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This document contains excerpts from the book "The Cancer Cure That Worked! Fifty Years Of Suppression" by Barry Lynes, 1987, 9th printing November 2001. 11th printing, October 2005, is available.

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In the summer of 1934 in California, under the auspices of the University of Southern California, a group of leading American bacteriologists and doctors conducted the first successful cancer clinic. The results showed that cancer was caused by a micro-organism, that the micro-organism could be painlessly destroyed in terminally ill cancer patients, and that the effects of the disease could be reversed.

The technical discovery leading to the cancer cure had been described in *Science* magazine in 1931. In the decade following the 1934 clinical success, the technology and the subsequent, successful treatment of cancer patients was discussed at medical conferences, disseminated in a medical journal, cautiously but professionally reported in a major newspaper, and technically explained in an annual report published by the Smithsonian Institution.

However, the cancer cure threatened a number of scientists, physicians, and financial interests. A cover-up was initiated. Physicians using the new technology were coerced into abandoning it. The author of the Smithsonian article was followed and then was shot at while driving his car. He never wrote about the subject again. All reports describing the cure were censored by the head of the AMA (American Medical Association) from the major medical journals. Objective scientific evaluation by government laboratories was prevented. And renowned researchers who supported the technology and its new scientific principles in bacteriology were scorned, ridiculed, and called liars to their face. Eventually, a long, dark silence lasting decades fell over the cancer cure. In time, the cure was labeled a "myth"—it never happened. However, documents now available prove that the cure did exist, was

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tested successfully in clinical trials, and in fact was used secretly for years afterwards—continuing to cure cancer as well as other diseases.

Yet, despite the blackout which prevented doctors and researchers from knowing about and improving the cure, other scientific investigators continued to verify the basic principles. In the late 1940s and early 1950s, cooperating researchers at a hospital laboratory in New Jersey and a research institute in Pennsylvania made similar discoveries which unknowingly aligned them with the California group of a decade earlier. In

1950, these researchers prepared to make a presentation before the New York Academy of Sciences. But again, political forces intervened and the symposium was cancelled.

Then, in 1953, the basic science which validated the theories of the California group was explained by the New Jersey group at an international microbiology conference in Rome, Italy. The New York Times and the Washington Post reported the discovery.

However, upon the group's return to America, they discovered that the same powerful forces which had prevented an American announcement in 1950 had secretly managed to terminate the financing of the New Jersey laboratory. The leading researcher was forced to move to California and start anew.

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One of the many areas in which Pasteur and Bechamp argued concerned what is today known as *pleomorphism*—the occurrence of more than one distinct form of an organism in a single life cycle. Bechamp contended that bacteria could change forms. A rod-shaped bacteria could become a spheroid, etc. Pasteur disagreed. In 1914, Madame Victor Henri of the Pasteur Institute confirmed that Bechamp was correct and Pasteur wrong.

But Bechamp went much further in his argument for pleomorphism. He contended that bacteria could "devolve" into smaller, unseen forms, what he called "microzymia." In other words, Bechamp developed—on the basis of a lifetime

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of research—a theory that micro-organisms could change their essential *size* as well as their shape, depending on the state of health of the organism in which the micro-organism lived. This directly contradicted what orthodox medical authorities have believed for most of the 20th century. Laboratory research in recent years has provided confirmation for Bechamp's notion. An entire century of medicine and scientific research might have been different if Pasteur's public authority and the commercial gains to be realized from his faulty ideas had not predominated.

A "typical" bacteria is about 1 micron in size, or 1/25,000 of an inch. Viruses range in size from 10 millimicrons (10 thousandths of a micron) to 300 millimicrons (300 thousandths of a micron). Thus, the largest virus, according to the orthodox view, is a quarter to a third the size of the average bacteria.

This measurement is important because 300 millimicrons also is the limit of resolution of the light microscope. Viruses require an electron microscope to be seen and electron micro-

scopes kill the specimens. Only the very large smallpox virus can be seen with a light microscope.

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Since viruses passed through pores in a filter which held back anything larger than 300 millimicrons, viruses were termed "filtrable viruses" at one time. But eventually the terms "filtrable" and "viruses" became synonymous. A virus was filtrable. But bacteria, according to the orthodox view, could not be filtered to a smaller, earlier stage. Here loomed a major battle in the war over pleomorphism.

Another criterion for a virus is that it requires a living cell as a host in order to reproduce. This fundamental distinction between bacteria and viruses was announced by Dr. Thomas Rivers of the Rockefeller Institute to the Society of American Bacteriologists in December 1926. It helped to establish the foundation for his career as well as to distinguish virology as a separate specialty within the broader field of microbiology. In time, Rivers—because of his scientific reputation, his quarrelsome personality, and the immense financial resources at his disposal through the Rockefeller Institute—became one of the most formidable men in American microbiology. As Director of the Rockefeller Hospital from 1937 to 1955, and as Vice-President of the Rockefeller Institute from 1953 until illness and death removed him from a power role in American medicine, not only did his ideas influence the leading virus researchers of the next generation, but his personal training of a dozen or more of them had a profound impact on research priorities well into the 1970s and 1980s. Unfortunately, Dr. Thomas Rivers was wrong about filtrable bacteria.

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Dr. Arthur Kendall was Director of the Hygienic Laboratory of the Panama Canal Commission in 1904. The Hygienic Laboratory was the forerunner of the National Institute of Health. In 1906, Kendall became a bacteriologist at the Rockefeller Institute. This was followed by 3 years as an instructor at Harvard University Medical School (1909-1912). In 1912, Kendall became head of the first wholly independent Department of Bacteriology in America, at Northwestern University. In 1916, he was appointed Dean of the Medical School. In 1924, Kendall became Professor of Bacteriology and public health at Washington University in St. Louis, Missouri. Then in 1928, he returned to Northwestern and shortly afterwards began working with the California group which conducted the first successful cancer clinic in 1934. In 1942 he retired from Northwestern. More than 100 of his papers were published.

