Autopsy Report

Date: 9/10/14 15:45

 Sub 1001

 Code KOIOS

Name: MANOULA, THORA

Autopsy Performed by: ­ WOULAND, LAUREN

Cause of Death: Acute Edax Infestation Leading to Total CNS disintegration

Secondary Causes: Stage III Alzheimer’s Disease, based on previous diagnosis. Brain too damaged for identification of amyloid fibrils.

*Description of Body* Subject Age: 81 Eyes: Brown Hair: Grey

 Facial hair: N/A Weight: 98 lbs Length: 5’1”

 Body Core Temp: 64° Rigor: X Liver Color: N/A

*Anatomical Summary*

1. Toxicology
 Traces of inactive Paxsignix compound.
2. Head and Central Nervous System:
 Near Total consumption of grey matter. Remnants of putrefied white matter cling to remaining skull. Bone at temples ravaged and fully consumed. Partial disintegration of skull cap. Edax nest beneath left eye. Living Edax larvae significantly larger than larvae from previous lab trials removed from beneath nose cartilage. Left eye removed, signs of acute trauma.
 Grey matter of spinal cord consumed by Edax until L-3.
3. Histologic Sections
 Specimens from main digestive organs placed in formalin solution for later examination.
4. Chest Cavity
 Edax nest developing in left lung. Right lung partially consumed, lacerations on remaining tissue. Heart intact.
5. Abdominal Cavity
 Edax cysts extend from rear of ribcage through rear dermal tissue in 6 locations. Stomach and lower digestive tract intact. Approx. 80% remaining tissue consumed, hollowing out the cavity.
6. Upper Extremities
 Skin on both forearms show severe lacerations.
7. Lower Extremities
 Varicose veins

\*Pictures attached at behest of upper management. WARNING: The following images are extremely graphic.

 Edax nest in left lung

 Left eye socket

 Ruptured Edax cysts on dermal tissue of back

Autopsy Report

Date: 9/11/14 14:40

 Sub 1003

 Code IAPETUS

Name: HAZZARD, JORDAN

Autopsy Performed by: ­ WOULAND, LAUREN

Cause of Death: Acute Edax Infestation of all major organ systems

Secondary Causes: Previously Diagnosed Lupus Erythematosus

*Description of Body* Subject Age: 46 Eyes: Blue Hair: Grey

 Facial hair: Upper Lip Weight: 156 lbs Length: 5’6”

 Body Core Temp: 67° Rigor: X Liver Color:

*Anatomical Summary*

1. Toxicology
 Traces of inactive Paxsignix compound.
2. Head and Central Nervous System:
 Left Frontal Lobe fully consumed, spinal cord fully consumed to T-3, immature Edax cysts attached to inside of skull. Rash across nose and left cheek.
3. Histologic Sections
 Specimens from main digestive organs placed in formalin solution for later examination.
4. Chest Cavity
 Left ventricle and Atria of heart contain multiple Edax nests. Left lung fully consumed, trachea collapsed.
5. Abdominal Cavity
 No intact organs, ruptured Edax cysts covering external surfaces of nearly entire digestive tract, large Edax nest in cavity anterior to stomach.
6. Upper Extremities
 No signs of trauma
7. Lower Extremities
 No signs of trauma

\*No further pictures taken on subjectsAutopsy Report

Date: 9/13/14 10:15

 Sub 1007

 Code RHEA

Name: VALLIMONT, BELLE

Autopsy Performed by: ­ WOULAND, LAUREN

Cause of Death: Acute Edax infestation leading to destruction of respiratory system and asphixiation

Secondary Causes: Extensive neuronal death as a result of previously diagnosed Amyotrophic Lateral Sclerosis

*Description of Body* Subject Age: 60 Eyes: Blue Hair: Grey

 Facial hair: N/A Weight: 155 lbs Length: 5’8”

 Body Core Temp: 64° Rigor: Liver Color: Fixed

*Anatomical Summary*

1. Toxicology
 Traces of inactive Paxsignix compound.
2. Head and Central Nervous System:
 Heavy sustained long term damage to frontal cortex, partially healed by Stage 1 Edax. Consumption of grey matter of lower sections of spinal cord, L4 to T5.
3. Histologic Sections
 Specimens from main digestive organs placed in formalin solution for later examination.
4. Chest Cavity
 Edax nest removed from left lung, right lung partially consumed, edax cysts lining upper respiratory tract. Signs of acute trauma on external throat, patient’s fingernails match the lacerations.
5. Abdominal Cavity
 All organs intact with exception of gallbladder which contains Edax nest and appears to have ruptured upon death.
6. Upper Extremities
 Dermal tissue matching patient under fingernails of left and right hand.
7. Lower Extremities
 Contusions on both knees, in line with a sudden fall to the ground.

