MADE IN THE U.S.A./PATENT PENDING:

THE CRANE REPORT

For Limited Circulation Only Within Rife Laboratory

Text: pages 1-14
Appendix: pages 15-46

Introduction -- Rife and Crane

Before examining the issues and papers pertaining to patenting of the Rife-Crane cancer cure technology, it is best if the history of the cure's development be fully understood. This history is described in a report titled THE CANCER CURE THAT WORKED: 50 YEARS OF SUPPRESSION. It provides the necessary overview. For easy reference, it is commonly termed in correspondence THE RIFE REPORT or RR. The report you are holding now, titled THE CRANE REPORT or CR, may be viewed as an essential supplement to RR. However, while the RIFE REPORT is for general circulation and is copyrighted, THE CRANE REPORT is for limited circulation within Rife Laboratory. If you receive a copy, it is with the understanding that it will not be copied or shown to anyone else without authority from the managers of Rife Laboratory. Changes are expected to be made in this report as it evolves.

THE RIFE REPORT describes (1) how Roy Rife invented a super microscope which enabled scientists to see viruses in their live state and "stain" the viruses with color instead of chemicals; (2) how Roy Rife invented Frequency Instruments (FI) which, using electronic frequencies set on the unique rate of each virus, destroyed them in slides, in animals, and in humans; (3) how medical, pharmaceutical, cancer and political authorities combined to suppress the discovery and its various techniques.

What is <u>not</u> covered in THE RIFE REPORT is that in 1950 Rife became partners with John Crane and the microscope and Frequency Instruments were not only improved and further developed through a cooperative effort, but re-invented according to a new design of John Crane's. It is Rife's and <u>Crane's</u> inventions which a patent approval will be sought.

Rife died in 1972. Crane is alive. Crane applied for patents in 1969. Rife had sold all his materials and early instruments to Crane by then. He also prepared a legal document specifying that any patent granted in his name should be assigned to Crane and Crane's assignees.

Because Crane's patent application (1) combined several inventions; (2) did not adhere to Patent Office standards and procedures; (3) were negligently handled -- as the Patent Office admitted in a letter to Crane's Congressional representative -- the years 1969-1973 witnessed a Patent Office blunder of monumental proportions. The patent applications of 1969 and 1971 clearly state that the cure for cancer and other diseases was available because of this technology. Yet the application was treated in a bureaucratically narrow and apparently offhand fashion -- while hundreds of thousands of Americans, including children, died annually and continue to die (480,000 a year is the current rate).

It is possible that patenting of the cancer cure cannot be obtained and that control and protection of the technology will have to be sought through trade secret provisions in leasing contracts or even the establishment of unique healing centers. However, it is also possible that some <u>critical</u> elements of the technology still can be protected as a result of approval by the Patent Office or because of either judicial or legislative action.

For this reason, it is essential that the patent attorney not only have the required expertise, but also an appreciation of the social importance of the technology and perhaps a "fire in the belly." A crime has taken place here and it is monstrous. The numbers of Americans who have died because of the cancer cure's suppression exceed those murdered by Hitler or Stalin.

It is also worth keeping in mind that, given the circumstances, a special Congressional Act might provide legal protection not possible through orthodox channels. With AIDS now a growing health threat and the clear likelihood that the Rife-Crane technology can cure and prevent the spread of AIDS, if not eradicate it, such special political legislation ought not be dismissed as impossible. A public furor concerning this matter is a distinct possibility -- out of which could emerge the foundation for an entirely different health treatment and disease prevention system.

Therefore, from the outset, the attitude of the patent attorney, and indeed all others associated with this endeavor, should be "visionary" as well as realistic.

Patenting Summary

The question of patenting the cure for cancer is crucial to any business plan or indeed general direction for Rife Laboratory. Not only isit a major element in interesting investers, but it also involves the essential choices regarding how resources will be used. This summary will outline some of the problems, some of the options, and perhaps serve as an initial working paper for developing a broad range of policies.

While a patent attorney obviously knows the law, the loopholes, various strategies and more than the author could learn in a year's research, he does have an overview which any patent attorney will lack upon initial examination of this matter. Therefore, it is certain that this report can be valuable. Nevertheless, in presenting facts critical to the ultimate patenting decisions, the author is aware that many ideas or perhaps notions included here will be worthless. Hopefully, a few may be worth developing.

A patent provides a monopoly for 17 years from the time it is issued. Thus, as in the extreme case where General Motors fought the Patent Office through 3 court trials for 26 years, upon winning, the patent provided General Motors with a protection for their invention that lasted for the <u>next</u> 17 years. It also protected them against any infringement which took place during the previous 26 years of litigation.

The patent monopoly is granted for the limited time of 17 years with the understanding that "full disclosure" be made in public records. Thus, when the patent runs out, the invention is in the public domain and anyone can use it. Lincoln, in a famous saying, proclaimed, "The patent system added the fuel of interest to the fire of genius." The patent system rewards the inventor(s) financially. That is integral to the system. But the price of that monopoly is that the inventor bring his system to the public and after a period of time, it belongs to everyone.

The Patent Office's role is to ensure that the invention is original and "useful." Usefulness is a key point as will be seen. Patent examiners have been known to cite ancient writings to show an idea is not original. This also brings forth a critical point -- publishing one's ideas before attempting to patent them is grounds for denying a patent. The "publication" can consist of as little as one typed manuscript being placed in one library. The author will return to this point later because it obviously is central to the cancer cure inasmuch as there are published writings by Rife and Crane or about Rife and Crane prior to Crane's initial 1969 patent submission.

Another reason for denying a patent is "public sale" of the invention prior to the patenting. More on this later.

It should be kept in mind that it is in the government's interest to encourage useful inventions and thus grant a limited monopoly for a time in order that the invention ultimately be put in the public domain. However, an inventor who goes the "trade secrets" route keeps the commercial value for as long as he can protect the secrets and control the interest of his market. The formula for coca-cola has never been patented. It is a closely guarded secret. Whether such a direction would be possible with the Frequency Instrument or even appropriate seems highly unlikely to the author of this report, although the microscope might fit such a program.

One important exception to the "public sale" criteria is that a use in public is not a "public use" if it is genuinely experimental. As a necessary step in bringing about a working, useful model, public experimentation may not invalidate a patent claim. In this situation, requiring doctors' results before an announcement that a cancer cure existed, the sale of the early models possibly may not have invalidated the later patenting. This is especially relevant because of the AMA, FDA quashing of those involved and the fact that as 1986 ended, no cure of cancer by this technology is practiced or publicly known. Obviously this "experimental use" exception could be a critical point for later litigation -- affecting all aspects of the patent request (in proceeding with the Patent Office or other channels).

However, the "prior publishing" and "prior sale" restrictions should not be dismissed as easy obstacles. On these two qualification points of patent law and tradition, the Patent Office, the courts, the government's "public interest" and a host of competitive manufacturers (including AMA-affiliated interests) could sue in order to gain the right to produce Frequency Instruments. The record will provide them with mountains of argument.

It is also important to keep in mind that having a patent means nothing if you lose a court case. The Patent Office sits on the sideline. The patent holder must defend himself any and every time he is challenged. With the money at stake here, we can assume that even a patent will not prevent us from being challenged in the courts. One argument in our favor may be that the simplicity of the Frequency Instrument makes it in the nation's interest to grant a patent. Otherwise, cheap Asian copies of the Frequency Instrument are almost certain. Made in the U.S.A./Patent Pending was used as the title of this report for quite specific reasons. We potentially have a chance to establish an entire new industry which could reverse some of America's technological/industrial trade problems. This may be our strongest legal position, political though it may be.

A footnote to this entire question of patenting is that by openly printing the details of an invention, an inventor prevents anyone else from patenting that invention. This is rather important because a patent was issued on a Frequency Instrument in November 1986. While the 36 year old doctor's patent involved stimulating the production of interferon in cells, not the destruction of cancer virus, it is a Frequency Instrument treatment of cancer. He could theoretically prevent us from manufacturing Frequency Instruments unless we showed Rife's and Crane's published reports invalidated his patent. (See Appendix Z for details)

This 1986 patent opens a variety of options. The first is that we have one year to file with the Patent Office and contest the granting of that patent. Reading a patent for a Frequency Instrument also will enable us to see how one is approved. (Comparing the approved version to the rejected applications of John Crane in the 1969-1973 period.) A third choice is to join forces with this doctor at a later stage. He is young, obviously has experience and interest in the field, and certainly we have years of development before us. A book titled INSIDE THE U.S. PATENT OFFICE states:

> "An interference may also arise after a patent has been issued if the patent is not more than 1 year old; and the patentee may lose his patent if the interference proceedings should go against him. An interference proceeding is held under the auspices of the Patent Office and the decision regarding priority of invention is made by a Board of Interference.
>
> "On more than one occasion, however, interferences have been resolved by the parties themselves, through mutual agreement."

Another consideration is that a new application for a patent takes an average of 2 years to be concluded. There is no possibility of waiting for a patent approval -- even if there weren't exceptional obstacles such as exist here -- before manufacturing and using the Frequency Instruments on desperate, dying people (including children). While it may be possible to speed up the patent process through a special petition and reactivation of the '69 claim, we can't devote major attention to the patent process at the expense of making actual treatment available. Obviously, any investor who stresses the patenting as necessary before he can come in should be politely

informed that he wants an unrealistic security -- discussions should cease immediately.

On the question of refiling, any patent application that is rejected can be reinitiated with a new application. The details of rejected patent applications are not made public. Even more significant, an application for a patent may be abandoned and subsequently renewed with the approval of the Patent Office.

A few more relevant facts -- (1) a patent can be extended by an Act of Congress under special circumstances (perhaps a patent such as this can be granted in a similar way); (2) an application can be examined with priority, bypassing those filed ahead of it (again, under special conditions); (3) a patent can be granted to a dead man if an application is filed by the inventor's executor or administrator (pertains to Rife, not Crane).

Finally, to conclude this general section, a quote from George E. Polk which may be relevant in light of the abuse heaped on Rife and Crane by the AMA, government, American Cancer Society, etc. Keep in mind that once we got the cancer cure working openly and the story gradually got known, we would be in a very different position for long-term legal battle. Polk:

> "I was a general patent attorney for, I believe, the largest corporation in the world. The fellow I was most afraid of was the small inventor, for the simple reason that if he succeeded in litigation with the company, the profits and damages he got were so large that we always dealt with the small inventor if we possibly could. So we do not get the idea that the small inventor has not his resources. If he has a good invention, he will get something out of it ultimately, and I would rather be in his place than the large corporation he is bucking."

Crane's Story

THE RIFE REPORT (RR) or THE CANCER CURE THAT WORKED: 50 YEARS OF SUPPRESSION tells the tale of Roy Rife's cure for cancer and also the scientific validation of pleomorphism which has continued to the present time. Absent from RR is the story of his partner, John Crane. In picking up the pieces of the original tale at the time John Crane entered the picture, the author here will be outlining the problems and possibilities involved in patenting the Frequency Instrument as well as the microscope.

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.

Unfortunately, Rife had enlisted the help of electronic experts in the '30s who never wrote down the details of the instruments. Rife was unable to duplicate the marvels of his earlier Frequency Instruments. The instruments were completed by Crane and Thompson in 1953, but the test results were negative.

Nevertheless, Crane continued working to "save" Rife's historic discoveries. 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 concluded it couldn't work. No effort was made to contact Rife, Gruner, Couche or others who had witnessed actual cures. 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 continued to die because government and medical authorities were opposed to a fair, objective evaluation of the evidence.)

While working on the Frequency Instrument from 1954 to 1957, Crane slowly began to get results. Each improvement brought him closer to his goal -- curing cancer. Rife continued to aid him, but in essence, the two men were now working together and discovering together. Because neither had the resources which were available to Rifein the '30s, building a high powered Ray Tube was impossible. But possibly Crane could do just as well or better with a much smaller Frequency Instrument which attached to the body during treatment. This is exactly what evolved.