On December 11, 1931, Science magazine reported in its Science News section that Dr. Kendall had filtered bacteria to a smaller form and that these micro-organisms had remained alive on a medium of his creation. His "K Medium" had broken down the typhoid bacillus into a filtrable form. Moreover, using a special microscope, he was able to see: (1) the full sized bacillus still unchanged, (2) other bacilli in an intermediate stage between the filtrable and the non-filtrable phases, and (3) still other, very small turquoise-blue bodies which were the final bacillus form. This final form was the size of a virus, and yet it was still a bacteria! The basis for Dr. Rivers' authority had been challenged.

When the official publication of the California Medical Association, *California and Western Medicine*, published the incredible news in December 1931, and Dr. Kendall was invited to address the Association of American Physicians, Rivers reacted. First he tried to have Kendall's talk cancelled. When that was refused by the sponsors, he insisted that he and Dr. Hans Zinsser of Harvard be allowed to speak also. After Kendall made his presentation before the Association in May

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1932, Zinsser and Rivers publicly ripped Kendall apart, stating that since they could not replicate Kendall's results, Kendall was lying. The opposition mounted by Rivers and Zinsser was such that few scientists and doctors of the time dared to support Kendall. Kendall could not convince the orthodox "non-filtration" school that experiments done according to his techniques would validate his discovery. The opposition group did not want to learn.

In 1974, Lida H. Mattman of the Department of Biology, Wayne State University, published *Cell-Wall Deficient Forms*. By then, *pleomorphism* was a proven phenomenon although the orthodox school continued to ignore it. Mattman wrote, "Current bacteriology holds the belief that each species of bacteria has only a certain very simple form. . . . In contrast, this writer, using carefully prepared pure cultures, found that bacteria pass through stages with markedly different morphology."

By 1982, when Gerald J. Donigie of Tulane University

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School of Medicine published *Cell-Wall Deficient Bacteria*, the suppression of Kendall's work for 50 years had obvious results. Domingue writes:

"There is a considerable body of experimental and clinical evidence—much of which has never been published—supporting the concept that cell wall deficient bacteria may be agents of disease. . . . There are no current books whose primary

focus is on the clinical significance of these unusual bodies.... The most neglected research area has been on the role of these organisms in disease."

Thus, 50 years after Kendall's discovery, even with substantial evidence, the erroneous orthodox view continued to dominate medical theory, cancer research, and cancer treatment.

One of Kendall's renowned supporters was Dr. Edward Rosenow of the Mayo Clinic. Rosenow was viciously attacked by Thomas Rivers of the rival Rockefeller Institute. As reported in the 1976 article in *New Age Journal*, Rosenow's 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."

Rosenow told his son, "They simply won't listen." (Rosenow's son later told how, while a student of Zinsser's at Harvard, Zinsser had admitted to Rosenow Jr. that he, Zinsser, had not even used Rosenow Sr.'s medium in failing to duplicate and then condemning Rosenow's test results.)

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In a paper presented to the New York Academy of Sciences in 1969, Dr. Virginia Livingston and Dr. Eleanor Alexander-Jackson declared that a single cancer micro-organism exists. They said that the reason the army of cancer researchers couldn't find it was because it changed form. Livingston and Alexander-Jackson asserted:

"The organism has remained an unclassified mystery, due in part to its remarkable *pleomorphism* and its stimulation of other micro-organisms. Its various phases may resemble viruses, micrococci, diptheroids, bacilli, and fungi."

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And yet, by 1986, despite the massive fundings of virus research, more people than ever continued to die of cancer. Memorial Sloan-Kettering Cancer Center, the world's largest non-profit cancer research center, and still the leading institutional opponent of pleomorphism research and related cancer treatment in America, stated in a 1986 fund-raising appeal that over 460,000 Americans died of cancer in 1985. (Sloan-Kettering's own 1975 tests had indicated pleomorphic bacteriavirus in *all* cancer blood tests, but they had buried the laboratory results.)

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Cullen recalled: "Dr. 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. The case histories were mounting up very fast. Among them was this old

man from Chicago. He had a malignancy all around his face and neck. It was a gory mass. Just terrible. Just a red gory mass. It had taken over all around his face. It had taken off one eyelid at the bottom of the eye. It had taken off the bottom of the lower lobe of the ear and had also gone into the cheek area, nose and chin. He was a sight to behold."

"But in six months all that was left was a little black spot on the side of his face and the condition of that was such that it was about to fall off. Now that man was 82 years of age. I never saw anything like it. The delight of having a lovely clean skin again, just like a baby's skin."

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Another major institution which "staked its claim" in the virgin territory of cancer research in the 1930-1950 period was Memorial Sloan-Kettering Cancer Center in New York. Established in 1884 as the first cancer hospital in America, Memorial Sloan-Kettering from 1940 to the mid-1950s was the center of 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."

It was Dr. Rhoads who prevented Dr. Irene Diller from announcing the discovery of the cancer micro-organism to the New York Academy of Sciences in 1950. It also was Dr. Rhoads who arranged for the funds for Dr. Caspe's New Jersey laboratory to be cancelled after she announced the same discovery in Rome in 1953. And an I.R.S. investigation, instigated by an unidentified, powerful New York cancer authority, added to her misery. The laboratory was closed.

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. The American Cancer Society has enormous influence in the cancer world because its public appeals generate large amounts of money for research. As Ralph W. Moss, former Assistant Director of Public Affairs at Memorial Sloan-Kettering Cancer Center, made explicit, "The Society now

has tens of millions of dollars to distribute to those who favor
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its growing power, and many powerful connections to disconcert those who oppose it."

