August 2, 1986

Brian M. Susskind, Ph.D.
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Dear Dr. Susskind:

Responding to your letter of 7/30/86, and its emendations:

The matter of the brass is sufficiently explained, and we'll say no more. We simply had to insure that we were not fouling up the works.

As to the number of synovial tissues examined: that came from Dr. Pybus' impressions. Now that it is corrected, I'm sure that he will be pleased.

As to your reasons for focusing on synovium, as opposed to cancer tumors (lymphomas, various tumors, and Hodgkind disease):

Whether or not Cancer and Rheumatoid Disease is classified separately by traditional studies is irrelevant to our study. We have always felt it quite important to search the cancers for various reasons: (1) Roger Wyburn-Mason illustrates most of his presumed findings by use of cancerous materials, (2) he was for a time a specialist in cancer, (3) he asserted a common causative relationship between Rheumatoid Disease and Cancer. Furthermore, it has always been our reasoning that should you find thermotropic organisms in such tissues, then perhaps we would have some better clues as to what to look for in active Rheumatoid Disease patients, for the purpose of verifying, or not, Roger's thesis. As I attended the initial meeting at Medical College of Virginia, and specifically asked the question as to whether or not such biopsy tissue would be available, and was also assured by all that it would be, I simply can't understand how we have changed our goals. Whoever from our Foundation directed you otherwise was way, way out of line.

It is also almost impossible for us to close the door on Roger's presumed Amoeba chromatosa without having made such a search. Conversely, having made such a search, it becomes quite easy to close the door on that kind of research, and to take up the probably more proper direction that you and Pybus have outlined. Paul Pybus also feels the same, as do other Board Members. You say this will not take long, and will be

(over)

easy to do, so why not do so, and get it out of the way for your benefit and ours?

From your letter, it would seem that you feel we are not in accord with the idea of examining the immuno-modulating effects of clotrimazole and metronidazole, and animals models, et. al.

Nothing could be further from the truth. We are in accord!

We simply cannot turn in that direction until all of the doors have been properly closed in the attempt to isolate out Roger's presumed amoeba. We owe this to our fund suppliers, and to (in our opinion) proper scientific thoroughness.

We have no axe to grind about finding an amoeba. Frankly I'd prefer that we found a bacteria. Then there would be some hope of quick development of vacination.

But we must finish the initial job.

When you've reached a point where studies indicate it is problematically impractical to search further through Cancer tumors and tissues, then, of course, you ought to be free to swing immediately to your defined second course.

You should be able to make that decision yourself. If the presumed amoeba are so ever present in tumors, they should be easily proved or disproved in short order.

We also have aneddotal data that folks who've taken metronidazole see their tumors (of certain kinds) shrink. This, of course, could also be because metronidazole also kills macrophages -- but are macrophages inside tumors?

I will forward a copy of your letter and mine to Dr. Pybus.

And thanks for the fine clarifications.

Cordially,

Perry A. Chapdelaine, Sr.

P.S. You mention the immuno-modulating effects of metronidazole and clotrimazole. What of allopurinol, furazolidone, iodoquinol, Para Amino Benzoic Acid, rimactane, tinidazole, and ionic copper delivered sub-lingually. They all, in one way or another, for some people, bring about cure/remission of Rheumatoid Disease as per our protocol.