissolved before The Ray. Dr. Rife was able to isolate the pathogens of infection and destroy them with the mere turn of a dial. The specificity of the Raytube device was so precise that singular germ strains could be individually mass-targeted. Cured by the flick of a switch!

Firing the tube in the lab provided a continual source of inoculation. After a time, so little toxicity was present in staff members' bodies that the drowsy effects were never again encountered. They did not contract any illnesses. Not even colds.

After a time, Dr. Rife rarely used gloves when handling the viral specimens. Furthermore, neither he nor his technicians ever contracted any of the diseases, which were handled. The Raytube "inoculated" them all against every disease. He reported these findings to the community, while himself remaining the designer and developer of the system.

Dr. Rife, a research pathologist, never used these devices in medical practice. Other physicians desired the units for their own purposes, recognizing the potential for curing human suffering. Dr. Lee De Forest supervised the design and assembly of many oscillator components for the Rife System. W. D. Coolidge himself (General Electric) willingly sent Dr. Rife hundreds of X-Ray tubes, which were altered, with a mixture of hydrogen and helium by Rife and his technicians. These improved tubes were tested so that they would project only the desired electro-impulse rays. These noteworthy references best recommended the Rife Raytube System to medical practitioners of the day.
Hearing of these wonders, numerous physicians began requesting that smaller, more portable units be designed. Soon, Rife Raytube devices were being assembled and given to physicians for limited use in their own practice. When properly operated, these devices returned successful reports, effecting complete eradications of infections and cures of various conditions.

There were never any adverse reports concerning the Rife Raytube Instruments. Neither could there be. Rated at such safe peak performance levels, no harm could possibly come from the portable devices.

The careful and reasonable monitoring of patient progress, the Rife frequency devices were bringing about a therapy revolution. Strep throat could be cured in an instantaneous exposure, seated in a physician's office. A specially designed gargling solution was given to remove the resultant toxicity from the site.

In 1934 Dr. Milbank Johnson, Chief Medical Director of Pacific Mutual Life Insurance Company, established a therapy center for cancer treatment in Scripps Castle, San Diego. A staff was brought together from specific institutions including Dr. G. Dock (Professor of Medicine, Tulane University), Dr. C. Fischer (Children's Hospital, N.Y.), Dr. W. Morrison (Chief Surgeon, Santa Fe Railway), Dr. R. Lounsberry, Dr. E. Copp, Dr. I Burger, Dr. J. Heitger, Dr. O. C. Gruner (Archibald Cancer Research Committee, McGill University), Dr. E. C. Rosenow (Mayo Clinic). Dr. Rife functioned as a general consultant in matters of system therapy.

Using a Rife Raytube system, the team received cancer and tuberculosis patients. Fifteen cancer patients, each pronounced hopeless by medical experts, arrived at the clinic. Each evidenced progressive states of the disease. A few patients were ambulatory. Treatments with the Rife Raytube method were routinely applied. The dream was becoming real. Humanity was at last receiving its help.

Recognizing the critical condition of their patients, it was decided that exposure time would be raised to three minutes duration. It was discovered that exposures could not be repeated daily without necessary long rest periods. These critically ill patients could not withstand the extreme resultant toxicity released into the system, as BX viruses were shattered. Emotional depression often resulted until the ray-dose was safely assessed. The team conferred hourly to assess the progress of each patient. Excessive exposure to the rays could result in severe lymphatic infections and blood poisoning. Therefore three-minute treatments were repeated every third day, the rest periods necessary for blood detoxification.

Soon, the ray had done its work on the once-terminal victims. Constant blood and tissue samples revealed no BX viral presence in these now fortunate individuals. In sixty days' treatment time, and after examination by several physicians, each was released as cured.

Though under continual surveillance, no relapses occurred. The treatment was revolutionary. The results, thrilling and complete. Moreover, they were
confirmed by a special medical research committee of the University of Southern California. Three more clinics were opened with Dr. Johnson as General Medical Supervisor. Other participating physicians included Dr. James Couche, Dr. Arthur Yale, Dr. R. Haimer, Dr. R. Stafford with a mounting number of participating physicians. Clinics were operated between 1934 and 1938 having such a number of cures that it is difficult to list them all without simply reprinting the Rife files. Each of these cases were sent out and corroborated by other (non-participating) physicians.

In 1939 Dr. Rife was formally invited to address the Royal Society of Medicine, which had recently corroborated his findings. He was requested to bring all possible films, slides, and apparatus with great enthusiasm. Dr. R. Seidel reported these findings and formally announced the Rife Raytube System therapy for cancer in the Journal of the Franklin Institute. (Vol. 237 no. 2 February 1944).

The formation of the Ray Beam Tube Corporation was announced, through which several models would become available to the medical world within a short time. Highly skilled hospital staff members and leading physicians were very receptive to the proliferation of this therapy. Here was a new means for controlling and eradicating any kind of disease by the press of a switch. This therapy would inadvertently challenge pharmacological methods, raising human standards to a new and lofty height. The dream seemed ready to materialize.

INQUISITION

Rife found both himself and his staff members under a strange series of attacks by unknown agencies. During this time, and under very mysterious circumstances, Dr. Johnson died in a hospital bed. Brought there for completely minor reasons, he was found in bed. The local chapter of the Medical Association proceeded to bring Dr. Rife to the San Diego Supreme Court, but lost their case (1939). Dr. Rife could not be charged with malpractice, being a research pathologist and designer of medical instruments.

This repugnant offense unmasked the heinous resentment behind which many powerful individuals had previously been camouflaged. The court action itself caught Dr. Rife quite unaware. A visionary, his entire life had been dedicated to humanity. Alleviating human suffering was his life theme. Here now was strong evidence that factions within the Medical Establishment were actually mobilizing against proven therapeutic methods. Cancer itself and other equivalent maladies were being Cured. Why then the assault?

— The Opposition Speaks —

"In our dreams, we have limitless resources and the people yield themselves with perfect
docility to our molding hands. The present educational conventions fade from our minds and unhampered by traditions, we work our own good will upon a grateful and responsive rural folk!"

"We shall not try to make these people or any of their children into philosophers or men of learning, or men of science. We have not to raise up from among them authors, editors, poets or men of letters. We shall not search for embryo great artists, painters, musicians nor lawyers, doctors, preachers, politicians, statesmen, of whom we have an ample supply.

The task we set before ourselves is very simple as well as a very beautiful one, to train these people as we find them to a perfectly ideal life just where they are. So we will organize our children and teach them to do in a perfect way the things their fathers and mothers are doing in an imperfect way, in the homes, in the shops and on the farm."

Rev. Fred T. Gates – General Education Board – 1904
Board’s Occasional Letter No. 1

The General Education Board was founded and funded by J. D. Rockefeller and Carnegie as a tax shelter, and a way of promoting their industrial interests — oil, chemicals, drugs, etc. They provided colleges with lots of money to study and teach drug therapy. As you know, this group did anything they could — legal or not — to stamp out their competition, and control their workers. If they couldn't buy and control a business, they would seek to destroy it.

Reverend Fred Gates, a Baptist Minister, worked for J. D. Rockefeller as a "spin doctor" and media consultant. The above appeared in the first issue of their publication.

This group had business agreements with I.G. Farben in Germany, involving resource exploitation, product development and marketing rights. They expected to realize a 100 to 1 return on their "philanthropic contributions". (On the eve of World War II the German chemical complex of I.G. Farben was the largest chemical manufacturing enterprise in the world.)

The Rockefeller Institute for Medical Research, was established in 1902 and by 1928 had received from John D. Rockefeller $65 million in endowment funds. (That would be close to a billion in today's dollars.)

An estimate in 1945 put the research expenditures of the drug companies at $40 million compared to $25 million for all the foundations, universities, and research institutes combined.

The Memorial Sloan-Kettering Cancer Center in New York, established in 1884, was the first cancer hospital in America. From 1940 through the mid-1950s it was the center for drug testing for the largest pharmaceutical companies. Cornelius P. Rhoads, who had spent the 1930s at the Rockefeller Institute, became the director at Memorial Sloan-Kettering in 1939. He remained in that position until his death in 1959. Rhoads was the head of the chemical warfare service from 1943-1945, and afterwards became the nation's premier advocate of chemotherapy. According to Dr. Virginia Livingston-Wheeler, "Dr. Rhoads was determined to dictate the cancer policies of the entire country."

Memorial Sloan-Kettering is closely tied to the American Cancer Society. The American Cancer Society was founded in 1913 by John D. Rockefeller, Jr. and his business associates. Reorganized after the war, the power positions on its board were taken by pharmaceutical executives, advertising people, Sloan-Kettering trustees, and other
orthodox treatment proponents.

For more information about the people involved, what they did, and when, you should read ...  


More information about I.G. Farben and Standard Oil is discussed Here. Dr. Mengele received support for his death camp experiments from I.G. Farben.

Here is the story of B–17 and the politics of the "American" Medical Profession — Indeed, the story of "Orthodox Medicine" on our planet. This is a transcript of a lecture given by G. Edwards Griffin, Author of "World Without Cancer: The Story of Vitamin B–17". This lecture contains much additional information about I.G. Farben and Standard Oil's involvement in the "Medical Industry".

We must not judge these men too harshly, for they were unfortunate victims of their environment. They were exposed to large quantities of mind-altering substances, and these substances had a profound effect on their health, happiness, and personality development. Reviewing the science involved, should give one an empathic sense of forgiveness, and can offer an approach for our Planetary Advancement.

- Behavioral Influences of Heavy Metals — Symptoms of Elemental Toxicities
- A Careful Look at Heavy Metal Intoxication — Mercury is able to hide in body.
- The Problem With Mercury — No Amount can be considered Safe!!!
- Heavy Metal Toxicology — Virtually all metals can produce toxicity.
- Using Disodium EDTA as an Anionic Surfactant, and for chelating lead (Pb).

Growing opposition from deeper factions of the Medical Association brought pressure on Rife Treatment clinic staff members. Threats and other unprofessional pressure tactics forced members to leave the team in quick succession. In campaigns clearly waged to malign Rife and his findings, the Medical Association assailed remaining participants in the clinics until Dr. Rife stood alone.

Deeper than the verbal show of malignancy by other colleagues was the horrifying and insidious motivation, the implication behind the attack. Why would anyone wish to destroy so great a world-advancement? Who was betraying civilization in this critical instance? Of all betrayals and of all personnel, who in the Medical Profession would seek the eradication of such monumental discoveries? Dr. Rife's mind reeled under the weight of these thoughts. This was not mere resistance to a new idea in a time of ignorance. Pasteur experienced that indignity. No. This was a willful, calculated resistance in a supposed enlightened time.

Horribly shocked at the entire scenario, Dr. Rife literally became unhinged in court. Trembling and weeping, he could not come to terms with the sheer hatred and vehemence exhibited by his antagonists. "Why ... why are you
doing this?" he repeated. The prosecution could not have produced a better effect. Seeing this weakness as the very means by which to eradicate Rife and his discoveries, they continued to attack Dr. Rife openly. Calling him continually to the witness stand, they succeeded in destroying this frail hearted man of humble greatness. In short, the prosecution forced his total collapse.

Dr. Couche was compelled to desist operating Rife Therapy clinics under threat of malpractice. The Medical Association ruled that no society member who maintained use of the Rife Raytube System would be permitted to continue medical practice in the United States. Morris Fishbein, major AMA stockholder, treasurer, censor, editor, and controller extended his legal arm to inform each member of the Rife team of the impending legal process. All Raytube units would be recalled, impounded, and destroyed by Federal Court order, under penalty of fines and imprisonment.

All participants willingly returned their Rife units except Dr. Couche and Dr. Yale. These two surgeons later stated that for twenty-two years after this action, they continued to successfully treat and cure thousands of patients with the Rife Raytube devices, which they secretly maintained. Dr. Yale published a large and concise chronological account of patients treated and cured in his practice throughout that twenty-two year period. Notwithstanding the fact that sixty percent of severe (cancer) cases brought him were medically inoperative, incurable, and hopeless, Dr. Yale confirmed that all of these persons were yet alive and living happy, full lives.

The Rife Microscopes challenged RCA and its lucrative electron microscopes. The Rife Raytube System would eradicate the accepted lucrative pharmacological methods everywhere. Such developments did not inspire challenged corporations. Dr. Rife developed a therapeutic means, which works. This is all too evident by the rage of those who assailed him.

Systematic eradications of this priority level speak of social control on a vast and hideously deep-rooted scale. Implications necessarily involve corporate trusts and governmental agencies. The notion that disease proliferation is permitted for the continuance of pharmaceutical interests is too terrible to reasonably consider. Federal Officers came to impound the entire Rife laboratory all too late. Several faithful technicians had already purloined every piece of the priceless equipment, taking laboratory components and valuable documents across the Mexican border where they yet remain. John Crane maintains the priceless surplus.

Fishbein, the editor and chief censor of the AMA saw that Rife's name would be stricken from all previous publications, that no professional journal would dare publish anything by Rife, and that no mention would ever be made of Rife's achievements in formal proceedings. Inescapably linked with the pharmaceutical trusts, Fishbein's actions were all too conspicuous.
Social control has become a dominant theme since the Second World War. Modifying and regulating social thought through both legal and financial steerage has brought natural discovery and true technological development to a standstill. World changing discoveries can be made but not proliferated. Cures for diseases can be proven, but not implemented.

Has the world now entered a new barbaric and vulgar time where medical wonders have become a regulated property? The historical evidence proves out these thought lines. Balancing profit against cost, it is clear that outright cures are far less profitable than exceedingly prolonged and profit-effective "treatments". Statistical analysis of social "disease incidence" mark the yearly expected gross earnings, a profit margin of untabulated measure.

Would the honor once laid upon the development of wondrous disease cures now be shunned, the cures themselves being suppressed at will by business managers? Would compassion for suffering humanity, concern for the elevation of human living standards on a worldwide scale no longer be a major medical theme?

World Society is driven by the unmodified flow of natural scientific discovery. At the fundamental level, such discoveries are truly socio-providential. While previous epochs simply endorsed and socialized each new natural discovery, newer attitudes have suffused the world from financial "sites of infection".

In the past, medical discoveries were never questioned or resisted. They were always looked upon as absolutes: if a medical cure for disease was found, it was taken as it truly is ... a miraculous providence. Not even the most ruthless financier would dare interrupt the flow of medical discoveries in past times. This state of ethical acumen has not continually been honored.

When the records are actually examined, when the billions of research dollars have been computed and balanced against the true research effectiveness, we find a staggering disproportion. How is it that medical research of the nineteenth century, far less equipped and funded, produced definitive cures which have become medical "standards"; while contemporary medical research, best equipped and super-funded, has not produced a single cure of equal social importance in the last thirty years? Dr. Rife had the answer toward eradicating all virus potentials. Perhaps, because it was not a pharmacological one, his devices have been "legally restrained" from social proliferation.

A few moments' calculation reveals the effective ability of research to find a chemotherapeutic vaccine against each deadly virus. The calculated time exceeds several millennia. But Rife found the only reasonable technique for destroying any virus infection at will. The answer was not a pharmacological one. Eradication of his techniques at this early stage of development would be reasonable if one were heavily invested in chemotherapies. The systematic eradication of many such (recorded) cures is revealing.

Medical authorities have stated that "no means has been found by which viruses may be destroyed". Recent evaluations of "recaptured" Rife Raytube units contradict this statement. Dr. Rife treated germs as mechanical systems,
not chemical systems. Vibration killed pathogens by the flick of a switch. A single such device could be easily tuned to destroy all deadly pathogens. His is the only device, which can destroy viruses.

UCLA Medical Laboratories, Kalbfeld Lab, Palo Alto detection Laboratory, and San Diego testing Lab all had stated that the Raytube System is absolutely safe to use. The FDA went out of its way to publish and maintain Federally directed rulings on the Rife Raytube System, refusing to make further statements concerning its historically proven effectiveness in thousands of cured cancer cases.

A great gathering of esteemed colleagues of the medical and research professions came to honor and support Dr. Rife after the entire court affair. Friends who were too frightened to stand and fight at his side were now smiling, drinks elevated. But the man who was asked to stand and receive honor saw through the charades.

The seer saw the thick shadows, which enveloped the professionals and other dinner guests. Armadas of pathogens were drumming their war drums again. Soon on the march, they would devastate humanity once again. It seemed that not one of the esteemed guests cared. The Rife Raytube Therapy was the only time in history that viruses could be selectively and dynamically destroyed. No chemotherapeutic agencies were ever required in the process. The mere closing of a switch could achieve these undreamed wonders.

Dr. Rife had developed and implemented what no contemporary medical research group has ever conceived. And, by the end of World War II, was prevented from ever doing so again on American ground. The cheers and accolades rang on, while standing ovations lasted for more than fifteen minutes. The now frail and ghostlike discoverer looked away.

Far off and away. Searching through the shadows, searching in his own darkness ... for new light.
[I was given two more books to read about Dr. Rife, by Dr. D. E. Kough. "The Cancer Cure That Worked" covers the politics of who did what when in suppressing the successful work of Royal Raymond Rife. It is Very Very Good. Below are some "snips" that add to the understanding of the science. — Tommy C — ]

The Cancer Cure That Worked


The health of the people is really the foundation upon which all their happiness and all their powers as a State depend.
— Benjamin Disraeli —

Truth will come to light; Murder cannot be hid.
— Shakespeare —

What autopsies show: "I studied autopsies of... patients who had been treated with massive doses of antibiotics for weeks before death: the antibiotics failed to kill the cancer microbes. I saw the microbe in tissues that had been burned with massive doses of radiation ... I saw the microbe thriving in cancerous tissue that had been blitzed with chemotherapy; the cancer cells were destroyed, but the ... microbe remained! Nothing fazed the cancer microbe: not surgery, not radiation, not antibiotics, not chemotherapy ..." (Alan Cantwell, Jr. M.D., "The Cancer Microbe", 1990, p 115.)

In 1942, ... Dr. Raymond E. Seidel began investigating the microscope for an article. At one point, he spent 3 weeks in Rife's Laboratory. In February 1944, the article appeared in the Journal of the Franklin Institute. It was reprinted later that year in the Annual Report of the Smithsonian Institution. Because Seidel was a medical doctor and not a microscope expert, his description was not in the technical terminology to which narrow-minded microscope authorities were accustomed. Microscope experts in the 1980s have sneered at his lack of technical vocabulary. Nevertheless, more open-minded experts then and now were excited by his report. Letters from laboratories came to Rife as much as 4 years after the publication, pleading for information. Unfortunately, by then Rife's laboratory was closed and Rife was slowly selling it off piece-by-piece in order to eat. Dr. Seidel mentioned the 5,682 parts of the Universal Microscope and then described how it differed from ordinary microscopes:

"Between the source of light and the specimen are subtended two circular, wedge-shaped, block crystal quartz prisms for the purpose of polarizing the light passing through the specimen, polarization being the practical application of the theory that light waves vibrate in all planes perpendicular to the direction..."
in which they are propagated. Therefore, when light comes into contact with a polarizing prism, it is divided or split into two beams, one of which is refracted to such an extent that it is reflected to the side of the prism without, of course, passing through the prism while the second ray, bent considerably less, is thus enabled to pass through the prism to illuminate the specimen. ... Now, when the portion of the spectrum is reached in which both the organism and the color band vibrate in exact accord, one with the other, a definite characteristic spectrum is emitted by the organism. ...

"Now, instead of the light rays starting up the tube in a parallel fashion, tending to converge as they rise higher and finally crossing each other, arriving at the ocular separated by considerable distance as would be the case with an ordinary microscope, in the universal tube the rays also start their rise parallel to each other but, just as they are about to cross, a specially designed quartz prism is inserted which serves to pull them out parallel again, another prism being inserted each time the rays are about to cross. ...

Thus, the greatest distance that the image in the universal is projected through any one media, either quartz or air, is 30 millimeters instead of the 160, 180, or 190 millimeters as in the empty or air-filled tube of an ordinary microscope. ...

"Under the universal microscope disease organisms such as those of tuberculosis, cancer, sarcoma, streptococcus, typhoid, staphylococcus, leprosy, hoof and mouth disease, and others may be observed to succumb when exposed to certain lethal frequencies peculiar to each individual organism, and directed upon them by rays covering a wide range of waves. By means of a camera attachment and a motion-picture camera not built into the instrument, many 'still' micrographs as well as hundreds of feet of motion-picture film bear witness to the complete life cycles of numerous organisms. It should be emphasized, perhaps, that invariably the same organisms refract the same colors when stained by means of the mono-chromatic beam of illumination on the universal microscope, regardless of the media upon which they are grown.

The virus of the Bacillus typhosus is always a turquoise blue, the Bacillus coli always mahogany colored, the Mycobacterium leprae always a ruby shade, the filter-passing form or virus of tuberculosis is always an emerald green, the virus of cancer always a purplish red, and so on."

Rife's copyrighted explanation of 1953 describes the Universal Microscope's unique design as follows:

"The prime reason that viruses have never been observed in their true form of their association with a disease is because the best standard research microscopes will not show them; first, on account of the lack of great enough magnification and second, owing to the minuteness of these particles, it is impossible to stain them with any known method or technique using acid or aniline dye stains hence a substitute stain was found. The viruses were stained with a frequency of light that coordinates with the chemical constituents of the particle or micro-organism under observation.
"The variation of the light frequency is accomplished by use of a variable monochromatic beam of light that is tuned to coordinate with the chemical constituents of particle, virus, or micro-organism. Visibility of the particle, virus, or micro-organism is observed by use of the core beams from the patented Rife Microscope Lamps, which provide illumination through a series of rotating quartz prisms in the universal microscope and thence through the slide containing the specimens and on to the eyepiece. Rotation of the light beams in the quartz prisms controls the increase or decrease of the light frequency. With complete control of the illuminating unit, a frequency is created that is in coordination with the chemical constituents of the virus under observation and thus it is possible to observe the virus in its true chemical refractive index. The control of the illumination (in the universal microscope) is a most important factor in visualizing the virus of any pathogenic micro-organism. This cannot be accomplished by any conventional source of illumination. This points out why other research groups have failed to find cancer virus."

The Frequency Instruments were steadily improved from the early version of 1920 to the clinical versions of 1934-38 and then, in the 1950s, improved again to the point where Rife could assert, "they are infallible and simple to operate."

The May 6, 1928 Evening Tribune of San Diego described what the Frequency Instrument did:

"Just what this Ray does to the organisms to devitalize them is not yet known. Because each organism requires a different wave length, it may be that whatever befalls these tiny slayers of man is something similar to the phenomenon occurring when the musical tuning fork is set in vibration by sound waves emanating from another fork struck nearby. ...

[ This at the time was a good explanation and still has some validity. But, (it) is very incomplete. The effect is multifaceted. — James Bare — ]

"Rife thinks that the lethal frequencies for various disease organisms are, as in the sound waves, coordinates of frequencies existing in the organism themselves. If this is the explanation, it means that the Rife Ray probably causes the disease organisms to disintegrate or partially disintegrate, just as the vase and the glass. Several bits of evidence indicate that this is exactly what happens. ...

"When the ray is directed upon them, they are seen to behave very curiously; some kinds do literally disintegrate, and others writhe as if in agony and finally gather together in deathly unmoving clusters.

"Brief exposure to the tuned frequencies, Rife commented, brings the fatal reactions. In some organisms, it happens in seconds.

"After the organisms have been bombarded, the laboratory reports show, they are dead. They have become devitalized — no longer exhibit life, do not propagate their kind and produce no disease when introduced into the bodies of experimental animals.
"Now, he reported, the mortal oscillatory rates for many, many organisms have been found and recorded and the ray can be tuned to a germ's recorded frequency and turned upon that organism with the assurance that the organism will be killed."

In 1950, after an absence of four years, including two years in an alcohol rehabilitation "prison" from which he finally escaped, Rife returned to his great work. In 1953, his cancer report was published — History of the Development of a Successful Treatment for Cancer and Other Virus, Bacteria and Fungi.

Three years later, in 1956, he wrote a letter describing the safety of the Frequency Instrument and also its advanced development:

"I have operated the 'Frequency Instrument' since 1921. I have watched it advance in style and performance with the advancement of electronics.

"In the many years I used this equipment in my research, I have never suffered an injury or any ill effects whatsoever. I found it reliable in performance and efficient in results. The most recent model is infallible and simple to operate."

[A] new Frequency Instrument was finished in September 1935 Milbank Johnson explained the process:

"The new Rife Ray Machine had arrived at its point of construction, when elaborate tests had to be made in order to synchronize the M.O.R. produced by it with the M.O.R. produced by the old machine. Now, we are in the throes of accurately charting the 14,000 possible settings on the new machine. Our next process, beginning next week, is to test its penetration, the time required in the different exposures, the different depths of lesions. So, take it altogether we are just about as busy as a bear in berrytime."

Rife provided a brief description of his old Frequency Instrument:

"The basic principle of this device is the control of a desired frequency. These frequencies varying upon the organism being treated.

The frequency is set which controls the initial oscillator, which in turn is run through six stages of amplification, the last stage driving a 50 watt output tube.

The frequency with its carrier wave is transmitted into an output tube similar to the standard X-ray tube, but filled with a different inert gas. This tube acts as a directional antenna.

The importance in the variable control of these frequencies is that each pathogenic organism being treated is of a different chemical constituency, the consequence being they carry a different molecular vibratory rate. Each one in turn under these conditions requires a different frequency or vibratory rate to destroy."
The new instrument was light-socket powered and had an output of 500 watts. Furthermore, it was equipped to deliver two distinct frequencies simultaneously and both variable. [There were two output tubes placed next to each other.] This apparatus proved to be more efficient with decidedly fewer factors of error.

On May 28, 1937, Dr. Milbank Johnson ... wrote to his friend Dr. Joseph D. Heitger in Louisville, Kentucky, the eye specialist to whom he had sent Rife:

"I closed my clinic on May 28, having been running it for eight months. Our special effort this past winter has been working on cataracts, and while we have treated a number of other infectious conditions (if cataract is an infection), still our principle work has been on the eye.

The application of the Rife Ray as we have used it, does, in the majority of cases, restore the full visual function of the eye; that is, the portion of the visual disturbance due to opacities in the lens. How it does it and why it does it, I do not know, but the above statement is an actual fact, supported now by many cases.

How I wish we could get together and go over this work. I believe it will result in epochal changes in the profession's handling of cataract cases."
[ I think Jane Kress' find regarding nano-bacteria is relevant here. ]

Ben Cullen, the present of Beam Ray, later recalled what happened once Dr. Hamer had his own office:

"Hamer ran an average of forty cases a day through his place. He had to hire two operators. He trained them and watched them very closely Hamer was very well known on the Pacific Coast. His case histories were absolutely wonderful.

We would go in there and see rectal cancers and stuff of that sort. He cleaned them up completely, absolutely clean. People would come in there with syphilis — not for that purpose — but those that had developed cancers, he'd find they had syphilis or gonorrhea. By golly he'd clean those up completely. Not a doggone taint of it in the blood stream at all. Clinically cured.

I would go down to Dr. Hamer and he would painstakingly pull out those case histories showing improvement day by day of everyone of them."
[ In the past, mercury was used to treat syphilis. The mercury produced horrible side effects, and even madness. ]

Dr. Gruner of Canada wrote to Milbank Johnson:
Dr. Rife has, of course, the indispensable tool to effect the proofs. To this day the opticians say that what he did cannot be done. The people in London, whom I interviewed last year about it, were very scornful, and brought out the age-old argument about wave-lengths (I think Dr. Archibald quietly is amused at them, too; it is so like the Galileo business) ... The BX may not be 'ultramicroscopic', it is just not seen because the light used does not show it up, as Dr. Rife demonstrated in his laboratory that time.

All this goes to show that I myself support Rife's findings as much as ever. I still think his instrument is of supreme value. But even if it were available in many more places, few there are who will trouble to scrutinize the things they work with. We established that with few exceptions the people who work with viruses never look at their material microscopically; they never look at their tumors except with routine haematoxylin sections; they certainly never examine the living tissues. Even the wonderful cinematograph pictures of the Lewises contain the particles we consider etiological, and they never notice these objects at all — dancing about all over the place, much like BX — but the dance does not interest them!"

This inability to "see" what is right in front of them is one of the reasons cancer researchers have failed to find the cause of cancer (the other reason is the politics involved).

Evelyn Fox Keller describes how Nobel Prize winner McClintock and other first class scientists looked and "saw" in a special way:

"For all of us, our concepts of the world build on what we see, as what we see builds on what we think. Where we know more, we see more ...

What is it in an individual scientist's relation to nature that facilitates the kind of seeing that eventually leads to productive discourse? What enabled McClintock to see further and deeper into the mysteries of genetics than her colleagues?

Her answer is simple. Over and over again, she tells us one must have the time to look, the patience to 'hear what the material has to say to you', the openness to 'let it come to you'. Above all, one must have a 'feeling for the organism'.

This intimate knowledge, made possible by years of close association with the organism she studies, is a prerequisite for her extraordinary perspicacity. 'I have learned so much about the corn plant that when I see things, I can interpret (them) right away'. Both literally and figuratively, her 'feeling for the organism' has extended her vision."