In 1957, Crane made contact with Dr. Robert Stafford of Dayton, Ohio. Stafford was interested in using the Frequency Instrument in both clinical treatment and new laboratory tests on mice. By November 1957, Stafford had 6 months of testing behind him. His initial evaluation was positive. Of 4 persons with cancer, one made "remarkable and unexpected improvement." The other three were treated whilein a terminal stage. All died, but all obtained relief once the treatment was initiated. Two were autopsied. The results showed they had died from other causes. There was a "surprising paucity of cancer cells." Stafford also noted that of 33 patients treated for a variety of ailments, none experienced any detrimental effects from the treatments.

Stafford concluded his 6 months research with the following summary:

> "To date, it appears that there is definite therapeutic value in the eminations or pulsations from the Rife Machine. While it may be no panacea, as some might claim, I am certain that it has given relief to distressing symptoms in some of my patients. Further, I feel that it has effected a clinical cure in several other cases. To date, I have noted absolutely no harmful effect from the use of this form of therapy. I feel that continued research should and must be carried on in this field of physical medicine."

Then, in 1958, Crane made his great breakthrough. He made another in 1960, enabling hundreds of times more energy to be concentrated on the deadly virus. These methods have never been published and are the heart of Crane's patent claim.

By February 1958, Dr. Stafford in Dayton, Ohio had presented his findings to the Executive Committee of the General Practice Section of the Montgomery Country Medical Society of the A.M.A. The 8 doctors were impressed. Stafford began setting up a Research Committee with Dayton's most influential doctors. Stafford concluded his report to Crane with the following:

> "I feel very priviledged to have been allowed to know of this wonderful instrument and of Dr. Rife's remarkable achievements through your missionary efforts, John. I shall feel well rewarded if I can have the personal satisfaction of seeing the Montgomery Country Medical Society accept this mode of therapy as an additional wonder of the 20th century."

In early 1958, doctors in Salt Lake City, Utah also began using the Frequency Instrument. But in May 1958, the Salt Lake County Medical Board forced them to stop using the electronic treatment. One of the cancer patients broke down and "wept bitterly when the doctor had to tell him he could not continue the treatments." The same doctor later told an associate in Salt Lake City that "if his

own family had cancer that he would immediately purchase a machine and useit on his own family. This would indicate how sold he must be." The writer of the letter concluded, "Too many people have been saying things that have aroused the ire of the medical profession here." It was an old story -- a rerun of California in the late '30s when the medical profession suddenly saw their authority and incomes threatened.

1958 also brought a hearing before the state of California Public Health Department. A Frequency Instrument was provided and tested by the Palo Alto Detection Lab, the Kalbfeld Lab, the UCLA Medical Lab and the San Diego Testing Lab. All reported it was safe to use. Nevertheless, the AMA board under Director of Public Health Dr. Malcolm Merrill declared it unsafe and banned it from the market.

Still, despite the setback, Crane continued toward his goal. By February 1959, Dr. Stafford in Dayton suggested that he, Stafford, manufacture and distribute the Frequency Instruments in the Eastern United States. He contacted a qualified electrical engineer, obtained a patent attorney, and began canvasing for venture capital. Obviously, the results he was seeing in his hospital and with experimental mice were convincing.

Crane decided to license the machines in order to prevent doctors from changing the instrument and thus failing to get results -- Rife's experience with Dr. Yale and Hoyland being the example. Since Crane already had completed a preliminary patent application with a California patent attorney, he sent it to Dr. Stafford for the Ohio patent attorney to examine. The two patent attorneys agreed "all was in order."

However, they couldn't submit it until the "usefulness" of the invention could be shown. Thus, they held back work until enough doctors and others experimenting with the different frequencies could provide substantial evidence. With no organized medical, scientific and laboratory involvement in the research -- as had existed in the '30s -- Crane was forced to establish "usefulness" with a terribly difficult handicap. Opposition from the California Public Health Department and the experience in Salt Lake City, not to mention the AMA assault in 1939, meant they were in a Catch-22 situation regarding patenting.

So Crane leased his Frequency Instrument in order to build his experimental base and thus prove the usefulness of his invention. The numbers of people who were being healed began to mount. He slowly gathered reports, testimonials and refined his procedures for training new operators. As in 1938, the breakout point was nearing.

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. In that year, thirty four instruments were built and distributed. And then the medical authorities struck.

They raided Crane's office, took over $20,000 of private files, engineering data, research records and reports, machines and Frequency Instruments, pictures off the walls, 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 abondon them. They also pressured ordinary citizens who had begun experimenting on a personal basis.

These visits were made by teams of investigators. "One woman was scared so bad that she has been in a sanitarium driven entirely out of her mind. Her husband cursed them out and told them to get off his property and has threatened to exterminate them should they return. His wife has undergone shock treatments and two months of hospitalization."

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 inadmissable. 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 and two others were found guilty. The only medical opinion offered by the State of California came from Dr. Paul Shea who had been given the Frequency Instrument for 2 months. He admitted he never tried the Frequency Instrument on anything or made any tests to evaluate it. He simply examined it and decided it had no curative powers and didn't lend itself to investigative use.

Also, and most disturbing, the foreman of the jury was an AMA doctor. Everyone else was carefully screened to see that they had no medical knowledge, no electronic knowledge, and didn't read any newspapers supporting alternative healing. The verdict was a foregone conclusion. Crane was sentenced to 10 years in jail. Following appeals and dismissal of 2 of the 3 counts against him, he was released after 3 years and 1 month. But the cure for cancer had been effectively suppressed again.

During the trial, James Hannibal, age 76, testified. Blind in one eye, he'd been treated by the Frequency Instrument. After several applications, his cataract dissolved -- just as cataracts had dissolved in many of Dr. Milbank Johnson's patients during the 1935-37 clinics. Other witnesses at Crane's trial testified to the curing of chronic bladder irritation, the elimination of a throat lump one-half of the size of an egg, and the disappearance of a 17 year growth the size of an egg on the spine. Also cured were fungus growths on hands, fissures in the anus, pyorrhea, arthritis, ulcerated colon, varicose veins, prostrate troubles, tumorous growth over eyes, colitis, pains in the back, and heart attacks.

When Crane was released from prison, the cure for cancer was in shambles. A weaker man might have thrown in the towel. But Crane didn't waiver. He started to fight all over again. With little money and no legal help, he fought a seemingly hopeless battle to keep alive the discoveries which had been persecuted and denied since the 1930s.

In October 1965, Crane submitted an application to the California Board of Public Health, seeking approval of the Frequency Instrument. Rife was back from Mexico but hanging in the background. The application was made in the name of Rife Virus Microscope Institute of which John Crane was the owner. On November 17, 1965, the Department of Public Health replied that Crane had not shown that the device was safe or "effective in use." Again, Crane could not prove to the authorities that the Frequency Instrument's "usefulness" was a fact. While the reports from the 1930s and the limited research in the late 1950s clearly demonstrated extraordinary healing results had occurred, without living authorities willing to put their expertise and medical licenses on the line, the state officials couldn't approve it. But every time doctors, researchers and ordinary citizens got to the point where the validation of "usefulness" seemed near, the medical authorities quashed further research. Crane and Rife could not patent their invention without proving "usefulness." They couldn't market it without proving "usefulness." They couldn't interest financial men and researchers without "usefulness." And the medical authorities and public officials' deadly game had its death toll also as hundreds of thousands annually died from cancer while many more suffered from chronic diseases which also could not be treated by the Rife-Crane discoveries.

Crane attempted to respond to the Department of Health's request for proof of "usefulness." Dr. Charles W. Bunner, a chiropractor, was one of the men who provided a statement. The result? The Department of Health forbade him from using his Frequency Instrument and then a court ordered it "destroyed." The second man to provide a statement attesting to the Frequency Instrument's effectiveness was Dr. Les Drown, also a chiropractor. An employee of the American Cancer Society was soon sent to his office to entrap him. He was forced to "sign over" his Frequency Instrument or go to jail.

Rife and Crane were intending to patent their joint microscope in the late 1950s along with the Frequency Instrument. A microscope diagram for patenting purposes was drafted with both names listed as inventors. (A photocopy is included in the Appendix to this report.) Rife also was intending to patent his Universal Microscope. The assault on the cancer cure in 1960 disrupted their plans. Without being able to show "usefulness," Rife and Crane could not patent their discoveries. The actions by the defenders of medical orthodoxy stymied every attempt Rife and Crane made to bring the cure for cancer to the general public.

Rife had obtained a patent on a microscope lamp in 1929, but that was before the threat he represented to the orthodox medical (and scientific) establishments was recognized. By the middle and late '60s, Rife had witnessed or learned about (1) the spectacle of the AMA crushing his discoveries in 1939 and forcing doctors to abandon them even when numerous cancer cures were on record; (2) the mysterious death of Dr. Milbank Johnson in 1944, apparently just when he was prepared to make an announcement about cancer being curable; (3) the hopeful revitalization of the 1950s under Crane's direction only to fail when crushed in the 1960 travesty of justice when all research was confiscated and scientific reports were forbidden to be introduced at the trial; (4) the mid-1960s attempt at legitimization and how the medical authorities again had pressured researchers and health practitioners to quit.

Rife would be 80 years old in May 1968. He had fought his last war. He knew he was unlikely to see his Frequency Instruments or his microscopes used to heal virus-caused diseases. And he was uncertain about the protracted exchanges with the Patent Office which lay ahead, especially when the issue of "usefulness" was a Catch-22 situation for which there was no solution. Medical treatment had to be approved by medical and scientific authorities. Every time such men appeared and offered Rife and Crane help, the medical powers crushed them or forced them to give up Rife-associated research or treatment.

So on March 4, 1968, Royal R. Rife signed ownership of his microscope to John Crane, indicating that he intended to patent it and that John Crane would own the rights. The Frequency Instruments Rife considered joint inventions because of all the original work both Rife and Crane had done on them.

But Rife didn't apply for the microscope patent. He was old and at least had legally made his wishes known. His executors could fight that war if Crane's patent applications proved successful. All his cancer-curing rights were assigned to John Crane.

Unfortunately, Crane's patent applications were not successful. Crane applied for a microscope patent and a separate Frequency Instrument patent (along with other inventions) in 1969. Correspondence and amended applications bounced back and forth until 1973. At one point, the Patent Office admitted to Crane's Congressman that it had taken them a year to respond to one of Crane's "inquiry of status" letters.

Crane saw a familiar pattern. He suspected high-level pressure although the history of the Patent Office is an extremely good one as far as ethical conduct is concerned.

Nevertheless, given that Crane's patent application clearly described a clinically successful cure for cancer using a breakthrough technology supported by top scientists and doctors in the 1930s, the Patent Office's "business-as-usual" procedures with John Crane during 1969-1973 certainly leaves much to be desired. "A War on Cancer" had been declared by President Nixon. Hundreds of thousands of Americans were dying annually and even more being diagnosed as having cancer. Yet, no one in the Patent Office could pick up a phone, send a telegram, or alert public officials. Or perhaps they did. Perhaps the National Cancer Institute officials checked their files and told the Patent Office to ignore the claims. They had been dismissed. Perhaps a Patent Officer examiner did exercise responsibility in a quiet way and was instructed (falsely) that this Rife-Crane matter was not worth any serious attention.

In any case, no Patent Office examiner ever bothered to pick up a phone, mail a telegram or pursue the larger issue with John Crane. Yet Patent Office examiners have "informal" meetings with patent attorneys representing clients all the time -- in order to clear up difficulties and come to mutual agreements. But with Crane and the cure for cancer, no such initiative took place -- even though hundreds of thousands of Americans were dying and a declared national policy to cure cancer had been announced by the President of the United States.

Instead, the Patent Office recommended that Crane obtain the services of a registered patent attorney. Crane had poured thousands of dollars into defending himself, fighting a court system he perceived as corrupt (quite rightly in his case), and didn't have the money for a patent attorney.

Again, the powers that served orthodox medical treatment, failing though they were in cancer treatment, seemed to have won.

Roy Rife died in 1972.

