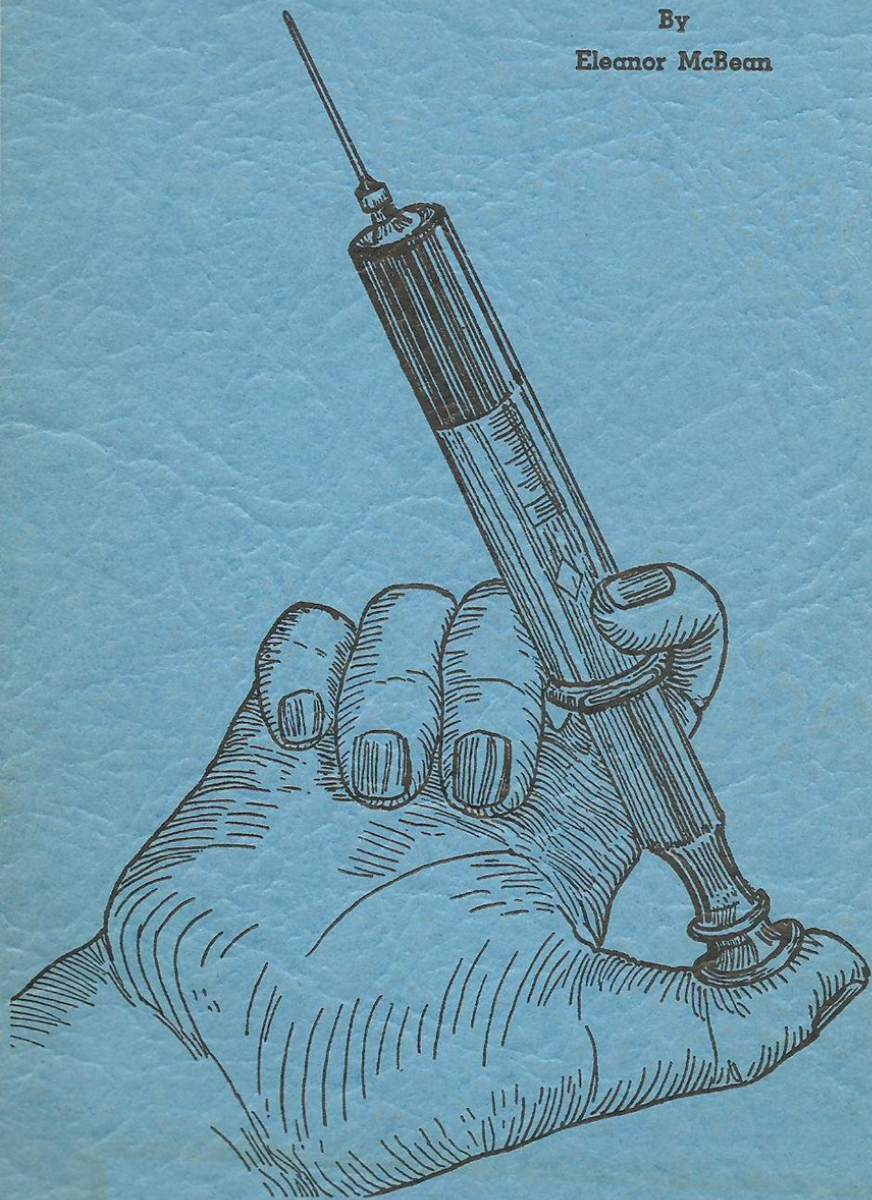


The
POISONED NEEDLE

By
Eleanor McBean



THE
POISONED
NEEDLE

Suppressed Facts About Vaccination

By
Eleanor McBean

1957

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The purpose of this volume is to provide a working reference of various statements regarding vaccination and not to offer a “cure” of any specific disease in any specific individual.

Preconceived opinions regarding vaccination will not be changed overnight nor by the reading of a single book. Herein are the opinions of many great scientists and doctors (of many schools). Many have spent a life-time of research—of trial and error before making their statements. The reader has the privilege to accept or to reject the statements after due deliberation.

Thus we feel this volume should not be considered a dangerous book for the layman but a thought-provoking treatise.

—*The Publisher*

PREFACE

For the past 2000 years physicians have been looking in the wrong direction for the cure of disease. Their worse than useless practice of killing germs with poison drugs has never—and can never—solve the problem of disease.

During the Dark Ages, before the introduction of improved nutrition and sanitation, the world was intermittently visited with epidemics of smallpox. The cause was stubbornly ignored and the seeds for more disease were sown when vaccination was brought into popular use. This infusion of poison injected into the blood stream of the masses only served to intensify the disease in some cases, suppress the symptoms in others and create new and more serious diseases in still others. So, with the passing of years we have seen this misbegotten child of

ignorance grow into a Frankenstein monster of immense proportions that moves relentlessly forward, grinding under foot the multitudes that throng its path.

Through the lethal power of this poisoned needle, the simple zymotic (contagious) diseases of the past have been devolved into the horrors of the present—our terrifying and expanding crop of “killer diseases”. Many of these strange “mystery diseases” that baffle the entire medical world, are the sordid products of vaccine poisons that disturb the chemical balance of the body and interfere with normal functioning.

All these medically-made atrocities are far worse than smallpox or any of the other eruptive diseases that nature provides as a means of expelling the accumulated poison waste from the abused body. This interference with the balanced economy of nature has multiplied the problems beyond the power of science to control.

Our worst epidemics now are epidemics of vaccination

in which more people are killed every year by “vaccinal diseases” than by the diseases that the vaccinations were supposed to combat.

Complete freedom from disease can scarcely be found except in remote islands or isolated communities that have not been invaded by medical mischief and commercialized products. Is our proud civilization to be degraded, corrupted, and destroyed by its own inventions designed for selfish profit and exploitation of the race?

Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation’s health than this monument of human deception—this slayer of the innocent —thiscrippler of body and brain—*The Poisoned Needle*.

—*Eleanor McBean*

CHAPTER 1

THE POISONED NEEDLE

*“Truth wears no mask, seeks neither place nor applause,
bows to no human shrine; she only asks a hearing.”*

The increasing flood of evidence against vaccination and the growing for the un-suppressed facts about this “touchy” subject have literally forced this book into being.

As this work has progressed and the extensive research has been carried to trace down and organize the material for this manuscript, other valuable long concealed records, that I had not expected, have come into my hands as if by some unseen power. It is to be hoped that the information contained within these pages will help to sweep away the tragic errors that cloud the minds of the people as well as the physicians. It is urgent that the living words of *truth* or some other force be applied to abolish that deadly weapon, *the poisoned needle*, which has been the menacing road block standing in the way of progress in the healing field for these many years

Vaccination and the false germ theory upon which it is hinged has led mankind far astray and has severed the fragile thread that offered medical theory and practice a hope of becoming a science. Under the sway of our present degenerative medical methods the health of our people has declined to the lowest point in history. The 1955 survey showed that over 90% of our population is below par mentally or physically. According to life insurance records, army reports, hospital statements, government statistics and physical examinations for marriage certificates and employment, etc., it is revealed that there is hardly one normal, healthy person in a hundred. The Cancer Foundation states that

one out of every four is marked for cancer. The figures on heart trouble are even worse than that and the other “killer diseases” come in for their toll. Practically all the rest of the people have symptoms of less serious diseases; these symptoms being headaches, constipation, weak eyes, dental caries, colds, pain, stomach trouble, etc. Most, if not all, diseases are avoidable and curable (at a certain stage) but not under the deceptive medical method of poisoning the well and the sick with vaccines and drugs and mutilating them with unnecessary operations.

When socialized medicine was threatening, a meeting of medical officials was called to discuss just how many and which operations would really be necessary if there was no profit in it. It was decided that only 3% would be considered essential under those conditions. This information came from a medical student whose instructor had attended the meeting.

WHERE HAVE THE “GREAT STRIDES OF MEDICAL SCIENCE” TAKEN US?

After a glance at the medical records covering the past 70 years of what boastfully called “our great strides of medical science” we can hardly help wondering if those seven league strides haven’t been in reverse, because there is a marked decline in our nation’s health and a shocking increase in the killer diseases during those very years. The acute diseases that were to have been conquered by vaccination have only been masked and “save face” or suppressed until the retained poisons corroded the internal organs and developed into dangerous chronic diseases.

The following table gives us an idea of what our present faulty methods are doing to our race:

INCREASE IN KILLER DISEASES DURING THE PAST 70 YEARS

Insanity increased 400%

Cancer increased 308%

Anemia increased 300%

Epilepsy increased 397%

Bright's Disease increased 65%

Heart Disease increased 179%

Diabetes increased 1800% (*In spite of or because of insulin*)

Polio increased 680%

Never in the history of this country have preventable diseases flourished with such wild abandon, continuously being fed by the very drugs and commercialized irritants that set them into operation in the first place.

Dr. Alexis Carrel, of the Rockefeller Institute, stated: (*Scientific Monthly*, July, 1925):

“Although the adult individual today has much less chance of dying from smallpox, cholera, or typhoid, than he had 50 years ago, he surely has more prospect of being tortured by some form of cancer, afflicted with slow diseases of the kidneys, of the circulatory apparatus or the endocrine glands, and of going insane ... Modern medicine protects him (attempts to) against infections which kill rapidly, but leaves him exposed to the slower and more cruel diseases.”

Annie Riley Hale, in *The Medical Voodoo* speaks of “medicine as ‘a system of healing which after 5000 years of trial and error’ is describing itself as ‘a science in the

making’, whose proudest showing to date is, that it has enabled the race to ‘swap’ smallpox for cancer and typhoid fever for diabetes and insanity, may still be worthy of credence and patronage by its devoted followers. But what justification can there be for putting the whole power of the government back of such a system, and the public treasury at its disposal, to spread misleading propaganda about its own peculiar doctrines and methods, to force them on the helpless?”

Although there are a number of far more successful and efficient systems of healing in this country, the medical system is the only one that gets endorsement and support from the government. All our tax supported Departments of Health, hospitals and institutions are under the domination of medical personnel. In spite of the financial support, public confidence and full scale experimentation and testing of all their methods and theories, the medical school of healing has utterly failed to control any of the killer diseases and doesn’t have a sure cure for even one of the mild diseases. Smallpox and other epidemics were largely controlled by improvements in sanitation and nutrition years before vaccination became popularized. Yet a tremendous sum of money is poured into the medical coffers every year with no accounting made for its use and no benefits received. Isn’t it time that this squandering of public funds be stopped and the better qualified practitioners be given a chance to salvage the wreckage before it is too late?

THE INSIDE STORY

After half a century of medical practice, Dr. John Tilden made the following observation, regarding inadequate medical procedures:

“Ability to cure has not kept pace with diagnosis, and today we behold the scientific paradox of skilled physicians

sometimes knowing exactly what disease the patient is suffering with, but unable to cure the disease. . . Ability to diagnose, but impotence in curing, is the true status of scientific medicine.

“Clinicians are floundering about in a sea of speculation and uncertainty concerning cause and cure; and the best of them declare that autopsies prove that almost half of their diagnoses are wrong.” (Dr. Charles Mayo, in a radio broadcast stated that at their clinic, autopsies show that they get only 20% diagnoses right.)

“Every part of the body is represented by a specialist. The irony of all this professional perfection (?) is summed up in a few words, namely, diagnosis is an elaborate system of summing up effects without a scintilla of knowledge of cause, and treatment is a stupendous scheme of palliation, with braggadocio concerning immunization. But the question will not die down: How is a disease to be prevented or cured when the cause is unknown? All 400 or more so called diseases are nothing more than expressions of our general systematic derangement—states which I am pleased to name toxemia, or healing crises. Toxemia is a state of body poisoning—self generated or induced by vaccine serums, drugs or other poisons.” (*Philosophy of Health*, by Tilden)

R. T. Trall, M.D., was another doctor who gave the medical method a long and thorough trial before abandoning it as a failure. He turned to nature and its simplicity and upon its sound basic laws of healing he brought about miracles of recovery from all diseases. After trying to justify the inconsistencies of medical theory he had this to say:

“Why has success in treating disease not kept pace with the extraordinary progress of knowledge of other sciences? The answer is ready: A successful practice of the healing art must be based upon the laws of life, the economy of vitality. The only foundation, therefore, of true healing is

correct physiological principles; and here is precisely where the whole orthodox medical system of the present day fails—utterly and totally fails. It has no physiological and biological science upon which to truly practice the healing art.”

These are strong words coming from medical doctors who know the system thoroughly. Medicine is a paying game—financially speaking—and for successful practitioners to leave it for the sake of honesty, integrity, and idealism, indicates that these cherished qualities are lacking in that branch of business.

It is this lack of correct physiological and biological principles that has enabled the medical profession to foist such an unscientific delusion as vaccination on the public.

VACCINATION IS BASED ON A FALSE PREMISE

The false “germ theory” of disease, upon which vaccination is based, has been the “blind leader of the blind” that has dragged the medical system and the Impressionable public deeper into the morass of confusion and disease. (The germ theory is discussed at length in the chapter titled *On Friendly Terms With Germs* in Book II.) However, our present concern, in this chapter, is

merely to point out the instability of the nebulous theory of “anti-bodies” which is the main prop that holds up the dead corpse of vaccination. In volume 6 of *The Hygienic System*, Dr. Herbert M. Shelton brings into sharper focus this “tricky” subject of anti-bodies. These elusive little nothings have fooled the people and served the uses of the doctors but have vanished into theory when subjected to the clear light of scientific investigation.

Dr. Shelton writes: “The whole of the modern medical practice of vaccine, serum and antitoxin therapy is based

upon the supposition that the body manufactures substances called anti-toxins, anti-bodies, antigens, etc., which are capable of meeting and destroying toxins that get into the body. The idea seems to be sound, although it is possible that the work of destroying such toxins is that of the detoxification carried on by the liver, and lymph glands, etc. Anti-toxins, antibodies, antigens, etc., have never been isolated. They have only been assumed, while the practice based upon their assumed existence has been both a failure and disaster. However, this may not be due to their non-existence. If they exist it is impossible to separate them from the proteins of the animal's blood (in making vaccines) and these proteins when injected directly into the blood of another animal (or human being) are very poisonous. Besides this, there is no evidence that the anti-toxins of one species can be made use of by another species. Where vaccines are employed, it constitutes the introduction of actual disease matter into the blood. That is, the supposed causitive germs or some product of the disease is introduced into the body. The consequences are often terrible. Real benefits are never observed.

“If the hypothesis that the body manufactures anti-toxins, anti-bodies, etc., is correct it still remains to be proven that the body ever manufactures these greatly in excess of the need for them. It cannot be shown that ‘free’ anti-toxin, anti-bodies, etc., are suspended in the blood serum and can therefore be transferred to another animal in sufficient quantities to be of use to the receiving animal. In keeping with a general law of life, it is very probable that the body does manufacture an excess of anti-bodies, but it cannot be shown that it retains these after the need for them has ceased. On the contrary, in keeping with another general law of life, it is very probable that the body begins to get rid of them the very instant the need for them ceases. If

they exist they are chemical substances produced to meet an emergency and will be cast out as soon as the emergency ceases to exist.”

The renowned Dr. Antoine Béchamp, one of the world’s foremost scientists and bacteriologists, observed that the micro-organisms that are ordinarily called germs, evolve out of decaying cells they helped to build, and take part in the decomposing of the ever changing life substance and help to form it into material usable again by nature. Thus, when germs are found within a sick body it is not that they entered from outside and caused the disease. It is because they developed from the decaying cells within the body and have an important part to play in helping to handle the waste and destruction brought about by serums, drugs and other poisons forced upon the body from without. Perhaps our modern bacteriologists have seen this activity of the “microzymas” and jumped to the conclusion that they are anti-bodies fighting disease and that they (the doctors) must inject more of them into the body by way of vaccines. But anyone with common sense and reasoning can see that this would only interfere and disrupt the well organized efforts of nature. This is the reason why vaccination has taken such a heavy toll of lives and has produced such widespread disease.

“Nature makes no mistakes and violates no laws. She is uniformly governed by fixed principles and all her actions harmonize with the laws that govern these actions.” (*The Hygienic System*, p. 48—Shelton)

“The best, indeed the only, method of promoting individual and public health is to teach people the laws of nature and thus teach them how to preserve their health. Immunization programs are futile and are based on the delusions that the law of cause and effect can be annulled. Vaccines and serums are employed as substitutes for right

living; they are intended to supplant obedience to the laws of life. Such programs are slaps in the face of law and order. Belief in immunization is a form of delusional insanity.” (*Principles of Natural Healing*—p. 478—Shelton)

VACCINATION LOWERS RESISTANCE AND INVITES DISEASE

Dr. J. W. Hodge had considerable experience with vaccination before he denounced it and wrote a book on his collected data. In his book *The Vaccination Superstition* (p. 41) he states:

“After a thorough investigation of the most authentic records and facts in harmony with the physician’s daily observations and experiences, the conclusion is drawn that instead of protecting its subjects from contagion of smallpox, vaccination actually renders them more susceptible to it. Vaccination is the implantation of disease—that is its admitted purpose. Health is the ideal state to be sought, not disease Every pathogenic disturbance in the infected organism wastes and lowers the vital powers, and thus diminishes its natural resisting capacity.

“This fact is well known and so universally conceded that it seems superfluous to cite authorities. Nevertheless, I shall mention one. *The International Textbook of Surgery*, Vol. 1. p. 263, is authority for the following statement:

“Persons weakened by disease or worn out by excessive labor yield more readily to infection than healthy individuals.”

“If this is true, it explains why, in various epidemics, smallpox always attacks the vaccinated first, and why these diseases continue to infest the civilized world while its allied (unvaccinated) ‘filth diseases’ have disappeared before the advance of civilization, through the good offices of sanitation, hygiene and improved nutrition.”

SUMMARIZING THE CASE AGAINST VACCINATION

Dr. Hodge continues:

“After a careful consideration of the history of vaccination gleaned from an impartial and comprehensive study of vital statistics, and pertinent data from every reliable source and after an experience derived from having vaccinated 3,000 subjects, I am firmly convinced that vaccination cannot be shown to have any logical relation to the diminution of cases of smallpox, and

“1—That the practice of vaccination has been the means of disseminating some of the most fatal and loathsome diseases, such as leprosy, syphilis, tetanus and tuberculosis;

2—That vaccination is not only useless, but positively injurious,

of protecting its subjects from contagion of smallpox, it actually renders them more susceptible to it by depressing the vital power and diminishing natural resistance;

3—That immunity from all diseases is to be realized through the attainment of health, not by the propagation of disease;

“4—That it is never necessary to set up one disease in a healthy organism to protect against another; that such procedure is an appalling violation of the basic principles of hygiene and sanitary science;

5—That the performance of the vaccine operation in the very nature of the case, violates the cardinal precepts of modern aseptic surgery, the aim of which is to exclude the products of disease from the organism, and never to introduce them;

6—That there is no evidence worthy of the name, on record, to prove that vaccination either prevents or mitigates smallpox;

7—That many healthy children have died from the

effects of vaccination;

8—That millions of vaccinated people have died of confluent smallpox while having the plainest vaccine scars on their bodies;

9—That smallpox epidemics invariably attack the vaccinated first;

10—That smallpox follows closely upon flagrant violation of the laws of health, hygiene and sanitation;

11—That the occurrence of all the great epidemics of smallpox have coincided with periods of sanitary neglect;

12—That cow-pox and venereal-pox have much in common;

13—That the analogy between the manifestations of vaccine and those of syphilis is so close that several of the most eminent pathologists of the world regard cow-pox as a modified form of syphilis;

“14—That the so called, ‘spontaneous cow-pox’ is a myth; that cow-pox is a disorder not natural to the cow; that it never occurs in bulls or steers, nor in young heifers that have never been milked; that it is a disease of milk cows, which has been communicated to them from sores on hands of milkers who were suffering from syphilis;

“15—That the serious killer diseases such as cancer, syphilis, heart trouble, polio, tuberculosis, etc., will never be eliminated as long as blood pollution through vaccination is continued;

“16—That the community that has sanitary surroundings, a pure water supply, wholesome food, good health and freedom from the blood-poisoning effects of vaccination, need have no fear of smallpox or any other diseases;

“17—That no man can be truly said to be susceptible to the contagion of smallpox or to that of any other disease so long as he is in a state of perfect health;

“18—That such a state resists and repels the assaults of

all morbid influences and is therefore the best protective against disease;

“19—That vaccination has utterly failed to fulfill the promises made for it by Edward Jenner and his followers and that he saddled a legacy of disease and death upon the race for which he was paid \$150,000 by the British government;

“20—That compulsory vaccination ranks with human slavery and religious persecution, as one of the most flagrant outrages upon the rights of the human race.”

“21—That Switzerland, England, Australia and other enlightened countries abolished compulsory vaccination after it was tested and proved to be disastrous; but laws sanctioning this crime still disgrace the statute books of “free” America.

“22—That reforms are not made by those who profit by them so the doctors or the government cannot be depended upon to abolish vaccination of their own volition; that the people, themselves, must rise up and make demands for freedom from this curse of greed, ignorance and destruction, for only then can we hope to see the light of a new day of health, progress and harmonious adjustment.

CHAPTER 2

SMALLPOX DECLINED BEFORE VACCINATION WAS ENFORCED

“To mistake inferences or axioms for facts has been a curse of science.”—Sir Clifford Albutt, in “Nature.”

The simple fact that we have less smallpox now than we did 200 years ago, does not in any degree prove that vaccination caused this decline, although the promoters of vaccination have taken upon themselves the full credit for this improvement.

The most noticeable decrease in smallpox and other zymotic diseases began with the sanitation reforms just prior to 1800 and the improvement in nutrition brought about by such health crusaders as Trail, Graham and Jennings around 1840.

This sanitation and health improvement program included: (1) Sewage disposal, (2) cleaning of streets, back yards, stables, etc., (3) improvement of roads so that fresh vegetables, milk and other vital foods could be transported rapidly to the cities and distributed while still fresh. (4) The water supply was improved and protected from contamination. (5) Housing projects were built out in the suburbs to relieve congestion of population in the cities.

The nutritional teachings stressed natural whole grain bread instead of white bread, fresh fruits and vegetables free from salt, sugar, chemicals and other harmful preservatives and the rejection of coffee, tea, alcohol, tobacco, drugs and other drastic poisons. Meat and other low grade proteins were denounced in favor of nuts, beans and other such proteins with more health value and less toxic effects.

The age-old “terror diseases” such as plague, black

death, cholera, etc., that were previously believed to be contagious, responded at once to this health program and soon declined to the vanishing point in countries that adopted the sanitation and nutrition improvements. They are diseases of nutritional deficiency and imbalance just the same as all other diseases.

A glance at the following table of official statistics from England and Wales shows us how smallpox deaths declined only after the people began their opposition to the vaccination law and an ever increasing number refused to be vaccinated.

CHART SHOWING DECREASE IN SMALLPOX DEATHS AFTER DECLINE OF VACCINATION

Period	Percentage of Births Vaccinated	Smallpox Deaths
1872-1881	96.5	3,708.3
1882-1891	82.1	933.0
1892-1901	67.9	436.5
1902-1911	67.6	395.3
1912-1921	42.3	12.2
1922-1931	43.1	25.0
1932-1941	39.9	1.4

Here we see that at the time when nearly all (96.5%) of the babies were vaccinated, smallpox caused almost 4,000 deaths in that 10 year period; but, when the vaccinations were resisted until only 39% would submit to it, the death-rate dropped down to only 1.4 cases.

Before the passage of England's compulsory vaccination law in 1853, the highest authentic smallpox death-rate was only 2,000 for any two year period, even during their most serious smallpox epidemics; whereas, after almost 20 years of compulsory vaccination there occurred the most devastating scourge of smallpox in 1870 to 1871 that the world has ever known. It took 23,062 lives in England and Wales and spread over Europe in all the countries where vaccination and inoculation had been practiced on a large scale. After that the vaccination laws were enforced even more rigidly until the people began to notice that smallpox was not decreasing by this practice but continued to ravage the homes of the vaccinated. During the same epidemic in Germany 124,948 people died of smallpox. All had been vaccinated (according to their carefully kept records.) "In Berlin alone no less than 17,038 persons had smallpox after vaccination, and 2,884 of them died."

In Sheffield, England where 97 per cent of her 200,000 inhabitants had been thoroughly and frequently vaccinated for many years a smallpox epidemic swept the city in 1887 that caused 7,101 cases and 648 deaths.

Preceding this, the large manufacturing town of Leicester, (England) which had been even more thoroughly vaccinated up to the time of the 1870 epidemic was the hardest hit of all the communities with over 3,500 deaths per million in the first year of the epidemic. This completely destroyed their faith in vaccination and the rich and poor alike rejected it and adopted sanitation with the result that smallpox epidemics were soon eliminated from that city.

STATEMENTS OF HEALTH OFFICIALS REGARDING VACCINATED SMALLPOX

Sir Thomas Chambers, Q.C.M.P., recorder of the city of London said:

“I find that of the 155 persons admitted to the Smallpox Hospital in the Parish of St. James, Piccadilly, 145 had been vaccinated.”

In Marylevore Hospital 92 per cent of the smallpox cases had been vaccinated.

Marson’s report of Highgate Hospital for 1871 states that, “of the 950 cases of smallpox, 870 (90%) of the whole number of patients had been vaccinated.”

At Hempstead Hospital, up to May 13, 1884, out of 2,965 admissions for smallpox, 2,347 had been vaccinated.

After these vaccination epidemics, more and more people refused to comply with the unjust vaccination laws and as a result of this and the improvements in sanitation and nutrition, smallpox took a drop and continued to decline until it is rarely seen at the present time.

“In 1942 one case of smallpox at Seindon (Britain) resulted in the vaccination of a large number of people. Only three cases of smallpox occurred and these all recovered, but 12 vaccinated individuals died from inflammation of the brain. (This is a common after effect of vaccination.) In the same year near Edinburg, Scotland, eight people died of smallpox (six of which had been vaccinated) while ten died from the effects of the vaccination. .

“I would not go so far as to say that vaccination has never saved a person from smallpox. It is a matter of record that thousands of the victims of this superstitious rite have been saved from smallpox by the immunizing potency of death. But it is a fact that the official statistics of England and Wales show unmistakably that, while vaccination has killed ten times more people than smallpox, there has been a decrease

in smallpox concomitant with the decrease in vaccination. . . It might be appropriately asked, in the words of the *Vaccination Inquirer* (London, Feb. 1947) ‘How could an operation that was declining be responsible for the extermination of smallpox?’ (*Vaccine and Serum Evils*, p. 23, by Dr. H. M. Shelton)

UNVACCINATED DISEASES DECLINED FASTER THAN VACCINATED SMALLPOX

Records in all countries show that the so-called, contagious diseases declined quite rapidly with the introduction of sanitation and nutrition reforms, with the exception of smallpox and diphtheria which were kept active by vaccination in a large number of authenticated cases. The following condensed records from various countries give a cross section of the available evidence that bears out this point.

REPORT FROM BRITISH INDIA

In 1929 while India was still under British rule with its compulsory vaccination laws, the League of Nations’ Health League referred to India as, “the greatest center of smallpox in the world today.” The records show that in the large cities where vaccination enforcement was most rigid “the smallpox death rate has been generally far greater than for the country as a whole” where complete enforcement is not possible.

The report of the League of Nations’ Health Division for Oct. 1953 reluctantly admits vaccination is not all it ought to be when it says in part: “In spite of the great efforts made by the health authorities in promoting vaccination, smallpox is not on the point of extinction.”

After the limited health improvement programs we find that the plagues and scourges, all declined noticeably except smallpox and respiratory diseases (tuberculosis) which is a common after effect of vaccination.

AVERAGE DEATH-RATE FROM
FEVERS AND OTHER CAUSES
per 1,000 of the population

Diseases (India)	10 years 1898-1907	16 years 1921-1930
Fevers (Malaria etc.)	19.44	15.51
Plague	2.23	.53
Cholera	1.66	1.02
Dysentery (diarrhea)	1.28	.09
Smallpox	.37	.30
Other causes	7.79	6.31
Respiratory diseases (T.B.)	.85	1.43
All causes	33.62	26.00

Edward Jenner had promised that vaccination would wipe out instead, all other diseases, even the most persistent and deadly more rapidly without any serums than did smallpox with its repeated vaccinations.

Around 1900, after the improvements in health due to sanitation and nutrition had had time to be weighed against that of vaccination, most of the people of England began to refuse vaccination, which resulted in a greater decline in smallpox, but in certain cities of India the British government was still able to keep up rigid enforcement. The following chart shows the high smallpox death-rate in three of these Indian cities as compared to the decreased death-rate in London after the clean up (health) campaign:

AVERAGE ANNUAL SMALLPOX DEATH RATE
PER MILLION PEOPLE

Period	Bombay	Calcutta	Madras	London
1888-1897	424	600	100	10.0
1898-1907	1,000	1,000	307	35.0
1908-1917	600	900	300	.3
1918-1927	524	1,242	663	.8
1928-1933	866	1,201	521	1.23

WORLD'S WORST RECORD IN MEXICO

Although India was reported by the League of Nations as the greatest center of smallpox in the world in 1929 it has improved since gaining its freedom from Britain and relaxing its vaccination enforcement program. This leaves the over vaccinated country of Mexico holding the dubious honor as the world's worst smallpox center.

The following chart shows the comparison between Mexico with its sparse population of 16,500,000 (1930 figures—approx.) and British India with its dense, congested population (300,000,000—approx.) In spite of the disease breeding conditions of India's cities with inadequate sanitation, nutrition and housing facilities and the polluted water, lack of sewers, extreme heat, etc., the smallpox death rate is far lower than that of completely vaccinated Mexico.

SMALLPOX DEATHS AND DEATH-RATES PER
POPULATION

Year	MEXICO		BRITISH INDIA	
	Deaths	Death-Rate	Deaths	Death-Rate
1922	11,966	844	40,836	169
1923	13,074	903	44,084	183
1924	11,964	878	55,380	229
1925	11,003	731	86,986	356
1926	5,477	357	117,086	485
1927	6,639	424	118,197	490
1928	6,694	420	96,133	399
1929	11,304	696	72,884	302
1930	17,405	1,053	71,815	140
1931	14,903	886	37,272	167
1932	8,307	485	44,925	183

This black record could exist only in a country where vaccination laws are rigidly enforced. The Mexican law prescribes:

“(1) Children must be vaccinated within four months of birth.

(2) One compulsory vaccination and one compulsory re-vaccination for all inhabitants, within the time limits and in the manner and under the conditions specified by the Public Health Council.

(3) All persons are obliged to have themselves re-vaccinated at least once every five years, and may be required to

do so more frequently whenever the health authorities so determine.

(4) The Army Medical Service vaccinates all soldiers. Employees in commercial, industrial, etc., establishments must have all persons in their employ vaccinated within the time-limits laid down.”

In spite of the constant recurrence of smallpox epidemics cultivated by vaccination, this medical dictatorship continues to rule with an iron hand. If the Mexicans were not a hardy people by nature they would have been destroyed by this time reduced to imbecility, by this continuous blood poisoning practice.

In Jenner's day, smallpox was practically unknown in Mexico for which he promptly claimed the credit. In 1811 Jenner wrote to Dr. Lettson as follows:

“For the great and grand effects of vaccination the eye must quit this little spot (England) and survey it among other European countries and still more particularly among the vast empires of Asia and America. In Mexico and Peru the disease is nearly extinct.

Jenner didn't wait around to see the results of his terrible invention. Even he admits that smallpox was almost unknown when he started his work of destruction. Today, vaccination has so intensified the development of smallpox that all vaccinated Mexicans have either had it or are in danger of getting it.

Mexico has had the good sense to abolish the barbarous practice of capital punishment and the cruel and useless practice of vivisection which puts that country a step ahead of United States in that respect. It is to be hoped that those people who fought so hard for freedom and democracy will also be able to throw off the heavy yoke of medical oppression.

EVIDENCE FROM ITALY

Dr. Charles Ruta, professor of Materia Medica at Perugia University, Italy, presents some interesting figures comparing the smallpox deaths of the vaccinated soldiers with the women and boys outside the armed services. Vaccination is stressed in that country (which accounts for the high smallpox rate among all ages) but more thoroughly enforced in the Army. The boys are inducted at the age of 20 years. The figures show the death-rate from smallpox is about twice as high among men over 20 (soldiers) as among women of the same age.

SMALLPOX DEATH-RATE OF THOROUGHLY VACCINATED ITALIAN SOLDIERS COMPARED WITH THE LESS VACCINATED WOMEN AND BOYS

Deaths of Entire Population Under 20 Years							
1887		1888		1889		Totals	
Men	Women	Men	Women	Men	Women	Men	Women
5,997	5,983	7,439	7,353	5,626	5,631	18,972	18,908

Deaths of those 20-30 Years (Military Age)							
1887		1888		1889		Totals	
Men	Women	Men	Women	Men	Women	Men	Women
2,459	1,810	1,990	1,418	1,296	863	5,745	4,091

Dr. Ruta traced the records for many years following this published record and the results continued with the same high death-rate among the completely vaccinated soldiers and with the lower death-rate among the rest of the population.

Although England was the first country to adopt compulsory vaccination laws her people soon found it was a disastrous practice and fought to have the law abolished. About the time of the First World War the English people had succeeded enough in resisting the law to notice a considerable decrease in small-pox, aided of course by the sanitation program. Germany and Italy were still trying to enforce vaccination on the entire population. The following chart shows a comparison of the smallpox deaths of the three countries:

**CHART SHOWING INCREASE OF SMALLPOX
UNDER COMPULSORY VACCINATION**

England & Wales			Germany		Italy	
Year	Deaths	Rate per million	Deaths	Rate per million	Deaths	Rate per million
1918	2	0.0	60	1.0	926	25.0
1919	28	0.76	704	11.0	16,580	454.0
1920	30	0.80	332	5.0	11,037	303.0

**HIGH SMALLPOX RATE
IN VACCINATED EGYPT**

The League of Nations' Monthly Health report for October 15, 1929, gives a report on Egypt with an effort toward justifying the re-occurring smallpox epidemics in spite of the compulsory vaccination laws. However, the "whitewash" doesn't cover the inefficacy of this useless practice. The report states:

"In Egypt, vaccination is compulsory under the Decree of 1890 Penalties are provided for infringements It has not been found possible as yet to enforce vaccination

everywhere, and smallpox continues to claim a fair number of victims every year. The last great epidemic broke out in 1919 and extended into 1920. More than five and a half million persons were vaccinated during these two years, and this completely arrested the spread of the epidemic. In 1921, the number of cases had gone down to 92 as compared with 7,895 in 1919 and 3,004 in 1920.”

The epidemic wore itself out in two years and the vaccinators claimed that it was the serum that arrested it. If vaccination could arrest an epidemic at all, it should certainly do it in less than two years. If there had been no vaccination at all there would have been a much lower smallpox rate as is proved by world records where the facts are not falsified.

The fact that there was less smallpox the following year was no proof that vaccination curbed it. Isn't it quite logical that all those who were in a condition to develop it did so during the long two year epidemic, so there would not be many to contract it the following year?

The following report put out by the League of Nations' Health (?) department is a typical example of how the medical schemers influence the average, unthinking person with data that appears to be true and convincing.

“Northern Africa—As vaccination progresses, the most remarkable success is being achieved in Egypt which in 1926 had 2,677 cases with 544 deaths. But in 1930 it (smallpox) caused only 14 cases without deaths This is undoubtedly due to the vaccination campaign begun at the end of 1925 and completed in 1926. Approximately 14,600,000 vaccinations were performed, thus reaching practically the whole population.”

Here we have a number of statements that are hard to reconcile with known facts. For instance:

(1) In June 1925, the population of Egypt was estimated

to be 13,964,900 yet the report said they gave 14,660,000 vaccinations. Since there are more vaccinations reported than people, either the figures are fabricated or the vaccinators didn't really believe in vaccination and knew it would not protect for even one year so they re-vaccinated thousands of people with the vain hope that the repetition of failure would in some way reap success.

(2) In the first report they blamed the frequent outbreaks of smallpox on the claim that it was impossible to enforce vaccination on all the people. Yet their figures in the second record showed the number of vaccinations exceeded the population.

(3) The first report stated that their widespread vaccination campaign in 1920 which reached 5,500,000 people had completely arrested smallpox and the following report of 1931 made it clear that the complete and thorough vaccination campaign succeeded in conquering smallpox, even to the point where there were no deaths at all from that cause. This type of propaganda has a tendency to lull the people into a sense of false security which leaves the real cause of disease unchecked. Let's follow the record a little farther and see what happened.

The five and a half million vaccinations in 1920 were supposed to have brought smallpox under control, yet in 1926 (only 6 years later) the second report tells of a sweeping smallpox epidemic in which 2,677 were stricken and 544 died.

In spite of the 5,500,000 vaccinations in 1920 and the 14,600,000 vaccination in 1926 and all the vaccinations in the intervening years, including the compulsory vaccinations of all infants, there occurred another larger and more terrible smallpox epidemic in 1932 (only 6 years after the alleged complete control of smallpox in Egypt). This sweeping epidemic continued for two years, aggravated, of course,

by the meddling vaccinators. By the end of 1934, 7,650 cases had been reported of which 1,373 had died. Where is the remarkable success of vaccination boasted of by the medical faction of the League of Nations?

“These figures speak for themselves and eloquently proclaim the utter futility of vaccination as a preventive or mitigant of smallpox.” (Joseph Swan—*The Vaccination Problem*—p.291.)

LEAGUE OF NATIONS HEALTH COMMITTEE IN THE DARK

In their monthly *Epidemiological Report* (RE 132) dated Nov 15, 1929, this one time great organization revealed its biased confusion on health matters by stating:

‘It will therefore be plain that, if the conclusions are to be accepted, and allowing for individual peculiarities, re-vaccination should be repeated, three or four years at least, or even more often.’

Joseph Swan comments on this in his book *The Vaccination Problem* page 288 by saying ‘All these demands for frequent re-vaccination may be to an absurdity by asking a simple question—’How is it that in England, abandonment of even primary vaccination by approximately half the parents during the past 25 years, and the almost entire neglect of re-vaccination at any age, have been accompanied by the lowest smallpox mortality rate on record?’

After smallpox vaccination was found to be so financially profitable doctors and serum manufacturers, serums for other diseases were invented and enforced with the same financial increase but also with the same decrease in the elimination of the disease. Diphtheria is one of the most notable examples of this.

The following table is one of the many records that show how the unvaccinated diseases declined more rapidly than

those that were supposed to be wiped out or controlled by vaccines. (This report was compiled before serums were invented for the other diseases shown.)

**CHART SHOWING DECLINE OF DISEASE
WITHOUT VACCINATION (England and Wales)**
Death-rate per million children living.
(Ages, between birth and 15 years.)

20 year periods	Measles	Scarlet Fever	Whooping Cough	Diphtheria
1861-1880	1,062	1,973	1,344	932
1881-1900	1,149	585	1,104	838
1900-1920	877	197	684	504
1921-1940	297	50	294	293
1941-1948	62	69	121	105

Here we see that measles decreased 94.1 per cent during this period; scarlet fever decreased 99.7 per cent; whooping cough decreased 91 per cent while diphtheria, the disease that was supposed to be conquered by serum immunization decreased only 88.8 per cent which was the least of all. If left alone it would have declined at the same rate as the others, or even faster because it was the least prevalent.

It will be noted that in 1861 diphtheria was the least fatal of the children's diseases. But according to this report of the Ministry of Health, the 1948 record shows it to have increased to the second most deadly of the children killers with its 105 deaths per million, while whooping cough was only slightly higher with 121 deaths.

Another report issued by the British Ministry of Health gives the diphtheria death-rate from among 4,000,000

children who were not immunized. It gives a five year period (1945 to 1949) in which the diphtheria death-rate declined from 551 cases in 1945 down to 63 in 1949. What caused this phenomenal drop of 87 per cent in only five years when the record of immunized children showed a decline of only 88 per cent in an 87 year period of immunization? The credit cannot be claimed by the serum makers because these children were not “protected” (?) by any vaccines.

The Ministry of Health attributed the rapid decline of the other diseases, to improvements in sanitation, nutrition, housing, education and social conditions, but diphtheria and smallpox were claimed to have declined because of “prophylactics.” If vaccination and immunization were preventives of smallpox and diphtheria they should at least keep pace with the decline of other diseases.

IMMUNIZATION INCREASED DIPHTHERIA IN SOME COUNTRIES

Although France had rejected immunization after seeing the disasters that followed its use she was pressured into submitting to it after German occupation. By 1941 most of the French children had been inoculated after which the diphtheria incidence rose to 13,795 by the end of that year. By 1943, diphtheria had increased to 46,750.

At the beginning of the Second World War immunization was made compulsory in Germany and the diphtheria rate soared up to 150,000 cases (1939) while in unvaccinated Norway there were only 50 cases.

Space in this chapter does not permit the reviewing of the numerous records that condemn immunization. More on this subject will be given in the chapter on *Diphtheria and Immunization* in *Book II*.

DECLINE OF VACCINATION IN UNITED STATES

The over-all picture for United States has been toward a steady decline in smallpox since the gradual abandonment of vaccination laws in the various states. Only a few of the more backward states and some of the medically dominated institutions and businesses still impose compulsory vaccination laws on the people. In 1902 when vaccination was endorsed by the majority, the death-rate from smallpox was 2,121. By 1910, vaccination disasters had caused it to lose favor to such an extent that the smallpox death-rate dropped down to 202. The serum makers used the frenzy of the First World War to work up a nation wide vaccination campaign that raised the smallpox death-rate up to 358 (1919) and by 1921 it had increased to 642. When the people began to notice that the vaccinated were the ones who suffered the worst from smallpox and flu (an after effect of vaccination) they lost faith in it to a large extent and by 1927 the deaths dropped down to 138 where it has been fluctuating every since.

In contrast to our diminished smallpox rate under optioned vaccination we have an excellent example of compulsory vaccination in our (U.S.) dominated Philippine Islands. In a 10 year period (1911-1920) 24,436,889 vaccinations were given which resulted in 75,339 deaths. Before vaccination was introduced the highest death-rate in the Philippines, even during epidemics was only 10 per cent of the population. After many years of thorough vaccination and re-vaccination the death-rate rose to 74 per cent which is the highest in history. In United States (1919) when vaccination was indifferently accepted, the death rate from smallpox was only 358, while in the Philippines (1919) under strict vaccination enforcement the death-rate from this cause was 18,213. In 1920 in vaccinated Italy, the smallpox death-rate

was 12,155 as compared to only 508 in United States during the same period.