Autopsy Report

Date: 10/9/14 13:23

 Sub 10011

 Code PHOEBE

Name: MCQUILLEN, AMELIA

Autopsy Performed by: ­ WOULAND, LAUREN

Cause of Death: Acute Edax infestation of heart and extended cardiovascular system

Secondary Causes: Previously Diagnosed Chronic Kidney Disease secondary to Diabetes Type II

*Description of Body* Subject Age: 58 Eyes: Green Hair: Black

 Facial hair: N/A Weight: 139 lbs Length: 5’6”

 Body Core Temp: 64° Rigor: Liver Color: Fixed

*Anatomical Summary*

1. Toxicology
 Traces of inactive PaxsignixB compound.
2. Head and Central Nervous System:
 Brain fully intact. Spinal cord contains minimal damage localized to C2- C4.
3. Histologic Sections
 Specimens from main digestive organs placed in formalin solution for later examination.
4. Chest Cavity
 Large Edax nest located within heart, Edax cysts lining Aorta which ruptured leading to massive internal hemorrhaging.
5. Abdominal Cavity
 All organs intact. Kidney shows no sign of former stage I renal failure, appears to have been fully healed by Stage 1 Edax.
6. Upper Extremities
 No signs of trauma
7. Lower Extremities
 Ruptured Edax cysts extending from Femoral arteries on both inner thighs to external dermis.

Autopsy Report

Date: 10/30/14 15:14

 Sub 1006

 Code HYPERION

Name: RHAE, ALFRED

Autopsy Performed by: ­ WOULAND, LAUREN

Cause of Death: Ruptured cerebral artery due to Edax takeover

Secondary Causes: Previously diagnosed Congestive Heart Failure secondary to alcoholism

*Description of Body* Subject Age: 65 Eyes: Hazel Hair: Grey

 Facial hair: N/A Weight: 178 lbs Length: 5’1”

 Body Core Temp: 64° Rigor: X Liver Color: Fixed

*Anatomical Summary*

1. Toxicology
 Traces of inactive PaxsignixB compound.
2. Head and Central Nervous System:
 Massive cranial bleeding, left middle cerebral artery ruptured as Edax cysts ruptured. Cerebellum and upper spinal cord consumed through all cerebral vertebrae.
3. Histologic Sections
 Specimens from main digestive organs placed in formalin solution for later examination.
4. Chest Cavity
 Heart shows no signs of former damage, fully healed by Edax. Aegle pacemaker still active at time of autopsy.
5. Abdominal Cavity
 All organs intact.
6. Upper Extremities
 No signs of trauma.
7. Lower Extremities
 No signs of trauma.

Autopsy Report

Date: 11/30/14 08:12

 Sub 1002

 Code TETHYS

Name: NOWERT, ELENA

Autopsy Performed by: ­ WOULAND, LAUREN

Cause of Death: Acute Edax takeover of lower digestive system and cardiovascular system

Secondary Causes: Previously diagnosed Rheumatic Heart Disease

Subject Age: 41 Eyes: Brown Hair: Brown

 Facial hair: N/A Weight: 145 lbs Length: 5’4”

 Body Core Temp: 64° Rigor: X Liver Color: Fixed

*Anatomical Summary*

1. Toxicology
 Traces of inactive Paxsignix compound.
2. Head and Central Nervous System:
 Brain and upper spinal cord fully intact. Edax cysts lining spinal cord through lumbar spine.
3. Histologic Sections
 Specimens from main digestive organs placed in formalin solution for later examination.
4. Chest Cavity
 Left ventricle ruptured, massive internal hemorrhaging. Edax cysts on upper chest cavity extend through ribcage to external dermis. Heavy external tissue damage. Lungs nearly fully consumed, replaced by two exceedingly large Edax nests.
5. Abdominal Cavity
 Most all organ systems intact, with the exception of the colon, which ruptured upon death.
6. Upper Extremities
 Hundreds of perforations lining forearms where Edax larvae burrowed to the surface.
7. Lower Extremities
 No signs of trauma.

Patient Release Form

 Sub 1004

 Code KRONOS

Name: Nikolai Goldowsky

Date: 10/02/2014

Time: 0815

Prognosis: Patient was admitted with advanced Parkinson’s Disease. Patient now in perfect health, all motor systems functional and with full cognitive capacity.