In 1987, the question is, can justice be realized at long last? Can the Frequency Instruments be used to cure cancer? Can the microscope be used to determine the frequency of the AIDS virus in order that the virus be destroyed electronically? Can a new patent application or a legal action right the obvious wrongs which have been done so that Rife and Crane finally can be given some small recognition for the fight they have fought against overwhelming ignorance and self-interests opposed to the public's well-being?

The four primary areas of patenting which concern us seem to be:

1. Prior publishing
2. Prior sale
3. "Usefulness"
4. Rife's co-status
5. Crane's oath
6. Special appeal

An outline of the issues can be grasped from the following descriptions:

1. Prior publishing. "The law provides that the inventor is not entitled to a patent if the invention has been described in a printed publication anywhere in the world more than a year before his patent application is filed." (Q & A About Patents, U.S. Patent Office)

"Any disclosure, whether in a scientific magazine, book, or thesis, is sufficient to constitute a printed publication. The description must, however, be complete with respect to the invention that it discloses, and a mere hint or suggestion may not amount to anticipation." (Copyrights, Patents & Trademarks, Wincer & Mandell)

2. Prior sale. "A valid patent may not be obtained if the invention was in public use or on sale in this country for more than one year prior to the filing of your patent application." (Q & A About Patents)

3. "Usefulness." "A patent will not be granted on a useless device . . . or on a machine which serves no useful purpose." (Q & A About Patents)

4. Rife's co-status. "If each had a share in the ideas forming the invention, they are joint inventors and a patent will be issued to them jointly on the basis of a proper patent application filed by them jointly."

"May a patent be granted if an inventor dies before filing his application? Yes, the application may be filed by the inventor's executor or administrator." (Q & A About Patents)

5. Crane's Oath. "This section of the specification requires you by law to make an oath or declaration that to your knowledge your invention was never known or used before, patented, or described in any printed publication, in public use or on sale more than one year prior to your application, and that you have never before filed a patent application on this particular invention." (Ideas, Inventions & Patents, Abernathy & Knipe)

6. Special Appeal. "If you do not reply within the time period specified in the action, your application will be abandoned by the Patent Office and your patent application will no longer be pending, unless you can prove to the Commissioner of Patents that your failure to file a response was unavoidable because of a legitimate reason. (Abernathy & Knipe)

Obviously, any new application -- even if based on the prior patent application -- will have to address prior publishing, prior sale, Rife's co-status, etc. Not only will the inevitable "prior art" cited by the Patent Office to reject the claim have to be carefully offset (Prior art is recorded earlier inventions), but the automatic rejection made likely by the prior publication and prior sale will have to be addressed and successfully overcome.

Usefulness, of course, is a special situation. But here is the two-edged sword. The usefulness of the inventions has to be argued. But it was the suppression which not only prevented usefulness from being established years ago, but which was responsible for any necessary prior publishing and prior sale. It can be argued that prior publishing did not disclose critical technical features and that prior sale (leasing) was in fact essential experimentation to establish usefulness.

However, it seems that if patenting is attempted (which the author believes ought to be done), substantial legal (and political) effort will be required. A standard Patent Office approach seems to be an exercise doomed to fail for any number of reasons.

In conclusion, in making the argument for a patent grant to Rife and Crane -- whether it be through the Patent Office, the courts or the legislature -- it seems appropriate that the abiding principle of the various Patent Acts in American history be cited. This abiding principle is generally recognized to be Jefferson's philosophy that "ingenuity should receive a liberal encouragement." Ingenuity has no meaning if Rife and Crane are denied recognition because of a technical ruling when the authority to grant such recognition is available -- either directly from the Patent Office, via judicial decision, or as the result of a legislative action. To deny Rife and Crane could be historically seen, because of the specific governmental abuses in this case, to sanction such abuses. Thus, it could serve to discourage future inventors who would perceive special interests as being in the control tower. Such a result would not be in the nation's long-term interest or in resonance with America's underlying democratic principles.

APPENDIX

Patents

ROBERT P. STAFFORD

Bob Stafford, M.D.
22 Deshler Place
Dayton 5, Ohio

October 22, 1958

Dear Bob :-

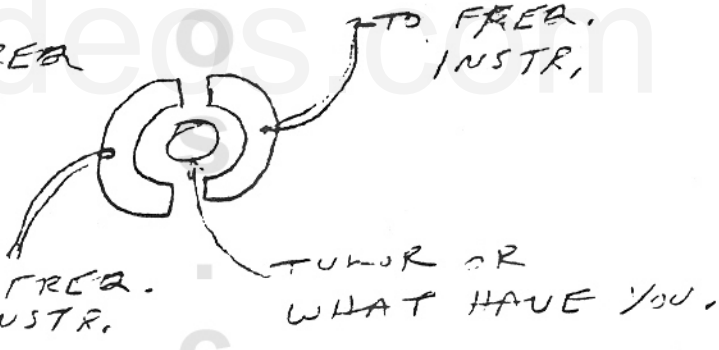
I have been advised by a local group of research doctors that the test set up for proving out the instruments on rats hinges on a certified biopsy by a pathologist before treatments and after treatments when the rats are well, they should be killed and another biopsy taken for each rat. The biopsy should be numbered and identified on each slide which they tell me is the most universally accepted evidence that can be obtained. I hope that you will follow this procedure also on at least 6 rats with one control ~~&~~ and having a pathologist to "sign off the slides" before and after. (and I ~~XXXX~~ sure would like to have those slides.)

There is another element Bob which may have a great deal of influence on your test results and I'm going to propose it for your tube tests: Buy an RF Power Meter Kit from Heath - Heathkit PM-1 at $14.95. Leave the antenna off as shown in the enclosed picture and you will be able to measure the direction and intensity of the electrostatic space field coming out of your applicator tube of the Frequency Instrument. Many times treatments are given with the force from the tube actually missing the patient. With this little instrument you can actually check this yourself before using the Freqency Instrument on the rats because every tube transmits this field in a different direction. I would suggest that you place this RF Power Meter approximately 10 inches away from the angular electrode of the applicator tube and turn the volume control down until the maximum output of the Frequency Instrument can still be read on the RF Power Meter PM-1 - then adjust the Frequency Instrument ~~X~~ with the tuning knob at the right top which controls your 2400 KC reading and then forget it - and the ~~XXX~~ knob setting that gives you the maximum intensity of the charge of the space field from your applicator tube which can then be read directly on your new RF Power Meter PM-1. Leave this knob in the maximum field intensity setting throughout all of your other dial settings which you will read correctly on the electron counter. Your results should show an amazing improvement.

I am working on some plastic handles that will be shipped with the tube, this will mean another weeks delay. The handles are completed now and special connections will be installed with shielded high voltage wire. I have been doing some thinking about the electrodes which we use direct to the body and I think they are too small - larger ones would let us use more current for ~~even~~ better results.

John F. Craig

AS I SEE IT THE ENERGY OF AN ELECTROSTATIC NATURE TRANSMITTED IS A FUNCTION OF THE APPLIED AREA. IF WE USE 1" DIA DIAMETER ELECTRODES WITH A "PATIENT COMFORT" SETTING OF 5 ON THE VOLUME CONTROL THEN PERHAPS WE COULD USE A 3" DIAMETER ELECTRODE AND EXPECT A VOLUME CONTROL SETTING FOR "PATIENT COMFORT" TO BE 9 OR 10. IF YOU WISH YOU CAN HAVE THESE LARGER ELECTRODES MADE UP AND WHO KNOWS WE MAY EVEN HAVE TO FIT HUMAN INDIVIDUALS IN CERTAIN AREAS (TO A CAST MUCH LIKE A DENTIST USES TO MAKE HIS FALSE TEETH) WITH FORM FITTING METAL ELECTRODES. THIN SHEETS OF ALUMINUM FOIL MAY BE TAPED ON ETC. IN THE CASE OF AN OPEN SORE WE MAY USE PARALLEL OR U SHAPED ELECTRODES TO GIVE MAXIMUM CURRENT FLOW THROUGH THE AREA



YOU MAY REST ASSURED THAT YOUR LETTER WILL BE KEPT CONFIDENTIAL.

Best Regards

John Citty

APPENDIX B

19 Nov 58

Dear Bob

I am sure glad to hear of the rat tests and if they are still alive after 50 days we will be amazed ourselves. Very little work has been accomplished with the leukemia virus as Rife specialized on carcinoma virus and sarcoma virus. Of the 50 to 60 odd types Rife found that the same virus was the culprit and the frequencies which you now have killed these virus. Marsh reported some success with leukemia patients in Salt Lake City and we received a letter from a woman who had gained weight and recovered her strength but how she is now I couldn't say.

Recent treatment of a woman with a serious case of fissures - hemmoroids and piles has succombed to the Tube type frequency instrument in combination with the diathermy instrument. This is the second case that we have cleared up. The woman was scheduled for an operation and in severe pain. The pain seemed to vanish after the 2nd c.

I believe it is extremely important to have an exact setting within ≠ + or - one ¢¥ł£¢ cps. A research proposal was made on this point for funds but was denied. I wanted to go farther into this problem because we now have electron counters that will read down to 4 decimals of a cps such as 2128.0123 etc. Further research can only tell us exactly what the "Critical Frequency Tolerances" will be. Varying the cps after your treatment of three minutes may be very beneficial and it would serve as added insurance toward the results attained I'm sure.

Another means of allowing the patient to handle higher current inputs might be novocain such as the dentist uses to momentarily disengage the nerves. A milliamp meter should be used to avoid going over 100 milliamps as I think that is about as high as can be safely attained but again we have no research on this point and much greater power may be used with great effect by this method. The electrocution of bacteria, virus, and fungi by this method is entirely in its infancy. Several of these instruments may be employed simultaneously on different body areas but I believe the total current should be measured and controlled. Your jelly sounds like an insulator to me and the higher input may be erroneous. I think area increase is more of an answer. Since silver is the best conductor we have used copper and silver plated same. Aluminum would work OK or any other good conductor should be satisfactory.

John F. Crane

Regarding Mrs. Bandura - I feel that your distance from the cervix to the back of the neck is too far. I would suggest that you endeavor to keep the electrodes closer together say within 8 inches - first treat the liver and or cervix area and then go up and ### treat the ### aorta area. This should give a more concentrated current flow in the affected areas and to my meager thinking - give you better results. An electric field may(1 be divided up into lines of force. (2) each line terminates at a positive charge on one end and a negative charge on the other.(3) the lines, throughout the field, coincide with the direction of the electric stress.(4) the lines behave as though they were made of stretched elastic, always tending to contract and bring together the negative and positive charges.(5) a line of force between two conducting surfaces must always meet the conducting surface ######### perpendicularly. This must be so from the very nature of the assumed static conditions. If a line of force entered or left a conducting surface at any other angle than normal, it would have a tangentia component at the surface which would cause the movement of charges within the conductor. This would constitute a continuous electric current and, sinc currents do not flow along the surface of the conductor in an electric field in a static system, the junction of the line of force and the surface must be a right angle. (the picture of the force lines I drew would apply here) The electrostatic field is stronger when the electrodes are closer together. To increase the power a small amplifier of the audio type would be necessary with the heathkit instrument. This again is a matter for further research.

To answer the question about ultraviolet light from the new or old bulb; An analysis of this light was made witha Hilger F-4 quartz spectrograph which indicated the light and the production thereof to be in the visible region of from 4000 A to 6500 Angstroms. The ultra violet extends from 4000 A on down to 2000 A and that is where our chart ends. Some slight overlap may occur in the 4000 A area but it would be so slight that I doubt if any effect would be noticeable. Only ordinary visible light is emmitted due to the gas discharge in the tube. The RF has been rated at 330 volts using a Hewlett Packard model 410B, with a model 453A R.F. capacity divider having a 100 to 1 ratio; the Impedance without the divider is 10 megohms (D.C.); with the capacity divider it is 100X greater. No loading of the instrument occurs due to this measurement, as judged by a lack of detectable change of audio-output in a radio receiver. No x-rays or ionizing radiation are emitted by the tube while the discharge is taking place. These measurements have been made close to the glass envelope of the tube both with a nuclear model 2611 Geiger-Muller Survey Meter, as well as a sensitive Lauritsen electroscope of the integrating type. No radiation above background was detected by either of these two instruments.