Thus the major players on the cancer field are the doctors, the private research institutions, the pharmaceutical companies, the American Cancer Society, and also the U.S. government through the National Cancer Institute (organizing research) and the Food and Drug Administration (the dreaded FDA which keeps the outsiders on the defensive through raids, legal harassment, and expensive testing procedures).

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Rife believed that the minuteness of the viruses made it impossible to stain them with the existing acid or aniline dye stains. He'd have to find another way. Somewhere along the way, he made an intuitive leap often associated with the greatest scientific discoveries. He conceived first the idea and then the method of staining the virus with *light*. He began building a microscope which would enable a frequency of light to coordinate with the chemical constituents of the particle or micro-organism under observation.

Rife's second microscope was finished in 1929. In an article which appeared in the *Los Angeles Times Magazine* on December 27, 1931, the existence of the light staining method was reported to the public:

"Bacilli may thus be studied by their light, exactly as astronomers study moons, suns, and stars by the light which comes from them through telescopes. The bacilli studied are living ones, not corpses killed by stains."

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In 1931, the two men who provided the greatest professional support to Royal R. Rife came into his life. Dr. Arthur I. Kendall was Director of Medical Research at Northwestern University Medical School in Illinois. Dr. Milbank Johnson was a member of the board of directors at Pasadena Hospital in California and an influential power in Los Angeles medical circles. Together, Rife, Kendall and Johnson slowly and carefully began an assault on the scientific and medical orthodoxies of their time.

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Dr. Kendall had invented a protein culture medium (called "K Medium" after its inventor) which enabled the "filterable virus" portions of a bacteria to be isolated and to continue reproducing. This claim directly contradicted the Rockefeller Institute's Dr. Thomas Rivers who in 1926 had authoritatively stated that a virus needed a living tissue for reproduction. Rife, Kendall and others were to prove within a year that it

was possible to cultivate viruses artificially. Rivers, in his ignorance and obstinacy, was responsible for suppressing one of the greatest advances ever made in medical knowledge.

A typhoid germ was put in the "K Medium," triple-filtered through the finest filter available, and the results examined under Rife's microscope. Tiny, distinct bodies stained in a turquoise-blue light were visible. Kendall could "see" the proof of what he had demonstrated by other means. Two historic breakthroughs in science had happened. The virus cultures grew in the "K Medium" and were visible. The viruses could be "light" stained and then classified according to their own colors under Rife's unique microscope.

A later report which appeared in the Smithsonian's annual publication gives a hint of the totally original microscopic technology which enabled man to see a deadly virus-size micro-organism in its live state for the first time (the electron microscope of later years kills its specimens):

"Then they were examined under the Rife microscope where

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the filterable virus form of typhoid bacillus, emitting a blue spectrum color, caused the plane of polarization to be deviated 4.8 degrees plus. When the opposite angle of refraction was obtained by means of adjusting the polarizing prisms to minus 4.8 degrees and the cultures of viruses were illuminated by the monochromatic beams coordinated with the chemical constituents of the typhoid bacillus, small, oval, actively motile, bright turquoise-blue bodies were observed at 5000 X magnification, in high contrast to the colorless and motionless debris of the medium. These tests were repeated 18 times to verify the results."

Following the success, Dr. Milbank Johnson quickly arranged a dinner in honor of the two men in order that the discovery could be announced and discussed. More than 30 of the most prominent medical doctors, pathologists, and bacteriologists in Los Angeles attended this historic event on November 20, 1931. Among those in attendance were Dr. Alvin G. Foord who 20 years later would indicate he knew little about Rife's discoveries and Dr. George Dock who would serve on the University of Southern California's Special Research Committee overseeing the clinical work until he, too, would "go over" to the opposition.

On November 22, 1931, the *Los Angeles Times* reported this important medical gathering and its scientific significance:

"Scientific discoveries of the greatest magnitude, including a discussion of the world's most powerful microscope recently perfected after 14 years effort by Dr. Royal R. Rife of San Diego, were described Friday evening to members of the medical profession, bacteriologists and pathologists at a dinner

given by Dr. Milbank Johnson in honor of Dr. Rife and Dr. A.I. Kendall.

"Before the gathering of distinguished men, Dr. Kendall told of his researches in cultivating the typhoid bacillus on his new 'K Medium.' The typhoid bacillus is nonfilterable and is large enough to be seen easily with microscopes in general use. Through the use of 'medium K,' Dr. Kendall said, the organism is so altered that it cannot be seen with ordinary microscopes and it becomes small enough to be ultra-microscopic or filterable. It then can be changed back to the microscopic or non-filterable form.

"Through the use of Dr. Rife's powerful microscope, said

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to have a visual power of magnification to 17,000 times, compared with 2000 times of which the ordinary microscope is capable, Dr. Kendall said he could see the typhoid bacilli in the filterable or formerly invisible stage. It is probably the first time the minute filterable (virus) organisms ever have been seen.

"The strongest microscope now in use can magnify between 2000 and 2500 times. Dr. Rife, by an ingenious arrangement of lenses applying an entirely new optical principle and by introducing double quartz prisms and powerful illuminating lights, has devised a microscope with a lowest magnification of 5,000 times and a maximum working magnification of 17,000 times.

"The new microscope, scientists predict, also will prove a development of the first magnitude. Frankly dubious about the perfection of a microscope which appears to transcend the limits set by optic science, Dr. Johnson's guests expressed themselves as delighted with the visual demonstration and heartily accorded both Dr. Rife and Dr. Kendall a foremost place in the world's rank of scientists."