In spite of these cold facts and thousands of others like them, the promoters of vaccines insist that vaccination has been a blessing to the world and has reduced disease. This all goes to prove the old saying that figures can't lie but liars can figure.

INOCULATE THE DOCTORS

Inoculate for small-pox
Inoculate for mumps;
Inoculate for typhoid
For colds and nervous slumps;
Inoculate with cow pus
And germs of every brand
Inoculate with monkey glands
To make us young again.
But one fine day the laity
Will move in self-defense
To inoculate the doctors
With a little common sense.

—*by a medical student,
Winnipeg, Canada*

CHAPTER 3

VACCINATION HIT BY DOCTORS

It often happens that the universal belief of one age—a belief which no one was, not without an extraordinary effort of genius and courage could, at that time be free—becomes to a subsequent age so palpable an absurdity that the only difficulty, then, is to imagine how such a thing can ever have appeared credible.—John Stuart Mill.

From its inception down to the present time vaccination has been denounced as dangerous, disease producing and even deadly, by all thinking doctors who have investigated the facts and have had the courage to voice them.

A few of these published statements from prominent doctors are presented here:

From Dr. Alexander Wilder, Editor of the *New York Medical Times*, Professor of Pathology in the United States Medical College of New York and author of *Wilder's History of Medicine*, we have this observation:

“Vaccination is the infusion of contaminating element into the system, and after such contamination you can never be sure of regaining the former purity of the body. Consumption follows in the wake of vaccination as certainly as effect follows cause.”

Dr. Walter M. James of Philadelphia says:

“Vaccination does not stay the spread of smallpox nor even modify it in those who get it after vaccination. It does introduce into the system, and therefore contributes to the spread of, tuberculosis, cancer and even leprosy. It tends to make more virulent epidemics of smallpox and to make them more extensive. It does just what inoculation did - cause the spread of disease.”

Dr. Kalb, Royal Examiner of Statistics for Bavaria, states:

“Examination shows vaccination a complete failure. In this single year, 3,994 vaccinated people died of smallpox; the total number attacked exceeded 29,000.” (All were vaccinated.)

Dr. L Hall Bakewell, Vaccinator General of Trinidad said:

“I have very little faith in Vaccination even as modifying the disease, and none at all as a protective in virulent epidemics. Personally, I contracted smallpox less than six months after a most severe re-vaccination.”

This doctor was in the vaccination business; his livelihood depended on it and he wanted to believe in it. In Trinidad where vaccination was compulsory he had ample opportunity to observe the full effects of it on a large scale, yet he voluntarily denounced the practice as a failure.

Dr. L C. Carter of London reports:

“In looking over the history of vaccination for smallpox, I am amazed to learn of the terrible deaths from vaccination, amputations of arms and legs, foot and mouth disease, tetanus (lockjaw), septicemia (blood poisoning), cerebro-spinal meningitis.”

Dr. J. C. Ward M.R.C.S. at Harrogate, (England) among many others confesses to a change of heart on the vaccination question in this statement:

“I believed that vaccination prevented smallpox. I believed that if it did not absolutely prevent it in every case, it modified the disease in some cases, and I believed that re-vaccination, if only frequent enough, gave absolute immunity. Experience has driven all that out of my head; I have seen vaccinated persons get smallpox, and persons who had been vaccinated get smallpox, and I have seen those who had had smallpox get it a second time and die of it.”

Professor Adolf Vogt, who held the chair of vital Statistics and Hygiene in Berne University for 17 years said:

“After collecting the particulars of 400,000 cases of small pox I am compelled to admit that my belief in vaccination is absolutely destroyed.”

Dr. Charles E. Page of Boston said:

“I have been a regular practitioner of medicine in Boston for 33 years. I have studied the question of vaccination conscientiously for 45 years. As for vaccination as a preventative of disease, there is not a scrap of evidence in its favor. Injection of virus into the pure bloodstream of the people does not prevent Smallpox. Rather, it tends to increase its epidemics and makes the disease more deadly. Of this we have indisputable proof. In our country (U.S.) cancer mortality has increased from 9 per 100,000 to 80 per 100,000 or fully 900 per cent increase, within the past 50 years, and no conceivable thing could have caused this but the universal blood poisoning now existing.”

Dr. Forbes Laurie says:

“I can add my testimony to the others . . . that vaccination contributes to the great increase in cancer.

GOVERNOR HAS SUSPICIONS

Hon. Percival P. Baxter, Governor of Maine (1924) stated:

“Personally I have grave doubts as to the efficacy of modern serums and vaccines and am convinced that commercialism has exercised a considerable influence upon some phases of modern medicine.”

Dr. William Howard Hay of Buffalo, New York said: “We have no proof of the boasted effectiveness of any form of anti-toxin, vaccine or serum. The true figures on vaccination for smallpox have never gotten before the public, though they can be seen in the files of the various departments of the Army as well as the government, if one cares to

look for them. If the record of vaccination in the Philippines alone were ever to become a matter of general knowledge it would finish vaccination in the whole country, at least among those who are able to read and think for themselves. After three years of the most rigid vaccination, when every Philippino had been vaccinated from one to six times, there occurred the severest epidemic of smallpox that the Islands had ever seen, with a death-rate running in places to over 70 per cent, and in all, well over 60,000 deaths. Is it any wonder the public is getting a little suspicious of us and our vaunted 'medical discoveries?' The wonder to me is that there are still millions of them willing to submit to vaccination and serum treatment."

Alfred Russell Wallace D.D. who spent many years doing research all over the world, collecting data on both sides of the vaccination question had this to say:

"While utterly powerless for good, vaccination is a certain cause of disease and death in many cases and is the probable cause of about 10,000 deaths annually in England, by five diseases of the most terrible and disgusting character."

L F. Cornell, M.D., President of the Homeopathic Medical Society of New York said: (1868)

It is my firm conviction that vaccination has been a curse instead of a blessing to the race. Every physician knows that cutaneous (pertaining to the skin) diseases have increased in frequency, severity, and variety to an alarming extent. To what is this increase owing? Contagion may account for some of the varieties; in a large majority, however, to no medium of transmission is the wide spread dissemination of this class of diseases so largely indebted as to vaccination."

Dr. E. M. Ripley, of Unionville, Connecticut, stated in a public address delivered in New Britain, Connecticut:

"Never in the history of medicine has there been

produced so false a theory, such fraudulent assumptions, such disastrous and damning results as have followed the practice of vaccination; it is the ultima thule (extremity) of learned quackery, and lacks, and has ever lacked, the faintest shadow of a scientific basis. The fears of the people have been played upon as to the dangers of smallpox and the sure prevention by vaccination, until nearly the whole civilized world has become physically corrupted by its practice.

“The life-blood of nations has become the cesspool of vaccinators wherein they have poured the foul excretions that are thrown off from diseased beasts, nature adjudging it too vile to contaminate the system of any living creature.

Scrofula, that hydra-headed monster of pathology, whose ramifications extend into and complicate nearly all the diseases that flesh is heir to, and whose victims are as the sands of the seashore in number, is one of the oldest children of vaccine poisoning.

“Syphilis, that disreputable disorder, that sinks its victims below the scale of decency, and hounds them to dishonorable graves, has been carried by the vaccinator’s needle into the homes of the innocent and virtuous, and there, with consequent suffering that defies the imagination of man to depict.”

Dr. J. Peebles (M.D., Ph.D.) in his book *Vaccination A Curse and A Menace To Personal Liberty* wrote:

“When a mad dog enters a community and bites a child, the whole population rises up and demands the death of the creature, and desires that all available means be immediately used to eliminate from the system of the child the virus that has been so cruelly inserted. The action of the people in this case is a very natural one; but let me tell you that where tile bite of a mad dog has caused death in one case, the mad doctor with his calf-lymph and poisoned needle has caused tens of thousands of deaths.

“Vaccination is the most outrageous insult that can be offered to any pure-minded man or woman. It is the boldest and most impious attempt to mar the works of God that has been attempted for ages. The stupid blunder of doctor-craft has wrought all the evil that it ought, and it is time that free American citizens arise in their might and blot out the whole blood-poisoning business.”

Dr. Thomas Morgan, in his *Medical Delusions* (page 6) writes:

“At the present time, the medical profession prescribes innumerable poisons, such as arsenic, strychnine, morphine, mercury and other destructive drugs that ruin the health of the human race . . . and the greatest of all delusions is the Germ Theory, and the consequent introduction of serum therapy, with its various antitoxins

“Notwithstanding the fact that these medical delusions have been the cause of more injury and death than pestilence, famine and war combined, the medical doctors have agreed to meet each other half way, on the common ground of self-interest, for the purpose of formulating and enforcing the tyrannical laws to prevent anyone outside their ring from practicing medicine.”

The following public confession was made by J. W. Hodge M. D. of Niagara Falls, New York:

“To affirm that there never has been any scientific warranty for a belief in the alleged protective virtues of vaccination and that its practice is backed by ignorance and indifference, is a sorry charge to make against the medical profession ... but the charge, I regret to say is only too true. I know whereof I affirm, for I, too, must plead guilty of the charge. Before discovering my mistake I had vaccinated more than 3,000 victims, ignorantly supposing the disease I was propagating to be a preventative of smallpox. Having taken for granted what my teachers had asserted, I was a

staunch believer in the alleged efficacy of vaccination as a prophylactic against smallpox. I remained in this blind and blissful state of ignorance for several years, and not until I acquired a little experience in the school of observation and reflection did I discover that my faith was pinned to a shameful fraud.

“The first real eye-opener I received upon the subject was while I was practicing my profession in Lockport. At that time (1902) smallpox made its appearance in this city and soon attained the proportions of an epidemic. At the outbreak of the disease more vaccinations were ordered by the Department of Health and I was officially appointed Public Vaccinator. My duty was to go from house to house and vaccinate all persons who could not present recent vaccination scars on their bodies, and to re-vaccinate all those who could not give assurance of having been vaccinated within a period of two years.

“Just before and during the prevalence of this epidemic I vaccinated nearly 3,000 victims, using the so-called “pure calf-lymph” obtained every third day ‘fresh’ from the vaccine farm of the New York City Board of Health. Much to the disgust of the people, and more my own surprise and chagrin, I was confronted with a large number of cases of vaccinal erysipelas, as well as several cases of phlegmonous axillary abscesses following as results of vaccination. This is not all; a number of those vaccinated were attacked with confluent smallpox at periods varying from twelve days to three weeks, after having been rendered ‘immune’ (?) by vaccination.

“These astounding facts, so contrary to my preconceived notions about vaccination and smallpox, I could not account for and they confused me as I was not able to see where the ‘protection’ came in.

“With Pascal, I ‘considered the affirmation of facts more

powerful than assertions of men'. I then began a careful study of the relations existing between smallpox and vaccination, with the ultimate result that I was forced to entirely abandon all faith in the medical dogma of vaccinal protection against smallpox. During the epidemic, I had under my inspection 28 smallpox patients, all of whom, with one exception, had been 'successfully' vaccinated. Several of these patients had been re-vaccinated before contracting the disease.

"Thus I was forced, through the stern logic of disagreeable facts, to the unwelcome conclusion that vaccination had not protected these victims of smallpox.

"After the revelations of this dismal experience had dawned upon me I determined to make a careful study of the printed data on vaccination. After a thorough investigation of the statistics of smallpox epidemiology collected from various parts of the world, I was treated to another great surprise, namely, the world's greatest statisticians on smallpox and vaccination fully corroborated the experience that I had met with in the Lockport epidemic.

"Previous to this disappointing experience I had read only the usual literature on the subject, found in libraries and medical schools. I had heard only the "expert" (one-sided) testimony of the pro-vaccinists. I knew but one side of the question and was like the one of whom John Stuart Mill spoke, when he stated:

'He who knows only his own side of the case knows little of that.'

"After a careful study of the history of vaccination and the extensive experience in its use, I am thoroughly convinced that:

"(1) Vaccination is utterly useless as a preventive against smallpox, that millions of vaccinated persons have died of smallpox.

“(2) The practice of this degrading rite is enforced by doctors as a dogma without being understood; that like other infamous dogma it is good only for “fees”

“(3) Inoculation as unanimously believed in and practiced by the “regular” doctors for 100 years was guilty of multiplying smallpox....

“(4) Smallpox epidemics were checked by cessation of inoculation and not by the introduction of vaccination.

“(5) Smallpox continued to increase under vaccination until sanitation and improved nutrition came into more general use.

“(6) Health measures have controlled smallpox, and vaccination has claimed the credit.

“(7) Vaccination protects from smallpox only when it kills the patient before smallpox develops.

“(8) Vaccination has been the means of disseminating (spreading) consumption, cancer, syphilis, and many other fatal and loathsome diseases.

“(9) Tuberculosis is a disease common to cattle and to human beings and has frequently been conveyed by vaccination from the former to the latter, by way of vaccination.

“(10) Edward Jenner saddled a legacy of disease and death on the human race and incidentally made \$150,000 by the transaction.

“(11) Many doctors and some editors are making money by propagating this curse. (vaccination)

“(12) Vaccination is called ‘successful’ when it succeeds in making healthy people diseased.

“(13) Disease as the result of vaccination is the logical harvest from the seed sown.

“(14) Vaccination has no scientific basis upon which to rest its claims and no analogy in any ascertained principle or law in nature.

“(15) The so called ‘spontaneous cow-pox’ (from which

vaccine is made) is a myth; the disease so named, being tubercular or syphilitic in its nature.

“(16) When vaccination kills its victims the facts are suppressed and the death certificates name other diseases as the cause.

“(17) Compulsory vaccination has been abolished in England, Switzerland, and certain other countries, while laws sustaining this crime still disgrace the statute books of many states in free (?) America.

“(18) Vaccination is one of the foulest blots on the escutcheon of the ‘noble art of healing.’”

CHAPTER 4

THE HISTORY OF VACCINATION

“A mere assumption of belief unsupported by demonstrable facts is always open to criticism. It is easy to be carried away by the beauty of an ideal or entranced by the overwhelming appeal of a pet delusion We have, had much to learn but even more to unlearn. Many think they are thinking constructively when they are merely rearranging their prejudices.” —George S. Weger, M.D.

WHO STARTED VACCINATION AND WHY

It has been claimed, by an unenlightened few, that vaccination is based on scientific principles and is of comparatively recent origin. But these claims have been proved false, first, because inoculation was practiced and abandoned as useless by primitive tribes many centuries ago, and second because Jenner and the modern experimenters in vaccination were not scientists and did not test and prove their theories by any scientific criteria before launching the hazardous practice on the public.

For many years Edward Jenner was acclaimed a hero for what was thought to be his discovery of cow-pox vaccination. But this dubious honor was later admitted to belong to Benjamin Jesty, whom all the chroniclers name as the one responsible for the original discovery of cow-pox inoculation. Jesty, a farmer, Plett, a teacher and Jensen, a farmer, were named as ‘successful experimenters’ in the field of cow-pox vaccination several years before Jenner’s first inoculation. These and all subsequent vaccination experiments were then, and still are, haphazard and unscientific attempts at solving the problem of disease prevention.

Before we trace the ancient history of vaccination let us review some of the outstanding authorities who recognized that:

VACCINATION IS NOT SCIENTIFIC

Many of the world's greatest thinkers, scientists, statesmen and even doctors have condemned vaccination as being a crime against humanity, a fraud promoted for private gain, an insult to the race and a blot upon the name of civilization. Yet, this treacherous practice of blood pollution, which was cradled in the lap of ignorant savage tribes, has been adopted by, supposedly, enlightened government of the present day and forced on the protesting population—for profit.

M.M. Gerner in his book "The Vaccination Imposture" says:

"Vaccination is not in any sense scientific; doctors never know what the result will be in any case; they don't absolutely know that it ever prevented smallpox; they never know when they have pure vaccine; the practice is born of pure superstition; and it has been a breeder of many kindred fallacies."

Florence Nightingale, the world's most famous nurse and an authority on smallpox by right of extensive experience, said:

"Everyone who knows anything about public health questions will agree to the practical unity of epidemics, and the determining causes, and that exemption from ... disease must be sought not by any one thing, such as vaccination, but by inquiring into and removing the causes of epidemic susceptibility generally."

Alfred Russell Wallace, in his famous book, *The Wonderful Century* (p. 314) says:

"The successive Vaccination Acts were passed by means of allegations which were wholly untrue, and promises

which have all been unfulfilled. They stand alone in modern legislation as a gross interference with personal liberty and the sanctity of the home; while as an attempt to cheat outraged nature, and to avoid a symbiotic disease without getting rid of the foul conditions that produce or propagate it, the practice of vaccination is utterly opposed to the whole teaching of sanitary science, and is one of those terrible blunders which, in their far-reaching evil consequences, are worse than the greatest of crimes.”

Among our best authoritative sources of information are the actual government records showing the

INCREASED DEATH-RATE AFTER VACCINATION WAS ESTABLISHED

The report of Dr. William Farr, Compiler of Statistics of the Registrar-General, London states:

“Smallpox attained its maximum mortality after vaccination was introduced The mean annual (smallpox) mortality to 10,000 population from 1850 to 1869 was at the rate of (only) 2.04, whereas (after compulsory vaccination) in 1871 the death rate was 10.24 and in 1872 the death rate was 8.33, and this after the most laudable efforts to extend vaccination by legislative enactments.”

Other authorities and numerous records and case histories showing the failure of vaccination are given elsewhere in this book.

The truly great minds of the world recognize the balanced economy of nature and know that when the chemistry of the body is thrown out of balance by faulty nutrition and other causes, toxins accumulate and the entire physical organism marshals its healing forces in an effort to meet the emergency and make adjustment to the condition. This healing effort may be expressed in many ways, such as accelerated circulation and fever, disturbed breathing, intensified

bowel elimination (diarrhea) and mucous discharges to expel poisons, eruptions, swelling of lymphatic glands such as the tonsils to handle the overload of toxic waste, pain, indicating the presence of irritants, etc. All this display of the vital energy at work to restore normalcy, is interpreted by the average physician, as disease and something to interfere with by giving poison drugs, vaccines and crippling operations. , Modern medical methods delay and frustrate the unexcelled healing efforts of nature.

Dr. Oliver Wendell Holmes, one of the few enlightened physicians expressed this point in one powerful sentence when he said:

“The disgrace of medicine has been the colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom, and all the inconceivable abominations thus obtained, thrust down the throats of human beings suffering (merely) from some want of organization, nourishment, or vital stimulation.”

When we read of primitive witch doctors experimenting with inoculation by rubbing the pus from the diseased into scratches on the body of the well, we look upon it with tolerance because they did not have enough knowledge about physiology to understand that nature does not produce health by contaminating the blood stream with filth. Although we are willing to make excuses for the mental immaturity of those backward races, what excuse can be made for our modern doctors who do the same thing—on a larger scale—with a longer needle?

Vaccination has been a tragic failure because it is based on the false theory that disease is a ruthless enemy that must be fought and killed by poison drugs or outwitted by (supposedly) implanting anti-bodies from vaccines into the

blood stream. These mythical anti-bodies are said to make war on disease germs. But germs are not the cause of disease in the first place and are useful wherever they are found in nature, whether they are serving as scavengers working on the decaying waste products, or whether they are helping with the decomposing and renewing of cell structure that takes place continually, they are inseparably a part of the great pattern of pulsating life. (For detailed, scientific experiments proving the importance and nature of germs, bacteria, microbes, etc.. Read the findings of Antoine Béchamp as recorded in the remarkable book, *Béchamp or Pasteur*, by E. Douglas Hume—English Pub. see bibliography.)

As has been stated before, disease is a cleansing effort of the body in its attempt to rid itself of excess poisons, waste matter, obstructions, and incompatible food. *Disease is not something to be cured; it is a cure.*

Germs do not attack from without; they develop within the cells themselves when the need for them occurs. The whole framework of vaccination is based on the misconception that germs cause disease and must be counteracted with vaccines. But this procedure can bring no other result than harm.

TUBERCULOSIS CAUSED BY VACCINATION

Dr. Walter James, of Philadelphia said:

“Vaccination does not stay the spread of disease or even modify it in those cases who get it after vaccination. It does introduce into the system tuberculosis, cancer, and leprosy. It does just what inoculation did—cause the spread of disease.”

Annie Riley Hale, (researcher for Congressmen) stated:

“The Surgeon-General of the United States Army innocently recorded in the 1918-1919 report that ‘for all

officers and enlisted men, Americans and native troops in all countries where U.S. troops were serving, tuberculosis of the lungs was the leading cause for discharge; and among American troops at home and abroad there were 31,106 hospital admissions for pulmonary tuberculosis with 1,114 deaths, in the period of this country's participation in the First World War.” (*Medical Voodoo*, p. 27)

No tubercular men were inducted into the Army. It was after the blood poisoning vaccinations at camp that diseases of every description developed. Then the men were invalided home by the thousands and dumped on society as physical and mental wrecks. Many of these men had never been in battle nor had even left American soil.

Dr. E. C. Rosenow, an experimentalist at the Mayo Clinic, recorded in the *Mayo Collected Papers* (Vol. II, p. 92) that he found “the vaccine serums injected into guinea pigs tended to localize in the lungs.”

Edward Jenner inoculated his 18 months old son with swine-pox, on November 1791 and again in April, 1798 with cow-pox. The boy was never very well after that and died of tuberculosis at the age of 21.

In Baron's *Life of Jenner*, (Vol. II, p. 304) we learn that, “On the 14th of May, 1796 . . . Jenner vaccinated James Phipps, a boy about eight years old, with the matter taken from the hand of a dairymaid infected with casual cow-pox.

After waiting six weeks Jenner inoculated this boy on both arms with smallpox matter, taken from the arm of a boy with smallpox. Several months later Phipps was again inoculated with the variolous matter (smallpox pus) but no effect was produced.”

The inoculation didn't “take” so on the strength of this one experiment and its questionable interpretation, Jenner based his claim that one vaccination would “forever secure a person from smallpox.” No time had elapsed to prove

whether it would last a lifetime or a month or at all; but without any proof or any scientific basis or evidence for its practice, the doctors and the government adopted it and made it compulsory, no doubt, seeing the gold mine in profits that it would yield.

James Phipps was declared immune to smallpox but he too, died of tuberculosis at the age of 20.

In Baron's *Life of Jenner*, the author refers to Phipps condition as follows:

“While walking with a friend one day they passed young Phipps, when Jenner exclaimed, ‘Oh, there is poor Phipps; I wish you could see him; he has been very unwell lately and I am afraid he has got tuberculosis on his lungs. He was recently inoculated for smallpox, I believe for the 20th time, and all without effect.’”

VACCINATION IS OF VERY ANCIENT ORIGIN

As was previously stated, neither Jenner, with all his fanfare and praise, nor the obscure Jesty, was the discoverer of inoculation. It was a “carry-over” from very ancient times when superstitious fear and guess-work dominated the healing field.

An idea of its ancient origin may be gathered from the *Lecture Memoranda*, XVII International Congress of Medicine, London, 1913, which states:

“The practice of inoculation for the prevention of disease is one of considerable antiquity. The period of its discovery can only be conjectured...”

“Dhanwantari, the Vedic Father of Medicine, and the earliest known Hindu physician, who lived about 1,500 B.C., is supposed to have been the first to practice inoculation for smallpox. It is even stated that the ancient Hindus employed a vaccine, which they prepared by the transmission of the

smallpox virus through a cow.” (*History of Inoculation and Vaccination*, pp. 6, 13)

This common practice of disease transmission of both ancient and modern times, undoubtedly, has a strong relationship to the plagues and epidemics that sweep those countries where vaccination is still practiced.

If this method of disease prevention had ever been successful, smallpox would have been eliminated from the world centuries ago, but smallpox persists in localities where vaccination is compulsory and declines where it is abandoned in favor of sanitation and hygienic measures.

The practice of inoculation spread like a noxious weed, from the savage tribes of the forgotten past into the civilizations of Africa, Arabia, Tibet, India and finally into Europe and America.

Dr. Clements in his pamphlet, *A Superstitious Custom* traces the inoculation practices through the various modern countries previous to Jenner’s day. He writes:

“In 1673 inoculation against smallpox appeared in Denmark; and in 1778, on recommendation of the medical fraternity, two inoculation houses were established by the king in the capitol.

“In Italy, inoculation was secretly practiced by the Neapolitans from early times. It was freely performed by nurses, who inoculated infants, entrusted to their care, without the knowledge of the parents.

“In 1722, Dr. Wright, a surgeon of Wales refers to inoculation against smallpox in the British Isles as ‘a very ancient custom.’ (Jenner didn’t begin his vaccinations until 1796). One William Allen, then 99 years old, said inoculation had been known and used during his entire lifetime, and he well remembered his mother stating that it had been commonly done all her life, and that she got smallpox that way.

“The first record of inoculation in France appears in

1712, and in 1763 a fatal epidemic of smallpox occurred in that country that wiped out a large part of the population; it was attributed to inoculation and for a time the Government prohibited the practice. Five years later, on the insistence of the medical faculties, this decree was rescinded and by the latter part of the 18th century inoculation was again commonly practiced in that country.

“The first record of inoculation in Ireland appears in 1723, when a medical doctor in Dublin inoculated 25 persons. Three of these died as a result, and the custom was abandoned for some time.

‘Inoculation appears to have been first introduced in Germany in 1724. It soon fell into disfavor, however, because of the many deaths in Berlin from smallpox, as a result of it. After many years of diligent medical propagandizing, the doctors were able to get the people to accept it again.

“In 1754, Peverani introduced inoculation for smallpox into Rome, but smallpox soon began to spread and opposition rose to such a pitch that the practice was discontinued, until the medical profession, after years of labor, persuaded the people to again submit to it.

“One hundred forty-two years later, Carlo Ruta, Professor of Materia Medica at the University of Perugia, Italy, protested against the deadly custom in these scathing words:

‘Vaccination is a monstrosity, a misbegotten offspring of error and ignorance; and, being such, it should have no place in either hygiene or medicine Believe not in vaccination, it is a world-wide delusion, an unscientific practice, a fatal superstition with consequences measured today by tears and sorrow without end.’

“In Ancient Greece and Rome, *the mighty nations of mighty men*, there was no inoculation—no vaccination—and no smallpox.” These nations have been known down through history as being famous for their general habits of

health, cleanliness and stability as well as their vigor and strength. Among the Greeks and Romans smallpox was unknown until it was carried there by the inoculators from other countries.

INOCULATION IN AMERICA

In America, inoculation for smallpox appears to have been first introduced in 1721 by Cotton Mather, a clergyman. His method was that of taking a toothpick and dipping it into the pus from a pustule of a smallpox patient and smearing it into a scratch on the arm of a well person. He inoculated 224 persons during the first six months of his experimentation. Six of them died from poisoning, six had no apparent reaction at the time and the rest suffered reactions of varying intensity.

“He was bitterly attacked for recommending such a practice,” says Dr. Clements, “and for a time his life was in danger. This incident incited strong opposition to inoculation, in this country A public meeting was called in Boston where the practice was deprecated as causing the death of many persons.

“It was contended that the operation was likely to prove most dangerous to those submitting to it. In the meeting the following resolution was agreed upon and published by the public authorities:

“A resolve upon a debate by the people of Boston concerning inoculation of smallpox, on the 21st day of July, 1721.

“It appears by numerous instances that it has proven the death of many persons even after the operation, and brought distemper upon many others which have in the end proven fatal to them; that the natural tendency of infusing such malignant filth in the blood is to corrupt and putrefy it, and if there be not a sufficient discharge of that malignity

by the place of inoculation or elsewhere, it lays the foundation for many dangerous diseases; that the operation tends to spread and continue the infection in a place longer than otherwise might be (as in the case of smallpox); that the continuance of the operation among us is likely to prove of the most dangerous consequences.

—*By the Select Men of the Town of Boston,
July 22, 1721*”

We observe, here, that the Founding Fathers of this country were intelligent men who were vitally concerned with the health and welfare of the people whom they governed. Although this was years before our revolution, these same men, no doubt, played a part in shaping the destiny of this country. This was also before the medical association got its strangle hold on the health of our people and prostituted the art of healing to the business of making money without giving “full value received”. Those leaders with ideals and high purposes were not able to hold the gilded-edge vaccination monster at bay very long. The high pressure “tactics” of the serum promoters finally corrupted the minds of the people and they were induced to submit to full scale vaccination in many states. America, today, is unfortunately, one of the most lucrative fields for medical exploitation.

Our Constitution promises the people freedom but the enslavement of compulsory vaccination hounds the employees and personnel of our tax supported institutions such as Civil Service, county and state hospitals and institutions, state colleges, military service, many public schools and some entire states. There is absolutely no proof of benefits from vaccination and no sound basis for its compulsion but it is forced into operation from year to year and the outraged taxpayers are forced to pay for it.

The useless and hazardous but inflexible law that requires vaccination in order to travel abroad brands U. S. as backward and unscientific. Other countries have learned the fallacy of vaccination and discarded it as worthless and deadly.

“Medical schools claim that the theory of inoculation is based on scientific facts but history proves that this claim is false. What are these so-called, scientific facts? Where are they (if any)? Medical history discusses many theories and hypotheses, but it describes no scientific facts. It is a gross misrepresentation to hold that the superstitious practice of barbarians ‘is based on discoveries made in the fundamental sciences,’ or on scientific facts.”—Clements.

The testament from medical history itself proves that smallpox increased tremendously after the enforcement of vaccination and at the present time there are far more deaths and diseases from vaccination itself than from the diseases the vaccinations are supposed to prevent. Figures and case histories to support this statement are given elsewhere in this book and in many other books on vaccination.

VACCINATION BASED ON DAIRYMAID’S STORY—NOT SCIENTIFIC

Lady Mary Wortly Montague was said to have been the one who introduced inoculation into England in 1717 after she returned from the Orient (in Turkey, where her husband was an ambassador). Inoculation was in its popular experimental stage there at that time. The custom had probably been taken by the Arabs into Africa, notably, those countries near the Red Sea. From there it may have been taken into Europe by way of the Bosphorus. When Lady Montague spoke of this practice of arm-to-arm inoculation to Jenner he said:

“Ay, but the Glouchestershire dairymaids have a better trick than that. They say that if a person takes the cowpox

from the cow, he will never after have smallpox. Now cow-pox is smallpox of the cow. Cowpox is not infectious; a person once having cowpox will never have smallpox afterwards, and there are no dangerous results to be anticipated, as there are with (arm-to-arm) inoculations.”

All these claims have been refuted by scientific findings, but as Jenner was not a scientist he was satisfied to accept the opinions and superstitions of unlearned dairymaids. Science has later presented sound proof that cowpox is not the same as smallpox and does not protect from smallpox or even from cowpox.

VACCINATION DOES NOT IMMUNIZE, SAY AUTHORITIES

Space will not permit the quoting of all the qualified authorities who brought forth evidence that cowpox has no relation to smallpox and cannot immunize against it. A few will show the trend in this direction.

Joseph Swan, in his comprehensive work, *The Vaccination Problem* (pp. 87—102) gives the results of government surveys and reports of doctors and scientists who investigated this matter. He reports Sir Thomas Watson (the distinguished surgeon and a believer in vaccination) who said:

“A little consideration will suffice to show that the vaccine disease is *sui generis*. In no sense does it own its origin to smallpox. There is no such relation between the two The true attitude of cowpox towards smallpox is an attitude of antagonism.” (*British Medical Journal*, Jan. 17, 1880)

The renowned bacteriologist, E. M. Crookshank stated:

“Cow-pox has never been converted into human smallpox, and, in their clinical history and epidemiology, natural cow-pox and human small-pox are so different, that the comparative pathologist is no more prepared to admit their identity than he is prepared to admit the identity of cow-pox

and sheep-pox, or small-pox and cattle plague.” (p. 328, *Bacteriology and Infective Diseases*, Fourth Edition, by Crookshank)

Dr. (later Sir) William Osler, one of the most highly respected medical authorities, although an advocate of vaccination was forced, by factual evidence to admit the dangers attending this practice. He did not endorse Jenner’s exaggerated promises of lifetime immunity without danger. In his *Principles and Practice of Medicine*, p. 330, 8th Edition, he wrote:

“*With the greatest care (in vaccinating) certain risks are present A quiescent malady may be lighted into activity by vaccination. This has happened with congenital syphilis, also with tuberculosis.*” (emphasis supplied)

WHAT HAPPENED TO JENNER’S LIFETIME IMMUNITY?

When Jenner promised the world that his cowpox vaccinations would give lifetime immunity “with no dangerous results” as with the usual inoculations, he admitted that inoculation had always been accompanied with danger that all recognized. It was not long, however, before Jenner’s cowpox vaccinations were followed by death and disease and that practice was also branded as dangerous and deadly.

Regarding the increased death-rate due to vaccination, Herbert Spencer states in his *Facts and Comments*:

“Jenner and his disciples have assumed that when the vaccine has passed through the patient’s system he is safe against smallpox, and there the matter ends I propose to show that there the matter does not end. The interference with the order of Nature has various sequences other than those counted upon. Some have been made known.

“A Parliamentary Return issued in 1880 (No. 392) shows ... that there was a decrease of 6,600 (per million births) in

the deaths of infants from all causes; while the deaths caused by eight specified diseases, either directly communicable or exacerbated by the effects of vaccination, increased from 20,524 to 41,353 per million births per annum—more than double. It is clear that far more were killed by these other diseases than were saved from smallpox.”

Vaccination was made compulsory in England in 1853. Judging by the data from the above quoted Parliamentary Return, it would appear that after 27 years of enforced vaccination, the death rate increased only among the vaccinated diseases. The decline in deaths from other causes was, no doubt, brought about by the improvement in sanitation and nutrition that came into prominence about that time. It was around 1840 that Sylvester Graham, Dr. Russel Thacher Trall and other pioneers of the new health movement emphasized the importance of correct nutrition and through this teaching they helped raise the health standards that saved many lives. If vaccination had not been persisted in, the great improvements in sanitation and nutrition would have had a better chance to eliminate disease. But as it is, we now have a greater scourge of killer diseases than at any other time in recorded history; and much of it is traceable to vaccination.

JENNER'S ATTITUDE TOWARD COMPLAINTS AND DISASTER OF VACCINATION

Dr. W. R. Hadwin who had considerable experience with smallpox patients in the hospitals of England and had seen the tragic results of vaccination, gave lecture in Liverpool where he discussed the typical excuses and evasions made by Jenner regarding the complaints and failures of his vaccinations. Excerpts from this lecture are as follows:

“Now, after Jenner had written a paper on this wonderful legend of the dairymaids, there came forward on every

hand no end of cow-doctors who had a large experience in the matter, and had literally flooded him with evidence of people who had had cowpox vaccinations and later contracted smallpox.

“Here was proof that he could not ignore But Jenner was one of the most resourceful men in excuse making that ever lived; let anyone read his and there will be no difficulty in coming to that conclusion.

“‘Ay’, said Jenner, ‘There are two kinds of smallpox; there is a genuine kind and a spurious kind, (laughter from the audience) and those who have been vaccinated and had smallpox afterwards, they have been vaccinated with spurious cowpox, but those who have been vaccinated and have not had smallpox afterwards, they have been inoculated with the genuine variety.’” (laughter)

Jenner had no answer when asked how to tell the difference between spurious and genuine cowpox. Neither he nor anyone else was able to find a safe vaccine, yet the vaccinations were continued without interruption with the same questionable vaccines that had no proof of purity or assurance of safety. The people reminded Jenner that a person is just as dead whether he died of spurious or genuine smallpox and it was little comfort to know that he and the government approved of the vaccine used.

When Jenner was confronted with the evidence that a group of people had been vaccinated with the same batch of vaccine but some had developed smallpox and others did not, he told them that those who were unfortunate enough to get smallpox must have been vaccinated too soon or too late after exposure to smallpox. But he never was able to determine just when was the right time to vaccinate. As many of the casualties were among his own patients it was clear that the whole procedure was operated on a basis of guesswork.

ENGLISH GOVERNMENT SUPPORTED JENNER IN HIS VENTURE

In spite of the obvious failure of vaccination, Jenner applied to the English Government for money to promote his scheme. It was on the strength of the dairymaid's story and his groundless promise of lifetime immunity, and his unscientific experiment on James Phipps that Parliament gave him 10 000 in 1802. Either Jenner had an unusual gift of persuasion or the English government was a victim of "wishful thinking" for in 1807 Jenner talked them out another 20,000 pounds which amounted to 30,000 pounds in all, (\$150,000) public funds with which to propagate his vaccination diseases and death throughout the world.

When Jenner made the statement that one vaccination would give lifelong protection against smallpox he seemed to expect that people would regard him as some great Oracle whose words would never be questioned. Even after deaths had occurred from vaccination he brazenly submitted a manuscript to the Royal College of Surgeons entitled, *An Inquiry into the Causes and Effects of Variolae Vaccine* in which he again stated his theory, "... What renders the cowpox virus so extremely singular is, that the person who has been thus affected is forever after secure from the infusion of smallpox; neither exposure to the various effluvia nor the insertion of the matter into the skin producing the malady."

The complaints continued to pour in but Jenner ignored the facts and like one possessed by an obsession he wrote in his third publication an answer to the objectors as follows: "Some there are who suppose the security (immunity) obtained through the cowpox will be of temporary nature only. This supposition is refuted, not only by analogy with respect to the habits of disease of a similar kind, but by incontrovertible facts, which appear again its ..." (Baron 1, p. 490)

Where (we ask) are these incontrovertible facts? No one has seen them and Jenner never did bring them forth. But Jenner and a certain class of doctors had discovered that vaccination could be a paying business even if they couldn't make it work; so from then on, the colossal advertising program was set up to propagandize the population into believing in vaccination.

Lord Lyttleton must have had a stake in this multi-million dollar enterprise when he stated in the House of Lords: "It is unnecessary to speak of the certainty of vaccination as a preventive of smallpox, that being a point on which the whole medical profession has arrived at complete unanimity."

This statement was not quite true because all the enlightened doctors, (of which there were not a great many) condemned vaccination. But the words of Lyttleton had their desired effect on the people and that was the purpose of the speech. Everything possible was done to suppress the facts that revealed the dismal failure of vaccination.

According to Thomas Morgan in his *Medical Delusions* (p. 48-49) "Jenner soon discovered that vaccination did not give immunity from smallpox, including some who had been vaccinated by himself and had died from it. Not wishing to bring vaccination into disrepute, he endeavored to suppress reports, and in writing to a friend, said, 'I wish my professional brethren to be slow to publish fatal results after vaccination.' And in 1810 he wrote: 'When I found Dr. Woodworth about to publish his pamphlet relative to the eruption (smallpox) cases at the Smallpox Hospital, I entreated him in the strongest terms, both by letter and conversation, not to do a thing that would so disturb the progress of vaccination.' (Barron's *Life of Jenner*)

"The foregoing plainly proves that Jenner himself was aware of the utter uselessness of vaccination; but, having

received the bounty from the government he preferred to resort to all kinds of schemes rather than acknowledge its failure.

“From its inception until the present day, the vaccination scheme has been an endless record of lies, deception, fraud, juggling statistics, and falsifying death certificates in order to preserve vaccination from reproach and to secure its continuation ... and all this after more than a century of terrible experience, which has demonstrated that vaccination has killed more than smallpox, besides crippling and disfiguring millions more.”

EVEN JENNER RECOGNIZED THE FAILURE OF VACCINATION

In his work *The Value of Vaccination* (pp. 68-69) Dr. William Winterburn says that even “The Royal Jennerian Society” (under Jenner’s direction) in its second report in 1806, “Admitted having seen a few cases of smallpox in persons who had passed through the cowpox in the usual way.” He says further:

“In the same year the Royal College of Surgeons issued a circular letter to 1,000 of its members asking their experience with vaccination. They received 426 answers, with the information of 56 cases of smallpox in the vaccinated, 66 cases of eruption and 24 bad arms.”

The *London Medical Observer*, (Vol. VI, 1810) published particulars of “535 cases of smallpox after vaccination—the operation having been performed in some of them by Jenner himself—including their names and the authorities reporting them; and similar details of 97 fatal cases of smallpox in the vaccinated, with 150 cases of serious injury arising from vaccination among whom were 10 medical men—with their names and addresses—including two professors of anatomy, who had suffered from the operation in their own families.”

(*Medical Voodoo*—Hale p. 85)

Winterburn gives additional proof of the failure of vaccination to protect from smallpox, in a report of a “Severe epidemic in Marseilles when 2,000 vaccinated persons were stricken with smallpox; and the epidemic of 1831 in Wurttemberg when 995 ‘protected’ ones succumbed to the prevailing malady.”

When Jenner was faced with the disturbing fact that vaccination with cowpox was as much a failure as the previous inoculations with human smallpox, he invented all manner of excuses which were as unconvincing as they were useless. His one—track mind seemed to admit no other thought except pus. So when cow or human putrescence didn’t prevent smallpox he continued to experiment with other varieties. He noticed that in the suppurating cracks in the feet of diseased horses there was a putrid mass of pus. This disease was called “horse grease” by some people but was considered, by some veterinarians, to be a form of syphilis of the horse. Others said it was a type of consumption or wasting disease. For some unaccountable reason, Jenner thought this pus would be a good addition to his discredited vaccines so he injected it into a cow and produced a disease in the cow. With the concoction of pus from the diseased horse and cow he made a serum. When the people learned what he had done they protested so violently that Dr. George Pearson wrote to Jenner immediately and said, “For God’s sake take the horse out, or you will damn the whole business.”

Following that incident Jenner wrote to a friend and said, “I am on the look-out to be able to make a fortune; and to appease the public.” Then, as Dr. Hadwin related in his famous lecture, “Jenner decided to take the horse out. But he was still faced with the problem of finding genuine cowpox. This he was never able to do In sheer desperation, he fell

back upon spontaneous cowpox although he had declared previously, it was absolutely useless in preventing smallpox. And it is this spontaneous cowpox vaccine, this which was denounced by Edward Jenner, this which was scouted by the so-called inventor himself as absolutely useless in protecting against smallpox; this is the stuff that is being used today under the name of ‘pure calf lymph smallpox vaccine’ and before which the medical profession is bowing, while professing to follow in the footsteps of Jenner.

“There is not one medical man in 10,000 who has ever seen cowpox in a cow . . . - and very few who have seen a case of smallpox so they really know very little about it. There are two things the medical profession should learn: The first is to know smallpox when they see it; and the next is, to know how to treat it when they do see it.” (*The Vaccination Delusion*, by W. R. Hadwin, M.D.)