Sincerely

John Crane

APPENDIX C

ROBERT P. STAFFORD, M. D.
THOMAS G. OSWALD, M. D.
GEORGE W. MARKUS, M. D.
702 SALEM AVENUE
DAYTON 6, OHIO

28 February 1959

Mr. John Crane
Life Lab, Inc,
San Diego, California

Dear John,

Pursuant to my inquiry in my last letter regarding possible manufacturing agreements, I would like to know if you would consider letting me handle the Eastern Division for the purpose of manufacturing and distributing the Rife machine. This might be done on a licensing basis, where we would pay to Life Lab a stipulated royalty on each machine sold, or on some percentage distribution of the profits. Perhaps you have some other plan for equitable remuneration due you for the use of your patents and efforts which you might wish us to consider.

My friend, Harold Leland, and I are interested in developing a manufacturing company to handle this project east of the Mississippi River; providing satisfactory arrangements are worked out between us and Life Lab, Inc. Harold Leland is an excellent electrical engineer and has had many years of experience working closely with the management of one of Dayton's successful manufacturing companies. He is the man who did the calibrating of our machines on his "scope" at the factory. He is also the man who knows solonoids from A to Z. This will help us in perfecting the dialings of our present machine. Also, through his past experiences, he could help guide us into proper channels to assist us in protecting our work. Along this line, Harold would like to know what patents are pending and applied for as well as the description of these patents, regarding the Rife machine and its uses.

If satisfactory terms could be agreed upon between us, it seems to me that such a working arrangment would enhance the promulgation of this new medical science among the medical profession. I truly believe this thing is big enough and has enough potential to allow at least this much diversification of capital. Your experience in the Western Division could guide and help us, and likewise, we would share our experiences, developments, and refinements in technique with you. Such an arrangment would not mean weakness through cleavage; but rather, strength through division. Please let me know what you folks out there think about these proposals.

Sincerely yours,

Robert P, Stafford, M.D.

Robert P. Stafford, M.D.

March 6, 1959

Dear Bob,

It is heartening indeed to read of your interest in the eastern market and your request may well become your desire and reward. Since this instrument is a specialty item, legal counsel says that we should require a 10% royalty on the gross income and that all future patents related to the instrument would be assigned to us. If these major terms are satisfactory to you and whomever you care to include, we will have our attorney draw up a preliminary draft for your approval.

We will of course welcome such an outstanding engineer as Harold Leland and a great deal of expert talent will be needed in the various fields encountered. The design of the first production instrument is now of importance and should be perfected below 10 KC to avoid FCC qualification; this can be accomplished but the coil must be used in the center for a little while longer.

It has been our continuing thought that the instruments should be leased and not sold similar to IBM procedure because the instrument must be checked periodically for correct output, tubes, etc. Doctors have had a tendency to change their instruments in the past and then they do not work right and we have experienced this many times and this must be eliminated. Leasing would provide a monthly income on each instrument which is better for the doctor as he can write it off on his income tax and better for us to maintain our control of the instrument. The original cost can be eliminated by installation costs or license fee costs or absorbed by rental fees. Older units could be replaced periodically and shipped overseas for foreign markets.

It may be that your new manufacturing company could turn out to be a division of Life Lab operating independently in the area designated. The franchise for the area east of the Mississippi in the U.S. exclusively will be of great value. Whether we were to accept a royalty or a percentage distribution, the value would be the same as mentioned above. At this time a great deal of flexibility exists and we will welcome your acceptance of these terms and let us know your further comments.

Very truly yours,

John F. Crane

Enclosure: Patent application
(Please return in one month)

APPENDIX #E

ROBERT P. STAFFORD, M. D.
THOMAS G. OSWALD, M. D.
GEORGE W. MARKUS, M. D.
703 SALEM AVENUE
DAYTON 6, OHIO

20 April 1959

Mr. John Crane
Life Lab, Inc.,
4246 Pepper Drive,
San Diego 5, California

Dear John,

Harold Leland and I have been studying the many facets of establishing a company for the purpose of manufactoring and distributing the Rife Modulated Radio-frequency Transmitter. I'm sure you are well aware of the problems which confront us along organizational lines of this nature. Harold is more experienced in these matters than I am, since he is associated with a local manufactoring company at present.

We have consulted Harold's lawyer, Mr. Ayres Stoddard, who is also a registered patent attorney. Mr Stoddard has examined for us your petition to the U.S. Patent Office. He feels that all is in order, but he suggested that we obtain your permission to review the file wrapper and contents regarding the patent pendings on the Rife machine. Since these matters are of such technical nature, I suggested that Mr. Stoddard write to your attorney, Mr Caldwell, so that this matter can be worked out at the earliest possible moment. As Mr. Stoddard suggested, it would be wise for all of us- you folks in California, as well as for us here in Dayton - to be reasonably sure that we can be protected by patents in the future use of this form of energy on viruses and bacteria before we invest the necessary capital to engineer and produce a practical instrument.

As you requested, I shall return your Petition to the Patent Office by registered mail in the next few days. Also, I am enclosing a summary report of the Rat Experiment. The results of this preliminary experiment have given us a good foot-hold in the door of local medical interest. I'm still trying to figure out where we can get the needed $5,000.00 to proceed with the next phase of laboratory experimentation. However, John, I have sincere faith that we shall continue to make progress with this form of therapy, if we are conscientious, honest, and steadfast. I shall write again regarding the details of forming our company here, as soon as the patent problems are cleared up. Again, John, I want to thank you for your promptness and generosity in offering to license Harold and me to work with you in this area.

Sincerely yours,

Bob

Bob Stafford.

April 23, 1959

Dear Bob,

Thank you for your report on electron therapy as an entirely new facet of research. Bob - on the next tests, I hope that you will try some carcinoma or sarcoma and I feel sure that your results will be better. We have in the past encouraged trying almost everything and Rife has told me many times "Why not try it on something that it has been proven out on"! It is difficult indeed to realize the time and effort which went in to securing the frequencies and I will not be happy until the whole phase of the research with the microscopes is run thru again so as to determine the frequency tolerances which to me is the key that will unlock critical design secrets of our future instruments.

I have contacted Caldwell and you have our permission to review the file wrapper and contents. Please have Mr. Stoddard write to:

Conrad C. Caldwell
3993 30th St
San Diego, Calif.

We are now trying to figure out how we can get 500,000 — to build a new research lab to carry on Rife's work. We have several local capitalists interested and we hope before too long to have this move accomplished. I can assure you that should this take place, 5 G's of this fund will be yours. There is also some effort being made to treat Sec. John Foster Dulles. Powerful political contacts are now being used to effect this end but the pressure is undoubtably great. In any event, some active interest may be the outcome.

Notice of a medical electronic display in Paris, France this June is of passing interest. We have decided not to submit any material this year as 1) it might rock the boat with your efforts there and 2) we don't want the Russians to get ahold of it.

Again let us bow our heads in praise for your fine research work on electron therapy. Did you ever receive the 24" enlargement of thr Universal Microscope and a second pre-release report on "Electron Therapy" ?? with photos.

John F. Crane

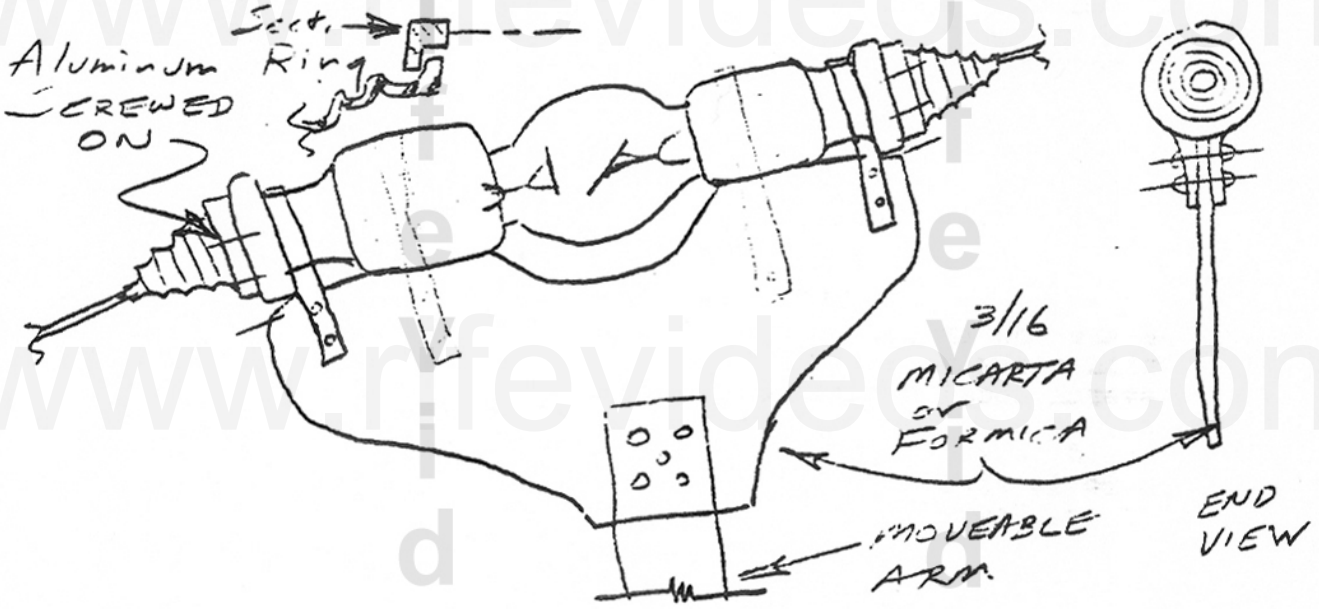
APPENDIX G

4246 Pepper Drive
San Diego 5, Calif.

July 1, 1959

Dear Bob,

Received the tube that you shipped in good shape. I was surprised to find the plastic holders also and if you would like these returned, I will ship them to you; I would suggest however, that you mike up the diameter of the glass to be sure that they will fit as these tubes are all hand made. If a larger inside diameter is necessary for the plastic, I will attempt to bore them out to fit before sending them back to you. I have also designed a new aluminum ring which goes over the rubber insulators and holds them in place to make a more finished looking job out of the tube plastic holders and two metal rings go around the plastic ends replacing the shock cord and are attached to a piece of 3/16 micarta which in turn may be secured to a moveable arm for basic support.



SIDE VIEW

Variations of this design will of course be forthcoming. We are beginning to open our doors to available money. We have been temporarily assured of 500,000-- from one source and 1 to 10 million from another source for Frequency Instrument progress. Several contacts have been established, we hope to have the ball rolling here this year and are working toward this end now. Since our contacts have been concentrated in the Los Angeles area, a delay in liason and time naturally occurs. I may have to tread this route full time for awhile if necessary. It was last week that I learned of Dr. Gonin's death when I called his house near London. I gave him a Frequency Instrument to evaulate and so I have written regarding the disposition of the equipment. Gonin gave Rife 1000 pounds to build No. 5 Virus microscope in 1939 for his private research lab and Rife gave Henry Seiner $1000.00 to take his No. 4 Virus microscope over and leave and demonstrate it until he could complete the No. 5 instrument. Henry was gone about 11 months but only at Gonin's for six months approx. I talked Gonin into bringing it back here and I was able to get about 6 hours of tape recordings while he was here in San Diego in 1956.

Dear Bob - August 22, 1959

Regarding Mr. Brooks Heathman, I believe that he can be helped. As we both know, we are dealing with the worst little killer of all, the most dreaded form of cancer - BY and BX with a few other germs thrown in. His cure will require considerable attention. I would suggest that he be placed on distilled water (only fluid) and good food. Our perscription is as follows: (Grape & orange juice - use also) Welches pure only
Treat with a double action: first place the tube 8 inches from the heart with the maximum intensity directed to the heart area. Determine his cycle blood flow. If it is three minutes, then use 3 minutes time on each frequency; if it is five minutes then use 5 minutes time etc. Do not move tube - suggest using an insulated (plastic or glass) independent holder. First day treat as follows:

Streptococcus	5 minutes over heart	
Sarcoma	5 minutes over heart	(After using these frequencies
Carcinoma	5 minutes over heart	then use the two for T.B. at
Staphlococcis	10 minutes over heart	five minutes each).