The prestigious *Science* magazine then carried an article which alerted the scientific community of the entire nation. The December 11, 1931 *Science News* supplement included a section titled, "Filterable Bodies Seen With The Rife Microscope." The article described Kendall's filterable medium culture, the turquoise blue bodies which were the filtered form of the typhoid bacillus, and Rife's microscope. It included the following description:

"The light used with Dr. Rife's microscope is polarized, that is, it is passing through crystals that stop all rays except those

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vibrating in one particular plane. By means of a double reflecting prism built into the instrument, it is possible to turn this plane of vibration in any desired direction, controlling the illumination of the minute objects in the field very exactly."

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Kendall's other supporter was Dr. Edward C. Rosenow of

the Mayo Clinic's Division of Experimental Bacteriology. (The Mayo Clinic was then and is today one of the outstanding research and treatment clinics in the world. The Washington Post of January 6, 1987 wrote, "To many in the medical community, the Mayo Clinic is 'the standard' against which other medical centers are judged.") On July 5-7, 1932, just two months after Kendall's public humiliation, the Mayo Clinic's Rosenow met with Kendall and Rife at Kendall's Laboratory at Northwestern University Medical School in Chicago.

"The oval, motile, turquoise-blue virus were demonstrated and shown unmistakably," Rosenow declared in the "Proceedings of the Staff Meetings of the Mayo Clinic, July 13, 1932, Rochester, Minnesota." The virus for herpes was also seen. On August 26, 1932, *Science* magazine published Rosenow's report, "Observations with the Rife Microscope of Filter Passing Forms of Micro-organisms."

In the article, Rosenow stated:

"There can be no question of the filtrable turquoise blue bodies described by Kendall. They are not visible by the ordinary methods of illumination and magnification... Examination under the Rife microscope of specimens, containing objects visible with the ordinary microscope, leaves no doubt of the accurate visualization of objects or particulate matter by direct observation at the extremely high magnification (calculated to be 8,000 diameters) obtained with this instrument."

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Three days after departing from Rife in Chicago, Rosenow wrote to Rife from the Mayo Clinic:

"After seeing what your wonderful microscope will do, and after pondering over the significance of what you revealed with its use during those three strenuous and memorable days spent in Dr. Kendall's laboratory, I hope you will take the necessary time to describe how you obtain what physicists consider the impossible.... As I visualize the matter, your ingenious method of illumination with the intense monochromatic beam of light is of even greater importance than the enormously high magnification. . . ."

Rosenow was right. The unique "color frequency" staining method was the great breakthrough. Years later, after the arrival of television, an associate of the then deceased Rife would explain, "The viruses were stained with the frequency of light just like colors are tuned in on television sets." It was the best non-technical description ever conceived.

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Rife began using Kendall's "K Medium" in 1931 in his search for the cancer virus. In 1932, he obtained an un ulcerated breast mass that was checked for malignancy from the Paradise Valley Sanitarium of National City, California. But

the initial cancer cultures failed to produce the virus he was seeking.

Then a fortuitous accident occurred. The May 11, 1938 *Evening Tribune* of San Diego later described what happened:

"But neither the medium nor the microscope were sufficient alone to reveal the filter-passing organism Rife found in cancers, he recounted. It was an added treatment which he found virtually by chance that finally made this possible, he related. He happened to test a tube of cancer culture within the circle of a tubular ring filled with argon gas activated by an electrical current, which he had been using in experimenting with electronic bombardment of organisms of disease. His cancer culture happened to rest there about 24 hours (with the current on the argon gas filled tube), and then he noticed (under the microscope) that its appearance seemed to have changed. He studied and tested this phenomenon repeatedly, and thus discovered (cancer virus) filter-passing, red-purple granules in the cultures."

Later he perfected this procedure—cancer culture in "K Medium" followed by the argon treatment with the gas-filled tube lighted for 24 hours by a 5000 volt electric current. Then it was placed in a water bath with 2 inches of vacuum and incubated for 24 hours at 37.5 degrees Centigrade. Rife believed the gas-filled tube ionized the cancer culture and this was counteracted by the oxidation in the water vacuum. Some chemical constituents of the organism were so changed that it

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was brought within the visible spectrum, as seen through Rife's microscope.

The BX cancer virus was a distinct purplish red color. Rife had succeeded in isolating the filtrable virus of carcinoma.

The size of the cancer virus was indeed small. The length was 1/15 of a micron. The breadth was 1/20 of a micron. No ordinary light microscope, even in the 1980s, would be able to make the cancer virus visible.

In time, Rife was able to prove that the cancer micro-organism had 4 forms:

- 1) BX (carcinoma)
- 2) BY (sarcoma—larger than BX)
- 3) Monococoid form in the monocytes of the blood of over 90% of cancer patients. When properly stained, this form can be readily seen with a standard research microscope
- 4) Crytomyces pleomorphia fungi—identical morphologically to that of the orchid and of the mushroom

Rife wrote in his 1953 book: "Any of these forms can be changed back to 'BX' within a period of 36 hours and will

produce in the experimental animal a typical tumor with all the pathology of true neoplastic tissue, from which we can again recover the 'BX' micro-organism. This complete process has been duplicated over 300 times with identical and positive results."

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Rife continued: "After one year, we take this same stock culture of dormant crytomyces pleomorphis fungi and plant it back on its own asparagus base media; there is no longer a crytomyces pleomorpha, no longer a monococoid organism such as is found in the monocytes of blood, there is no longer a 'BX' or 'BY' form, but there is, from the initial virus isolated directly from an un ulcerated human breast mass, a *bacillus coli*, that will pass any known laboratory methods of analysis."