RE-VACCINATION DESTROYS PROMISED IMMUNITY

“We will suppose” said Dr. Hadwin, “for the sake of argument, that cowpox is smallpox (as some doctors still claim) and that when you give a person cowpox—that is when you vaccinate him—you give him a mild (or severe) sort of smallpox. Jenner himself, said, ‘Cowpox does not prevent smallpox; it is smallpox.’ So that, according to that theory, you are literally “smallpoxing” a person when you vaccinate him ... Jenner said, ‘A person once vaccinated is forever after secure from smallpox’ and that, ‘re-vaccination would rob his discovery of half its virtues.’ But what is the medical propaganda telling you? The doctors know that vaccination will not protect you against another vaccination. If one cowpox inoculation will not protect you from being cowpoxed again, how on earth is it going to protect you from being smallpoxed? Why, the very theory of re-vaccination

is condemnatory of the whole creed. If it cannot protect against a mild form in vaccination how can it protect one from a serious form of smallpox? The most amazing thing on earth is the fact that the medical men cannot see this.” (The Vaccination Delusion—Dr. Hadwin)

JENNER FANS RESENT THE TRUTH

The Editor of *Truth* (London) answers a complaint in an editorial of his publication as follows:

“In his article, *The Fraud of Vaccination*, published last week in *Truth*, Dr. Hadwin made some remarks not altogether complimentary to Jenner, the (self proclaimed) discoverer of vaccination. These remarks led one reader to denounce both Dr. Hadwin and myself—Dr. Hadwin for libeling one of the greatest benefactors of humanity (she thinks) and myself for propagating the libel. Dr. Hadwin is well able to take care of himself. For my own part, not wishing to do any injustice to the name and fame of the late Dr. Jenner, I asked Dr. Hadwin what he had against him and he replied by sending me a pamphlet he had written on the subject. This I have compared with the account of Jenner’s life given in the “Dictionary of National Biography,” and the result is so illuminating that I will now give the salient facts as briefly as possible.

“To begin with, it is clear that Jenner never possessed anything that would be recognized today as a medical qualification. At the age of 16 he was apprenticed to a country doctor and apothecary and at 21 he was sent for two years as a pupil to Dr. John Hunter of London. At 23 Jenner returned to his native village and started to practice as a surgeon and apothecary. He continued for several years as just a plain, unqualified country doctor. At the end of this time he made his first bid for fame. In 1787 he sent a paper on *The Natural History of the Cuckoo* to the Royal Society,

and as a result, with Hunter's influence he was elected F.R.C. Three years later he applied to St. Andrew's University for an M.D. degree, and as St. Andrew's, in those days, was not squeamish about degrees so long as the fees were forthcoming, Jenner became Doctor Jenner for the modest sum of 15 pounds. (about \$75.00 in those days)

"As for the vaccination discovery it appears to have been founded upon what Dr. Hadwin calls a superstition among the dairymaids" (The editorial continues with the history of vaccination as already covered in this chapter so I do not think it is necessary to repeat it He concludes his article with this paragraph:)

'What strikes me as remarkable about the whole affair is the ease with which Jenner got his theory accepted It is true that medical research in the 19th century was not what it is today, but even then the picture of the whole of the College of Physicians and Surgeons swallowing the theory of an unqualified country apothecary, based on one totally unreliable experiment, seems scarcely credible, I should imagine that he was one of those unscientific researchers who are always on the lookout for facts to fit their theories, instead of first making of their facts"

Dr. J. W. Hodge, of New York, had extensive experience with smallpox epidemics and vaccination epidemics also. Out of his wealth of knowledge on this subject he wrote on all its phases. In a published article dealing with *Some of the False Claims, Erroneous Deductions and Self Contradictions of the of the Vaccination Dogma* he stated:

"At first it was confidently asserted that vaccination would exterminate small-pox. That claim has been abandoned by Jenner's most enthusiastic followers and the claim that re-vaccination will exterminate smallpox, was set up in its stead. The proof that the theory and the practice espoused by Jenner have been everywhere abandoned is found in the

fact that all vaccinists now admit the necessity of re-vaccination, but do not agree on the period that may be allowed between successive repetitions of the 'protective' (?) rite.

"If you ask how often it must be repeated, you will be confronted with a babel of discordant replies You can choose any answer you please from 'once only' of the original Jenner up to an indefinite repetition, 'until it no longer takes', as now prescribed by the *Chicago Vaccination Creed*"

This *Vaccination Creed* formulated by the Chicago Health Department in 1902 stated "*That true vaccination, repeated until it no longer "takes," always prevents smallpox. Nothing else does.*"

Regarding this fantastic assertion, Dr. Hodge has this to say:

"The above dogmatic deliverance aptly illustrates the recklessness of the disciples of Jenner in making bold asseverations in favor of vaccination which scorn the slightest attempt at verification."

The frequent and variegated vaccinations given to our service men give us a full-scale picture of what "repeated vaccination until it no longer takes" will do to the body and brain. Thousands of our healthiest men at the prime of life were rendered insane and millions of others were infected with disease of every description including the very ones they were "protected" against. A typical example is that of our Philippine soldiers. According to our military records: "Every enlisting soldier is subjected to vaccination at the time of being recruited, and re-vaccinated, not only on entering the U S Army, but also as often after that as seems advisable by the Army medical authorities" Chief Surgeon of the U. S. Philippine Army, said in his report, regarding the high incidence of smallpox among his vaccinated men "I can say that no Army was ever more thoroughly looked after in the matter of vaccination than ours, *and re-vaccination*

many times repeated went as regularly as the drills at a regular post."

Yet, the records show a steady increase of smallpox among these men:

In 1888—there were 76 cases of smallpox and 21 deaths from this cause.

In 1890—there were 207 cases of smallpox and 78 deaths from this cause.

In 1900— there were 246 cases of smallpox and 113 deaths from this cause.

246 cases of smallpox and 113 deaths among the thoroughly and frequently vaccinated men would hardly bear out the claim of the Chicago Creed, that says:

“Repeated re-vaccination always prevents smallpox and nothing else does.”

Jenner and his followers had committed themselves to the view that Vaccination gave life-long immunity to smallpox. Therefore, they asserted that re-vaccination was not merely unnecessary, but impossible.”

Dr. Pearson, one of Jenner’s strongest supporters said, “If a child can be re-vaccinated, then it can take smallpox; therefore, vaccination is not an equivalent for smallpox and where, then, is the good of it?” (*Medical Gazette*, 1831)

Dr. Pearson also stated, “It has been found that a person whose constitution has distinctly undergone the vaccine disease is in the future, insusceptible of that same disease.” (I wonder where he found that remarkable person.)

Here is an authority on the Jenner theory who promises that if the vaccination “takes” then a person cannot ever have another vaccination that will “take”. This fortunate person is then supposed to be immune to both smallpox and vaccination reactions (vaccina).

The cases of smallpox and vaccination diseases and deaths continued to increase in large numbers among

Jenner's prize patients so he and his supporters had to retreat behind a bulwark of excuses. As usual, these failed to shield them from the rise of public indignation, so Jenner had to discard the impossible claim of life-time immunity in order to hold onto the vaccination fantasy at all.

Although they had previously taught that re-vaccination would cancel any hope of protection from vaccination, they nevertheless, changed their policy and advocated re-vaccination. They had learned, undeniably, that vaccination would not work and were to learn later that re-vaccination was even more disastrous but it was continued in spite of this.

In 1860 the *Encyclopedia Britannica* (Eighth Edition) stated:

“Nothing is more likely to prove hurtful to the cause of vaccination and render the public careless of securing to themselves its benefits, than the belief that they would require to submit to re-vaccination every 10 to 15 years.”

Years later, the Eleventh Edition of the *Encyclopedia* shows the change of policy when it states:

“It is desirable that the operation (vaccination) should be repeated at the age of from 7 to 10 years, and thereafter, if it be possible, at intervals during life.” (The more often the vaccinations, the greater the revenue to the doctors and vaccine promoters. This is the prime consideration in this business.)

RECORDS SHOW RE-VACCINATION FAILS

Since numerous examples of the failure of re-vaccination are given throughout this book, only a few will be mentioned in this chapter to show its position in the history of vaccination.

Dr. Sobatta, of the German Army gave a report of 154 soldiers who had been vaccinated four times with a lapse of a year and a half between shots. 146 of these cases had reactions of vaccina, indicating that the vaccinations and re-vaccinations did not protect for even one and one-half

years.

Some startling results of re-vaccination experiments were published by the German Vaccination Commission in 1884. The experiments were made on 30 boys ranging in age from 8 to 14 years. Five of them had had smallpox within the previous two years; four of them had been vaccinated. The vaccinations were repeated every eight days with the following results:

Vaccinations	Of Boys	Reactions	Unsuccessful	Percent of Reactions
1st	30	7	23	23
2nd	23	9	14	39
3rd	14	6	8	36
4th	9	3	6	33
5th	6	4	2	67

The report stated that the 7 boys on the top row (including the 4 who had had smallpox) had reactions of vaccina indicating that neither smallpox nor re-vaccination had protected them for even three weeks. The 9 boys on the second row who had reactions showed that 67 per cent of the group did not have immunity that lasted even 8 days. Then the 7 boys on the top row who had been re-vaccinated were re-vaccinated again and 6 of them “took” which showed that 86 per cent of the group did not receive the promised immunity for as long as one week. The other boy in that group of 7 was reported as unsuccessful because he had developed dysentery during that week. This is an interesting point because it bears out the contention that when poisons are introduced into the body the healing mechanism

attempts to expel them by way of diarrhea, mucous discharge, eruptions, etc. The diarrhea was, no doubt, one of the reactions of vaccina which would indicate that his vaccination also “took”, making re-vaccination a 100 per cent failure in that group.

This is concrete proof that vaccination or re-vaccination does not protect against itself, or against smallpox and has no constructive quality to recommend it.

One of the favorite arguments of the exponents of re-vaccination is the claim that the re-vaccinated nurses in smallpox hospitals do not get smallpox. It would be more accurate to say that the records of the casualties of these re-vaccinated nurses are not made public. We read in the chapter on *Falsified Death Certificates* (Book II) that it is an accepted custom among doctors, to withhold from the death certificate the real cause of death when nurses (and sometimes when patients) die of smallpox after vaccination; some other causes are given. However, occasionally the private records are seen and it is then found that the vaccinated and re-vaccinated personnel show a higher incidence of smallpox and other diseases than do the unvaccinated laymen.

Many records and testimonies were brought forth when the Royal Vaccination Commission was making its investigation of this re-vaccination question. W. J. Collins, M.D. and J. A. Picton, two of these Commissioners, after weighing the evidence of hundreds of witnesses who had testified before the Royal Commission, recorded their joint conclusions on this matter in the minority report (p. 61, par. 152) as follows:

“When we consider the large number of attacks and deaths by smallpox which have occurred among our thoroughly re-vaccinated army ... as well as the number and fatality of re-vaccinated persons attacked by smallpox in London and at Warrington and Dewsbury, we are forced to

the conclusion that the remarkable immunity recorded in the cases of nurses in smallpox hospitals cannot be accounted for by the fact that they have been re-vaccinated.

“In the hospital at Bicetre during the siege of Paris, in the midst of a larger accumulation of smallpox patients than has ever been known before or since, the immunity of those attendants and doctors who neglected re-vaccination was even more marked than in the case of the orderlies who were nearly all re-vaccinated. We attach considerable importance to the narrative given by M. Colin, Chief Medical Officer to the Bicetre Hospital during the siege.

“The point of this narrative is that while 15 of the re-vaccinated or well protected orderlies took the disease (smallpox), not one of the 80 who composed the medical and nursing staff, so many of whom had neglected re-vaccination, was attacked.

“It is sufficiently clear,” declared the Royal Vaccination Commissioners, “that M. Cohn, though an impassioned advocate of vaccination, was so struck with the complete immunity of the medical and nursing staff, who by their neglect of re-vaccination appeared to offer less guarantee of protection than the orderlies, nearly all of whom had been re-vaccinated under his own eyes, that he thought it necessary to attempt some explanation.” (*The Vaccination Problem*, by Swan, p. 8)

Japan is one of the most glaring examples of the failure of vaccination and re-vaccination. Dr. Ruta, in his review of world statistics on smallpox reported:

“Between 1886 and 1892, there were 25,474,370 vaccinations and re-vaccinations performed in Japan, which meant that about two-thirds of the entire Japanese population, already vaccinated by the law of 1872, were re-vaccinated. During that 7-year period (1886-1892) of thorough re-vaccination, there were reported 165,774 cases of smallpox with

28,979 deaths.”

When our U. S. Army of occupation moved into Japan after World War II, we could have been the means of liberating these needy people from this curse of medical ignorance, but instead, our medical, drug and chemical companies moved in also with their program of exploitation, and as a result, under the MacArthur regime, “The people were given the largest immunization and vaccination treatment in history. Every Japanese, received two smallpox shots making a total of 160 million vaccinations.” (*LIFE*—Aug. 22, 1955)

CHAPTER 5

CANCER CAUSED BY VACCINATION

“The chief, if not the sole cause of the monstrous increase in cancer has been vaccination.”—Dr. Robert Bell, the famous cancer specialist of the British Cancer Hospital.

We do not claim that vaccination is the only cause of cancer although Dr. Bell (quoted above) observed so many cases of cancers at the site of the vaccination and elsewhere, but directly traced to this cause that he affirmed that vaccination was the cause of the great increase in the cancer rate.

Dr. Bell is just one of the many authorities who have been faced with the uncomfortable realization that the blood contamination from vaccines is one of the leading causes of cancer.

Dr. E. J. Post, a prominent physician of Berlmont, Michigan, said:

“I have removed cancers from vaccinated arms exactly where the poison was injected.”

In the *New York Press*, January 26, 1909, W. B. Clark stated:

“Cancer was practically unknown until cowpox vaccination began to be introduced. I have had to do with 200 cases of cancer and I never saw a case of cancer in an unvaccinated person.”

Dr. Herbert Snow, Surgeon of the London Cancer Hospital, had this to say:

“I am convinced that some 80 per cent of these cancer deaths are caused by the inoculations or vaccinations they have undergone. These are well known to cause grave and permanent disease of the heart also.”

Dr. Dennis Turnbull, who had studied cancer for 30 years declared:

“I have no hesitation in stating that in my judgement the most frequent disposing condition for cancerous development is infused into the blood by vaccination and re-vaccination.”

Dr. Forbes Laurie, late Medical Director of the Metropolitan Cancer Hospital, (London) said:

“I am thoroughly convinced that the increase of cancer is due to vaccination.”

“In a carefully written pamphlet on *Cancer and Vaccination*, by Esculapius, the writer concludes as follows:

‘No candid and scientific inquirer who has read the recent works of Drs. Creighton, Edgar Crookshank, and Scott Tebb, can be surprised that an alarming increase in cancer is even now evident. Those who adopt so blindly the brutal practice calf-lymph vaccination are but too surely sowing the wind which they must inevitably reap as the whirlwind, a whirlwind of corruption, disease, and national deterioration. Where the so called human lymph is employed, syphilis, leprosy, and tuberculosis follow in its train ; and wherever calf-lymph is used, tuberculosis and cancer spread like a conflagration.’” (p. 185, *Vaccination A Curse and A Menace To Personal Liberty* by Dr. J. Peebles).

Sir Thomas Paget M.D., tells us that “the progress of vaccine infection in the blood shows us that a permanent morbid condition is established; in the tissues themselves, it is also established by this specific poison.”

Dr. Benchetrit states that serums and vaccines “are principally responsible for the increase of those two really dangerous diseases, cancer and heart disease.”

Dr. F. P. Millard, prominent Osteopath of Toronto and President of the National League for Prevention of Spinal Curvature says: “Abolish vaccination, and you will cut the cancer death-rate in half.”

PHOTOGRAPHS OF FATAL CANCER CASES
CAUSED BY VACCINATION

Although there have been thousands of cancers caused by vaccination space will not permit the reviewing of the case histories or even a small fraction of them. The photographs below will give an idea of the tragic condition and intense suffering brought about by this curse of the modern age—vaccination.



Mrs Helen Goates

*Photograph by permission of
Harbison Printers, Oceano, Calif.*

Mrs Helen Goates of Bolivar, Missouri was a strong, healthy woman with no skin trouble or chronic disease when she was persuaded, during a vaccination drive, to submit

to vaccination. Almost immediately, after the injection, an inflamed swelling started to develop around the vaccination. It continued to increase in size and intensity until it covered her entire arm and hand. After a period of time it spread over her back and breast as is shown in the photograph.

She was treated by more than a dozen doctors and cancer specialists but the condition grew steadily worse until death relieved her of her agony. Before her death she requested that a photograph be taken of the cancer in order that others might see the results of vaccination and be warned, in time against this ever present danger of vaccine poisoning.



Benjamin F. Olevine

*Photo from Vaccination and the
Medical Profession, Case XXV*

The cancer does not always start immediately. It usually takes months or years for the poisons to degenerate enough tissue for a cancer to form.

It is for this reason that most doctors fail to recognize the

connection between the vaccinations and the cancers. The following photograph is an example of a later development.

Benjamin F. Olevine of Altoona, Pennsylvania, was vaccinated when in good health. Two months later a sarcomatous (tumorous) growth began to develop where the vaccination sore had not healed. The growth reached enormous proportions, as may be seen from the photograph, and caused intense pain and untold suffering, not, only in the arm but throughout the entire body. No cure was possible and his misery was relieved only by death.

AMERICAN CANCER SOCIETY REVEALS STARTLING FACTS

The 1955 advertising circular sent out by the American Cancer Society, states:

“Cancer will strike one of every four persons now living according to the present estimates.

“More children from 3 to 15 years of age die of cancer than from any other disease.”

This is a shocking, tragic situation when we consider that just a short time ago—less than 50 years—cancer was unheard of among children. It was, even then, a rare disease associated with old age degeneration. But today, after the intensive vaccination programs conducted several times a year in the schools, cancer has become so prevalent that it is now taking a death toll among the children that is almost unbelievable.

According to the report of the American Cancer Society, “The cancer death rate has increased from 65 persons per 100,000 in 1900 to 134.8 persons per 100,000 in 1948.”

Newsweek magazine (April 25, 1955) stated that cancer took 128,000 lives in 1933. In 1953 (just 20 years later) the death rate from cancer had increased to 224,000 with an estimated cost of \$175,000,000 in hospital bills and \$12,000,000

yearly loss of productivity of the afflicted.

The recent 1955 report of the American Cancer Society, stating that cancer strikes one out of every four persons in the United States, means that 25 per cent of the people are cancerous. Our present population is 160,000,000. Every fourth person, or 25 per cent of our population amounts to 6,400,000 people. Is this our present cancer rate, as compared to only 224,000 two years ago in 1953? If these figures are right then our cancer rate has increased from 128,000 in 1933 to 6,400,000 in 1955 which is an increase of 6,272,000 cases of cancer in the short span of 22 years. This staggering increase in a preventable disease is a grave reflection upon our present system of living with its popularized blood pollution practices by way of vaccination campaigns and mass poisoning as a result of government enforced spraying of fruits and vegetables with deadly lead arsenate and other poisons. The power politics of the drug and chemical companies have also influenced legislation to set aside vast sums of the taxpayer's money with which to buy their poison chemicals, such as chlorine, fluorides, etc., for contaminating the public water supply and for enforcing tuberculin testing of cows. The people are told that these practices are beneficial but facts disclaim these statements. (See the chapters on *Drugs vs. Health* and *The Case Against Tuberculin*—Book II)

DOCTOR FORESEES A NATION OF INVALIDS

Dr. S. S. Goldwater, New York Commissioner of Hospitals pointed out in *The Modern Hospital Magazine* that the present measures used to check contagious diseases may permit of longer life—but not of stronger life. As a result of the drugs, vaccines and other suppressive treatments used to check diseases, he says that, “chronic diseases are growing at

such a rate that America may become a nation of invalids. Over half the hospital beds are filled with chronic sufferers, both old and young.” (from Health Practitioner’s Journal, June, 1944)

FAULTY CANCER RESEARCH IMPEDES PROGRESS

There is no argument against the urgent need for the prevention and cure of cancer. Doctors as well as laymen recognize the dangers of this advancing menace; but there is great confusion and conflict regarding theories and practices used in treating cancer. The medical and non-medical schools of healing have opposing views which set up a state of warfare between them instead of the unity and cooperation that should prevail in order to solve this critical problem.. A few of the drugless doctors are using cancer treatments that are 80 per cent more effective in removing cancer than those used and endorsed by the medical profession as a whole. But the monopolistic domination of the A.M.A. constantly thwarts these efforts toward improvement because they cannot collect the fees.

It is no secret that the newspapers are also muzzled by the A.M.A., and are not permitted to publish any health news, or information or advertise any books about health without the sanction of the Medical gestapo through their hirelings in the Better Business Bureaus. If health information reflects unfavorably on the medical profession or exposes its rackets it is immediately suppressed no matter how factual and critical to life it may be. The health books in tax supported public libraries and schools are also limited to the out-of-date, erroneous, “slanted” data passed upon or written by medical men.

THE MEDICALLY MADE IRON CURTAIN

Because of this medically made iron curtain, the public is shown only one side of the cancer picture and is constantly being drilled on the one theme endorsed by the medical hierarchy—that “there are only three proved ways—and only three—to curb cancer (1) X-ray, (2) radium, (3) and surgery, either singly or in combination ...” (From *Cancer Facts*, 1955, by the American Cancer Society)

If it is true, as they state, that the medical profession has three proved ways to cure cancer, why is there such a rapid increase in cancer every year? Why do we see thousands of deaths occurring all the time, of those who have been treated by these “proved” methods? Also, why do we have this never ending fund raising cancer campaigns to support laboratories that are supposed to be hunting a cure for cancer? If one of these claims is true, it cancels out the other; that is: if they have a proved cure for cancer then it proves that the cancer campaigns are merely money making schemes for the pleasure and profit of the promoters. On the other hand, if they know that they have no cure and are deliberately taking money (large sums) from their patients under the false pretenses of offering a proved cure that does not cure, but instead often kills the patients, then they are engaged in fraudulent practices and should be dealt with accordingly. The law is not lenient with fraud cases, even when they do no bodily harm. Many innocent drugless practitioners and writers of non-medical health books have been barred from the mails on fraud charges merely because they disagreed with accepted medical theories. (See chapter on *Medical Interference*)

NINETY PER CENT DIE OF MEDICALLY TREATED CANCER

Medical authorities, themselves, have estimated that “over 90 per cent of the medically diagnosed cases of cancer die of it in spite of frequent applications of both surgery and radiation.” Dr. James Ewing, one of the “expert witnesses” at a Senate hearing, admitted this high death rate of medically treated cancer and further voiced the pessimistic view that he “did not believe there is any reasonable expectation of a great discovery entering the cancer field in this age.” This indicates that he also believes that the cancer campaigns and laboratories are merely in the business for profit.

Although most of the confessions of failure have been made in the privacy of the medical conference chambers, a few of them have reached the public by way of reports in medical journals and sometime through legal investigation. One of the voluntary confessions was made by Dr. Raballati, who stated, “In the early part of my career I performed over 500 major operations for cancer and growths, and it was the uniform lack of success with the knife that caused me to search for other means of more effectively treating cancer—though without success.”

At the Atlantic City Convention of the American Medical Association [A.M.A.], when each cancer specialist was asked what was the cause of cancer, each one in turn admitted he did not know. One of them said, “I admit I know neither the cause nor the cure of cancer—and neither do you, not anyone else here.”

This statement, no doubt, voices the orthodox medical view regarding cancer. If they did know the cause of this disease they would not use the three hazardous treatments they claim are the only “proved cures”.

CANCER—NO MYSTERY

Outside the medical field and among the few independent physicians who dare to think for themselves, there are to be found those who do know the cause and cure of cancer because they understand the underlying cause of disease in general. Only when this is known can the right approach to prevention and cure be attempted with any certainty of success.

Dr. Herbert M. Shelton is one of these men with a clear view as to the cause and control of disease. In an article in *The Hygienic Review*, for April, 1949 he writes:

“Cancer has no secret. It is but a part of general pathology (disease). It is an end-point in a chain of pathological sequences that need only to be watched to be recognized. There is no specific cause of cancer. It is merely another and final link in the pathological chain that began in infancy with the first cold. It is a product of pathological evolution...

“They (the medical profession) insist upon viewing cancer as some spontaneous horror that suddenly springs upon its victims from out of the void. They refuse to recognize the office of the general causes of pathology in the production of cancer.

“So long as cancer “research” is only a search for a “cancer secret” that, after all, is but a figment of the imagination, their experiments will continue to be sterile repetitions of experiments that have already been performed .

“What, then, is the cause of cancer? It is an evolution out of toxemia (poisoning). Toxemia is a chronic state, due to ones enervating (depleting) mode of living. Toxemia produces the chronic local irritative conditions that form the site of cancer. External irritations such as tobacco, mineral oil, alcohol, spices, coal tar products, drugs, etc. may and do add to the cause in many cases, but it is noteworthy that only a few of those subjected to these irritants develop cancer. In

the absence of sufficient tissue degeneration from chronic toxemia, the body successfully resists these irritants.”

J. Ellis Barker has this to say regarding the cause of cancer (This quotation is from his book on cancer, forwarded by Sir Arbuthnot Lane, famous English Surgeon and physician to the Royal Family of England.):

“The cause of cancer is two-fold: (1) chronic poisoning and (2) vitamin starvation.” (The required vitamins do not include the manufactured products by that name many of which are coal tar products and injurious in themselves. The only vitamins worthy of the name are to be found in natural, unprocessed foods such as vegetables and fruits, nuts and grains—E. McBean) “The poison may be introduced from without or generated from within. In the former class are aniline and paraffin fumes, deep burns of any kind—including X-ray and radium burns, and arsenical poisons (as in arsenic insecticides sprayed on fruits and vegetables) whether breathed in through the lungs or taken as medicine into the system through the mouth or by subcutaneous injection.” Mr. Barker quotes other authorities to show that “continued medical use of arsenic, even in extremely small doses, may lead to cancer after 20 years or more, and even after the discontinuance of the drug.” He referred to the Silesian miners in the cobalt mines of Schineeverg, “who developed a most unusual form of cancer—a cancer of the lungs, from breathing in arsenic after having been employed in the mines for more than 20 years.” (Medical Voodoo, p. 207)

Dr. George S. Weger, a “reformed” medical doctor who rose head and shoulders above his colleagues, summed up the cancer situation, in his *Genesis and Control of Disease*, (p. 334). He wrote:

“No germ for cancer has yet been found, and, in the author’s opinion none ever will be found. Cancer is one

disease that is distinctive of toxemia, (poisoning) plus trauma, plus irritation. It occurs most frequently in selective areas but may be found anywhere in the body. No infection of secondary nature is necessary to make this abnormality a cancer by conversion from something else. If a cancerous mass breaks down, softens, and suppurates, it is usually in a late stage and signifies a serious breach in the defenses—the vitality of the individual—and the toxemia then immediately takes on the characteristics of sepsis which destroys the life of the blood.

“Some specialists advance the theory that cancer activity is dependent upon a vegetable parasite, a protozoa, identified as *Trichomonas*. It is conceded, however, that this parasite (if any) is not capable of producing cancer without the accompaniment of two other important factors: first, proper soilage (toxemia); second, continued irritation or injury.”

Another cancer authority who recognized that toxemia or internal poisons cause cancer, is Dr. Robert Bell, Vice-President of the International Society for Cancer Research. His statement in *The Medical Record* for March, 1922 reads as follows:

“Cancer is rooted in every drop of blood in the body, and we may as well expect to stop the growing of apples by picking them off the trees ... as to expect to destroy malignancy in the human body by attacking the outward growth, For depend on it, every cell of the body is affected, and has been affected for a long period, prior to the appearance of the local outcrop In my view, cancer is the outcome of prolonged toxemia, and a vitiated (polluted) blood supply affecting the nervous system and the efficiency of the endocrine glands, which explains the absence of healthy-metabolism and the dire disturbance which we call cancer.”

LYMPHATIC INVOLVEMENT IN CANCER

Without going into technical detail on this subject it is, nevertheless, important to show the relationship of the lymphatic glands to vaccinal cancer. The lymph vessels form a fine network that interpenetrates the connective tissue and covers the entire body. The continuity of these lymph vessels "is interrupted by interposed nodular aggregations of lymph tissue which are known as lymph glands." (*Textbook of Anatomy*—Cunningham) One of the functions of the lymph glands is to filter the poisons from circulation before they reach the cells. When an excess of poison is generated in the body or is introduced from the outside as in vaccination, the lymph glands become enlarged in an effort to collect and hold in abeyance, the accumulation of poison. In the case of blood poisoning or a bite of a poison insect a lump usually forms under the arm or in the groin, to meet the emergency, but disappears again when the condition has healed. In the case of the continued intake of poison such as tobacco, coffee, drugs, etc., the glands most effected keep enlarging to accommodate the inflow of poison. A protective coating of tissue is formed around the gland to protect the body from collected poisons. It is this wonderful defense mechanism that the body provides against the ignorance and willfulness of the individual, that the doctors attack as an enemy. They call it a wild growth of tissue—a cancer or tumor. To cut or burn (as with radium, X-ray or surgery) this bulwark of protection is to add insult to injury and allow the self-generated poisons to flow unchecked through the body and do serious damage to the vital organs, tissues and glands.

Dr. J. Morrison, former Professor of Chemistry and Toxicology in the Medical Department of the National University at Washington, D. C., had ample opportunity to observe the lymphatic involvement in cancer and other

diseases during his many years as a specialist in nervous and chronic diseases. He was formerly a member of the Medical Council and Examiner in the College of Physicians and Surgeons, (Ontario, Canada). Regarding cancer he said:

“Cancer can only attack the organs and tissues moderately or abundantly supplied by the lymphatic circulation ... Therefore, cancer is a disease of the lymphatic system *per se* in the same sense that tuberculosis is regarded as a disease of the lungs or respiratory system.”

Speaking of causes he had this to say: “Two well-known causes of this fatal malady are, (1) nicotine (tobacco) poisoning and (2) vaccination, which is certainly the most prolific cause of both external and internal cancer Vaccine virus poisons the lymphatic system, impairs its function and lays the foundation for internal cancer, for which there has hitherto been no (successful medical) treatment or relief.”

In Ontario, Canada, vaccination is very seldom performed and it is not a mere coincidence that cancer is exceedingly rare there. On the other hand, Massachusetts, in the United States, is one of the nine backward states that defy the Constitution in forcing vaccination upon school children. The cancer rate is so high there, that there have been established more cancer hospitals per population than in other states not under compulsory vaccination laws. However the multiplying of medical hospitals has never solved the cancer problems because their methods defy the laws of nature, ignore the cause and purpose interfere with the orderly healing efforts of the body. As long as continue to attempt to remove the cancer without of poison) so long will they meet with failure or, at best, see the temporary appearance of success. Some of the patients may survive the medical treatments and have no return of the cancer, so far as outward symptoms are concerned, and yet the interference with the protective efforts of the lymphatic system may

release the poisons into the blood and cause heart trouble or some other chronic disease.

Some of the most observant doctors have recognized the hazards of cutting or tampering with a growth on the body. Dr. Leo Loeb, of the University of Pennsylvania, sometimes referred to as “the father of cancer research in America”, said that he learned early in his cancer practice that “merely drawing a silken thread through a benign, slowly-developing tumor would transform it into a malignant, rapidly developing one,” and that cutting with a knife had the same effect.

In spite of this knowledge among the best qualified authorities, the cutting and burning is continued (with X-ray, radium and surgery)—no doubt because it is so profitable. The latest cancer propaganda urges the women to do some self-diagnosing and hunt for lumps on the breasts. These lumps are nothing but overworked lymphatic glands and since most people are toxic they will find some that will feel tender. The medical advice is that they should rush to the nearest hospital and have them operated on, but the advice of common sense and sound reasoning is to leave them alone and do some internal housecleaning in the form of fasting and proper diet.

DOES DIET HAVE ANY EFFECT ON CANCER?

The American Cancer Society, in a circular entitled *Facts and Fallacies About Cancer* says: “Cancer is not caused or cured by any known diet.” Since most of the statements in that leaflet are false, this one is not to be taken seriously either. Abundant evidence to the contrary proves this claim to be without foundation in fact.

Dr. Willard Parker, who for 30 years held the chair of surgery at Columbia University Medical School was quoted as saying:

“Luxurious living, and particularly excess in animal food, increases the waste products of the body, which if retained in the system have a tendency to produce abnormal growths Cancer is to a great degree one of the final results of a long continued course of error in diet, and a strict dietetic regimen is, therefore, a chief factor in the treatment—preventive and curative.”

Another authoritative voice to be heard on this subject is that of Dr. Horace Packard who in an address to the Homeopathic Surgical and Gynecological Society of Chicago in 1915 said:

“Some critical examination of the habits of life of civilized, cancer-plagued people, in comparison with the habits of primitive, cancer-free people, shows that the main difference between them is in a dietary poor in mineral salts among the cancer plagued and a dietary rich in mineral salts among the cancer-free people, the most logical and rational course is to adopt this as a keynote to cancer treatment.”

Mineral salt, needless to say, does not mean common table salt (sodium chloride) which is a poison irritant in itself, and excessive use of which can cause death in a few hours. The foods high in mineral salts are fresh vegetables, fruits, seeds, nuts, grains, sea plants, etc.

This partly accounts for the remarkable recoveries of cancer patients who had been given up as hopeless by the medical doctors but who went on a simple fast followed by a grape diet or carrot juice diet at home. Many reports have been received of recovery from cancer of the stomach after a systematic raw carrot juice and vegetable diet but the carrot juice had a negative effect on cancer of the liver. Many cases of external and internal cancer have been reported cured as a result of a fast followed by a 30-day diet of fresh (unsprayed) grapes. Some used crushed grape leaf poultices on the external cancer. Others have recovered on an extended

fast including water but no food or juices. One cancer patient did not respond to this or any other treatment. She had been under medical care and had received the full course of X-ray, radium and surgery, before she decided to go to a drugless sanitarium to try the fasting and diet regimen. Even fasting cannot save the patient when cell degeneration has advanced to the point where a large percentage of a vital organ has been destroyed. However, even these hopeless cases experience an easy and more painless death by fasting, this is far superior to morphine or other drugs.

HOW SHALL WE LEARN ABOUT FASTING?

Since fasting (the foundation of healing) is not taught in the schools, not even medical schools, where healing should be taught, how shall we learn the correct technique of this important healing measure. Few writers are sufficiently experienced in fasting to be qualified to write on this subject, therefore there are only a very few dependable books available that should be used as guides. As wonderful as the fast is in eliminating pain, and disease it should be preceded by a thorough study of the technique of fasting in order to know what to do about the reactions or healing crises that occur from time to time as the accumulation of toxins are brought into circulation to be eliminated. These reactions may be in the form of fainting, vomiting, diarrhea, coughing or some other violent cleansing effort. Unless the patient understands the situation he may become alarmed and call a doctor who would give drugs to suppress the discharges. All drugs are poison and poisons at this critical time could cause death.

The most experienced fasting authority in this country is Dr. Herbert M. Shelton who has fasted thousands of patients with almost miraculous results. Therefore, his book on fasting, (Volume II of *The Hygienic System*) is the

standard authority on the subject. *Therapeutic Fasting* by Arnold De Vries is another reliable book. This author fasted 45 days to test this system after studying many of the best books on the subject.

There are several other books that cover the subject of the fast but do not give sufficient data on breaking the fast and how to follow it up. The right way to end or break the fast is as important as the fast itself and can be dangerous if the wrong foods are eaten at this time. The appetite returns after a complete fast and the patient may be tempted to eat some of the same foods he considered nourishing before the fast, only to learn that his body chemistry has normalized during the fast and many wrong foods will react as poisons. For instance, one person broke the fast on two chocolate bars and soon died as a result of it. Chocolate contains a poisonous drug (theobromine) which is almost as harmful as the drugs in coffee. Another person broke the fast on beef steak and fried potatoes and also died soon after. No one dies of a fast if it is properly conducted and terminated. Most medical doctors think that fasting is starving but the average person, even a sick person, can fast 40 days before the starvation process even begins to take place. This point is usually indicated by the pink, clean tongue, which has been gray and coated during the fast. This is the cue to break the fast, as the cleansing is completed. If the fast is continued after that point the body begins to use some of the tissues of lesser importance in the starvation process. Fasting is never intended to extend into the starving period, therefore fasting is not starving.

WHAT KILLED BERNARR MACFADDEN?

The newspapers quoted the doctors as saying that Bernarr MacFadden died of a three-day fast. They also quoted his lawyer as saying the same thing. The lawyer, Harry Gilgulin,

was shocked when he read the statement he was supposed to have made. Excerpts from a published letter (*Hygienic Review*, Jan 1956) refuting this statement are as follows: “I could never have made such a statement since I myself fasted some eight or nine times for a total of 175 days and benefitted enormously from each of these fasts. . . Three of my fasts were of 30 days duration and my wife’s two fasts were of 34 and 30-day duration. . . As a staunch supporter and enthusiastic advocate of hygienic living and an ardent believer in fasting, it must be obvious to you that I could never have made the statement attributed to me by the newspapers.

“What I did tell the reporters was that whenever Mr. MacFadden didn’t feel well, he would go on a short fast of several days duration . . . He had fasted three days but broke the fast improperly by one small glass of fruit juice in the morning and a meat meal with eight or more pats of butter in the evening and that the improper breaking of the fast is not only dangerous but may lead to dire consequences and even death.”

Mr. MacFadden was taken to the hospital and what they did to him in the way of shots and medicines was not stated, but he died soon after being taken to the hospital. People do not die of three day fasts, especially athletic men like MacFadden who are used to fasting. I talked to a man who had just completed a 21 day fast to restore his eyesight. He had been totally blind for 9 months. The fast had cleansed his blood stream enough to enable the opaque film over his eyes to dissolve and he was reading a newspaper when I met him. Soon after that I talked with a man who had just completed a 60 day fast to cure a persistent case of psoriasis. He was entirely healed after the fast on water—no food or juices—and had so improved in health and strength that he was helping the workmen dig a swimming pool at

Dr. Bernard C. Jensen's health sanitarium where he fasted.

Dr. Shelton, in his *Hygienic System*, Vol. 7, page 613 said:

“The effects of fasting are certain. There is nothing hit-or-miss about the process. It works always in the same general direction.”

This deviation into the subject of fasting and diet may seem a little off the subject in a chapter on cancer yet it is of great importance in that it offers the best solution to the cancer problem. In fact it is the basis of healing of all diseases, with the possible exception of those which are products of the imagination. Even in those cases a fast would help the mental and emotional re-adjustment.

Since beginning this chapter on cancer my attention has been called to a severe, seemingly hopeless case of cancer of seven years standing. The woman has been a bed patient, unable to walk for many years. Recently she abandoned her medical treatment and, as a last resort, decided to try what her doctors called a “crackpot diet.” This simple diet, so frowned upon by medical men, is nothing but freshly made carrot juice, one or two quarts a day, a glass or so every hour. After six days on this carrot juice she had the first peaceful night's sleep, without pain, in seven years. At the end of two weeks she could walk, with aid, to the car and go for a ride. Distressing reactions will no doubt, be experienced within four more weeks but she will be prepared and understand what to do. She has learned that there is hope of recovery from cancer and all diseases when the simple laws of nature are understood and followed.

WHAT'S WRONG WITH EARLY DIAGNOSIS?

The medical profession boasts of having “three proved cures for cancer” namely X-ray, radium and surgery, and yet the cancer-rate continues to mount year after year. When people ask the reason for this, the doctor’s favorite answer is: “The patients came too late—early diagnosis would have saved them.” We might be able to believe this argument if it were not for the fact that there never was a time in recorded history when there was so much early diagnosis as right now in this country.

This mass diagnosis starts at the tender age of four and a half years when the children start to kindergarten. The teachers are instructed to examine the children every day for obvious symptoms of disease and report it to the school nurse. The nurse examines them, herself, each week and reports her findings to the doctors and the doctors and dentists come in for their check once or twice a year to round up considerable business for themselves by frightening the parents into needless treatments and operations for their children. The tonsils are the most vulnerable targets of these “mixed up” doctors. Tonsils are very necessary lymphatic glands of filtration that enlarge when the body is overloaded with incompatible foods and drugs. Certain drugless doctors claim and have proved that enlarged tonsils are 100 per cent curable under the right non-medical treatment.

The public is bombarded with cancer literature stressing the need for early diagnosis. The people are even told to do their own diagnosis—hunt for lumps on the breast, growths, moles, sores, etc., that could be treated as cancer. And yet, the doctors, themselves, don’t even know how to detect cancer in many cases. No wonder there is so much confusion, suffering and death with so many blind leaders of the blind. On page 8 of the *Doctor’s Manual* put out by

the American Cancer Society we read:

“It is a well-known fact that a considerable number of malignant tumors are not recognized by the doctors themselves when the patients present the early symptoms of the disease. The early diagnosis of cancer is the one factor of greatest importance in the successful control of the disease, but unfortunately the early symptoms of cancer are not distinctive, and serve only to arouse suspicion of the presence of the disease . . . In most situations, the dictum holds true that the more certain the diagnosis the less the probability of cure.”

So here we have the admission from the medical cancer field, that they are not sure how to detect cancer until it is too advanced to be cured.

I have had patients tell me that when they went to the doctor with a painful lump the doctor said it had not reached the cancer stage and they had nothing to prevent its developing into cancer but to come back in a few months when it had turned to cancer and they could use their standard “cures” (?) radium, X-ray, and surgery.

During the frenzy of one of the Cancer Week scare campaigns, someone asked the question, “Is there not some danger in developing “cancerphobia” in the public mind by this scare-head publicity?”

Dr. John Cerster, chairman of the New York Committee of the Society for Control of Cancer, replied that “it would be a good thing if it did; anything that would scare the people into going to a physician for an examination would be beneficial.”

The financial benefit to the doctors is apparent but the benefit to the people is in reverse ratio to the amount of diagnosis and treatment given. This is obvious since the cancer rate has quadrupled within the past ten years.

Dr. G. Earl Thomas has charged that, “cancer is the

most profitable disease that the members of the A.M.A. have.”

One of the noted American cancer authorities, Dr. L. Duncan Bulkley, senior surgeon of the New York Skin and Cancer Hospital, denounced the popular medical claim that cancer is a “surgical disease” when he stated:

“Cancer is not a surgical disease. Neither surgery nor X-ray nor radium have changed, in anyway whatever, the ultimate mortality of cancer in forty years. It was 90 per cent in 1884. Now it is 92 percent”.