Rife sitting in his chair with the microscope for as long as 48 hours without moving demonstrates the extent to which he was devoted to this process of "seeing".
Dr. Livingston-Wheeler in her 1972 book:

"In thirteen years the NCI has spent five hundred million dollars and has tested 170,000 poisonous drugs for possible use in the fight against cancer. The results have been zero except in a few rare types of cancer. Over 100,000 cancer patients have been used as guinea pigs without their full knowledge and informed consent."

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**Royal R. Rife**

[Dr. Royal Raymond Rife]


In the 1950's, Congressman Charles Tobey enlisted Benedict Fitzgerald, an investigator for the Interstate Commerce Commission, to investigate allegations of conspiracy and monopolistic practices on the part of orthodox medicine. This came about as the result of the son of Senator Tobey who developed cancer and was given less than two years to live by orthodox medicine.

However, Tobey Jr., discovered options in the alternative field, received alternative treatment and fully recovered from his cancerous condition!

That is when he learned of alleged conspiratorial practices on the part of orthodox medicine. He passed the word to his father, Senator Charles Tobey, who initiated an investigation. The final report clearly indicated there was indeed a conspiracy to monopolize the medical and drug industry and to eliminate alternative options.

The "Fitzgerald Report" was submitted into the Congressional Record Appendix August 3, 1953.

Rife studied

[Cancer], Tetanus, typhoid, gonorrhea, syphilis, staphylococci, pneumonia, streptococci, tuberculosis, sarcoma, carcinoma, leprosy, polio, cholera, actinomycosis, glanders, bubonic plague, anthrax, influenza, herpes, cataracts, glaucoma, colitis, sinus, ulcers, lock-jaw bacillus, and many other virus bacteria and fungi.

[He was successful — using simple electronic equipment — in destroying them all without any significant side effects. The reason he was so successful
was that his microscope allowed him to watch the living pathogens while he subjected them to resonate energy.

One issue modern, orthodox medicine still fails to accept or take seriously, is "cause" and "maintenance". That is to deal not just with surgery of sick tissue; but, to deal with the cause of the problem, to try to prevent it in the first place; and, further, to try to prevent it from recurring!

Rife was able to prove that virus forms could be altered with chemicals. Thus, he could create disease-producing viruses by manipulation of chemical structures. Again, he proved this over-and-over.

Rife stated viruses to be a group of chemical constituents, which could be altered by applying specific chemicals — parts per million — creating different organisms. By applying the proper chemicals, Rife could alter a given microorganism into a specific pathogen, at will, and back again; as long as they were within a specific group, of which Rife had identified about ten groups at that point.

Inoculation of experimental animals had demonstrated the disease causing properties of each virus isolated, according to Rife!

Rife stated he worked seven years straight and studied 20,000 cultures searching for a cancer virus, finally suspending the search since he had found nothing.

Rife was later joined by Dr. Arthur Kendall, head of the department of bacteriology at Northwestern University Medical College. Dr. Kendall suggested a culture medium [ his K-medium — a protein mixture ], which proved to be the secret to success as Rife was able to press on and did eventually discover and isolate the cancer virus.

Rife commented that his special illumination (under his scope) reveals the filter-passing organisms in individual, characteristic colors. He stated that no two kinds or forms of organisms have been found to have the same colors. However, one form was found to have dual colors. The center portion of the rod form responded to one frequency (of illumination) while the ends responded to another. This required dual frequencies for devitalization. (If the two frequencies are used simultaneously or one after the other over the same carrier wave, the patient gets well.)

According to Rife, if a single frequency was applied and that portion of the organism was devitalized, it would release the other constituent. Depending on which constituent was devitalized, either nothing would happen or the patient would die! [ His lab animals ]
The reason for the above, according to Rife's explanation is, if the bacilli of tuberculosis is killed, a virus — the 'poison of Vaughn' — is released which reacts with the dead bodies of the rod form and produces toxemia and death.

"It was found that by using combinations of these frequencies for different microorganisms that many other diseases could be helped like sinus, ulcers, cataract, arthritis and poliomyelitis."

Each pathogen or virus has a frequency of its own — natural resonate frequency. A healthy cell has a frequency; but, when that cell becomes contaminated or altered, the frequency is altered.

That is one reason why frequency treatment can safely be applied. The correct frequency will affect only the unhealthy cell, or diseased tissue, while leaving healthy areas untouched. Rife proved this beyond any doubt. Still the closed minds of higher medical superiors would like us to believe frequency healing is unsafe.

In some cases, frequency treatments result in virus destruction and rapid recovery. In other cases frequency healing appears to work by alerting the depressed immune system to become more aggressive, thus causing the immune system to attack the disease as nature intended.

[ This is the same principle used in the formation of devitalized vaccines. The body can determine the virus' "finger print" from the dead virus parts and create antibodies against the live ones. ]

Rife made a statement that patients who had radiation treatments prior to frequency therapy, did not respond well to frequency therapy. Rife also stated that he could detect radiation in organ tissue up to six months after radiation therapy; and, up to two years after radium therapy.

Another intriguing discovery made by Rife was polarization of microorganisms. Under the scope, if polarity was applied, the constituents would separate to the poles; a portion to the negative pole, a portion to the positive pole. Neither would culture individually; but, placed together, they would culture into a microorganism structure. As Rife put it, sort of, "male, female"!

Another important discovery was the pH factor. (Acid-base balance.) Rife stated if the pH was neutral he could not produce a culture. But, if the Ph was altered to either base or acid, it would culture. Based on this information, Rife felt that if the human body remained in a neutral pH state, it was impossible to develop a disease.

Correspondence from Milbank Johnson to Rife, 1935: "Now that we have a machine in which we can give two frequencies at one time, it would be easy to
treat all forms of tuberculosis both for the tubercle bacilli and Much's granules." (Granules in sputum from TB patients, possibly degenerated tubercle bacilli. Re: Dr. Hans Christian Much.)

Rife: "I studied leprosy and I isolated a virus which we jointly demonstrated was common to rat, soil, and human leprosy and I found a frequency which would eliminate leprosy."

A doctor in Dayton Ohio; I have used it on several persons with fungus infections of the feet (athletes foot). The results in the fungus cases have been most spectacular.

Here is an excerpt of a letter from one doctor to another doctor, dated June 1, 1937;

"We treated the 'dewy' cornea condition empirically with the same MOR that we used on the cataracts and the dewy condition disappeared very promptly. Every case we have treated, with the exception of one which was a traumatic cataract where the lens was absolutely opaque and of recent origin, has benefited. The process of coagulation has been stopped and there has been a distinct retrogression of the opacities resulting in most cases, in a complete restitution of the function of the eye."

Ph: The pH level may play a role in effectiveness of frequency healing as well as other phases of healing. [Balanced blood (Electrolytes!)]

Dr. Hett of Windsor, Canada developed a cancer serum from a virus, which was successful in combating cancer. He felt that if the germ theory was correct, then cancer could be considered a communicable disease. (This is endorsed by a number of researchers.)

From a news article; "One revolutionary idea after another followed in the evolution of this apparatus. In its final form the juice runs all around the room, through one gadget or another, and finally feeds through a platinum electrode in a quartz tube filled with helium gas. These are a few of the refinements that make it 17 times as penetrating as the x-ray."

The Case For Audio Frequencies:
Among researchers of Rife technology, debate continues regarding the issue of audio frequencies. Here are statements from Rife taken from an interview, which took place in Tijuana, Mexico. (There is no date on this document. But, it must have related to the John Crane trial of 1960–1961.)

"Initially, I (Rife) worked with loose couplers to get an audio oscillation and then with the use of transmitters I tried to balance the audio and modulate the audio on a carrier wave to transmit the audio energy. But, I found that both the audio and the audio transmitted through a tube as an antenna worked equally well in a painless and harmless method to human tissue."

Thumbing through the pages of historical data regarding Rife, Crane and frequency technology, one issue stands out, clearly — lack of stability.

It seems this problem prevailed through the years. Researchers would achieve marvelous results for a period of time, then, suddenly the system would fail to produce much of anything. Even from one day to the next.

This seems to still be "somewhat" true with our meager equipment and attempts at repeatability. It's not so much a failure of the technology; but, appears to be an atmospheric variation and other surrounding conditions. Changes in atmospheric pressure, temperature, magnetic earth fields and other surrounding natural forces affect electronics in strange ways.

A suggested approach is to begin at 20 Hz and work up in 10 cycle increments. It is suggested (that) a beginner should avoid frequencies above 5,000 Hz. Interestingly, an amazing number of pathogens seem to respond in the low range from 20 Hz to 900 Hz.

[ The healing power of sound comes to mind here. ]  [ My work with resonance has proven to me that intervals of 5 Hz or even less might be more appropriate. — Tommy C. — ]

A duration of 3-minutes is standard protocol while searching or scanning for a usable frequency.

Disastrous medical bills play a huge roll in personal bankruptcies in the U.S. accounting for about 40% of bankruptcy filings ...  SDUT  11–12–2000
... The use of a Wien-bridge oscillator in this machine [an original 1939 unit discovered walled up in the closet of a former Doctors’ surgery in Britain] gives us our first and most surprising conclusion: that beam ray machines used sine waves, and NOT square waves! ...

Another surprise followed when we set the Wien-bridge oscillator to the dial settings for BX [the cancer virus] (band 4, dial 10) given on the hand-written pencil notes [found with the machine]. We obtained a frequency of 21,275 Hz or 21.275 KHz. We then set the machine to the other dial settings in the notes, and found that in all cases the active frequencies produced by this 1939 machine were 10x that of the standard Crane-Stafford frequencies of the 1950s.

This reminded us of a very strange letter written by Dr. Millbank–Johnson on November 4th 1936. Johnson stated that while working in the laboratory, they had found “a new wave band” of frequencies. Johnson goes on to mention that this new band broke glass in the laboratory.

Frequencies of 21,275 Hz etc. are supersonic [ultrasonic] in that they cannot be heard by the human ear. But, when generated at a sufficiently high amplitude, they have the capability to cause resonant destruction of glass and other fragile materials. Our conclusion then, is that this explains the effect that Johnson observed in 1936.

The use of 10x Crane frequencies may be of great significance to the actual operational uses of modern Rife technology. We urge researchers to try this out. ...

[ On the Issue of Stability ]

... the main RF tuning capacitor C1 is series fed to ground by the plasma tube (at Jack point J1). This means that the plasma tube itself forms part of a variable capacitor, and that it will be reactive when brought near any object or patient. This means that the main frequency tuning of the RF oscillator will change according to the individual capacitance of a patient [or weather conditions]. We believe this to be significant, particularly as contemporary accounts describe the tube being placed within 10 inches of the patient.

... The 812A triode produces an output in the region of 40 watts RF, and Rife researchers will appreciate that this is a far lower power [level] than we have been led to believe was used in 1939.

Beam Ray Machine Analysis
Leading causes of death in 1997 and the number of "Americans" who died from each. The data are based on an annual review of death certificates by the National Center for Health Statistics. (Laws have recently been passed forbidding the listing of the cause of death on death certificates! — [Out of sight, out of mind?] )

1. Heart disease*, 725,790 — 83 people per hour.
2. Cancer*, 537,390 — 61 people per hour.
4. Lung disease, 110,637.
8. Suicide, 29,725.
10. Liver disease, 24,765.
13. Homicide, 18,774.
14. HIV and AIDS*, 16,685.
15. Hardening of arteries*, 15,884 — 2 people per hour.
16. All other causes, 361,635.

** "Bad reactions to prescription and over-the-counter medicines kill more than 100,000 "Americans" and seriously injure an additional 2.1 million every year." — Reference —

That totals to 2,314,769 deaths reported in the U.S. in 1997, of which at least 1,569,579 deaths* could have been prevented. If the U.S. represents 5% of the world population, then this means that 31,391,580 deaths could have been prevented. Assuming these numbers are typical for a ten year period, one counts 313,915,800 deaths !!! And yet, the Rife Ray Device was in full operation in 1939. The number of possible deaths resulting from the suppression of this knowledge, goes beyond my imagination.

Another Reason to Perfect This "Resonate Energy Technology"

If the above list hasn’t convinced you, maybe this reason will. There is a lot of energy being spent on the goal of traveling in space. One must first ask, what will be done if someone gets sick on the trip? Are we to send thousands of bottles of pills along? What if we don’t include the right pills? I won't belabor this point.

How are we going to prevent taking our diseases to another planet? Remember what happened when European sailors first came to the Americas carrying their homeland diseases. Many Millions of natives died because their bodies couldn't respond fast enough. What if there is an organism on a distant planet that will affect our space travelers in this way?

If we allow them to return, how are we to be sure they don't bring something back? Re-entry will only disinfect part of the spacecraft.

Sending along a microscope and an electronic device is the only thing that really makes sense.
The Priorè Health Ray Machine
With his "neutrino modulator", Priorè is able to restore the natural, rhythmical, magnetic properties of an organism with cancer.

Appendix A

What Has Become of the Rife Microscope?
[Originally published in New Age Journal – March 1976]

The Persecution and Trial of Gaston Naessens
by Christopher Bird
Coauthor of the International Best-selling
"The Secret Life of Plants" and "Secrets of the Soil"

The True Story of the Efforts to Suppress an Alternative Treatment for Cancer, AIDS, and Other Immunologically Based Diseases.

© Published by H. J. Kramer Inc.
P.O. Box 1082
Tiburon, CA 94920
ISBN 0-915811-30-8

This article, like an embryo or any living thing, is still growing. A continuum of this growth may depend upon the assistance of N.A.J. readers, their colleagues, and their friends.

Originally I intended to write a short note on what was known about the Rife microscope. Precious little is in print on the subject.

One day, while waiting for some material to come up from the cellar stacks of the National Library of Medicine in Bethesda Maryland, considerably frustrated by the lack of leads and data concerning the demise of the Rife microscope, I wandered by the Subject card catalogue and casually flipped at random to a card in the middle of a drawer labeled "Microscopes."

The card was filed under "Allied Industries," as if that firm was the author. The company's address was stated to be 4246 Pepper Drive, San Diego, California. The title referenced was "History of the Development of a Successful Treatment for Cancer and Other Virus, Bacteria, and Fungi."

At the bottom of the card was a single line: "Written by Dr. R. R. Rife."

Entirely by accident, I had stumbled upon what looked to be only one of a series of reports written by Royal Raymond Rife. Fourteen pages long, it was numbered Dev–1042. It was approved and signed by I. F. Crane, manager; Don Tully, development associate; and Verne Thompson, chief electrical engineer.
Are any of these gentlemen alive today?

Was Allied Industries a research corporation established by Rife?

How many other reports did it publish and where are they?

The report so riveted my attention that I was compelled to explore some of the history of microbiology and its connection to cancer and other disease. The present article, much longer than originally planned, is thus the result of a fortuitous finding – perhaps an example of what Jung has called synchronicity – and the consequent preliminary exploration.

Much more needs to be done to tell the story of Rife and his microscope, a fascinating episode in the history of science.

The Microscope of Microscopes

In February 1944, the Franklin institute of Philadelphia published an article, "The New Microscopes," in its prestigious journal devoted to applied science.

Founded in 1824 by "philosopher–mechanics," the institute, which recently made studies in its physics laboratory on the best way to move the Liberty Bell to its new Bicentennial Year location, is a smaller analogue of the huge world–famous Smithsonian Institution in Washington, D.C., which reprinted the same article in its own journal shortly after its first appearance.

Authored by R. E. Seidel, M.D., a Philadelphia physician and his research assistant, M. Elizabeth Winter, the essay opened with a six–page discussion of the electron microscope, which had only recently been put on the market by the Radio Corporation of America. This microscope is today standard equipment in modern laboratories.

The article closed with a ten–page treatment of a "Universal Microscope," the brainchild of a San Diego autodidact, Royal Raymond Rife, who developed it with the financial assistance of the rollerbearing and axle magnate Henry H. Timken, for whose family Rife at one time served as handyman and chauffeur.

Rife's scope, the largest model of which consisted of 5,682 parts and required a large bench to accommodate it, overcame the greatest disadvantage of the electron microscope, its inability – because tiny living organisms put in it are in vacuum and subject to protoplasmic changes induced by a virtual hailstorm of electrons – to reveal specimens in their natural living state.

With his invention, Rife was able to look at living organisms. What he saw convinced him that germs could not be the cause, but the result, of disease; that, depending on its state, the body could convert a harmless bacterium into a lethal pathogen, that such pathogens could be instantly killed, each by a specific frequency of light; and that cells, regarded as the irreducible building blocks of living matter, are actually composed of smaller cells, themselves
made up of even smaller cells, this process continuing with higher and higher magnification in a sixteen-step, stage-by-stage journey into the micro–beyond.

Though, with the aid of Rife's device, thousands of still pictures and hundreds of feet of movie films were made to reveal these facts, all of this material and the Rife microscopes seem to have disappeared without a trace.

Or have they?

Calls to the U.S. Armed Forces Institute of Pathology Medical Museum, which has hundreds of different microscopes in its historical collection, to the National Library of Medicine's Historical Division, to the Smithsonian Institution and the Franklin Institute (both repositories for outstanding scientific inventions) and to a dozen establishments dealing daily in microscopy elicited from curators, medical pathologists, physicians, and other scientific specialists only the complaint that none of them had ever heard of Royal Raymond Rife and his microscope.

What has become of the Rife microscope?

The question is not rhetorical. For if even half of the possibilities described for this astounding discovery are true, a massive effort to hunt it down and reactivate its potential might not only save billions of dollars in biological and medical research but open a fascinating new vista onto the nature of life.

From the start, Rife's main goal was to find cures for disease, especially the most intractable of all diseases, cancer. Because he had a hunch that some as yet undiscovered microorganism would prove to play a crucial role in the onset of this malignancy, he tried unsuccessfully to find one by observing all types of malignant tissue with a variety of standard research microscopes.

In the 1920s it became obvious to Rife that a better means of scrutinizing the microworld than had been developed was indispensable. During that decade, he designed and built five microscopes with a range from 5,000 to 50,000 diameters at a time when the best laboratory microscopes in use could achieve not more than 2,000 diameters of magnification.

At the Rife Research Laboratory on Point Loma, California, he worked at magnifications of 17,000 and higher, to reveal a host of cells and microorganisms never before seen and to photograph them. The work required a saint's patience. It could take the best part of a day to bring a single target specimen into focus.

The Rife microscope had several arresting features. Its entire optical system of fourteen lenses and prisms, as well as an illuminating unit, were made of crystal quartz, which is transparent to ultraviolet radiation. In the scope, light was bent and polarized in such a way that a specimen could be illuminated by
extremely narrow parts of the whole spectrum, one part at a time, and even by a single frequency of light.

Rife maintained that he could thus select a specific frequency, or frequencies, of light that coordinated and resonated with a specimen's chemical constituents so that a given specimen would emit its own light of a characteristic and unique color. Specimens could be easily identified, thus solving one of microscopy's greatest bugaboos. It was control of illumination that turned the trick.

Another feature was the Microscopes extraordinary resolution, its ability to reveal the most minute of component parts of any specimen so that each may be seen distinctly and separately from the others. Imagine two extremely thin parallel lines. When they can be clearly distinguished, you are still within the microscope's range of resolution. If the parallel lines blur together, high magnification will only enlarge the distortion and limit of resolution has been attained. With a resolving power of 31,000 diameters – as against 2,000 to 2,500 for the laboratory microscopes in common use in that day–Rife's device could focus clearly on five lines of standardized grid, whereas an ordinary microscope could do no better than examine fifty lines, and that with considerable aberration.

This is somewhat equivalent to one aerial camera's being able to spot individual houses in city blocks from a very great height, while another is able only fuzzily to distinguish the single city blocks themselves, Controversial Discoveries Beginning in the 1920s and continuing over seven years, Rife and his colleagues worked on more than 20,000 laboratory cultures of cancer obtained from the Paradise Valley Sanitarium in National City, California, in what appeared at first to be a fruitless effort to isolate microorganisms that he felt should somehow be associated with the disease.

Up until then, bacteria had clearly been proven to be linked with a wide variety of ills including tuberculosis, leprosy, cholera, gonorrhea, syphilis, typhoid, bubonic plague, pneumonia, and others. But no one had found them in association with cancer.

In contrast to the much smaller viruses, bacteria were widely considered to be unicellular, monomorphic (meaning one shape and one shape only) forms. A quarter of a million of them can occupy a space no larger than the period at the end of this sentence. They come in various shapes. Cocci are round, bacilli rod–like, to offer two examples.

There are various forms for each shape. Of the round–shaped ones, monococci appear singly, diplococci come in pairs, staphylococci in clusters resembling a bunch of grapes, streptococci, which under certain conditions can produce a painful sore throat, in chains.

While outside a host, or body, bacteria are hard to raise, or culture. Each type has been studied as a pure culture type by isolating it upon a specific nutrient called media.
Bacteria also have specific maximum, minimum, and optimum temperatures in which they will live and multiply. Some, like polar bears, are addicted to arctic temperatures and even live in ice. Others prefer water so hot it would kill most animals. A great many enjoy the temperature of the human body. Millions of them are living, harmlessly, inside you right now...

But they are not always harmless. They can acquire virulence, or the power to cause disease, under some conditions but not others, although even today no one knows exactly why.

This mystery, in the 1920s, was closely connected to a debate in microbiology so hot as to seem almost a war. On one side were those who affirmed – as do many textbooks today – that bacteria were eternally monomorphic. They could not assume other or smaller forms, as small, say, as a virus.

Originally, virus – the word means "poison" in Latin – was the name generally applied to any microscopic agent injurious to living cells. Now it is much more narrowly defined as "one of a unique group of very small infectious agents that – grow only in cells of animals (including humans), plants, and also bacteria."

Because they were so small, viruses would pass through filters that did not allow the passage of bacteria, said to be monomorphic, just as a net of small enough mesh will allow minnows to pass through it but bring the fish that are preying upon them up short. It is this filter–passing ability of viruses that is widely held today – along with their inability to grow on artificial media – to be one of the main criteria separating them from bacteria.

For several decades, however, another school of microbiologists maintained that, far from holding everlastingly to one shape, bacteria were pleomorphic, or form changing. They could be caused, under the right conditions of culture, to metamorphose into forms small enough to pass through filters just like viruses.

Because of their sharp disagreement on the filterability of bacteria, the two camps came to be called "filtrationist and "nonfiltrationist."

One of the earliest of the filtrationists was a Swedish physician and explorer, Ernst Bernhard Almquist, for whom islands off the north Siberian coast are named. Almquist made hundreds of observations of pleomorphic bacteria in his laboratory, as did researchers in Italy, Russia, France, Germany, and the United States. In 1922, after two decades of work, Almquist came to the conclusion that "nobody can pretend to know the complete life cycle and all the varieties of even a single bacterial species. It would be an assumption to think so."

Way back in 1914, the American bacteriologist Dr. Edward C. Rosenow had the gall to assert that bacteria were not unalterable and that various strains, or what one might call sub–subspecies of them, could, when suitably treated, become any of the other strains. It was Rosenow's contention, too, that he found a form of the streptococcus bacterium, which caused poliomyelitis, commonly known as infantile paralysis.
What Rife's opinions were about this heated controversy are not known. He followed the standard bacteriological practice of the day, first implanting small patches of cancer tissues on various nutritive media including a special "K" medium developed by another filtrationist, Dr. Arthur Isaac Kendall, at the Northwestern University School of Medicine in Chicago, Illinois. The medium, which bore the first letter of Kendall's name, seemed to have the faculty of transforming bacteria into the transitional forms alleged for them by the filtrationist school. No matter how often he changed menus for his sought-after cancer microbe, no matter how he altered the temperature of incubation, Rife seemed unable to coax it to appear in his cultures.

It was apparently only when, as a result of his continuing physical experimentation with the effects of light frequencies, he discovered that many microbes respond to the effects of light from noble gases, such as neon, xenon, and argon, by changing their growth patterns that Rife hit upon a solution to the problem that was nagging him.

He placed a sealed test tube containing cancer tissue into a closed loop filled with argon gas. After creating a vacuum within the loop, he charged the gas with electricity, just as one does when one throws the switch to light up the neon lamps in modern offices, though in Rife's case the charge was 5,000 volts. While he still could not reveal any microbes, he noted a certain cloudiness in the nutritive medium, which, through chemical analysis, he ascribed to ionization caused by the electronic bombardment.

Readers may well wonder why he adopted so strange and novel a process. The question is just as unanswerable as if put about Rife's next step: In order, he said, to counter the ionization, he placed the tube into a two-inch water vacuum and heated it for twenty-four hours at near body temperature.

Under his microscope, at 20,000 X, the tube now teemed with animated forms measuring only 1/20 by 1/15 of a micron—much smaller than any known bacteria. They refracted a purplish red color in the specific light beam.

He called this form Bacillus X and, later, because it was so much smaller than other bacilli, and perhaps because of the filterability controversy, BX virus. This problem of nomenclature can be resolved herein by referring to Rife's organism as a BX form, or simply BX.

Rife writes that "this method of ionization human tumor does not necessarily imply that they are its cause. To make sure, it is held they must be reinjected into animals and seen to cause the same or nearly similar disease, after which they must then be reisolated and shown to resemble the original organism. These were the postulates propounded by the German pioneer bacteriologist Robert Koch, who proved that tuberculosis was apparently caused by the tubercule bacillus.

Following this accepted procedure, Rife inoculated the new BX forms into over 400 rats in all of which there subsequently appeared "tumors with all the true pathology of neoplastic tissue."
Some of the tumors became so large they exceeded the total weight of the individual rats in which they were developing. When the tumors were surgically removed, the BX form was recovered from them in all cases. Koch's postulates were fulfilled.

More Startling Discoveries

By continued microscopical study and repeated photography to stop their motion, Rife and his co–workers next came to the baffling conclusion that the BX, far from remaining always what he had seen as the purplish red bodies a fraction of a micron in dimension, could change into not just fairly similar forms as Rosenow had previously discovered, but into completely different forms simply by altering the medium on which they were living only very slightly.

"Slightly" in Rife's case meant an alteration in the nutrient environment of only two parts per million by volume. Those who would consider this unlikely may recall that in homeopathic medicine doses of remedies are given in dilutions of this weakness and beyond. Even though they have nothing chemically analyzable in them, they are effective.

One such alteration caused the BX to become what Rife called a Bacillus Y, or BY. It was still the same purplish red color as the BX but so enlarged that it would not pass through a filter.

With the second change of the medium, the BY enlarged still further into a monococcoid or single disk form which, when properly stained, could be viewed under a standard research microscope. Rife claimed that these forms could be found in the blood of over ninety percent of cancer victims.

By removing this form from the fluid medium it inhabited and depositing it onto a hard base of asparagus or tomato agar, Rife then saw it miraculously develop into a fungus, making it kin to a yeast, mold, or mushroom.

Any of these succeeding forms, Rife stated, could be changed back within thirty–six hours into a BX form capable of producing cancer tumors in experimental animals from which, in turn, the same BX form could again be recovered.

The transformation did not stop with the fungus, which, if allowed to stand dormantly as a stock culture for a year and then replanted onto the asparagus medium, would then change into bacillus coli, millions of which live in the human intestine. This common bacillus could pass, in Rife's words, "any known laboratory method of analysis."

Because he had found that microorganisms had the ability to luminate when stimulated by given frequencies of light, it occurred to Rife that they might also be devitalized by beaming radiations of specific frequencies upon them. One
source has it that the harmonics of these frequencies ranged from 10 meters to 20,000 meters.

To this end, he had been developing concurrently with his microscopic equipment a special frequency emitter, which he continued to improve, up to at least 1953, as steady advances in electronics continued. The killing waves were projected through a tube filled with helium gas and said to be efficient in destroying microorganisms at a distance of as much as one thousand feet.

With this device, he noted that when the proper mortal oscillatory rate was reached, many lethal organisms such as those of tuberculosis, typhoid, leprosy, hoof–and–mouth disease, and others appeared to disintegrate or "blow up" in the field of his microscope. This "death ray" principle was also effective when applied to cultured BX.

The obvious next step was to determine whether similar radiation would affect the BX, not in culture, but in the bodies of cancer–afflicted animals. It apparently did so, for Rife states he got rid of BX in over 400 experimental rats and other animals in his lab. If it worked on animal cancers, wondered Rife, why not on human cancers?

The answer was so resoundingly "Yes" that, in our day when billions are being spent each year to find a cure for cancer, it is prudent to quote Rife's report word–for–word:

The first clinical work on cancer was completed under the supervision of Milbank Johnson, M.D., which was set up under a special medical research committee of the University of Southern California. Sixteen cases were treated at the clinic for many types of malignancy. After three months, fourteen of these so–called hopeless cases were signed off as clinically cured by a staff of five medical doctors and Alvin G. Foord, M.D., pathologist for the group. The treatments consisted of three minutes duration, using the frequency instrument, which was set on the mortal oscillatory rate for BX, or cancer, at three–day intervals. It was found that the elapsed time between treatments attains better results than cases treated daily.