Rife had proved *pleomorphism*. He had shown how the cancer virus changes form, depending on its environment. He had confirmed the work of Bechamp, of Kendall, of Rosenow, of Welch and an army of pleomorphist bacteriologists who would come after him and have to battle the erroneous orthodox laws of Rivers and his legions of followers.

Rife said, "In reality, it is not the bacteria themselves that produce the disease, but the chemical constituents of these micro-organisms enacting upon the unbalanced cell metabolism of the human body that in actuality produce the disease. We also believe if the metabolism of the human body is perfectly balanced or poised, it is susceptible to no disease."

But Rife did not have time to argue theory. He would leave that for others. After isolating the cancer virus, his next step was to destroy it. He did this with his frequency instruments-over and over again. And then he did it with experimental animals, inoculating them, watching the tumors grow, and then killing the virus in their bodies with the same frequency instruments tuned to the same "BX" frequency.

Rife declared in 1953:

"These successful tests were conducted over 400 times with experimental animals before any attempt was made to use this frequency on human cases of carcinoma and sarcoma."

By 1934, Rife was ready to use his frequency instrument on humans. He was ready to cure cancer.

Note: Kendall's "K Medium" was used to grow cancer virus by scientists after the discovery that the virus would grow on it and that ionizing radiation would make the virus more virulent, growing the

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tumors in weeks instead of months in a spirally wound "argon gas loop" in which the test tubes of the culture would fit for 24 hours

at a time. It was made from pig intestine finely desiccated to which a little salt (tyrode solution) was added. Rife discovered that pig meat and mushrooms were a natural cause of cancer in which the cancer virus liked to grow. Rife also discovered the cancer virus in orchids.

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The microscope he built in 1933 was the largest and most powerful of the five he built. One was built in 1920, another in 1929, the "Universal" officially completed in 1933 although it may have been used in an uncompleted form in 1932 as the above report suggests, another microscope in 1934, and one in 1937 which was finally finished in 1952. Some parts from pre-existing ones were used for later ones. While the 1929 microscope was a "super" microscope compared to all other commercial microscopes, with a working magnification between 5,000 and 17,000 times, the "Universal" Microscope of 1933 possessed a resolution of 31,000 times and a magnification of 60,000 times (as described in the terms of the time).

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But while Johnson was willing to serve as a frontline soldier in the filtration war, his true role was as a general in the cancer war. In the Spring of 1934, he rented the "ranch" of a member of the famous Scripps family of the Scripps Oceanographic Institute. The ranch in La Jolla outside San Diego was to be used as a clinic for the first treatment of cancer victims using the Rife Frequency Instrument.

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But all that lay ahead. In the summer of 1934, 16 terminally ill people with cancer and other diseases were brought to the Scripps "ranch." There, as Rife and the doctors worked on human beings for the first time, they learned much. The early patients were exposed to the frequency for only 3 minutes, but Rife soon learned that if a treatment was given every day, the toxins from the dead micro-organisms accumulated faster than the body could dispose of them. When he switched to a treatment of 3 minutes every 3rd day, the patients began healing swiftly.

"With the frequency instrument treatment, no tissue is destroyed, no pain is felt, no noise is audible, and no sensation is noticed. A tube lights up and 3 minutes later the treatment

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is completed. The virus or bacteria is destroyed and the body then recovers itself naturally from the toxic effect of the virus or bacteria. Several diseases may be treated simultaneously.

"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. 16 cases were treated at the clinic for

many types of malignancy. After 3 months, 14 of these so-called hopeless cases were signed off as clinically cured by the staff of five medical doctors and Dr. Alvin G. Foord, M.D. Pathologist for the group. The treatments consisted of 3 minutes duration using the frequency instrument which was set on the mortal oscillatory rate for 'BX' or cancer (at 3 day intervals). It was found that the elapsed time between treatments attains better results than the cases treated daily. This gives the lymphatic system an opportunity to absorb and cast off the toxic condition which is produced by the devitalized dead particles of the 'BX' virus. No rise of body temperature was perceptible in any of these cases above normal during or after the frequency instrument treatment. No special diets were used in any of this clinical work, but we sincerely believe that a proper diet compiled for the individual would be of benefit."

Date: December 1, 1953

Written by R. R. Rife

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"In that period of time I saw many things and the one that impressed me the most was a man who staggered onto a table,

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just on the last end of cancer; he was a bag of bones. As he lay on the table, Dr. Rife and Dr. Johnson said, 'Just feel that man's stomach.' So I put my hand on the cavity where his stomach was underneath and it was just a cavity almost, because he was so thin; his backbone and his belly were just about touching each other.

"I put my hand on his stomach which was just one solid mass, just about what I could cover with my hand, somewhat like the shape of a heart. It was absolutely solid! And I thought to myself, well, nothing can be done for that. However, they gave him a treatment with the Rife frequencies and in the course of time over a period of six weeks to two months, to my astonishment, he completely recovered. He got so well that he asked permission to go to El Centro as he had a farm there and he wanted to see about his stock. Dr. Rife said, 'Now you haven't the strength to drive to El Centro.'

"'Oh, yes' said he. 'I have, but I'll have a man to drive me there.' As a matter of fact, the patient drove his own car there and when he got down to El Centro he had a sick cow and he stayed up all night with it. The next day he drove back without any rest whatsoever—so you can imagine how he had recovered.