For more details on the other side of the cancer question see the book, *Is Cancer Curable?* published by Health Research.

CHAPTER 6

SYPHILIS AND VACCINATION

“If syphilis were as infectious as most medical men believe it to be, there would not be an uninfected person in the world.”—John Tilden, M.D.

Dr. M. Ricord, one of the most noted authorities on syphilitic affections, in a lecture to medical men in Paris, said:

“At first I repelled the idea that syphilis could be transmitted by vaccination.

The recurrence of facts appearing more and more confirmatory, I accepted the possibility of this mode of transmission, I should say, with reserve, and even with repugnance; but today, in the face of all these facts I hesitate no more to proclaim their reality Who, pray, will run such a risk to escape smallpox?”

Dr Brundenell Carter, surgeon to St George s Hospital, London, observed: “I think that a large proportion of the cases of apparently inherited syphilis are in reality vaccinal; and that the syphilis in these cases does not show itself until the age of from eight to ten years, by which time the relation between cause (vaccination) and effect (syphilis) are lost sight of.”

Dr. Ballard, one of the vaccine inspectors for the English government stated:

There can be no doubt that the vaccine virus and the syphilitic virus may both be drawn at the same time, upon the same instrument, from one and the same vesicle. The vesicle which is thus capable of furnishing both vaccine and syphilitic virus may present, prior to being opened, all the normal and fully developed characters of the true Jennerian vesicle as ordinarily met with”

In his book entitled *Compulsory Vaccination*, from his years' world wide research, Dr. J. M. Peebles (M.D., Ph.D.) gave an account of seventeen school girls who developed syphilis as a result of vaccination at Lebus, near Frankfort. Yet the vaccinator's report stated that the vaccinations were from the regular, official calf-lymph "absolutely pure, glycerinated, sterilized, all germs but the 'vaccine sporule', destroyed, hermetically sealed until used."

Protesting the vaccination laws in various cities he says: "Think of it, fathers and mothers, who would bring your daughters up to be comely, chaste and pure, that your state and municipality should place you under absolute compulsion to observe a rite to taint these maidens with the disease against which civilization revolts."

Nichols adds, "At the present time little children are subject to the assault (with a deadly weapon—the poisoned needle), and a healthy, unvaccinated child, in the eye of the law, is considered a nuisance and as dangerous at time of an epidemic as a mad dog."

"Viewed in this light," Nichols continues, (in his *Blunder in Poisons* page 41) the blunder, perhaps of greater gravity than that of transmission of tuberculosis by vaccination, again becomes the crime; vaccination for mere business interest would be (and is) a deliberate assault on the health of a community, and the medical man committing the assault might well be termed 'a perverter of common sense and an enemy of the human race' "

In *The Vaccination Superstition* (p. 35) Dr. J. W. Hodge writes:

"Think of the unparalleled absurdity of deliberately infecting the organism of a healthy child with the poisonous matter obtained from the sores of a sick animal, under the pretense of protecting the victim of the ingrafted disease, against the contagion of another disease.

“So-called successful vaccination is nothing less than the implanting into the body, the virulent products of diseased animal tissue, with the effect of inducing actual disease. The performance of such an operation, in the very nature of the case, violates every principle of modern aseptic surgery, the legitimate aim of which is to remove from the organism the products of disease and never to introduce them.”

Professor Scott Tebb, in a treatise against compulsory vaccination stated:

“Once admitted that the risk of contracting venereal disease is real, and one which no amount of care can guard against even if vaccination were a preventive of smallpox, all ground for compulsion vanishes, for it then becomes a ground for personal responsibility, as in any other operation or treatment involving risk of life and health. No surgeon would dream of administering chloroform or performing the most trivial operation without first gaining the patient’s consent, and therefore, no authority, whether medical or state, has the right to override the patient’s scruples. Compulsory vaccination is now beginning to be recognized, even by medical men, as a grievous and mischievous mistake, and I have not the slightest doubt that the profession would gladly relinquish it tomorrow, if their credit and prestige were not so deeply involved.”

So enormous are the profits from vaccination that many efforts are made by members of the medical profession to minimize the dangers of syphilis caused by vaccination. One of these, Dr. Henry A. Martain, of Boston wrote a paper denying the possibility of syphilitic infection from this cause. *The London Lancet* (Medical Journal) in criticizing this paper said: “The notion that animal lymph would be free from chances of syphilitic contamination is so fallacious that we are surprised to see Dr. Martain reproduce it.”

Professor Fournier said: “A real and serious danger

incurred in vaccination is that every (vaccinated) individual is destined to undergo, one or several times in his life the danger of vaccinal syphilis. For myself alone, I have knowledge of two actual epidemics of this disease (vaccinal syphilis)”.

ENCYCLOPEDIA ON VACCINAL SYPHILIS

In the *Encyclopedia Britannica* (9th edition) under the heading “Smallpox— Cowpox,” Dr. Charles Creighton says:

“The real affinity of cowpox is not to smallpox, but to the great pox (syphilis). The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of everyday practice is, to all intents and purposes, a chancre (syphilitic ulcer).”

“The photographs, Fig. 1 and 2 show the marked similarity between the smallpox vaccination roseola and the syphilis ulcer.

In his voluminous work on vaccination Crookshank tells us that “Auzias Turenne, of France, was the first to point out that cowpox is analogous to syphilis; but even the earliest opponents of vaccination regarded the disease as “lues bovilla”, (syphilis) and it had even been suggested that the cow had derived the complaint from milkers who were affected with syphilis. However, there is no more ground for believing in the latter theory than there is for believing that cowpox is produced by milkers suffering from smallpox.

It is the course which the malady runs which brings it so closely into relations with syphilis, There appears to be very little doubt that syphilis may be transmitted by vaccination; but many cases which are attributed to syphilis are unquestionably the full effects of cowpox virus; and nothing could more clearly point to the analogy between the two diseases than the difficulty in diagnosing the exact nature of vaccinal accidents (diseases)”.

“Again, if we study the effects of syphilis artificially inoculated on the human subject, the appearance in some cases are strikingly similar to inoculated horse-pox. Without entering into a prolonged discussion of this subject, I will refer, as an example, to the progress in Dr. Ricord’s cases of syphilization. As in inoculated horse-pox we have the stages of papule, vesicle, ulcer, scab and scar; and no one can compare his plates with Jenner’s without being struck with the similarity in their appearances. (See Fig. 2 and 3)

Fig. 3

“The results of the artificial inoculation of syphilis were unknown to Jenner, but if they had been he would scarcely have failed to have observed the likeness between them. So striking indeed are the appearances, that it is possible that by judicious selection, a strain of syphilitic lymph might be cultivated which would produce in time, all the physical characteristics of the ‘vaccine’ vesicle.”

MORE EVIDENCE

In *The Vaccination Superstition* by J. W. Hodge, M.D. we read:

“To the scientific physician, conclusive evidence of the real affinity of cowpox is furnished at a glance, by the pathological diagnostic table of M. R. Levenson, M.D., Ph. D. ... which was read before the American Association of Physicians and Surgeons at Indianapolis, (Jan. 1896) and has been unquestioned by the profession.

“The table which I now present to you, is a condensed statement in paralleled columns, of the primary and secondary symptoms of smallpox, cowpox and syphilis, from the separate descriptions of the most renowned authorities upon these several diseases. It shows an almost complete likeness between the two latter and the total unlikeness of each to (natural, uninduced) smallpox. Here we have some

of the highest authorities who have produced the clearest evidence showing that vaccinia (vaccination disease) is modified syphilis. The chronic and protean manifestations which, at times, follow vaccination must have impressed us all with their close analogy to syphilitic lesions.”

COMPARISON OF SMALLPOX, COWPOX AND SYPHILIS

SMALLPOX

1—Eruption general, superficial.

2—Constitutional or general symptoms precede the eruption and are relieved on appearance.

3—Eruption first felt as a No. 8 bird shot beneath the skin, it then appears as a papule; then a vesicle, becoming pustular about the 5th or 6th day, is from one to three lines in length; but the pustules are of various kinds, irregular, elevated, generally perforated by a hair, induration, if any, very slight, no tendency to gnawing ulceration of the skin.

4—The fluid is contained in two chambers—a superficial and a deep, which communicate around the edges of the separating membrane.

5—The smallpox pustules leave no scar if properly treated.

6—The smallpox eruption does not affect the lymphatic system.

7—Infectious.

8—Inoculable.

9—The smallpox epidemic seems to be taking its rise in filthy locations. (Also, when the body is contaminated with vaccines, drugs and incompatible foods and impure water, etc.)

COWPOX (vaccination) Primary Lesion

1. Eruption local, deep, in corium of skin or subcutaneous tissue or in mucous membrane.

2—Constitutional symptoms do not precede but follow the eruption in all cases.

3—Pustule (chancre) always the same, first a papule, then a vesicle, becoming pustular about the 8th day, 7 to 10 lines in diameter, round, centrally depressed, margin indurated and not perforated by a hair, has a cellular membrane at floor, tendency to gnawing ulceration.

4. The fluid is contained in a single chamber, reticulated, is non-volatile, and the infection is communicated only by immediate contact with an abraded surface.

5—The cowpox leaves a foveated scar.

6—The cowpox poison permeates the lymphatic channels and ganglia, causing inflammation, buboes, and abscesses.

7—Not infectious.

8—Inoculable.

9—Cowpox is independent of time and place; communicated only by direct inoculation.

SYPHILIS or Greatpox

1—Eruption local, deep, in the corium of skin or subcutaneous tissue, or in the mucous membrane.

2—Constitutional symptoms do not precede but follow the eruption in all cases.

3—Pustule always the same, first a papule rapidly becoming pustular without perceptibly passing through a vesicular stage, 7 to 10 lines in diameter, scooped out, deep funnel-shaped with sloping often elevated, not perforated by a hair, has a fungoid membrane at floor, tendency to a gnawing ulceration.

4—Absolutely the same as the cowpox.

5—Similar to the scar of cowpox.

6—Absolutely the same as the cowpox.

7—Not infectious.

8—Inoculable.

9—Absolutely the same as cowpox.

“The smallpox patient, upon recovery, is free from the disease even if he is marked by scars. Smallpox will not beget cowpox or syphilis.

“On the contrary, there are various subsequent manifestations in vaccination, or cowpox, which are remarkably like those that appear in what are known as secondary and tertiary periods of syphilis.

“We have tabulated in parallel columns some of the many manifestations that appear in both these diseases, and a glance will reveal their striking similarity.”

MANIFESTATIONS OF AFTER-EFFECTS OF COWPOX (VACCINA) and SYPHILIS

Phagedenic sores	same
Nodes in the head	same
Ophthalmia	same
Dentition delayed in children, with production of the so-called syphilitic teeth	same
Eczema of all kinds	same
Herpes	same
Ready fracture and difficult healing of bones, also probably canes in some cases. Caries of bone (cavities)	
Insanity, probably same	
Scrofula	same
Mucous patches on tonsils, tongue and lips tending to ulceration.	same
Bronchitis	same
Tuberculosis (arrest of development)	same

WHY VACCINATION CANNOT IMMUNIZE AGAINST SMALLPOX

Smallpox, to a large extent, went out when improved sanitation came in, except in countries where vaccination is compulsory. There the smallpox epidemics continue to ravage the population at frequent intervals.

Unrefutable, scientific evidence proves that smallpox and cowpox are not the same disease, therefore, cowpox vaccination cannot introduce anti-bodies into the system that fight smallpox, as is claimed by the medical doctors.

As stated before, smallpox, (as well as disease in general,) is an enforced cleansing effort of the body. If the patients get eruptive diseases, like smallpox, after vaccination it merely indicates that they have internal vitality enough to throw off some of the excess poison in this violent way. Usually, however, the vaccine poison so lowers the resistance of the body that it cannot rally enough reserves for a defensive action in the form of an eruptive disease. Therefore, the poisons are retained where they corrode and destroy the tissues of the heart, kidneys, lungs and other vital organs. This suppression of symptoms and masking of one disease with another—this delayed reaction in disease causation—is what the medical profession calls the conquering of disease by antibiotics.

Dr. Chauven, in an address before the French Academy of medicine, October, 1891, reviewed the results of his years of detailed and carefully tested experiments. In the face of undeniable facts he was forced to the conclusion that:

(1) "Vaccine virus never gives smallpox to anyone." (Although it produces many diseases, some of which resemble smallpox and are diagnosed as smallpox and are more damaging than smallpox.)

(2) "Vaccinia (disease produced by vaccination) is not even attenuated smallpox.

“Vaccinia is, in all probability, a modified form of syphilis, as has been clearly pointed out by Doctors Charles Creighton and E. M. Crookshank, Professor of Pathology and Bacteriology in King’s College, London, two of the highest authorities on these subjects.”

CHAPTER 7

OTHER DISEASES CAUSED BY VACCINATION

“Are we the issue of an inferior stock, or are we inferior representatives of men who were physically and culturally our superiors?”

—From Genesis and Control of Disease—Weger

Even now, in what is sometimes called the enlightened age, we still hear some people, (not so enlightened) claim or repeat what they have been taught to say, that “vaccination has reduced smallpox and certain other diseases, and has been a blessing to mankind.” Those who make this claim have not bothered to consult authentic records or become acquainted with the most elementary facts on the subject.

When traced down, these statements are found to originate from the fabricated propaganda of those who profit from the sale of serums and drugs. Unfortunately many of these people are in places of authority where they influence the thinking of students, writers, public officials, teachers and others who mold the thinking of the masses. These errors in theory and practice have steadily reduced our nations health to a state of crisis in which 90 per cent of the people are either critically ill or below par, physically or mentally.

In addition to the vaccination diseases treated separately in other chapters, there are a number of other serious diseases that have been traced directly to vaccination. Some of the most noticeably persistent of these will be treated in this chapter.

GOVERNMENT REPORTS REVEAL
MORE DEATHS FROM VACCINATION
THAN FROM SMALLPOX

Dr. D. Killick Millard, Medical Officer of Health, (Leicester, England) in reporting on this subject stated (in his book *The Vaccination Question*):

“It cannot be denied that vaccination causes, in the aggregate, very considerable injury to health, most of it only temporary (?) but some permanent. It is true that the deaths certified as due to vaccination ... have several times outnumbered those from smallpox, while if we have regard for the amount of ill-health caused by the two diseases . . . it looks as if vaccinia were becoming, so far as the community is concerned, the more serious disease of the two.”

30,438 SOLDIERS WERE STRICKEN
BY VACCINATION DISEASE

The Report of the Surgeon General of the Army, (1919) Vol. I, page 37, gives the number of admissions to hospitals during the year 1918, on account of vaccinia (vaccination disease) as 10,830.

The Report of the Surgeon General of the Army, (1918) gives me the number of admissions to hospitals during the year 1917, on account of vaccinia and vaccinal-typhoid combined as 19,608.

Here we find that in only two years of the war and in only one army there were over 30,000 soldiers hospitalized by vaccination. This does not take into consideration the thousands who were seriously ill but not critical enough to be hospitalized, nor the cases of chronic disease that developed later as a result of the cumulative effects of poisons from vaccines and drugs.

Herbert Spencer, in his *History of Epidemics in Great Britain* voiced the sentiments of the best authorities when

he said:

“Vaccination, in subduing one disease only increases others.”

Charles M. Higgins made an extensive and thorough world-wide investigation and study of the vaccination question and reported most of the pertinent data in his book “The Horrors of Vaccination Exposed.” In his effort to bring the dangers of vaccination to the attention of the people he, for several years, carried a paid advertisement in one of the large New York dailies, challenging the New York City and State Health Departments to open their books, and he “would undertake to prove from their own records that there had been more deaths from vaccination than from smallpox in New York, every year for the past 15 years.”

His challenge was never accepted. The facts were not reported to the people and the killing of innocent children has continued without interruption, down through the years.

DEFECTIVE TEETH AND EYESIGHT TRACED TO VACCINATION

In his book, *Vaccination a Disastrous Delusion* (p. 13) Ernest McCormick, discussed the findings of the researcher, Sir James Paget as follows:

“In the same cause he finds a probable explanation for the defective eyesight and dentition which have become so prevalent, giving examples to show that, owing to the teeth and sense organs arising out of the dermal layer in the embryo, skin diseases, of which vaccination is one, are likely to produce abnormalities in all of these. According to *The Lancet* (British Medical Journal, 1904) 85 per cent of school children have defective teeth and 3,000 servicemen (all vaccinated) were returned from South Africa, from that cause alone, while the Navy is still worse in that respect.

Sir William Osler (M.D.), in his *Principles and Practice*

of *Medicine*, in discussing the various characteristics of vaccinia says:

“About the end of the first week: Generalized vaccina; impetigo; vaccinal ulceration; glandular abscess; septic infections; gangrene.”

Dr. Osler is one of the most completely accepted and respected authorities on medicine in the world. He was Regius Professor of Medicine at Oxford University and Fellow of the Royal College of Physicians (London), and Honorary Professor of Medicine at Johns Hopkins University, (U.S.). He knew the financial importance of vaccination (to the medical profession) and he knew the professional hazards of making any unfavorable statements about vaccination, yet he publicly admitted that some of the most loathsome and painful diseases including leprosy and syphilis were caused by vaccination.

Ricardo Corfield, of Lowell Ave., Providence, Rhode Island, was vaccinated at the age of 5 years and 4 months in order to secure admission to school. His arm swelled and the ulcer enlarged until pieces of decayed flesh dropped off leaving the bone exposed. On September 5th the tendons under the right knee became so enlarged and painful that the child cried out in agony. An incision was made and more than a quart of putrid, brown matter exuded. The shin bone rotted off.” (From—*Victims of State Poisoning*, published by Liberator Pub. Co., Minneapolis, Minn.)

FOOT AND MOUTH DISEASE CAUSED BY VACCINATION

“The Department of Agriculture, in its efforts to suppress the foot-and-mouth disease traced the disease to the vaccine virus imported into the United States by our manufacturing chemists and sold to our people. The investigation revealed that the virus, used upon calves in the District of Columbia,

communicated the foot-and mouth disease to them.” (From the *Declaration by the late Senator Dolliver, of Iowa, in an address to the United States Senate*, February 25, 1909.)

From the *Farmer’s Bulletin*, (page 15) April 22, 1915, published by the U.S. Department of Agriculture, we have the following statement:

“The foot-and-mouth disease is primarily a disease of cattle; secondarily and casually, a disease of man It is probable that the infection may be communicated to man if the virus directly enters the blood through wounds of any kind . . . The symptoms in man resemble those observed in animals.”

WHAT OTHER AUTHORITIES SAY ABOUT VACCINATION AND DISEASE

Dr. William Hitchman, Consulting Surgeon to the Cancer Hospital of Leeds and formerly public vaccinator to the City of Liverpool, expressly stated that, ‘Syphilis, abdominal phthisis, scrofula, cancer, erysipelas, and almost all diseases of the skin, have been either conveyed, or intensified by vaccination.’”

Dr. Peebles, (world renowned researcher and authority on vaccination) stated in his book on *Compulsory Vaccination*:

“We shall never stamp out smallpox, cancer, consumption, or leprosy, so long as we continue to stamp them in through the idiotic and vicious practice of vaccination. The Germans endeavored to stamp out syphilis by stamping it in with syphilized vaccine. They have abandoned that practice now and in time they will abandon vaccination altogether.”

In the *Encyclopedia Britannica* (9th edition), under the title of *Vaccination*, by Dr. Charles Creighton, we find some carefully authenticated statistics showing that vaccination has caused a great many cases of syphilis, cancer, tumors,

scrofula, eczema, tuberculosis, etc.

In his *Vaccine and Serum Evils* (page 6) Dr. Herbert M. Shelton discusses some of the complications that often accompany or follow vaccination. He writes:

“Abscess, sloughing, cellulitis, erysipelas, syphilis, leprosy, tuberculosis, tetanus(lock jaw), actinomycosis (big jaw), general septic infection, urticarial eruptions, ‘paralysis, meningitis, sleeping sickness, etc., may follow vaccination In some instances the abscess that may form, refuses to heal. I saw one case of this kind where the abscess continued to discharge pus after 14 years.”

From the high ranking medical authority Dr. William Osler we have this concession:

“Syphilis has undoubtedly been transmitted by vaccination.”

Under the topic heading, *Influence of Vaccination Upon Other Diseases*, Dr. Osler says:

“A quiescent malady may be lighted into activity by vaccination. This happens with congenital syphilis and occasionally with tuberculosis . . . At the height of the vaccination, convulsions may occur and be followed by hemiplegia (paralysis of one side of the body).”

Our recent “vaccination” wars have presented a dismal picture of paralysis among the soldiers with large hospital wards filled with paraplegics (paralysis of both sides) and hemiplegics (paralysis of one side.) Thus we see that the doctors know and the government knows what vaccination is doing to our service men and civilians. Why have they turned their “blind side” to it and allowed it to continue?

VACCINATION INCREASES COMMON DISEASES SUCH AS MEASLES INFLUENZA, CHICKEN-POX, MUMPS, SCARLET FEVER, ETC.

Not only do vaccine poisons cause some of the strange and terrible diseases that baffle the doctors, but these same poisons also increase the incidence of the common “zymotic” diseases such as measles, chicken-pox, mumps, scarlet fever, etc., which are usually referred to as “contagious diseases.” These diseases are not contagious but are merely cleansing measures of the body in its effort to eliminate some of the excess poison and waste matter.

CITY SURVEY BEFORE AND AFTER VACCINATION SHOWS INCREASE IN DISEASE

Wherever an honest survey is made after a vaccination campaign it is noticed that there is always a marked increase in disease. Thomas Morgan, in his “Medical Delusions” reports a survey that was made of the city of Youngstown, Ohio, after a general vaccination order of school children. “It was found that nearly all the cases of scarlet fever, measles and diphtheria had been recently vaccinated.

What is true of this city is true everywhere, and any close observer can satisfy himself in this direction.”

After reading this I decided to “satisfy myself in this direction” as suggested; so I obtained a *Los Angeles County Health Index*, which gives the weekly record of diseases for the entire year (this was 1954).

I was amazed to find that the common diseases mentioned by Morgan, more than doubled after the annual June vaccination campaign. The figures are given below and will speak for themselves.

**CHART SHOWING INCREASE IN DISEASE
BEFORE AND AFTER VACCINATION CAMPAIGN**

Diseases Annually to date	April 3, 1954 Before Vaccinations	July 10, 1954 After Vaccination Campaign
Chickenpox	6,684	13,515
Measles (also German)	4,056	13,912
Mumps	2,182	5,196
Scarlet fever	1,256	2,295
Syphilis	828	1,631
Total of the 48 diseases recorded	19,997	47,070

**FALSIFIED
SMALLPOX REPORTS**

In numerous reports we find incontestable proof from government records and hospital data, etc., that smallpox increased in the countries having compulsory vaccination. It is only natural that it should do so because the admitted purpose of vaccination is to engraft a mild form of smallpox into the patient. Because there is no test and no control that can assure a mild case, we find that the induced disease is often more severe than natural smallpox, and frequently terminates in death.

In disregard to the known facts and the statements of the world's greatest medical authorities on the subject, the Los Angeles (city and county) health departments claim that their annual vaccination campaigns have absolutely wiped out smallpox in the county. In this large population of 4,000,000 people (Los Angeles county) with its thousands of

people infected with disease in each vaccination drive, and the increase of all other diseases after each of these blood poisoning sprees, the record department omits from the records all the smallpox cases and issues the report that “there has not been one case of smallpox in the county for the past ten years.” In the complete record of 48 diseases reported, smallpox was the only one on the list that showed no report of cases.

When a “cover-up” job is over-done it makes people suspicious so I went to the County Hospital to check more closely. They willingly gave me the information I asked for on all other diseases except smallpox. The record department flatly refused to let me see those records or even know if these were any cases at that time in the hospital.

Disgusted, but not discouraged, I walked across the grounds toward the contagion ward and met a nurse coming from there. I walked with her and chatted a bit then asked her if there were any cases of smallpox in her department. She said, “Yes”. I asked how many there were and she said, “I haven’t any idea.” I said, “I take it from that, that there are more than a half a dozen?” She said, “Oh, yes—I haven’t been assigned the job of counting them so I really don’t know.” I said, “Are you sure they are smallpox and not just chickenpox” She said, “They’re smallpox. We keep them separate from the chickenpox.”

I rushed back to the record department and told them what I had learned and demanded to see the records that should be public property in a tax supported public institution. The girl looked worried and went into the inner office and called someone on the phone. When she came back she said that the smallpox report was not available as it was being worked on. So there we have the answer.

Whenever we see a statement about smallpox being wiped out by vaccination, we can be quite sure that the

cases have been concealed in the “closed” contagion ward and the records have been worked on. Other investigations have shown that in this official scrambling of figures, the mild cases of smallpox are placed on the list of such diseases as chickenpox and measles, while the serious cases are recorded as syphilis, scrofula or something else

George Bernard Shaw said, “During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases (of smallpox) as pustular eczema, varioloid or what not—except smallpox.”

POST-WAR GERMANY REVEALS TRUTH ABOUT VACCINATION

In the American Sector of Occupied Germany, when the American medico-drug combine moved in for a sweeping vaccination campaign, the Germans begged to be spared, on the ground that they no longer had the hospitals, help, medicines or equipment that would be required to take care of the outbreak of disease that would and had always followed vaccination campaigns. Germany had been under compulsory vaccination in previous years and her doctors had made lush profits from the crop of diseases induced by each vaccination drive. When it was seen that the profits were to be made by the foreign invaders (America), they admitted the uselessness of the practice, as well as the physical and financial disadvantages to their people.

WHAT DOES VACCINATION DO TO THE BODY?

“Citing an admission by Sir James Paget that vaccination probably effects a permanent change in the components of the body, he inquires whether it is likely that the constitution

can be altered in relation to one invading agent (like vaccine serum from diseased animal tissue or pus or from drugs) and remain unchanged in regard to all other invading agents. There is every reason ... to believe the contrary, and to think that a system which has taken up a morbid principle, even though it should acquire thereby, immunity from cognate disease, must have its power of resistance to perturbing influences in general, diminished.

Mr. Spencer (Herbert) finds evidence of this general relative debility in the greatly increased severity and enlarged incidence of many diseases such as measles, chickenpox, and influenza, which, before vaccination became general, were of relatively rare occurrence and trifling in their effect. By a comparison of the infant mortality returns in quinquennial (five year) periods before and since compulsory vaccination, he finds that ‘the mortality from 8 specified diseases, either directly communicable or exacerbated (aggravated) by vaccination, increased from 20,524 to 41,353 per million births per annum.’ (From—*Vaccination a Disastrous Delusion*, by McCormick - page 13.)

VACCINE CANNOT BE MADE SAFE

The backbone of the vaccine argument is that it has been made safe—modified—by passing the virus through a cow and later all the harmful organisms are supposed to have been killed in the processing and glycerinizing, except a few select ones that are earmarked to produce the anti-bodies in the human organism.

The absurdity of this is too apparent for any serious argument. (See chapter on *How Serums are Made*—Book II) It has been scientifically proved and tested that what is promised for vaccine virus is not so. Dr. Cameron, summed this up in his report before the Lyons Commission when he stated:

“The character of the virus cannot be changed by passing it through the cow, anymore than by stunting an oak it can be converted into a gooseberry bush.”

If the vaccine virus had been modified or made safe by passing it through the body of an animal and then processing it, there would not be the ever-increasing list of deaths and disasters from vaccination. A few of the many examples of this will be given in the following pages of this chapter. Most of the cases are selected from the Rowton survey of Denver and Colorado Springs, Colorado. (The addresses are omitted, but on file.)

CASE HISTORIES

HEART TROUBLE FROM VACCINATION

Earl Richardson, (Colorado Springs) was vaccinated by the local doctor when six years of age. Up to that time he was strong and healthy, but 9 days after the vaccination he developed an illness accompanied by extreme nervousness that the doctor diagnosed as St. Vitus Dance. He was given an examination and found the heart and other organs to be sound and unaffected. A few days later complications set in and the doctor was called again. On examination he found that the boy had developed a valvular heart condition. The mother took him to Kentucky to three heart specialists who all declared that it was due to infection. One doctor said the ailment was probably due to vaccination, as he had seen some other cases of valvular heart trouble develop after vaccination. Four years later, when Mr. Rowton had his last interview with this family, the child was still too ill to attend school. His mother said he often had to sleep sitting up in bed on account of the heart condition.

It's a strange law that compels children to be vaccinated in order to attend school and then disables them so they

cannot attend—anything.

According to *Newsweek*, April 25, 1955, heart trouble, our number one killer, takes 794,000 victims each year and 10 million Americans suffer from it.

Less than a third of the deaths were caused by heart trouble 20 years ago. “Today, it causes more than one death out of every two.

“The cost is staggering: Industry loses the work of 653,000 men annually because of heart disease disabilities; annual compensation and pensions to veterans total \$168,000,000.”

Many of these same industries that are pressed with heavy disability costs are the ones that require compulsory vaccination of their employees.

The heart is the strongest muscle in the body and it takes an extreme amount of poison or abuse to impair its functioning. Tobacco, liquor, drugs, cola drinks, poison preservatives in foods and poison spray on farm produce, in addition to the incompatible, devitalized foods are some of the other poisons that corrode the tissues of the heart as well as every cell in the body. Arteriosclerosis, which accompanies about half of the heart deaths, is also a disease which is induced by body poisoning, over-eating of incompatible, devitalized foods and depleting habits.

TUBERCULOSIS FROM VACCINATION

Lena Long, (Denver) was vaccinated in October, 1922, in order to attend school. In four days her arm began to fester and she developed a high fever. She was extremely nervous and confined to her bed for about a week. A little later she developed pneumonia with symptoms of tuberculosis. The doctor checked the family records to try to find tuberculosis in the family or ancestry but none was found. The last report from the mother, Mrs. S. A. Long, was that Lena was still unable to attend school and was suffering from tuberculosis.

Mr. Long (Lena's father) was vaccinated the same year, in December, after which 12 boils developed on his neck. This gave him a great deal of trouble. He had never had a boil before that time.

SCARLET FEVER FROM VACCINATION

Mrs. Donnelly, (Denver) was successfully vaccinated for smallpox on December 21, 1922. A few hours after the injection she began to experience severe reactions which developed into scarlet fever in such a serious form that she was rushed to the hospital where she hovered between life and death for several weeks.

KIDNEY TROUBLE FROM VACCINATION

Katie Blessant, (Denver) was given toxin-anti-toxin for diphtheria. In a short time she lost her voice and soon after that she developed kidney trouble and stomach trouble which she had never been bothered with before.

BRIGHT'S DISEASE FROM VACCINATION

Earl Rohsbecker, (Denver) was vaccinated for smallpox after which he developed Bright's disease (an advanced form of degeneration of the kidneys). The doctors do not hold out much hope for his recovery.

PARALYSIS FROM VACCINATION

Raymond Nelson (Denver) was given diphtheria toxin-anti-toxin after which he developed paralysis. His son was given the antitoxin also, and died of it.

Mrs. Black (Colorado Springs) was vaccinated for smallpox and soon developed spinal meningitis. The case was so severe that the attending physician had to call in assistance from Denver.

VACCINE POISONING

David, son of Mr. and Mrs. C. Robinson, was vaccinated on November 6, 1921. By the family physician, in compliance with the school requirement. After three days his arm festered and was inflamed. Then for several weeks the vaccination seemed to be healing but continued to be sore and inflamed. In February the glands in his neck began to swell and some lumps formed under each arm. Some of the lumps decreased in size but all were painful so the doctor lanced one of the larger ones. It never did heal properly and began to discharge pus a little later. At the time of the last report (March, 1921) it had not healed and the child was still in bed and unable to walk. It is not likely that he will be able to attend school for a long time.

A MOTHER'S REPORT

(name withheld by request)

"I had my daughter vaccinated on the 21st of December, 1921. In less than a week her arm started to swell, become inflamed, and discharged pus at the site of the vaccination. A lump developed under the arm and she was seriously ill for four months. I had her treated for over a year with X-ray and now her arm is blistered with X-ray burns in addition to the original ailment.

SMALLPOX FROM VACCINATION

Mrs. Jessie Wuns (Colorado Springs) was vaccinated for smallpox and a few days later she developed a severe case of smallpox which lasted seven weeks.

DROPSY FROM VACCINATION

Mrs. Anna Heller (Colorado Springs) developed sores on her arm, neck and leg after her vaccination. Although many years have passed, it still bothers her.

Her two daughters were also vaccinated and both of them developed vaccinia and almost died from it. Her son, almost died from the vaccination itself; then he developed smallpox 30 days later. It left him with dropsy from which he has never recovered.

WHO CAN ANSWER THIS?

George Ogden and family reported the following: “We all had smallpox before coming to Colorado Springs but Dr. Gillett insists on our being vaccinated every year anyway.”

QUESTION: If a case of smallpox cannot immunize against another attack of smallpox how can a vaccination be expected to do more than that when the vaccination, at best, is claimed to produce only a mild form of the disease. Now, if there is anything at all to the vaccination theory then a case of smallpox should not only immunize against smallpox but should, also, protect against the effects of vaccination and re-vaccination. If it does not do this then the vaccination theory disproves itself—it has absolutely no sound reason for being. Since vaccination has proved itself to be useless and hazardous why does Dr. Gillett (as well as other vaccinating doctors) insist on vaccinating? Is there any reason except for money, at the cost of human life?

INSANITY FROM VACCINATION

Newsweek for April 25, 1955 says that Mental Illness is rated by many experts as the biggest health problem of the day. More than half of the U. S. hospital beds are occupied by mental patients. Their care costs the taxpayers more than a billion dollars a year. Another report states that there are 10,000,000 people in U. S. with mental diseases.

On a troopship returning from the Australian sector after the war, it was reported that 250 of the 400 men aboard,

were insane. Some of the excuses the doctors offered for this shocking development was that it was caused by the heat of the jungles and the rigors of war. However, the citizens of unvaccinated Australia didn't go insane in the same heat and the enemy didn't go insane with the same rigors of war and in the same climate. It has been hinted that the men were poisoned almost to death with vaccine serums and drugs. The normal brain cells are richly supplied with calcium and other alkaline elements. When poisons are introduced into the system the calcium is leached out of the soft tissues first and then the bones, in order to neutralize the poisons. This greatly impairs or destroys the functioning of the brain, nerves, muscles, and eyes, etc.

S. Vandecarr, D.C., in an article titled, *Who is Insane* said:

“There is a cry being raised concerning the lack of sufficient institutions to adequately care for the mental cases needing commitment to them. Lunacy is terribly on the increase. Particularly do ex-service men and women need such care. Many thousands of these men and women were in perfect health when inducted into the armed forces. They were then given all the “shots” devised by the allopathic laboratories and used without question by the allopathic physicians in the medical corps. Histories of hundreds of cases were “written up” by physicians who followed up the results of immunization in the service. It showed plainly that the inoculations and vaccinations were responsible for the tremendous number of men and women who, soon after being inoculated, had to be discharged as psycho-neurotics. Thousands of these are now filling the mental institutions and few of them will ever again be restored to normal.

“One of the effects of the poisons injected into the blood to “prevent” (?) disease is that it weakens the nervous system and gradually breaks down the nerve centers in the brain.

The end result of this is insanity...

“Within a day or so after being admitted to the mental institution, the patient is taken to the room set aside for the purpose and given three or more “shots.” It matters not whether they have been recently vaccinated or not, they are again given a smallpox vaccination, then whatever serums they happen to have on hand. Thereafter, each week the patients are lined up and given more shots. What for? Who knows? Even those who give them do not apparently know. In one mental institution I know of, every Thursday is called “needle day” because on that day all patients are given at least three injections. They all get the same dose whether they want it or not. The result is, they lose weight and become sick. Their mental condition becomes worse with each inoculation and soon they are beyond help. Mild cases become violent and then the attendants maltreat them.

“After seeing the medical practitioners at work it makes one wonder whether it is the patient or the doctor who is insane.

CHAPTER 8

DEATHS FROM VACCINATION

*“Knowledge is the antidote of fear,
Knowledge, Use and Reason, with its aids.”—Emerson*

Ignorance spiked with greed has put a death machine (vaccination) into the hands of doctors, and ignorance and fear have driven people into its lethal power. Emerson was right when he said that the right use of reason and knowledge could free mankind from fear. It is certainly true that a little knowledge applied in the right places would wake people out of their hypnotic stupor of believing that the popularized poison could un-poison them and make them well again.

It is the purpose of this chapter, in particular, as well as the entire book, to present the actual photographs and case histories of victims of vaccination, along with enough authoritative data to give some concrete reasons for abolishing vaccination. Its deadly effects have been proved and its uselessness has been admitted by the most experienced authorities in the field.

According to the figures of the Office of Vital Statistics at Washington, D.C., there were “33 deaths from vaccination in the three years, 1949, 1950, 1951,

Post-Vaccinal Encephalitis 22; Generalized Vaccinia, 2; other complications, 9.” During this same 3-year period there were only 4 deaths from smallpox. If vaccination kills people at the rate of 33 to every 4 protected (?) the risk is greater than any possible advantage. (It was not stated how many of the smallpox cases had been vaccinated also.)

In the years 1941 to 1948 there were (In U.S.) 107 deaths from “sequaelae of preventive immunization, inoculation or vaccination”. During this time there were only 78 deaths

from smallpox.

In the *American Journal of Diseases of Children*, Dr. Greenberg discussed the results of the 1947 smallpox scare in New York. Under the heading of "Complications of Vaccination" he admitted that 45 cases of post vaccinal encephalitis (inflammation of the brain and spinal cord) had been observed and that 4 deaths had occurred up to that time. Two of the patients who survived death developed hemiparesis and one had optic neuritis. Forty-two other patients had generalized vaccinia of which two died and another died of ulceration of the vaccination.

So, seven died of this vaccination epidemic while only one died of smallpox and that case was proved, later, not to be smallpox at all. It was just a case of poison ivy used to stage a multi-million dollar vaccination drive.

In England the Ministry of Health's report on *The State of the Public Health During Six Years of War*, under the heading "Post-Vaccinal Encephalitis" stated:

"In the six years 60 cases of this complication of vaccinia have been recorded by the Ministry. There were 31 deaths; a figure of 50 percent, may be taken as the fatality rate of this grave complication."

During this same period of six years there were only 13 deaths from smallpox in all of England and Wales. The report did not state how many of these cases of smallpox were induced by vaccination.

Neville Chamberlain M.P. was forced to admit, in the House of Commons, that in the short period of one month (June 1 to June 30) 11 death certificates had been given in which the words "vaccination" or "vaccinia" appeared as the cause of death, and that on six of these certificates some form of nervous disease was entered. . . He also admitted that there were 10 other cases in which death followed closely after vaccination.

An editorial in *John Bull* (London) continues this discussion as follows:

“Almost the next day he (Chamberlain) had to admit that one child in Norfolk died of post-vaccinal-encephalitis (sleeping sickness) after vaccination and that three other similar cases in the same district were suffering from the same disease following vaccination.

“We do not have to be medical experts to appreciate the gravity of this startling report, which for once in a lifetime has completely broken through the conspiracy of silence with which medical men usually surround their operations.

“This is not particularly a question of medicine. It is a question of national health survival. It is not sanity to continue to inject poison and disease into healthy children, and we have no hesitation whatever in asserting that the whole business of vaccination should be suspended forthwith.

“Our opinion is that it would be both cheaper and more affective to remove vaccination than to waste time and money in experiments toward removal of the dread consequences of vaccination.”

ENCYCLOPEDIA REPORTS

DISEASES CAUSED BY VACCINATION

The *Encyclopedia Britannica* (9th edition) records results of a canvass of cities after a general vaccination order for school children. It was found that nearly all the cases of scarlet fever, measles and diphtheria had been recently vaccinated. Two vaccinated boys developed black diphtheria and died. What is true of this survey is true of other cities where vaccination is stressed.

WHAT VACCINATION DOES

A recognized authority summed up this subject by saying:

“Vaccination induces an acute and specific disease

(resembling smallpox) and also aggravates existent latent diseases. The absorption of the vaccine virus into the circulation excites the virus already in the system, and nature rebels, as it were, and makes an effort to throw the poison out of the body. When there is sufficient vitality, it will be successful. But when there is a lack of vitality, or a low state of health, there is little or no external manifestation in the shape of blisters, pustules, or eruptions. In this case, the poison sinks in, or is absorbed, and remains in the body, and later develops into some organic disease, generally of the respiratory organs.

“Nearly all of those on whom Jenner performed his earlier experiments, including his own son, died of consumption (a disease of the respiratory organs).

“There are possibly millions, both children and adults, who are compelled to endure a living death from the effects of vaccination, in the form of syphilis, scrofula, cancer, tumors, skin diseases, etc.”

I personally have seen a number of people lingering on for years in a state of living death as a result of vaccination.

FIVE HUNDRED KILLED

BY VACCINATION IN FIVE MONTHS IN U. S.

In his *Vaccination Delusions*, Thomas Morgan reports:

“During the past five months, we have collected from the newspapers over five hundred authenticated cases of injury and death from vaccination. We present a few cases to show how vaccination protects (?) for it is evident that when vaccination kills the patient, he is forever immune to smallpox, protected by the immunizing potency of death. These have died from blood-poisoning, erysipelas, lockjaw, convulsions, etc., after vaccination.” (The names, ages, dates, and locality (town) are given on page 35 of *Medical Delusions*.)

The New York Sun, March 20, 1895 stated:

“John Morrissey, 1979 Third Ave., New York, lost his two children; both died from convulsions induced by vaccination. Dr. Sharp, who attended them, thinks that vaccination may have been the cause of the children’s death.

Herald, Northampton, Mass., May 25, 1895:

“Webster N. Kinney, 8 year old son of Charles Kinney, of Westfield, was vaccinated and died from the direct effect of vaccination, which resulted in blood-poisoning. The occurrence caused quite a stir. *Parents see that there is greater danger from poisoning the human system with vaccine virus than from smallpox.*” (emphasis supplied)

Press Special, Savannah, Georgia, Feb. 3, 1898:

“Wm. M. Lee, member of the St. Louis School Board, died from vaccination.

Alma Olivia Piehn, daughter of L. H. Piehn, president of the Anti-Vaccination Society of America, died May 13, 1894, killed by compulsory vaccination. Albert F. Turner died from blood-poisoning, as the result of vaccination.”