TREAT cut off foot area next slowly moving tube 8 to 10 inches away from skin up and down entire leg. Repeat the above procedure for the leg area. Use the same order as above listed. This will take 50 minutes of time and possibly a little more by the time you adjust the frequencies. I would follow this with low diathermy for 15 minutes in the cut off foot area slowly moving the pads up and down the leg. Then five minutes with the pads on both sides of the stomach area to help the lymphatic system along and 3 minutes over the top chest area for the same system there. Have him lying down when the treatments are given (flat). That is, lying down flat on a bed or table or what have you.

Since his difficulty is in the leg area, treat him daily and after one months time, you will know which way he is going to go - in or out of this world.

And now a word about the instrument. I trust you have used 10000 volt shielded wire which is required for the tube connection - if not replace with same and do not use over 6 feet long wires and when using keep them separated. Do not use any metal in the tube area - use plastic for the holders as the metal will set a field up and absorb the energy there and we want the patient to absorb it. It is quite possible now that the tubes need replacement and you may use the better military spec tubes as an equivalent replacement. The cost is relatively the same but the performance is better. I had an aluminum mirror put on one side of my tube and they did an excellent job.

Good luck with Brooks,

John F. Crane J. F. Crane
Royal R. Rife Roy

APPENDIX I

ROBERT P. STAFFORD, M. D.
THOMAS G. OSWALD, M. D.
GEORGE W. MARKUS, M. D.

702 SALEM AVENUE
DAYTON 6, OHIO

May 9, 1960

Mr. Earl Steiff
337 Cardiff St.
San Diego 14, California

Dear Mr. Steiff:

Thank you for your letter of May 1st; I am sorry to hear of the misfortune which has befallen your family.

At the present time, here in Dayton, we are using the Rife Frequency Machine for investigational work only. Because of some inconsistent results and lack of basic fundamental clinical research here in Dayton, I have limited the use of the machine, in the case of malignancies, to carcinoma of the breast only. We have had some encouraging results in breast cancer, but until we have a large enough group of cases of this type consistently "cured", I feel we dare not venture further in the field of malignancy. I hope eventually to develop the knowledge to apply this treatment successfully in other types of malignancies.

Mr. Steiff, I am sorry that we are not prepared to accept your Mother-in-law's case at this time. My phone number, which you requested, is Cr.5-8116. Please feel free to call me if I can be of any further assistance.

Sincerely yours,

Robert P. Stafford M.D.

Robert P. Stafford, M.D.
RPS/mms

APPENDIX J

ENROLLMENT APPLICATION * RIFE VIRUS MICROSCOPE INSTITUTE * 4246 Pepper Drive, San Diego, Calif.

I wish to enroll in a course of instruction to learn how to operate the Frequency Instrument, to join RVMI, and to obtain the loan of a Frequency Instrument for training purposes. I agree to pay $175.00 for instruction, maintenance fees of $2.00 per month, annual membership dues of $10.00 per year, and a deposit on the instrument of $103.00 to be refunded in case the instrument is returned. RVMI agrees to keep instrument in good condition, make inspections of instrument calibration and requires all shipments to be prepaid; total fee - $300.00.

Fee Received 300.00 Trainee Leonard R Chapman M.D.

RVMI Repr. ~~John F. Crane~~ Address 214 Escondido Ave

City Vista Zone ____ State California

Next of Kin Mrs. Mildred Chapman Relation wife

Address 320 Escondido Ave Vista Calif

No. 2M Date Sept 20 1960

****

FREQUENCY INSTRUMENT LOAN RECEIPT

Rife Virus Microscope Institute Record of Instrument Loan

Model SQ1A Serial No. SWITCH TYPE ____ Accessories 1 Set of Probes

Loaned to: LEORNARD R. CHAPMAN Phone PA 4 2238

Address 214 ESCONDIDO AVE, VISTA

Received by: Leonard R Chapman Date Sept 25 1960

This instrument is loaned for a period of training for a minimum time of two years and should be returned if requested thereafter.

APPENDIX K

CONTRACT

REGULATIONS FOR TRAINING AND THE USE OF THE

RIFE FREQUENCY INSTRUMENT

I. STATUS OF INSTRUMENT FOR FAMILY USE

A. THE RIFE FREQUENCY INSTRUMENT (hereafter referred to as INSTRUMENT) is loaned to a private individual using it, and it remains the property of the RIFE VIRUS MICROSCOPE INSTITUTE (hereafter referred) to as RVMI).

1. The INSTRUMENT will be loaned to the CONSIGNEE for a donation of $175.00 to be received by RVMI at the rate of $75.00 at the time the contract is validated, and $100.00 at the time of delivery of the INSTRUMENT; or, the full donation may be made at the time the contract is validated.

2. Approximately 1(one) month must be allowed for delivery of herein-mentioned INSTRUMENT following date of validated contract.

3. An additional $2.00 per month donation (minimum) for the replacement of worn-out parts, tubes, and wear and tear in the use of the INSTRUMENT by the CONSIGNEE is to be donated in advance.

4. The $175.00 donation herein mentioned is alloted for the TRAINING PROGRAM which will give the CONSIGNEE a complete and full course on the operation of the INSTRUMENT.

5. It is the responsibility of the CONSIGNEE to adequately insure the INSTRUMENT for Fire, Theft, and Damage.

6. Under no circumstances will RVMI make any claims stating the INSTRUMENT will <u>cure</u> any pathogenic disease.

a. It is designed to devitalize micro-living organisms detrimental to mankind. The worthy body cells will overcome the invaders and the body will heal itself with proper food, rest, and some needed medication.

b. The CONSIGNEE is to make no statements using the word "cure".

c. See separate document concerning the function of the INSTRUMENT.

II. MEMBERSHIP IN RVMI

A. The CONSIGNEE, OPERATORS, AND <u>ALL</u> TRAINEES, (see "C" p. 2) must be members of RVMI. The RVMI license requires that all persons receiving the benefit of the TRAINING PROGRAM and the use of the INSTRUMENT must be members in good standing.

1. There is a minimum donation of $2.00 for membership only.

2. For the privilege of receiving literature, research information, etc., there is a minimum donation of $10 per year.

3. "Application for membership" blanks properly filled out must be sent by the CONSIGNEE to RVMI immediately following the time application is made.

   a. These will include both types:

      1. Those with a donation for literature privileges.

      2. Those with a donation for membership only.

4. In order to become "Qualified as an expert OPERATOR of FREQUENCY INSTRUMENTS" an APPLICANT must be trained by an OPERATOR who has been certified by RVMI.

   a. Qualifying by means of oral and written examinations is a requirement.

   b. Final acceptance will be made by RVMI.

III. TRAINING PROGRAM

A. RVMI will furnish to the CONSIGNEE complete instructions for the TRAINING PROGRAM and the use of the INSTRUMENT.

   1. It is mandatory for the CONSIGNEE personally to know how to operate the INSTRUMENT and to thoroughly understand its function.

B. CONSIGNEE or a QUALIFIED OPERATOR may train a new OPERATOR.

   1. Such an OPERATOR may not use the INSTRUMENT in the possession of the CONSIGNEE for instructing TRAINEES or members of RVMI until he has been approved by RVMI as a QUALIFIED OPERATOR.

C. TRAINEE

   1. A TRAINEE is a person being taught in the use of the INSTRUMENT and its effectivity.

      a. RVMI will make no claim or tolerate a claim by the CONSIGNEE that any person is being "Treated or is receiving "Treatments" under this program. It is the responsibility of the CONSIGNEE to inform each TRAINEE of this fact.

      b. No TRAINEE is allowed to instruct another individual. He must first become a QUALIFIED OPERATOR.

      c. A TRAINEE'S physical status is not to be diagnosed by an OPERATOR.

CONTRACT
Page 3

IV. ADVERTISING

A. No advertising of the use of the INSTRUMENT is permitted.

V. FEDERAL AND STATE REQUIREMENTS

A. A card must be attached to the INSTRUMENT in full view of each TRAINEE or member of RVMI reading: NEW DEVICE FOR INVESTIGATIONAL PURPOSES ONLY.

VI. SAFEKEEPING OF INSTRUMENT AND OBLIGATIONS

A. The CONSIGNEE is held responsible for the safety and protection of this instrument at all times, while in his possession. To be insured for $500.00 from a reputable insurance firm.

1. Adequate insurance (as mentioned in IA5) will cover this loss. Insurance policy must be shown to and approved by RVMI immediately upon validation of contract.

B. Any violation by RVMI of this contract will necessitate the forfeiture of all monthly depreciation donations for a period of one year.

1. It is the obligation of RVMI to maintain the INSTRUMENT in the possession of the CONSIGNEE in perfect working order. Regular check-out periods will be arranged by RVMI.

a. It is the obligation of the CONSIGNEE to notify RVMI immediately upon discovery of malfunction of the INSTRUMENT.

C. It is the moral obligation and sole intent of RVMI that all RIFE FREQUENCY INSTRUMENTS be kept in constant use if at all possible. This device is too invaluable to mankind to be left unused. For the sake of mankind these devices should be kept in constant use.

D. Any violation by CONSIGNEE of this contract will necessitate the forfeiture of all monies paid to RVMI to and including date of cancellation and the INSTRUMENT will be returned to RVMI.

Signature Consignee	Signature President, RVMI
Signature Witness	Signature Secretary, RVMI
Notary Public Signature and Stamp	Notary Public Signature and Stamp

APPENDIX L

NEW DEVICE APPLICATION
California Pure Drugs Act
Division 21, Chapter 2, Section 26288
CALIFORNIA HEALTH AND SAFETY CODE

Name of applicant Rife Virus Microscope Institute

Address 4246 Pepper Drive, San Diego, Calif., 92105

Date October 29, 1965

Name of new device Frequency Instrument

To the STATE BOARD OF PUBLIC HEALTH
For the Director State Department of Public Health
2151 Berkeley Way, Berkeley, California

Dear Sir:

The undersigned, JOHN F. CRANE, submits this application with respect to a new device pursuant to Section 26288 of the California Pure Drugs Act. Attached hereto, in duplicate, and constituting a part of this application are the following:

(1) FULL REPORTS OF ALL INVESTIGATIONS THAT HAVE BEEN MADE TO SHOW WHETHER OR NOT THE DEVICE IS SAFE FOR USE.

(a) An application may be incomplete or may be refused unless it includes full reports of adequate tests by all methods reasonably applicable to show whether or not the device is safe for use as suggested in the proposed labeling. The reports ordinarily should include detailed data derived from appropriate animal or other biological experiments in which the methods used and the results obtained are clearly set forth. Reports of all clinical tests by experts, qualified by scientific training and experience to evaluate the safety of devices, should be attached and ordinarily should include detailed information pertaining to each individual treated, including age, sex, conditions treated, frequency of administration, duration of administration of the device, results of clinical and laboratory examinations made, and a full statement of any adverse effects and therapeutic results observed.

(b) The complete list of components and or method of manufacture of the new device used in each submitted report of investigation should be shown to the extent necessary to establish its identity if it differs from the description in parts (2) or (3) of the application in any way that would bias an evaluation of the report.

(c) The unexplained omission of any reports of investigations made with the device by the applicant or submitted to him by an investigator he supplied with the device that would bias an evaluation of the safety of the device constitutes grounds for the refusal or suspension of an application.

(2) A FULL LIST OF THE ARTICLES USED AS COMPONENTS OF THE DEVICE. Each component should be identified by its common English name. If any proprietary preparation is used as a component, the proprietary name should be followed by a complete descriptive statement. Reasonable alternatives for any listed component may be specified.