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In early March 1935, Johnson received a letter from the International Cancer Research Foundation in Philadelphia. There were many questions they wanted answered, plus photographs of the laboratory, and photographs of the microscope. From this communication began a series of exchanges, proposals and visits which ultimately produced nothing. In retrospect, part of the failure can be seen as simple human misun-

derstanding, but the time wasted over the next year and a half can also be judged as the fault of pettiness, arrogance and narrow-minded obstinacy on the part of the International Cancer Research Foundation, particularly its rigid Secretary, Dr. Mildred Schram. The Foundation was in a position to fund Rife in such a way that major advances could have quickly resulted. Instead, they argued for tests which were not relevant. They wasted Rife's time by having him make a demonstration in Philadelphia the next year, and then they failed to keep their agreement on the techniques he showed them, instead insisting on their own—which ruined the procedure. In their example also lies one of the dilemmas of modern research. The experts have their own way of doing things. The great scientist who is an outsider is looked down upon by the "authorities"—those with the "credentials." The goal of curing cancer becomes secondary. The existing procedures take precedence.

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The interaction with the International Cancer Research Institute was only one element of Johnson's and Rife's "mountain climb" in 1935. Far more important was the visit from O. Cameron Gruner, a well-known cancer researcher from Montreal. Gruner would bring his own discovery just as Kendall had done in 1931, and Rife would take Gruner's discovery and join it with Kendall's and his own. The result would be another breakthrough.

Gruner had taken blood from his cancer patients and from it, on an Asparagus Medium, had grown a fungus. Rife put Dr. Gruner's fungus in the "K Medium" and then filtered from it Rife's own "BX" virus. He then put some of his earlier BX on Gruner's Asparagus Medium and brought forth Gruner's fungus. Another form of the cancer micro-organism had been isolated—a fungus!

Rife now had a solid base for *pleomorphism*. Not only could the BX virus live on an artificial medium, but the BX could change into another form in the blood (the monococoid form in the monocytes of the blood of over 90% of cancer patients) and then into still another form—a *cryptomyces pleomorphia* fungus.

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The new Frequency Instrument was finished in September 1935. Rife, his new assistant Philip Hoyland, his earlier assistant Jack Free, and Milbank Johnson then put the new machine into operation.

Later that year, Rife provided a brief description of the Frequency Instrument, presumably because of the Founda-

tion's request:

"The basic principle of this device is the control of a desired

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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. This apparatus proved to be more efficient with decidedly fewer factors of error.

Rife also—amazing as it seems given everything else occurring in his life—built a new, smaller microscope. While the "Universal" microscope of 1933 cost between \$30,000-\$35,000 to construct, according to Johnson, the 1935 microscope was theoretically priced to be sold at \$1,000 or less. The purpose was to make many of the smaller microscopes available to research laboratories. The new microscope still had a magnification range of 10,000 times to 15,000 times—far beyond what the "best" light microscopes available could do.

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Rife and Philip Hoyland began revising the Frequency Instrument in the early months of 1936, eliminating parts which had been made obsolete by recent advances in electronics. During that summer they produced an entirely new method of generating the desired frequencies. Among the new test appliances they created was a nine inch Cathode-Ray oscillograph of high sensitivity, built for the purpose of photographing the different frequencies on motion picture film. This enabled them to study and classify the numerous waves in an entirely new way.

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It is important to recognize that many of the men involved in the Rife work were doctors and researchers. They were not men who fought political battles and in many ways they crumbled when they were challenged by determined political

power. They believed in scientific procedures. Even today in the mid-1980s, men and women of similar good will and naïveté conduct the research procedures. In discussing the Rife cancer cure with such people, it is common to hear top men in physics, microscopy and cancer research state, "Suppression of a cancer cure in the 1930s is impossible. Scientists would have known about it. It couldn't be covered up." The truth is that the cure for cancer *was* covered up. And the naïveté of cancer researchers as well as scientists in related fields persists to modern times.

The question now is, what will they do when they learn the facts in this report? A related question is, how courageous will the American free press be? Only time will tell.

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Funny, how men often think they have forever. It is a fault which is passed down from generation to generation. Even today there are those making the same mistake. They want to test the Rife treatment again and again, and they say that after a year or so of careful scientific work which will be "incontestable," an announcement will be made. Shakespeare could write a modern tragedy about such men's folly.

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In the fall of 1937, Phil Hoyland, the engineer whom Johnson had introduced to Rife, moved to San Diego to begin with three others the commercial manufacturing of the Frequency Instrument. The company was named "Beam Ray." It would play a crucial part in the AMA's destruction of Rife's cancer cure. Hoyland would become the agent of the AMA and would sue Beam Ray with an expensive Los Angeles attorney representing him while the AMA pressured the doctors behind-the-scenes to stop using the Frequency Instruments or lose their license to practice medicine.

The trial would start Rife on a long road of deterioration, alcoholism and depression . . . as the deaths from cancer mounted year after year.

Johnson's introduction of Philip Hoyland into the Rife research and treatment program was undoubtedly one of his most serious miscalculations. Hoyland was a capable electrical engineer and Johnson saw the talent . . . but not the man's character. This error of Johnson's may have contributed to his own suspicious death in 1944 and the end of the Special Research Committee which came so close to telling the world that a cure for cancer and other infectious diseases had been found.

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Rosenow's son told this writer that his father eventually

became philosophical about such inferior scientists as Rivers and Zinsser. Rosenow Sr. said to his son, "Edward, no matter how hard I try to convince others, nothing happens unless an occasional person opens his mind and is willing to listen" (or in the case of Rife, opens his eyes in order to see).

This little preamble prepares the stage for the trial of 1939. It was really two men facing off—one was a scientist who could see (Rife), the other was a political power addict whose scientific credentials were mediocre at best and whose commercial ethics were, to say the least, suspect (Fishbein).