The Boston Herald gives names and addresses of 47 soldiers killed by vaccination in just one month of army life, from the official reports from Camp Merrit, San Francisco, Camp Muintauk and troops stationed at Manila for the month of January, 1899. These soldiers had the usual course of vaccine serums for the prevention of smallpox, diphtheria, typhoid, etc.

The diseases they died from within 30 days of the vaccinations were, smallpox, diphtheria, typhoid, lockjaw, black smallpox, blood-poisoning, and cirrhosis of the liver.

General Leonard Wood told the Senate Committee on Military Affairs that “half his present forces were not fit for effective service.” (After vaccination.)

In the Cuban army 60 per cent of the men were frequently disabled, because of diseases other than battle wounds.

SOLDIERS DISABLED AND KILLED BY VACCINATION

In a published article in *LIFE* magazine, April 17, 1950, General Eisenhower, in discussing the poor conditioning of our fighting forces, said:

I remember one time in Africa when we had only four divisions in the field, and I was desperate for men, I found we had 6,000 men in hospitals in Africa unavailable for combat—and not one of them had suffered a wound.”

All these men were in prime condition when they went to war. Forty-seven per cent of our young men were unfit for service and were rejected. This was an “all time high” record of unfitness, indicating the decadent trend of our nation’s health. But the most perfect men were inducted and sent to the Army camps to be shot full of vaccine poisons and other drugs. After this drastic course of malpractice thousands of boys were invalided home as physical and mental wrecks before they even left American soil. Others were sent to the battlefield where they collapsed and had to be hospitalized.

During the Second World War I heard that seven men had dropped dead on the floor of the vaccinator’s office at Birmingham after being vaccinated. I wrote to the government for verification and learned from the printed official government statement that in just the first six months of the war, there were not just seven vaccination deaths, but there were 62 deaths from yellow fever vaccine alone. The men received from 14 to 24 vaccinations of all varieties but the full report of all vaccination deaths was not given. The casualties were probably tabulated under other causes. The report of the US Secretary of War, Henry L. Simpson regarding the deaths from yellow fever “shots” reads in part:

“Recent army experience with yellow fever vaccine resulted in 28,505 cases of hepatitis (disease of the liver) with 62 deaths, as of July 24, 1942.”

The British Army finally abandoned compulsory vaccination when the numerous law suits for deaths and damages made it mandatory.

On February 5, 1954, Mr. Birch, Parliamentary Secretary to the Ministry of Defense, assured Mr. Charles R. Hobson, M. P. that the British troops retain their right to refuse vaccination and all inoculations, even when fighting under United Nations Command.

England was the country that introduced compulsory vaccination and being a proud and somewhat self-righteous nation, she did everything possible to make vaccination work so she would not have to admit her guilt in this respect. But with all the subterfuge, artful persuasion and coercion, vaccination was at last admitted to be a failure and a calamity. Since the vaccination law was repealed the health of that country has been steadily improving. In view of these unrefutable facts, it is not compatible with our standards of justice and democratic ideals for our U. S. government to lend itself to the uses of the medical and drug trusts in their money-making vaccination schemes.

Dr. Herbert Snow, for 25 years staff surgeon of the London Cancer Hospital stated:

“Of recent years, many men and women in prime of life, have dropped dead suddenly. I am convinced that some 80 per cent of these deaths are caused by the inoculations or vaccinations they have earlier undergone. These are well known to cause grave and permanent disease of the heart.

“The coroner always hushes it up as ‘natural causes’. I have been trying to get these cases referred to an Independent Commission of inquiry, but so far, in vain.”

So far the investigations have been thwarted by committees staffed or influenced by medical men who were there to promote their own interests. Is our nation to continue on the decline until it passes into oblivion like some of the earlier

nations that invited corruption for private gain. If we want to reverse the present trend we may have to take drastic action to dislodge the decadent medical system from public domination and outlaw the use and sale of poison drugs that are at present parading under the name of healing agents.

PHOTOGRAPHS OF VICTIMS OF VACCINATION

These are just a few of the hundreds of cases of blindness, paralysis, cancer, ulcers and other diseases of vaccination that resulted in death. Most of these photographs were collected by Anti-Vaccination League of England and America and published in *Vaccination at Work* and other books on the subject of vaccination.



Mona Stevenson

Mona Stevenson of Humphrey St. Burnley, England, was vaccinated at the age of five weeks by Dr. J. W. Clegg, with the official glycerinated calf-lymph, after five weeks

of suffering in which the child's face and arm was partly eaten away by the vaccine disease, the child died. The same doctor certified the cause of death as "generalized vaccinia, 36 days, and exhaustion."

LOCKJAW CAUSED BY VACCINATION

Willie Hood, six year old son of J.G. Hood, 4150 Lafayette Ave., St. Louis, Mo. died of lockjaw following vaccination on Oct. 14, 1917. (Details given in the *Vaccination Inquirer*, Nov. 1, 1917)



WILLIE HOOD

Willie Hood

Charles Higgins, of New York, shows photographs of five other fatal cases of post-vaccinal lock-jaw in his well documented book *The Horrors of Vaccination*. (Pub. 1920) Records of 30 other fatal cases of this disease in New York, were published by Mr. James A. Loyster, of New York, whose son died of infantile paralysis (cerebral) as a result of vaccination. (The account of this case is given on

page 33 of *Vaccination at Work*, published by the National Anti-Vaccination-League.

LOATHSOME DISEASE
GENERATED BY VACCINATION



Ethel Mary Thompson

Ethel Mary Thompson, age seven months, (from Skene Row, Aberdeen) was a beautiful, healthy infant until vaccinated. Soon after this operation ulcers began to develop that never healed. Six weeks later when the doctor was called, he observed that “there was a great punched-out” hole right through the arm near the vaccination and another gaping wound in the arm pit. The flesh in this area had decayed until the ribs were exposed. On the abdomen was a large brown patch of decaying flesh and the knee was swollen out of proportion to its normal size. Festering sores were forming on the toes. After two months of untold suffering the child died.

VACCINAL-SYPHILIS



ERNEST VICTOR CHARLES
CHEESEMAN



Ernest Cheeseman

Ernest Cheeseman of Rose Cottages, Wescott, Dorking, England was vaccinated at the age of nine weeks with the standard glycerinated calf-lymph supplied by the local Government Board on Nov. 3rd. Up to that time he was healthy and normal and his parents were in good health. Five days after his vaccination a serious form of syphilitic skin disease developed and death relieved him of his suffering on Nov. 30th. The body was covered with eczema-like eruptions and the feet were drawn up, all out of shape. The sores that broke out around the mouth looked like burnt meat and stood out at least half an inch.” (From *Vaccination at Work*)

When syphilis results from vaccination, it is the usual claim of the doctors, that the mother must surely have syphilis and certainly communicated it to the child. In Wales when 4,000 infants were found to be syphilitic after their vaccinations, all the parents were examined by the doctors in an effort to lay the blame on them, but the parents were found to be free from syphilis.

In the case of the Cheeseman baby, the same cowardly accusations were made against the mother, by the doctors. She willingly underwent a medical examination and it was found that she was normal and healthy, with no syphilitic taint. The examiner stated:

“I do not think there is any reason whatever to suspect that she has ever suffered from syphilis. I find no indication of such disease.”

Some of the doctors at the inquest persisted in their morbid character defamation charges against the mother and refused to believe the medical report that gave her a clean bill of health. On the strength of their own opinions they insisted that she was syphilitic and would not be able to give birth to another normal baby.

To prove that the accusations of the doctors were

unjustified she had the following photograph taken after the birth of her next child, Frederick John, who was 10 weeks old at the time his was taken. It is apparent that the child is well and healthy—and unvaccinated. The fathers (in England) who refused to have their children serve prison terms under compulsory vaccination but many of them accepted this punishment in order to save their children from the deadly effects of vaccination.

Rita and Eberhard Kandlbinder, died on June, 1951, as a result of vaccination.



Rita and Eberhard Kandlbinder

The *Munchner Illustrierte*, June 28, 1951, reported the “mysterious death of six infants after smallpox vaccinations.” After the photographs and story of these deaths occurred many other parents came forth with similar stories, although the doctors had named some other cause for the deaths. Most of the vaccination deaths are unknown

because they are unreported as such (see the chapter on Falsified Death Certificates, Book II).

BLINDNESS
FROM VACCINATION

“Horace Capewell of 5 Court St., Southbridge, England, was a fine healthy baby with beautiful eyes. He was vaccinated when five weeks old. Nine days later his body was a mass of sores. His eyes became affected and at the age of five months he was totally blind. Many doctors at Birmingham had the case under treatment but nothing could restore his sight. This photo was taken many years later at the age of 20 years.



Horace Capewell

There is no doctor or test that can predict whether or not vaccination will bring death, disability or the potentialities of future disease. Is the risk worth the dubious promise of immunity?

113 2968

CERTIFIED COPY of an ENTRY OF DEATH
 Pursuant to the Births and Deaths Registration Acts, 1836 to 1929.

D. Cert.
R.B.D.

Registration District **BURY.**

1 944 **Death in the Sub-district of** **BURY.** in the **COUNTY BOROUGH**

No.	When and where Died.	Name and Surname.	Sex.	Age.	Rank or Profession.	Cause of Death.	Signature, Description, and Residence of Informant.	When Registered.	Signature of Registrar.
54	Second April 1944 Florence Nightingale Hospital, U.D.	Lesley Robinson	Female	5 months	of 18 High Street, Clayton-le-Moors, Accrington, U.D. Daughter of Frank Robinson, a Private, B.A.O. No. 259935 (Painter & Decorator)	1. a. Toxæmia b. Generalised vaccinia c. Vaccination against smallpox Certified by John Baird Morton M.B.	Frank Robinson, Father in attendance 18 High Street, Clayton-le-Moors, Accrington	Third April 1944	J. Smeistrer at Registrar

I, **JAMES SMETHURST**, Registrar of Births and Deaths for the Sub-District of **BURY.** do hereby certify that this is a true copy of the Entry No. 54 in the Register Book of Deaths in my custody.

Witness my Hand this 21st day of April, 1944.

in the COUNTY BOROUGH OF BURY he said Sub-District, and that such Register Book is open

Registrar of Births and Deaths

Photostat of death certificate of victim of vaccination

INFLAMMATION OF THE BRAIN FROM VACCINATION



Portia and Peter Furness

These beautiful, healthy twins, Peter and Portia Furness, aged 4½ years died two weeks after being vaccinated with certified government vaccine. The deaths took place May,

1931 at South Wigston, near Leicester, England. This is one of the few cases in which the doctors admitted the real cause of death on the death certificate as being post-vaccinal encephalitis.

VACCINATION TRAGEDY



Margaret Ann Gooding

Margaret Ann, the only daughter of Mr. and Mrs. Donald W. Gooding, of Wolsey, Essex, England, was pronounced a perfect baby by the doctor when she was born. This beautiful and healthy infant was vaccinated at the age of 4 months. The first two injections didn't take so a third vaccination was given, after which inflammation of the brain developed within 5 days. She was taken to the hospital where she remained for many weeks. At the age of 13 months she was blind and could not learn to walk. She also developed digestive disturbances and convulsions.

This tragic case was brought to the attention of the

House of Commons in the hope that an investigation would be made of the hazards of vaccination and others would be warned of the danger. Mr. Bevan was shown the possibility of other similar results if the same practice was continued and he was asked if he would make the result of his inquiry fully available to the House of Commons and the public.

If he ever made an honest investigation it would result in an unqualified condemnation of vaccination. This he did not do so far as I have been able to find out.

BLINDNESS FROM VACCINATION



This child was a healthy, normal child at birth. When she was a year and a half old she was vaccinated, after which her eyes began to exude matter and within a week they closed and she has been blind ever since. Dr. Blasson, Dr. Kynaston and the famous specialist, Dr. Bell Taylor, all examined the child and acknowledged that the blindness was due to vaccination.

Because the father defied the vaccination law and refused to have his other child vaccinated he was to be prosecuted. He carried his blind child into the court room and showed her eyes and her arm which was enlarged, deformed and sore from the shoulder to the finger tips. The evidence and the public sentiment against the vaccination law influenced the magistrates to exempt the father from having his other child vaccinated.

INFANTILE PARALYSIS FROM VACCINATION



John James MacDonald

John James MacDonald was well and normal when vaccinated. After a time his vaccinated arm withered and drew up until it was useless. Then his right leg became emaciated and so drawn up that he could no longer walk. The vaccination refused to heal and in addition to that, a festering sore developed on his foot.

WRITER PARALYZED BY VACCINATION



Job West

Job West of Bradford-On-Avon was vaccinated as a boy and partially paralyzed soon after the injection. For many years he lost the power of voluntary movement of the lower limbs. In spite of his handicap and suffering he became a renowned “student and authority on the vaccination question, and a most prolific writer on the subject.”

SLOW DEATH THROUGH VACCINATION

Else Thuroff was born March 3, 1920 and vaccinated June 8, 1921. In August of the same year she began suffering from “violent grinding pains, and swelling and distortion of the bones of her arm up to her shoulder. The medical diagnosis was tuberculosis of the bones. She underwent an operation after which the condition grew steadily worse until her arm drew up and became helpless.



Else Thuroff

The skin of the face burned away. The vaccination marks suppurred and the body wasted away to a living skeleton. "After suffering excruciating pain she died on the 8th of January, 1923."

DOCTORS WARNED
NOT TO VACCINATE ECZEMA CASES



This six year old boy died of generalized vaccinia. He had been subject to eczema since the age of six weeks. Since

eczema is a condition of extreme toxemia (acidosis or internal poisoning) the poison from the vaccine serum intensified the body poisoning and he died September 1949.

In March 1953, Dr. George Taylor of Bradford vaccinated his five-months' old daughter who was suffering from a mild case of eczema and the baby died nine days later of generalized vaccinia and eczema. The doctors are beginning to see the seriousness of poisoning the already poisoned sick with more poison in the form of vaccine serums.

USELESS ARM FROM VACCINE POISONING



William Hamilton

William Hamilton was vaccinated at three months of age. The poison spread and the sores never healed. The case was attended by six doctors but they gave it up as a hopeless case. His arm has been useless since the vaccination in infancy. The photo was taken when he was 15 years of age.

VACCINATION CAUSES MISCARRIAGE

A careful check showed that "47 per cent of women who had been vaccinated in the second or third month of pregnancy,

failed to give birth to a normal child.” (p. 47, *Vaccination at Work*)

The Consulting Pediatrician of Lanarkshire County Council in an article in *The Lancet* (London) December 6, 1952 reported one of the typical cases of this survey. This woman was about three months pregnant when she was vaccinated for smallpox. The report states: “She developed a severe primary reaction and three months later she was spontaneously delivered of a feeble hydropic premature infant covered with a very severe generalized vaccinia. The child died 18 hours after birth.”

Many of the new strange diseases of modern times can be traced to vaccination or medication of the child or the mother.

VACCINATION DEATHS NOT REPORTED

Because some of the photographs of cases shown in the preceding pages have been collected from other countries as well as United States and some of the deaths occurred a number of years ago, some may wonder if vaccination deaths are so rare that these must be used. Although photographs are not often made of vaccination victims there are, nevertheless, an unbelievable number of such cases that are hushed up and the death certificate often gives some other cause. The medically staffed health departments rarely make inquiry regarding these cases and, unfortunately, there are very few courageous and public spirited people or organizations who are willing to spend the time and money to make such an investigation. However, just to show how much can be uncovered with a little effort I am presenting a partial list of the vaccination deaths that were traced down by just one man, V. E. Rowton, in just one year, 1921, in just one medium-sized city, Denver, Colorado. A local “Optional Vaccination League” helped to find other cases. Most of

these tragedies were reported by members of the families or other eye-witnesses to the crimes.

VACCINATION DEATHS IN COLORADO

(From the files of Mr. V. E. Rowton)

“My wife, Ethel Andrews, was in good health until she was vaccinated by Dr. ———, about November 1, 1922. The vaccination started “to take” in three days—began to fester and the arm was swollen. About the 9th of November, she broke out with a pronounced skin rash all over her body. On November 29, she became seriously ill. Sores appeared in place of the rash and the doctor said it was smallpox. On December 5th, she died.”

“My daughter, Ruth Yvonne, six years old, was in perfect health until Saturday, December 3, 1921, when we were advised by our family physician, Dr. C. F. Henger, to have her vaccinated, which we did. . . . About the third day her arm began to hurt but she continued to attend school until Friday. On Saturday she complained of a sore throat. She became sick at her stomach and vomited. Her condition grew worse. The doctors could do nothing to save her and she died on Tuesday about 5:15 (1921).”

Mrs. H. P. Kingsley, of the Ellsworth Hotel, Denver, gave the following statement about her son John: “He was in perfect health when I took him to school on Monday. He was told he must be vaccinated before he could enter school so I had him vaccinated on the following Monday. His knee started hurting soon after the vaccination but he went to school the next morning. That was the last day he was ever to go to school again. The pain went to every joint in his body and he suffered intensely for three weeks; then he passed away.”

This data about the death of Mrs. Alta Vincent, 18 years of age, was given by her husband, Luther Vincent, (Denver.) “About November 13, 1922, my wife submitted to vaccination in order to hold her position with the telephone company. Up to the time of the vaccination she was in good health. On December 8th, she became quite ill with enlarged lymphatic glands under her arms. On the 10th she died.”

“My wife was vaccinated by Dr. A. W. Calhoun of Denver, on October 27, 1922. At the time of the vaccination she was not in very good health. She died a few hours after the vaccination in our home. The doctor pronounced it heart failure.”

(This report was given by her husband, Mr. Padgett) Walter Call was vaccinated about November 20, 1922. He was able to work for a week after being vaccinated although he was ill during the time. He died on December 8, 1922 with black smallpox.

Lafayette Hunt of Denver, Colorado, was vaccinated November 6, 1922. He developed smallpox on November 18th and died of it November 28, 1922.

Hulda Berg of Denver was vaccinated for smallpox some years ago. On October 27, 1922, she became ill with a severe headache and a rash. Dr. Kesley thought it was measles. The health officer was called the following Sunday. He pronounced it smallpox and she was taken to the hospital where she died soon after.

Ada McDaniels (Denver) was vaccinated twice shortly before she was stricken with smallpox. She died on November 25, 1922.

Mr. Louis Pleines (Denver) was vaccinated when a boy and again six weeks before he came down with smallpox, He died of smallpox on February 5, 1923.

Mrs. E. P. Haddon (Denver) was in good health until Sunday, November 12, 1922, when she was vaccinated by her family physician, and nearly collapsed at the time. The next day, Monday, she was ill. She was worse on Tuesday so the doctor turned the case over to the health officer. She was quarantined for smallpox on Wednesday and died the following Monday, November 20th.

The street addresses of these cases are on file but have been omitted for obvious reasons.

Mr. and Mrs. Alvord of South Cascade, had a healthy, robust child. It was vaccinated by Dr. Peters. About 9 days later it began to have convulsions. The doctor was called and treated it. He said he was especially interested because it was a vaccinated case. The convulsions occurred after the doctor left and he was called again but the child died before he arrived. After a post-mortem by Doctors Peters and Gillett, the cause of death was reported as colitis. No mention was made of the recent vaccination.

Miss Hamilton, a school teacher, became seriously ill two weeks after her vaccination. Smallpox pustules broke out over her back in the region of the kidneys. She died soon after. The doctor reported the cause to be acute dilation of the heart. (This condition does not happen without a cause. The blood-poisoning effect of the vaccination wasn't mentioned.)

Another school teacher of Colorado Springs (name withheld) submitted to vaccination in March in order to hold

her position. She was never well after that and died on November 17, 1922.

Mr. Charles Kiner, of Colorado Springs, gave the following report: “In the fall of 1922 we started our only child, a little girl, to school. She was in excellent health at the time but after she had attended two months we were told that she must be vaccinated or leave school. We were opposed to it but had to submit. Soon after she was vaccinated she broke out with sores and was not able to attend school again for six weeks. She started again but was too sick to continue. We called our family physician, Dr. Gillett, and he said she had erysipelas. She passed away about 9 days later.”

Mrs. Caldwell (Colorado Springs) was vaccinated and nearly lost her arm as a result of the long-continued inflammation. Eight months later she had smallpox in spite of the vaccination. (Or because of it)

“Our baby was vaccinated in the fall of 1921. Four days after the vaccination the arm became very sore and swollen; inflammation spread over the shoulder and up the neck to the back of her ear. It continued to get worse and on the sixth day the doctor said it was mastoiditis. The next day the baby went into convulsions and died on the 9th day after the vaccination.” Reported by the mother—name withheld (Colorado Springs.)

Mrs. Ellen Cook (Denver) was vaccinated at the City Hall on November 15, 1922. “In five days”, she reported, “I was very sick and couldn’t even lift my head for several days without vomiting. My arm was badly swollen and full of painful lumps from my shoulder to my elbow and was purple with congestion. It felt like there was a cord drawn from

my breast to my arm which gave me intense pain. I was quite helpless for three weeks then it broke out in sores at three different times. A year and three months has passed and it is not well yet.” (February 28, 1923)

As a result of the findings of this privately conducted survey of vaccination disasters, Mr. Rowton and his group feel they found enough evidence to prove that there is no benefit whatsoever, but considerable danger in the popular but damaging practices listed below:

SHOTS THAT CAN BE DEADLY

1. Schick Test
2. Dick Test
3. Tuberculin Test
4. Wasserman Test
5. Smallpox Vaccination
6. All Other Vaccinations
7. Cold Shots
8. Penicillin Shots
9. All Other Shots
10. Lumbar Puncture
11. Shots For Childbirth
12. Dog Vaccination
13. Pasteur Treatments For Rabies

CHAPTER 9

MEDICAL INTERFERENCE

“Medical science is a form of delusional madness from which few medical men ever recover. Backed by commercialism, this madness runs roughshod over the life and health of the people.”—Herbert M. Shelton, Ph.D., D.C., N.D.

In the Dark Ages when a decadent church dominated the state and religious persecution became intolerable, the people rebelled and demanded separation of church and state. In countries where this popular request was not granted, those who wanted religious freedom fled to other countries where more liberty and justice were possible. The newly discovered America became a refuge for those who sought freedom from tyranny and subjection. The constitution, that the Founding Fathers drew up was originally intended to protect the people from encroachments on civil liberties and human rights, whether it be from the self-appointed dictators of powerful financial interests, or from political, religious or economic pressures.

Dr. Benjamin Rush and Dr. Josiah Bartlett (both congressmen and signers of the Declaration of Independence) foresaw the medical tyranny that was, even then, laying its groundwork for domination of the healing field. In an effort to block this threatening menace they tried to introduce legislative measures that would insure freedom from medical tyranny as well as the other freedoms necessary to democracy. Their efforts were thwarted, however, by the preponderance of orthodox medical men in congress at that time, whose personal interest stood in the way of public good. Some of these men even refused to sign the Declaration.

An excerpt from one of the valiant speeches of Dr. Rush is as follows:

“The Constitution of the Republic should make provision for medical freedom as well as for religious freedom. To restrict the art of healing to one class of men (such as medical doctors) and deny equal privileges to others (also trained in healing) will constitute the Bastille of medical science. All such laws are un-American and despotic. They are fragments of monarchy and have no place in a Republic.”

The failure of congress to establish freedom from medical domination has cost the nation countless billions of dollars and needless loss of life and health of our citizens.

The medical dictatorship has extended its tentacles, since that time, until it now has control over a much wider area than the church ever did. Not only is our Public Health Service completely manned by the narrow and limited ability of this one branch of business, but it also wields its dictatorial power over the schools, colleges, charities, churches, public libraries, press, radio, women’s clubs, P.T.A., life insurance companies and many industries and businesses, even the Civil Service, which of all things, should respect the Constitution in its law against trusts.

A PLANNED MEDICAL CONSPIRACY

This medical strangle hold did not just happen with the passing of time; it was a planned conspiracy against the American people, with an “eye” to the financial gains of the doctors. A sample of this strategy may be seen in the following speech of Dr. W. A. Evans, one of the top medical “bosses,” and Health Commissioner for the city of Chicago, who gave these instructions to the doctors in their annual convention of the American Medical Association in 1911:

“The thing for the medical profession to do, is to get right into, and man every important health movement; man

health departments, tuberculosis societies, housing societies, child care and infant societies, etc. The future of the profession depends on it. . . The profession cannot afford to have these places occupied by other than medical men.”

This pronouncement was published in the *Journal of the American Medical Association*, September 16, 1911. Just how whole-heartedly this decree was carried out is clearly shown by how completely all the non-medical schools of healing such as chiropractic, naturopathic, religious science, hygienics, etc., have been excluded from such tax supported institutions as health boards, public hospitals, army camps, state prisons, workman’s compensation bureaus, asylums, etc.

Annie Riley Hale, in her *Medical Voodoo* has this to say of the Dr. Evans resolutions:

That ‘the future of his profession depended’ on getting the whip-hand in Public Health Service, and that ‘the profession could not afford’ to forego the political advantage accruing from such monopoly will be interpreted by some as a virtual confession on the part of regular medicine that it either realized it had nothing of therapeutic value to offer the sick world, or that it had despaired of winning the sick patronage by fair means, and must therefore have recourse to political intrigue.

“However it may be interpreted, here we have recorded evidence of a deliberate plan by organized official medicine, openly declared in convention assembled, to monopolize a great public agency like the Public Health Service—affecting all the people and paid for by all the people—to the utter exclusion of other healing professions legalized under existing laws.

The effect of the adoption and vigorous prosecution of the Evans resolution has been to (1) enhance the political power of organized medicine under the official name of A.M.A., and (2) to enable the medical trust to hamper,

harass, and where possible, suppress their therapeutic rivals—in order to destroy competition Destroying competition and crushing smaller businesses for monetary gain is precisely what the Sherman Anti-trust Law was designed to prevent. Thus, the A.M.A. in carrying out the Evans program has taken on all the offensive features and oppressive overlordism of a swollen commercial ‘trust’.”

There may be some independent medical practitioners who do not belong to or support the American Medical Association and these would not be held accountable for the damage done by the “outlaw” practices of the “association.”

CONTRACTS TO DEFRAUD THE PUBLIC

In *The Medical Trust Unmasked*, the author [John Spivak] tells of agreements and contracts between the medical societies and the insurance companies that are designed to defend the doctors against law suits brought against them for malpractice in which they kill or maim their patients. He tells that there are (or were when he wrote the book in 1935, perhaps more now) 70,000 doctors in 32 states who have knowingly entered into these agreements which are nothing short of deadly conspiracy against the life and welfare of the people. On page 64 he states:

“Twenty-eight of these thirty-two states grant this defense as part of the regular benefits derived from being a member of the American Medical Association. Membership alone is sufficient to insure the physician that he will be defended by the whole closely banded fraternity, should he ever be sued for malpractice.”

A statement of peculiar significance is included in the following paragraph:

“Twenty-four of these medical societies furnish expert witnesses to testify on behalf of the accused (the doctor).

Eighteen of these societies pay all expenses incurred by such witnesses, as well as special remuneration for testifying favorably, some of it running as high as \$50.00 a day.”

These “expert witnesses” may live 1,000 miles from the scene of the crime and know nothing about it except what they are paid to say. Is this any different from the methods of the professed criminals of the underworld?

The patients or survivors of a medical crime are given a full course of intimidation and threats by the doctors in order to discourage them from suing and most of them withdraw when they see the hopelessness of winning against the “fix”.

In a confidential report submitted by the Board of Trustees of the American Medical Association to its electoral body at its Dallas convention in 1926, the doctors were assured that the A.M.A. was seeking means of preventing malpractice suits. The report reads:

“It cannot be too strongly insisted that the prevention of claims is the object sought, and not merely the adjustment of such claims as arise, nor the indemnification of physicians against loss”

No provision for the welfare of the patient was made and no consideration for his rights was deemed of any importance.

REGARDING THE MEDICAL MONOPOLY

The Yale Law Journal, May, 1954 says:

“As a consequence of its monopoly position, financial resources, and political strength, organized medicine is able to maintain a quasi-legal status in medical societies to appoint or recommend members of regulatory bodies. A.M.A. standards in medical education, training, and practice are usually adopted by law. In addition, A.M.A. inspection to determine whether its own standards have been satisfied is seldom subject to judicial review. Thus the

political authority of the state itself has in effect been delegated to organized medicine.”

HOW THE HIGH PRESSURE MEDICAL LOBBYING INFLUENCES LEGISLATION

From the *New York Times*, June 15, 1952, we read:

“Some rather expert observations of the art of lobbying as practiced in Washington assert that the A.M.A. is the only organization in the country that could marshal 140 votes in Congress between sundown Friday night and noon on Monday. Performances of this sort have led some to describe the A.M.A. lobby as the most powerful in the country.”

“In 1954 sixteen individuals and groups reported to Congress that they spend more than \$50,000 each on their legislative interests. The biggest one of these groups admitted it had spent \$547,000 on this matter of influencing legislation through their powerful lobbying groups.”—From *World Predictions*, 1955.

The Tarnished Record of the American Medical Association published by the Milwaukee Federated Trades Council states:

“The A.M.A. at its 1949 convention voted to make the \$25.00 assessment permanent. It further urged its members to engage in political action to defeat congressmen whom it could not control

“In the 26th Pennsylvania district, a group of doctors calling themselves the Healing Arts Committees mailed out more than 190,000 letters, made more than 120,000 personal telephone calls, placed a series of 12 advertisements in every newspaper and purchased radio time to urge the defeat of the local congressman who had supported a measure not favorable to them.”

An excerpt from the speech of a congressman and recorded in the *Congressional Record* says that the A.M.A.

had “a record of almost unparalleled opposition to social and economic progress, blindness to need, and resistance to reform.”

Many laws designed by and for the benefit of the A.M.A. have been “pressured through” without the vote or the approval or even the knowledge of people involved.

Just recently a high pressure opportunist group tried to force a measure through Congress whereby their competitors could be barred from the mails without notice and without a jury trial (it was defeated). That is even worse than the present law which allows the medical trust to bar their competitors from the mails on false charges and without a jury trial. But the victim is allowed a few days notice. This is an unfair law and should be adjusted.

The *Defender Magazine*, Wichita, Kansas (May 1955) under the heading *Health Dictatorship*, comments: “We are getting a ‘look-see’ as to how the American Medical Association pulls strings and controls policies of the government in-so-far as the Pure Food and Drug law is concerned.”

Former Intelligence Officer of the United States Government, Major Robert H. Williams, in his *Bulletin* (April 27, 1955) states:

“Sane people are being arrested and held for mental observation without a trial, a thing I would hardly have believed had I not seen it happen. Bills are appearing in the state legislatures designed to empower the state to seize any citizen and legally hold him for observation or for compulsory treatment”

This is one of the Gestapo methods of eliminating honest competition. When these sane people are forced into the mental institutions they are given frequent injections with the “poisoned needle” and are soon rendered incapable of rational thinking or coherent speech. At this stage they are brought before the “Board” for questioning and, of course,

declared to be insane and therefore confined permanently to the institution. A bullet in the back would be less cowardly than this.

WHO HAS THE MONOPOLY ON WORDS?

The word *doctor* comes from the Greek term di-daktor, which means “one who imparts knowledge to others—a teacher.” The Latins condensed it to “doc-to-ro” and it was later shortened to doctor. Medical doctors are not teachers. In fact part of their instructions at medical school is not to tell the patient much. They are not, as a rule, very well informed on the real cause and cure of disease so they could not teach it if they wanted to. A dictionary gives one definition of doctor as “a learned person.” If either of these definitions were the criterion for issuing medical degrees it would eliminate about 99 per cent of the practitioners from the title of doctor. Yet, they have sought a monopoly on this word in-so-far as the healing field is concerned.

The word *cure* has also been taken over by the medical trust as its private property and drugless doctors and writers have been barred from the mails and persecuted in other ways for teaching how nature cures or for using or speaking of a cure for some disease.

The latest encroachment on public rights is the medical monopoly on the word *health*. In some states they have made it a law that no drugless practitioner may use the word *health* on his advertising, signs or titles. The *Naturopath Magazine*, January 1955 (published for Naturopathic doctors) reported this situation in the editorial, by Dr. T W. Schippell. Excerpts from this editorial are as follows:

“... Every day we see additional liberties of the independent practitioner trampled under foot—more non-conformist healers jailed or driven from the country.

“There has just come to hand a letter from an independent practitioner who has long been the head of a liberal school of healing in Chicago where he conducts a health regaining emporium. He is finding out the hard way, that any outstanding success in the natural healing field brings with it, as a definite reaction, the unbridled wrath of medical men everywhere

“The established rule of medical fair play in this country seems to be: If you cannot beat a rival practitioner on the market place, you must unseat him through some ordinance or statute in the legislative halls. And that is what has happened in Chicago. Excerpts from the letter will show the sequence of events as they happened:

“Some months ago I was called into the State Department of Education and Registration and was warned by that august body that I could no longer use the word *Naturopath* on my letterheads, doors or windows.

“I was informed further that I must substitute the word *Chiropractor* in the place of *Naturopath* as well as use it in my advertising. So returning to my Health Emporium, I took a razor blade and the word *Naturopath* disappeared from my signs on my doors and windows. My hope that I had met every medical requirement was quickly blasted. Just last week I received another communication from that same State Department of Education and Registration and upon calling at that office, was immediately pushed into the sanctum of its attorney. This gentleman opened the interview with a scowl and this remark: ‘It looks like we are having a little trouble getting you into line, doctor.’

‘To which I required: ‘What have I done wrong, now?’.

“His beetle-like brows closed together; he clasped his hands before him on the desk and continued to scowl at me: ‘Get that word *health* off your doors, windows, letterheads—and do it quick.’

“To which remark I replied: My business has long been known as a *Health Emporium*. I built my reputation on that designation and have spent many thousands of dollars to bring it to the attention of the public. I can hardly remove the word *health* without ruining my business.’

“His reply was short and to the point: ‘The word *health* belongs exclusively to the medical doctors. It is illegal for anyone else to use it in any manner. There is a law now in effect which gives the medical profession a monopoly on the word *health* and you’d better get that in your head clearly right now!’”

This doctor consulted his attorney and found that such a law had been engineered through the state legislature by same underhanded methods they (the medical trust) had pushed other death-dealing measures into operation, such as (1) vaccination, which is known to kill more people every year than smallpox does, (2) tuberculin testing of cows which required the killing of 1,500,000 healthy cows because of false testing in just 10 years time, with a lost of \$1,500,000,000 to the dairymen, (3) rabies shots for dogs, which increase diseases in the animals but do not prevent rabies, (4) fluorine (rat poison) in public water supplies because there is a cheap surplus of the product on hand and the owners want to make profit on it, also other practices that are damaging to the public but profitable to the promoters.

MORE FREEDOM DENIED

Back in the middle ages, Galileo was tormented, tortured, and threatened with death because he taught that the world was round. We like to relegate to the past such acts of ignorance and barbarism, and believe that such outrages against progress could not happen in our day and age. But we are having parallels of this same kind of intolerance in the

healing field. For instance, Dr. Herbert M. Shelton, Ph.D., D.C., N.D., and head of the Hygienic Movement, was imprisoned several times in New York because he helped people overcome their diseases by observing the laws of health. Saving lives and restoring health is considered a crime in New York and several other states that are ruled by the medical trust, if these works are done by any outside the medical ring. The medical field has no sure cure for any disease, so the people are obliged to suffer and die rather than permit someone who does understand the law of cure to aid them. Dr. Shelton is one of the few practitioners who understands the cause and cure of disease, and seeing that New York is a city of sick people in need of help that they were not getting, he defied the un-American medically made law of New York which prohibits drugless doctors from practicing, opened up an office and was soon gaining fame by his superior results in healing. For this he was imprisoned without even a trial by jury. In accordance with the formalities of pretended justice, an investigator of the Court of Special Sessions in New York, wrote to the Investigator of the State Medical Board in Texas for information about Dr. Shelton. The investigator interviewed Dr. Shelton and after seeing the nature and quality of his work with its consistent effectiveness, had said to him, "I see nothing in your work that is a violation of the law. Stick to it and I will never bother you." He sent a fine report to the New York investigator which was never read before the court. The judge declared him guilty on the opinion of the medical witness and he was sentenced to prison. When he was released, he continued to help the sick and needy and was imprisoned again and again because he refused to respect a law that was enforced against public good and established without the approval or vote of the people. This did not happen in the Dark Ages; it happened in our day, just a few years ago.

A little later, in 1948, Dr. Gian-Cursio, Chiropractor and Hygienist, was sentenced to prison when his drugless healing system and sanitarium, *The Castle of Health*, was becoming noted for its successful healing of diseases that the doctors had not been able to cure. He was framed and sentenced to a year in prison without being allowed a trial by jury. (Even a murderer is permitted a jury trial). He was even denied an appeal. The charges were that he was harming people although no evidence was brought forth to prove this statement. A great many of his healed patients were anxious to testify but they were not permitted to do so. As he was a drugless doctor he did not use drugs or any of the dangerous methods such as X-ray, radium, surgery, or anything else that could harm a patient. His testimony was disregarded and only that of the medical “expert witness” (?) was considered valid. So this innocent man of high ideals and clean living had to serve a prison term with hardened criminals while his family was left without support. So openly unjust was this case that letters and telegrams from all parts of United States and even from England, France and Canada poured into the offices of the judge and Governor Dewey of New York, asking that this man be given a fair trial by jury, or an appeal to a higher court, but this was denied.

From his prison cell Dr. Gian-Cursio wrote: (To Dr. Shelton)

“It is a strange schooling that our enemies have forced upon us. It profits us in ways nor expected by them. Prior to, during and after incarceration friendships are strengthened, men who are brothers in arms become more determined in the promulgation of their cause and they acquire a form of wisdom obtained by few.

In this crucible a reformer attains maturity of mind and spirit.

“Our enemies, by making this possible, befriend us.

This is a paradox that must be lived to be fully appreciated. Persecution is a sign of decadence. When it ends with imprisonment of the persecuted it is more than a symptom of rot of man and principles, it is a sign of death as moral beings.”

These acts of violence indicate the downward trend of organized medicine, toward its own dissolution.

In Florida, where a compulsory Tuberculosis law has been foisted on the people, a man dropped dead in the doctor’s office just a few minutes after the physician had given him a compulsory “shot”. In the trial that ensued, the other physicians testified that, “It wasn’t their colleague’s fault; the patient just couldn’t take it.” The doctor went free, though he was guilty of murder as well as malpractice

SUPREME COURT ESTABLISHED A PRECEDENT

Supreme Court Justice Cardozo said, in rendering a decision:

‘Every human being of adult years and sound mind has a right to determine what shall be done to his own body, and a surgeon who performs an operation (vaccination is technically an operation) without his patient’s consent, commits an assault for which he is liable in damages.’”

A British doctor published in a medical journal a detailed account of how he killed a patient. The medical council held that Dr. Barton could not be prosecuted unless it could be proved that Barton’s action did hasten death, that he acted knowingly, and that the patient actually died. Baron told the doctors, “Thank God, you have to prove these things, otherwise you and I would not be free.” These or any other guilty physicians are not going to prison or to the electric chair because all they have to do is to declare that their action did not hasten death. Medical doctor’s license does not protect the public; it protects the doctors from prosecution by the public.

“Dr. Simon Louis Katzoff, M.D. wrote. ‘Doctors live by disease, so the public can expect the supply of disease to meet the demands of the medical profession.’ When it doesn’t meet the demands, the Health Boards and Tuberculosis societies clamor for compulsory hospitalization and treatment, seizing the victim’s property to pay them.”

HEALTH BOOKS ATTACKED BY MEDICAL TRUST

Not only are the health doctors with their superior methods put out of business by the medical “wrecking crew” but the books that teach the truth about healing are under constant attack also. The medical trust has its stooges planted in the post office department and when a good health book gives them too much competition they have a “fraud order” issued and the author and publisher no longer have the use of the mails. These medically made laws see to it that they do not have to come out in the open and declare themselves as the attackers. The author has to fight an unseen enemy who is protected by the law and does not even have to have any proof that the book or author has violated any law. I have followed some of these cases closely and have read the complete transcript of the court proceedings and there is no semblance of justice in this process. The author and the book is condemned and barred from the mails, sometimes even before the hearing. There is never any trial by jury and the decision is always against the writer and in favor of the concealed medical opponent. The decision is based entirely on the private opinion of a hired medical witness. The testimony and proof of innocence of the writers are entirely ignored, as there is no jury.

GANGSTERS IN THE GOVERNMENT

In 1946, during one of our largest polio epidemics in Los Angeles, I wrote a book (*Polio Control*) exposing the polio racket. My statements were well documented and the doctors didn't like it. I believe it would have eliminated polio epidemics if it had been allowed to reach the people. I had the manuscript examined by a lawyer before I had it published to be sure everything was legal and in order. I had the Los Angeles Post Office authorities examine it to be sure there was nothing in it for which I could be legally barred from the mails and it was declared within the law. The medical trust had their stooges work for two years trying to get something on me so they could legally put me out of business but when they failed they brazenly issued a fraud order without any legal grounds or lawful reasons. They knew I had no money to fight a case with so they thought I would probably "stay put" when they destroyed my business and put the book out of circulation. I talked to one of the post office officials and asked what I could do and he said, "You can take your lawyer back to Washington and fight but it won't do you any good; those cases are 'sewed up' beforehand." I wrote a long and detailed letter refuting all their false charges but this was disregarded and I was notified by special messenger I was barred from the mails eight days before the day set for my hearing—in other words, I was condemned without a trial. I was convicted on the statement of the medical witness that my "book disagreed with accepted medical belief and therefore was dangerous." (I admit it could be dangerous to the corrupt medical policies.)

On inquiring around I found others who had been barred also without cause. One of these was Al Williams, an ex-pupil, who had established several gymnasiums in downtown Los Angeles, that were popular with the business men who were interested in keeping fit. He had an especially successful

weight reducing system that put the medical methods to shame. This bothered some of the medical boys so they did some string-pulling in Washington and Mr. Williams was soon barred from the mails on fraud charges. This put him practically out of business so he took his lawyer and evidence back to Washington to fight the case, but since no jury trial was permitted and no testimony was accepted except that of the medical “expert witness” of the opposition, the biased judge passed the sentence of “guilty”. He took the case to the Supreme Court and won, of course, because he was innocent in the first place and had a clear case. But it cost him \$13,000 and three years loss of business to merely establish his right to have his mail delivered.

The guilty culprits in the post office department were not reprimanded or required to pay Mr. Williams damages for his loss. They were left in the same position where they could do the same thing the next day if they wanted to. Even the world’s worst gangsters—Al Capone and his hatchet men—were never guilty of committing as many underhanded and open crimes against life and property as the medical trust has done in this country.

