

June 1, 1937

Dr. Joseph D. Heitger
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Louisville, Kentucky

My dear Joe:

Your very welcome letter of May 29 just came in this morning. I was surprised to learn that Katrine was in Pasadena. It seems to me that I had heard somewhere that she was to be out here at some wedding, but I had not heard that she had arrived. We both hope to be able to see her before she returns.

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 principal work has been on the eye.

We have had about thirty cases of cataract. Three of the cases had, as complications, a dewy cornea, if you know what that means. Most oculists do not. We treated the dewy cornea empirically with the same MOR that we used on the cataracts, and the dewy condition disappeared very promptly. In two of these cases, the patients had both cataract and dewy cornea.

The clinic just closed last Thursday, and I have not as yet had time to completely recapitulate and classify all of the cases. I am in the middle of that job right now. When I get it finished, I want to send you a copy of it for your disinterested criticism. The facts that will be brought out by this report are not guesses, but in every case, they are the result of first, an initial examination by Dr. J. Ross Reed, an oculist of Pasadena, whom no doubt you know. This record is placed at the head of every case before I take it, and during the treatments, which average about thirty exposures of three minutes each with the Rife Ray, Dr. Reed examines the patient, reporting to me the progress, if any, which has been made. When the corrected vision gets 6/6 in one or both eyes, the patient is dismissed as functionally cured, even though the visible opacities have not been entirely eliminated. These reports are carefully checked with the ophthalmoscope. What will no doubt surprise you, Richard Winter, my nephew, has photographed all of the interesting cataracts for me, giving us a permanent record which could not be influenced by any desire on our part, the camera being unemotional and recording only facts.

Every case that we have treated, with the exception of one which was a traumatic cataract where the lens was absolutely opaque and of recent origin, has been 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.

The great trouble that I am experiencing, not only with cataract but with other conditions, is to build a machine that will definitely and constantly give an absolutely predictable output. Experience has taught us

that the machine, as at present constructed, varies very markedly under different weather conditions. Wet, cold days at a given setting of the dials, we do not get the same output at the same setting that we do on dry, warm days. As our yardstick for measuring the oscillations coming out of the machine is hazy and very difficult to use, you can readily understand some of our trouble.

I certainly wish that you were here to study with me our findings. I do not want to fool myself, and I have taken every precaution that I know of to prevent that sad occurrence, because I am convinced that the biggest fool in ~~the~~ world is the fool who fools himself. Yet when you consider the advanced age of the patients, averaging well over 70 years and some of them going as high as 93, their reactions, both ~~psychic~~ and physical, to any form of treatment that promises to benefit them are very apt to lead any observer astray.

Not being a trained oculist myself, I have tried to rely only on Dr. Reed's findings. I have, however, formed in the back of my mind one very definite conclusion, and that is that there is a lot about cataract that doctors don't know yet, and that the opacities which we see in the lens are not the sole cause of the lack of vision.

I hope you will pardon this rambling letter and lay it to the fact that I have not yet organized my own work and my own thoughts on the matter. I will send you, as soon as it is prepared, the complete factual information based upon absolute findings, and give you the source and means by which we arrived at any conclusions which we utter. You can take the following as a definite finding: The application of the Rife Ray as we have used it, does, in the great majority of cases, restore the full visual function of the eye; that is, that portion of 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.

Oh Lord! 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 have learned a whole lot about cataract and how to use an ophthalmoscope and how to photograph the lens for opacities, but owing to my lack of actual knowledge of the eye, due to my lack of experience with it, I still do not feel very secure in coming to conclusions.

Wishing you and Mrs. Heitger a pleasant and profitable summer, I
am

Very sincerely, your friend,

MILBANK JOHNSON (Signed)

P. S.: What I have told you above is told in the strictest confidence, as we are not yet ready to make a public announcement -- we hope to be ready shortly.