Aftercare: Continued use of PANACEA.

Primary Physician: WOULAND, LAUREN

Patient Release Form

 Sub 1012

 Code OCEANUS

Name: Jesse Freeman

Date: 10/02/2014

Time: 0905

Prognosis: Patient was admitted with advanced Acquired Immune Deficiency Syndrome, CD4+ T cell count below 200 cells per µL. Patient now shows no sign of the disease, T cell count well in average range at 1100 cells per µL. Secondary infection of pneumonia which developed during week 2 of trial has also cleared. Patient is in perfect health.

Aftercare: Continued use of PANACEA

Primary Physician: WURGEN, ISABEL

Patient Release Form

 Sub 1005

 Code KREIOS

Name: Tom Reid

Date: 10/02/2014

Time: 0945

Prognosis: Patient was admitted with stage 4 liver cancer with sub-colonies in lungs. Patient now shows no malign masses on CT scan, all previous damage from the tumors has been healed. Patient is in perfect health.

Aftercare: Continued use of PANACEA

Primary Physician: WURGEN, ISABEL

Patient Release Form

 Sub 1010

 Code MNEMOSYNE

Name: Debra Newman

Date: 10/02/2014

Time: 1025

Prognosis: Patient was admitted with advanced Huntington’s Disease. Patient now demonstrates full motor function and cognitive ability. Patient is in perfect health.

Aftercare: Continued use of PANACEA

Primary Physician: WOULAND, LAUREN

Patient Release Form

 Sub 1009

 Code THEMIS

Name: Antonia Yerton

Date: 10/02/2014

Time: 1105

Prognosis: Patient was admitted with Stage 3 Pancreatic Cancer. CT scans show no signs of any tumors. Patient is in perfect health.

Aftercare: Continued use of PANACEA

Primary Physician: WURGEN, ISABEL

Patient Release Form

 Sub 1008

 Code THEIA

Name: Anna Reiner

Date: 10/02/2014

Time: 1150

Prognosis: Patient was admitted with Hypoplastic Left Heart Syndrome and complications resulting from lifetime illness including high blood toxicity levels. Patient’s heart upon CT scan now appears perfectly formed, as it should have upon birth. Patient is in near perfect health, though still in recovery of full motor and respiratory capacity.

Aftercare: Continued use of PANACEA

Primary Physician: WURGEN, ISABEL

EXCERPT: Exploration of Biomedical Use of Parasites in Felinid CNS Tissue

Elizabeth Glisser DVM

As presented to Rachel Ge PhD

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Of course, a number of parasites have been known to transfer between felines and other species. Much of my research in grad school focused on Toxoplasma. The human infection rate in the United States is approx. 10%-14%. Of course Toxoplasma is, for all intents and purposes, entirely benign. It enters a new host through ingestion of water or food products that have become secondarily infected with the fecal matter of another infected creature, in these case when a human pet owner unintentionally consumes the fecal matter of a household pet.

For the vast majority of human beings, Toxoplasma is perfectly harmless, causing, at worst, a minor flu upon initial entry. But in rare cases where the immune system is previously compromised, especially in HIV+ patients and pregnant women, the parasite can wreak havoc. Toxoplasmosis in its full form causes encephalitis, neurological malfunction, damage to the heart and liver, inner ear disruption, and can lead to blindness.

Even latent Toxoplasma, inactive due to the strength of the immune system, is positively correlated with suicidal behaviors, schizophrenia, obsessive compulsive behavior, an attention deficit hyperactivity disorder.

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I first observed Edax in a feral cat colony outside Canaan, NY. An unusual string of deaths led local animal rescue workers to become worried for the colony’s health. I, as the local veterinarian, was asked to perform autopsies on some of the specimens from the colony.

I discovered that all of the specimens had large cysts coating the remnants of their internal organ systems. I say remnants, because the rest of the organs had been eaten away, consumed and filled instead with what appeared to be spontaneous lumps of unknown tissue, millimeters in diameter. Upon dissection of these lumps I discovered unknown multicellular organisms, barely visible to the naked eye. Later dissection of the cysts showed that they were early forms of these nests that had not yet matured. I named my discovery Edax, but kept it to myself.