(3) A FULL DESCRIPTION OF THE METHODS USED IN THE MANUFACTURE, AND ASSEMBLY OF THE DEVICE. Included in this description should be full information in sufficient

NEW DEVICE APPLICATION

application concerning which no change is proposed. A supplemental application should be submitted for any change beyond the variations provided for in the application, that may alter the conditions of use, the labeling, the safety, identity, of the device or the adequacy of manufacturing methods, facilities, or controls. When necessary for the safety of the device, a supplemental application may be required to specify a period of time within which the proposed change will be made; and in such case the distribution of the device after such change constitutes distribution without an effective new-device application. A supplemental application is not required when the article is no longer a new device unless the proposed change itself causes it to become a new device. If a material change is made from the representations in an effective application for a new device before a supplement is effective for such change, the application may be suspended.)

(8) IT IS UNDERSTOOD THAT ALL REPRESENTATIONS IN THIS APPLICATION REGARDING THE COMPONENTS, COMPOSITION, MANUFACTURING METHODS, FACILITIES, CONTROLS, AND LABELING APPLY TO THE DEVICE PRODUCED UNTIL AN EFFECTIVE SUPPLEMENT TO THE APPLICATION PROVIDES FOR A CHANGE OR THE ARTICLE IS NO LONGER A NEW DEVICE.

Very truly yours,

RIFE VIRUS MICROSCOPE INSTITUTE
(Applicant)

Per John F. Crane
Owner
(Indicate authority)

This application must be signed by the applicant or by an authorized attorney, agent, or official.

The data specified under the several numbered heading should be on separate sheets or sets of sheets, suitably identified. The sample of the device, if sent under separate cover, should be addressed to the STATE BOARD OF PUBLIC HEALTH, Bureau of Food and Drug Inspections, and identified on the outside of the shipping package with the name of the applicant and the name of the device as shown on the application.

The applicant will be notified of the date on which his application is filed. An incomplete application, or one which has not been submitted in duplicate, will usually be retained but not filed as an application provided for in Section 26288 of the Pure Drugs Act. The applicant will be notified in what respect his application is incomplete.

ALL APPLICATIONS AND CORRESPONDENCE SHOULD
BE SUBMITTED IN DUPLICATE

(2-20-57) Form F&D-1730

APPENDIX M

RIFE VIRUS MICROSCOPE INSTITUTE
4244 Pepper Drive, San Diego, California
92105 Zip Code Phone 281-0278

INSTRUMENTS

October 29, 1965 FREQUENCY

State Board of Public Health
2151 Berkeley Way
Berkeley, Calif.

Gentlemen:

The NEW DEVICE APPLICATION is submitted with the following reports:

1) Appendix A - RESULTS WITH FREQUENCY INSTRUMENTS AFTER M.D. DIAGNOSIS AND MEDICINES FAILED TO HELP PEOPLE.

2) 10 copies of labeling of Frequency Instruments

3) INSTRUCTIONS FOR THE USE OF THE RIFE FREQUENCY INSTRUMENT - copyrighted 1960

4) INSTRUCTION MANUAL FOR MODEL 377 Sine and Square Wave Generator of Frequency Instrument.

5) INTRODUCTION TO ELECTRON THERAPY by John F. Crane

6) ELECTRON THERAPY - Report No. 1456 by John F. Crane 1959.

7) HISTORY OF THE DEVELOPMENT OF A SUCCESSFUL TREATMENT FOR CANCER AND OTHER VIRUS, BACTERIA, AND FUNGI. Copyrighted by John F. Crane 1954.

8) ELECTRON THERAPY PROPOSAL FOR RESEARCH GRANT by John F. Crane April 1965.

The foregoing constitutes the information and the work carried forward after 1958 on transducer type Frequency Instrument which has proven safe to use without any side effects on the human anatomy with the electrocution of harmful micro-organisms without harm to human cells coupled with a new effect to assisting the metabolism now with an uplift and of eliminating pain and shock from paralyzed nerves and body cells.

Submitted in duplicate,

John F. Crane

John F. Crane, President RVMI

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
EDMUND G. BROWN, Governor

DEPARTMENT OF PUBLIC HEALTH
2151 BERKELEY WAY
BERKELEY 94704

November 17, 1965

Mr. John F. Crane
Rife Virus Microscope Institute
4246 Pepper Drive
San Diego 5, California

Dear Mr. Crane:

Subject: New Device Application -
Frequency Instrument

An initial review has been made of your application dated October 29, 1965 and received by this office on November 4, 1965.

Your application fails to indicate which enclosures are specimens of the labeling and advertisements for such device as set forth under Section 26288 (f) of the Health and Safety Code. Upon receipt of this information, a determination would follow as to whether other requirements of the code section have been met.

Section 26288 (a) of the Code reads as follows:

> "Full reports of investigations which have been made to show whether or not such drug or device is safe for use, and whether such drug or device is effective in use;"

In this regard, you are advised that the application and supportive material submitted does not satisfy the above requirement. It is required that full reports of adequate tests by all methods reasonably applicable, including clinical tests by experts qualified by scientific training and experience to evaluate the safety and efficacy of this device accompany this application. Until all the requirements of the code section are met, this application must be considered incomplete.

Very truly yours,

James W. Bell

James W. Bell, Chief
Bureau of Food and Drug Inspections

JWB
gsl:ev

6616. RIFE FREQUENCY INSTRUMENT. (F.D.C. No. 45509. S #17-356 R.)

QUANTITY: 1 device consisting of a variable frequency generator with a controlled power output designated "RIFE FREQUENCY INSTRUMENT" and a frequency counter designated "Model WE-110 Counter R.V.M.I. San Diego, Calif.," at Salt Lake City, Utah. * [Seized without Search and Seizure Warrant...] Taken from the office of Dr. George Eason.

SHIPPED: 8-1-60, from San Diego, Calif., by RIFE VIRUS MICROSCOPE INSTITUTE.

ACCOMPANYING LABELING: Four page leaflet entitled "Contract"; two letters signed by John E. Marsh, one dated 9-12-60, and one on the Rife Virus Microscope Institute letterhead dated 7-17-60; and an Instruction Manual

RESULTS OF INVESTIGATION: The device was a variable frequency generator with a controlled power output used in conjunction with a Model WE-110 frequency counter. The device included two metal electrodes with insulated handles which were intended to be applied in direct contact with the patient's body.

LIBELED: 3-13-61, Dist. Utah. [Coerced confession by the U.S. District Court in violation of the Fifth Amendment and the Sixth Amendment.] *

CHARGE: 502(a) - when shipped, the accompanying labeling of the article contained false and misleading representations that the article was adequate and effective as a treatment for devitalizing micro-living organizms detrimental to mankind, and thereby overcoming such conditions as cancer, colds, tumors, leukemia, athlete's foot, varicose veins, tetanus, typhoid, gonorrhea, staphylococcus, pneumonia, streptothrix, TB virus, carcinoma, sarcoma, treponema, abscess, fistula, hemorrhoids, hernia, irritations, arthritis, bursitis, palsy, diseased lymph nodes, acne, cystitis, boils, bubonic plague, diptheria, elephantitis, fungus, impertigo, hardening of the artieries, leprosy, moles, multiple sclerosis, poison oak, poison ivy, poliomyelitis, skin eruptions, spinal meningitis, warts, constipation, typhoid fever, colitis, cataract, glaucoma, leakage of the heart, coronary thrombosis, tetanus, peptic ulcers, and other abnormal and dosease conditions.

DISPOSITION: 5-29-61. Default-delivered to the Food and Drug Administration.

* The above charge was false in that no claims were made at all. This was stipulated in the contract carefully ignored by the United States Government sued herein for common grand theft without legal cause; by John E. Marsh and John F. Crane.

THE INSTRUMENTS WERE NOT SOLD AS FALSELY ALLEGED.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY EDMUND G. BROWN, Governor

DEPARTMENT OF PUBLIC HEALTH
2151 BERKELEY WAY
BERKELEY 94704

February 10, 1966

Mr. John F. Crane, President
Rife Virus Microscope Institute
4246 Pepper Drive
San Diego, California 92105

Dear Mr. Crane:

Subject: New Device Application -
Frequency Instrument

This is to acknowledge receipt of the statements of Dr. Leslie Drown, D.C. and Dr. Charles W. Bunner, D.C. in regard to the safety of the Rife Frequency Instrument.

We again wish to refer you to Section 26288 (a) of the Health and Safety Code which reads as follows:

> "Full reports of investigations which have been made to show whether or not such drug or device is safe for use, and whether such drug or device is effective in use;"

Let me emphasize that this section requires full reports of investigations to determine safety and efficacy. In this regard, the two statements do not satisfy the above requirement.

Very truly yours,

James W Bell

James W. Bell, Chief
Bureau of Food and Drug Inspections

JWB:ev
cc: Los Angeles

RIFE VIRUS MICROSCOPE INSTITUTE
4344 Pepper Drive, San Diego, California
92105 Zip Code Phone: 281-0678

INSTRUMENTS

FREQUENCY

THERAPY

Dr. Lester Breslow,M.D.
Director of Public Health
2151 Berkeley Way
Berkeley, Calif. 94704

March 7, 1966

Dear Sir:

We have sent in an application for a new device and have complied with all the requirements. We have received nothing but dereliction of duty from James W.Bell, Chief of Food and Drug Inspections.

Clinical evidence was included along with reports of absolute safety which can no longer be denied. Your departments practice of class discrimination to foreclose free enterprise and to stop the use of Frequency Instruments is a national disgrace as well as a monopolistic practice in depriving the people of this country of their right to live.

If the deprivation of our civil rights continues, there seems to be grounds for Federal grand jury action. We ask that this application be processed and approved without further harrassment and delay.

Let me assure you that the previous phony hearing held here in San Diego does not carry the present consequences.

Sincerely yours,

John F. Crane, President

RIFE VIRUS MICROSCOPE INSTITUTE

cc: Governor Edmund G. Brown
: RVMI Members and Friends
: The International Association of Cancer Victims And Friends
: Dr. Charles W. Bunner, D.C.

APPENDIX Q

RIFE VIRUS MICROSCOPE INSTITUTE

4245 Pepper Drive, San Diego, California
92105 Zip Code Phone: 281-0278

RIFE FREQUENCY INSTRUMENTS

RIFE THERAPY

United States District Court
District of Utah
Salt Lake City, Utah

May 6, 1966

Deputy Clerk: Re: C 37-61
United States of America
vs
One Article Device***"Rife Frequency Instrument"...etc.

Per your letter of July 17, 1961 [Wayne Christoffersen by Hana Shirata] you state that an order was made for the release of Exhibit.

Please advise us of the disposition of this $1000.00 Frequency Instrument - does the Court still hold it and if it is released could it be sent to its lawful owner - John F, Crane/?

We understand that this instrument was unlawfully seized from Dr. George E. Eason, N.D.

John F. Crane

John F. Crane, President
RIFE VIRUS MICROSCOPE INSTITUTE

The item in question was released to
W. H. Lightfoot, Resident Inspector,
Food and Drug Administration on June 9, 1961
as per order of the Court. For further information,
please contact the United States Attorneys Office.

Filed in United States District Court, District of Utah
MAY 9 1966

ANDREW JOHN BRENNAN, Clerk

By: [signature]
Deputy Clerk

Andrew John Brennan
Clerk

APPENDIX R

Mr. Anthony J. Whitaker
President of the Institute
for Cancer Research [illegible] May 18, 1966

Dear Mr. Whitaker:

I have prepared a tape explaining some of the details and scientific personnel which created and devised electron therapy and the virus microscopes which are today the most powerful optical instruments known with a result that such publications by the Franklin Institute and Smithsonian Institution can not afford to be overlooked.

We have fought hard to get this going. Rife tried and finally gave up saying that his cancer cure was not wanted. Our fight has taken on the legal side. We have not wanted this but have had no choice. The challenge has been accepted and we will give no quarter as too many people have already died where they could have been saved with the use of Rife's microscopes and Frequency Instruments.

The Diagram of the Frequency Instrument which I devised and which is copywrited in 1960 is what is called the small Frequency Instrument with transducers shown in front which are applied directly to the body. A potential energy level of electrocuting frequencies in the audio range are sent throughout every cell in the body to eliminate and electrocute the cause of disease while thereafter the body cleans up the dead micros or micro-organisms by itself without harm to the human cells.