The News Leaks Out

News of Rife's work began to leak out to the world of medicine at the end of the 1920s. One of the first to learn of it was Arthur W. Yale, M.D., who lived in San Diego, not far from Rife's laboratory. He acquired a frequency emitter and began to treat cancerous patients.

In 1940, reporting to his fellow physicians on some of his decade–long results, Yale wrote that because the whole of Rife's extraordinary findings constituted an "entirely new theory of the origin and cause of cancer, and the treatment and results have been so unique and unbelievable," he was making his findings available in the hope that "after further research we may eliminate the second largest cause of deaths in the United States."
Yale had had limited success in treating cancerous tumors with X-rays and with the use of what he called "static wave current for some three decades. When he began to use Rife’s device, he sometimes employed it alone, sometimes together, with the two methods with which he was familiar. Both methods brought startlingly successful results. Yale was careful to note that, when he added the use of the Rife ray to his other radiation, cancerous masses "have disappeared in about one–tenth the time and so far with no reoccurrences."

Dr. Arthur Isaac Kendall, whose "K" medium Rife had used in his experimentation, was also determined to check whether viable bacteria in the filterable state could be unequivocally seen by Rife’s microscope. Kendall had been working with cultures of typhoid bacillus and, under a standard microscope, had been able to detect a swarm of active granules that could be seen only as tiny motile points. Because nothing of their individual structure could be ascertained, Kendall could not diagnose them with certainty to be filterable forms of the bacillus.

In order to make certain, he went to California in late November of 1931 and examined his cultures under a Rife microscope at 5,000 diameters in the Pathological Laboratory of the Pasadena Hospital. The facilities were afforded through the offices of the same Drs. Johnson and Foord who had worked with Rife on the BX.

When Rife finally got them in focus, the tiny granules were seen to be bright, highly motile, turquoise–blue bodies, which, to quote the report he coauthored with Kendall, "contrasted strikingly both in color and in their active motion with the noncolored debris of the medium." The same observations were repeated eight separate times, the complete absence of similar bodies in uninoculated control media being noted.

To further confirm their findings, Rife and Kendall next examined eighteen–hour–old specially cultured and inoculated colonies of the same bacillus because they had determined that it was precisely at this stage of growth that they became filterable. Now they could see three transitional forms of the same organism: one, the normal bacillus itself, almost devoid of color; two, the same bacillus but with a prominent turquoise blue granule at one end of it; and three, the same turquoise blue granules moving about independently.

This was somewhat equivalent to being able to observe a caterpillar, its cocoon, and the butterfly that emerges from the cocoon, all simultaneously.

When they transplanted the filter–passing granules into a broth medium, they were seen under the, Rife microscope to revert back to their original bacillus, or rod–like, form.

At this juncture, the American bellwether journal Science got wind of Kendall's work and, in a news story devoted to it, referred to the new "supermicroscope" invented by Royal Raymond Rife. The same month, December 1931, the Rife–Kendall account was published in California and Western Medicine, the official mouthpiece of the state medical associations of California, Nevada, and Utah.
This magazine also commented editorially that the Kendall–Rife article was to be particularly recommended to its readers because of its "calling the attention of the world to a new type of microscope which, if it fulfills its apparent advantages over any microscope thus far developed, bids fair to lay the basis for revolutionary discoveries in bacteriology and the allied sciences."

The editorial was significantly entitled "Is a New Field About to Be Opened in the Science of Bacteriology?" Apparently it was about to die aborning.

The Opposition Mounts

The following month, Kendall was invited to give the De Lamar lecture at the Johns Hopkins University School of Hygiene and Public Health in Baltimore, Maryland, before the Association of American Physicians. As a leader of the filtrationist school, he attracted the attention of his adversaries, two of whom were invited as discussants.

The first was an irascible, pugnacious curmudgeon, Dr. Thomas Rivers, of the well–heeled Rockefeller Institute of New York City, who was described by one of his institute colleagues as a "difficult and formidable person to oppose and [he] could be stubbornly inflexible in maintaining a position."

When he learned of his invitation to discuss Kendal's presentation of the work with the typhoid bacillus, Rivers hurriedly repeated experiments on which Kendall had worked for years and, by his own account, got no proof of Kendall's claim. Based on this thin evidence, he arose at the Johns Hopkins meeting and, to quote him "in a very temperate manner called the fellow a liar. Not in so many words. Actually, all I said was that I couldn't repeat this experiment and I therefore didn't believe his findings were true."

Rivers was followed in the discussion by the Harvard microbiologist, Dr. Hans Zinsser, also a "nonfiltrationist," who, to quote Rivers anew, "just gave Kendall bloody hell. I'd never seen Hans so hot in my life. I had to agree with everything he said – but I really felt sorry for poor old Kendall he just sat there and took it."

In the midst of the venom and acerbity, the only colleague to come to Kendal's aid was the grand old man of bacteriology, and first teacher of the subject in the United States, Dr. William H. "Popsy" Welch, who evidently looked upon Kendall's work with some regard.

What is of interest today is that at the Baltimore meeting there seemed to be no mention of the Rife microscope. Also, in the light of the apparent victory of the "nonfiltrationists" over those who claimed that bacteria were filterable, it was curious that Rivers could claim to have repeated Kendall's work without the use of the instrument Kendall had found so necessary to clearly reveal his filterable forms.
Kendall's work, however, attracted the rapt attention of the same Dr. Edward C. Rosenow who, in 1914, had been able to prove that strains of streptococcus were able, under the right conditions, to transmute one into the other. In that day, he had written that these "conditions were more or less obscure. They seem to call forth new or latent energies which were previously not manifest and which now have gained the ascendancy."

As a filtrationist, Rosenow was a maverick among bacteriologists up to his death at ninety-four in the 1960s. His work had convinced him, also prior to World War I, that organisms in sera – the fluids from tissues of immunized animals commonly used as antitoxins to neutralize microbes in the body – might in some patients have dangerous biological side effects.

The main implication of Rosenow's work in his own eyes was that bacteria were not as important to disease as the terrain on which they found themselves. "It would seem," he wrote in his 1914 article, "that focal infections are no longer to be looked upon merely as a place of entrance of bacteria but as a place where conditions are favorable for them to acquire the properties which give them a wide range of affinities for various structures."

Rosenow first became aware of the Rife technique through a patient at the Mayo Clinic in Rochester, Minnesota, where Rosenow was employed. The patient was none other than the same Henry H. Timken, who had financially aided Rife to develop his microscope and begin his research in the 1920s.

Rife came to Chicago with his microscope. Kendall invited Rosenow down to the Northwestern University Medical School to work with himself and Rife on 5 May 1932. For three days, they made a restudy of the Kendall forms, Rosenow working with a Zeiss microscope, Kendall with an oil immersion dark-field instrument, and Rife with his special device. "The oval, motile, turquoise blue bodies," wrote Rosenow of this work, "described previously by Kendall and Rife were unmistakably demonstrated."

The three next decided to filter cultures of the streptococcus bacteria that Rosenow had found to be associated with poliomyelitis to see what the Rife scope might reveal. What they saw were not the blue bodies linked to the typhoid bacillus, but cocci and diplococci of a brownish gray color each surrounded by a strange halo. These could only be observed in the Rife microscope.

Moreover, filtrates of a virus considered to be the cause of encephalitis showed a considerable number of round forms, singly and in pairs, which under the special Rife illumination were pale pink in color and somewhat smaller than those seen in the poliomyelitis preparations.

Rosenow's work was panned by Rivers in public forum just as viciously as was Kendall's. This was before Rosenow had worked with the Rife microscope. "I had one run-in with him," said Rivers, "at a meeting held before the Association for Research in Nervous and Mental Diseases during Christmas week in 1931. I was pretty savage with him. Do you think that helped? Hell, no,
if you ask me for my candid opinion, I think that most of the audience believed Rosenow."

This belief did not last for long. For a variety of reasons, including the very difficult methods of culturing the filterable forms of bacteria – and lack of the Rife microscope to observe them – the "church" of nonfiltrationist bacteriology, of which Rivers was later proclaimed "the apostolic father" (does one need better evidence of hierarchical priesthoods and priest craft in science?), was putting the filtrationist camp on the defensive.

Three filtrationists, writing of discoveries similar to those of Kendall, just prior to Kendall's Johns Hopkins lecture, thus considered it necessary to state in their introduction: "It has come about these days that to express convictions that differ from the consensus gentium becomes almost professional foolhardiness: It brings down the strictures of one's friends and enemies alike."

They added: "But we are also conscious of the fact that, beneath the tumult of controversy between monomorphism and pleomorphism, there is being born a new epoch in bacteriology, the limits of the significance of which and the possible expansion of which no one can yet surmise."

Like all scientific revolutions, the epoch would have to wait patiently for its time to come. Rosenow was held by his adversaries to be 100 percent wrong in many of his observations. His son, Dr. Edward C. Rosenow, Jr., chief administrative officer of the American College of Physicians, asserts that his father was all but accused by Rockefeller Institute research moguls of experimental dishonesty.

How was it that none of Kendall's or Rosenow's attackers bothered to use the Rife microscope? Rife himself admitted that he was not confident that his experiments, revealing the BX form, could ever be repeated without the use of his scope. "We do not expect any laboratory," he wrote, "to be able to produce the BX on account of the technique involved and adequate optical equipment. This is why we have never publicly announced that BX is the cause of cancer but we have succeeded in producing from its inoculation tumors with all the true characteristics and pathology of neoplastic tissue from which we have repeatedly recovered the BX virus."

At the end of his life, Rosenow was philosophic about lack of acceptance for his findings among his colleagues. "There is no way," he told his son, "to convince one's peer group of something new until their attitude of receptivity changes. They simply won't listen." This echoes the German Nobel Laureate in physics Max Planck, who stated that for new ideas to be accepted, one had to wait for a generation of scientists to die off and a new one to replace it.

The Search Continues
With respect to Rife's cancer observations, it may be that this process of replacement is now taking place.

Rife's work has a possible connection with research performed over the last twenty years by several pioneers. One pair of them are Dr. Irene Diller, a former long–time associate of the Institute for Cancer Research in Philadelphia, and Dr. Florence B. Seibert, professor emeritus of biochemistry, University of Pennsylvania.

One day in the late 1950s, Diller called Seibert, who won many awards and five honorary doctorates for her more than thirty–year–long work on tuberculosis, and asked her to come and look at some microbes on slides. On the slides, Seibert observed tiny round organisms. When Seibert learned that Diller had isolated them regularly from many other tumors, as well as from the blood of leukemia patients, she hastened to ask whether Diller could find them in a sarcoma tumor she, Seibert, was studying.

After several weeks, Diller showed Seibert a tube filled with a slightly grayish and moist–looking culture fined with small round cocci. Injected into mice, they produced cancerous tumors.

Seibert became convinced that Diller might have found a link to cancer. Because so many scientists, believing Diller's new forms to be merely "ubiquitous contaminants" in her cultures, were writing off her work as spurious, Seibert decided to continue working on the problem during her Florida retirement, first at the Mound Park – today the Bay Front – Hospital in Saint Petersburg, later at a Veterans Administration Hospital.

Blood samples from cancer patients with varying types of leukemia were obtained and from every one of them Seibert was able to isolate pleomorphic microbes. These bacterial forms were also isolated from tumors, and with a homologous vaccine they decreased tumors in mice. Just like those of the Rife–Kendall–Rosenow research, they could change from round to rod shaped and even could become long threadlike filaments, depending on what medium they were grown in and for how long. They would pass a filter and at this stage in their life cycle they were about the same size as Rife's BX forms.

Today there is great stir about, and much money devoted to, viruses in relation to the cancer problem. The most recent edition of the Encyclopedia Britannica states that "sufficient evidence has been acquired to indicate that one or more viruses probably cause cancer in man," and that carcinogens, or cancer–producing agents, "are suspected of producing cancers by activating viruses latent in the body."

But, so far, little support is given to those who ascribe bacteria and the forms into which they transmute the ability for close association with cancer. This legacy of the Nonfiltrationist School persists in the face of mounting evidence that the filtrationists may have been right all along.

These days, because various bacterial forms have been noted to have anomalies in their cellular walls – how could they develop into smaller forms if
they could not leap beyond or through the walls that imprison them? They are known as Cell Wall Deficient Forms. A revolutionary new book about them has been written by the Wayne State University microbiologist Dr. Lida H. Mattman. Her text opens with the statement: "Clandestine, almost unrecognizable, polymorphous bacterial growth seems to occur as often as the stereotyped classical boxcars of bacilli and pearls of cocci ..." The book's contents would seem to indicate that the new era predicted in 1931 for filtrationist microbiology is dawning, though presently its adherents are having great difficulty both in publishing their work and getting grants for further research.

Sufficient data, writes Mattman, have been amassed to warrant reinvestigation, and adds: "There is no subject generally viewed with greater skepticism than an association between bacteria and human cancer. However, the medical profession may look back with irony at the stony reception given by his home colleagues to Koch's paper elucidating the etiology of tuberculosis. Similarly, medical students were once taught that whooping cough vaccination was an unrealistic dream reported only by two women at the Michigan Public Health Laboratories and by a pediatrician named Sauer."

Most importantly, she concludes: "One must always consider that most malignancies are accompanied by an immunodeficiency ... Therefore, we could be dealing with a microbe that finds such a host merely a suitable environment for habitation."

This is very close to Rife's own statement that he had unequivocally demonstrated that "it was the chemical constituents and chemical radicals of an organism which enacted upon the unbalanced cell metabolism of the human body to produce disease." Before he died, Rife stated: "We have in many instances produced all the symptoms of a disease chemically in experimental animals without the inoculation of any virus or bacteria into their tissues."

What, then, of Royal Raymond Rife and his microscope?

**Lingering Questions**

How is it that biologists and physicians, other than Kendall and Rosenow, did not rush to investigate it? Why haven't physicists looked into the effects Rife achieved with electromagnetic waves of specific frequencies upon disease, including cancer?

Similar effects were observed by Dr. Georges Lakhovsky in Paris, who developed a wave emitter called a multiwave oscillator with which he cured cancer as well as other diseases in plants and humans. The multiwave oscillator is today banned by the FDA as quackery. They have also been noted in Bordeaux by another inventor, self-taught as was Rife, André Prioré, whose apparatus combines the use of electromagnetic radiation with a plasma of helium or noble gases reminiscent of Rife's method used in detecting and devitalizing BX.
Are the strange blue, motile forms that Dr. Wilhelm Reich discovered in the late 1930s and for which he coined the word bions related to the foregoing? Reich observed the bions to spontaneously proliferate from specially treated organic matter and even from coal and sand! Spontaneous generation of life was supposed to have been laid to rest in Reich’s time, as it is in ours, and he was accused by fellow scientists of confusing Brownian movement of subcellular particles or debris in his cultures with the new subcellular forms he claimed to have discovered.

In cancerous patients, Reich observed the bions to degenerate into what he called T–bacilli (the T coming from the German word Tod, meaning death). When injected into mice, they caused cancer just like Rife’s BX forms.

In Copenhagen, a biophysicist named Scott Hill reports that a new book written in Russian by two researchers at the Kazakh State University in the U.S.S.R. deals with a whole new branch of medical science in which "healing" of various disorders is being accomplished by the use of ultra weak, monochromatic laser light. Shades of Rife!

The Lee Foundation for Nutritional Research in Milwaukee, Wisconsin maintains that Rife, his microscope, and his life work were tabooed by leaders in the U.S. medical profession and that any medical doctor who made use of his practical discoveries was stripped of his privileges as a member of the local medical society.

Rife himself died three or four years ago. Considerable digging has not established what happened to his estate. The remarkable instrument he conceived and developed and its photographic evidence may still be in existence. They are worth looking for.

The assistance of NAJ readers is solicited.*

[ *After the above article was published, further investigation located Rife’s "Universal Microscope" in a sorry state of disrepair in the San Diego home of John Crane. Efforts to rebuild it have so far been unsuccessful. A fascinating book on Rife’s saga, The Cancer Cure That Worked, by Barry Lynes, was published in 1987 by Marcus Books, Toronto, Canada. ]

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The Earthshaking Discoveries of Gaston Naessens
Reported by Christopher Bird

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- THE SOMATID CYCLE — visible in the blood of every human — which, when properly interpreted, can prediagnose degenerative diseases by up to eighteen months.
- 714–X, a compound that has restored the perfect health of 750 out of 1,000 cancer victims and that has had equally dramatic effects with AIDS patients.

714–X is licensed for export from Canada to any other country via a doctor's prescription mailed or faxed to C.O.S.E., 5260 Rue Fontaine, Rock Forest, Québec, Canada JIN 3B6; fax: (819) 564–4668; tel.: (819) 564–7883.

[ Not all cancers are caused by a virus. A somewhat rare group of cancers have other causes. 714–X should be the next treatment of choice, for follow-up. Since 714–X addresses the metabolism of the cancer cell itself — which is carefully explained in the book — it would be perfectly appropriate, and safe to administer the two sequentially. The 714–X should be administered, after the body has been detoxified following the "ray treatment". ]

A fifteen–page cover story, including three articles, on Gaston Naessens and his research was published in the December 1990 issue of Health Consciousness (Roy Kupsinel, M.D., editor–publisher), P.O. Box 550, Oviedo, FL 32765; fax: (407) 365–1834; tel.: (800) 727–7521. Copies can be obtained from the magazine.

A cover story on Gaston Naessens and his microscope was published in the January 1992 issue of The international Journal of Alternative and Complementary Medicine, United Kingdom. Copies can be obtained from C.O.S.E. and Writers and Research.

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More About Gaston Naessens
Once again; if you can see it, you can study it.
Dr. John Holt

Using 434 MHz Ultra High Frequency Radio waves To Kill Cancer Cells

I discovered in 1973 that this frequency (used throughout the continent of Europe as the standard frequency for medical purposes) will temporarily activate cancer's burning of glucose without oxygen for between 20 and 30 minutes. Millions of patients throughout Europe have been treated since 1948 with this frequency for stimulating the repair of injuries, fractures, wound healing etc without any side effects being discovered. It stimulates normal cell division, which is self limiting when repair is complete.

If the cancer cells' uptake of glucose from the blood can be blocked before applying UHF radiation the cancer cell will die. This is selective killing because it ONLY acts on the Glucose to Lactic Acid system.

What are Nanobacteria?

Nanobacteria are "Pleomorphic" which means that they have different physical forms and shapes during their life cycle. They can also change appearance, form and can alter function in response to various changing environmental conditions and factors.

NanoBacLabs

The term Nanobacteria is short for its scientific genus and species name Nanobacterium sanguineum, a Latin scientific term that means blood nanobacteria. Nanobacteria are nano-sized in that they are from 20-200 nanometers in size and are the smallest known self-replicating bacteria (a nanometer is 1 billionth of a meter and is approximately the width of ten hydrogen atoms side-to-side).

Nanobacterium sanguineum is recognized as an emerging infectious disease. Nanobacteria have been shown to cause the calcification in coronary artery disease and vascular disease atherosclerotic plaque. (Miller V, et al, Mayo Clinic, Journal American College of Cardiology, March 2002 and Submitted to CIRCULATION August, 2002; Laszlo Puskas, PhD, University of Szeged, Hungary, Unpublished study submitted to CIRCULATION).

Nanobacterial infection has also been shown by multiple researchers to be the cause of other disease-related pathological calcification. Nanobacterial DNA / RNA and Lipoplysaccaride (LPS) profiles have been mapped by scientists at multiple universities. The discoverers of nanobacteria, Drs. Neva Ciftcioglu, PhD and Olavi Kajander, MD, PhD have developed the patented antigen and antibody blood and urine tests for nanobacterial infection. NanobacLabs offers...
these tests as the NanobacTEST-S (blood) and NanobacTEST-U/A (urine). NanobacLabs has also developed prescription nanobiotics: NanobacTX and UroBac for the treatment of nanobacterial infections, with more nanobiotics in the development stage.

Nanobacteria are extremely small, slowly growing bacteria that can be cultured from the blood of humans and mammals. When compared to regular bacteria, these Nanobacteria are 1/100 to 1/1,000 the size, allowing them to easily move around into other cells and invade/infect them. Nanobacteria have the ability to kill human tissue cells, human immune system cells and other bacteria. Nanobacterial infection can cause alteration of cellular RNA and DNA gene-expression patterns in infected cells... this process can lead to genetic alteration, abnormal cell growth or proliferation rates.

When compared to other bacteria, Nanobacteria grow very slowly, only reproducing every 3 to 6 days, whereas regular bacteria reproduce in minutes or hours. Nanobacteria cannot be grown in standard culture media and can only be grown in mammalian blood or serum.

Nanobacteria were discovered in 1988 by the Finnish scientists, Neva Ciftcioglu, PhD and Olavi Kajander, MD, PhD as a contaminant that killed cell cultures. They have been the lead researchers in nanobacterial physiology and pathology for nearly 14 years and are regarded by scientists as the definitive experts on nanobacteria. They currently guide and teach nanobacterial researchers all over the world.

Chronic inflammatory responses are seen in areas where nanobacteria are found. Nanobacteria can infect any tissue or cell and have even been photographed actively killing T-6 Lymphocytes, an important component of our immune defense system. Nanobacteria have been isolated from IPV polio vaccine, Human Immune Gamma Globulin (IgG), Fetal Bovine Serum (FBS) and are therefore expected as potential contaminants in other human biologicals made with FBS. Nanobacteria are known to cause infections in humans, cattle, deer and are suspected to be infectious agents in other mammals.

The nanobacteria-secreted calcium biofilm hardens around the nanobacteria forming a hard calcium apatite protective shell. In the calcified state, nanobacteria can either reproduce upon themselves forming aggregate budding-like clusters or they can just remain in a state of calcified dormancy. Our body does not recognize dormant calcified nanobacteria as a foreign substance or pathogen.

When in calcified form, our bodies see nanobacteria as common calcium, a substance found throughout our bodies at all times. It is ONLY when they secrete their irritating endotoxic biofilm that our immune system becomes alarmed and responds with inflammation.

Dormant Nanobacteria have the ability to be dormant and to become active at a later time.
Because of the unique genetic characteristics of Nanobacterium sanguineum, its pleomorphism, its incredibly small size and extremely slow growth rate, it had eluded scientific detection until discovered by Drs. Ciftcioglu and Kajander.

NanobacLabs now has available the nanobacTEST-S, the only blood test for Nanobacteria Antigen and Antibodies. The NanobacTEST-S checks for active nanobacterial infection and/or recent exposure to nanobacteria. NanobacLabs also has the NanobacTEST-U/A, a rapid urine screening test for nanobacteria that can be done in a doctor's office with results available in minutes.

For 20+ years, researchers have been trying to implicate the involvement of Chlamydia in atherosclerotic plaque development. Because atherosclerotic plaques have occasionally been found to be positive to Chlamydia ELISA tests, researchers in the past thought that Chlamydia was involved as a cause of atherosclerosis. Researchers have not been able to routinely culture Chlamydia from atherosclerotic plaque. The lack of Chlamydia on culture has caused medical researchers to abandon this line of thought (American Heart Association recommendations). Nanobacteria cause a "false positive" on Chlamydia ELISA testing. Since researchers have not cultured Chlamydia from atherosclerotic plaque after much effort, it seems probable that the positive Chlamydia ELISA tests were actually caused by Nanobacterium sanguineum.

As reported at the 101st (May 23, 2001) and 102nd (May 22, 2002) General Meetings of the American Society for Microbiology, Nanobacteria has been found to be a contaminant in previously assumed-to-be-sterile medical products, specifically IPV Polio Vaccine and Human Immune Gamma Globulin (IgG). Most human biologicals and vaccines are made in fetal bovine serum, a medium that is known to be contaminated with nanobacteria. In order to prevent this problem in the future, human biological products must be made in Nano-Free Culture medium (filtered first through 20 nanometer filters, Gamma-Irradiated with 150 megarads and then heated to 90 degrees Centigrade for at least an hour to kill any nanobacteria present).

Nanobacteria has been shown by multiple scientific researchers to be the cause of pathological (disease-causing) calcification deposits in humans and mammals. If you have calcification deposits in your body that you were not born with, they are probably secondary to a nanobacterial infection. Some of the diseases involved with pathological calcification deposits are: Atherosclerotic Plaque, Coronary Artery Disease, Heart Plaque, Kidney Stones, Polycystic Kidney Disease (PKD), Cataracts, Glaucoma, CREST, Scleroderma, Psoriasis, Eczema, Lichen planus, Liver Cysts, Breast Calcification, Prostate Calcification, Dental Plaque, Periodontal Disease, Dental Pulp Stones, Arthritis, Fibromyalgia, Brain Sand and some Cancers.

We have also been led to study potential nanobacterial involvement in the development of other disorders such as Multiple Sclerosis, Lou Gehrig's and Alzheimer's Disease and Autism. Our NanobacLabs Research Institute is dedicated to studying nanobacteria and how they may be involved in the development of these diseases. If the association between nanobacterial
infection is made, then our goal is to develop effective diagnostics and prescription treatment.

Prior to the nanobacterial infection explanation, there was no valid medical or scientific explanation for pathological calcification in humans and mammals. Nanobacterial infection is the only valid explanation. Only nanobacteria cause tissue calcifications that grow at sub-saturation tissue levels. When explained to most physicians, their general response has been profound. They usually say something to the effect: "Wow, it All makes sense now!"

Submitted by Jane Kress

Vitamin C can Help Control Nanobacterial Infections

Using Di-sodium EDTA to dissolve the shells of Nanobacteria

Vassilatos Christopher Bird investigates Rife Lynes Foye Gaston Naessens' Microscope Nanobacteria

The "Ergonom 500" A Modern Ultra-Microscope

Babelfish Language Translator http://www.mikroskop-olbrich.de

Grayfield Optical
English Web Site – Ergonom 500
Latest Information

Bernard Muschlein, [a] German gentleman, heads a research team which uses a powerful new microscope, the Ergonom 400, to study illnesses such as cancer, AIDS and Legionnaire’s Disease. The group’s findings are challenging long-held assumptions on the nature of disease itself.

Until now, light-source microscopes could reach magnifications of about 2,000 times allowing limited live observation of bacteria, but not of smaller, virus-sized micro-organisms. Electron microscopes can reach magnifications of up to 400,000 times but because they work with x-rays and an evaporated vacuum, cannot be used to view living cultures. The Ergonom 400, a light-source-like microscope with magnification capability of 25,000 times allows observers to view, for long periods, the development cycle of living micro-
organisms as small as viruses. ...

... "In the beginning, facts do not speak for themselves," Muschlein says in one of [his] videos. "One has to speak for them until they become the common knowledge of humanity."

The "facts" referred to by Muschlein run "contrary to orthodox medicine, and completely contrary to orthodox research." But not contrary to some unorthodox, or at least largely unknown, research conducted over the past 100 years. In the late 19th century, Antoine Bechamp, a French biochemist and toxicologist, discovered tiny, moving bodies in everything from human beings, animals, and plants, to soil, swamps, air, and water. He called these microscopic forms microzymas, and believed they were one of the fundamental building blocks of life. Bechamp found that when a life-threatening trauma occurred in an organism, the microzymas could change form and begin destroying the body of their host. Similarly, these microbes could devolve back into their previous, benign state.

Bechamp concluded that certain conditions in an organism evoked the appearance of specific micro-organisms, and that such micro-organisms were, therefore, a symptom rather than a final cause of disease. Changes which took place within the body led to disease states, he said.

Bechamp's theory of pleomorphism (the occurrence of more than one distinct form of an organism in a single life cycle) contradicted the germ theory espoused by his more famous contemporary and rival, Louis Pasteur, who determined that germs from outside the body caused disease. Pasteur's theory has held sway in Western medicine for over a century.

But Bechamp was only the first in a long line of researchers who have found evidence of pleomorphism. Gunther Enderlein, in the first third of the 20th century, discovered form-changing micro-organisms which he called endobionts. Von Brahmer later called them Siphonospora polymorpha. The contemporary Canadian biologist, Gaston Naessens, has viewed and studied the life cycle of such bodies, which he calls somatids. Over the years, others, including the extraordinary microscope inventor and scientist, Royal Rife, have also provided evidence of pleomorphism.

Muschlein's work with the Ergonom 400 follows in this tradition. "Von Brahmer and others found a special microbe in the human blood," Muschlein says. "This microbe is present in all human beings. In its early stages of development, it is symbiotic, living friendly within the body, in harmony with the immune system. When a person becomes weakened, by surgery, infection, vaccination, stress, and so on, the microbe changes its cyclogenia (cycle of development). It becomes larger, aggressive, pathogenic, parasitic. These larger forms are found in the blood of people threatened by, or suffering from, cancer. With the Ergonom 400 one can observe at what stage this microbe exists."
By examining the stage of development of this micro-organism in the blood, Muschlein says, one can determine the state of health, or conversely, the level of pre-cancerous or cancerous conditions in the body. One substance that tends to change this micro-organism into larger, more aggressive forms is that old nemesis, sugar. "That means a cancer patient cannot eat refined sugar," Muschlein says. Beyond that, anyone who is sick who wants to heal should also not eat sugar, he contends.