HEALTH RESEARCH ATTACKED BY MEDICAL TRUST

For the past 12 years Dr. R. G. Wilborn, D.C., and his firm Health Research has conducted the largest health book business in the west. Thousands of excellent books by educators and the world’s best informed writers on health, were circulating around through the country and raising the health standards of the people. Health is a menace and a threat to the medical profession so the same well-oiled strings were again pulled in Washington and Health Research was issued a fraud complaint. Dr. Wilborn and this large health business of many years standing were to be suddenly and completely

ruined by one fell stroke of the medical dictatorship. Time tested health books that have been selling all over the world from hundreds of book stores were all at once declared to be the cause of the fraud order. And, although the other stores would continue to sell them, Health Research was to be denied mail delivery and completely put out of business, for selling these same books.

Dr. Wilborn had heard about some of the questionable fraud order cases, so years ago before investing in this expensive book business he checked with the post office authorities and had one of the postal inspectors examine all his stock of books to be sure they met with the legal specifications. The books were declared to be in order so when the fraud charges came he knew it did not originate in the post office department. The postal authorities refused to give the names of the attackers who were seeking to destroy the Health Business, so in concealing the criminals the postal authorities become parties to the crime.

Excerpts from the fraud complaint are as follows:

“Post Office Department—Office of the Chief Hearing Examiner—Washington 25, D.C. (May 11, 1955)—delivered May 14, 1955.

‘In the matter of the complaint that Health Research, Dr. R. G. Wilborn (D.C.) and (partner) are engaged in conducting an unlawful enterprise through the mails The Undersigned, (William C. O’Brian) Assistant Solicitor, Fraud Division, Post Office Dept. ... alleges that the respondents are now and have been obtaining remittance of money through the mails for various books and pamphlets entitled: *Commonsense about Cancer, The Grape Cure, Attacking and Arresting Arthritis, Health for All, “Getting Well”, “Is Cancer Curable, The Prostate Gland; Perfect Health, Tuberculosis; Its Cause and Cure, Tumors, and Back to Eden*, by means of false and fraudulent pretenses, representations and promises

as hereinafter set forth.

“That the Publication entitled *Health for All* contains information and instructions the following of which will effectively treat and cure such conditions and diseases as sinusitis, bronchial asthma, goiter, colitis, peptic ulcer, diabetes mellitus, arthritis, rheumatism, high blood pressure and infantile paralysis.”

The complaint goes on telling what the books promise in the way of healing. The fact that hundreds of people have been healed of these diseases by following these instructions doesn't concern the medically dominated Post Office Fraud Department. The medical profession has no cure for any of these diseases and, like the dog in the manger they intend to prevent anyone else from curing them either, or even from having the right to choose their reading matter that will teach them how to do it themselves. These books are also barred from tax supported public libraries so the people are at the mercy of the disease producing medical business unless they rise up and throw off the yoke of medical oppression.

Back to Eden and *The Grape Cure* were barred once before but were reinstated because there were no legal grounds for the action and someone had enough money to fight for them.

Health Research had sold 500 copies of *Back to Eden* at \$7.00 per copy with a money-back guarantee and the letters flowed in from the satisfied customers who had been healed or helped by its information. Yet, the selling of this book was one of the reasons why Health Research was being prosecuted.

Medically operated organizations and money-making schemes such as the cancer fund raising organizations, March of Dimes money-making racket, vaccination campaigns. etc., are allowed to make untrue and impossible

claims and promises and accept fabulous sums of money year after year without ever performing the benefits or fulfilling their promises, yet they are never barred from the mails no matter how brazenly fraudulent they are. If even half of the money, that is filched from the public by these organizations, were put into the hands of some responsible organization like Dr. Shelton's Hygienic Society and used for public health education purposes, the present disease crisis of this country could soon be brought under control.

Dr. Wilborn knew he would not get a fair trial by jury if he tried to fight the case in Washington so he waged a campaign from his office in California and hired a good lawyer who knew the post office "set-up", (Attorney James B. Gooding, of Washington D.C.) to fight the case from there. When Dr. Wilborn's letters (about the fraud complaint) reached the hands of his large mailing list, a barrage of letters flew to Washington (Congress and Senate) asking for an investigation of the corrupt, medically contaminated Post Office Fraud Department. Racketeers don't like to be investigated so the "under cover boys" in the Post Office modified their charges immediately and admitted that the books were not fraudulent and were no longer under attack. However, they still held the whip lash over the head of Health Research if its advertising suggested cure in any way, shape or form. The medicos still insist that the word cure is their private property just the same as they have tried to "corner" the whole healing business.

The Health Research Case brought into view a number of other submerged cases. One contact who had been barred from the mails wrote to Dr. Wilborn as follows: "To give you an idea of what smaller businesses are up against in the Food and Drug Administration-Post Office combination of the Medical Trust, let it be remembered that any company can be put under fraud order without due process

of law—just upon the opinion of any lawyer in the Post Office Department. The fraud law was written in 1874 and needs re-writing to bring about justice. We are still working with the authorities in Washington to get this done. Once a fraud smear is issued, then supposedly due process of law can be carried on for its removal. Actually, however, the set-up is extremely corrupt. It is so corrupt that the Head Trial Examiner of the Post Office “blew his top” about two years ago and sent an eleven page report to both the Senate and the House Judiciary Committees. He then transferred to the Federal Power Commission. His report was a protest against pressures constantly brought to bear to have him violate the Administrative Procedures Act which guarantees fair hearings to citizens, in theory at least, and forbids any private contact with Examiners or Judges to influence decisions. After his departure, more crooked decisions occurred.

A fraud order is supposed to be based on legitimate complaints. When Dr. Wilborn’s customers wrote to the Fraud Department for the complaints or for any statements he had made in his advertising that could be considered fraudulent, the officials in the Post Office Department wrote:

“This office does not make a general distribution of the specification of charges issued in these fraud order cases and, therefore your request for such a copy must be denied.”

When Dr. Wilborn’s customers asked for the names of his accusers, the post office refused to reveal their names. If a charge is serious enough to ruin a person’s business, reputation and life work, is it asking too much to know who his attackers are so he can meet them in fair fight?

WHERE CRIME PAYS

We like to believe that crime doesn’t pay. But we see the constant multiplication of deaths from unnecessary operations and medically poisoned patients where the doctor

“buries his mistakes” and then collects a small fortune from the survivors. We see the multi-million dollar “take” from the vaccination campaigns conducted at least twice a year in all American cities. We see health businesses and writers ruined by unjust and dishonest fraud orders, in which they have no chance of winning unless they can afford a Supreme Court case, and few health idealists are wealthy enough to buy justice at such a price. Liberty and protection in a free country should be the right of the poor as well as the rich. We are wondering when we will be released from this curse of medical domination—where crime pays.

CHAPTER 10

THE HIDDEN DANGERS IN POLIO VACCINE

The following is a sample of the propaganda that is frequently seen in the magazines and newspapers and all channels of national advertising:

Get Polio Vaccination Now To Protect Your Child This Summer

Your boy or girl will have the best chance for protection before polio hits again, if vaccine is given now. The Salk vaccine strikingly reduced paralytic polio among those who received it in 1955 and it will protect many thousands in 1956, if it is used in time.

To make a real dent in polio in 1956, vaccinations must be stepped up immediately. Success will depend on how many children receive at least two vaccine shots before the next polio season begins. See your doctor or public health officer NOW for advice about when and where to obtain vaccine.

This is what the people are told. Let's uncover the facts and see what actually happens when polio vaccine is used.

“Salk vaccine is hard to make and no batch can ever be proved safe before it is given to children.” This is an admission that was made by Dr. Scheele, (Surgeon General) before the Atlantic City Convention of the American Association in 1955. (Reported in *New York Times*, June 8, 1955.)

Being fully aware of the hazardous aspects of the polio vaccine, Dr. Scheele announced that it was the intention of the U.S. Government to inoculate 57 million people before August 1955. (Report from the *Lancet*, June 4, 1955)

SAFETY PROMISED
WITHOUT INVESTIGATION OR PROOF

\$9,000,000 of public funds were gambled on this financially promising but highly questionable venture before it was even declared safe and usable. Later, when the over dramatized announcement was made that it was “safe” there was still no scientific evidence or factual proof of its safety. The promoters of this inflated vaccine “scheme” expected a 5 billion dollar profit in the first year of operation. (Direct quotations supporting this statement are given under the topic heading, *The Money Motive*, at the end of the chapter.)

Even after the vaccine had killed 7 people and the number was mounting every day, the propaganda committee put words into the mouths of important government officials, still insisting that the vaccine was “safe” and must be continued.

The Cutter laboratory was used as the “scape goat” until the many disasters from the other laboratories could no longer be concealed. Then instead of abandoning the whole “deadly mess”, the Cutter laboratory was declared in good standing again and allowed to continue—not because its vaccine was any safer, but because the vaccine from the rest of them was just as deadly, and none of them intended to stop or lose any profits.

Any doctor, scientist or authority on the subject of vaccine knows that these substances are “highly toxic” (poison), therefore, no vaccine can be made safe. Current magazine articles have described in detail, the composition of the Salk vaccine so it will not be repeated here except to say that the decomposed kidney tissues and pus from a diseased animal combined with the two poison drugs cannot be injected into the living blood stream without harmful effects. The records of the experiments on children show that more of the vaccinated people died or contracted polio than did the

unvaccinated. The fact that all the vaccinated people did not die does not mean that they were not harmed. No one knows yet, what the future results will be.

James McIntosh, Professor of Pathology at London University, in an address before the Royal Society of Medicine, October 19, 1926, stated:

“Scientifically it cannot be disputed that every point of view the injection of virus capable of multiplying in the body of the individual is bad. When multiplication of the virus occurs, then there is no possibility of estimating the dose to which the patient has been subjected. Thus the effect cannot be controlled, and in susceptible individuals this may lead to unforeseen results.”

Data from the bleedings performed five months after inoculation of Salk vaccine, indicated that the immunity (if any) did not last long. Dr. Salk is reported to have said that “children vaccinated last year should be given booster inoculations this year.” An editorial in the *Lancet* (weekly Medical Journal April 23, 1955) comments: “If it is found that, contrary to Salk’s hopes antibody levels cannot be maintained without a succession of booster doses, then a serious problem will arise. Will it be necessary to give injections every year; and, if so, for how long would they be given? ... *If injections are given regularly for several years to millions of children the risk of allergic reactions to monkey kidney tissue will become increasingly grave.*” (Emphasis mine, McBean)

Dr. Ritchie Russell of the Department of Neurology, Radcliffe Infirmary Oxford, said, “When poliomyelitis is precipitated by inoculation the natural defenses of the nervous system seem to be ineffective, and nearly all such illnesses develop into a paralytic form of the disease affecting especially the limb used for the injection.” (*Lancet*, May 21, 1955, p. 1071)

The *Manchester Guardian* (April 15, 1955) stated, "One of Britain's greatest physiologists said to-day that if it means that a child should be re-inoculated at frequent intervals with a preparation derived from monkey kidneys it is terrifying in its possibilities. Among them is the risk of the child's developing sensitivity to some of the ingredients of the vaccine." The editor of the *Lancet* (June 11, 1955, p. 1207) emphasized this further when he wrote: "In addition to the possibility of producing the very disease the vaccine is used to prevent, 'there is a risk, of unknown dimensions, that repeated injection of a vaccine prepared from monkey kidney may eventually sensitize the child in some harmful way'."

BRITISH PAPERS WARN AGAINST SALK VACCINE

In April, 1955 after the "big Salk campaign" had been launched in the United States, the Government and all officials and agencies concerned announced to the world that "the war against polio was almost certainly at an end."

The other countries are a little more conservative and a little less willing to be "taken in" by the sales propaganda of the Salk promoters. The general sentiment of our foreign neighbors was expressed by Dr. A. M. Payne when he declared: "Poliomyelitis is not beaten. We do not know how long the effect lasts. ... we do not know if it will be effective under other conditions than those in which it was used; we do not know how best to use it. We do know that there are many (unsolved) intricate problems in the manufacture of this vaccine." (*Manchester Guardian*, April 14, 1955)

"London, April 22, 1955 (*Reuters*)—*The British Medical Journal* today warned physicians against over enthusiastic acceptance of the Salk anti-polio vaccine citing 'the possibility of toxic effects'."

On this same point the *Lancet* said it would be “very reluctant to see the vaccine used on a large scale in Britain without further tests.” It also warned, “the possibility of toxic effects from repeated injections with monkey tissues must be considered.”

Caution was cast to the winds in this country and our U.S. Government and medical profession had no hesitancy in using the unproved vaccine and repeating their blundering tests on millions of human beings even after the large number of deaths and paralysis had proved it to be not only a failure but a dangerous killer. Most of the experiments were made on children too small to fight back.

A PARTIAL LIST OF DEATHS FROM SALK VACCINE

Susan Pierce (age 7),
Pocatello, Idaho,
died April 27, 1955

Ronald Fitzgerald (age 4),
Oakland, Calif.,
died April 27, 1955

Allen Davis Jr. (age 2),
New Orleans, La.,
died May 4, 1955

Janet Kincaid (age 7),
Moscow, Idaho, died
May 1, 1955

Danny Eggers (age 6),
Idaho Falls, Idaho,
died May 10, 1955

HOW SAFE IS SAFE?

1. Are the men who set themselves up as authorities on polio really qualified to decide the issues of life and death?
2. Have the self-styled medical “experts” been infallible enough in their past decisions to be trusted with the precious lives of our children and our future generations?
3. Have the more effective drugless methods of prevention and treatment of polio been investigated and tested?

These are some of the questions that people are asking and to which they have a right to expect satisfactory answers.

SALK “SPEAKS UP” IN *LIFE* MAGAZINE

In an article titled *Tracking the Killer*, in *LIFE* magazine Dr. Salk was asked if his monkey vaccine was safe. To this query he replied:

“There is no question of ‘how safe is it?’ It is safe, and it can’t be safer than safe.”

Many people would seriously like to believe this statement but available scientific facts condemn it and hold it up to ridicule.

Shortly after the Salk vaccination program was swung into action, the American Public Health Service (June 23, 1955) announced that there had been “168 confirmed cases of poliomyelitis among the vaccinated, with six deaths, . . . How many vaccinated children will eventually be reported as developing the disease is as yet unknown . . .

“The interval between inoculation and the first sign of paralysis ranged from 5 to 20 days and in a large proportion of cases it started in the limb on which the injection had been given. Another feature of the tragedy was that the numbers developing polio were far greater than would have been expected had no inoculations been given. In fact in the state of Idaho, according to a statement by Dr. Carl Eklund,

one of the Government's chief virus authorities, polio struck only vaccinated children in areas where there had been no cases of polio since the preceding autumn; in 9 out of 10 cases the paralysis occurred in the arms in which the vaccine had been injected." (*News Chronicle*, May 6, 1955)

According to the *Daily Telegraph* (June 18, 1955) Mr. Peterson, State Health Director of Idaho, stopped further inoculations and stated: "We have lost confidence in the Salk Vaccine." He also stated that he "holds the vaccine, together with the instructions for its manufacture, directly responsible for the outbreak of polio and the deaths that had occurred."

The serum makers were gambling for big stakes and decided that the "show must go on" in spite of death and disaster. The condemned Cutter laboratory had over a million dollars worth of deadly vaccine on hand and the disasters had caused its stock to drop from \$15.50 to \$8.75 per share, (according to *Time*, June 20, 1955). The other 5 laboratories with their \$8,000,000 supply of "Salk liability" were involved also because deaths and disease were being reported from their vaccines every day. Then suddenly the deaths from Salk vaccine ceased to be reported. In a letter published in *Defender Magazine*, the writer stated: "I am informed by someone who works in a newspaper office that much of the bad news concerning the results of the Salk Program is being censored and deleted out of the news to keep people complacent and acquiescent."

SOME COUNTRIES REJECT VACCINES

In Australia when a few children died as a result of smallpox vaccinations the government abolished compulsory vaccination in that country and smallpox suddenly declined to the vanishing point. Australia had only three cases of smallpox in 15 years as compared with Japan's record of 165,774 cases

and 28,979 deaths from this cause in only 7 years (1886-1892) under compulsory vaccination and re-vaccination.

In Austria, where Bela Schick invented the Schick test for diphtheria, it killed several children and the rulers there declared it to be too dangerous and prohibited its use in that country. Apparently Mr. Schick was not concerned with such trivialities as death and disease; he was out to make money. Most of the European countries didn't trust him and rejected his poisons, so he brought it to America where he knew the unscrupulous medical and drug trusts dominate the healing field. Here he found a ready market. A lush harvest was promised and the customary pressure technique was turned on and the exploitable public was again used and abused. So we have seen with the passing of years, that the Schick test and diphtheria anti-toxin continue to take their toll of lives while our elected officers and public protectors (?) look the other way.

To show how death, disease and failure of vaccination is ignored in this country, in favor of fabulous profits for a few, let us recall one of the many disasters that bear this out:

In Dallas, Texas, 10 children died as a direct result of the "safe" diphtheria anti-toxin shots. For every one who died, hundreds suffered from the various vaccine diseases, many of which left permanent disabilities. This is not a special case; it is typical of all vaccinations. But most parents do not sue and the other cases never reach public notice. But these Texas parents were not to be "put off" by medical excuses. Numerous damage suits were brought against the doctors and the serum manufacturer, H. K. Mulford Co. The doctors succeeded in evading the issue by claiming that it was a bad batch of serum. (All serum is bad that doesn't stop them). The Mulford Co. insisted that it was not a bad batch of serum but was just the same as all their serum and this lot (series A 377061) had been re-tested and passed

satisfactorily all the tests and requirements conforming to the laboratory of the Public Health Service at Washington D.C.

The complaints of the parents were that “the diphtheria anti-toxin sold by the Mulford Co., was unfit, poisonous, dangerous and deadly.” The doctors and serum company displayed great dexterity in juggling terms, inventing excuses and denying guilt but the children were still just as dead as a result of shots from the “whitewashed” serum as if they had been shot with bullets, and it was irrefutably proved in court that the vaccine serum killed them. Damages aggregating \$78,000 were paid to the parents of the dead children, by the Mulford Co. The Mulford Co. wishing to continue in the same blood poisoning business and also wishing to dodge public disapproval, had its attorneys specify that “the judgement shall fall, not on the Mulford Co. but on Mr. Pierce Russell, the Mulford distributor.” He was, probably, the least guilty of any of them because he could not have contaminated the sealed ampules of vaccines. However, his employer, undoubtedly made it worth his while—financially ... to take the blame. In this type of “white collar” murder, (the legally proved), guilty parties are not reprimanded or even asked to cease and desist” from a continuance of the crimes.

ALL VACCINES CAN CAUSE POLIO

“Mrs. Helen B. Covington, of Kensington, Pa. filed a \$150,000 suit in the United States District Court, against Wyeth Inc. Philadelphia drug manufacturer, charging that an anti-rabies vaccine had produced paralysis” (*The Truth Teller* p. 26, Aug 1947).

Dr. William F Koch (MD, PhD) stated that “The injection of any serum, vaccine, or even penicillin, has shown a

very marked increase in the incidence of polio, at least 400%. statistics on this are so conclusive, no one can deny it.”

The United States Public Health Bureau is extremely reticent about reporting diseases caused by vaccination but the report from 1922 to 1931 admitted that there had been 85 cases of post-vaccinal encephalitis, which DeKruif states “is the twin of infantile paralysis.”

In St. Louis (1933) after a typhoid vaccination campaign there was an outbreak of encephalitis (a form of polio) in which over 100 died. It was reported that the disease developed about 10 days after vaccination and in each case vaccinia was indicated in the brain upon postmortem.

In 1926 two prominent English Professors of Pathology, Doctors Turnbull and McIntosh reported a number of cases of encephalitis lethargica (sleeping sickness—form of polio) following vaccination. This led to the appointment of two—commissions of the British Ministry of Health, to investigate the situation. Their reports published in 1928 revealed that there had been 231 cases and 91 deaths from this cause (post vaccinal encephalitis) in England and Wales.

According to a report in the *Hobart* (Tasmania) *Mercury*, (April 11, 1950), “Combined injections for diphtheria and whooping cough may cause severe cases of infantile paralysis.” It stated that a St. Pancras, London medical officer found 40 cases and that a British Health Ministry doctor reported 65 cases where paralysis occurred two weeks after vaccine injections, and in 49 of these, the paralysis was confined to the limb in which the injection had been given. Two of the cases followed the injection of penicillin. Dr. J. K. Marlin, from the Guy Hospital reported 80 cases where children developed infantile paralysis soon after having been vaccinated. *Mercury* stated that “the doctors realizing the danger of their findings to the government’s diphtheria immunization campaign, withheld publications until some

of the cases could be followed up over a period of many months. Some of the children recovered after a year or more. Others are still paralyzed”

After the many months of observation of these disasters of vaccination the London County Council finally banned the use of the combined diphtheria and whooping cough injections in the clinics during the months when infantile paralysis was most prevalent.

Isn't it appalling that the governments and the serum promoters see and know that vaccination causes paralysis yet they curtail it only during the months when polio is most prevalent. They still insist on having the revenue from the deadly practice the rest of the time regardless of the consequences. If they would care to observe the “polio season” they would see that it is only at the times when it is created by the doctors with their poisoned needles and the people with their excessive eating of sugar products and other devitalizing and semi-poisoned foods.

Dr. L. C. Appel writes: “The fact that vaccination is either the (a) adding of a disease to a body already weighted with disease, or else, (b) the giving of a disease to a perfectly healthy body, is the medical reason why some of us (medical doctors) oppose vaccination and urge its abolition. A perfectly healthy body is proof against natural disease; a diseased or unhealthy body is handicapped by being given another (inoculated) disease. A diseased or unhealthy body can never be rendered healthy by inoculation or vaccination.”

Dr. Harry R. Baybee said:

“My honest opinion is that vaccination is the cause of more disease and suffering than anything I could name.”

Dr. F. H. Haines voiced his views on vaccination as follows:

“It is impossible to say what remote after-effects may be caused by the introduction of alien substances into

the blood stream. Many nervous and other disorders of unknown origin are too often met with. Products which alter metabolism, change the nature of fundamental secretions, cause profound change in the fluids of the body, allergy and anaphylaxis, are the negation of nature's own methods, and must be viewed with grave misgivings and cautious suspicion." (*The Truth About Vaccination*, by Lily Loat)

In an article in *Archives of Disease in Childhood*, (March, 1950) Dr. 3. K. Martin, of England, gives details of "17 cases of poliomyelitis which followed 28 days or less after inoculation." Analysis of the cases showed that 8 of them had been inoculated with A.P.T. Two had other injections against diphtheria, 2 had penicillin injections, 5 had combined diphtheria and whooping cough inoculations and 1 had whooping cough inoculations alone.

Not long after these cases had been published it encouraged other doctors to bring their findings out in the open and several other medical journals in Australia and England published articles which reported numerous cases of paralysis following vaccination. Two investigators, Dr. McCloskey, in Australia and Dr. Geffen in London both observed that "the point that struck them was that the paralysis started in the limb in which the injection had been made."

(Details of these findings are reported in the *Lancet* (London) for April 8, 1950 and *The Medical Officer*, for April 8, 1950.)

Two British statisticians were asked to investigate whether or not there appeared to have been any "Appreciable risk of poliomyelitis following within a month of inoculation during the 1948 outbreak of polio." The investigators, Dr. A. Bradford Hill and Dr. I. Knowelden, of the London School of Hygiene and Tropical Medicine, reported:

"The statistics collected in this inquiry reveal clearly an association between recent injections and paralysis We

must conclude that in the 1949 epidemic of poliomyelitis in this country, cases of paralysis were occurring which were associated with inoculation procedures carried out within the month preceding the record date of onset of the illness ...” (Reported in the *British Medical Journal*, July 1, 1950)

Although the British government, under the pressure of Socialism has been forced to make many concessions in favor of the common people such as abolishing compulsory vaccination, making investigations that revealed the fallacy of many medical practices etc. Mr. Bevin, speaking in behalf of the medical fraternity in the House of Commons on November 24, 1947 still tried to protect the medical rackets when he stated:

“As I am advised, there are no medical grounds for attributing to vaccination or diphtheria immunization any connection with polio” (infantile paralysis).

The investigations of the Ministry of Health were not in agreement with this stand as is seen in its statement that “in the last few years there is evidence that occasionally followed vaccination.”

A report in the *Lancet* (April 8, 1950) stated that Dr. McClosky of Melbourne had inquired into 340 cases of poliomyelitis which occurred in Victoria (from January to August, 1949) and found that 31 of them had occurred in children who had received diphtheria or whooping cough (pertussis) vaccine, or both, within three months of the onset of the disease. Of the 31 cases, 30 of them suffered severe paralysis which was most pronounced in the limb in which the injection was given.

The Medical Officer (April 8, 1950) reported the findings of Dr. D. H. Geffen who stated that in the first four months of that year, in St. Pancras, London, 30 children under five developed infantile paralysis within four weeks of being immunized against diphtheria or whooping cough (or both)

“the paralysis affecting, in particular, the limb of injection. In 7 other recently vaccinated cases, paralysis occurred but not in the limb that had received the injection.

Dr. Arthur Gale of the Health Ministry reported (in the *Daily Express* for April 10, 1950) that he had observed 65 cases mainly from the Midlands’ in which paralysis developed about two weeks after an injection; and in 49 of these, paralysis was confined to the limb in which the injection had been given.

The report of the Government investigation (*British Medical Journal*, July 1, 1950) conducted by Dr. A Bradford Hill and 3. Knowelden revealed that there were 410 cases of infantile paralysis among children under five years. Of these 249 had been inoculated at the same time. Of 41 cases it was not known if they had been vaccinated or not. Of 35 cases in which poliomyelitis developed within a month of inoculation, the limb that had received the vaccine was paralyzed. This was usually the left arm.

The *British Medical Journal* (July 29, 1950) reported 112 cases of paralysis admitted to the Park Hospital, London during 1947-1949 in which 14 were paralyzed in the limb “which had received one or more of a course of immunizing injections within the previous two months. The interval between the last injection and the onset of paralysis in the majority of cases was between 9 and 14 days. The paralysis followed (A.P.T.) combined pertussis (whooping cough) and diphtheria prophylactic in nine cases, pertussis vaccine alone in one case, and diphtheria prophylactic alone in four cases. The paralysis, whether of arm or leg, conformed in general to a uniform pattern. It was not associated in time or place with any particular clinic or technique.”

In all 14 cases, paralysis occurred in the injected limb; in 12 cases it was the arm and in 2 cases, the leg. This outbreak of polio followed an intensive immunization campaign

during that time (1947-1949).

The serum makers probably had a surplus of vaccine to sell, as is the case in this country (United States) when the scare campaigns are engineered and the gullible people are stampeded into the vaccination centers to be “shot.”

In Los Angeles (1946) after the largest smallpox vaccination campaign in the history of the city, an epidemic of polio broke out within two weeks after the “shots” and by the end of the summer there were 26 deaths from this cause and 1,900 reported cases. The County Epidemiologist estimated that there were about 15 times as many unreported cases which would bring the count up to 28,000 cases. The report for the entire United States for 1951 was only 28,395. An average vaccination campaign nets the doctors about \$2,000,000 so this one must have been tremendous in profits. The amount of the “take” has never been revealed. This Polio epidemic triggered off a “bigger than ever” March of Dimes campaign and the people were “bled” again for money to support the medical racket that creates more disease in order to scare the people into more donations and so the vicious circle continues.

POLIO FROM VACCINATION IN OTHER COUNTRIES

England, Australia and United States are not the only countries that have found that vaccination causes polio and its variations such as encephalitis, meningitis, and certain other diseases.

In the *New York State Journal of Medicine*, (May 15, 1926) reports were given of post-vaccinal encephalitis in several other countries. In a brief of an article by Dr. W. F. Winkler, of the University Clinic of Rostock, Germany it says: “Quite recently isolated cases of cerebral symptoms, suggesting encephalitis, following vaccination have been

reported from Holland, Czechoslovakia, and Germany and from Switzerland there have been reported two cases of serious meningitis.”

The (Aug. 27, 1928) *Report of the League of Nations* tells of 139 cases and 41 deaths. “This resulted in Holland stopping compulsory vaccination during 1928-1929. The total number of vaccinations in Holland in the first half of 1928 was less than one-third of those for the first half of 1927 and the deaths from encephalitis were reduced to less than one-third.” (*Vaccine and Serum Evils*—Shelton—p. 15)

Germany modified her compulsory vaccination law, as a result of the increased number of polio cases that developed from vaccination. The *International News Service*, (Feb. 27, 1930) states: “The change of attitude of some medical experts towards vaccination in favor of a less rigid enforcement of the law has been brought about mainly through a considerable number of post-vaccinal diseases observed in Holland and England and in sporadic cases in Germany.”

Dr. Carl Leiner, of Vienna reported cases of encephalitis and meningitis developing 9 to 15 days after vaccination. He admitted “that in a generalized infection, like generalized vaccinia, there may be intracranial complications.” In autopsies, Dr. Lucksch was able to show beyond doubt that “death had been due to encephalitis.” Dr. Bastianse, of the Hague, reported 34 similar cases which occurred in Holland during 18 months (1924-25) with a death rate of 40%. The Netherlands, France and other countries have also reported cases of this kind.

In an article in *The Journal of the American Medical Association*, (July 3, 1926, p. 45.) on *Nervous Disturbances and Smallpox Vaccination*, is stated, “In regions in which there is no organized vaccination of the population, general paralysis is rare. In patients with general paralysis, he (Dr. Daraskwiewiez) has never seen smallpox scars, but smallpox

vaccination scars were always present.” Various physicians agreed that, “*It is impossible to deny a connection between vaccination and the encephalitis which follows it.*” (emphasis supplied)

In England (1923-1925) an intensive vaccination campaign was carried out which caused a steady increase in the cases of Encephalitis-Lethargica and similar diseases until in 1924 there were 6,296 reported cases with unestimated thousands of unreported cases. Liverpool was at least 50% better vaccinated than the rest of England and had about 100% more encephalitis. The physicians tried to direct blame away from vaccination by claiming that the diseases were due to “latent infection,” “inherited weakness,” or “special susceptibility.”

POLIO NOT CAUSED BY LIVING VIRUS

The word poliomyelitis was coined from the Greek words “polios” meaning gray, and “myelos” meaning marrow, plus “itis” meaning inflammation. Thus the word means inflammation of the gray matter of the spinal cord or brain or wherever gray matter is to be found. Every cell of the body contains a small amount of gray matter but it is more concentrated in the brain and spinal cord. Inflammation results from poisoning, irritation and obstructions that interfere with normal functioning. This damage, decay and disintegration of cell structure may terminate in paralysis or death without any invasion of viruses or germs. Isolated germs have never been known to attack and cause decay and disease of any part of the body. It is the corrosive poison products of decay that form the body of the vaccine that does the damage and causes the disease. Germs, bacteria and other such organisms are a part of decayed substance; they evolve from it and are necessary ingredients in the life process of eternal

change and conversion from one form of life to a related one. Vaccine poisoning is just one of a number of causes of polio and other diseases. The section on *Other Causes of Polio* will deal with the other main causes. Our concern in this section is to show that viruses do not cause polio.

Since virus has been medically designated as the “official” cause of polio we should first of all agree upon some stable definition of the term. Some dictionaries define virus as a poison. If this were the accepted definition it would be possible for us to see the connection between virus and polio. But the physicians and serum makers prefer to imagine a virus that can fly around in the air and attack people. Any other kind of a virus could not be made to frighten people into making large donations and in being vaccinated in the hope of protecting against it. Without an “air-borne” virus to play with, the whole vaccine racket would collapse. Therefore, the people are constantly reminded that polio is “catching” and they must have anti-polio “shots” that are intended to build up “anti-bodies” (which are also mythical suppositions). Although the promoters of the virus theory of polio insist that viruses are living organisms that fly around in the air and cause polio, this has never been proved. This unscientific, unsound, and undemonstrated virus theory of causation not only has no value, but it might safely be said that it has had the opposite effect. The rapid and ungoverned spread of polio is largely due to the misplaced confidence in the wrong belief. The popular practice of combating a false theory, not only leaves the disease unchecked but it directs the attention away from the real causes and discourages true investigation.

WHAT IS A VIRUS?

The 1940 *Medical Dictionary* defines virus as “the specific living principle by which an infectious disease is transmitted.”

This definition is vague and meaningless because there is

no such thing as a “living” principle. According to the dictionaries, a principle is a rule, truth, law etc., and is not a living entity.

The *Scientific Encyclopedia* says viruses have been obtained for experimentation by means of extremely powerful centrifuges which must be specially built. In the same article it is stated that viruses are so small that they cannot be seen by the most powerful microscopes. Then how do they know they produced any? Or is this game of hide and seek just another means of using up the millions of dollars contributed to the March of Dimes program?

The *Modern Encyclopedia*, (1944) says in part “A virus differs from a bacterium in that the latter can live and reproduce itself in an artificial culture such as beef broth, whereas a virus must live inside a living cell. It is because of the protection which the living cell affords a virus that serums are of no value in the treatment of virus diseases.”

This shows us that as far back as 1944 it was known that virus vaccines have no value in treating disease. Yet these succeeding 10 years have seen more millions of dollars squandered and more monkeys and other animals and people tortured and killed and more propaganda built on the false premise that viruses cause polio, than ever before.

Webster's Dictionary refers to virus as a “slimy or poisonous liquid”. Pus is a slimy poisonous liquid and forms where there is inflammation and disintegration of tissue. This break-down and disintegration of life cells is not a result of invasion of germs or viruses but is due to the interference with the chemical balance that holds the structure in a state of normal functioning. When poisons from such things as vaccines, drugs, narcotics, contaminated and devitalized foods etc., cause degeneration of the cells and disease, the condition is usually labeled according to the location of the most decay. For instance, when there is inflammation of the kidney it is

called Bright's Disease; if it is in the joints, it is arthritis, in the stomach it is ulcers, in the lungs, we call it tuberculosis, in the pancreas, it is diabetes and when there is inflammation of the brain and spinal cord affecting the nerves and muscles it is called polio.

All cases of polio are not paralytic. Dr. Shelton discusses the subject in an article titled, *Do Physicians Cause Infantile Paralysis?* (*Hygienic Review*, Dec. 1944) in which he says: "I have never seen paralysis result in cases of poliomyelitis that had not been treated with drugs They (the physicians) kill and cripple their patients with their suppressive measures and then blame the results on the 'disease' or on an unknown virus. The value of the Kenny treatment is the negative one of being less suppressive and less destructive than the battle-ax treatment of the medical profession. It does not cure more, it merely kills fewer."

"In 1908 Dr. Karl Landsteiner, Austrian pathologist, published his theory, still held today (by backward medical doctors) that it is a 'virus' that launches epidemic polio. A 'virus' is defined (by him) as a pathogenic, or disease producing microbe, the poison of a contagious disease. Landsteiner based his theory on the fact that he had been able to induce polio in monkeys by injecting them with nerve tissues from fatal human cases. Believing that 'the poliomyelitis produced in experimental animals is pseudo-poliomyelitis produced by Pseudo (false) virus'. Dr. Scobey (in his research) reasoned that 'the disease they produced in the monkey was an artificial disease and not a natural illness as it occurred in man.' After exhausting medical literature in the form of case-histories of the subject in all lands and at all known times of its appearance, he concluded: (1) It has never been proved that the 'virus' of polio can cause that disease in human beings; (2) It has been proved that polio can be caused by cyanide poisoning." (*Prevention Magazine*, June, 1950)

Cyanide is one of the deadly poisons that is permitted to be used in insecticide sprays on farm produce. It not only poisons the food it is sprayed on but it is washed by the rains into the soil where it kills the valuable earth worms and other soil building organisms and renders the farm land sterile and unproductive. It also washes down into the streams and contaminates the water supply for both man and animals.

During one of our most widespread polio epidemics (1949) ‘contraction of polio by definite contact with other victims of the disease was not established in an elaborate study made by the New York State Health Department. The United States Public Health Service in its studies also found the same negative answer during succeeding outbreaks of polio. In short, they learned that the disease was not contagious.’ *TIME* Magazine commented on this unexpected revelation of these surveys by remarking that “when and where people catch polio remains a mystery.”

The supposition that viruses entered through the mouth and nose led the experimenters to make exhaustive tests on both animals and human beings, mostly prisoners and orphans in institutions. They were exposed (by close association) to polio patients and their throats and nasal passages were frequently swabbed with matter (from the patients) that was supposed to contain viruses. No polio was produced in this way and about the only noticeable after effect was that the subjects of the experiments lost their sense of taste and smell due to the damaging effects of the poisons in the serum that was used on the swabs.

CONFUSION IN THE RANKS OF THE GERM BREEDERS

In spite of all the proof to the contrary, those who profit by the sale of vaccines are trying to make their theory ‘stick,’ but there is dissension and clash of conflicting belief for

lack of facts to depend on

Dr Salk's stand on his dead virus theory is reviewed in *LIFE* magazine in the article *Tracking the Killer* in which the writer says: "Dr Salk has reason to believe that his killed virus when given in the prescribed manner—the third booster shot increases antibodies enormously—may even improve on nature" A confused little man with a batch of putrid serum thinks he can improve on nature

Robert Goglan (in the same article) writes: "Virus diseases, preventable by vaccination, (?) were found to be ones in which the virus was blood-borne during some early stage of the infection and this brings us to a basic dilemma that confronted polio researchers; nobody could find polio viruses in the blood of the polio victims at any stage"

This is an interesting point because the blood circulates through the body every three minutes carrying the purified arterial blood to the cells and carrying away the waste laden blood in the veins to be purified again If viruses caused polio then there would be some indication of dead viruses found in the venous blood and live viruses would be found both in and outside of the body.

What started the "dead virus" tangent anyway? It was disastrous effects of the previous vaccines that were supposed to contain live viruses that turned the people against this method of mass murder But the one-track-minds of some of the researchers were determined to hang on to the virus gimmick, whether alive or dead, so dead virus vaccine was invented

An account of one of the deadly polio vaccine experiments on living human beings may be found in the *Journal of the American Medical Association*, (Dec. 28, 1935, Vol. 105 p. 2152) The report was made by the Medical Director of the United States Public Health He says

"During the past year in the United States, several

thousand individuals mostly children, have received subcutaneous and intracutaneous injections of treated poliomyelitis virus with high fatality” He describes 12 cases of which 6 died within 20 days of receiving the first dose of vaccine. Of the remaining 6 hope of recovery was doubtful. This was from (supposedly) live virus.

Here we see that the doctors were able to cause polio with serum (protein poisons) but they were not able to cure or control it. The report continues: “It is believed that, to many physicians, this series of cases ... readers undesirable the further use of polio virus for human vaccination.”

The deadly effects of the “dead virus” vaccine of Dr. Salk and the equally deadly effects of the “live virus” vaccines should close the chapter on polio vaccine but physicians “die hard” when there are large profits in sight. So a few of these doctors are still trying to revive the virus corpse by other concoctions. Dr. Albert Sabin is toying with the idea of a virus just between the dead and the live variety which according to the *U.S. News and World Report* (May 13, 1955) “would be virus that had been tamed—weakened so it could no longer cause polio but could trigger the body into setting up protective immunity.” (This would be laughable if it were not so pathetic.)

Dr. Richie Russell favors the use of live viruses taken by mouth instead of injection. He says: “It is certainly more effective than the Salk method, and may even involve less risk, for should an oral (by mouth) vaccine lead unexpectedly to a febrile illness, there are still many chances that no paralytic disease will develop When, however, poliomyelitis is precipitated by an inoculation the natural defenses of the nervous system seem to be ineffective, and nearly all such illnesses develop into a paralytic form of the disease affecting especially the limb used for the injection.” (From—*The Story of Salk Anti-Poliomyelitis Vaccine* by Dr.

M. Beddow Bayly.)

Dr. Russell admits the danger of injecting poison into the body and acknowledges the hazards of taking the poison by mouth but suggests that it would be a little less damaging in this way. This gives a choice of two risky, worthless methods with no proof of any benefits.

Poison always does serious damage no matter how it is taken, so why nurture the hope that any special brand of "virus" poison vaccine can ever be expected to do any good? If the physicians cannot comprehend this simple fact then the people will need to do their own protecting by avoiding all vaccines and the rest of the harmful practices of modern medicine.

It gives us hope to find a few doctors here and there who seem to be getting a clearer understanding of the situation. Among them is Dr. William J. McCormick who states: (*Archives of Pediatrics*, Feb. 1950):

"The associated virus is regarded as a biochemical substance produced by the disease, which, although capable of producing paralysis in experimental animals by catalytic chemical action in the nervous system, is not necessarily a means of spreading of the disease under ordinary circumstances."

Ralph R. Scobey, M.D. (*Archives of Pediatrics*, Sept.-Oct. 1950) tells us that "the so-called virus of poliomyelitis is considered to be an endogenous (growing from within) substance resulting from poisoning." He gives evidence in the article to support this claim.

J. E. R. McDonagh (*The Universe Through Medicine*) states that "the virus is formed within, and does not come from without."

A *UP Release*, (Sept. 8, 1950) reports the views of Dr. Joseph Melnick (at the International Conference of Biology) in these words: "He said studies have shown that the nucleus

of the cells in the spinal cord may be the place where the polio virus is manufactured when the disease strikes.”

The total lack of scientific evidence that viruses cause polio or that they can exist outside the body and attack from there, has forced the researchers to look within the cause of disease. When they (the whole healing profession) fully comprehend this simple fact there will no longer be any fear of germs and there will be no vaccines, disinfectants or other harmful germicides used. The healing field can then begin to make rapid advancement and disease can be understood and eliminated.

MONKEY TESTS ARE NO MEASURE FOR MAN

It is the blind acceptance of a false theory (of virus attack) that has promoted ~ and sustained the terrible slaughter of thousands of monkeys to make a vaccine that can never produce anything but disastrous results.

Even if vaccines were useful, an artificial laboratory disease induced in a healthy monkey by methods not experienced by man is not a dependable means of judging the effectiveness of a vaccine in a self induced cleansing disease of man.

Dr. Jean MacNamara in the *Medical Journal*, (Aug. 12, 1933) emphasized the danger of applying facts determined in experimental poliomyelitis in monkeys to the natural disease in man. He pointed out that there are “marked clinical differences between the pre-paralytic stage of poliomyelitis in children and in monkeys.”