There has been 16 years of struggle on my part to activate and recreate that which had been lost by Rife and others working with him on this cancer project. It has been a losing battle all the way - but we are not discouraged and will continue to fight the apathy, the ignorance, the procrastination, and the human natural tendency to turn away from cold hard facts while they try everything else that will not cure cancer and the timeless other diseases ever ready to ~~stike~~ strike at you when you are down. Preventative treatments are the answer. Why wait until people are beyond recall. It may be necessary to even treat our food before it is eaten. The work done by myself and others in my time period has been NOTHING compared to the real research accomplished by Rife and the Medical Doctors and Scientists working with him since 1913 and on. Please let me hear from you. A few tests will be most convincing at your laboratory under the microscopes of your own facilities. We will show your workers how to devitalize 100% of any culture they will care to subject to Electron Therapy. The drugs have been published to be only 90% effective.

Sincerely yours,

John F. Crane

John F, Crane, President
RIFE VIRUS MICROSCOPE INSTITUTE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

LAW DIVISION
BERNARD D. HIRSH, Director
DEPARTMENT OF INVESTIGATION
H. DOYL TAYLOR, Director

September 14, 1967

Miss Ellen L. Adams
2779 A Street
San Diego, California 92102

Dear Miss Adams:

This is in reply to your letter of September 6, asking for information on the "Rife Frequency Instrument."

We attach photocopies of pages from a report of the Food and Drug Administration, issued in 1962. This concerned the seizure of a Rife Frequency Instrument in an action filed in federal court, because it was misrepresented within the meaning of the federal law.

You will notice reference in the Notice of Judgment to John E. Marsh. The file contains an indication that Mr. Marsh was a defendant in the case brought by the State of California against several individuals, who were convicted by a jury for attempted grand theft and conspiracy to commit grand theft, and for conspiracy to violate the Business and Professions Code of California, prohibiting the practice of medicine without a license. The conviction was reversed on the first two counts, but affirmed on the third by the Supreme Court of California. Involved was the sale of Rife Frequency Instruments to residents of California, at prices ranging from $175 to $2,000, under the guise of "donations."

Very truly yours,

Oliver Field

Oliver Field.

Patented Sept. 10, 1929.

1,727,618

UNITED STATES PATENT OFFICE.

ROY R. RIFE, OF SAN DIEGO, CALIFORNIA.

MICROSCOPE LAMP.

Application filed August 2, 1927. Serial No. 210,099.

My invention relates to microscope lamps and the objects of my invention are: first, to provide a lamp of this class which is positiond directly below the stage of the microscope; second, to provide a device of this class which fits into the mirror yoke of the microscope; third, to provide a device of this class in which the intensity of light may be easily controlled; fourth, to provide a device of this class in which the lamp is of ample intensity for the most minute or microscopic studies; fifth, to provide a device of this class which is attached to the microscope and is not an accessory thereto; sixth, to provide a device of this class which provides superior quality of flat and uniform light which is excellent for microscopic and microphotographic work; seventh, to provide a device of this class which is well ventilated to prevent excessive heat; eighth, to provide a device of this class in which the light emitted therefrom does not fluctuate and therefore reduces to a minimum the strain on the operator's eyes; and ninth, to provide a device of this class which is simple of construction, easy to install on any conventional microscope, neat in appearance, durable, efficient in its action, and which will not readily deteriorate or get out of order.

With these and other objects in view as will appear hereinafter, my invention consists of certain novel features of construction, combination and arrangement of parts and portions as will be hereinafter described in detail and particularly set forth in the appended claims, reference being had to the accompanying drawings and to the characters of reference thereon which form a part of this application, in which:

Figure 1 is a side elevational view of my microscope lamp shown in connection with a conventional microscope; Fig. 2 is a top or plan view of my microscope lamp shown in connection with a rheostat means for varying the intensity of the light of the lamp; Fig. 3 is an enlarged sectional view of my microscope lamp through 3—3 of Fig. 4, with certain parts shown in plan to facilitate the illustration, and with the light bulb therein shown by dotted lines, and Fig. 4 is a sectional elevational view thereof through 4—4 of Fig. 3 with the light bulb therein shown by dotted lines.

Similar characters of reference refer to similar parts and portions throughout the several views of the drawings.

The lamp housing 1, lamp socket support 2, lamp socket 3, incandescent lamp 4, reflector 5, lens support 6, lens 7, cord 8, and the rheostat 9, constitute the principal parts and portions of my microscope lamp.

My lamp is positioned below the stage S and at the side thereof opposite the objective O, and is mounted in its preferred form, on the conventional mirror yoke B of the microscope, in place of the usual mirror as will be described later.

The housing 1, is cylindrical, is open at its ends and is provided with a plurality of perforations 1^a in the walls thereof. Extending from an opening in the side wall of the housing 1, is a lamp socket support 2. Its inner end is flanged and is soldered or otherwise secured to the housing 1. The support 2, is provided with a clip means 2^a for frictionally engaging the lamp socket 3 which is positioned therein. The lamp socket 3, is similar to the conventional automobile lamp socket and may be adjustably positioned in the lamp socket support 2. An incandescent lamp 4 is removably secured in the lamp socket 3. Positioned over the lower open end of the housing 4, is a reflector 5, which is preferably metallic and which is provided with a reflecting surface on its upper side. An opening 5^a is provided in the reflector 5, which is centered therein and which, with the perforations 1^a in the housing 1, permits thorough circulation of air around the lamp 4. The hole 5^a, also permits the light emitting portion of the lamp 4 to be more easily centered on the axial line of the microscope lamp. Positioned over the upper open end of the housing 1, is a lens support 6, which is provided with a large central opening 6^a, therein. The lower edge of the opening 6^a, has an inwardly extending flange 6^b, on which rests the lens 7. The lens 7 is plano-convex and is frosted on its plane and inner

side. The lens 7, is held in position by means of plastic material 7a.

The cord 8, which furnishes electricity to the incandescent lamp 4, is connected with the rheostat 9, which varies the strength of current and thereby regulates the intensity of the light of the lamp 4. As shown in Fig. 1 of the drawings the microscope lamp is mounted under the stage of the microscope in place of the microscope mirror. For this purpose, the housing 1, is provided with two oppositely disposed openings in the side walls thereof in which extend projections of the mirror yoke B.

It is obvious from the construction as illustrated in the drawings and included in the foregoing specification, that there is provided a microscope lamp as aimed at and set forth in the objects of my invention, and although I have shown and described a particular construction, combination and arrangement of parts and portions, I do not wish to be limited to this particular construction, combination and arrangement, but desire to include in the scope of my invention the construction, combination and arrangement substantially as set forth in the appended claims.

Having thus described my invention, what I claim as new and desire to secure by Letters Patent is:

1. In a microscope lamp of the class described, the combination with a microscope having a stationary base and a pivotal objective, of a cylindrical housing pivotally mounted between said base and said objective in connection with and in alignment with said objective and movable therewith, a lens positioned over the one end of said housing, a reflector positioned over the other end of said housing, and an incandescent lamp extending into said housing from the side thereof at a right angle to its axis between said lens and said reflector.

2. In a microscope lamp of the class described, the combination with a microscope having a stationary base and a pivotal objective, of a cylindrical housing pivotally mounted between said base and said objective in connection with and in alignment with said objective and movable therewith, a lens positioned over the one end of said housing, a reflector positioned over the other end of said housing, an incandescent lamp extending into said housing from the side thereof at a right angle to its normally vertical axis, and means to facilitate the positioning of the light emitting portion of said lamp on the axial line of said housing.

3. In a means of the class described, the combination with a microscope having a stage and an objective at one side thereof, of a support carried by and shiftable with said stage, and a lamp mounted on said support and shiftable therewith opposite the objective.

4. In a means of the class described, the combination with a microscope having a stage, an objective mounted at one side thereof, and a conventional mirror support at the opposite side of said stage, of a lamp, mounted on said support and directed toward said stage.

In testimony whereof, I have hereunto set my hand at San Diego, California, this 16th day of July, 1927.

ROY R. RIFE.