Which foods tend to strengthen the immune system? "Salads," he says. "But for that observation, you don’t need the Ergonom 400." ...
Dr. Rife used gentle, perfectly timed, sine wave pulses of Cooper Pairs to literally shatter viruses and bacteria, just as the "Crystalline Entity" was destroyed on Star Trek. The problem of how to get gentle pulses to penetrate the body properly and completely was also addressed.

**Engineering Cooper Pairs**

--- Modified Atmosphere X-ray Tube ---

X-rays are members of the electro-magnetic spectrum and therefore are a form of light. Dr. Rife knew he needed to explore light energy with a lower frequency than X-rays, and he wanted the light photons in the form of rays, rather than light photons with Hertzian wave movements — which are quickly absorbed by the surface of our skin, etc. His idea of using an X-ray tube that no longer would produce X-rays was a brilliant idea, since the tube was still able to produce abundant "Cooper Pairs" at lower frequencies.

At the time he was doing his research, these tubes were perhaps the best choice possible. However, today we have ways of producing "light rays" in a much more efficient and controllable manner.

The key is to realize, that we are working with "Cooper Pairs" — coupled pairs of electrons that are being accelerated in a straight line, thereby producing rays, rather than Hertzian waves — which give light the quality of color, etc. Because "Rays" are going in a straight line — Hertzian Waves move side to side also — they can travel with a forward velocity that is greater than "C". It is also possible to make them stand still, and in superconductors, it is reported that they travel "at the speed of sound" through a loss less nodal complex of "high spin state" mono-atomic atoms — an atom free of chemical bonds.

Nikola Tesla measured speeds of 157% "C" — 471,240 Kilometers per second — across the "ideal" surface of the earth, when he studied electric resonance, and I have measured speeds of around 130+% in several of my resonate coil experiments — a value, which broadcast engineers would expect in a medium. Many times, when Tesla would talk "Wave Length", he was thinking of this velocity. [ A recent lab experiment measured a velocity of 1.7 times the speed of light. ]

Electrons, and Cooper Pairs especially, possess optical qualities. Sir William Crookes observed this in 1890, but many have overlooked this engineering possibility.

A "Cathode Ray Tube" is designed to utilize these qualities and can be optimized to create, focus and direct "Cooper Pairs" of the desired qualities in order to recreate Dr. Rife's desired effects.

[ Let's quickly go through this: Opposite charges attract. Like charges repel. Points are good electron emitters. If electrons are placed inside a negatively charged tube, they will gather along the center axis. If electrons are freed from the electro-magnetic influences of atomic nuclei, they will magnetically couple and form Cooper Pairs. It appears that, if electrons experience a strong electrical impulse, they can materialize their complement from "Zero Point Energy". ]
The CRT: The tube heater raises the temperature of the cathode to increase emissivity. The cathode is connected to a source of electrons. The first control grid controls the flow of electrons into the focus tube, and can alternately be biased to prevent back-flow. The focus tube concentrates the electrons along its center axis and frees them from nuclear influences. A second control grid on the focus tube output would control the exit properties of the system. The negative charges are accelerated towards the screen / exit by a high positive voltage on the metallic coating on the tube interior. The phosphor coating adds Hertzian wave properties to the energy flow, and we now have a spot of visible light in the center of the screen. Complementary charges on the deflection plates can direct the spot of light to any part of the screen. The shape of many CRTs is engineered, so that the voltage applied to the interior metallic coating produces an electrostatic field, that assists the beam deflection when directed toward the outer edges.

Project Considerations: Applying a strong pulse or waveform to the focus tube's bias voltage may enhance the formation of Cooper Pairs. There is a good chance, however, that enough will be created naturally to kill viruses in biological life forms. Placing a positive voltage on All Four focus plates will cause the target spot to become diffused over a larger area such as that encompassed by your subject. The penetrating power — immunity from capture by an atom — of Cooper Pairs is increased if there is a large angular momentum imparted into their new axis of possible rotation. Pulse timing is EXTREMELY Critical! If the timing is off by only a few cycles per second, the pulse energy won't couple into the resonate domain. One must consider the influences of temperature, etc. on the resonate properties of the target.

Since the tube's anode is designed to aid beam deflection, the positive field is not being applied at the optimum geometric location. Painting a conductive mask over the "unused center portion" of the tube's face — around the exit area — wiring it, and then covering it with high voltage insulation (corona dope) will enhance forward acceleration of the Cooper Pairs.

A Possibly IDEAL arrangement: The cathode point(s) are heated, and a negative pulse is applied. The voltage will determine the number of electrons sent into the focus tube. The pulse width and timing must be in the proper sequence. The focus tube exit control grid is set very negative, allowing electrons to accumulate inside the focus tube. A high positive voltage on the first control grid will help pull and direct electrons from the cathode into the tube. Once past the control grid, the electrons will experience a breaking effect on their forward velocity. Once the electrons have entered the focus tube, the first control grid is biased very negative, and the electrons thus are totally confined. Next, a very, very short high voltage pulse is applied to the focus tube (and grids) to facilitate Cooper Pair formation. Then, the exit control grid is briefly made positive, while a high voltage pulse is applied to the anode. The voltage of the pulse will determine the forward velocity of the Cooper Pairs and the anode should go negative as soon as the Cooper Pair pulse passes.

The pulse duration needs to be a nanosecond, or even much less, to be properly effective. The pulse frequency needs to range from a few per second to around 50 million. This timing can easily be accomplished with today's "off the shelf" ICs.

We must remember, that the X-ray tube Rife used is basically a form of an arc light — an electric spark gap. Spark gap technology generates a large number of energy components, which may or may not involve themselves in producing the desired effect. This means simply, that the Cooper Pair concept may need a helping hand in order to reproduce Dr. Rife's experiments. Dr. Rife used a "Heath Kit" field strength meter to determine the output pattern, and the field intensity from his "X-ray" tubes. Maybe we can find another use for all those black and white TVs we are suppose to throw away in a couple of years.

**Why Use Pulsed Cooper Pairs?**

*... to Destroy Harmful Organisms, instead of ...*

**Pushing a Swinger**

We can start with the analogy of a swing and some one pushing it. One quickly learns that the most effective way of putting energy into the swing is to apply a strong push impulse at just the right moment.

If we keep adding energy to the swing, at one point it will move up and over the pole and will attempt to continue in a circular motion. The same laws of motion, that the swing follows here in our "mechanical universe", also apply to micro-organisms and molecular structures — All chemical bonds behave a bit like the swing.

**Oxygen-Hydrogen Bond Oscillation**

Chemical bonds also behave, in some ways, like a "rubber-band" stretching back and forth, plus wiggling / vibrating. We call these energies "**Heat**". If there is no vibratory motion here, we have achieved "**Absolute Zero**".
Chemical Bonds each have unique resonate qualities, which allows the bond to collect and hold energy. This resonance allows the chemical bond to accumulate energy to the point, where enough energy can be gathered to counter the force that is bonding the atoms together, and the valence bond then breaks. Action — Reaction

The uniqueness of these resonate qualities, allows one to target specific bonds between atoms. In fact, resonance is one method we use to identify atomic bonds, and is a well-known technology. The sample is "pinged" and we then listen for the unique resonances that define the sample’s properties.

Continuous Force Application

Much of our technology however, is based on systems that apply energy to the whole period of the oscillation cycle. This is very much like having the one pushing the swing, run back and forth with the swing while adding energy to it. Try it sometime. It's not at all easy, and really not very effective. As we learned above, timed pulses produce the best results for this type of resonance.

One of the problems this poses for broadcast engineers is that since the swing (antenna) and pusher (transmitter) are coupled together and interact, if your timing is not perfect with respect to phase relationships, the swing can "hit the chin of the pusher". Many radio transmitters have been destroyed as a result of this type of timing mismatch.

In addition, the swing isn't fully expressing its natural resonate abilities, since the properties of the transmitter are being reflected into the antenna. Bouncing, twisting, and side-to-side motions are inhibited by the transmitter properties.

Another issue is that the transmitter can be "tuned" to cause the antenna to "work" at a point, that is not its optimum resonate frequency. This greatly affects the swing's ability to accumulate and store energy and an antenna's ability to create Cooper Pairs efficiently.

Normal Electron Flow — a current of individual atoms — moves through a material's lattice network by hopping from atom-to-atom along the valence orbitals. There is the possibility, that some of the electrons, which are sent into a material never come out. Other electrons from the material can be sent out in their place to continue the current.

Because these electrons actually occupy an atom's orbital, they can and do establish magnetic relationships with the atom's nucleus. In so doing, it is possible for them to alter chemical reactions by disrupting valence bonds. Expressed another way, single (unpaired) electrons cause ionization in fluids.

Electrons follow the path of least resistance, not the shortest route between points. Because, like charges repel each other, electrons mostly flow on the surfaces of wires and skin. When bipolar wires are attached to the skin, one finds very little energy actually flowing through the body internally.

A most important issue regarding "current electricity" is what happens when electrons are added or removed from the body's chemistry. The chemistry in our bodies runs on electricity and is in a very delicate state of balance — this is what allows life to work through the chemical exchange process. The electrical state of our body's chemistry is expressed with the term "Zeta Potential".

Zeta Potential is a voltage expression that correlates to the virtual electrical potential between entities in a fluid. In essence and fact, it is "Mother Nature's Anti-collision System" and is
responsible for keeping things separated. Although positive values of Zeta Potential have industrial applications, it is the negative voltage potential that our bio-system operates through. The large negative potential that Nature creates, allows body fluids to carry large quantities of solute, and a large number of items in suspension — blood cells etc.

Since Zeta Potential is the primary influence that keeps things in solution / suspension, any device which removes electrons from the body can cause blood cells to clump together creating blockages, and minerals to come out of solution creating plaque. Cooper Pairs on the other hand, can pass through the body without engaging in chemical reactions and their large negative voltage value can actually enhance body chemistry. They can actually be within a chemical system, enhancing it, without occupying an atom’s orbital.

Single electrons possess an uncommitted magnetic component, which is "reaching out" attempting to make a connection with the nucleus of an atom. In a dynamic medium, this is visualized by imagining two tornado type vortices emerging from the ends of the axis of rotation. A free electron has a large magnetic component. Cooper Pairs, on the other hand, are connected by short tight helixes, between the axis of rotation. Therefore, Cooper Pairs have a large electrical component and a small magnetic one — this of course, is part of the classic definition of a light photon.

Mechanism of Resonate destruction: When one visualizes the structure of the atomic world, one is most impressed by the fact, that from a "Matter View Point" there is MOSTLY NOTHING THERE !!! Even the densest matter is mostly empty space.

Visualizing an atom on the scale of our solar system with comets included provides one with a good approximation of the ratios we are talking about. This means that a particle as small as a Cooper Pair (a small planet) has an extremely small chance of actually hitting the nucleus of an atom (the sun), when it passes through matter (the solar system) in a straight line. So thinking in terms of transferring energy through mechanical impacts is quite unproductive. The idea is to add energy to a portion of the atomic system, without destroying atoms and creating a further mess in the process — unlike charges cancel each other.

Lessons from our space program can allow us to better visualize the effect we desire to create. We have learned how to project our spacecraft past a planet in a manner, that allows the craft to increase its momentum by transferring some of the planet's to itself. The reverse is true also. A passing object can transfer some of its energy to another body, if there is an energy connection. The connection here is the electric force. If the timing is perfect, energy can be transferred as the Cooper Pair approaches and then again as it moves away. What we are looking at is basic orbital mechanics — on the atomic scale — engineered with the electric force. This means we can effectively transfer momentum from the Cooper Pair to the atom without physical contact.

Therefore, by determining a critical bond in our target, and then identifying its resonate frequency (period of rotation), we can project short pulses of energy into our target, which will cause only this specific bond to come apart.

Cooper Pairs constitute a wonderful cosmic toy for us to play with here. Knowingly and unknowingly, we have brought many devices to the market place, which take advantage of the properties of these little entities.

- Cooper Pairs have a "double electron charge" in a small geometrical space.
- We can put a lot of momentum into them.
- They can be focused.
- They can easily be manipulated.
- They respond well to applied impulse energy.

They are indeed, very well suited for this type of atomic "Pin Ball Game".
The 1939 Rife "Beam Ray Machine"
Actual Pictures and Diagrams - enough info to build one

This page is dedicated to my sister Jean Beyers (Cichanowski), who would be alive today, if this technology had not been suppressed. A million dollars spent at the Mayo Clinic on current practices didn’t save her life. This would have.

[ My father’s Mayo Clinic bill (2002 – 2003) was over $500,000.00. That is more money than he earned during his entire working life!!! There is no way the current system can work with numbers like these. Jean, her mother, and grandmother, All died leaving very young children to learn about life on their own. It’s no wonder that history like this gets lost. ]

Don’t wait until you are sick !!! Tell others about this now !!!

Join the "Cosmic Mind" and Visualize "Wellness" for All.

—— Tommy Cichanowski ——
Send me an Email
Your thinking and comments are invited.

The Mind Body Connection

I have always known that one’s mental state controls one’s physical state. The problem has always been to show that scientifically.

Dr. Hamer of Germany has been able to do this !!!

[ Dr. Hamer has had an exceptionally high success rate with his cancer therapy, by far the highest I have seen of any therapy — Walter Last. ]

Dr. Hamer focuses on conflict-shock. He determined that a short circuit occurs in a pre-determined place of the brain at the time when severe stress occurs. This can be photographed with computed-tomography (CT) and looks like concentric rings on a shooting target or like the surface of water after a stone has been dropped into it.

Later on, if the conflict becomes resolved, the CT image changes, an edema develop, and finally scar tissue.
People, who do not resolve their mental issues, almost always have the disease or another reoccur.

Laughter Is The Best Medicine

Native American Indian Healers Stress "Harmony" in Treating Illness

"The Royal Rife Story"
(MP3 Audio Clips from a MPEG Video Documentary — about 1 hour total time.)

Desposition of Royal Rife
Taken in the city of Tijuana, Baja California, Republic of Mexico - March 7, 1961
[This is very informative — Dr. R. Raymond Rife’s own description of his work.]

The Web Site of Dr. R. Raymond Rife

The "Ergonom Series" of Ultra-Microscopes

The Importance of Detoxification Treatments

A Radical Cancer Treatment Using Electromagnetism

The Art of Healing Ourselves

Hydrazine Sulfate

Using Hydroponics to Understand the Earth’s Life Processes
On the Atomic Level

Tommy’s History of Western Technology
Understanding that Nature Obeys Rules!

Living Without War

Site Link List

The Tortoise Shell “Science of Health” Newsletter
— Putting an End to Disease on Our Planet —

Why Animals Don’t Get Heart Attacks ... But People Do!
Matthias Rath, MD discusses his studies with Vitamin C and other Nutrients
Animals have an Enzyme in their Livers that makes Vitamin C !!! Lots of it !!!
Vitamin C controls Free Radicals a major factor in Curing Cancer

Tortoise Shell Life Science Puzzle Box - Front Page
The Somatid —

An Ultra-microscopic Subcellular Living and Reproducing Entity !!!

Which can prediagnose degenerative diseases by up to eighteen months !!!

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The Persecution and Trial of Gaston Naessens

By Christopher Bird

Coauthor of the International Best-selling
"The Secret Life of Plants" and "Secrets of the Soil"

The True Story of the Efforts to Suppress an Alternative Treatment for Cancer, AIDS, and Other Immunologically Based Diseases.

© 1991 Published by H. J. Kramer Inc.
P.O. Box 1082
Tiburon, CA 94920
ISBN 0–915811–30–8

[ "To our readers: The books we publish are our contribution to an emerging world based on cooperation rather than on competition, on affirmation of the human spirit rather than on self-doubt, and on the certainty that all humanity is connected. Our goal is to touch as many lives as possible with a message of hope for a better world." ]

( This book was not in print when I checked March, 2004 — Tommy C )

[ Gaston Naessens won several court cases defending the validity of his work. ]

[ The Issue is being able to see what you desire to control. Then, you can study it. Naessens's microscope could do this. ]

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The Earthshaking Discoveries of Gaston Naessens:

- A MICROSCOPE that permits practitioners to view living matter at degrees of resolution far greater than state–of–the–art microscopes currently available.
- THE SOMATID, an ultramicroscopic subcellular living and reproducing entity, which many scientists believe is the precursor of DNA and which may be the building block of all terrestrial life.
THE SOMATID CYCLE — visible in the blood of every human — which, when properly interpreted, can prediagnose degenerative diseases by up to eighteen months.

714–X, a compound that has restored the perfect health of 750 out of 1,000 cancer victims and that has had equally dramatic effects with AIDS patients.

( This book and its Appendixes comprise important reading material that will help you understand "The Life Processes Here on Planet Earth". — Tommy )

Foreword

Few individuals in their lifetimes have the privilege of so impacting established views that they are ridiculed, threatened, and vilified. Few individuals have the courage and intestinal fortitude to pursue truth, as they know it in the face of withering attacks by those without vision — those who, even though they have eyes, do not see.

Fortunately for the world, there are a few rare mavericks like Gaston Naessens who understand the wisdom of the words of Orville Wright: "If we all worked on the assumption that what is accepted as true really is true, there would be little hope of advance."

Fortunately for the world, there exists Gaston Naessens, who exemplifies a perception of Felix Marti-Ibanez: "Great men, men who struggle alone for a great cause, are like great rivers. Debris may block their waters, but it never stops them from flowing."

This book is about a great river of human energy known by the name of Gaston Naessens – a name readers of this fascinating work by Christopher Bird will never forget.

Hugh Desaix Riordan, M.D. Director, Olive W. Garvey Center for the improvement of Human Functioning, Inc, Wichita, Kansas.

Preface
“Most secrets of knowledge have been discovered by plain and neglected men than by men of popular fame. And this is so with good reason. For the men of popular fame are busy on popular matters.”

Roger Bacon (c. 1220 – 1292), English philosopher and scientist

This book is about a man who, in one lifetime, has been both to heaven and to hell. In paradise, he was bestowed a gift granted to few, one that has allowed him to see far beyond our times and thus to make discoveries that may not properly be recognized until well into the next century.

If a "seer's" ability is usually attributed to ephemeral "extrasensory" perception, Gaston Naessens's "sixth" sense is a microscope made of hardware that he invented while still in his twenties. Able to manipulate light in a way still not wholly accountable to physics and optics, this microscope has allowed Naessens a unique view into a "microbeyond" inaccessible to those using state-of-the-art instruments.

This lone explorer has thus made an exciting foray into a microscopic world one might believe to be penetrable only by a clairvoyant. In that world, Naessens has "clear seemingly" described microscopic forms far more minuscule than any previously revealed. Christened somatids (tiny bodies), they circulate, by the millions upon millions, in the blood of you, me, and every other man, woman, and child, as well in that of all animals, and even in the sap of plants upon which those animals and human beings depend for their existence. These ultramicroscopic, subcellular, living and reproducing forms seem to constitute the very basis for life itself, the origin of which I has for long been one of the most puzzling conundrums in the annals of natural philosophy, today more sterilely called "science".

Gaston Naessens's trip to hell was a direct consequence of his having dared to wander into scientific terra incognita. For it is a sad fact that, these days, in the precincts ruled by the "arbiters of knowledge," disclosure of "unknown" things, instead of being welcomed with excitement, is often castigated as illusory, or tabooed as "fantasy." Nowhere are these taboos more stringent than in the field of the biomedical sciences and the multibillion-dollar pharmaceutical industry with which it interacts.

In 1985, Gaston Naessens was indicted on several counts, the most serious of which carried a potential sentence of life imprisonment. His trial, which ran from 10 November to 1 December 1989, is reported in this book.

When I learned about Gaston Naessens's imprisonment, I left California, where I was living and working, to come to Québec and see what was happening. I owed a debt to the man who stood accused not so much for the crimes for which he was to be legally prosecuted as for what he had so brilliantly discovered during a research life covering forty years. To partially pay that debt, I wrote an article entitled "In Defense of Gaston Naessens," which appeared in the September – October issue of the New Age Journal (Boston,
That article has elicited dozens of telephone calls both to the magazine's editors and to Naessens himself.

Because the trial was to take place in a small French-speaking enclave in the vastness of the North American continent, I felt it important, as an American who had had the opportunity to master the French language, to cover the day-to-day proceedings of an event of great historical importance, which, because it took place in a linguistic islet, unfortunately did not make headlines in Canadian urban centers such as Halifax, Toronto, Calgary, or Vancouver, not to speak of American cities.

When the trial was over, Gaston Naessens asked me, over lunch, whether, instead of writing the long book on his fascinating life and work that I was planning, I could quickly write a shorter one on the trial based on the copious notes I had taken. He felt it was of great importance that the public be informed of what had happened at the trial.

I agreed to take on the task because I knew that a great deal was at stake, not the least of which are the fates of patients suffering from the incurable degenerative diseases that Naessens's treatments, developed as a result of his microscopic observations, have been able to cure.

The tribulations and the multiple trials undergone by Naessens will come to an end only when an enlightened populace exerts the pressure needed to make the rulers of its health-care organizations see the light.

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**Chapter 1**

**Discovery of the World's Smallest Living Organism**

"When the great innovation appears, it will almost certainly be in a muddled, incomplete, and confusing form ... for any speculation, which does not at first glance look crazy, there is no hope."

Freeman Dyson, Disturbing the Universe

Early in the morning of 27 June 1989, a tall, bald French-born biologist of aristocratic mien walked into the Palais de Justice in Sherbrooke, Quèbec, to attend a hearing that was to set a date for his trial. On the front steps of the building were massed over one hundred demonstrators, who gave him an ovation as he passed by.
The demonstrators were carrying a small forest of laths onto which were glued, stapled, or thumbtacked placards and banners. The most eye-catching prominently among these signs read: “Freedom of Speech, Freedom of Medical Choice, Freedom in Canada!” “Long Live Real Medicine, Down With Medical Power!” “Cancer and AIDS Research in Shackles While a True Discoverer is Jailed!” “Thank you, Gaston, for having saved my life!” And, simplest of all: “Justice for Naessens!”

Late one afternoon, almost a month earlier, as he arrived home at his house and basement laboratory just outside the tiny hamlet of Rock Forest, Quèbec, Gaston Naessens had been disturbed to see a swarm of newsmen in his front yard. They had been alerted beforehand – possibly illegally – by officers of the Suretè, Quèbec’s provincial police force, who promptly arrived to fulfill their mission.

As television cameras whirred and cameras flashed, Naessens was hustled into a police car and driven to a Sherbrooke jail, where, pending a preliminary court hearing, he was held for twenty-four hours in a tiny cell under conditions he would later describe as the “filthiest imaginable.” Provided only with a cot begrimed with human excrement, the always elegantly dressed scientist told how his clothes were so foul smelling after his release on ten thousand dollars’ bail that, when he returned home, his wife, Françoise, burned them to ashes.

It was to that same house that I had first come in 1978, on the recommendation of Eva Reich, M.D., daughter of the controversial psychiatrist-turned-biophysicist Wilhelm Reich, M.D. A couple of years prior to my visit with Eva, I had researched the amazing case of Royal Raymond Rife, an autodidact and genius living in San Diego, California, who had developed a ‘Universal Microscope’ in the 1920s with which he was able to see, at magnifications surpassing 30,000-fold, never-before-seen microorganisms in living blood and tissue. *’What Has Become of the Rife Microscope?’,” New Age Journal, (Boston, Massachusetts), 1976. This article has, ever since, been one of the Journal’s most requested reprints. It is reproduced in this book as Appendix A. Developments in microscopic techniques have only recently begun to match those elaborated by Naessens more than forty years ago.

Eva Reich, who had heard Naessens give a fascinating lecture in Toronto, told me I had another “Rife” to investigate. So I drove up through Vermont to a region just north of the Canadian-American border that is known, in French, as “L’Estrie,” and, in English, as ‘The Eastern Townships.’ And, there, in the unlikeliest of outbacks, Gaston Naessens and his Quèbec-born wife, Françoise (a hospital laboratory technician and, for more than twenty-five years, her husband’s only assistant), began opening my eyes to a world of research that bids fair to revolutionize the fields of microscopy, microbiology, immunology, clinical diagnosis, and medical treatment.

Let us have a brief look at Naessens’s discoveries in these usually separated fields to see, step by step, the research trail over which, for the last forty years – half of them in France, the other half in Canada – he has traveled to interconnect them. In the 1950s, while still in the land of his birth, Naessens, who had never heard of Rife, invented a microscope, one of a kind, and the first
one since the Californian's, capable of viewing living entities far smaller than can be seen in existing light microscopes.

In a letter of 6 September 1989, Rolf Wieland, senior microscopy expert for the world-known German optics firm Carl Zeiss, wrote from his company's Toronto office: "What I have seen is a remarkable advancement in light microscopy. ... It seems to be an avenue that should be pursued for the betterment of science."

And in another letter, dated 12 October 1989, Dr. Thomas G. Tornabene, director of the School for Applied Biology at the Georgia Institute of Technology (Georgia Tech), who made a special trip to Naessens's laboratory, where he inspected the microscope, wrote:

Naessens's ability to directly view fresh biological samples was indeed impressive ... Most exciting were the differences one could immediately observe between blood samples drawn from infected and non-infected patients, particularly AIDS patients. Naessens's microscope and expertise should be immensely valuable to many researchers.

It would seem that this feat alone should be worthy of an international prize in science to a man who can easily be called a twentieth-century "Galileo of the microscope."

With his exceptional instrument, Naessens next went on to discover in the blood of animals and humans – as well as in the saps of plants – a hitherto unknown, ultramicroscopic, subcellular, living and reproducing microscopic form, which he christened a somatid (tiny body). This new particle, he found, could be cultured, that is, grown, outside the bodies of its hosts (in vitro, "under glass," as the technical term has it). And, strangely enough, this particle was seen by Naessens to develop in a pleomorphic (form-changing) cycle, the first three stages of which – somatid, spore, and double spore – are perfectly normal in healthy organisms, in fact crucial to their existence. (See Figure)
Even stranger, over the years the somatids were revealed to be virtually indestructible! They have resisted exposure to carbonization temperatures of 200° C and more. They have survived exposure to 50,000 rems of nuclear radiation, far more than enough to kill any living thing. They have been totally unaffected by any acid. Taken from centrifuge residues, they have been found impossible to cut with a diamond knife; so unbelievably impervious to any such attempts is their hardness.
The eerie implication is that the new minuscule life forms revealed by Naessens's microscope are imperishable. At the death of their hosts, such as ourselves, they return to the earth, where they live on for thousands or millions, perhaps billions, of years!

This conclusion – mind-boggling on the face of it – is not one that sprang full-blown from Naessens’s mind alone. A few years ago, I came across a fascinating doctoral dissertation, published as a book, authored by a pharmacist living in France named Marie Nonclercq.

Several years in the writing, Nonclercq's thesis delved into a long-lost chapter in the history of science that has all but been forgotten for more than a century. This chapter concerned a violent controversy between, on the one side, the illustrious Louis Pasteur, whose name, inscribed on the lintels of research institutes all over the world, is known to all schoolchildren, if only because of the pasteurized milk they drink.

On the other side was Pasteur's nineteenth-century contemporary and adversary, Antoine Bèchamp, who first worked in Strasbourg as a professor of physics and toxicology at the Higher School of Pharmacy, later as professor of medical chemistry at the University of Montpellier, and, later still, as professor of biochemistry and dean of the faculty of medicine at the University of Lille, all in France.

While laboring on problems of fermentation, the break-down of complex molecules into organic compounds via a "ferment" – one need only think of the curdling of milk by bacteria – Bèchamp, at his microscope, far more primitive than Naessens's own instrument, seemed to be able to descry a host of tiny bodies in his fermenting solutions. Even before Bèchamp's time, other researchers had observed, but passed off as unexplainable, what they called "scintillating corpuscles" or "molecular granulations." Bèchamp, who was able to ascribe strong enzymatic (catalytic change-causing) reactions to them, was led to coin a new word to describe them: microzymas (tiny ferments).

Among these ferments' many peculiar characteristics was one showing that, whereas they did not exist in chemically pure calcium carbonate made in a laboratory under artificial conditions, they were abundantly present in natural calcium carbonate, commonly known as chalk. For this reason, the latter could, for instance, easily "invert" cane sugar solutions, while the former could not.

With the collaboration of his son, Joseph, and Alfred Estor, a Montpellier physician and surgeon, Bèchamp went on to study microzymas located in the bodies of animals and came to the startling conclusion that the tiny forms were far more basic to life than cells, long considered to be the basic building blocks of all living matter. Bèchamp thought them to be fundamental elements responsible for the activity of cells, tissues, organs, and indeed whole living organisms, from bacteria to whales, and larks to human beings. He even found them present in life-engendering eggs, where they were responsible for the eggs' further development while themselves undergoing significant changes.
So, nearly a century before Gaston Naessens christened his somatid, his countryman, Bèchamp, had come across organisms that, as Naessens immediately recognized, seem to be "cousins," however many times removed, of his own "tiny bodies."