The Lancet (Aug. 19, 1933) discusses this same point by saying: “To draw analogies between the pathogenesis of poliomyelitis in man and the experimental disease in monkeys might lead us far astray.”

John A. Toomey, M.D. (*Science*, 82:200. Aug. 30, 1955)

stated that “the intranasal and intracerebral inoculation of the poliomyelitis virus in monkeys does not produce the same disease seen in man.” In an article in the *Journal of Pediatrics*, (19:103, 1941) Dr. Toomey gives evidence to prove that “no animal gets the disease from another no matter how intimately exposed.” For this reason quarantine for poliomyelitis is useless.

Dr. Patrick Meenan, bacteriologist at St. Vincent’s Hospital, Dublin, states (*Lancet*, April 18, 1953) that “most of the recent work on poliomyelitis has been done on chimpanzees, which seem to react to infection much as man does.” Of course monkeys and other animals suffer from induced disease the same as people but this has nothing to do with the cause and cure of disease. This realization is slowly filtering through the muddled minds of some of the doctors, which gives us some hope. Dr. Patrick Meenan shows us that he is getting a little closer to the correct understanding when he says: “The fundamental difficulty is to know how far experimental findings can be applied to natural infection in man. What is the relation between the disease in animals produced by large doses of laboratory adapted strains and that in man produced by small doses of naturally occurring virus? Is the pathogenesis of poliomyelitis in man the same as in the chimpanzee?”

Dr. E. R. Krumbiegel, City Health Commissioner of Milwaukee, Wisc. reported (*Sentinal*, May 24, 1955) that these tests on monkeys “do not rule out the possibility that small amounts of weakened polio virus which will not infect monkey tissues, may still be able to multiply in human tissues Monkey tissues are not necessarily comparable to human tissues in this respect. This is exemplified by the fact that the amount of inactivated virus necessary to produce a good polio response in humans is far less than that needed in monkeys, and far less in monkeys than in mice.”

These two doctors are still floundering around in the delusion of “virus causation” but they are discovering the fallacies and in time will probably emerge into the light. When they inject some of the putrefied protein which they call virus vaccine, into people it takes less of it to produce toxic poisoning and paralysis than it does in animals. This is not because man’s reaction to germs or viruses is any different from that of animals; it is because man is already on the border-line of toxemia because of the incompatible foods and poisons he uses, while the animals that live out in nature and eat unprocessed foods are strong and more resistant to poisons.

Dr. Alfred Byrne, in a scathing criticism of the Salk vaccine, in the *Spectator* for July 22, 1955, stated: “It is known that the monkey test for the virus is so crude as to constitute a source of danger as it will not always, by any means, differentiate between the presence of no live virus and live virus present in small amounts.” He recognized the potential hazards to be so apparent that he considered it remarkable that there were not considerably more deaths and paralysis from the Salk vaccine. He wrote: “The deaths might have been multiplied ten or a hundred-fold.”

If the complete records were made public we would all be surprised to find that there are so many more Salk casualties than have been reported.

WHAT DOES THE “SALK” IMMUNITY MEAN?

The U.S. News and World Report (May 13, 1955) in an article on *Better Polio Vaccine in Sight* states: “The Salk vaccine, admittedly, offers only limited protection, though its developer believes it can be improved over the 60 to 90 per cent effectiveness shown by the trials last summer.”

There is a wide margin between 60 and 90 per cent. Would any employer hire a worker who made mistakes 40%

of the time and never improved over 90%? Would anyone run his business with such haphazard results? Yet the parents are urged to trust the lives of their children in the hands of "Salk serum shooters" whose most optimistic promise is for only 60 to 90 per cent protection. This is no protection at all. The protection among the unvaccinated is far higher than that. This means that out of every 100 who are vaccinated with the Salk vaccine, 10 can be expected to get polio. For the general unvaccinated population only one person in 4,000 (in U.S.) is likely to get polio and only one in 11,000 in England.

ARE DR. SALK'S FIGURES ON EFFECTIVENESS ACCURATE?

How were the percentages of effectiveness arrived at?

An article in *LIFE* magazine (April 25,) stated: "Although the test had been carried out in 44 states, the most dependable results came from 11 in which 200,745 children received three vaccine shots and 201,229 got dummy shots to serve as a yardstick for the vaccine's effectiveness. Ten vaccinated and 68 unvaccinated children caught laboratory confirmed cases of polio. This indicated (to them) that the vaccine was more than 80% effective."

It is apparent that this is not in any sense a true measurement of the effectiveness of the vaccine. In the first place, if 44 states were tested why were the figures used in only 11 of them. The statement that they were more dependable no doubt, means that they were the only ones that were not too extremely condemnatory. If only the most favorable figures are used in a test the estimate is not accurate. In the second place, the dummy shots of colored water are not a fair "yardstick" because injection of anything at all even distilled water is harmful and often fatal. What was the coloring matter that was added to the dummy shots? Was

it carbolic acid or mercurochrome or was it food coloring which is a coal tar derivative and condemned as a poison by the Food and Drug Administration?

There was a high percentage of polio among the children vaccinated with the colored water. Six times more polio was caused by these dummy shots than by the vaccine. This certainly cannot be accepted by any sane person as a fair test of the effectiveness of any vaccine. The colored water plus the Salk vaccine produced far more polio and death per population than we have among the unvaccinated masses. All this showed up in spite of their own “hand picked” records in which only the favorable reports were publicized. The *Francis Report* (statistics of the Salk experiment) upon which the effectiveness was based showed that the Salk vaccine seemed to protect against the paralytic form of polio in only 30% of the cases—on the average. According to that, 70% of those vaccinated could be subject to the worst paralytic form of polio. On the other hand only one person in 4,571 (in U.S.) gets polio without the vaccine.

It was never proved that the vaccine gave even the 30% protection. That was merely assumed from the faulty experiments and the “manipulated” figures. For instance (Salk Story by Bayly p14), “No case was considered as immunized unless it had received two shots of the vaccine. This means that a child developing poliomyelitis after the first inoculation and before the second one would automatically be placed in the uninoculated class,” and would not be counted as a Salk vaccine casualty even though he died of the “shot”. This probably accounts for the comparatively few deaths that were reported as a result of the experiment. This would also invalidate all the conclusions drawn from the figures.

Dr. Salk is reported to have said that “children vaccinated last year should be given booster inoculations this year.” If the full course of shots failed last year how can

they expect some more of the same failure mechanism to do any better this year?

OTHER CAUSES OF POLIO

Although vaccination is one of the quickest and surest ways of getting polio because poisons are injected directly into the unprotected blood stream, there are a number of other causes that should not be overlooked. Some of the most common of these are listed below and discussed briefly in this section:

- 1—Carbohydrates: Sugar products such as ice cream, soft drinks, desserts, etc. Denatured products such as white flour, alcoholics, etc.
- 2—Cola beverages that contain drugs and sugar.
- 3—Poison sprays on foods, poison preservatives in foods, etc.
- 4—Operations of all kinds, especially removal of tonsils.
- 5—Fatigue and all other practices that deplete the vital energy.
- 6—Negative emotions that generate internal poisons.
- 7—Interference of any kind that impedes circulation or normal functioning.

Fatigue is claimed, by the “virus fans,” to lower the energy and let the viruses attack. Viruses have nothing to do with the cause of polio but fatigue does in that it generates certain by-products of metabolism that can result in paralysis under certain conditions.

“According to Professor A. V. Hill, an English physiologist, the direct cause of the fatigue resulting from muscular

effort is the accumulation of lactic acid, the source of which is glycogen. The body stores up carbohydrates in the form of glycogen or liver starch, which is used up during muscular activity. The excessive accumulation of lactic acid in the blood is the result of an insufficient intake of oxygen by the system. If the iron and sodium contents of the blood are below normal, due to faulty diet, both the absorption of oxygen and the discharge of carbonic acid are diminished, lactic acid then accumulates in the muscles; the latter subsequently stiffen and fail to function—the sign of fatigue.

“It is therefore of great importance for athletes and for those who are subjected to muscular strain, to maintain a high degree of alkalinity of the blood by avoiding as much as possible, highly acid-forming foods such as meat, eggs, legumes, breads, fried foods etc., and by consuming an adequate supply of fruits and green-leaf vegetables. When proper attention is paid to diet, fatigue is retarded, while endurance is increased. The Japanese, Chinese and some of the Hindu tribes living in the Himalaya mountains, who subsist on frugal diet and hardly eat any meat, possess most remarkable physical stamina. These facts are worthy of careful attention, not only by athletes, but by all who want to derive much benefit from their regular exercise.” (From *Vital Facts About Foods* by Otto Carque p. 22.)

A booklet on *The Prevention of Infantile Paralysis* published by the National Chiropractic Association discusses the subject of fatigue as follows:

“Naturally, since the body is a very delicately balanced electro-chemical machine, a disturbance of major calibre is set up when fatigue appears. Let us quote an authoritative pathologist. ‘There is’ he says, ‘an excess of waste matter which accumulates in the muscles, and when this is not quickly washed away it causes loss of motion to a degree of complete loss of power. If this point is actually reached,

there occurs the escape from the muscles of a rich liquid protein which results in stiffness and unusability.’

“In nerve fatigue, which is brought about by substitution in the nutritive fluids of poison for oxygen, there occurs ‘a blocking of the nerve impulses from the spinal cord to the muscles.’ The immediate effect upon the muscles under fatigue is to produce slight swelling and rigidity, morbid substances accumulate from which toxins (poisons) arise. Upon the nerve the immediate effect is to cause the great cells which preside over those pathways of action to swell—just as does any injured part. The danger here is, however, that if this swelling is not promptly reduced and the accumulated fluid dispersed, death of the cell is assured. Such an eventuality can only be followed by the slow shrinkage of the muscles served by the nerve with their final and complete loss of power.

“It will be readily seen that in describing the process of fatigue we have also described a condition very like infantile paralysis.”

Operations, accidents and injury “cause changes in the nerve-cells supplying the part so that they are rendered less able to resist infection” says Dr. Geffen (Medical Officer of Health for St. Pancras, England.) He observed that persons contracting polio after appendectomy (removal of appendix) develop paralysis of the abdominal muscles or even of the muscles of the intestine.

Injection of diphtheria-pertussis vaccine not only localizes the paralysis of persons infected with virus but also increases the attack-rate. There can be little doubt, therefore, that even the vaccination of children against poliomyelitis itself may provide the very conditions which favor an attack and so increase the incidence to the first injection A child who is injected three times is at risk three times; there is replication of exposure.

“Persons with bulbar type of polio (an especially fatal type) give a history of removal of tonsils and adenoids more frequently than do persons with other forms of poliomyelitis. If a person who has had tonsillectomy develops polio the likelihood of bulbar involvement is 4 times as great as one where the tonsils are intact.” (*The Salk Story*, Bayly. p. 24)

Tonsils and adenoids are part of the lymphatic glandular system of purification and when they are removed the impurities that they normally handle are thrown back into circulation and cause all manner of diseases. The poisoning effects of the anesthetic and the shock of the operation also help to reduce the vitality and over tax the already poisoned body. The fact that the tonsils are enlarged and saturated with poison does not indicate that they should be removed; it merely indicates that the intake of poisons should be discontinued and the blood stream cleansed by fasting and proper diet. Inflamed tonsils and practically all other abnormal conditions heal themselves when the obstructions are removed.

Sugar is at last being recognized as a destroyer of health rather than an article of food as was formerly believed. Technically white sugar ($C_{12}H_{22}O_{11}$) is classified as a drug and not as a food. Natural sugar in fruit is in a balanced combination with other constituents that enable it to be assimilated without damage but when it is separated into the white, crystalline carbon substance called sugar it is converted into alcohol almost immediately after it is taken into the body and does the same damage that alcohol does. It dehydrates the cells and leeches the calcium from the nerves, muscles, bones, teeth and all tissues that are supplied with calcium and other alkaline elements. A serious calcium deficiency is a forerunner of polio. This deficiency cannot be adequately balanced by taking calcium tablets or bone meal but must have the proper balance of other minerals

and life elements necessary to enable it to assimilate in the body. Certain green vegetables contain the calcium in proper balance. Some of these will be listed under the topic heading *Who can cure polio?*

Dr. Benjamin P. Sandler, of North Carolina called attention to the relationship between polio and the excessive use of sugar and refined starches such as white flour products and processed corn meal. He compiled records showing that in the countries such as United States, Britain, Australia, Canada and Sweden which have an extremely high per capita consumption of sugar (around 108 pounds per person) there is also a high incidence of polio. On the other hand, polio is practically unknown in China with its sugar consumption of only 3 pounds per person per year.

The summer months are the months of the highest sugar intake in the form of ice cream, bottled drinks, candy, deserts etc., and it is no coincidence that it is also the time when polio is at its height.

During one of North Carolina's worst polio epidemics (1948) Dr. Sandler publicized a diet program to control the disease. Polio had increased so rapidly all summer that by October there were 2,403 cases in that state. All the usual medical methods had failed and the hopelessness of this terrifying epidemic shocked the people into a willingness to listen to something as unorthodox as diet to control disease. Dr. Sandier warned the people against all sugar products such as ice cream, cola drinks, all fountain drinks, and many other popular but harmful foods. The people were advised to eat vegetables, especially greens, ripe natural fruits, (unsweetened) whole grains and plain, wholesome food.

The ice cream sales dropped off to such an extent that "one producer shipped one million less gallons of ice cream during the first week following the diet story release." Within 72 hours polio had declined considerably and the epidemic

was brought under control. By the next year the polio incidence of that state had dropped 90%.

POISONS IN COLA DRINKS

(1) “Cola is loaded with habit-forming caffeine so that once the victim gets accustomed to the stimulant, he cannot very well get along without it.” says Dr. Royal Lee, of the Lee Foundation for Nutritional Research. “There is only one reason for putting caffeine in a soft drink—to make it habit forming. Dr. H. W. Wiley (former director of the Food and Drug Administration) was right when he said it was against any food law to add it to a drink.” Dr. Wiley was fired when he exposed the racketeers. Other men were hired who yielded to the pressure. In some states it is against the law to sell a product of that kind and Wisconsin is one of them. The labeling law requires most manufacturers to list on the label all the ingredients (especially poison drugs) but the Cola companies get around this law and list nothing on the label. Cola is not a food but a poison, and yet it is advertised as a drink suitable for children.

A bottle of Cola contains about as much caffeine as a strong cup of coffee. Caffeine is not only a habit forming drug but it is destructive to the tissues of the stomach, eyes, nerves and kidneys. In fact there is not a part of the body that is not injured by this drug. It makes the children (and all who drink it) nervous, irritable and high strung and leads to a desire for stronger drink later on.

(2) Cola drinks contain as much as 10% sugar which is 9 times more than the body can metabolize.

(3) Colas contain artificial coloring and flavoring matter. These coal tar products are harmful drugs and have no place in the diet.

(4) The most damaging ingredient in cola drinks is the Phosphoric acid. This acid is a destroyer of the vital calcium

supply in the body and even dissolves the enamel on the teeth. Phosphoric acid is made by treating phosphate rock with sulphuric acid.

The corrosive effect of colas on the teeth was noticed more than 12 years ago and experiments to prove this were begun during World War II at the Naval Research Institute and later were continued at Cornell University under a grant from the Office of Naval Research. Professor Clive McCay of Cornell made this report:

“At the Naval Research Institute we put human teeth in cola beverage and found that they softened and started to dissolve within a short period. They be-came soft within two days.

“In the intervening years, 1943–1950, we made numerous studies of the effect of these cola beverages upon the teeth of rats, dogs and monkeys. We have published data indicating that the molar teeth of rats are dissolved down to the gum line if the rats are well fed but given nothing to drink except cola beverage for a period of 6 months.” (*Journal of Nutrition*, 1949 Vol. 39, p. 313)

“McClure and Restarski report the decalcifying effects of acid soft drinks (such as cola drinks), rendering the tooth surface more susceptible to bacterial attack. They point out that enamel is most readily soluble in phosphoric acid (in cola drinks) exceeded only by solubility in nitric acid. Restarski reports a popular cola drink to contain 0.055 per cent by weight phosphoric acid and to have a pH of 2.6. This is considerably more than 100 times more acid than will decalcify enamel under normal mouth conditions.” (From an article by Dr. Allison James, published by The Lee Foundation for Nutritional Research—No. 42)

“Phosphoric acid will break down the body lecithin, cause brain fog, neurasthenia, nerve breakdown, physical apathy, mental irregularities; anemia, polycythemia,

acidosis, renal (kidney) lesions, rickets, faulty calcification, a marked shift in the bone structure, unsuccessful reproduction, tetany and prevents the normal increase in size of growing children. It will inhibit all basic alkaline salts in their normal functions. It will attack the teeth and all bony tissue.

“Polio blood is low in calcium and invariably low in iron The free phosphoric acid in Cola could tie up iron, calcium, manganese and probably all the respiratory metals. When they can no longer function in the action of enzymes, cells cannot generate or regenerate and this results in decomposition of body proteins that manifests itself in POLIO. Phosphoric acid slowly kills the life principle.” (Duon Miller—Polio Prevention, Inc.)

POLIO AND PREGNANCY

From Polio Prevention, Inc., we get this data: “Miscarriages are 600% and premature births 400% more common among poorly fed mothers.” This same nutritional deficiency also causes suffering at childbirth, menopause, and the monthly periods. Normal, healthy women do not suffer at these times. Under our present faulty health (?) education system the normal person is the exception rather than the rule. In her remarkable book *Tokology* Dr. Alice B. Stockham describes a simple diet and health regimen that enables the mothers to have quick and painless childbirths without drugs, hypnosis or hospitalization.

According to a survey made by the state college of Pennsylvania, malnutrition hits 999 persons out of 1,000. This indicates that a drastic change is needed in our health training and national leadership.

The development of an unborn child requires an abundance of mineral elements, especially calcium, that must be drawn from the mother’s body to form j the bony structure

and entire body of the infant. A healthy woman has a surplus of these vital elements which nature draws upon at such times. But when the mother is depleted and has no surplus building material, the new life forming, must draw these minerals from her nerves, muscles, glands bones, blood and wherever the vital substance can be found. This extra drain on her body reserves may leave her muscles, nerves and vital centers too impaired for normal functioning and polio may be the result. If she is unfortunate enough to be taken to the hospital and given the drugs, iron lung and devitalizing hospital diet she may be crippled for life but if she stays home and lives a healthful life the deficiency may, in time be normalized and recovery can take place.

The very foods that cause acidosis (the forerunner of polio) are served in the hospitals to the polio patients.

SUICIDE DIET SERVED TO HOSPITAL PATIENTS

The following diet of devitalized, disease producing foods is typical of what is being served to the patients in the medical hospitals. This was actually taken from the menu of a Polio Ward. It is no wonder that so many die or fail to recover.

Breakfast

Pint of pasteurized milk (which is putrefactive and deficient in calcium.)

Canned orange juice (extract with white sugar and water added.)

Dry cereal (processed chaff with all the vital elements removed and poison preservatives added.)

White sugar and cream on cereal (sugar is a drug—slow alcohol.)

White bread and butter (Actual experiments on “death penalty” criminals showed that 30 days on white bread and water killed more men than 30 days on water alone. In fact, none died on water.)

Coffee served to older patients, cocoa to children. Both coffee and cocoa contain harmful alkaloids, caffeine, theobromine, tannin, theme, etc.

Coffee cake—made with white flour, white sugar, indigestible shortening, poison dough conditioners, salt, etc.

Visiting Hours

Parents and friends came and brought ice cream and candy which the patients were permitted to eat.

Noon Lunch

This was even worse.

Meat (fried chicken in this case. All fried foods are difficult to digest and all meats including fish and chickens are highly acid forming.)

Gravy—greasy, pasty and acid forming.

Mashed potatoes—Peeled, boiled potatoes have lost their valuable minerals. What remains is acid forming starch.

Beets in vinegar. Vinegar is an irritating acid, a denatured product that interferes with digestion.

White rolls—same as white bread.

More coffee—white sugar and cream.

Dinner

Meat—An active person can metabolize only one and a half ounces of protein a day. Inactive patients are further poisoned by extra protein.

White rice—Polished rice is stripped of its outer coatings of mineral elements and vitamins that help to balance the starch in the center. This processing makes the rice acid forming and devitalizing.

Ice cream—This is one of the guilty offenders in causing polio, because of the high sugar content and preservatives, fillers, artificial flavoring and coloring, etc.

Coffee or milk again. Patients were forced to eat when not hungry.

This diet looks like a conspiracy to keep the patients sick for the added business it brings the doctors.

According to a survey made in 1946 regarding the percentage of polio recoveries under the various methods of healing we have this interesting report:

91 % to 100% recover under certain Chiropractic treatment—(not all chiropractors understand this method)

97% to 100% recover under correct Hygienic treatment.

72% under Nurse Kenny treatment.

35% recover with no professional care.

17% under medical care.

ARE PHYSICIANS ON THE “COLA” PAY ROLL?

Some doctors are actually advising their pregnant patients to drink several bottles of cola each day for nausea. Duon Miller, founder of Polio Prevention Inc. met one of these medically misinformed women and he told her about the harmful effects of cola drinks and other such drinks but the woman said, “You are no doubt right, but my doctor has advised me to drink it so I’m going to follow the doctor.” Cola makes “drug addicts” of its customers so she probably couldn’t quit anyway.

She continued her poison diet and when her baby was born it was malformed without any complete fingers or toes. The poisons in the cola had robbed it of the necessary minerals to build a normal body. It will have to go through life as a helpless cripple, dependent on the public as thousands of others have to do because certain physicians and manufacturers want to make money.

“Any doctor who will suggest to a pregnant woman that she drink “cola” or suggest that a child of any age drink “colas” should be disbarred by the Medical Association and given the rest of his life to realize that the letters “M.D.” after his name actually mean “Mentally Deficient.” (Duon Miller)

‘Doctors from the University of Pennsylvania Medical School undertook a study of the prenatal diets of mothers who had given birth to 45 children so malformed that 90% were born dead or died within a year after birth. The diets of these women were found to have been deficient in practically every nutrient.’ (From *Lets Have Healthy Children*—Adelle Davis. p. 18-19)

Dr. Joseph C. Risser, in a broadcast on the subject of *nutrition and healthy bones* stated:

“Delay in development of fragmentation of bone growing centers, porous or soft bone, are commonly seen

in X-ray of recent Polio patients. These X-ray evidences, having appeared long before the attack of polio, strongly indicate that in the polio patient there was a pre-existing state of malnutrition.”

SIMILARITY OF POLIO TO PELLAGRA,

BERIBERI AND OTHER DEFICIENCY DISEASES

Ralf R. Scobey, M.D., president of the Poliomyelitis Research Institute. Inc. Syracuse, New York (in the Archives of Pediatrics, Sept. 1950) lists 170 diseases of polio-like symptoms and effects but with different names such as: epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, etc.

There are also such common nutritional deficiency diseases as beriberi, scurvy, Asiatic plague, pellagra, prison edema, acidosis etc. No drugs, medicines or medical treatments have ever been able to cure any of these diseases and no germs have been isolated as the cause. But they all respond to fasting, cleansing, proper diet and improved circulation. The similarity of these diseases to polio is too obvious to go unnoticed. They are, in reality, all one disease with varying stages of intensity and different names. It is ridiculous to assume that polio is caused by a virus and the rest of them are caused by nutritional deficiency. Dr. Scobey senses this fact when he states: “Inasmuch as nerve cells react in much the same way to various poisons, further research will probably show that in these cases polio micro-organisms are not always present, but intoxication (poisoning) may be produced through faulty metabolism or by the absorption of poisons from without.”

There are literally thousands of cases in which beriberi, scurvy, polio, pellagra, etc. have developed among arctic explorers, sailors, construction gangs, prisons and every

other group where the people try to live on an unbalanced diet of starch, protein, coffee and devitalized, processed foods. Alfred McCann describes many of these (poison squads) in his book *The Science of Eating*. In the case of the German crew on the “Kronprinz Willem” when the ship’s hospital was filled with helpless sailors and more were dropping on the deck each day the German and American doctors exhausted all their skill (such as it was) but the condition grew steadily worse. The men had polio but all the doctors had a different name for it. They thought the disease was contagious and the ship lay in quarantine in an American harbor. When all the medical methods had utterly failed, Mr. McCann went aboard and gave the captain a simple diet which was followed out and it brought about recovery of most of the patients within 10 days. The rest of them were well in record time. Not a man was lost. On the other hand, when the workmen on the South American railroad began collapsing with the same deficiency disease, the doctors failed (as usual) and there was no “health” man to give them a diet so 4,000 of them died. Viruses, germs or bacteria did not cause these epidemics. The men were stricken with acidosis from malnutrition. They suffocated in their own internal poisons. They had the fever, the swelling, the sore throat, the lack of coordination of muscles and finally paralysis the same as our present polio patients.

When will our blundering physicians ever learn to profit by the experiences of the past instead of torturing animals and experimenting on and killing people in a effort to learn something that is already known?

COMMON POISONS THAT CAUSE POLIO

In addition to the drastic vaccine poisons and the self generated poisons from wrong foods there are a number of

other poisons that are being freely used that are known to cause polio.

Insecticides such as lead arsenate, hydrocyanic gas and other cyanide compounds, DDT, parathion and other deadly poisons are a constant cause of death and disease. Dr. Abraham Gelperin, director of the Bureau of Communicable Diseases and assistant Clinical Professor of Public Health at Yale University, stated flatly that he believes many ills to be the result of these poison insecticides, and that large numbers of what are believed to be polio are in reality cases of poisoning, possibly caused by something like parathion.

Dr. J. W. Norton of the N. C. Department of Health said the “symptoms of parathion poisoning are similar to those of polio, including headache, gastric upset, giddiness, tightness of the chest, vomiting and sometimes diarrhea.

“One of the manufacturers of the widely used insecticide parathion describes it as ‘capable of producing severe systemic toxic effects and death in animals and man either by oral administration, inhalation of mists, dusts, or vapors and by absorption through the unbroken skin.’” (*Prevention*—June, 1950. p. 12)

What are our elected officers and public protectors doing while all this wholesale poisoning is going on? Are the over-wealthy manufacturers the only ones to be “protected” in their game of “grab and stab”?

Formaldehyde in milk has been reported as a cause of polio.

Australian Medical Gazette, (Aug. 24, 1897) states that “formalin,” an aqueous solution of formaldehyde, caused paralysis in some who drank milk that contained it. Our U.S. Government permits the dairymen to add formaldehyde to milk so that stale, inferior milk may be sold as fresh milk. Formaldehyde is a poisonous embalming fluid that is,

no doubt, one of the causes of the epidemics of diarrhea and death among the bottle fed infants in hospitals.

The *Lancet* (Jan. 9, 1915) mentions an epidemic of polio that was said to have been caused by raw milk. It has never been proved that raw milk has ever caused polio or undulant fever or any other disease but the added poison preservatives could cause many diseases. Pasteurization companies capitalized on this incident to stampede some laws into operation which would prohibit the sale of raw (unprocessed) milk. Pasteurization makes matters even worse because the heating process melts the butterfat in the milk and this coats the calcium globules and renders the calcium unassimilable to a large extent.

From the *Journal of Biochemistry*, (Vol. 75, pp. 251-62. Oct., 1927) we read: "In the Nutrition Laboratory of the Dept. of Home Economics of the University of Chicago, in 1927, experimentation revealed that only about 27% of the calcium in pasteurized milk and 30% of evaporated milk was retained in the body."

Rats fed on pasteurized milk grew at only half the normal rate and developed various ailments and died early. Calves fed on pasteurized milk died before maturity in 9 out of 10 cases.

Dr. Royal Lee of the Lee Foundation of Nutritional Research, Milwaukee, stated:

"I offer the sum of \$1,000 to anyone who can offer evidence acceptable to the average jury that pasteurization has not affected the nutritional values of milk to the extent that it is incapable of maintaining the tooth and bone structures of the test animals."

The Salk vaccine also has formaldehyde added to the poison decomposed protein from which the vaccine was made, which adds to its toxicity.

Mercury, which is freely used in the practice of medicine,

especially in the treatment of venereal diseases, is reported to have caused many cases of polio. "Gonorrhoea the crippler" is an advertising "scare head" term that is used to terrorize "suspects" into the treatment offices. The crippling is usually done by the treatment and not the disease itself. On a simple fasting and correct diet program the disease heals the same as other conditions, when not interfered with by suppressive medical measures.

Solanin, a poison that is formed in frozen potatoes was found to be the cause of an epidemic in Ireland. The disease had polio-like reactions but was called remittent fever. Old, sprouting potatoes and those that have been exposed to the sun in the growing period until the skin was green were also found to contain this toxic substance.

Unripe fruit and ergot from some types of rye have caused gastrointestinal disturbances which affected the nerves, spinal cord and brain and caused a form of polio. A diet excessively high in grains (especially milled grains) has been followed by deficiencies that terminated in polio as was reported by Stockman and Johnson in the *Journal of Nutrition*, (Nov., 1934).

Negative emotions such as fear, anger, hatred, jealousy, anxiety etc. release adrenaline or generate other poisons that irritate the nerves or impede circulation and poison the cells just the same as injected poisons. The fear of polio or any other disease can help to develop it. On the other hand a clean body and happy state of mind can help immunize against it.

FOUR POISONS IN WHITE BREAD

In the very early days when bread was made from freshly ground whole grains it could rightly be called the staff of life because it could sustain life. But our present day commercialized bread is stripped of its vital life elements when the

heart, the germ and the outer coatings with all the valuable minerals are removed in the milling and processing of the flour. In addition to this devitalizing step, four poisons are added to make a defective product salable,

(1) Agene a bleach as poisonous as Clorox or any other wash-day chlorine bleach is added to flour to make it whiter—as if that matters. Dr. Scobey’s research department states that “It has recently been discovered that white bread, which has been treated with the bleaching agent nitrogen trichloride, (agene) produces in dogs epilepsy identical with the human disease The disease in dogs has been described in the past as ‘canine hysteria,’ (rabies) ‘running fits,’ or ‘fright disease’ and it was attributed by some scientists to an infectious agent, possibly a virus.” The poisoning is obvious and yet they try to blame the condition onto a virus.

(2) Poison insecticides are added to keep the bugs out. The bugs are the lesser of the two evils—they are not poison and they are large enough to be seen and can be avoided but the poison is invisible. This poison in bread has been found to cause paralysis of the hind legs in experimental dogs. Because whole wheat flour is more nourishing and therefore more attractive to insects, about four times as much of the insecticide is added to this flour. Most of the Health Food Stores carry unprocessed flour and bread. If “safe” bread is not available people should grind their own flour or avoid bread.

(3) Alum and other harmful dough conditioners are added to baker’s bread.

(4) When the natural vitamin B is removed from the flour and the synthetic vitamin B is added, the advertiser’s claim it is “enriched” with vitamin B; but it is actually poisoned by this coal tar product that is not a true vitamin. In Canada it is a prison offense for a miller or a baker to add synthetic vitamin B to any product intended to be used for food.

THE HIGH INCIDENCE OF POLIO AMONG OUR SOLDIERS

According to the report of the Surgeon General, “In 1945 there were 246 cases of polio with 52 deaths among American Troops in the Philippines.” This is just a small representation of the overall picture of polio throughout our entire armed forces. They did not have any indication of polio when they were inducted and they went to areas where there was no polio so it cannot be blamed on contagion or viruses or any of the usual excuses. *Polio is a man-made disease*. The soldiers were first poisoned with all the vaccines invented by modern medical voodooism. Then they had free cigarettes, with their 18 poisons, pressed upon them and plenty of beer, cola, candy, devitalized processed foods, ice cream, drugs and everything that destroys health. An article in *Prevention* magazine, June, 1951 says:

“All during the war, as soon as local combat conditions permitted, ice cream, soft drinks, candies, etc. became available to American troops. Ice cream manufacturing equipment followed soon after combat equipment. I saw American troops consume great quantities of candy bars when they lost their appetites for the army diet.” As a result, polio, insanity and all the diseases known to man developed among the soldiers more rapidly than among the 4Fs who were too defective to go to war.

FAILURE MECHANISMS IN THE POLIO BUSINESS

Although the real cause and cure of polio is obvious, the promoters of polio find it more profitable to “look” for a cure than to “find” it. The March of Dimes millions would cease to flow into their pockets if they ever were to find the cure. Therefore, they keep up the pretense of looking—but always in a direction where they are sure not to find the answer.

(1) At first they tried the polio serum and when they found it killed the people but did not stop polio they tried something else just as far away from the solution as they could get.

(2) They sprayed towns, crops and orchards with deadly poison DDT insecticide, suggesting that polio might be caused by flies. The chemical companies reaped the benefits but the orchards were seriously damaged, crops were ruined and people were killed by this wild and unwarranted experiment. An article on polio in “Your Health” magazine (1954, Fall Quarter, p. 69) comments on the fly situation by saying that in “Iceland where there are no flies . . . there have been polio epidemics. Experiments on eliminating flies by spraying whole communities with DDT have not had any effect in combating epidemics.”

The *American Weekly*—(1945) in an article titled, *War from the Air on Infantile Paralysis* states that “if the city-wide experiment with polio proves that flies carry the disease ... the city officials are likely to agitate for ... spraying of DDT from the air This step might eliminate flies ... but at the same time it would kill bees and butterflies, and many crops might fail because of lack of pollination The important thing now is to find out whether polio flies in with the fly.” But they did not bother to wait for this proof. They didn’t consult the people as to whether they were willing to be subjected to this mass poisoning; they just moved in with their full scale poisoning of the air, earth and vegetation.

Gamma Globulin was the next hoax to be foisted on the ever trusting public. *United Press* (Sept. 20, 1953) reported: “Efforts to control polio, complete failure, according to the United Nations World Health Organization Committee, which condemned mass use of Gamma Globulin or any large scale intra-muscular injections.”

Polio Prevention Inc. states: “The United States Army

does not use Gamma Globulin and has discontinued the use of blood plasma because of damage to the liver.”

An article in *Herald of Health* magazine (April, 1955) says:

“Two years ago the Country was all stirred up about the possibilities of Gamma Globulin. This Gamma Globulin was a derivative of the great stores of diseased human blood plasma which was bursting the seams of the various blood banks.

“The doctors of the army, navy and marine corps had refused absolutely to ‘shoot’ this putrid plasma into the bodies of wounded service men. They declared it was ‘too disease-ridden’ to use on our heroes in uniform but such characterization of the ‘filthy stuff’ did not deter medical men, from proclaiming it entirely suitable to go into the clean blood streams of the little children.”

The *Los Angeles County Health Index* (for the week ending May 23, 1953) states: (a) Evidence indicates that gamma globulin does not prevent paralysis from occurring in all cases. (b) There is evidence that it is of no value in the treatment of poliomyelitis after symptoms have been recognized. (c) The partial protection afforded by gamma globulin is only temporary lasting only five to six weeks.”

For a Public Health Department that is over-ridden by the medical trust, to make these concessions indicates that the situation was much worse than that. There was no protection at all and no benefit but it was used because it was a salable commodity.

In Key West, Florida when a few of the people learned of the plan to poison the city with this self-condemned product they started a protest and circularized literature giving the facts about it. But the promoters of gamma globulin induced the City Manager and the Police Dept. to arrest anyone protesting or handing out literature unfavorable to

their serum. *Miami Herald*, Miami, Florida (Sept. 30, 1953) reported:

“Dr. Carl Bernet, of United States Public Health Service says: ‘Gamma Globulin is not a cure or preventive of polio. Key West is getting the Gamma Globulin because there is an extra supply.’” Is this a land of liberty or just a page out of the Dark Ages?

Curare, which is arrow poison used by the Indians of the Amazon is used on polio patients. A doctor in the Los Angeles Health Department told me that this drug does not decrease the pain of the polio patients but it makes them unable to move or scream and they experiment on them then. Many of the patients die under the intense pain of this torture treatment.

The precautions that the polio foundation give to the public have no effect at all on controlling polio. What good does it do to warn people to (1) wash their hands, (2) stay out of swimming pools, (3) stay away from polio patients, (4) call a doctor when symptoms appear etc. when the disease is not caused by viruses but is caused by body poisoning? Why call a doctor who admits he does not know the cause or the cure? All these misleading instructions stand in the way of healing.

The Salk vaccine is just another failure mechanism because it, too, is wandering blindly in the wrong direction and is spreading disease rather than curtailing it and is killing rather than curing.

THE GROWING SKEPTICISM OF THE SALK VACCINE

Many doctors, and public authorities as well as individual laymen are not only questioning the safety of the Salk vaccine but are denouncing it. Even the *Journal of the American Medical Association* in a recent (1956) *Report on Rate of*

Use of Poliomyelitis Vaccine expresses concern about the dropping off of sales of this product in the “announcement by the Public Health Service that states are not using their vaccine supplies at the rate the serum is being released.

Approximately 45% of the 7,000,000 cc had been used Dr. Scheele asked all concerned to use supplies as rapidly as possible” He said, “This is the ideal time for vaccinations. The safety and effectiveness of the vaccine are well established.”

Imagine, a public officer making a statement like that after all the deaths caused by the blood poisoning vaccine. By saying that “this is the ideal time for vaccinations” he probably means that they better get their multi-billion dollar supply of vaccine sold before all the people wake up. Most of them are still in the hypnotic stupor of the high pressure advertising of the past year and a half.

Efficiency of the Salk serum questioned is the title of a headline in a Chicago newspaper. Excerpts are as follows: “Chicago, Nov. 11 (*AP*)—doctor said today that not all public health physicians are certain that the Salk polio vaccine program is on a ‘solid and secure scientific footing.’”

“Dr. Herbert Ratner, health commissioner of suburban Oak Park and editor of the *Bulletin of the American Association of Public Health Physicians*, asserted that public statements have mostly favored the Salk program ‘to the exclusion of unfavorable items.’

“He listed these items, among others:

“1—English Authorities in July, 1955, canceled the Salk vaccine programs as too dangerous.

“2—All European countries, with the exception of Denmark, have discontinued their programs. Even Denmark is reported to have found live virus in the Salk Vaccine.

“3—Canada decided, as of July 29, 1955, to postpone its vaccination program until the early part of 1956, to take advantage of the expected advances in the development of safe and effective poliomyelitis vaccine.” (Since there is no such safe vaccine, what they are really waiting for is to see what is going to happen to the millions of American children who have been brutally sacrificed to the “money mad” vaccine experiment. None of these other countries want to waste their children on such risky and haphazard experiments.)

“4—Two Nobel Prize winners, Dr. John Enders and Dr. Wendell M. Stanley, both have publicly indicated their uncertainties about the Salk vaccine.

“5—The Polio Advisory Committee and health officials of at least one state, Massachusetts, have advised against public inoculations and have withheld approval of the use of the vaccine until at least Jan. 1, 1956.

“6—One of the two major pharmaceutical houses connected with the production of Salk Vaccine since the 1954 field trials has recently found it necessary to withdraw their product from the market’.”

Why pick on just one drug company; they are all guilty. In Drew Pearson’s *Washington Merry-Go-Round* the writer states: “Other drug companies, with the exception of Park Davis, have not experienced so many seizures (by the Food and Drug administration, for violation of law). Park Davis has had nine civil suits, Eli Lilly two, Pitman Moore two, Wyatt three, Sharp and Dohme four, Cutter nine.” He also tells us that “The Public Health Service which is testing and licensing the Salk Vaccine has not had time to test it, but has accepted the written reports of the drug companies.” In

a life and death matter such as this with millions of people involved and future generations threatened by disease and impairment from vaccine poisoning, why haven't our paid public officials had time to test the vaccine? Can the manufacturers who are in the business for profit be expected to tell the truth about the product—when the truth would condemn them?

Salk shots open new drug market is the front page headline in an independent newspaper (*The American Rally*—April 1955) In the opening paragraphs we read:

“Ann Arbor—With the pomp of a Presidential inauguration and the ballyhoo of a Hollywood premiere, the big drug houses have unleashed upon the public their infamous campaign in behalf of the Salk vaccine. Using the general anxiety concerning polio, this conspiracy now aims to inject this dubious serum into the bloodstream of every child in the United States.

“Thus, a new major industry has been activated. Estimated to gross over 5 billion dollars in its first year of wholesale operation, combining the revenue of the Chemical Trust and doctor fees and advertising, this new development will make Dr. Jonas Salk, its promoter, the Henry Ford of the mass production needle-pushing racket.

“The American Rally warns against the mass inoculations being planned. It is felt by many authorities that this Salk campaign is a run-away experiment in totalitarian ‘health’ (?) powers which will bring disaster to the children involved. No objective standards were employed in determining either the safety or the efficiency of the serum.

“The Salk experiment is based on false premises and refuses to deal with original causes of polio. From the basis of a fictitious ‘virus’ the vaccinators are using other poisons over which they have little control. In their mad scramble to launch a new money-making empire, it appears they are

willing to 'guinea pig' America to death.

"American Rally proposes an open-forum, impartial, qualified and independent authority which can sit in judgment over such propositions. The Nation desperately requires a Hall of Science separate from both government and commercial monopoly, which can protect the public interest."

This is a very good idea but I wonder how long we could keep it free from politics and the money trusts.

Morris A. Bealle, in his book of startling facts titled *The Drug Story* tells us that "disease is more rampant because of commercial greed. When the Rockefeller-Standard Oil crowd muscled into the drug and pharmaceutical business in such a big way, 'scientific medicine' (if there is such a thing) was turned into a racket which shortened many American lives from ten to twenty years.

The \$446,837,527 subsidy parceled out to medical colleges by the Rockefeller Foundation to mis-educate medics into the excessive use of drugs, vaccination and immunization which are making invalids of millions. It tells of the \$10,000,000,000 traffic in death and disease One pharmaceutical house's profit of 635 per cent on its assets in one year ... panhandling rackets in cancer control and allied frauds ... appointments by Rockefeller Center of all key personnel in Government health set-ups ... government gangsters in the Food and Drug Administration, Post Office, Army, Navy and Public Health Offices etc. ... dangerous doses ... protected shakedown ... and the Drug Chamber of Commerce." *Truth Teller Magazine*.

In spite of the medical domination that prevented the newspapers and radios from advertising his book, its popularity spread so fast among the people who were starved for truth that within six months six large printings had to be made and it is still a big seller among health minded people.

DOCTORS SQUABBLE FOR THE “LION’S SHARE”

When President Eisenhower took it upon himself to filch \$30,000,000 from the deceived taxpayers in order to help force more poison vaccine into the resisting children, the American Medical Association, with its machinery geared to money making, raised its loud voice in opposition, because it was not getting all the fees. The *Bulletin of the National Health Federation* (March, 1956) stated:

The A.M.A., however, recently attacked the public health officials as ‘violating the principles of free enterprise in medicine.’ The House of Delegates of the A.M.A. is demanding that all free inoculations stop and that the task be turned over to the doctors on a fee basis.

