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Dear Dr. Jeppson

Please excuse my format in the following letter for I intend to ramble a bit and forget strict grammatical dictum. I am writing you at this time partially because John Marsh informs me in a recent letter that you may be somewhat disheartened or at least worried about your role in the experimentations with the Rife Machine. Believe me, Dr. Edward I know how you feel for I too have been through this same feeling with this matter. I have observed clinical results after treatments with this gadget which I can scarcely believe myself. Yet, despite these good results, I have been confused by some rather simple failures such as a recent experiment with I conducted at Good Samaritan Hospital where we used the machine to treat some cultures of Staph Aureus and Strept. Fecalis. In this work, we failed to inhibit growth at all or influence the cultures with the Rife Rx. I sent the results to John Marsh and asked for clarification and to be very frank I am not satisfied with John's excuse of the failure as described by Dr. Rife. I'm afraid I'm not a very good apostle for I'm getting some ideas myself on how this thing may work. I really wonder if this ultrasonic kills bacteria and virus at all or does it work like ether forms of ultrasonic and merely stimulate the tissue in some unusual manner thereby improving circulation and secondarily enhancing the bodies defenses against infection. Possibly Dr. Rife is correct that cancer is due to virus invasion. Recent research has indicated this may soon be proven by our own profession, as you know. Now if cancer is due to infection why couldn't the body destroy this type of infection as it does many other forms of infection when given the proper stimulus. Here is where ultrasonic therapy comes in. Not necessarily to disintegrate the virus as Dr. Rife claims, but perhaps to aid and assist the worthy distress body cells to overcome the invader. Even if it does this it has its place in our armamentarium. It doesn't have to be a cure-all to be helpful. Medicine has never found a panacea yet altho many have claimed so. I shall be satisfied if this machine controls disease, such as fungi of the feet as I have personally observed it to do in two cases.

First: that of Roger Witte, age 16, who had a severe case of "athlete's foot". Onset in May 57, became very severe in Aug. with weeping, itching lesions between all toes and invasion of nail beds. First Rx given on 10/12 Weeping stopped on 10/13. Itching gone on 10/14. Skin clear by 11/1 and has remained so to this date. Nails cleared also.

second: My own daughter, age 4. Nine days ago, I noticed a dry cracking lesion on the soles of both her feet. On questioning my wife, I found this had been there since Christmas but my wife thought it to be "dry skin". I immediately treated it with the Rife Machine and nothing else. Tonight I gave her the Third Rx. Both myself and my wife are certain there has been a 75% resolution in the skin lesions. (I treated the shoes at the same time in both these cases.

Let me tell you of the case of Mr. Clifford, age 58, whom I had been treating for severe cystitis at the time when John brought the machine to Dayton. This man had had a T.U.R. six months previously for B.P.H. He had had continual hematuria, frequency, burning, and tenesmus since. Several M.D.s including myself had tried to release the man to no avail. We used Rife Rx on 10/16 and thereafter q.3 d. On 10/21 he reported "less burning and NO hematuria". On 10/24 he was feeling much better

He stated that he noticed only a little burning, much less frequency and that the urinary stream was twice as large. On 10/31 he felt much better. His wife and associates noticed big improvement in his general well being and he said he actually enjoyed being bothered by the kids of Beggars Nite. I have seen him recently and he continues to enjoy good health and is a very grateful patient. Which bring me to another point. Win or loose, every patient on whom I have used this machine including the patients immediate family have been very grateful. Perhaps that is the main reason why I have continued my interest in this thing. God knows, we all have plenty to do without getting involved with something so new. But it seems worth it when even the families of the 3 cancer cases who have died have written to me expressing their gratitude for the symptomatic relief and hope which the Rife Rx had given their "loved one".

I have received the completed report on the autopsy of Mrs. Bias. from which I shall now quote some pertinent parts:

"Thorax: Symmetrical; the breast are small. There is a 3cm. diameter moderately firm mass underneath the tissue of the right breast.
 "Description of the thoracic wall and left breast: Over the second interspace 5cm to the left of the midsternal line lying beneath the subq. tissue & in the substance of the muscle is a 3 cm firm node. When this is incised the center has become somewhat necrotic, but on cutting has a gritty sensation. Microscopically: This node consists of a mass of tissue showing adenocarcinoma probably primary in breast. The neoplasm cells show hyperchromatism, anaplasia, and mitosis. Some of the cells are vacuolated and there is moderate edema. There are bands of connective tissue between clumps of the neoplasm cells. this shows no characteristic degenerative changes or changes in morphology of the cancer cells."

"The upper esophagus, trachea, larynx, thyroid and tongue were removed. The thyroid was found to be woody: no actual nodules are noted. The larynx, tongue and esophagus are normal." There was no cancer found in any other area of the body.

This report is very encouraging considering the fact that proven biopsies of metastatic carcinoma in this woman's right breast, axilla and neck. Also I have colored pictures taken of this woman's extensive lesions before Rx I am certain that the carcinoma had invaded the paraesophagus in this woman so that she could scarcely swallow prior to Rx. Furthermore, that during Rx she improved dramatically and was able to eat again. And as the autopsy showed there remained no demonstrable evidence of cancer in this woman except in the site of original invasion. As you know, she died with bilateral confluent bronchopneumonia and intractable heart failure (pulmonary edema).

Unfortunately, the pathologist has not finished the micro on Mrs. Cartwright's autopsy. I shall let you know of this when data is available.

To summarize some of this rambling: I feel that the Rife Ultrasonic Therapy has a very definitely beneficial effect on the human (and canine) body. Just how this works is still a mystery to me but I am inclined to question that it is a simple sonic destruction of infective organisms as Dr. Rife describes through his agent, John Marsh. I furthermore feel that we, as doctors of medicine, using this machine must remain constantly alert to the condition of our patient and vary the Rx as indicated. I feel now that the critically ill patient must be treated less frequently to allow time for toxic absorption to take place, meanwhile giving all the supplemental supports available. Let me hear from you Dr. Jeppson. How are your cases coming along.

Sincerely yours,

cc: John Marsh

*Sincerely,
Rife*