Most incredible to Bèchamp was the fact that, when an event serious enough to affect the whole of an organism occurred, the microzymas within it began working to disintegrate it totally, while at the same time continuing to survive. As proof of such survival, Bèchamp found these microzymas in soil, swamps, chimney soot, street dust, even in air and water. These basic and apparently eternal elements of which we and all our animal relatives are composed survive the remnants of living cells in our bodies that disappear at our death. So seemingly indestructible were the microzymas that Bèchamp could even find them in limestone dating to the Tertiary, the first part of the Cenozoic Era, a period going back sixty million years, during which mammals began to make their appearance on earth.

And it could be that they are older still, far older. Professor Edouard Boureau, a French paleontologist, writes in his book *Terre: Mère de la Vie* (Earth: Mother of Life), concerning problems of evolution, that he had studied thin sections of rock, over three billion years old, taken from the heart of the Sahara Desert. These sections contained tiny round coccoid forms, which Boureau placed at the base of the whole of the evolutionary chain, a chain that he considers might possibly have developed in one of three alternative ways. What these tiny coccoid forms could possibly be, Boureau does not actually know, but, from long study, he is sure about the fact they were around that long ago.

When I brought the book to Naessens's attention, he told me, ingenuously and forthrightly: "I'd sure like to have a few samples of moon rocks to section and examine at my microscope. Who knows, we might find somatid forms in them, the same traces of primitive life that exist on earth!"

Over years of careful microscopic observation and laboratory experimentation, Naessens went on to discover that if and when the immune system of an animal or human being becomes weakened or destabilized, the normal three-stage cycle of the somatid goes through thirteen more successive growth stages to make up a total of sixteen separate forms, each evolving into the next. (See diagram of the somatid cycle).

All of these forms have been revealed clearly and in detail by motion pictures, and by stop-frame still photography, at Naessens's microscope. Naessens attributes this weakening, as did Bèchamp, to trauma, brought on by a host of reasons, ranging from exposure to various forms of radiation or chemical pollution to accidents, shocks, depressed psychological states, and many more.

By studying the somatid cycle as revealed in the blood of human beings suffering from various degenerative diseases such as rheumatoid arthritis, multiple sclerosis, lupus, cancer, and, most recently, AIDS, Naessens has been able to associate the development of the forms in the sixteen-stage pathological cycle with all of these diseases. A videocassette showing these
new microbiological phenomena is available. Among other things, it shows that when blood is washed to remove all somatids external to the blood's red cells, then heated, somatids latently present in a liquid state within the red blood cells themselves take concrete form and go on to develop into the sixteen-stage cycle. "This," says Naessens, "is what happens when there is immune system disequilibrium." It is not yet known exactly how or why or from what the somatids take shape. Of the some 140 proteins in red blood cells, many may play a role in the process. The appearance of somatids inside red blood cells is thus an enigma as puzzling as the origin of life itself. I once asked Naessens, "If there were no somatids, would there be no life!" "That's what I believe," he replied.

Even more importantly, Naessens has been able to predict the eventual onset of such diseases long before any clinical signs of them have put in an appearance. In other words, he can "prediagnose" them. And he has come to demonstrate that such afflictions have a common functional principle, or basis, and therefore must not be considered as separate, unrelated phenomena as they have for so long been considered in orthodox medical circles.

Having established the somatid cycle in all its fullness, Naessens was able, in a parallel series of brilliant research steps, to develop a treatment for strengthening the immune system. The product he developed is derived from camphor, a natural substance produced by an East Asian tree of the same name. Unlike many medicinals, it is injected into the body, not intramuscularly or intravenously, but intralymphatically – into the lymph system, via a lymph node, or ganglion, in the groin.

In fact, one of the main reasons the medical fraternity holds the whole of Naessens's approach to be bogus is its assertion that intralymphatic injection is impossible! Yet the fact remains that such injection is not only possible, but simple, for most people to accomplish, once they are properly instructed in how to find the node. While most doctors are never taught this technique in medical school, it is so easy that laypeople have been taught to inject, and even to self-inject, the camphor-derived product within a few hours.

The camphor-derived product is named "714-X" – the 7 and the 14 refer to the seventh letter "G" and the fourteenth letter "N" of the alphabet, the first letters of the inventor's first and last names, and the X refers to the twenty-fourth letter of the alphabet, which denotes the year of Naessens's birth, 1924. When skillfully injected, 714-X has, in over seventy-five percent of cases, restabilized, strengthened, or otherwise enhanced the powers of the immune system, which then goes about its normal business of ridding the body of disease.

Let us for a moment return to the work and revelations of Antoine Bèchamp. As already noted, with the fairly primitive microscopic technology available in Bèchamp's day, it was almost incredible that he was seemingly able to make microbiological discoveries closely paralleling, if not completely matching, those of Naessens nearly a hundred years later. We have already alluded to the fact that the microzymas in traumatized animals did not remain passive, as before, but, on the contrary, became highly active and began to destroy the
bodies of their hosts, converting themselves to bacteria and other microbes in order to carry out that function.

While the terminology is not exactly one that Gaston Naessens would use today, the principles of trauma and of destruction of the body are shared in common by the two researchers. Had Bèchamp had access to Naessens's microscope, he, too, might have established the somatid cycle in all the detail worked out by Naessens.

So what happened to Bèchamp and his twentieth-century discoveries made in the middle of the nineteenth century? The sad fact is that, because he was modest and retiring – just like Gaston Naessens- his work was overshadowed by that of his rival. All of Pasteur's biographies make clear that he was, above all, a master of the art of self-promotion. But, odd as it seems, the same biographies do not reveal any hint of his battle with Bèchamp, many of whose findings Pasteur, in fact, plagiarized.

Even more significant is that while Bèchamp, as we have seen, championed the idea that the cause of disease lay within the body, Pasteur, by enouncing his famous "germ theory," held that the cause came from without. In those days, little was known about the functioning of the immune system, but what else can explain, for instance, why some people survived the Black Plague of the Middle Ages, while countless others died like flies? And one may add that Royal Raymond Rife's microscope, like that of Naessens, allowed him to state unequivocally that "germs are not the cause but the result of disease!" Naessens independently adopted this view as a result of his biological detective work. The opposite view, which won the day in Pasteur's time, has dominated medical philosophy for over a century, and what amounted to the creation of a whole new worldview in the life sciences is still regarded as heretical!

Yet the plain fact is that, based on Naessens's medical philosophy as foreshadowed by Bèchamp and Rife, up to the present time, Naessens's treatment has arrested and reversed the progress of disease in over one thousand cases of cancer (many of them considered terminal), as well as in several dozen cases of AIDS, a disease for which the world medical community sadly states that it has as yet no solution what-so-ever. Suffering patients of each sex, and of ages ranging from the teens to beyond the seventies, have been returned to an optimal feeling of well-being and health.

A layperson having no idea of the scope of Naessens's discoveries, or their full meaning and basic implications, might best be introduced to them through Naessens's explanation to a visiting journalist. "You see," began Naessens, "I've been able to establish a life cycle of forms in the blood that add up to no less than a brand new understanding for the very basis of life. What we're talking about is an entirely new biology, one out of which has fortunately sprung practical applications of benefit to sick people, even before all of its many theoretical aspects have been sorted out." At this point, Naessens threw in a statement that would startle any biologist, particularly a geneticist: "The somatids, one can say, are precursors of DNA. Which means that they somehow supply a `missing link’ to an understanding of that remarkable molecule
that up to now has been considered as an all but irreducible building block in the life process."

*Intriguing is a recent discovery by Norwegian microbiologists. On 10 August 1989, as Naessens was preparing for trial, the world’s most prestigious scientific journal, *Nature (United Kingdom)*, ran an article entitled “High Abundance of Viruses Found in Aquatic Environments.” Authored by Ovind Bergh and colleagues at the University of Bergen, it revealed that, for the first time, in natural unpolluted waters, hitherto considered to have extremely low concentrations of viruses, there exist up to 2.5 trillion strange viral particles for each liter of liquid. Measuring less than 0.2 microns, their size equates to the largest of Naessens’s somatids. Much too small for any larger marine organism to ingest, the tiny organisms are upsetting existing theories on how pelagic life systems operate.

In light of Gaston Naessens’s theory that his somatids are DNA precursors, it is fascinating that the Norwegian researchers believe that the hordes upon hordes of viruses might account for DNA’s being inexplicably dissolved in seawater. Another amazing implication of the high viral abundance is that routine viral infection of aquatic bacteria could be explained by a significant exchange of genetic material. As Evelyn B. Sherr, of the University of Georgia’s Marine Institute on Sapelo Island, writes in a sidebar article in the same issue of *Nature*: "Natural genetic engineering experiments may have been occurring in bacterial populations, perhaps for eons." What connection the aqua-viruses may have with Naessens’s somatids is a question that may become answerable when Naessens has the opportunity to observe them at his microscope and compare them with the ones he has already found in vegetal saps and mammalian blood.

If somatids were a "missing link" between the living and the nonliving, then what, I wondered aloud in one of my meetings with Françoise Naessens, would be the difference between them and viruses, a long debate about the animate or inanimate nature of which has been going on for years?

There was something, was there not, about the somatid that related to its non-reliance and non-dependence upon any surrounding milieu needed by the virus, if it were to thrive.

"Yes," agreed Françoise, "to continue its existence, the virus needs a supportive milieu, say, an artificially created test-tube culture, or something natural, like an egg. If the virus needs this kind of support for growth, either in vivo or in vitro, a `helping hand,' as it were, the somatid is able to live autonomously, either in a `living body,' or `glass-enclosed.' This has something to do with the fact that, while the virus is a particle of DNA, a piece of it, the somatid is, as we’ve already said, a 'precursor' of DNA, something that leads to its creation."

To try to get to the bottom of this seemingly revolutionary pronouncement, I later asked Françoise to set down on paper some further exposition of it. She wrote:

**We have come to the conclusion that the somatid is no less than what could be termed a concretization of energy. One could say that this particle, one that is "initially differentiated," or materialized in the life process, possesses genetic properties transmissible to living**
organisms, animal or vegetal. Underlying that conclusion is our finding that, in the absence of the normal three-stage cycle, **no cellular division can occur!** Why not? Because it is the normal cycle that produces a special growth hormone that permits such division. We believe that hormone to be closely related, if not identical, to the one discovered years ago by the French Nobel Laureate Alexis Carrel, who called it a **trephone.**

The best experimental proof backing up this astounding disclosure, Françoise went on, begins with a cube of fresh meat no different from those impaled on shish kebab skewers. After being injected with somatids taken from an in vitro culture, the meat cube is placed in a sealed vessel in which a vacuum is created. With the cube now protected from any contamination from the ambient atmosphere, and anything that atmosphere might contain that could act to putrefy the meat, the vessel is subsequently exposed during the day to natural light by setting it, for instance, next to a window.

Harboring the living, indestructible somatids as it does, the meat cube in the vessel will, thenceforth, not rot, as it surely would have rotted had it not received the injection. Retaining its healthy-looking color, it not only remains as fresh as when inserted into the vessel, but progressively increases in size, that is, it continues to grow, just as if it were part of a living organism.

Could a meat cube, animated by somatids, if somehow also electrically stimulated, keep on growing to revive the steer or hog from which it had been cut out? The thought flashed inanely through my mind. Maybe there was something electrical about the somatid? Before I could ask that question of her, Françoise seemed to have already anticipated it.

"The 'tiny bodies' discovered by Naessens," she went on, "are fundamentally electrical in nature. In a liquid milieu, such as blood plasma, one can observe their electrical charge and its effects. For the **nuclei** of these particles are **positively** charged, while the **membranes**, coating their exteriors, are **negatively** charged. Thus, when they come near one another, they are automatically mutually repulsed just as if they were the negative poles of two bar magnets that resist any manual attempt to hold them together."

"Well," I asked, "isn't that the same as for cells, whose nuclei and membranes are, respectively, considered to have plus, and minus, electrical charges?"

"Certainly," she replied, "with the difference that, in the case of the somatids, the energetic release is very much larger. Somatids are actually tiny living condensers of energy, the smallest ever found."

I was thunderstruck. What, I mused, would the great Hungarian scientist Albert Szent-Györgyi, winner of the Nobel Prize for his discovery of **ascorbic acid**
(vitamin C) and many other awards, have had to say had he, before his recent death, been aware of Naessens's discoveries? For it was Szent-Györgyi who, abandoning early attempts to get at the "secret of life" at the level of the molecule, had predicted, prior to World War II, when still living and working in Hungary, that such a secret would eventually be discovered at the level of the electron, or other electrically related atomic particles!*

*For more recent discoveries relating to the electrical basis for life, readers are also referred to two fascinating books by Dr. Robert O. Becker, The Body Electric (New York: Quill, William Morrow, 1985) and Cross Currents (Los Angeles: J. P. Tarcher, 1990).

Probing further into the world of the somatid and its link to life's basis and hereditary characteristics, I asked Françoise if Naessens had done any experiments to show how somatids might produce genetic effects on living organisms.

"I'll tell you, now, about one experiment we have repeated many times," she answered, "whose results are hard for any orthodox biologist to swallow. Before describing it, let me add that it is our belief—as it was also Antoine Béchamp's— that each of our bodily organs possesses somatids of varying, as yet indescribable, natures that are specific to it alone. But the whole ensemble, the 'family' of these varying forms, collectively circulates, either in the circulatory or the lymph system. On the basis of this experiment, we hold that, as a group, they contain the hereditary characteristics of each and every individual being."

As described by Françoise, the experiment begins by extracting somatids from the blood of a rabbit with white fur. A solution containing them is then injected, at a dose of one cubic centimeter per day, into the bloodstream of a rabbit with black fur, for a period of two weeks running. Within approximately one month, the fur of the black rabbit begins to turn a grayish color, half of the hairs of which it is composed having turned white. In a reverse process, the fur of a white rabbit, injected with somatids from a black one, also begins to turn gray.

Astonishing as this result, with its "genetic engineering" implications, might be, the effect of such "somatid transfer" from one organism to another also, said Françoise, produces another result offering great insight into the role played by the somatid in the immunological system. "When a patch of skin," she continued, "is cut from the white rabbit and grafted onto the empty space left after cutting a patch of similar size from the black rabbit, the graft shows none of the signs of rejection that normally take place in the absence of somatid transfer." What this might bode for the whole technique of organ transplant, attempts at which have been bedeviled by the "rejection syndrome," we shall let readers—especially medically trained readers—ponder.
Chapter 2

Gaston Naessens's Life and Work

"Is it not living in a continual mistake to look upon diseases, as we do now, as separate entities, which must exist, like cats und dogs, instead of looking at them as conditions, like a dirty and a clean condition, and just as much under our control; or rather as the reactions of a kindly nature, against the conditions in which we have placed ourselves?"

Florence Nightingale, 1860 (seventeen years before Pasteur announced his germ theory), cited in Pasteur: The Germ Theory Exploded by R. B. Pearson

Even a single discovery as striking as those made by Naessens in the five interlinked areas detailed in the previous chapter could, by itself, justifiably be held remarkable. That Naessens was able to make all five discoveries, each in what can be termed its own discipline, might seem to be a feat taken from the annals of science fiction.

And that is exactly the point of view adopted by the medical authorities of the province of Quèbec. Worse still, those same authorities have branded Naessens an out-and-out charlatan, calling his camphor-derived 7 14-X product fraudulent and the whole of his theory about the origin of degenerative disease and the practice of its treatment, not to add the rest of his "New biology," no more than "quackery."

Spearheading the attack was Augustin Roy, a doctor of medicine, but one who – like Morris Fishbein, M.D., for many years "Tsar" of the American Medical Association -actually practiced medicine for only a brief period of his life.

How did a researcher such as Gaston Naessens, endowed with genius, come to land in so dire a situation? Let us briefly review some of the story of his life and work, about which, during repeated trips to Rock Forest from the United States, I came to learn more and more.

Gaston Naessens was born on 16 March 1924, in Roubaix, in northern France, near the provincial capital of Lille, the youngest child of a banker who died when his son was only eleven years old. In very early childhood, Gaston was already showing precocity as an inventor. At the age of five, he built a little moving automobile-type vehicle out of a "Mechano" set and powered it with a spring from an old alarm clock.

Continuing to exhibit unusual manual dexterity, a few years later Gaston constructed his own home-built motorcycle, then went on to fashion a mini-airplane large enough to carry him aloft. It never flew, for his mother, worried he would come to grief, secretly burned it on the eve of its destined takeoff.

After graduation from the Collège Universitaire de Marcen Baroeul, a leading prep school, Gaston began an intensive course in physics, chemistry, and
biology at the University of Lille. When France was attacked and occupied by Nazi forces during World War II, young Gaston together with other fellow students was evacuated to southern France, where, in exile near Nice, he had the highly unusual opportunity to receive the equivalent of a full university education at the hands of professors also displaced from Lille.

By the war's end, Gaston had been awarded a rare diploma from the Union Nationale Scientifique Française, the quasi-official institution under whose roof the displaced students pursued their intensive curriculum. Unfortunately, in an oversight that has cost him dearly over the years, Naessens did not bother to seek an "equivalence" from the new republican government set up by General Charles de Gaulle. He thus, ever since, has been accused of never having received an academic diploma of any kind.

Inspired by his teachers, and of singular innovative bent, Gaston, eschewing further formal education – "bagage universitaire" as he calls it – set forth on his own to develop his microscope and begin his research into the nature of disease. In this determination, he was blessed by having what in French is called a jeunesse dorée, a gilded childhood – "born with a silver spoon in his mouth," as the English equivalent has it. His mother afforded him all that was needed to equip his own postwar laboratory at the parental home.

His disillusion in working in an ordinary laboratory for blood analysis spurred Gaston into deciding to go free-lance as a researcher. Even his mother was worried about Gaston's unorthodox leanings. She clearly understood that her son was unhappy with all he had read and been taught. As he was to put it: "She told me what any mother would tell her son: 'It's not you who will make any earth-shaking discoveries, for there have been many, many researchers working along the same lines for decades. 'But she never discouraged me, never prevented me from following my own course, and she helped me generously, financially speaking."

Gaston Naessens knew that there was something in the blood that eluded definition. It had been described in the literature as crasse sanguine (dross in the blood], and Naessens had been able to descry it, if only in a blurry way, in the microscopic instruments up to then available to him. What was needed was a brand new microscope, one that could see "farther." He thought he knew how to build one and, at twenty-one, he determined to set about doing so.

In the design of the instrument that would open a vista onto a new biological world, Naessens was able to enjoin the technical assistance of German artisans in the village of Wetzlar, in Germany, where the well-known German optical company Leitz had been located before the war. The artisans were particularly helpful in checking Naessens's original ideas on the arrangement of lenses and mirrors. The electronic manipulation of the light source itself, however, was entirely of Gaston's own private devising. When all aspects of the problem seemed to have been solved, Naessens was able to get the body of his new instrument constructed by Barbier-Bernard et Turenne, technical specialists and military contractors near Paris.
Readers may fairly ask why Naessens's "Twenty-first-century" instrument, which has been called a "somatoscope" due to its ability to reveal the somatid, has never been patented and manufactured for wide use. To understand the difficulty, we should "fast forward" to 1964, the year Naessens arrived in Canada. Hardly having found his footing on Canadian soil, he received a handwritten letter, dated 3 May, from one of the province's most distinguished physicists, Antoine Aumont, who worked in the Division for Industrial Hygiene of the Québec Ministry of Health.

Aumont, who had read about Naessens's special microscope in the press, had taken the initiative of visiting Naessens in his small apartment in Duvernay, near Montreal, to see, and see through, the instrument with his own eyes. Aumont wrote:

**Many thanks for having accorded me an interview that impressed me far more than I can possibly describe.**

I have explained to you why my personal opinions must not be considered as official declarations. But, after thinking over all that you showed, and told me, during my recent visit, I have come to unequivocal conclusions on the physical value of the instrumentation you are using to pursue your research.

As I told you, if my knowledge of physics and mathematics can be of service to you, I would be very glad to put them at your disposition.

It can be deduced that Aumont's enthusiasm for what he had seen caused a stir in the Québec Ministry of Health, for, on 17 July, Naessens received an official letter from that office stating that the minister was eager to have his microscope "officially examined" if its inventor would "furnish in writing details concerning this apparatus, including all its optical, and other, particularities, as well as its powers of magnification, so that experts to be named by the minister can evaluate its unique properties."

In reply to this letter, Naessens's lawyer sent a list of details as requested and stated: "You will, of course, understand that it is impossible for Monsieur Naessens to furnish you, in correspondence, the complete description of a highly novel microscope which is, moreover, unprotected by any patent." Then, to explain why no patent had yet been granted, he added a key phrase: "since its mathematical constants have, up to the present, not been elucidated in spite of a great deal of tiresome work performed in that regard." In other words, it seemed that Aumont and his colleagues had been unable to explain the superiority of the microscope in terms of all the known laws of optics and it still seems that, so far, no one else has been able to do so.

There have been interesting recent reports on new microscopes being developed that apparently rival the magnification powers of Naessens's somatoscope. It would seem, however, that the 150 angstroms of resolution achieved by Naessens’s instrument has not yet been matched.
The Los Angeles based World Research Foundation's flyer, presenting its autumn (1990) conference "New Directions for Medicine ... Focusing on Solutions," announces the development of an Ergonom – 400 microscope, used by a German Heilpraktiker, or healer, Bernhard Muschlien, who paid a visit to Naessens's laboratory in 1985. While his microscope is apparently capable of achieving 25,000-fold magnification, its stated resolution is 100 nanometers (1000 angstroms), or several orders of magnitude less than the 150 angstroms developed with the somatoscope.*

*One nanometer is one-billionth of a meter; one angstrom is ten-billionths of a meter, or one-tenth of a nanometer.

In the July 1990 issue of Popular Science, an article, "Super Scopes," refers to an extraordinary new technology in microscopy engineered at Cornell University under the direction of Professor Michael Isaacson, and also in Israel. The technology uses not lenses but apertures smaller than the wavelengths of visible light to achieve high magnification. Isaacson is quoted as saying: "Right now, we can get about 40 nanometers (400 angstroms) of resolution," though he hopes to heighen that "power" to 100 angstroms "down the road." The 150 angstroms capacity built into Naessens's microscope over forty years ago still seems to lead the field.

Returning to the biography of Naessens, during the 1940s, the precocious young biologist began to develop novel anti-cancer products that had exciting new positive effects. The first was a confection he named "GN-24" for the initial letters of his first and last names, and for 1924, the year of his birth. Because official medicine had long considered cancerous cells to be basically "fermentative", in nature, reproducing by a process that, while crucial to malting good wine from grape juice, produces no such salutary effect in the human body, Naessens's new product incorporated an "antifermentative" property. The train of his thinking, biologically or bio-chemically speaking, will not be here elaborated lest this account become too much of a "scientific treatise." What can be mentioned is that the new product, GN-24, sold in Swiss pharmacies, had excellent results when administered by doctors to patients with various forms of cancer.

As but one example of these results, Naessens cited to me the case of his own brother-in-law, on the executive staff of the famed Paris subway system, the Métropolitain. In 1949, this relative, the husband of a now ex-wife's sister, was suffering through the terminal phase of stomach cancer and had been forced into early retirement. After complete recuperation from his affliction, he returned to work. Only recently, Naessens, who had lost contact with him for years, was informed that he was alive and well.

Another 1949 case was that of Germaine Laruelle, who was stricken with breast cancer plus metastases to her liver. A ghastly lesion that had gouged out the whole of the left section of her chest had caused her to go into coma when her family beseeched Naessens to begin his treatment. After recovering her health, fifteen years later, she voluntarily came to testify on behalf of Naessens, who, as we shall presently see, had been put under investigation by the French Ordre des Médecins (Medical Association). She also allowed press photographers to take pictures of the scars on the left side of her breast-
denuded chest. In 1969, twenty years after her initial treatment, she died of a heart attack.

Seeking a more imposing weapon against cancer, Naessens next turned in the direction of a serum. This he achieved by hyper-immunizing a large draft horse as a result of injecting the animal with cancer-cell cultures, thus forcing it to produce antibodies in almost industrial quantities. Blood withdrawn from the horse's veins containing these antibodies, when purified, was capable of fighting the ravages of cancer. It proved to have therapeutic action far more extensive than that obtained by GN-24, and led to a restraint or reversal of the cancerous process, not only in cases of tumors but also with various forms of leukemia. Many patients clandestinely treated by their doctors with the new serum, called Anablast (Ana, "without," and blast, "cancerous cells"), were returned to good health.

One patient, successfully so treated, was to play a key role in Naessens's life. This was Suzanne Montjoint, then just past forty years of age, who, in 1960, developed a lump the size of a pigeon's egg in her left breast, which, over the next year, grew to become as large as a grapefruit. After the breast itself was surgically removed, Montjoint underwent a fifty-four-day course of radiation that caused horrible third-degree burns all over her chest. Within six months, she began to experience severe pain in her lower back.

Chemical examination revealed that the original cancer had spread to her fifth lumbar vertebra. More radiation not only could not alleviate the now excruciating pain, but caused a blockage in the functioning of her kidneys and bladder. When doctors told her husband she had only a week or so to live, Suzanne said to him, "I still have strength left to kill myself ... but, tomorrow, I may not have it anymore."

Summoned by the husband, one of whose friends had told him about the biologist, Naessens began treating Madame Montjoint, who, by then, had lapsed into a semicoma. Within four days, all her pains disappeared and she had regained clarity of mind. By April 1962, after an examination of her blood at his microscope, Naessens declared that the somatid cycle in Suzanne Montjoint's blood had returned to normal. As she later told press reporters, "My recovery was no less than a resurrection!"

When these successful treatments, plus many others, came to the attention of French medical authorities, Naessens was twice brought before the bar of justice, first for the "illegal practice of medicine," next for the "illegal practice of pharmacy." On both occasions, he was heavily fined, his laboratory sealed, and most of its equipment confiscated, though, happily, he was able to preserve his precious microscope.

With all the harassment he was undergoing, while at the same time saving the lives of patients whose doctors could afford them little, or no, hope for recovery, Gaston Naessens was almost ready to emigrate from his mother country and find a more congenial atmosphere in which to pursue his work, with the privacy and anonymity that he had always cherished and still longs for. An opportunity to do so came when he was invited by doctors in a
community that, if it was not a foreign country, might, like Québec in North America, seem to be one. The locale in question was the Mediterranean Island of Corsica, whose inhabitants speak a dialect more akin to Italian than to French. With a long history of occupation by various invaders before it actually became part of the French Republic, its population has ever since been possessed of a revolutionary streak that, on occasion, fuels an urge toward secession from the "motherland."

In Corsica, Naessens established a small research laboratory in the village of Prunette, on the southwest tip of the island. What happened next, in all its full fury, cannot be told here. Reported in two consecutive issues of the leading Parisian illustrated weekly Paris-Match, the story would require, for any adequate telling, two or more chapters in a much longer book.

Suffice it to say that, having developed a cure for various forms of degenerative disease, Naessens saw his ivory tower invaded by desperate patients from all over the world who had learned of his treatment when a Scots Freemason, after hearing about it during a Corsican meeting with international members of his order, leaked them to the press in Edinburgh. Within a week, hundreds of potential patients were flying into Ajaccio, the island's capital, some of them from as far away as Czechoslovakia and Argentina.

The deluge immediately unleashed upon Naessens the wrath of the French medical authorities, who began a long investigation in the form of what is known in France as an Instruction – called in Québec an Enquête préliminaire – a kind of "investigative trial" before a more formal one.

All the "ins and outs" of this long jurisprudential process, thousands of pages of transcripts about which still repose in official Parisian archives, must, however regrettably, be left out of this narrative. Its denouement was that Gaston Naessens, together with key components of his microscope preserved on his person, left his native land in 1964 to fly to Canada, a country whose medical authorities he believed to be far more open to new medical approaches and horizons than those in France. His abrupt departure from the land of his birth was facilitated by a high-ranking member of France's top police organ, the Sureté Nationale, whose wife, Suzanne Montjoint, Naessens had successfully treated.

Hardly had Naessens set foot on Canadian soil than he was faced with difficulties, in fact a "scandal," almost as, if not just as, serious as the one he had just left behind. During the French Instruction proceedings in 1964, one Renè Guynemer, a Canadian "war hero" of uncertain origin and profession, had accosted Naessens in his Paris domicile to beg him to come to Canada in order to treat his little three-year-old son, Renè Junior, who was dying of leukemia.

Though puzzled about a certain lack of "straightforwardness" in the supplicant, Naessens, ever willing to help anyone in distress, and with the approbation and assistance of the Canadian ambassador to France, immediately flew to Montréal, where he hoped, as agreed by Guynemer père, to be able to treat fils in complete discretion. Upon his arrival at Montréal's Dorval Airport, however, Naessens was aghast to see a horde of representatives of both the printed and
visual media, creating, in anticipation of his arrival, what amounted to a virtual mob scene.

The Quèbec "Medical College" had, at the time, agreed, for "humanitarian" reasons, to allow the treatment of the Guynemer child, in spite of the fact that Anablast had not been licensed for use in Canada. Various tests, lasting for several weeks, were made on the product at Montréal's well-known microbiological Institut Armand Frappier to confirm the presence of gamma globulin in it, the presence of which purportedly thorough French examinations had failed to detect.