Many weeks later I found an opportunity to perform an autopsy on an otherwise healthy member of the colony. I was already interested, as only approx. 10% of the colony had died the violent deaths of those infected with Edax, and I wanted to know why the entire colony had yet to be wiped out. A healthy member of the colony had been captured by one of the local feral cat programs as part of their spay/neuter initiative but had died under the anesthesia. When I dissected the brain of this specimen, I found no cysts. Indeed, all of the organs were unusually healthy for a feral cat. Even its gums and teeth were healthier than I would have expected. I took a chance and closely examined some of the neuronal tissue. I found the same small parasities, the Edax, that I had identified before. But along with the Edax was a secondary organism, smaller, that attaches itself to the larger parasite. I use the word parasite, but with the addition of this secondary organism, the relationship between Edax and the feline host became one of mutualism rather than parasitism. With this second organism moderating the relationship, the destructive nature of the Edax parasite becomes a beneficial force. In its other form, which I refer to as Stage II, it consumes tissue in order to create its nests which then rupture and kill the host. In Stage I, Edax consumes only dead or damaged tissue. Rather than creating tumor-like masses of tissue to house its growing larvae, it introduces new tissue into whatever body system the damaged tissue was consumed from. Rather than destroying the host, it heals. I named this secondary organism Paxsignix.

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*(The following selection was omitted from the final scientist-clearance report at the behest of Dr. Elizabeth Glisser)*

In the interest of full disclosure, this relationship is still not perfect, even when Paxsignix is fully integrated with Edax. Two months after I first isolated Stage I Edax, I learned that the feral cat colony in which it was originally located had stopped experiencing sudden deaths. I was forced to wait until another of the cats from the colony died of natural causes to investigate, but after several weeks I was given the opportunity to examine another member of the colony that was hit by a truck. There was no sign of Edax I or II or Paxsignix in any of the histologic sections from the specimen. Upon examining the contents of the stomach, I discovered the remains of *Nepeta parnassica*. Upon further investigation I discovered that a patch of this non-indigenous species had begun growing near the colony’s main territory. With some of the remaining Edax samples I retained in my lab, I performed some experimentation. Edax is an extremely hardy parasite, able to survive outside of a host for up to 84 hours, and will survive exposure to nearly all currently marketed antibiotics. But exposure to the oil found in *Nepet parnassica*, commonly referred to as nepetalactone, results in immediate and total Edax death. The prevalence of various strains of *Nepeta* is likely why Edax has never been discovered before my research. It may also explain the extremely violent spread of Edax Stage II, the parasite is commonly eliminated by the oil and must spread as quickly and violently as possible.

Of course, I doubt this fact will make any difference to the work we do here. Although the oil has an immediate effect on Edax even in very small amounts, even widely dispersed in water according to my latest lab work, this should cause no problems for the longevity of our drug. So long as no one accidentally exposes our patients to the oil and catnip never becomes a common staple of the human diet, our final product will remain safe.

I look forward to the work we can do together, Dr. Ge. Your dedication to the advancement of humankind is remarkable. I am awed by your devotion to progress, and I can only hope to live up to the standards you’ve set. I believe our professional relationship will be mutually satisfying, and I look forward to discussing the practical applications of Edax for use in healthcare.

PROGRESS REPORT – Elizabeth Glisser to Rachel Ge

Rachel, there have been some very exciting new developments in my lab work. I have administered the preliminary compound Panacea to all of my personal pets, and the changes in their health have been enormous. My oldest cats, Theo and Astrid, are as healthy as my year old kitten Darla. It’s remarkable. I am also overjoyed to report that in all of my lab trials, it seems that the integration of Paxsignix and Edax is perfect in 98% of the attempts. Only in this remaining 2% of the lab trials does the Edax overwhelm the Paxsignix and progress to its destructive stage 2. Of course, these trials are only at the stage of the controlled environment of a petri dish, but I am confident we will see such a high success rate in the later human trials as well.

I think we’ve really got something here, something that will help people. More soon. I’ve gonna try and help some of the older animals about to be put down at the shelter in town, see if I can save a few more lives that way.

It is s pleasure working with you, as always.

Your friend,

Elizabeth

Hector-

As requested, this is the full compilation of our results from the initial trials. As you can see, the only person who knows is Rachel, and I’m sure she didn’t realize the implications of my single email about nepetalactone at the time, or she would have tried to do something with the information already. It would appear that the failures of her cognition are an asset to us. Now, with this full report at your disposal, only you and I are aware of the possible implications. Panacea is safe. We are safe.

-But success shall crown my endeavours. Wherefore not? Thus far I have gone, tracing a secure way over the pathless seas: the very stars themselves being witnesses and testimonies of my triumph. Why not still proceed over the untamed yet obedient element? What can stop the determined heart and resolved will of man?-