Morris Fishbein graduated from Rush Medical School. He interned for only six months and never practiced medicine a day in his life. His mentor, a man named Simpson, also was a product of Rush Medical School. Simpson, as head of the AMA Journal, had developed the lucrative structure which enabled the AMA to be dominated by dictatorial whims. In 1922, Simpson was forced to resign after a court case in which

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it was shown he had falsely tried to have his wife committed to an insane asylum. She showed in court that Simpson had made her a drug addict. Such was the background of the early AMA founders—essentially second-rate doctors in their own time who used the organization to gain power and make money. The public welfare was a secondary consideration. The New York Times obituary for Fishbein in the 1970s reported that he had entered medicine because as a young man he had perceived the "power" which a doctor had. Power was his driving personal motive, not healing. His autobiography is little more than an egotistic memoir of all the famous people he met in his life.

Yet Fishbein controlled the AMA and also intimidated the press and other institutions to such an extent that his actions, no matter how heinous, could go virtually unchallenged. Unfortunately, the situation has not changed very much today. When a group of cancer patients from around the country protested the inaccuracies in a *Journal of the AMA* article about a cancer clinic in the Bahamas, a number of media people apologized to the patient's group because the media could not print the true facts. (This is 1985!) The reason? "The rebuttal would cut them off from their primary source and render them impotent journalists." The head of the patient's group, Jack Link of Kalamazoo, Michigan concluded that the journalists "are already impotent."

Such was the organization Rife faced during the 1939 trial—a powerful medical union which played by its own rules, ignored the law, promoted products which were unhealthy,

intimidated the press, politicians and medical researchers, and unfortunately perverted basic principles of the American nation.

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Mystery shrouds Johnson's death. One rumor is that he was preparing to announce the cure for cancer just before he was hospitalized. The suspicion exists that he was silenced, but the evidence is circumstantial. However, two federal inspectors did examine his hospital record in the late 1950s-early 1960s. They concluded it was likely that he was poisoned.

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Sometime in the 1944-46 period, a new technician in Rife's laboratory stole one of the valuable quartz prisms from the Universal Microscope, rendering it inoperable. Just prior to the theft, Dr. Raymond Seidel had published a description of the microscope in the Smithsonian annual report. The report described how the cancer virus "may be observed to succumb when exposed to certain lethal frequencies." This was the news which the opponents of Rife were determined to have suppressed. Publication in the Smithsonian report was a dangerous breach of their wall of censorship. Following the publication, Seidel soon became aware that he was being followed. Then a bullet crashed through his car windshield while he was driving.

Dr. Royal Lee of the Lee Foundation for Nutritional Research in Milwaukee, Wisconsin spent many weekends with Royal Rife. He later published a small report on the Fishbein-Rife tragedy. It includes the following:

"No medical journal was ever permitted to report on Rife's work. This one by the Franklin Institute slipped by the censors, since this organization is not medical but supports general scientific activities. But that mistake was soon rectified, it appears, as there is still no general knowledge of Rife's epoch-making discoveries. Again, the iron curtain of Fishbein is effective.... We can give a list of various subjects on which this censorship is rigorously applied. Only the treatment of disease with synthetic drugs is carefully reported. Botanicals are played down, foods as remedies are almost as taboo as Rife's work ... the official definition of a medical remedy for disease ... excludes automatically any vitamin, nutritional mineral or enzyme . . ."

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While the AMA's role behind-the-scene did not come up in court, Judge Kelly must have learned about it. When the trial was over, Kelly offered to represent Beam Ray in a new suit against the AMA. But Ben Cullen was broke. He had even lost his house. He got a job and left the cure for cancer

to others. Rife kept his laboratory intact until 1946, but his drinking eventually forced him to sell it piece by piece.

Note: Just prior to the attack on Rife in the spring of 1939, the only other quality "electronic medicine research lab" in America was mysteriously destroyed by fire. For 15 years, J.C. Burnett's lab in New Jersey had conducted research and kept records on "electronic energy in its relationship to the human body." The \$250,000 lab (1924 dollars) on a 400 acre estate, and more than \$500,000 invested in research, were financed by Burnett's wife, the former Cora B. Timken of the Timken Roller Bearing family. It was her relative on the west coast who had first financed Rife. The lab was burned to the ground while Burnett and his wife were visiting Rife in California—a strange coincidence in that dark, pivotal year of 1939!

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"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

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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 monochromatic 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 or 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 speci-

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mens 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. . . .

"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.

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"Now, he reported, the mortal oscillatory rates for many, any 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."

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On December 23, 1971, President Richard Nixon signed a \$1.6 billion law to open the "war on cancer." And everyone lined up for the feast: the greed merchants at the American Cancer Society, the AMA, research scientists at various favored institutes and universities, the health bureaucrats at the National Cancer Institute, and the politicians. By 1985, the National Cancer Institute was spending \$1.2 billion yearly . . . and had precious little to show for it.

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In 1976, two strange events occurred which seemed to draw together the closing ends of a great circle. Christopher Bird authored the first article to appear on Rife since the 1940s. "What Has Become of the Rife Microscope?" appeared in *New Age Journal* for March 1976. And that same year, Dr. Virginia Livingston-Wheeler married Dr. Owen Wheeler, one of the founders of Doctors Hospital in San Diego. The Livingston Clinic became the Livingston-Wheeler Clinic. A

circle of 42 years was complete because Dr. Wheeler, as a young man, had known Royal R. Rife and had been at his side in the Rife Laboratory.

In 1980, the two French scientists Sorin Sonea and Maurice Panisset published *A New Bacteriology*. Bacterial pleomorphism was the key to this "new" bacteriology.

In 1984, Dr. Virginia Livingston-Wheeler published *The Conquest of Cancer*. She warned her readers not to eat chicken or eggs:

"After years of research, I consider the potential for cancer in chicken to be almost one hundred percent. Most of the chickens on the dining tables of America have the pathogenic form of the microbe, which I contend is transmissible to human beings."

She called for vaccinating cattle and chicken with the anti-cancer serum. Rife had long envisioned using the Rife Ray to kill the BX in chickens and meat. He also had specifically warned that BX (cancer) virus thrived on pig and mushrooms. The wheel kept turning and turning.