Virtually at death's door, the Guynemer child was said to have been given nine injections of Anablast. Naessens himself was never given official confirmation that the injections had actually been administered. Nor was he permitted to make any examination of the little patient's blood at his microscope, or even to meet him face to face. After the little boy succumbed, the Quèbec press exploded with stories that, in their luridness, matched the ones that had been appearing all over France after the Corsican "debacle."

Some of the mysteries of the "Guynemer connection" will likely never come to light. Only later did it become clear that the true name of the leukemic child's father was actually Lamer, a man who had claimed that, in past years, he had been an officer in the Royal Canadian Air Force and a "secret agent" attached to the French "underground" during World War II. To the Naessenses, the question has always remained: If he was an "agent," then for whom, or for what?

In the spring of 1965, Naessens journeyed to France for his trial. When he returned to Quèbec in the autumn of that year, he retired from the public scene to live incognito in Oka, a Montréal suburb, with a newfound friend, Hubert Lamontagne, owner of a business selling up-to-date electronic devices, whom he had met while looking for electrical components for his microscope in 1964. As a person skilled in electronics, Naessens was able to be of great assistance to his host, who also operated a large "repair shop" throughout the winter and the following summer, when, on tour with a troop of comedians, he was put in charge of solving all the acoustical problems in the many provincial cabarets and theaters hosting the troop's performances. Deprived, for several years, of any support to pursue his life goals, Naessens was constrained to utilize his skills as a "Mr. Fixit," able to repair almost anything from automobile engines to rectifiers.

In 1971, Naessens had a stroke of luck, perhaps the most important of his career, when, through another friend, he was introduced to, and came under the protective wing of, an "angel" who saw in Naessens the kind of genius he had for a long time been waiting to back.

That "angel" was the late David Stewart, head of Montreal's prestigious MacDonald-Stewart Foundation, which for many years had funded, as it still continues to fund, orthodox cancer research. Despondent about the recent death from cancer of a close friend, and in serious doubt that any of the cancer research he had so long supported would ever produce any solution, Stewart's
guiding precept and motto was "In the search for a remedy for cancer, we shall leave no stone unturned." The philanthropist therefore decided personally to back Naessens's research. But after setting up a laboratory for the biologist on the Ontario Street premises of the well-known MacDonald Tobacco Company, which Stewart's father had inherited from its founder, tobacco magnate Sir William MacDonald, David Stewart came under such violent criticism by leaders of orthodox cancerology that he advised Naessens to move his research to a low-profile provincial retreat.

Having, by that time, established a "liaison" with his bride-to-be, Françoise Bonin, whose parents lived in Sherbrooke, Naessens was, by 1972, able to take over the elder Bonin's summerhouse on the banks of the Magog River in Rock Forest, "winterize" it, and establish a well-equipped laboratory in its basement. And there, the Naessenses, who were married in 1976, have ever since been located. Of his wife, Naessens has said to me, "She was persuaded from the very start about the intrinsic value of my research and at once saw the truth of it. Just as then, so now, years later, she continues her loyal assistance to get this truth out. Some ask if it's moral support. Yes, it could be called that. We have the same kind of attitudes about things. Both of us, for instance, believe that if something new produces good results, it's got to be pursued to the bitter end. This is not ambition, but moral honesty. When one gets to know her, one realizes that she doesn't just repeat the things I think and say, but is convinced about them because of what she has seen and experienced."

Because legal restrictions applying to foundations and their grants prevented David Stewart from transmitting monies directly to Naessens, the foundation director arranged for them to be funneled via the Hôtel Dieu – a leading hospital affiliated with the Université de Montreal that specializes in orthodox cancer treatment and research. Accused by Augustin Roy as a "quack," Naessens has consequently had his work modestly funded by checks made out by a hospital at the heart of one of Canada's cancer establishment's most prestigious fund-granting institutions. No more anomalous a situation exists anywhere in the worldwide multibillion-dollar cancer industry.

Given the importance of the foundation's assistance, it is all the more curious that Augustin Roy had not made the slightest mention of the foundation's loyal support of the biologist over the years. Instead, at a press conference held after Naessens's arrest to present traditional medicine's case against Naessens, Roy, perhaps unknowingly, demonstrated the "Catch-22" that any "alternative" medical, research, or "frontier" scientist faces. Roy stated that if Naessens were a "true" scientist he would have long since submitted his results to proper authorities for check, but when asked by journalists whether the Québec medical community had thoroughly investigated the biologist's claims, Roy inscrutably replied, "That's not our job." In answer to another reporter's query about the assertions of many cancer patients that the Naessens treatment had completely cured their affliction, Roy added, "I just can't understand the naivety and imbecility of some people."

To get a more complete idea of the full impact of Roy's attitude with respect to a brand new treatment and patients benefiting from it, we here excerpt some of
his additional statements made during an interview on McGill University's Radio Station in the summer of 1989.

When, to open the interview, Roy was asked his opinion about what the interviewer termed a "remarkable new anticancer product, 714-X," the medical administrator replied, "I have been aware of Monsieur Naessens for twenty-five years. In 1964, he arrived from France with a so-called cancer treatment, Anablast, the very same medicinal he's now using under another name – 714-X."

That anyone in a position as elevated as Roy's could publicly propagate so obvious an error is surprising. For Anablast, which, as we have seen, is a serum, has nothing to do with 714-X, a biochemical product. Yet here was the head of the Quebec medical establishment falsely stating that 714-X, developed over thirteen years in Canada, was nothing but the older French product bearing a new name, a statement tirelessly, and erroneously, repeated by journalists in the press.

As for Naessens himself, Roy told his radio audience: "That man's professional knowledge is equal to zero! You should know that he has, behind him, in France, an imposing, even 'heavy,' past involving serious judicial procedures and condemnations." It seems truly amazing that a doctor who, over a quarter of a century, had never met Naessens, or once visited his laboratory, or taken the trouble to investigate why hundreds of cancer patients had survived because of his new treatment, could so peremptorily reduce the biologist's knowledge to nil.

Was Roy really being impartial when he said, "I've got to be a bit careful because Naessens is currently under legal prosecution. ... But the fact remains that he was in serious trouble with the French legal authorities. Let's just say he's a 'slick talker,' one who knows how to address an audience. But, I ask you, why is it that he's been working in secret for so long?" In asking this question, Roy was obviously not in the least ashamed to be adding a second error to the one he had already propagated. For the truth was, and is, that Naessens, far from having worked "in secret," has at all times – as I have repeatedly witnessed over the years – kept his laboratory open to "all comers" and has stood ready to discuss his research with any of them. "It's so obvious," Roy disparagingly continued, "that all this man's affirmations and allegations just don't have a leg to stand on. ..."

"But," ingenuously interrupted his young interviewer, "haven't there been several people who have testified in writing, or on TV, that they've been cured by 714-X?"

Roy's unhesitating answer was breathtakingly categoric: "No one's personal testimony has any value whatsoever! All such testimonies are purely suggestive and anecdotal. Let's show a little common sense, after all! Common sense indicates that if Naessens had a real treatment for a malady such as cancer, it would have been criminal not to put it at the disposition of the whole world! I don't understand what he's up to, and I have even less understanding of those who go about publicizing his reputed treatment, which
is pure quackery." Given the hyperbole on Roy's part, one could well wonder what hope there might be for any kind of new discovery in the health field ever to become authorized, or even known. For years, Naessens had been assiduously, but unsuccessfully, trying to "put his discovery at the world's disposition."

Unabashed by the weight of her interviewee's authority, the interviewer was not loath to press in on Roy again: "There have, however, been certain doctors who have been most surprised at how terminal patients have been brought back to good physical shape with 714-X. Would that not make anyone eager to verify the facts with respect to those recovered patients?"

"Not at all!" Roy's rejoinder was a virtual explosion. "It's not my job, or that of the Medical Corporation, to check on pseudocures of that kind! So what, if two, three, four, or half a dozen doctors, in their isolation, have something good to say in support of it? No matter where they come from, their statements are worthless!"

To get a countervailing idea of what Naessens might have said in rebuttal in Roy's presence, we shall next excerpt part of an interview with the biologist, by the same interviewer on the same radio station a few days later.

Interviewer: "Gaston Naessens," she began, "is your 714-X really effective?"

Naessens: Absolutely! It builds up the immune system so that all the body's natural defenses can regain the upper hand. I don't make the claim in a void, because there are a lot of people around who were gravely ill with cancer who can now state they have gotten well due to my treatment.

Interviewer: If your product really works, why hasn't Dr. Roy been interested in doing an in-depth study of it? Does he know you at all?

Naessens: Many people have asked me both those questions. If you ask him the latter question, he will pull out a thick file on me and hell tap it, and say, "Sure, I've known him since 1964." But the fact is he has never met me in person, never visited my lab, and never investigated my work!

So, he is absolutely incapable of making any judgment whatsoever on whether that work has a solid foundation, or not!

In his lengthy reply, uninterrupted by the fascinated interviewer, Naessens, after a brief pause, began to reveal the essence of the difficult situation in which he had been placed over the years:

Naessens: Let's get to the heart of this matter! The medical community, on the one hand, and I, on the other, speak completely different languages. That anomaly connects to the important fact that all approved anticancer therapies are focused only on cancer tumors and cancerous cells. The reigning philosophy, medically speaking, is that a cytolitic (cell-killing) method must be used to destroy all cancer cells in a body stricken with that disease.
But I, on the contrary, have developed a therapy based on what has been called the body's whole terrain! To understand that, you have to realize that, every day, our bodies produce cancerous cells in no great amount. It's our healthy immune system that gets rid of them. My 714-X allows a weakened, or hampered, immune system to come back to full strength, so that it can do its proper job!

If medical "experts" pronounce my product worthless, it might even be admitted that, in terms of their own scientific philosophy, they are making some sense. This is largely because, when they examine my product for any cytotoxic effect it might have, they find none!

**Interviewer:** Is the Medical Corporation interested in sitting down and talking with you, or running tests to verify your product?

**Naessens:** No! Because they firmly believe that any success it might have is due to some kind of "psychological" effect, and they say that the product itself contains nothing that could possibly be of benefit.

**Interviewer:** Where did they get that idea?

**Naessens:** It seems that, with officialdom, it's always a case of misinformation, or of bad faith. If this whole affair were limited to patients I've successfully treated, patients who might have remained silent, I would still have small hope that my research will one day be recognized. But, now, a crucial turning point has been reached. I'm back in the international limelight. My arrest, incarceration, and indictment are important if only because, immediately following them, people "in the know" have begun to take action on my behalf. That being so, the medical community's negative reaction is no longer the only, or the dominant, one! It may be too bad that all this has to be thrashed out not in a scientific forum, but in a court of law. But that's the way it is. In my upcoming trial, many of my patients' cases will be examined, one by one, and exposed in full detail, in the courtroom! So the medical "authorities" will no longer be the sole judges.

After continuing on with this theme for several minutes longer, Naessens came to a firm conclusion: "I wouldn't want you to think that I'm even trying to boast when I say that my work represents a brand new horizon in biology! I have found a successful way of adjusting a delicate biological mechanism. I have no pretensions beyond that! If I can be of service to anyone, my laboratory is always open." (More about 714-X)
"[F]or no great discovery has ever been immediately accepted. Rather, in medicine it seems that the reverse is true, and everyone must go through a period of trial and even censure before what seems the obvious truth is recognized generally. ... But such slow acceptance prevents the real discoveries from being known and widely accepted earlier and many lives are thus sacrificed needlessly."

Frank Slaughter, Immortal Magyar: Semmelweiss, Conqueror of Childbed Fever   Page 48

The nitrogen is carried to tumor cells so avid for the element they have been called "nitrogen traps." By flooding the body with nitrogen and thus sating the cancerous cells, the same action also suppresses a secretion (by the cancer cells) that, as Naessens discovered, paralyzes the immune system.   Page 54

A question sprang into my mind as soon as those words were out of the surgeon's mouth: If they don't know ... the doctors ... then why don't they find out? Before passing something off as worthless, something they have never taken a minute, let alone an hour, to investigate, why don't they take the trouble to look into it? Are they not interested in, or at least curious about, brand new methods of diagnosis?   Page 60

Mycelial infection – When attacked by fungi-like forms, a patient becomes ill enough to exhibit septicemia (a bacteria-induced infection of the blood). This state is detectable only by culturing fresh blood in a medium, in vitro.

The main point was that ... most doctors are wholly unaware that these mycelia are forms in the somatid cycle that have evolved in the blood itself, that is, within the body. If they do see them in the blood, in a "knee-jerk" reaction based on the Pasteurian dogma, they conclude that, if they produce serious states of fever or infection, they must have come from somewhere outside the body.   Page 63

... a general attitude ... that only research that "toes" an orthodox "line" is acceptable in mainstream medicine. It is also connected to what can be called the "NIH Syndrome," which has nothing to do with the United States' National Institutes of Health (also called NIH) in Washington, D.C., but to the slogan "Not Invented Here," though assuredly a connection between the two identical
acronyms might be made. ... "Look here, Monsieur, you should clearly understand that if I, with my 120 in-house scientists, haven't found a specific anticancer drug, then it's because it simply doesn't exist!" Page 69

Kelectomine, a word fashioned from Greek roots meaning to "sever beyond," had, in fact, been developed by Naessens over the years 1965 – 1966, and a long film had been made on its use on rats. When injected into a section of one of the limbs of a rat – or any other mammal – it almost miraculously causes that section, and the whole portion of the limb below it, painlessly and antiseptically to drop off the body within about three days. If for example, a whole limb – an arm or a leg – requires amputation, the product is accordingly injected into the upper arm or the thigh such that the limb falls off, either at the shoulder or the hip joint. If injected lower down the limb, say in the lower arm, or the calf, what falls off is that portion of the leg below the knee joint, or the arm below the elbow. This is because the product cannot affect any part of the limb above the next joint below which it is injected due to the fact that it cannot penetrate, or pass through, a membrane, located in each mammalian body joint, known as a perimysium. Page 79

Peer review is widely seen as the modern touchstone of truth. Scientists are roundly drubbed if they bypass it and "go public" with their research. ... The first limitation of peer review is that nobody can say quite what it is. ... A more pernicious danger is that peer review may reject the important work. As Charles W. McCutchen, a physicist at the National Institutes of Health, has put it, peers on the panel reviewing a grant application "profit by his success in drawing money into their collective field, and by his failure to do revolutionary research that would lower their own ranking in the profession. It is in their interest to approve, pedestrian proposals."

Jonathan Schlefer, Editorial, Technology Review, October 1990 Page 83

... what the Naessenses wanted determined, with lab equipment and methods more sophisticated than those available to them in (their home town) Rock Forest, was, first of all, the exact chemical composition of the somatids, to reveal the connection with DNA, a finding that, if confirmed, might be as important to science as the discovery of the nature of DNA itself, reported many years ago in John Watson's scientific thriller The Double Helix (New York: Atheneum, 1968).

Second, the Naessenses were looking for help in identifying the growth hormones that proliferates in the blood as a result of the onset of the pathological extension of normal somatid cycle, to see whether or not it did, in fact, correspond to what Alexis Carrel had named trephone, as well as in identifying toxins emitted by cancer cells to which they had given the name the "Cocancerogenic K Factor".
Third, the Naessenses were confident that, had the work been correctly performed, their firm conclusion that degenerative diseases, such as cancer, can be prediagnosed long before their clinical signs appear, would have been recognized years ago. That, in turn, together with a recognition of the effectiveness of their treatment, might have by now resulted in a steep drop in new cases of cancer, which each year have grown in numbers.  

Dr. Beverly Rubik – The Jacques Benveniste affaire illustrates dramatically the reception that new ideas and findings sometimes receive in science today. Despite the fact that "science" exists to reveal new data, discoveries considered anomalous or incomprehensible [like Boivin's "whole new world"] by current scientific understanding are not warmly received by the contemporary scientific establishment. In fact, throughout the history of science, truly novel discoveries and ideas contradicting those of the establishment [such as those of Gaston Naessens] were often dismissed, or ignored.

Kepler was accused of introducing occultism when he proposed that the moon controls the motion of the tides. Lord Kelvin held that X-rays were a hoax. Barbara McClintock toiled in isolation most of her long life with little support, unraveling the mysteries of the transposition of genes, until recently when she was finally awarded the Nobel Prize.  

To cut straight into the heart of the matter, the difference between the approach of thousands of orthodox cancerologists – or oncologists, as they are more technically known – to healing, and the almost diametrically opposed approach of one individual, Gaston Naessens, Fabre began with an analogy, as simple as it was apt. Likening the appearance of cancer cells in the body to the appearance of a swarm of mosquitoes in an outdoor locale, the doctor said that traditional medicine sought only to destroy offending cells – through surgery, radiation, or chemotherapy – just as one might attempt to get rid of the mosquito swarm by spraying it with insecticides.* This was a hopeless task, Fabre continued, because, just as mosquitoes come out of a swamp favorable to their breeding and generation, so cancerous cells develop in a bodily milieu, or terrain, favoring such development. It was therefore Naessens's aim, not to seek to annihilate the mosquitoes (the cancer cells) one by one, but to eradicate the swamplike conditions that had led them to engender in the first place. Chronic disease was closely linked to a morass-like condition in the body.

* To return to Louis Pasteur, – (a pathologist) – whose "germ theory" of disease gained ascendancy for nearly a century: Pasteur was reported to have said, on his deathbed, with reference to the ideas of the eminent French physiologist Claude Bernard, who championed the notion that the terrain was more significant than germs in the onset of disease: "Bernard a raison ... le terrain est tout! Le microbe n’est rien!" (Bernard is right ... the terrain is everything! The microbe is nothing!) This confession, unfortunately, was not heard beyond the bedroom walls. Page 120
Another case brought up (before the court) by Dr. Michel Fabre was particularly important because it illustrated how 714-X can be successfully used to treat intractable degenerative diseases other than cancer. It dealt with a thirty-year-old woman with an advanced case of multiple sclerosis – known colloquially as "M.S." – from which she had suffered since 1978. Since being under 714-X treatment, the woman, said Fabre, had been making remarkable progress toward health.*

*In the early 1980s, I myself was personally introduced to 714-X's effectiveness in reversing an advanced case of M.S. The patient in question, a close friend and a Connecticut dental surgeon in his mid-fifties, had been confined to a wheelchair, where he sat helplessly and incontinently, unable to feed himself or to talk. Within ten days after 714-X treatment began, the dentist was able, for the time in two years, to stand unsupported and take a few steps. By the end of a twenty-one-day treatment, he was able, unaided, to walk around a table, only occasionally abetting his progress by placing his forefinger on it to assure his balance. His ex-wife, who had accompanied him to Canada, where she loyally took care of him during treatment, looked upon his recovery as a "miracle." Page 123

Francois Wilhelmy (Judge and French Ambassador) "That such treatments, as Naessens’s 714-X, are not publicly available is more than distressing. Why do they have to be hidden? After all, in our society, any of us would make any and all attempts to rescue, to save, a drowning man, woman or child, ... so why not a victim of cancer?” Page 145

Jean-Hubert Eggerman "We're not living in Stalinist Russia, or Nazi Germany, after all! We're in Canada! When am I, and all the rest of us, going to win the right to be treated (for diseases) as we see fit?” Page 169

Then she asked the biologist: "Isn't it a bit simplistic to tell someone: 'you have a precancerous condition and I'll give you 714-X, and you'll recover from it’?"

"That's quite right," Naessens replied, "But isn't prevention much easier than cure? Patients have come to me in states of fatigue, been treated, and begun to feel in tip-top shape again. I'm certain that many of them were precancerous. Obviously, there is no traditional way of verifying that. But we can point to cases of cancer, which were substantiated by hospital tests, so that the conditions of patients could be compared before, and after, treatment. In any case, my theories differ completely from traditional ones. Conventionalists say that cancer is a local affliction that becomes generalized. I say: "Cancer is a general systemic illness that becomes localized." Page 178
"I'm going to fight no matter what they do, because I believe I'm doing the right thing. I believe that this is our obligation to the people. If you find something that's valuable, you must continue, and I believe we've found something that may be able to save lives." Stanislaw Burzynski, M.D., Ph.D., Burzynski Clinic, Houston, Texas. Page 182

Jan Merta: "I want you to know, Chris," he said solemnly, "that, with regard to what I have told you, I have not been exaggerating. It has been my central aim in life to search for valid information, that is, for truth, no matter how unacceptable or premature it may be considered by the 'orthodox', no matter how upsetting to the 'reigning paradigm'. For man's judgment is only as good as the information available to support it." Page 201

"At the heart of science lies discovery, which involves a change in worldview. Discovery, in science or the arts, is possible only in societies which accord their citizens the freedom to pursue the truth where it may lead and which therefore have respect for different paths to the truth." John Polanyi, Canadian Nobel Laureate (Chemistry), from his commencement address at McGill University, Montreal, June 1990 Page 204

"The history of many innovations, both in medicine and in other areas of endeavor, indicate that the innovators are often erratic, unsystematic, and difficult to deal with. The quality controllers often regard the work as of poor quality and not worth publishing or noting. ... The only problem is that the quality controllers, while exquisite in their crossing of t's and dotting of i's, rarely discover anything that matters. The improvement of research quality over the past years is not gain if it has occurred at the expense of innovation." David F. Horrobin, D.Phil., "The Philosophical Basis of Peer review and the Suppression of Innovation," Journal of the American Medical Association, March 9, 1990 Page 224

Chapter 16

Breakout From Quèbec

The history of many innovations, both in medicine and in other areas of endeavor, indicate that the innovators are often erratic, unsystematic, and
difficult to deal with. The quality controllers often regard the work as of poor quality and not worth publishing or noting. ... The only problem is that the quality controllers, while exquisite in their crossing of t's and dotting of i's, rarely discover anything that matters. The improvement of research quality over the past years is not gain if it has occurred at the expense of innovation.


As well done as they were, the Fusion articles, both of them, seemed to skirt, or miss, the overridingly most important of Naessens's discoveries, the jewel in their crown: the discovery of the somatid, along with its extraordinary properties and fascinating implications for biological and medical science.

The first medical recognition of the importance of that tiniest of microbiological entities came to me in a letter from the United States written by Karl Maret, M.D., trained in the anthroposophic tradition of Austrian scientist and clairvoyant Rudolph Steiner. Maret, who is also an engineer, heads the Metanoia Group in San Diego, California, which investigates areas indicated by Steiner as being of great interest for future science.

Among Steiner's clairvoyant feats was his coming to conclusions, a few years before Gaston Naessens was born, about the true nature of cancer. Included with Maret's letter was a paper written by a German physician, which opens with the sentence: As early as 1920, Rudolph Steiner described the malignant tumor as a disease of the organism as a whole. This is exactly the philosophy adopted by Gaston Naessens – who had never heard of Steiner or his conclusion – over the course of his years-long independent research.

The German doctor next observed that, more than seventy years ago, Steiner tried to direct attention away from the abnormal single cell environment, to extra-cellular space, and thereby to the permeable fluid continuum of that organism. And, amazingly enough, this is also what Naessens, who, using classical Greek humors to refer to extra-cellular space, has tried to do all along, only to be vilified by a cancer community as ignorant of Steiner's reflections as if he had never existed, and as hostile to Naessens as if he were the foe, rather than the friend, of true medical science.

It seems odd, indeed, that Steiner's clairvoyant conclusions have not been heralded withavid interest by cancer specialists and that the truths he foresaw and proclaimed have not been recognized, especially since they have now been fully objectified by Naessens, who was born the same-year Steiner died.

In his letter, Dr. Maret went on to ask a number of pertinent questions about the somatid, and other aspects of Naessens's research that not a single Québécois doctor or scientist seems to have mustered the curiosity to ask.
This is hardly surprising. While the whole range of Steiner's scientific insights – what has been called a whole "Science of the Invisible" create a revolutionary new vision in many disciplines, and thus require those studying them to think for themselves, orthodox medical teaching and training demands not personal and original inquiry, but largely rote learning. This is why brand new approaches are castigated, as they were in the Naessens's trial by Dr. Hach, as marginal.

Let us set down some of Maret's questions and try to answer them in order to give some idea of what the medical community in Quèbec and elsewhere, and the popular science press, might, were they both awake, also have been asking.

**Question:** How is it determined that somatids have electromagnetic negativity, and repulse one another?

**Answer:** They are easily seen to be repulsing one another at the microscope, just as if they were miniature equivalents of negatively charged billiard balls, which, on the green baize of a pool table surface, would never come in contact, or carom off one another, and thus make billiards an impossible game to play. Furthermore, they are attracted to the field of the positive pole of an ordinary magnet placed close to the blood sample on a slide.

**Question:** Is there information on the complete sixteen-stage life cycle of the somatid, published or written up in more detail (than provided in the book)?

**Answer:** While a full-dress scientific paper on this subject remains to be written, a videocassette film is readily available, over half an hour long, which shows most of the forms in the sixteen-stage cycle developing before one's eyes in the blood. The same film also includes still photographs of great interest to a comprehension of the functioning of the cycle.

**Question:** Have somatids, and other forms in the cycle, actually been seen in microscopes, but not been recognized?

**Answer:** Yes, most definitely. Over the years, many forms in the cycle have been observed by researchers in Europe and North America during a period stretching back to the 1920s, and beyond. A fascinating history of these observations remains to be written. A main difficulty, here, is that most of the observers were left puzzled by what they were seeing, either because they had found only some of the forms – usually the bacterial ones – but were unable to relate them to the rest of the cycle, and especially to the originating form, the somatid, which existing microscopes could not reveal. Or, because fellow bacteriologists simply dismissed the forms as artifact, or dross, unwittingly or carelessly introduced into the milieu, and therefore not a natural part of it. This latter conclusion particularly applies to the sixteenth stage form, the empty thallus.

**Question:** How does Naessens's work relate to Dr. Virginia Livingston-Wheeler's – and others – on filterable bacteria?
**Answer:** Here Dr. Maret refers to a veteran physician, cancer researcher, and microbiologist who, before her recent death, operated a clinic in San Diego, California. Her conclusions about certain microbes she discovered and described seem to differ from those of Naessens mainly because — she ascribes a cancer — inducing effect to them while Naessens insists that the sixteen-stage cycle is not a cause, but an **indicator** of disease, no different from a flashing light warning someone of incipient danger.*

*See Appendix A for more on filterable bacteria.

The cancer-causing role of forms in the bloodstream derives from the old Pasteurian legacy that "germs" invade the body from without. Only a short time after Maret wrote to me, I received a paper, written by a Florida pathologist Dr. P. B. Macomber and printed in the British journal **Medical Hypotheses**, a leader in its field. The article, brought out in its first 1990 issue, summarizes years of research on anomalous microbes in the blood, but, once again for lack of knowledge of the somatid — originator of the whole process — it hews to the idea that microbes are causes for degenerative diseases, rather than their **heralds**.

Macomber's original interest in researching and writing his article came after his wife's death from cancer, which conventional therapy, in his words, **did not help at all** ... in fact I think it **hastened her demise.** When he was introduced to Livingston-Wheeler's research, he was flabbergasted. **I was**, he continued in a letter to me, **upset, to say the least, that I had never heard of any of the concepts about cancer that she was developing even though, as a pathologist, I was reasonably familiar with most of the current research. No textbook on oncology has even brushed on the subject.**

No statement can better characterize the abyss that yawns between orthodox philosophies on cancer and its treatment, and nearly a century of **new** knowledge, which, because it runs counter to those outlooks, has persistently been ignored. Nevertheless, the receipt of the two communications, the one from a **Steiner** doctor, the other from a ranking pathologist suddenly brought face-to-face with a whole **new world,** seemed to promise that some people, somewhere, were at last beginning to throw a span across the abyss of ignorance.

By the summer of 1990, as a result of limited dissemination of the English version of the Canadian-published book abroad, more international support for Naessens's work was shown by members of the international medical community outside Canadian territory, support that more than matched the goodwill and true interest evinced by the questions, mostly of a theoretical nature, posed by Dr. Maret.

In Tijuana, capital of Mexico's Baja California state, Mildred Nelson, a registered nurse and director of the Bio-Med Center on Avenida General Ferreira, had read the Canadian edition of this book given her by Kim Lalancette, a young Québécois who, like Bernard Baril and other young AIDS victims, had recovered from his affliction after treatment by Naessens's
remedies. Leafing through its pages, Nelson, a veteran battler for alternative cancer cures, grew increasingly excited.

As far back as the 1930s, the Tijuana clinic director had become chief assistant to Harry Hoxsey, a Texan oil millionaire who had developed a formula made up of seven herbs,* plus potassium iodide, the earliest version of which his great-grandfather had first concocted in the mid-nineteenth century after watching a cancerous horse seek out special meadow plants, the ingestion of which led to recovery.