Sept. 10, 1929. R. R. RIFE 1,727,618

MICROSCOPE LAMP

Filed Aug. 2, 1927

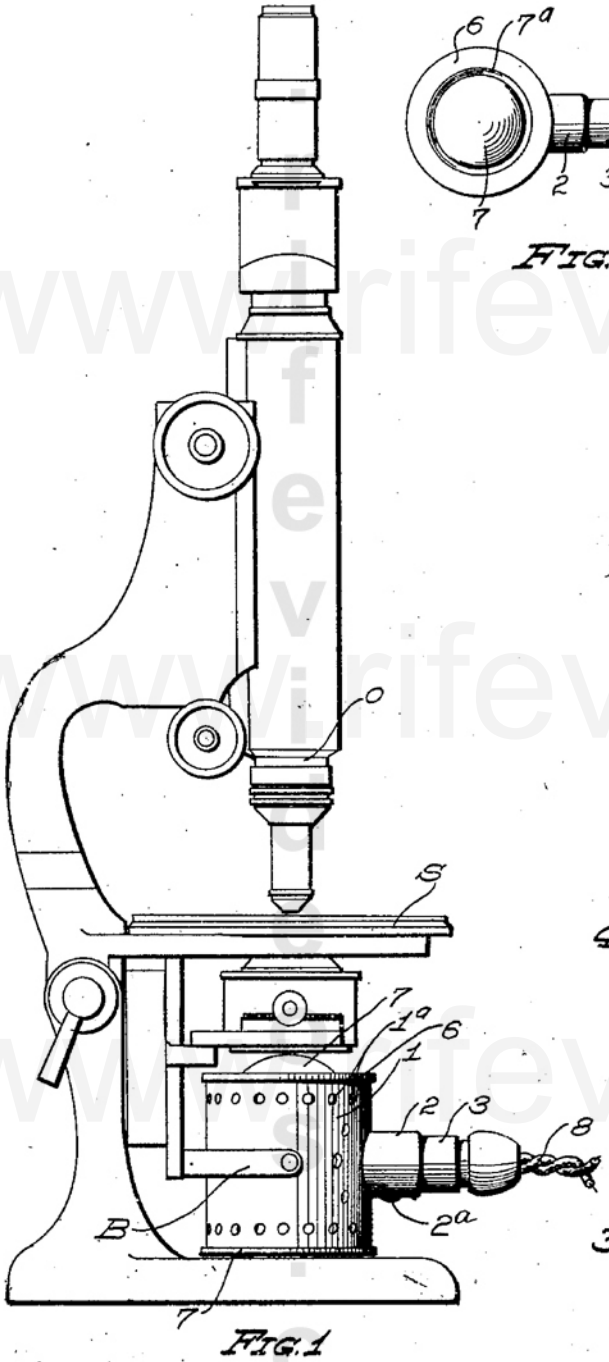


FIG. 1

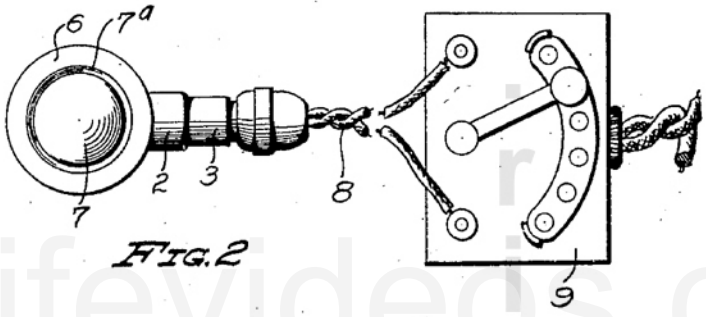


FIG. 2

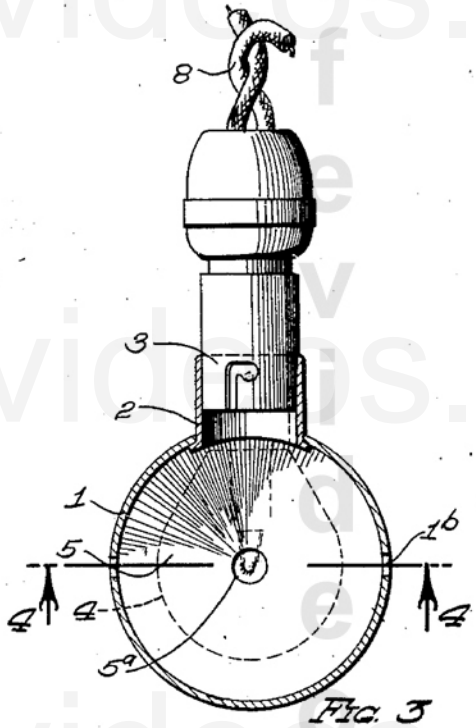


FIG. 3

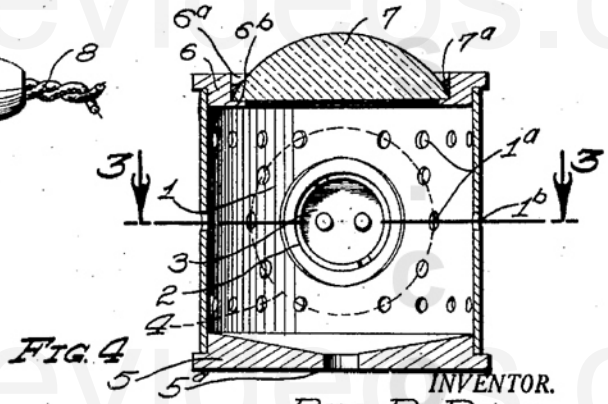
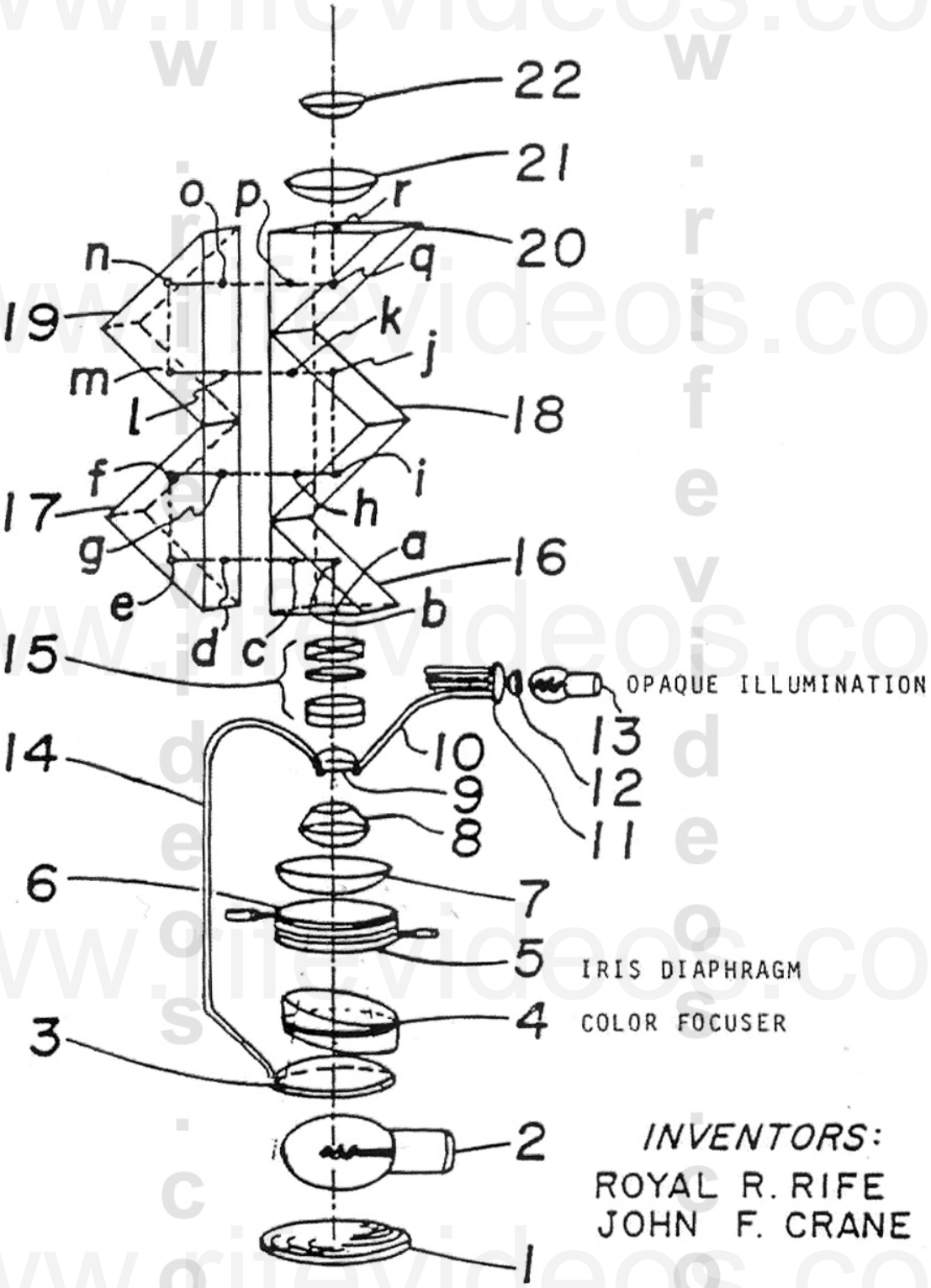


FIG. 4

INVENTOR.
ROY R. RIFE
BY A.B. Bowman
ATTORNEY

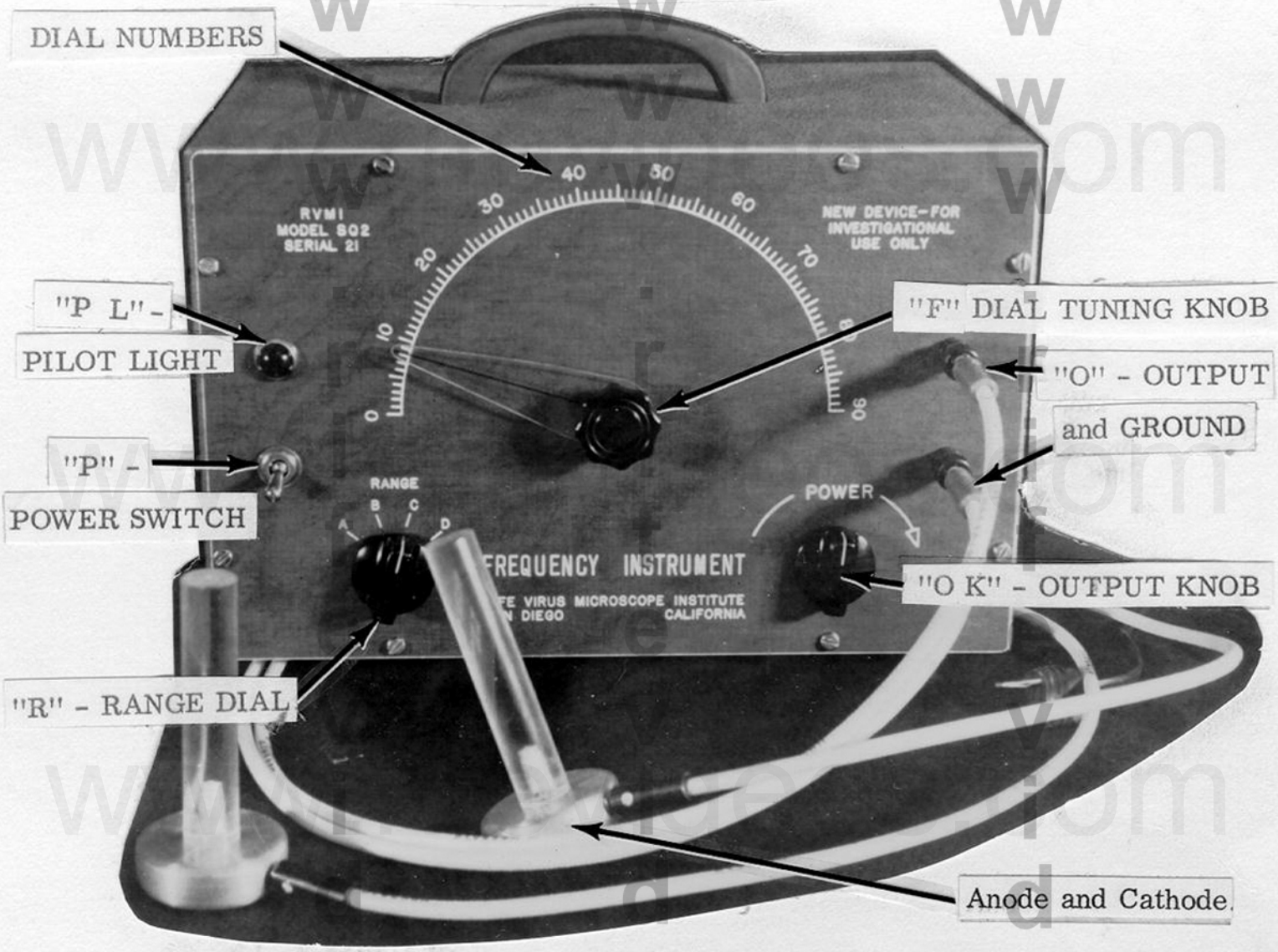


INVENTORS:
ROYAL R. RIFE
JOHN F. CRANE

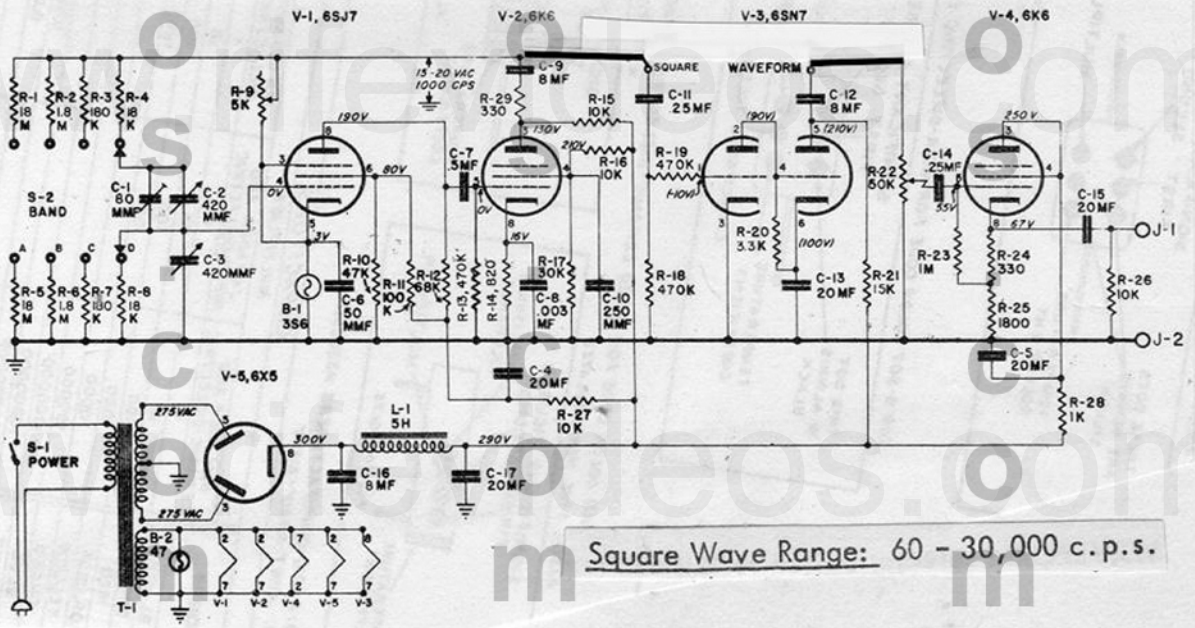
Patent Pending

Fig. 2

RIFE FREQUENCY INSTRUMENT



AUDIO SQUARE WAVE GENERATOR



Square Wave Range: 60 - 30,000 c.p.s.

Rated Output Power: 100 milliwatts into rated load (10 volts across a 1000 ohm resistive load).