When it is realized that the disease-causing micro-

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organisms in food can be devitalized, and that the blood in hospital blood banks may need to be similarly purified, the loss of Rife's discovery can be seen in its true tragic dimensions.

Dr. Livingston-Wheeler also called for cancer immunization soon after the birth of every child (the serum can be made from a urine sample). She knew the signs of a cancer epidemic were everywhere if anyone bothered to look. She also declared that cancer could be permanently wiped out in a decade. Rife had known how to do it also . . . but in a country where 60 billion dollars are spent annually on cancer, where one tiny hospital in the Berkshires of Massachusetts can spend 2½ million dollars for "state-of-the-art" radiation equipment, it is clear that an entire economy of satisfied cancer "professionals" exists, determined to keep their gruesome racket in place.

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These deaths did not have to happen. Dorothy and Mark could have led normal, happy lives. In 1953, a naval officer who had known Roy Rife when the officer was a young man growing up in San Diego wrote Rife a letter. He explained how in his military career he commanded a unit of doctors and bacteriologists. The letter is a fitting epitaph to the Rife tragedy:

"I have been very privileged in having known you and having heard from your own lips the story of your work. You gave me a glimpse of science of the year 2000. But often I'm

a little sad when I realize that men must struggle so hard to get what you tried to give them, and I am even more sad when I see so many problems for which you alone have the answers. When I see pictures taken with the electron microscope, I have to laugh, because I remember better pictures showing more detail which were hung in the hallway in your laboratory. When I read 'research' reports on genetics, evolution, or any of the fields of microbiology I have to laugh, because years ago the 'scientists' were offered the answers and they refused the gift! The combination of your mind, your will, and your energy is so rare as to skip entire generations. The world has great need for your work.

"Perhaps the world will someday rediscover one of the greatest gifts on which it has ever turned its back. Someday we may develop equipment similar to the Rife Ray machine. If and when that happens, our problems will be solved. Man will have more food and structural materials than he needs. For the first time the economic reasons for wars will cease to exist. By then, the AMA will be forced to accept its use for the elimination of disease organisms. Man will live a healthier, happier and longer life.

"If we reach that millenium in my life, I will have one unhappy memory—that the man most deserving to have his name linked for all time with human happiness will have been all but forgotten because his life's work was lost in a struggle with the AMA and the 'accepted' scientists of his day rather than made available through a new approach; and because when it is rediscovered, the Rife Ray will be given a new name. "

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In 1950, John Crane met Roy Rife. After learning how Rife had cured cancer in the 1930s but had seen his cure suppressed by the AMA, Crane decided to commit his energy, will and electronic and mechanical knowledge to bringing the cure for cancer to the public. Dr. Gruner of Canada, who worked with Rife in the '30s, provided Crane with one of the original circuit designs for the Rife Ray Tube. Crane also hired Verne Thomson, an electronics expert with the San Diego police force, to help construct the new Frequency Instruments.

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In April 1953, the first copyrighted material on the cancer virus was published. In December 1953, Rife's description of the cancer cure was completed under Crane's urging and insistence. It was copyrighted in 1954.

In 1954, Crane began corresponding with the National Cancer Institute and other government agencies concerning the Rife diagnostic and therapeutic instruments. In 1954, the Committee on Cancer Diagnosis and Therapy of the National Research Council "evaluated" the Rife discoveries. They con-

cluded it couldn't work. No effort was made to contact Rife, Gruner, Couche or others who had witnessed actual cures (Couche was still curing cancer patients at that time). No physical inspection of the instruments was attempted. Electronic healing was bureaucratically determined to be impossible. (In 1972, Carl G. Baker, M.D., Director of the National Cancer Institute, used this superficial 1954 evaluation to dismiss Crane's and Rife's work when asked for information by Congressman Bob Wilson of San Diego. Millions died and continue to die because government and medical authorities were opposed to a fair, objective evaluation of the evidence.)

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By 1960, Crane had written and copyrighted a manual which explained how the Frequency Instrument was to be used in the experimental treatment of various diseases and on different parts of the body. By that year, 90 instruments were distributed for research and verification on notarized contracts. And then the medical authorities struck.

They raided Crane's office, took over \$40,000 in machines, frequency instruments, and one large Rife ray tube instrument,

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along with engineering data, research records and reports, pictures off the wall, private letters, invoices, tape recordings, and electronic parts—all without a search warrant.

They smashed all the research which had been put together over 10 laborious years. As in 1939, they visited the doctors who were experimenting with the machines and forced them to abandon them. They also pressured ordinary citizens who had begun experimenting on a personal basis.

The records and materials seized were not allowed to be used by Crane in his own defense during his trial.

Roy Rife, almost 73 and incapable of suffering the abuse of another trial at his age, went into hiding in Mexico. *His deposition was not permitted to be introduced at the trial.* Neither were the medical and scientific reports from the 1930s and 1940s. Nor were medical reports from Dr. Stafford in Ohio. Dr. Couche's letters were also declared inadmissible. No medical or scientific report which indicated the Frequency Instrument worked as represented was permitted to be introduced at the trial. Crane was left naked with only the patients who had been cured or helped.

The trial was held in early 1961. After 24 days, and despite the testimony of 14 patients who told how the Frequency Instrument cured ailments and diseases which orthodox medicine could not alleviate, Crane was found guilty. The only medical opinion offered by the State of California came

from Dr. Paul Shea who had been given a Frequency Instrument by the Public Health Department for 2 months before the trial. Shea admitted he never tried the Frequency Instrument on anything or made any tests to evaluate it. He simply examined it and decided that it had no curative powers and didn't lend itself to investigative use.