*For another enthralling historical account of a Native American herbal remedy successfully used on cancer victims, and its suppression by the U.S. and Canadian medical authorities, see ESSIAC: An Herbal Treatment of Cancer (A Special Report), by Tom Valentine, Associated Partners West, P.O. Box 3048, Iowa City, Iowa 52244. Unpublished is the testing of still one more herbal concoction obtained from the head-shrinking Jivaro Indians by the late Pino Turolla, an Italian explorer, and author of Beyond the Andes (New York: Harper & Row, 1980). Tested on cancer-infested mice in a Seattle, Washington, laboratory for over two years, it proved ninety-eight percent effective in stopping their cancers.

Used on hundreds of cancer victims, the Hoxsey formula's results were so promising that the American Medical Association (AMA) made its inventor a stingy offer to buy all rights to it. The offer, made in 1924, was flatly turned down by Hoxsey, who, as a result, became the object of a relentless AMA persecution, which, lasting for thirty-five years, was to lead to his repeatedly being charged with practicing medicine without a license and to his being sentenced to several jail terms.

Only Hoxsey's personal fortune, gained through his oil and gas ventures, allowed him to meet the legal costs of his extensive court battles and to continue to treat suffering cancer victims. In 1949, he carried his fight into enemy territory by suing the AMA.

The cake of his victory against America's most powerful medical authority was frosted when both the judge presiding at the trial and the AMA's own lawyer declared that there was no doubt that Hoxsey's formula really did cure many cases of cancer. Yet, in spite of all this, and as incredible as it may seem, the AMA, with unbounded viciousness, kept hounding Hoxsey as a quack. Exhausted by his struggles, Hoxsey finally closed his clinics and moved his operation to Tijuana, where, since his death, Mildred Nelson has presided over it.*

*A prize-winning film, "Hoxsey," available on videocassette, was made by Ken Ausabel and can be obtained by writing to him at Box 1644, Santa Fe, New Mexico 87504.

Once she had finished reading my book about Naessens, Mildred Nelson immediately decided to send one of her five staff physicians to Rock Forest to learn Naessens's intralymphatic injection techniques for 714-X. In early June 1990, Al Espinosa, M.D., a handsome pure-blooded Olmec Indian in his mid-thirties, whose education from grade school all the way through medical school had been financed by Americans living in Guadalajara for whom Espinosa's mother worked as a housemaid, came to Naessens's laboratory. During the whole of an afternoon, he was shown the injection techniques,
which were recorded on videocassette. He was further so well coached on the
techniques in Montreal that, within two days, he had completely mastered
them, and was skilled enough to be able to teach them to doctors and nurses
in his Tierra del Sol homeland.

While it may seem strange that first evidence of intent to put 714-X treatment to
practice had to come from an alternative medicine clinic, and from south of the border,
rather than from a leading hospital in the United States, it must be realized that, for American doctors to be able to use it, various political moves leading to legal action must be made for 714-X to somewhere acquire official status. Even if in Mexico it does not yet enjoy that official status, 714-X is nevertheless tolerated by state and medical authorities just because its non-toxicity and salubrious effects are recognized, a "tolerance" much to be desired in the fifty states of the American Union. But at least there is a clinic where Americans will be able to get the Naessens treatment while waiting for it to become available in their own country.

As Nelson was beginning 714-X treatment in Baja California, dozens of letters
and telephone calls were pouring into the Naessens's house on Rue Fontaine
from patients in the United States. They were advised that, since 714-X was
legally exportable from Canada, it could be sent to them as soon as an American doctor mailed or faxed a written prescription for it. By mid-June, Françoise's log of prescriptions already sent was rapidly expanding. On 16 June, my own diary read: Yesterday I traveled to a little Vermont post office just over the border to mail envelopes with instructions for the use of 714-X.

It is heartening to be able to write that Dr. Espinosa is not the only North American physician to have shown active interest in making 714-X available to patients. Lawrence Taylor, M.D., director of the U.S. Medical Research Foundation in San Diego, made his own trip to Rock Forest in early May 1990 to attend a reception celebrating the appearance of the Canadian edition, held for over two hundred Naessens partisans in Sherbrooke's new Delta Hotel. At the reception, Taylor rose to take the microphone and to congratulate Naessens graciously on his achievements on behalf of Taylor's American medical colleagues.

At the same reception, Naessens himself addressed the throng, and in moving words stated, not a little sardonically, that, myself excepted, no scientifically trained observer had found any useful reason to monitor and relate all the details of my trial. My book, he added, went far beyond the sterile polemics broached by persons who have no eyes to see, even less to understand, new approaches being advocated by various scientists in the domain of fundamental biological research. The book was a trumpet blaring to awaken people out of their torpor, people who are well-intentioned but mired down in a system tainted by the attractions of money and power, a system which seems endlessly to snuff out new initiatives that could offer benefits for humanity.

As if he were chorusing the words of John Polanyi, cited at the beginning of
the previous chapter, Naessens complained: Man has almost completely lost
the right to think, or to create, outside the norms established by a scientific dictatorship. For over a hundred years, this scientific hegemony, become a trillionaire, has taken deep root throughout the world to the detriment of the health of its populations. This aberrated status in present-day scientific thinking, resisted by a growing number of conscientious researchers, will be overcome only if people as a whole, men in the street, begin to work, peacefully yet with conviction, to smash a medical Berlin Wall erected by vested interests.

The words of Naessens's address, and the nobility of their expression, could well have merited exposure in the Québec press, but it seemed there was not a single journalist willing to put them to print. Yet, at the end of their uttering, Naessens was given a standing ovation.

When the English version of the Canadian edition of my book, which had begun to circulate in the United States, came into the hands of Robert Atkins, M.D., author of two best-sellers on alternative health and medical director of the Atkins Center for Complementary Medicine in Manhattan, this widely known physician resolved to do an interview with me on his weeknight radio show, Design for Living, which is heard by an audience of thousands in an area stretching from New Jersey and eastern Pennsylvania to southern New England.

Atkins began: Friends, well, tonight we have something very special! Very special! Because we’re going to talk about the treatment of cancer, and of other illnesses, by a scientist, a biologist, whose name is Gaston Naessens. We are going to learn about his science and about the results that have been achieved with this remarkable therapy, based on his remarkable discoveries.

It is too bad that the airwaves carrying Atkins's voice could not have reached – in French translation – into Québec province itself, even right into the office, home, or car radio of Augustin Roy himself.

During the interview, Robert Atkins went over with me the highlights of Naessens's findings and their meaning for a new medicine and biology. When I explained that the essence of Naessens's approach was to strengthen the immune system so that it could take care of the body's afflictions, he significantly added: That's most interesting, because everyone I've ever interviewed, every system I've ever seen that is successful in the treatment of cancer, says just that! Don't destroy the cancer ... but support the immune system! What an effect, I thought, would those trenchant words have had if Atkins had been able to speak them at Naessens's trial! And Atkins did not limit himself to supportive commentary. I'm planning, he announced to his large radio audience, to go up to Québec and learn his technique. I know I just have to do that because I'm so happy to know that it exists!

The feedback to the Atkins radio show was impressive. The following day, at the offices of the American Society of Dowsers, in Danville, Vermont, where my book was stocked for sale by mail, over 150 calls were received from a dozen states, asking that it be sent as quickly as possible. Over half a dozen of the
calls came from doctors of medicine, among them a physician with his own alternative clinic in Norman, Oklahoma, who said he had been invited to go to Los Angeles to be interviewed for a position as a medical expert host on a West Coast radio show that goes out all across the nation. If he won the appointment, he said, he wanted to do a second interview with me on Naessens.

Atkins was as good as his word. Within two weeks, he drove, with his attractive Russian wife, Vera, from New York City to Rock Forest, where he spent the weekend with the Naessenses, learning everything he could about their science – viewing their blood at the microscope and the film made through it – and mastering the technique of injecting the 714-X into the lymph system. Before he left, he told the Naessenses that he wanted to get started on tests with cancer patients.

Upon his return to New York, Atkins devoted a second hour of Design for Living to his visit with the Naessenses in Canada. His introductory words could not have been more laudatory:

I’m here to give a report on what might well be the most exciting development in the history of medicine. Gaston Naessens is surely one of the greatest scientists of the twentieth century. He deserves not just one but several Nobel prizes for his lifework. He probably won’t get them, however. Like many other pioneers of alternative cancer cures, he probably will be discredited.

From the southeast tip of the United States, another call came from Roy Kupsinel, M.D., an Ovideo, Florida, physician who edits and publishes Health Consciousness, a magazine with the engaging subtitle A Forum for Accent in Credible Medicine, which goes out all over the world. In a follow-up letter, Kupsinel informed me that he had earlier received my article In Defense of Gaston Naessens, published in New Age, and had been mighty tempted to get my okay to reprint it. Instead, he said, he prevailed upon Viktor Penzer, a Polish-born physician and dental surgeon now in his seventies who likes to say that his third diploma — in nutrition — was received from Auschwitz University, where he had miraculously survived for three long years, to read my book. As a result, Penzer told Kupsinel that he couldn’t wait to go up to Rock Forest and interview Naessens for an article in Health Consciousness.

Meanwhile, back in Québec, although no doctors had come forward to back Naessens with any declarations as positive as those made public by Atkins and Kupsinel, it nevertheless seemed that a few waves were beginning to appear on the French-speaking province’s medical waters.

None other than L’Actualité Medical (A.M.) (The Doctors Newspaper), had, unbeknownst to Naessens, published a front-page March 1990 article entitled
Alternative Medicine: Where Do Doctors Stand? This article credited Naessens with having been the main stimulus causing the pot of that debate to start boiling again after a long period of quiescence.

In an interview, the head of the Quèbec Holistic Medical Association (Q.H.M.A.), Dr. Gilles Vezina, made no bones about a situation in which the potential recognition of the merits of alternative medicine was pitted against the determined resistance of the medical world, an odd euphemism for the medical establishment, particularly its crowned heads. Anything new is seen as threatening for those at the apex of medical power, said the president. Their excuse for their not recognizing alternative medicinals is that there is no scientific proof for them. But the reality is that they just don’t want to take the trouble to investigate.

Far more shocking was the president’s revelation in A.M. of the lengths to which the Québec Medical Corporation was going to prevent and block any growth of so-called holistic medicine. When doctors – and patients – called the corporation’s offices to ask how to get hold of the Q.H.M.A., full documentation on which the corporation had been provided, they had been told that no such organization existed! It seemed that, just as in the case of Naessens, the medical establishment believed that lying to the public was no sin, certainly not a crime. That this attitude is also prevalent in the United States will be documented in the final pages of this book.

Another aspect of the Medical Corporation’s blocking tactics was revealed when Vezina told the Doctor’s Newspaper that his formal request that Q.H.M.A. be listed in the corporation’s Annuaire Medical a thick handbook listing the names and addresses of all Québécois physicians, as well as all medically affiliated organizations – had been summarily denied.

And even that was not the worst of the situation with regard to the promulgation of alternative medicine in Québec, added Vezina. Speaking for the panel, he made clear that young medical students, avidly interested in alternative medical treatments and techniques, were being offered no help or encouragement whatsoever in their search to obtain information about them.

When, for instance, second-year med students at the University of Sherbrooke’s Medical School had asked of its dean that they be allowed to organize on campus a colloquium on Complementary Medicine, they were categorically refused access to meeting halls, audiovisual equipment, and financial support. The only reason given for the rejection was that the colloquium had nothing to do with the medical school’s teaching curriculum. Unabashed, the students went on to organize the colloquium off campus, by themselves, to organize it, in Vezina’s words, from A to Z. And they were planning another colloquium for the fall of 1990, which, the Q.H.M.A. president was happy to report, this time had won the benediction of the Department for Family Medicine.

It is strange that, by midsummer 1990, neither Dr. Vezina nor any of his Q.H.M.A. adherents had dared to visit with, or even to call, Gaston Naessens.
One can only assume that the pressure of the Quèbec Medical Corporation was effectively blocking any such initiative.

In contrast to that reticence, however, Naessens was most pleased in July to receive a call from Ontario saying that three doctors affiliated with the national Canadian Holistic Medical Association (C.H.M.A.) – all of them young women – would be driving the following day all the way from Toronto to pay him a call. With them, they brought a specialist in dark-field microscopy who had trained with a master of that technology in Detroit.

During a whole afternoon, much of it spent by the foursome in looking at blood specimens through Naessens’s microscope – in an act of curiosity up to then unmatched by any Quèbècois doctor – the group received a virtual blitz education in recognizing things they had never seen or been taught to see.

A letter written by one of the members of the group, Carolyn F. A. Dean, M.D., provides an account of how a young open-minded physician reacted to what amounted to one of the most unusual experiences of her life.

I never thought I would see such a microscope, Dean wrote:

She went on to write: The microscopist in our group told us that the somatids, and the other new forms that Naessens had discovered, were considered by most specialists to be artifacts. But he had no trouble whatever in convincing me, and the rest of us, that they were real microbiological entities. I have seen, and worked with, many microscopes and Naessens’s is the most impressive apparatus for viewing live specimens I have ever experienced.

If his microscope were put to wide use, we would be able to identify when a person’s immune system was slowing down and take measures to bring it back to normal. The whole world is talking about the immune system without knowing what to do about it. Monsieur Naessens has given us enormously important insights into this process.

As a result of the visit of the C.H.M.A. group, the following day I received a telephone call from Kingston, Ontario, where, that weekend, the C.H.M.A. was scheduled to hold its annual meeting at the local university. There I met its president, Leonard Levine, M.D., who graciously found a place for me in the speaking program, so that I could present some of Naessens’s story to the assembled audience of physicians and nurses.

What will be the result of this is presently impossible to foretell. The Naessens story is still unfolding, much like the stories told on television, multi-episode dramas, during which audiences are compelled to wait a day, a week, or even longer to see what will happen. As the Italian song has it, Che Sera Sera. And we can only hope that the Naessens situation – comic or tragic, as one might view it – will, in either case, have a triumphant ending. Surrounding this situation, as we have seen, has been a cloud of deceit, and now it is time to take that cloud’s larger dimensions and to speculate on whether it can be busted out of the sky to admit the sunshine of truth that lies behind it.
Chapter 17

Medical Dissent

Medical students never get to the stage of asking questions. Let them ask one and see what happens. My local university library is divided into two main sections: the medical library where medics can consult authoritative textbooks on all branches of medicine; and the general library for everybody else. Significantly, all works relating to the sociology of medicine, the critique of medicine, or medical history belong to the general library, where medical students will not have to be exposed to the possibility of reading books that might actually question the premises of the system in which they are being trained.

Dr. Denis MacEoin, "The Myth of Clinical Trials," Journal of Alternative and Complementary Medicine, August 1990

We recall that Fusion editor Maher Jahjah concluded his second article with the words that cancer specialists were now beginning to admit that chemotherapy treatments were expeditents that destroy the health of patients. Was this really only a parochial reference to a lamentable situation existing in his home province where no doctor, thus far, has directly admitted anything of the sort?

A full seven years before Jahjah penned his words, in 1984, a remarkable, now all-but-forgotten conference, the first of its kind, was held in Chicago. At that conference, explicitly entitled Dissent in Medicine, nine eminent physicians from all over the United States spoke to an auditorium packed with their colleagues – as well as the press and public – on rank abuses running rife in their profession.*


The central theme addressed at the conference was the propensity of the nation's medical hierarchy to lie to the public. In his opening remarks, Dr. Robert S. Mendelsohn, president of the New Medical Foundation, which encourages and supports innovative forms of medical education, put his finger on why, how, and where that propensity is given birth. Doctors are trained from their earliest days in medical school not to share full information with the public, said Mendelsohn. They learn that if they tell the public the truth about drugs that are being prescribed, people will not take those drugs.
Of course, they’re right! How could anyone have put the matter more bluntly?

Equally blunt was Alan S. Levin, M.D., a distinguished professor of immunology at the University of California (San Francisco) Medical School, who rose to protest against the lies being perpetrated with respect to cancer treatments. Laying the shocking truth, as he saw it, right on the line, he said acerbically: Practicing physicians are intimidated into using regimes which they know do not work. One of the most glaring examples is chemotherapy, which does not work for the majority of cancers.

Had Levin said as much at the trial of Gaston Naessens, one might well have wondered what reactions to his words would have been evoked in the press, or in the minds of the president of the Québec Medical Corporation or the three cancer specialists who, at their press conference, slammed the door on Naessens’s promising treatment. But Levin did not stop there. Going further he added: Despite the fact that most physicians agree that chemotherapy is largely ineffective, they are coerced into using it by special interest groups which have vested interest in the profits of the drug industry!

*Full documentation to back up Levin’s almost heartrending statement has now been supplied in a thick book, The Cancer Industry (New York: Paragon Books, 1990), written by Ralph W. Moss, who resigned from his job as assistant director of public affairs at Sloan-Kettering, one of the world’s largest cancer research and treatment centers, to lay the facts before the public.

On the drug industry’s control of cancer therapies, and on its total lack of concern as to whether remedies forced on patients were effective or not, Mendelsohn was even more explicit. The only proven factor in orthodox therapies: he stated, are their adverse reactions. Doctors not only admit this but are proud of it. According to Eli Lilly, head of the huge drug company which bears his name: ‘Any drug without toxic effects is not a drug at all.’

Lilly could well have been speaking about Gaston Naessens’s 714-X, the completely nontoxic effects of which, as we have seen, have been proven beyond shadow of doubt, as has its effectiveness on hundreds of cases of cancer or other diseases.

As the conference proceeded, it became clearer and clearer that drug dispensers were focused on company profit rather than on the succor of patients. It was a distressful fact that cancer therapies are being oversold, said Dr. George Crile, head of the famed Cleveland Clinic, and that, if appropriate studies were made, doctors would be led to completely abandon many radical therapies they now use!

What is blocking such appropriate studies: one might ask, particularly one of 714-X by the Canadian Health Ministry or any other official body?

It was Samuel Epstein, M.D., professor of occupational and environmental medicine at the University of Illinois Medical Center, who gave not only an
answer to that question but provided recommendations as to what helpless citizens, whether cancer victims or not, might do to turn the tide.

Characterizing the whole of the multibillion dollar phony war against cancer, declared way back under the presidency of Richard Nixon, as only a useful paradigm in failed decision making, he was not afraid to state that hundreds of thousands of Americans had died of cancer over the intervening years chiefly due to policies promulgated from on high. His considered view, added this doctor, was that there have been no major advances in the treatment of cancer! Far from any battle, not a single skirmish had been won in the war.

Why then, asked Epstein, were legislators in the U.S. Congress uninterruptedly allocating, and justifying, the increasingly immense sums being spent futilely on cancer warriors?

His answer? Because they were continually being lied to by the high command! And Epstein was not loath to target the leading culprits, to single out the command posts: the American Medical Association, the National Cancer Institute, and the American Cancer Society.

Epstein did not mince words about their actions: As the public tax dollar has gone to swell their budgets, over the past decade in particular, these institutions have perpetrated a hoax about our ability to treat and cure cancer and, at the same time, have fought hard against increasing attention to prevention. We know a great deal about cancer, particularly about how to prevent it. It is my view that what we need now is to take responsibility for policy making in cancer prevention away from the institutionalized basis. ... Instead, decisions should be made with the involvement of the citizens at large of this country. ... We need a National Citizens Commission to inquire into the failures of the institutions. We need to politicize this issue and remove it from the hallowed corridors of scientific authority!

Epstein was not the only voice calling not just for dissent, but for action. Echoing that call in the strongest terms, Dr. Levin, in his own closing remarks, felt that only a grassroots political movement could ever overcome the outright prevarication disseminated by the medical dictatorship.

As if he were talking specifically about Gaston Naessens's 714-X treatment, Levin held that ordinary doctors, no less than their patients, were in a fix that only a populist mass movement could remedy. His appeal to all laypeople in the Chicago auditorium was a paragon of simplicity: Your family doctor is no longer free to choose the treatment he or she feels is best for you, but must follow the dictates established by physicians whose motives and alliances are such that their decisions may not be in your best interests.

You the taxpayer, the voter, the consumer, can help stop this corruption. Support your physician if he tells you the truth about drugs considered to be the standard of practice in the treatment of a given disease. Support your doctor when he uses unconventional modes of treatment which you feel have
improved your health. Recognize that he is risking his livelihood and his personal freedom for your well-being!

Could not Dr. Levin have been talking about any physician of the stamp of Michel Fabre, the only doctor in the world to come to testify on Gaston Naessens’s behalf in the courtroom drama of 1989?

What was the way out of the mess of authoritarian rule in medicine? Here it is, as Levin proclaimed it over the microphone: Write to your congressperson or your senator. If your doctor appears to be harassed by the local medical board or the police, remember that that doctor would rather help you than comply with the edicts of the health industry. With your support, he or she can join the ever increasing number of physicians who have repudiated the tyranny of the health industrial complex!

Help you ... rather than comply – as I typed those words, they seemed, as literally as figuratively, to characterize the whole of Gaston Naessens’s lifelong effort, and to suggest for him an honorary doctorate in medicine so that he could take his place in the ranks of that ever increasing number of physicians repudiating tyranny.

Thy banners make tyranny tremble ... – so runs a line in the patriotic song Columbia, Gem of the Ocean, learned by most American schoolchildren.

If in 1984 Dr. Levin had raised his banner on high against what he so incisively defined as tyranny, another banner of larger dimensions was unfurled at the start of the last decade of this millennium. Emblazoned with the title Cancer Manifesto: 1990s, it calls for the overthrow of the organized, monopolist, autocratic, murderous tyranny known as orthodox medical treatment of cancer.

Sixteen pages long, it was published in the Winter 1990 issue of the Newsletter of the Bio-Electro-Magnetics Institute, a new organization founded by John T. Zimmerman, Ph.D., which has two medical doctors on its board of directors and three more on its advisory board. The author of this remarkable document is Barry Lynes, a science writer who has written three important books on the cancer cover-up.

The new document takes its cue not from the famous Communist Manifesto proclaimed over a century ago, which itself brought about changes as revolutionary as any ever seen in this world, but from a more modern politically inspired one signed by 240 courageous men and women. Issued on 1 January 1977, this manifesto was circulated underground throughout Soviet-dominated Czechoslovakia to prospective supporters as dissident with regard to their country’s enslaved status as Dr. Levin and his eight fellow speakers were dissident with regard to the present enslaved status of the practice of medicine.

Detailing facts about medical skullduggery that can make anyone’s hair stand on end, the manifesto enjoins all those convinced of an evil comparable to
totalitarian communism in the form of a medical mafia, particularly in the treatment of cancer, to form a civic society in which free citizens take responsibility for their actions.

In so doing, it takes the recommendations of the medically dissenting doctors in Chicago one giant step farther by opening an avenue for people everywhere to express themselves no less decisively than the six women and five men on Gaston Naessens's jury expressed themselves with their ringing verdict.

Lynes feels strongly that, however long it has taken Americans to recognize the horror of what has been going on in its cancer wards, many of them with human radar tuned to the nightmare that is cancer are becoming awakened and can be mobilized into a countervailing force.

That a lone individual can contribute to this force is exemplified in Lynes's manifesto by the case of a man who recently took out a full-page advertisement in his local newspaper attacking the cancer establishment. A letter, one of dozens, received by this man, gives an idea of the very horror of the system that is cancerology:

My best friend died of breast cancer four years ago. She was, of course, subject to the same scenario you have portrayed. Her last months were spent being herded, with others, like cattle through radiation treatments, where women were lined up without privacy and zapped by the machine. She was then started on chemotherapy, which made her last days sheer hell. As she lay dying, a directive came from a doctor requesting a scan and other expensive tests, all to be performed within the last six hours of her life. At that point, her husband ordered everyone away from her and let her have her remaining time in peace, no longer just a human experiment.

Which of us, reading these lines, cannot believe that the woman had entered a torture chamber as ghastly as any that can be conceived? Or compare, in his or her mind, the descriptions of a peaceful dying provided earlier in this text, when patients given 714-X, even if they could not be saved, were allowed to pass away in tranquility?

What is the nature or substance of the killing instinct of doctors who continue to administer treatments that, as Dr. Levin put it, "they know will not work? As I was writing these lines, I received a call from an associate in California, one of whose close friends had just been put to death by zealots operating a radiation device. The really sad part of this tale is that the man, diagnosed with lung cancer, had begun to take Naessens's 714-X and was seen to be responding most positively to the treatment. Yet radiation, in what turned out to be a massive overdose, was nevertheless continued. It caused such terrible burns on his body that, unable to recover from them, he died. My associate was told by one of the doctors on the hospital staff, who could not prevent the radiation from taking place, that it alone was responsible for the man's death. He never had a chance to find out if, like so many others, his life could have been extended by Naessens's product.
It is because of hundreds of cases similar to the two just described that Lynes writes in his manifesto: "Let us never again permit such unrestrained power to abuse innocent patients or scientific innovators."

What can the individual do? Here is Lynes's answer: "On a personal level, what is asked of you is very little. The next time you go into a hospital cancer ward or a cancer clinic and witness the bottles suspended from hooks above patients' heads, sending poisonous liquids into their bodies, recognize you are in buildings created by criminals."

"Next time you hear such titles as the Mayo Clinic (Minnesota), the Sloan-Kettering Cancer Center (New York), the M. D. Anderson Cancer Center (Texas), or any of the many others, or the National Cancer Institute, the American Cancer Society, the U.S. Food and Drug Administration, the Board of Quality Assurance, or your own local medical society, don't just silently let the conversation proceed about the way cancer is conventionally treated. Stop it right there, and challenge it! That's your moment of truth. Be political, be outspoken. Stand up!"

"Inform people around you about the crimes initiated and still supported by those in charge of all such institutions and their ilk. Even if you are resented by your friends for disturbing their comfortable world, no matter. Keep in mind that what you are denouncing is no less than a party headquarters of a tyranny no different from the one being dismantled in Eastern Europe and the Soviet Union."

Confident that his call to arms will succeed, Lynes ends with Winston Churchill's dictum that "the United States of America is the mightiest force in the world and can remain so. When that nation is united in a righteous cause, it will prevail over all evil interests."

If some would regard Barry Lynes's Cancer Manifesto as utopian, they might nevertheless warm to a prediction that, due to what amounts in our country to a medical crisis of increasing proportions, orthodox medical hegemony will be forced to abdicate its throne as a result of its no longer being able to cope with its responsibilities.

This is the view of Dennis Stillings, director of the Archaeus Project in Saint Paul, Minnesota, which promotes new concepts in biomedicine such as cyberbiology, or the effects mind can have upon body that are crucial to self-healing. In July 1990, Stillings spoke before the annual meeting of the U.S. Psychotronics Association, of which he was, at the time, president. Referring to an appalling increase in degenerative disease, Stillings stressed that the current situation in that regard has become so desperate as to now be ushering the notion of rationing into the field of health care. "We have reached a state wherein medicine, as traditionally practiced, is in a near state of collapse because of its astronomically rising costs," said Stillings. "Part of the problem is not to be laid at the feet of overworked doctors but at the door of ecological systems, both outer and inner, those of the earth itself and of the
organisms that walk upon it, that are under mounting invasion by a host of enemies, recognized and unrecognized.

*At the Chicago conference, Dr. Epstein, anticipating Stillings, referred to the twentieth century as being one of major threats to society, which stem from runaway technology in the hands of expert idiot savants,' whose rate of progress has been so rapid as to outstrip the capacity of social control mechanisms. One of these threats is the chemical industries' role in carcinogenizing our environment with a wide range of toxic chemicals, thus contaminating our air, water, food, and workplaces, as well as hazardous waste dumps all over the country. He might have well added the soil itself, in which most of our food is grown (see Secrets of the Soil by Peter Tompkins and Christopher Bird, New York: Harper & Row, 1990).

If, due to the expanding breakdown in immune systems, the medical profession has to confess an inability to cope with a tidal wave of patients, Stillings was of the opinion that its rulers will necessarily have to forfeit the right to dictate to people what kind of medical care they are allowed to have, or not allowed to have. And, as he saw it, this will, in turn, open the way to the inevitable erosion of power of medical associations and corporations of all kinds, as well as that of such regulatory bodies as the U.S. Food and Drug Administration and all the rest of the authoritarian organizations listed by Lynes in his manifesto. At that point, alternate medical approaches could become as legally valid, and competitive, as orthodox ones.

Stillings sees the Naessens Affair as vitally central to this issue. As he wrote to me: I want to pay special attention to Naessens ongoing story since, up to now at least, it represents the model of an outsider going against mainstream medicine with a demonstrably effective treatment. Such an apparently clear-cut case is rare.

Will the cancer tyranny have to cede its ground to new brilliant approaches such as those of Gaston Naessens, as implied in Stillings's scenario? Opinions differ, and there are some that are hardly optimistic. One dour conclusion is that of Frederick I. Scott, Jr., a veteran commentator on frontier science who has for years written hard-hitting editorials on that topic for the widely distributed magazine American Bio-technical Laboratory. Devoting one of his editorials to Naessens and his work in the August 1990 issue of that magazine, Scott positively began:

While the courtroom may be the last place one expects to find scientific enlightenment, dramatic challenges to scientific dogma played out there can profoundly influence the course of science in application and teaching. This is particularly true in the case of so emotionally laden a disease as cancer. The trial of Gaston Naessens in Quèbec, Canada, from November to December 1989, may prove to be of such profound influence for it broaches issues of fundamental perceptions in microbiology and microscopy.
Even though he knew nothing about it, Scott thus seems to support Canadian attorney Peter Weldon's assessment of the Naessens trial.

However, in the conclusion to his piece – which masterfully presents the Naessens saga to his scientifically trained readers – Scott turns less sanguine. Expressing strong doubts that any \textit{people power} can ever break a \textit{scientific paradigm} that bars the existence of fundamentally new ideas into its practice, he writes:

\textbf{There is little basis for that belief. We simply cannot afford it. We have livelihoods and long-standing prestigious careers invested in what exists. These are in control of what, in that paradigm, is to evolve. Nothing in our training or circumstances provides any mechanism by which we can examine or implement such ideas without devastating personal, professional and, more importantly, financial consequences.}

And a further communication from bacteriologist Walter Clifford, in a single of many possible examples, illustrates why Scott may have every right to be so pessimistic. Clifford writes to the director of an organization that gives a prestigious annual international award to individuals who have substantially contributed to rewrighting (as in \textit{shipwright}) our disrupted ecologies, inner and outer, everywhere.

\textit{I am honored to offer comment concerning the work of Gaston Naessens,} he begins. Then, in no uncertain terms:

\textbf{You are quite correct that there are numerous quarters, which would rise in revolt if an award were presented to this gifted and noble scholar. However, their ignorance and bigotry do not negate the truth nor the value of Naessens's contributions. I recall an occasion before I met Naessens when a respected pathologist sat with me at the microscope so that he might be shown the peculiar microbiology of the blood. After nearly an hour of looking at a specimen of his own blood, he arose and walked out of my office. When I called out to him as to why he was so upset, he indicated that he did not believe what he had seen!}
And Clifford ends with a punch line that may well justify Scott's black outlook: His last comment was to the effect that if he were to acknowledge what he had seen, his professional colleagues would turn against him and cause him to lose a valuable practice. So much for professional objectivity.

Given this report, how can Scott, and many, many others, not have deep misgivings that the yearnings of all people will eventually overcome the selfish motivations confronting them? Can Scott be right in so lugubrious a conclusion? In other words, is the paradigm Thomas Kuhn described, in the medical sense, secure? Or can personal commitment, as called for by Barry Lynes, finally shift, or break, that paradigm? Are human cultural developments basically outside human control, leaving us at the mercy of an evolutionary juggernaut, the course of which is predetermined by influences about which we have neither any real knowledge or mastery?*

*Readers given to pondering such questions should consult one of the few books that has left a permanently disturbing imprint on me since I read it many years ago. Wholly displeasing to those who purportedly believe they are in charge of our destiny, and purport to be able to run our affairs, The Science of Culture (New York: Farrar, Straus & Giroux, 1969), by anthropologist Leslie White, maintains that human culture, in its widest aspects, is a creature with a life of its own, totally unresponsive to human desires and, therefore, control. The book asks a fundamental question, the very one asked by Thomas Kuhn: Do changes take place at a time propitious for their changing? Or, as Shakespeare put it: There is a tide in the affairs of men, when taken at the flood, leads on. ... to victory. ... How much longer will the vessel of Gaston Naessens's discoveries have to wait for flood tide?

Just as I was finishing this book in early September 1990, I had the opportunity to address the 18th Annual Convention of the Cancer Control Society in Pasadena, California. The society is a citizens group made up of cancer victims – many of them who have recovered due to alternative treatments that shore up deficient immune systems, such as that of Gaston Naessens – enlightened medical doctors, and lay-people. In addition to delving into nontoxic cancer therapies and nutritional approaches to the prevention of cancer, the society also provides valuable information on legal aspects of the rights of individuals to choose what they consider best for themselves in the field of medical treatment.

Before giving the audience a rundown on Naessens's discoveries and achievements – including his smashing court victory, which has put him in the world spotlight – I couldn't resist citing some passages from a book that had come to my attention the day before. Among others, the book quotes a congressman from the state of Iowa who announced: The medical monopoly is not only the meanest ever organized, but one of the greatest dangers that has ever menaced a free people.

If members of the audience could easily have believed those words might have been printed in either the transcript of the 1984 Chicago Medical Dissent meeting, in Barry Lynes's Cancer Manifesto 1990s," or in Ralph Moss's new book, The Cancer Industry, that impression was further reinforced by another of the book's statements: The medical doctor's craft has become a complete tyranny and the public put into its permanent slavery which is enforced by the power of state and federal law.
Most exciting to the audience, however, was one of the same book’s ringing predictions: Of late, various drugless healing systems have become so numerous and strong, and the old school of medicine has been suffering the loss of people’s confidence to such an extent that it is only a question of a very short time and the old medical camp will be completely deserted.

The audience sat rapt as they heard that prediction seemingly promising victory in a virtual civil war in the medical field and imminent emancipation for the slaves. Unable to stand the suspense, one man heaved himself out of his chair to ask me for the title of the book containing the passages I had just read.

Can you, or anyone else here, guess the names of the book’s title and its author? I countered.

Several contemporary books on the question of the treatment of cancer and the politics surrounding it were mentioned.

It may come as a disappointment to you, I said, almost impishly, after the guesses had been made, but I have to tell you that the title of the book in question which runs nearly six hundred pages, is The Medical Question: The Truth About Medicine and Why We Must Have Medical Freedom. It was written by a Dr. A. A. Erz, a naturopath and chiropractor, and published by another doctor, Benedict Lust, in a Florida town called Tangerine. Its date of publication – 1914, or nearly seventy-five years ago!

That being the case, it might seem that Frederick Scott, Jr.’s gloomy prognostics are not so far off the mark.

Yet what are all of us to do in the face of this injustice? Are we simply to become resigned to a status quo, or an existing paradigm? Or do we take the same kind of action that the Québec Committee for the Defense of Gaston Naessens took in the summer of 1989, action that mobilized provincial, national, and international backing for a literally unknown pioneer, action that may well have tipped the juridical scales in his favor?

This is a question that was squarely posed in a communiqué received two days following the Cancer Control Society’s conference. It was issued by the research institute run by a physician and biochemist Stanislaw Burzynski, in Houston, Texas. The institute’s claim is to have discovered certain biochemical compounds and derivations in the human body that, when administered intravenously or orally, are capable of restoring cancer cells to normalcy.

The effectiveness of the treatments is exemplified by the case, reported in the communiqué, of a little eight-year-old boy, Jimmy, diagnosed with terminal brain cancer, whose mother was told that nothing more could be done to save him. At her wit’s end, she brought her son in a wheelchair to Burzynski’s clinic on 4 January 1990. By mid-August, the patient had abandoned the
wheelchair and was, in the communiqué’s words: very close to complete remission.

Then, in a cry of alarm, the same communiqué reported on a concerted effort by three separate bodies – the U.S. government (Justice Department), the Texas State Board of Medical Examiners, and, strangest of all, the insurance behemoth Aetna – to close down Burzynski’s treatment center.

This latest effort was only the most recent in a long series of harassments designed to put the Texas doctor out of business. One such attempt, in 1983, mounted by the Federal Food and Drug Administration, resulted in a court ruling that he could continue his practices only if they were limited to the state of Texas and not exported beyond its borders. In the interim, Burzynski provided the FDA with so much documentation on the success of his treatments that, if piled in a single stack on the floor, it would reach higher than the topmost hair on the head of a person six feet tall.

So now, it turned out, the Texas medical rulers, joined by the U.S. government and insurance interests, were resolutely trying to plug the loophole through which a United States court had allowed Burzynski to practice, at least in his home state.

The new action, as the communiqué made horrifyingly clear, was taken not just against a doctor and his research institute, but against patients who, because ninety percent of them sought Burzynski’s help only after they had been told they had no other options, stood to lose more than Burzynski himself.

Our government’s action is literally against Jimmy, and many others like him, wrote Le Trombetta, the research institute’s director for public information, who told me over the telephone that Burzynski’s legal fees had been running over $100,000 a month!

Explaining that the latest tactic of the U.S. Justice Department was to indict Burzynski criminally on mail fraud charges, Trombetta, bringing Barry Lynes’s general recommendations into specific focus, continued: We have the power to generate the two things that government agencies most fear: a congressional investigation, and adverse publicity. Our strength is in our numbers and in the truth behind what we’re doing.

Trombetta listed a number of pointed questions to help Burzynski’s would-be supporters formulate exactly what they should ask representatives in Congress to look into. Among them were:

**Whom** does the government claim to be protecting in its action?

If the protection is not for patients, since they have not requested it, then is it for a private interest group, and at the risk of those patients’ lives?
Who are the key players, inside or outside the government, pushing to close down Burzynski’s operation?

What do they stand to gain by eliminating his nontoxic treatment?

We have seen that questions of this kind were, in the main, answered in Naessens’s case, by the trial reported in this book. Whether Burzynski’s own trial will provide answers remains to be seen. And it may be that only a trial can provide them.

A fifty-page chapter, The Fiercest Battle, on the Burzynski case, in Moss’s The Cancer Industry, provides other interesting parallels between the outlooks of the Texas doctor and the Québécois biologist and the methods used to distort and dismiss their findings.

To his attackers, writes Moss, Burzynski is a clever opportunist, exploiting a mysterious and ineffective cancer cure of his own imagining. His treatment is bizarre, expensive, useless and also possibly dangerous. Were not these the same allegations and accusations made with respect to Naessens by the Québec Medical Corporation and the three cancer specialists who held the press conference in Montreal?

Moss continues: But to his patients and supporters, Burzynski is a gentle physician who has saved or prolonged hundreds of lives with his innovative approach. ... In addition, he really cares about their well-being in an old-fashioned way rarely seen in today’s oncology clinics. This is no less than what Naessens’s own patients and members of his defense committee have said about the biologist both in public and in court.

There is still another tie between the two cases, a tie suggesting that Canada, far from becoming more liberal in its attitude toward promising cancer treatments, only reflects the rigid opinions of the cancer hierarchy in the United States. As far back as 1982, two Toronto doctors were named by the Ontario Medical Association to go to Texas and investigate Burzynski’s treatment. Though their travel to Houston took the better part of a whole day, their review of his voluminous records lasted no more than two hours, or not even as long as the short time Dr. Jolivet had spent with Naessens.

In their highly critical report, they accused Burzynski of keeping the nature of his products secret, which was no more or less than what Augustin Roy had repeatedly said of Naessens. But far from being secretive, Burzynski, says Moss, attempted to explain all his production techniques to the two doctors in great detail. Just as Naessens had and has explained his to Dr. Jan Merta de Velehrad and anyone else who would listen.

Furthermore, Moss notes that Burzynski was given time to show the visiting doctors records of only nine cases before they decided to leave. Of the nine, six had obtained complete remission of cancer and two nearly complete remission.
And, as in the case of Naessens’s 714-X, the doctors also tried to dismiss the effectiveness of Burzynski’s treatments by alleging that it had been made only after the patients had been treated by orthodox means. In fact, only one of the nine cases had received radiation and chemotherapy.

When Burzynski urged the two Canadians to look at more cases, they refused. And when he suggested they take a pile of them back to Canada and examine them at their leisure, they also refused. They were, said Burzynski, very anxious to leave the clinic as soon as possible. Yet, when they returned to Canada, they were able to write a report saying they had not a single positive thing to say about Burzynski’s treatment. And, going one step further, they strongly recommended against any insurance reimbursement for treatments at his clinic.

Most significant in all this is Moss’s statement that the comments of the two Canadian doctors, widely circulated not only in Canada itself, but in the United States, soon became the touchstone of opposition to Burzynski.

Whatever the outcome of Burzynski’s forthcoming trial, his public relations director, Le Trombetta, recommended in her communiqué that, in the case of her boss, the time had come to investigate the investigators. Since this could only be done by Congress, she urged Byrzynski’s adherents to mobilize as many letters as possible to their state representatives in Washington, D.C., as well as to Burzynski’s own congressman and to members of both the House and Senate Judiciary Committees. We must ask the question Jimmy’s mother has asked, she concluded: "How do they dare?"

Was all this just whistling in the dark? Or can actions by citizens turn a tide? It is left to readers of this book to decide and, if the answer to the second question is yes, to act.

As for Le Trombetta, she closed her communiqué with an opinion offered by the renowned anthropologist and author, Margaret Mead: Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it’s the only thing that ever has.*

*Another example of an initiative taken by a private citizen is that of Conrad LeBeau, owner of Vital Health Products, in Muskego, Wisconsin. LeBeau has started a movement to end fifty years of government-controlled medical monopoly by unleashing the power of the Ninth Amendment to the U.S. Constitution. This little known amendment reads: The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people. LeBeau has issued a Ninth Amendment Legal Defense Kit, the use of which, he maintains, can lead to practical steps to win freedom of choice in medicine and health care, one of the rights retained by the people under the amendment.

LeBeau has also reprinted an interesting book, The Forgotten Ninth Amendment: A Call for Legislative and Judicial Recognition of Rights Under Social Conditions of Today, by Bennett B. Patterson of the Texas Bar (Indianapolis, Indiana: Bobbs-Merrill, 1955). Mr. Patterson writes in his conclusion: The Ninth Amendment to our Constitution is a guarantee of our individual personality. ... May all of us be humbly grateful to a Creator who has endowed us with a soul, and a constitutional government which guarantees to us the right to own it. (The materials can be obtained from Vital Health Products Ltd., Box 164, Muskego, WI 53150).
Chapter 18

Epilogue: An Enemy of the People

Now, as the lights dim in the universities and much of the most exciting intellectual activity goes on outside of academe, the time seems right to recognize, and encourage, independent scholarship. ... Where do new ideas come from, which ignite thousands, sometimes millions of people! Most often, they come from the work of one independent, brilliant, driven thinker or investigator.

Ronald Gross, Independent Scholar’s Handbook

As the summer solstice grew closer and the daylight hours were becoming the year’s longest, the Montreal Gazette announced the screening of one of the best teledramas made over the last twenty years, a new production of Norwegian playwright Henrik Ibsen’s masterpiece An Enemy of the People. In that stage play, written over a hundred years ago, the only doctor in a small coastal community discovers that the waters in its highly lucrative spa, visited by countless wealthy clients, have been contaminated with a lethal form of bacteria.

When the doctor alerts the community leaders to the danger, his warning is venomously rejected by all of them, including the mayor, the doctor’s own brother. To suppress the truth, they begin a concerted campaign to destroy the doctor’s reputation and credibility. By the time their campaign is over, not only has the physician become a reviled outcast in the society he has so loyally served, but his wife and children find themselves ostracized by their friends, neighbors, and playmates. As I watched the stirring story unfold, it came to me that Ibsen’s theme was just as valid today as it was when he addressed it a century ago.

If Naessens had been branded in his own community as a people’s enemy, there were hopeful signs that many of those people were solidly behind him. When the biologist came to the Baron Hotel to deliver some materials to me, several persons, attending a rock concert in its garden, surged out of a large crowd to shake his hand and offer congratulations, as did passers-by in the streets and shops of Sherbrooke.

As if they had read and been inspired by Barry Lynes’s manifesto, patients who had completely recovered their health following 714-X treatment were engaged in various political strategies. One young man, who had put
Hodgkin’s disease behind him, took the trouble to call Marc Yvan-Côtè, Québec province’s minister of health, to say he owed his life to Naessens.

To his surprise, instead of rebuffing the former cancer victim, the minister entertained a long conversation with him, during which he asked the caller what he thought should be done to change the medical climate in the province. When the patient replied that, first and foremost, legislation to make alternative medical practices permissible, and available, should be enacted, the patient was startled to hear the minister at least partially agreeing with his suggestion.

On the other hand, the case of the wife of a prominent Québécois political leader, as it relates to Frederick Scott’s gloomy conclusions, reveals how careerism controls individuals in the most desperate straits. In the final stages of lung cancer, this woman, though aware that 714-X might be her salvation, refused to have it clandestinely administered for fear that, were her treatment with the product to become publicly known, it might gravely injure her husband’s political career, even bring it to an end.

But, at the same time, Gerald Godin, whose brain cancer seemed, at the very least, to have been arrested in its progress, was heard by thousands of Québécois citizens, during a summer television interview, to declare that he had nothing but respect for Gaston Naessens.

If certain tokens of popular support seemed to be heralding a rosier future for Naessens, truly significant evidence that his fortunes were changing for the better began to manifest in the waning days of August. Mounting professional interest, not only in his treatment modes but in the whole of his Nu biology, began to appear as suddenly as a sun breaking through a heavy layer of clouds. Into the darkness shrouding Québec poured light rays from Europe and the United States.

One searchlight penetrating the gloom was Christoph Gisler, Ph.D., a biochemist who heads up Bio-Galenic, named for the famous Greek physician Galen, a Center for Biomedical and Orthomolecular Information in Geneva, Switzerland, which publishes Orthomed-Letters.*

*For many years, Gisler was scientific director for the Upjohn laboratories.

As explained in one of Gisler’s broadsides, the word ortho, in Greek, means adequate, fitting, correct, or simply good. Why Gisler, who had read a copy of the Canadian version of this book, had made the long journey to Rock Forest is revealed by a passage in the same broadside: Orthomolecular medicine derives from well-established biomedical research and uses therapeutic techniques and preventative practices. It can be summed up as: a comprehension of bio-chemical mechanisms in the body and the utilization of nontoxic substances, harmless to the body, to create conditions of optimal health. Was it any wonder why the Swiss biochemist was excited by 714-X, which, if anything, was certainly orthomolecular?

The handsome and affable Gisler was in no mood to waste time. He began with a visit to the Canadian publisher of this book to order two hundred copies for
display at an international exposition of orthomolecular medical products sponsored in Geneva in October 1990 by Aquarius, a French-language publishing house with which Gisler’s center has affiliation.

During a day’s conversation with the Naessenses, Gisler told them that orthomolecular practice was burgeoning so fast all over Europe – largely due to popular demand for it – that pharmacists were in a race to offer their customers effective new products exactly like 714-X, and drug companies were gearing up to make them available. Gisler knew what he was talking about, if only because his contacts in the pharmaceutical field include Georges Marti, father of Gisler’s pharmacist wife, Françoise, who is owner of Galencia S.A. in Zurich, the largest pharmaceutical firm in Switzerland.

Before he left for the airport to return home, Gisler signed an agreement for the exclusive right to distribute Naessens’s intralymphatically injected medicinal in his own country as well as in France, Italy, Germany, and Austria, with options for the Iberian peninsula and the United Kingdom.*

*Those with international connections, which many American and Canadian researchers lack, are apparently making end runs around a virtual dam blocking the development and distribution of new medical products in North America. While confronting a pincer movement designed to immobilize him in Texas, Dr. Stanislaw Burzynski has been able to get a Swiss pharmaceutical firm to export his anticancer product for trial in Japan, after the U.S. Food and Drug Administration not only tried to discourage the Japanese from testing it, but refused to allow its export from the United States.

On 12 September, Gisler declared in writing that his collaboration had three aims: to spread the news on the benefits of 714-X (and other products developed by Naessens); to make them easily accessible to doctors, so that patients could profit from them; and to advance Naessens’s research on all fronts.

If Gisler’s visit was for Gaston Naessens the equivalent of a sunrise in the east, shortly after the departure of the Swiss, more suns seemed to be peeping over the southern horizon. A flurry of phone calls from south of the border testified that American medical men and women who had learned of Naessens, through publicity circulating ever more widely about the Canadian edition of this book, had, to use Gerald Godin’s words, nothing but respect for the biologist’s achievements.

Taken aback by the surge of interest and the broad scope of questions coming in over their telephone line, the Naessenses, realizing that they could not handle the queries on a one-by-one basis, decided to organize an impromptu seminar in Rock Forest so that all concerned could convene there to hear, and compare notes on what would be presented at it.

Over the first weekend in September, a group of medical practitioners made the long journey to the Eastern Townships. Among them were five M.D.s from Massachusetts, Connecticut, New Jersey, Pennsylvania, and California; an optometrist from Florida; two chiropractors from Virginia and Pennsylvania; and a dentist from Connecticut; as well as a man practicing nutritional medicine from Ohio and two nurses from unspecified American cities.
Most of them had been mobilized by microbiologist Walter Clifford, who constantly travels around the whole of the United States to consult with medical practitioners. His own remarks at the meeting brilliantly introduced the whole group to the significance of Naessens’s discoveries. The rest arrived as a result of their having independently heard of Naessens’s work through the grapevine and consequently having called him to get more information.

Proceedings got underway on a Friday, in an auditorium at Sherbrooke’s Delta Hotel, where, with the help of a professional interpreter Daniel Tessier, Naessens gave a long retrospective of his life work, going all the way back to the development of his first cancer products in France. Various articles, both in French and English, were read aloud in their original versions or in translation, and interrupted by many questions from the fascinated visitors.

Particularly interesting to the assembled crowd was one written by John W. Mattingly, inventor of the world-famous Water Pik, a water-pressured toothbrush for home use, and an adjunct professor of the philosophy of science at Colorado State University. The paper outlined in detail the whole history of the Pasteur-Béchamp controversy and decades-long attempts by researchers to understand the nature and effects of polymorphic organisms in the blood, all the result of Mattingly’s extended and devoted independent study of the topics.

Present at the seminar was expert microscopist Dr. Bernard Grad, a retired professor of biology at McGill University, who had learned his microscopic art during his student days from none other than Dr. Wilhelm Reich, at whose research center, Organon, in Rangeley, Maine, Grad had spent hundreds of hours in training. A few months prior to the seminar, Grad had visited Naessens’s laboratory to spend several hours observing various specimens through the microscope, during which time I heard him declare that he was viewing structures in detail that he had never before seen, a professional opinion he also shared with the seminar’s participants.

The next day, Saturday, the whole group, enlarged to a total of twenty-five with the arrival of several of Naessens’s relatives and guests, crowded, like a herd of horses in an undersized corral, into the small house and even tinier laboratory, virtually packing the latter from wall to wall. There, for the first time in their lives, the American visitors were able to view somatids in their own blood and many of the aberrant pathogens in the sixteen-stage cycle in the blood of a cancer patient, all through Naessens’s somatoscope. One could easily say that, over the course of Naessens’s long career, never, in a single day, had so much been seen by so many medical specialists.

The general consensus, as expressed by several doctors present, was that all of them had seen a body of work providing a completely new direction in science and in medicine, and had been privileged to hear, for the very first time, a fully coherent presentation of the complexities of the cycle of microbes in the blood, especially because it incorporated a lucid explanation of how that cycle originated with the somatid. That coherence had been, for the most part, achieved by the screening on television of Naessens’s thirty-eight-
minute film made at the microscope and his voice-over commentaries. Many of the doctors asked for copies of the cassette to show to their colleagues when they returned home.

The properties of the somatid and its apparent effects on genetic systems, as well as its ability to block rejection of skin grafts in animals, were highly startling to the assembled medics, for whom most of Naessens's findings amounted to brand new territory. Over the telephone, I received comments from three of them, which ran as follows:

It was just tremendous ... the whole scope of it ... to be able to see so many new things and talk to people who had had firsthand experience with 714-X, which seems almost like a magic bullet. I'm most excited about what I saw, and heard, and have read in your book, a copy of which I bought when I was up there in Québe. I'm certainly going to recommend that book to many people and I'm going to recommend the treatment to people I know who need it.

Every member of the group was nothing short of awestruck! How one man has been able to place in total human perspective things that most people are literally unable to conceive. I believe Gaston Naessens should receive a Nobel Prize in science and another for peace, as well, because of what he has done for the welfare of humanity. Now the task is to get the news out in low-key fashion, which will bring Gaston the recognition he so richly deserves.

I was really impressed with Naessens's knowledge and the scientific evidence I saw to back it up. So impressed that I immediately ordered a $20,000 Zeiss research microscope so I could see some of the things he has been seeing. In his microscope, I saw many things I've never before seen and I have done microscopic work for a long time. I think it may be a long time before Gaston's findings are accepted, because they'll be resisted to the end by those who don't believe, or don't want to believe, them. But there are a lot of freethinkers out there and if we can get them to use Naessens's technology, that will be a way to win acceptance for him.

The seminar, it turns out, may be a harbinger of many more to come, inasmuch as many of its participants, before taking their leave, suggested to Naessens that they had colleagues just as avid as they themselves to see and hear everything to which they had been exposed. And, almost every day, Naessens and his wife are receiving more calls from the United States to inquire when they can come to Québec to visit him. It is becoming clear that the next symposium may well attract over two hundred persons. To prepare for it, Naessens is envisioning the publication of an illustrated handbook presenting the entire substance of his research and answering the kinds of questions asked at the first seminar.
Another no less interesting result of the seminar was a change in course in Naessens's thinking with respect to the future development and distribution of his unique microscopic technology. While, prior to the time of the seminar's convening, the biologist had planned to improve his existing instrument and make it available at a cost of some $100,000, he was led to alter this view. Recognizing that doctors, such as the ones who had made the effort to come all the way to Rock Forest, were in need of an affordable microscopic tool, he became convinced that he could adapt standard dark-field microscopes, with which most of them are familiar, so that these can clearly reveal all phases of the somatid cycle.

If this can, in fact, be done, it will allow for instruments costing in the neighborhood of only $10,000 to be placed in the hands of biomedical scientists unable to afford a microscope costing ten times that amount. In this way, the whole array of Naessens's findings could become widely disseminated, and his years-long isolation brought to an end.

It was indeed fortuitous that all this European and American support came when it did. For Naessens's troubles with the law are still not over. The Rock Forest researcher is awaiting another trial for illegal practice of medicine. This time the case involves two medical double agents, or spies, working for the Quèbec Medical Corporation. In 1989, they visited Naessens under assumed names with phony complaints. When he was kind enough to examine their blood and inform them that they could not have the afflictions they said they had, their only thanks was to report him for having performed a medical service contravening established statute, which led to his citation. Naessens knew beforehand what might be afoot, because one of the spies was so unprofessional in her undercover work that she wrote, under the rubric Home Address in his daybook, the address of the Quèbec Medical Corporation itself.

The good news in this regard is that the third trial, scheduled for May 1991, may not take place. This is because legislation currently pending in Quèbec's parliament, if passed, will prevent the Medical Corporation from continuing its base practice of using agents to spy on private citizens. Naessens's defense lawyer, Conrad Chapdelaine, is hopeful, even fairly confident, that the charges will be dropped, in which case Naessens may never again have to tread the steps of a courthouse.

Yet it also appears that the Medical Corporation is by no means giving up its malicious campaign against Naessens. In fact, it is extending it to assault his allies. In September 1990, just prior to the seminar, the biologist received an overseas call from Dr. Michel Fabre in France, who had had the courage to appear at his 1989 trial as the only doctor of medicine willing to testify in Naessens's defense. Incredible as it may seem, Fabre reported that an investigation of his activities had begun in France at the demand of the Quèbec Medical Corporation, which had asked the French medical association to launch it. The investigation centered on whether Fabre might be psychologically unbalanced, given his testimony at the trial at which, reported the Quèbec Medical Corporation to its French counterpart, Naessens had been found guilty! Partly due to that bald-faced lie, Fabre was threatened
with suspension of his medical license. But he affirmed to Naessens that he had no intention to stop treating patients with 714-X and that Christoph Gisler’s Bio-Galenic center in Switzerland had entered the fray to support him.

Given all these new developments, positive and negative, pro and con, what does the future hold for Gaston Naessens? One thing is nearly certain: Naessens is out in the limelight to stay. And he does not necessarily relish that kind of prominence.

His chief aspiration is to establish a research body to repeat objectively all of his experiments and get them written up in language acceptable for publication in journals of science. This will require the full-time assistance of several bright, young postdoc specialists – as able and eager as Daniel Y. E. Perey – in a number of disciplines. Naessens also hopes that his new assistants will be able to answer many questions about aspects of his discoveries that have so far eluded explanation.

Work already done must be pushed farther. To take only one example, the exchange of somatids from one animal to another must be studied. Not only do the effects of this exchange open a virtual Pandora’s box in the science of life, but if it can be determined that such exchange would permit organ transplants without rejection syndromes, that, in itself, would be a biomedical finding of staggering proportions. The facts are there for all to see. Surely there are young researchers who have the vision.

To attract backing for the research program as just outlined, the Naessenses have set up a Foundation UNIVERS (Universe Foundation), the capitalized French acronym standing for the National Union for Investigation, Validation and Experimentation in Scientific Research. It hopes to raise several millions dollars.

Finally, while his new assistants are working on the validation of his former research, Gaston Naessens wants to liberate himself from all other responsibilities to the point where he will be able, as before, to begin brand new research based on long formulated, and more recently formulated, ideas. To have, in Canadian Nobel Laureate Polanyi’s words, the freedom to pursue truth wherever it may lead. Or, as Dr. Jan Merta de Velehrad put it: to get on with life’s central aim, the search for valid information.

All people of goodwill wish Gaston Naessens well in his aspirations. They are asked for their help, and that of their friends and associates: help for the discoverer of the somatid, not an enemy, but a true friend, of the people.
## Appendixes from: "The Persecution and Trial of Gaston Naessens"

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