This gives us an idea of what American Free Enterprise means. It merely means that the trusts are free to exploit the people and if someone else wants to do the same—the fight is on.

If someone wants to stop the exploitation and warn the people, the money trusts in power “squelch” them—if they can.

In 1946, during one of our most serious polio epidemics in Los Angeles, I wrote a book called *Polio Control* in which I denounced the “virus theory” and named vaccination as one of the causes of polio. The medico—drug trusts had their stooges working for two years trying to get something legal on which to put the book out of circulation. I had had a lawyer go over the manuscript before I had it printed and I had the Post Office examine the printed book to be sure it was in order and nothing was said that was against the law. The lawyer said, “The book is dynamite but it’s well documented and entirely within the law.” When the “medical opposition” couldn’t get anything on me lawfully they used unlawful measures and had their stooges in the Post Office

bar the book from the mails. No jury trial was permitted and no testimony of mine was accepted. Their charge was that the “book was dangerous because it disagreed with accepted medical belief.” So the book went out of circulation, but not before two editions had been sold to all parts of the world—mostly to drugless doctors.

The medical trust, through their hirelings in the Better Business Bureau, had not let the newspapers sell me even one inch of advertising space for fear the people would learn the truth. One of the large newspapers in Los Angeles said to me, “We think you have a good book but our hands are tied; if you can get the OK of Mr. Sample of the Better Business Bureau we can take your ad.” When I talked to Mr. Sample and “downed” all his arguments with proof of the damage done by vaccination and all the case histories of polio from vaccination etc. he merely said, “If you’re right then a lot of other people are awfully wrong.” But he still refused to allow the papers to advertise my book.

The years went by and many doctors in various parts of the world, England, Australia, France, United States, etc. learned that viruses did not cause polio and that the disease occurred in patients soon after vaccination, and in the limb in which the injection had been given. Many lives would have been saved if my book could have reached the people. But selfish medical interests destroyed it because of information that has since then been proven to be true. It’s hard to say what they will try to do to this book. But whatever they attempt is likely to boomerang and explode right under their plot.

WHAT HAPPENS TO THE “MARCH OF DIMES”?

In a letter from R. N. Newcomb to *LIFE* magazine (Aug. 1949) the question was asked: “Did it ever occur to you

that if the real answer to polio is established it means the end for a racket that has annually, for many years, reaped tens of millions of dollars from the public by means of sob propaganda. It also would, in large degree, dry up the yearly freshet of hundreds of millions paid in medical and associated fees by the families of those afflicted. If you believe that the real answer to polio is honestly being sought and would be available to the world when found, then you would also believe that General Motors would back research to make the use of automobiles prohibited.”

Since 1938 the March of Dimes has reaped over \$300,000,000. What have they done with it? Polio has not been checked; it has increased. Polio “ patients in the hospitals, supposedly using some of the March of Dimes money have died in larger numbers than those who stay home and have no special care. Those who recover in the hospital are in about the same proportion as those who do not go to the hospitals. Who gets this public donation? The April 1952 issue of *Expose* gives us a hint in this statement:

“The public will never know what proportion of their dollars went for fund raising and administration. Unlike all other leading non-profit organizations, the Foundation for Infantile Paralysis has refused to make these facts available to the public.

“It is estimated that \$15,000,000 a year (a very conservative estimate) are poured down the drain called ‘General Administration Expenses’.

“If you contributed your dimes and dollars, a large part of your contribution went to pay somebody who sits behind a desk and gets a large salary to figure out new ways to get more contributions from you the next time.

“Every man, woman and child in the United States is marked for a specific per capita contribution. This is wrung from you with gimmicks ranging from March of Dimes

cards to Iron Lung collectors, metal lapel tabs, house to house, office to office, school and motion picture collections.

“There are special tear jerking posters available to all magazines and newspapers. Also movie shorts with a popular star making a pitiful plea for hand-outs. Radio and TV shows are punctuated with money grabbing skits and slogans.

“Philanthropy has now become one of the 10 big industries in the U.S.

“In 1918 the National Information Bureau was established to provide information and advice on philanthropic groups. This Bureau is a non-profit organization. It has investigated more than 4,000 national organizations during the past 33 years. The bureau has standards against which all charities are measured. All reports are confidential.

“Most collection groups meet all the standards of the Bureau.

“The National Foundation for Infantile Paralysis, Inc., does not It does not issue a complete audit of income, expenditures and assets.

“In recent years, an attempt has been made to establish a system by which funds necessary to support health services could be secured in a single joint campaign. It would save millions of dollars that now go into the pockets of professional fund-raisers and never get near the purpose they are contributed for. Every other major group in the United States has expressed a willingness to join such a federated drive—with the single exception of the March of Dimes.”

It seems some branches of the government were getting suspicious of the pretended search for a cure for polio carried on at such expense by the National Foundation for Infantile Paralysis, so it was suggested that the government conduct some research in this direction.

On this phase of the subject, *Expose* reports:

“In 1948 the Foundation for Infantile Paralysis told a Congressional Committee that ‘there is no need for the government to conduct research at this time in polio.’

“When asked to explain this strange attitude, Foundation officials stated frankly: “When the Government takes over an activity ... contributions fall off, We do not wish to take that gamble!”

The *Science News Letter* tells us that “some 200 scientists are researching upon phases of polio and 510 projects in 91 institutions have been under way in the 16 years of this great polio campaign.”

Over \$300,000,000 have been spent already and \$50,000,000 per year more are being collected and spent with not one dime being used for research on fasting and proper nutrition and the only other things that can prevent and cure polio.

WHO CAN CURE POLIO?

After the announcement from Philadelphia (1934) that Dr. John A. Kolmer had discovered a “protective (?) vaccine” against infantile paralysis, Dr. W. Lloyd Aycock, director of the Harvard Infantile Paralysis Commission and called “one of the most distinguished experts in this disease”, gave a statement to the press that “Nature does a better job of immunizing against infantile paralysis than the artificial methods” which he branded as “Hazardous.”

If we remove the obstructions and supply the body with the necessary building material, nature will heal practically any disease so long as too much of the vital organs or glands have not already been destroyed by disease or operations.

What are the obstructions to be removed in the healing process? Obviously, drastic poisons such as vaccine serums, drugs, tobacco, alcohol, coffee, tea, cola drinks, etc. poison the system immediately and set up disease states. But other

blockages form slowly in the tissues as a result of incompatible foods, wrong food combinations, and over eating. These substances as well as the drugs, interfere with normal digestion and assimilation. The by-products of perverted metabolism undergo a chemical change and are lodged in the tissues in solid form. Some are in the form of sharp needle-like crystals that cause pain in arthritis; others accumulate into hardened masses which are called gallstones. A gluey material coats the blood vessels and slows down circulation. "Some of these blockade materials are cholesterol (from fat), uric acid formed from excess protein (any more than two ounces per day is excess protein), carbonic acid from sugar and starch, chlorine (from table salt), and calcium carbonate (from milk, calcium tablets and other calcium containing substances that failed to assimilate because of some type of interference or glandular malfunctioning.)"
—Dr. M. O. Garten.

WHAT CAUSES EPIDEMICS?

Most people are over loaded with these infusions of blockade materials that cannot be utilized by the body. When some extra strain is put upon the vital forces such as sudden change in the weather, fatigue, fear, worry, wrong food etc., the body is unable to hold back the "bursting tide of accumulated waste" any longer and lets go—forces it out in a cleansing program, that usually lasts from 5 days to two weeks. Colds, eruptions, fevers, diarrhea and even paralysis are symptoms of this cleansing effort to rid the body of waste that has not been eliminated through the usual channels. People do not catch diseases from others who have it. All those who are ill built their own causes and the same stresses triggered off the "cleansing act" in all who had reached the saturation point of poisons.

When poisons flow in a free state in the body as is the

case with vaccines, the internal defense mechanism is forced to rob the tissues of calcium and other alkalizing elements to neutralize these poisons. If the person is on the borderline of calcium deficiency then there can be no neutralizing and collapse or paralysis is the result.

R. B. Pearson made an exhaustive study of the data and experiments that have been made with polio vaccines and summed up his finding as follows: "Hence, I believe there was no virus in the vaccine used. It was just a solution of the toxins and acid end-products of the decomposed proteins used that caused all the paralysis. The acids generated by cooked meat in Dr. Pottenger's cats (experiment that caused polio in the cats) affected the nerves first, and the acids formed in the decomposed proteins used in the vaccines affected the nerves first. It is the same thing and, no so-called 'virus' is connected with it." (From *Infantile Paralysis*, by Pearson.)

Many methods have been tried by drugless doctors in an attempt to rid the body of the blockage materials that stood in the way of recovery. The right kind of an elimination diet has been very beneficial, proper breathing and exercises have helped, mental and spiritual treatments have been useful to a few but the method that has brought the best and surest removal of poisons and recovery from disease is fasting. Those who are experienced in fasting therapy claim that fasting is 20 times more efficient as a healing measure than anything else.

On a fast, no food of any kind is eaten and no juices taken. Water is permitted and that's all. Fasting is not starving. Starving does not begin until after 8 or 10 weeks of fasting. The fast should be broken before that time. A long fast should be supervised by someone who is experienced in conducting fasts. Some of the best authorities on this most valuable of healing aids, are listed in a another chapter. A

good book on fasting should be studied before undertaking a fast at home. Short fasts of two or three days may quite safely be taken at home. (Some of the best fasting books are sold by Health Research, Mokelumne Hill, Calif.) The experts in the field tell us that the fast should be followed by fresh fruits and juices or fresh (not canned) vegetable juices at a separate meal. Several days of simple meals of fruits and vegetables should be the rule before any starch or protein is eaten. Needless to say, the old habits of wrong eating should not be continued. A good guide to follow after the fast is Dr. Shelton's little book, *Food Combining Made Easy*.

Hot baths have been beneficial in many cases of polio. The late Bernarr MacFadden said, "A warm bath 98 to 99 degrees for an hour or more, two or three times daily, with drinking of nothing but water, if adopted immediately after the onset of polio—should cleanse the system and divert the attack." (No soap or anything else should be used in the water)

A friend of mine who was paralyzed after his shots at camp during the First World War said he lay helpless in the Army hospital for weeks then one night when the nurses went to a dance in the recreation hall downstairs he dragged himself out of bed and pulled himself across the floor by his elbows until he reached the bathroom. Then he filled the tub full of hot water and managed to get in and stayed there quite a while. When he got out he could walk so he dressed and went downstairs and stood in the doorway and his nurse almost fainted when she saw him. He was sent overseas after that. When he came back he had a condition of forgetfulness which they called "shell shock" but it was more than likely the after effects of the vaccine poisoning.

Some doctors, in trying to build up the calcium deficiency in polio and other poisoned patients, give them calcium tablets, bone meal, lime and other such concentrates. Some report good results while others are harmed

by it. Calcium cannot be assimilated without the proper balance of phosphorus, iron, sodium, vitamin B, C, and D. Most of the vitamin pills on the market are synthetic coal tar products or fish liver oil and act as irritants instead of foods. These are not recommended. No chemist or doctor knows the exact proportion in which these elements should be combined, therefore it is better to get them as they grow in nature where they are combined in perfect balance.

Some of the richest sources of calcium are: Turnip greens, mustard greens, watercress, powdered whey, celery, turnips, spinach, cauliflower, dandelion greens, dried figs, hazelnuts, molasses, lentils, endive, chard, escarole, milk, cheese, parsley, alfalfa tea, and others. These, of course, must be free from insecticide spray.

TO REMOVE POISON SPRAY FROM FRUITS AND VEGETABLES

Much of the spray can be removed by a 1% solution of Hydrochloric acid. A simple way is to pour ½ cup of the acid into a large enamel pan or crock (not metal such as tin or aluminum). Add two gallons of water and let the fruits and vegetables remain in the solution for 3 minutes. Then drain and rinse in clear water. The solution may be saved and used for several days. In the meantime make demands of our public officials that poisons on foods be prohibited.

Healthy soil, free from chemical fertilizers and sprays will produce foods that are free from disease and pests. This has been tested and proved by the so called “organic-farming” methods with their balanced compost and powdered granite and other soil builders.

If we are to eliminate polio epidemics and free our country from all disease we must attack the problem at its source. The foundation is in the healthy soil, then the healthy food can be raised. With the improved food and correct health

education and banishment of commercialized foodless-foods, drugs, narcotics and other products that menace the race we can raise our low standard of health (with 90% of our people below par) up to the level where it should be. Only then can we expect to have unlimited health, happiness and progress.

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ADDENDUM

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—*The Publishers*

VACCINATION—MEDICAL DELUSION

By Rex U. Lloyd

Ever since the dawn of history man has believed and still does, in the miraculous and curative power of poisonous agents and anything and everything which experience has amply proven to be harmful to the wellbeing of organized, organic, living structure. Today, with our Modern and Scientific Medicine that boasts of the advances being made in the field of preventive medicine—having evolved a detailed science of Theoretical Immunology in which harmful man-eating microbes, virus, etc., are credited with the power of causing disease, previously assumed by primitive man to belong to satanic gods, evil spirits, demons and serpents,—we are by no means in a state of better health than were the ancients.

The orthodox and dominant school of healing—Medicine—has taught us and deliberately popularized the false and absurd notion that Disease Is An Entity—something that invades the body from without; that there are microbes, germs, viruses, capable of causing (communicable) disease and that specific pathogenic bacteria produce specific disease by invading the animal tissues: that inoculation of pus and other pathogenic products into the organism produces resistance or immunity to infection by once being infected and that this immunity can be transferred to another. It is claimed in medical textbooks that the body produces specific protective substances called Antibodies, and that these must be obtained from another person or some animal which has produced them by having been infected by minute amounts of poisonous products from a specific disease.

We do not deny the existence of microbes but we do deny that there are any insidious, man-eating, death-dealing

pathogenic bacteria capable of causing pathology. Natural Hygiene—school of rational, wholesome and total living (which originated in the United States 125 years ago) declares that Toxemia is the universal basic cause of all pathology and so-called disease. Toxemia is the accumulation of body waste and is produced by anything and everything that enervates the body. Enervation is produced by anything that uses up excess energy, e.g. poisons, denatured foods, lack of sleep, rest, relaxation, fresh air and sunshine, overeating, sexual excesses, dissipations of all kinds, worry, fear, jealousy, mental self-abuse, unpleasant human and social relations, faulty economic conditions. This checks elimination and permits accumulation of body waste. Bacteria do not cause pathology but are rather the effects of disease. They are, we might say, Scavengers—necessary by-product of diseased tissues of the impaired organism. It should be emphasized that only true natural immunity can be attained through a state of internal cleanliness based on legitimate nutrition and hygienic living habits. Our orthodox medical practitioners all seek for a way to make unclean living safe by creating a hypothetical artificial immunity through immunization and thus protect us from the natural consequences of our daily violations of the laws of life.

Numerous experiments with germs conducted in the past have conclusively proven that bacteria does not and cannot produce disease in a healthy organism. Years ago, Dr. Pettenkofer, professor at the University of Vienna, came to the conclusion that germs alone do not produce pathology and for years defended his position from the lecture platform and in his writings. On more than one occasion he and his assistants swallowed the contents of glasses containing millions of living cholera germs. Dr. Thomas Powell of California, who is believed to have taken more germs than any other man, challenged his medical colleagues to produce

a single disease by germ inoculation. He was inoculated with cholera germs, bubonic plague germs and bacteria of every description and which was fed to him in every kind of food, yet nothing happened. Read U.S. Government Bulletin *Hygienic Laboratory—Bulletin No. 123, Feb. 1921*, for further proof on contagious diseases.

Medical history credits Edward Jenner, an English pharmacist and surgeon, (1798), with the discovery of vaccination. Inoculation, in some crude form has been practiced by savage and primitive people from an unknown period, among which were Negroes, Arabs, Nubians, Shillocks, Tibetans and Hindoos. All that Jenner did, was that he helped to resurrect an old custom popular then among dairymen and milk maids and supplied it with modern theories.

THE NATURE OF VACCINES AND THE DANGERS AND SERIOUS COMPLICATIONS THAT FOLLOW SERUMIZATION

All vaccines and serums are foreign proteins and therefore a virulent poison. If any protein enters the body illegitimately, through any channel other than the digestive tract, it becomes a strong poison. Proteins in themselves cannot be used by the body—they first require to be broken up by the various processes of digestion into Amino Acids before they become useful as a nutrient to the organism and can be taken into the blood stream to be used as building materials. Injections of therapeutic serums in human beings and animals result in impairment and great injury to some of the most vital organs—heart, lungs, liver, kidneys, nerves etc.

Anaphylaxis or Serum Poisoning or Disease, sometimes called Serum Shock, are the terms being used to indicate the harmful after-effects of vaccination. We cannot tell in advance of the inoculation the amount of damage which

will be done in any particular individual, whether he will die of anaphylaxis, be severely damaged for life or throw it off with a minimum amount of harm to himself. The degree of injury done to the organism may have no immediate noticeable effect but will find expression eventually, especially if the harmful practice is continued. It may result in constitutional debility, degeneration, chronic disease, and death. Some of the symptoms following vaccination and resulting in Serum Sickness are: Fever, Glandular Enlargement, Urticaria, Leucopenia, Leukotaxis, Sciatica, Phlebitis, Pain and Tenderness of the Joints, Paralysis, Heart Failure, Collapse and Death.

Harold S. Diehl, M.A. M.D., Sc.D.—*Textbook of Healthful Living* (1945), pp. 256-57, says: “The dangers of vaccination claimed by the anti-vaccinationists are practically all fallacious or of such antiquity that they do not apply to modern vaccination Complications of vaccination are occasionally reported, but how frequently these occur it is difficult to know, possibly once in a million vaccinations. There was not a single record of a serious result in the millions of vaccinations done in the army and navy during the First World War.”

The evidence and literature proving that vaccination evolves complications, pathology with often fatal results are too numerous to mention here, but it seems Dr Diehl is deliberately distorting facts. Let the record speak for itself:

The *Report of the Surgeon General of the Army, 1919*, Vol. 1, p. 38, gives the number of Admissions to Hospitals during the year 1918 on account of vaccinia, the disease caused by vaccination, as 10,830. Another *Report of the Surgeon General of the Army, 1918* gives the number of Admissions to Hospitals during the year 1917 on account of vaccinia and typhoid vaccination combined as 19,608.

The writer, served in the U.S. Army in World War II,

and had the misfortune to partake personally in one of the Vaccination Epidemics which occurred in the summer of 1942. He was hospitalized for two weeks during May as a result of inoculation received against Yellow Fever in February of the same year. He was unable to take any food for one week and the symptoms included:

Constant Vomiting, Yellow Skin, Abdominal Pain, Restlessness, Drowsiness, Delirium, Elevated Temperature, Loss of all Appetite, and a Severe Feeling of Sickness. A large percentage of the men in his company came down with the same sickness—Yellow Jaundice—and were hospitalized.

TIME, the Weekly News Magazine, p. 57, Section on Medicine, Aug. 3, 1942, brought the Epidemic Outbreak to the attention of the public under the title *Jaundice Rampage* it reports:

“From Army Hospitals for the past three months have come rumors of a mysterious epidemic of jaundice. (One rumor: 1500 jaundiced men in famed Walter Reed Hospital.) Last week War Secretary Henry Stimson was ready to talk. Jaundice had attacked the armed forces. There have been 62 deaths, 28,585 hospital cases—4,528 of them overseas. Mr. Stimson hastily added that the disease is not contagious nor dangerous to the civil population.” *TIME* reports further: ... the true story!

“In early April, soldiers began to come down with jaundice in such numbers that Army doctors and civilian experts on the Army’s Epidemic Control Board began frantically searching the cause. Along with yellow skin went nausea, nervousness, lack of appetite, constipation. Sometimes a soldier would be out of kilter for six weeks. Highest-ranking sufferer: Lieut. General Joseph Stillwell, who came down with it after his famed foot march across Burma mountains.”

“The experts finally decided that the disorder might

be connected with the Army's inoculation against Yellow Fever.”

TIME continues with the report and voices the conclusions of the experts who suspect that the batch of vaccine which was used must have been imperfect or contaminated by another germ.

Among the greatest crimes today is that of Vaccination By Compulsion. The forcible introduction of pus into the body of man, woman and child, with or without his consent, is a threat to personal liberty, is unconstitutional and a crime against humanity. These outrages are committed daily in all parts of the world in the name of Science and Medical Progress. Medical Practitioners, supported by their Powerful Commercial Allies have supported this insidious practice and are responsible for introducing compulsory vaccination laws.

Supreme Court Justice Cardozo stated that: “Every human being of adult years and of sound mind has a right to determine what shall be done to his own body; and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages.”

The Supreme Court of Massachusetts handed down a decision, stating that:

‘If a person should not be willing in his case and the authorities should think otherwise, it is not in their power to vaccinate him by force.’

The verdict rendered by the prominent U.S. Supreme Court Judge and similar decisions reached by various State and Federal Courts should be sufficient to outlaw all compulsory medication and vaccination laws and make it a criminal offense for anyone to use force in an attempt to do so. That so-called Preventative Medicine Does Not Prevent Disease but Inflicts Serious Complications, Lifelong Diseases, if Not Death has been proven repeatedly, and that

Justice Is Not Rendered In All Cases and In All Courts has also been demonstrated.

Thus, the Federal Court in New York City, although it must have well realized the unconstitutional nature of the verdict, when it convicted and sentenced to three years imprisonment, John Collura, 19, of Mt. Vernon, N. Y., for refusing to be vaccinated upon induction into the Army at the beginning of World War II. He did not refuse military service, mind you,—but being health-minded, did not want to endanger his health. Mr. Collura's defense showed during the trial that there never has been a so-called Compulsory Vaccination Law in the United States, and that in the British Army and Navy vaccination was always optional. (See: *England Abandons Compulsory Vaccination*—Dr. Shelton's Hygienic Review, Feb. 1949)

Mr. Selig Kaplan, lawyer of New York, stated at the outbreak of the second World War that "... there is nothing in the National Draft Law which requires (one) to submit to involuntary compulsory vaccinations or inoculations of animal matter." Must we submit to a practice which violates one of the fundamental freedoms guaranteed us in the constitution? The objector should not feel that he is in the minority. We should recall the splendid examples set by prominent persons of great intellectual calibre who have been staunch anti-vaccinationists and non-conformists in regard to orthodox therapeutics. Bismarck, Salisbury, V. Zedwiz, Earl Dysart, Wm. Lloyd Garrison, Premier Asquith, Gladstone, Voltaire, Victor Hugo, John Bright, G. K. Chesterton, George Bernard Shaw, Mark Twain, Elbert Hubbard, Robert Ingersoll, Alexander von Humbolt, Herbert Spencer, Alfred R. Wallace, W. Webb, Luther Burbank, Thomas Edison, Henry Ford.

In recent years, top-rank British Generals who refused vaccination have come into the news. Lt. General Robertson,

Commander British Commonwealth Occupational Force in Japan, clashed with the Health Dept. for refusing vaccination when he arrived at Darwin, Australia by air, Aug. 1947. When the Chief of the Imperial Service Staff, Viscount Montgomery, visited Australia in 1947 he also refused vaccination. Also, General Douglas McArthur is fully familiar with, the dangers of vaccination as he did not permit having his son vaccinated.

Statistics used by the Medical Profession prove to the uninformed public the health-promoting qualities of serums, toxins, anti-toxins etc., that these have reduced or eliminated infectious diseases and have conquered epidemics—smallpox, typhus, cholera etc. This is false and misleading advertising and propaganda. These figures and statistics have been skillfully juggled by deliberately distorting facts to frighten people into being vaccinated.

Thus, Dr. H. S. Diehl in the aforementioned book, pp. 253-57 says: "A person living today cannot possibly realize what smallpox meant before the days of vaccination. Smallpox was just as inevitable then as measles is today It has been estimated that 60 million people in Europe died of smallpox during the eighteenth century.

"Smallpox is a disease which varies enormously in severity. In pre-vaccination days it was always severe, being fatal to between 20 to 30 per cent of its victims. It affects alike the rich and the poor, the clean and the dirty. It spreads wherever the contagion finds susceptible people. The one and only method of controlling it is to raise the individual resistance by means of vaccination."

If the death rate of smallpox and fevers was so enormous, it was largely due to the medical treatment of that time. A number of eruptive diseases such as measles, chicken pox, scarlet fever etc. were regarded as smallpox before Dr. Seydenham differentiated between the various

symptom-complexes. How great the number of deaths was from scarlet fever, measles, chicken pox etc., that were included in the smallpox epidemics will never be known. Dr. Russell T. Trall, the eminent Natural Hygienist, considered smallpox “as essentially . . . not a dangerous disease.” He cared for large numbers of patients afflicted with smallpox and never lost a case. Under conventional medical treatment, patients were drugged heroically, bled profusely, were smothered in blankets, wallowed in dirty linen, were allowed no water, fresh air and stuffed with milk, brandy or wine. Antimony and Mercury were medicated in large doses. Physicians kept their patients bundled up warm in bed, with the room heated and doors and windows carefully closed, so that not a breath of fresh air could get in, and given freely large doses of drugs to induce sweating (Sudorifics), plus wine and aromatized liquors. Fever patients were put into vapor bath chambers in order to sweat the impurities out of the system. Given no water when they cried for it and when gasping for air were carried to a dry-hot room and after a while were returned to the steam torture. Many must have died of Heat Stroke!

How did smallpox originate? It appeared only with the collapse of the Greek and Roman Civilization with its high standards of health. Neither Greece nor Rome suffered from smallpox while a disease resembling it decimated populations in Africa and Asia. The sanitary and hygienic systems of the great pagan civilizations—public baths, gymnasia, solaria, athletic stadiums, municipal water supply, drainage, toilet facilities, well-aired, sunny, spacious and clean living quarters, garbage disposal, simple, natural and unspoiled foods—prevented the appearance of infectious diseases and fevers. The sanitary conditions in the towns and cities of Europe in which smallpox raged were most frightful. According to Montgomery’s *The Leading Facts of English*

History, the streets of London and other cities were rarely more than twelve to fifteen feet wide were neither paved nor lighted. Pools of stagnant water accumulated everywhere, heaps of garbage abounded and were only removed when it began to obstruct the traffic. There was no sewage and dead dogs, cats, rubbish, rotten vegetable and fruit refuse, human and animal excreta, and slops from the kitchen were all thrown into the streets. Surrounded by high walls, cities could not expand and people were forced to live in a slum-like manner. Holes served as windows, with little or no ventilation, whole families slept in one room often in one bed, and hundreds of persons lived in one building crowded in from the sub-cellar to the attic. They rarely ever washed, had no bath tubs, no underwear and wore the same clothes day and night. They lived in utmost poverty, slaved long hours, even the children worked, drank heavily of alcohol, ate like hogs of spoiled, unnatural food and suffered from malnutrition.

So-called infections or zymotic diseases are brought on by Toxic Poisoning (Sepsis), resulting from protein putrefaction of animal origin. Toxins vary from slight irritants to most virulent poisons. The most septic poisons are of flesh or animal origin and produce infectious diseases e.g. bubonic plague, smallpox, yellow fever, diphtheria, etc. Toxins arising from carbohydrate decomposition are of a much less virulent nature and result in catarrhal conditions, e.g. colds, laryngitis, influenza etc.

Plagues and epidemics in the past were not conquered by the use of vaccines but were cleared up through sanitary and hygienic measures—street sanitation, sewers garbage disposal, adequate water supply, toilet facilities, better living quarters with spacious windows and ventilation, fresh air, light, sunshine, unspoiled, natural food, refrigeration and better food storage, public recreational facilities, parks better

working conditions, social and family relations.

There is only one true prophylaxis or real (natural) immunity against disease—and that arises from health—state of structural and functional organic harmony. There is no wrong way to do right and there is no substitute for clean, legitimate, hygienic living. Nature builds immunity within, in the living organism, and does not require artificial assistance.

Instead of destructive and suppressive methods, exponents of Natural Hygiene submit that health is maintained and restored by the internal and inherent forces of the living body operating with those same conditions and material agencies as they are found in free nature, and with which she has built up and maintains the whole animal world. The Eternal, God-given, Hygienic Factor-Elements are:

food, air, water, exercise, rest, sleep, relaxation, light, sunshine, warmth, mental poise and harmony, and freedom from enervating habits. Hygiene is not a school of healing and has no therapeutic panaceas. It is a grand scheme of total living with an all-embracing program of life building. It is built upon a new and revolutionary synthesis of correlated living factors that fuses each part of life into a harmonious and intelligent whole, and presents a normal pattern of living in terms of a valid biological standard.

In the recovery from so-called infections there is no more effective and certain way or rapid means than through the fast. Fasting is abstinence of all food except water and is a plan of physical, physiological, mental and sensory rest. The recovery from diseases such as colds, typhoid fever, typhus, influenza, yellow fever, smallpox measles, scarlet fever, mumps etc., which definitely originate through dietary errors and unclean living, is always hastened through fasting, and hygienic measures which are successful when all other therapeutic means fail.

The following revealing statement was made by State Senator, John J. Haluska (Penn.) In its opening remarks delivered by the Federal Court, Pittsburgh, Penn., when he appeared pursuant to subpoena in connection with the disposition proceedings in that court.

“There exists now, and perhaps, always will exist differences of medical opinion with respect to the effect of drugs and therapeutic treatments. Any attempt to regulate by law in those fields where honest differences of opinion exist between groups of qualified practitioners is contrary to public interest.

“Such a regulation is now being attempted by the American Medical Association which for some time has fought me and has in the past conspired to liquidate me, as was developed in the injunction hearings carried on in Cambria County in July, 1954.

“The doctors and the AMA (American Medical Association) have not given up their fight. Organized medicine at this very moment has succeeded in placing their personal emissaries in high places to advise and control Oveta Culp Hobby, Head of the Health, Education and Welfare, of which the Food and Drug Administration is an adjunct.

“Previously announced threats against foes who refuse to conform to the AMA and their political and economic beliefs are being carried out.

“The former Washington counsel and legislative agent of the AMA, James W. Forestel, has been placed in command of the legal department of Health Education and Welfare. Against this prejudiced background the average citizen like myself can hardly be heard. Accordingly I have concluded upon the advice of my able counsel, Benedict FitzGerald Jr., of Washington, D. C., that it would be expedient for me to rely for assistance upon certain fundamental rights accorded

to me by virtue of Admiralty, Rule 30, Article L. Section 9 of the Constitution of Commonwealth of Pennsylvania, and the Fifth Amendment to the Constitution of the United States.

“Are the recommendations of Secretary Hobby with respect to her endorsement of vaccine of Dr. Jonas E. Salk, and her suggestions that every child of tender age be forced to submit to an injection of the Salk vaccine, the law of the land?”

AMERICAN CAPSULE NEWS

October 15, 1955

American Capsule News (edited by Morris Bealle) 1400 M Street, Northwest, Washington 5, D. C., makes the following statements:

REPORT ON SALK VACCINE

Those who hopefully believed the sales talk of Salk vaccine vendors and the National Foundation for Infantile Paralysis are disillusioned and disappointed. Far from wiping out polio, it apparently has increased it in many states and cities. Those mass inoculations, we were led to believe, would wipe out this dreadful malady. According to serum trust propaganda, funnelled to press and public through the AMA, the USPHS (United States Public Health Service) and the NFIP (National Foundation for Infantile Paralysis), it has only reduced it 40–50%. But the record shows exactly opposite.

An *Associated Press* dispatch from Boston Aug. 30 reported 2,027 cases of polio in Massachusetts against 273 the same time last year. In Connecticut the bad news was 276–144, in New Hampshire 129–38, in Vermont 55–15, Rhode Island 122–22 and Maine 74–43. The mendacious NY Times not only suppressed this news but substituted an inspired yarn intended to mislead its readers, thus: “The Boston polio outbreak is past its peak, although 12 new cases were reported today.”

Washington Star, Sept. 20 said 180 cases had been reported in the nation’s capital this year to 136 last. Maryland’s Health Dept. says 189 in 1955 to only 134 same time in 1954. New York City up to 377 from the 1954 high of 206.

New York State similarly 764–469. Wisconsin 1,655 to 326 in 1954.

Milwaukee Journal for Aug. 30 reported that the city's public schools would remain closed indefinitely because of the polio outbreak. Supt. of Schools Krumbiegel, in a desperate effort to "reassure" parents, told the Journal that, while polio might be bad in Milwaukee, it was worse elsewhere. He pointed out there was only "26 cases per 100,000 population in Milwaukee", whereas Outagamie County's record was 286 per 100,000, Madison city's 90, Brown and Winnebago counties "several times larger than Milwaukee's.

Idaho stopped Salk inoculations completely July 1, with this blast from the State Health Director: "I hold Salk vaccine and its manufacturers responsible for a polio outbreak that has killed 7 Idahoans and hospitalized 79. By Sept. 14 the state had 190 cases compared with 132 for 1954. Utah stopped inoculations July 12, while Newark, N. J., took similar action in June.

Kansas City reports 1955 the lightest polio season since 1948. Should have given the weather an assist. When the weather isn't so hot children consume less sweets Ice cream and soda pop (reducing profits of the- Rockefeller milk trust) and more protein foods. In Kansas City there were 16 cases this year against 61 in 1954; South Carolina had a better record by 210-224; New Orleans 22-25; Chicago 235-281; New Jersey 295-298.

SALK FACTS

Polio was supposed to be wiped out in 1955. That's what we were given to understand last May by the U.S. Public Health Service, National Foundation for Infantile Paralysis and press agents for the serum houses. Instead, infantile paralysis increased many fold in some states, and apparently more than doubled in the United States as a whole.

Reports of State and City health departments to USPHS, and to USPHS to press and public, are about as

reliable as Drew Pearson and old Ananias at their worst. Year-end headlines blazoned such propaganda as “Polio Cases Cut, Down 52% Since Salk Shots Started”. But upon reading the articles you find that the wildest estimates of those responsible for Salk only set the “cut down” at 17%.

Basil O’Connor, national chairman of NFIP, in a press release last summer said there were “tens of thousands of polio cases” in the United States then. USPHS, in its year-end bulletin, claims there were only 29,270 cases in the land in 1955. You can believe that if you want to—you’ll probably only believe if you want to.

A final report from the New York City Health Dept. said “804 cases in 1954, 795 in 1955”. Almost even. Yet this same NY City Health Dept. wrote us on Sept. 17 that through August 1954 there had been 205 cases and for the same 1955 period 377. Almost twice as much. You have to be a nitwit to believe that, after the polio season, NY City cases jumped from 205 to 804—tripled in three non-polio months.

Such juggled or doctored figures are included in the USPHS reports which show one day a 17% decrease for 1955, and a week later a 25% drop. Their own press agents apparently are at loggerheads. The Massachusetts Health Dept. lightened the load for those responsible for Salk by giving as their final report 1,015 cases in 1954 and 3,863 in 1955. Yet on August 30, Boston newspapers reported 2,027 cases on that date against 273 on August 30, 1954. Again this huge discrepancy—they would have you believe three non-polio months brought 743 (three times as many) cases in the non polio months as in the bad time.

Since it is established that NY City and Massachusetts did this, it is reasonable to assume that many others—most others—did the same. This reduced the official figures on 1955 polio cases to a point (on paper) 17% below those of 1954. All indications are that polio, in our “immunized”

population in 1955, increased 100% to 200% over that of our 1954 population which hadn't been handicapped by "immunization".

The genesis of the Salk Idea is generally known to have been the fear of NFIP officials that their touch on the public this year might not reach the \$47,000,000 they hope. The serum companies had a huge financial stake selling millions of Salk shots to the innocent public. The *Boston Herald*, April 18, 1955, reporting a convention of drug manufacturers, preceded by a 4-col head *Drug Companies Expecting Big Profit on Salk Vaccine*, said:

"A spokesman for Parke-Davis, which made 50% of the Salk vaccine, said 'Now, that it has been declared safe we can get back the millions we invested in the development of Salk vaccine and make a profit out of it. Our company will make over \$10,000,000 on Salk vaccine in 1955.'

"A suggestion was made that a charge of \$6 for 'complete immunization—not including the doctor' be made. Price to the drug houses should be \$4.00 and to the physician \$4.20." The cost of a Salk shot can hardly be over 3 cents.

Rhodes and Company, Wall Street brokers specializing in drug securities, in a newsletter (tip sheet), estimated that the gross revenue of the six houses licensed to produce and sell Salk vaccine would be about \$60,000,000 with net profits \$20,000,000.

The Washington Bureau of the *Detroit Free Press* on June 3, 1955, wired its paper: "The government reported that all sections of the U.S. have had more polio cases since April 1 than during the same period last year. Simultaneously, the USPHS reported that more children who received Salk shots made by the Wyeth laboratories suffered polio than normally could be expected—that the 240 new cases reported the week ending May 28th was the highest number for this May week in five years.

Prof. Pierre LePine, noted French scientist of the Pasteur Institute in Paris, called the turn a year ahead of time. The *NY Times* of March 30, 1950, reports him saying “No more than one injection in 2,000 really prevents polio infection.”

CHILDSLAUGHTER, INC.

January 14, 1956

The US Public Health Service should be thoroughly “renovated” by Congress this winter, or abolished in its entirety. Its record in the Salk vaccine hoax, which is just coming out, is one of the most ghastly things in the history of Big Government or Big Medicine.

That USPHS was egged on by the National Foundation for Infantile Paralysis is beside the point. The USPHS is charged with protecting and promoting the public health—not breaking it down. The NFIP is merely a respectable racket seeking \$47 million from the gullible public this month.

Newspaper editors generally feel that medical “science” can be relied on. They feel that Federal agencies like USPHS can be relied on and should be above reproach. Many people feel their newspapers give them facts, especially when they quote official sources. The stark facts are the USPHS and NFIP have press and public hokum by the bucketful on the Salk matter.

To make the public think Salk vaccine was safe, as well as effective, “field” trials were held at the Universities of Pittsburgh and Michigan. Unknown to the public the USPHS conducted its own private field trials at the National Institute of Health in Washington. They assumed they could get the “right answer” from their own employees even if Drs. Salk and Francis fell down on them.

On June 9, 1955, Robert S Allen said in his syndicated column “Doctors and others on the staff of the National Institute of Health (NIH) are not inoculating their own

children with Salk Vaccine.” Explanation of this has been carefully avoided up to this time, but here are the facts.

To the bewilderment of NIH’s big brass, their scientists were both capable and honest. Many have children of their own. None could be bulldozed into giving the “right answer” because that didn’t jibe with facts. After experimenting on 1,200 monkeys (which cost the taxpayers \$45 apiece) these scientists reported that Salk Vaccine was worthless as a preventive and dangerous to take.

The answers from Pittsburgh and Ann Arbor didn’t help until they were doctored up and the “right answer” given the press associations. Both Salk and Francis gave different answers and appeared confused. Their field trials proved little else except that neither had more than a vague idea what it was all about. But the NIH brass got revenge—they fired, demoted or denied longevity promotions to everyone who wouldn’t give them the “right answer”. The NFIP press agents got together and April 12 was set as SV-Day. But naturally certain press association writers had the information “leaked out” to them that the report would be “100% safe and effective” Thus a maximum sales build-up was given. The five Rockefeller-controlled laboratories, which stood to profit \$20,000,000 in 1955, had already been told the same thing—long in advance.

In July 1954 the Eli Lilly Company began renovating a 5-story building in Indianapolis and was in full production by October 1954. The Wyeth Laboratories had an even bigger stockpile of the Salk concoction on hand when SV-Day arrived. Wyeth had started full-scale manufacture Jan 26, 1954. Ditto Parke-Davis and the two others.

Even the East Rutherford (NJ) Syringe Company had been tipped off and had thousands of hypodermic syringes ready for the market. A spokesman for the firm was quoted in the press as saying they “had the word of the NFIP that

Salk Vaccine was to be pronounced safe—that the firm wouldn't have done it unless it was a foregone conclusion that the Francis report would be favorable”

Mrs. Oveta Culp Hobby, then Secretary of Health, Education and Welfare, was brought into the picture to hoodwink the public into thinking the stuff wasn't as deadly as Winchell hinted it “might be.” She allowed a press photo to be taken signing a baloney proclamation declaring Salk Vaccine safe. She let her picture be taken with Ike and Salk, while the serum company's press agents did the rest.

Capsule News wrote her Jan. 4 asking if she had been allowed to see the report of the USPHS scientists—that Salk vaccine was worthless and deadly— when she lent herself to that propaganda which cost many child lives We told her we don't believe she was, but up to press time she hadn't answered one way or the other.

When children started dropping like flies ... when the polio rate in Massachusetts reached 10-fold its 1954 level ... when other states reported incredible increases in infantile paralysis—the American Medical Association belatedly looked into the matter at its mid-June convention in Atlantic City. But of all the press, the *Milwaukee Journal* was the only one to tell the bare, stark facts without trimmings. Here is what James C Spaulding, staff writer covering the convention, said in the *Milwaukee Journal*, June 19, 1955:

‘A policy of secrecy and deception has been followed by the National Foundation for Infantile Paralysis and the US Public Health Service in the polio vaccine programs. As a result the nation's physicians were prevented from learning vital information about the trouble in making and testing Salk vaccine.

“If this information hadn't been hidden, mass medical opinion might have forced USPHS and NFIP to take steps that would have prevented any of the vaccine from causing

polio. The secrecy and deception started before field trials.

“One of the things that AMA was not told was that the USPHS had an advisory group made up almost entirely of scientists who were receiving money from the National Foundation for Infantile Paralysis, which body was exerting pressure to go ahead with the program even after Salk Vaccine was found to be dangerous.

“In May some state public health officers met in Atlanta, expecting to be told what had gone wrong with the vaccine program. Instead the USPHS scientist said he was not permitted to disclose what had happened because it would jeopardize the investment of the pharmaceutical firms in the vaccine program.”

Need anything more be said?

Reporter Spaulding continued: “The Infantile Paralysis Foundation kept secret fact that live virus was detected in four of six supposedly finished and safe lots of vaccine. Three drug houses, making it for trials, each made two or more lots in which live virus was found. The USPHS laboratories, and the University of Pittsburgh (Salk) got widely varying results.

“The only hint doctors received came when Walter Winchell, tipped off by a scientist, said ‘Salk vaccine may be a killer’. The field tests all indicated that Salk’s method of killing live virus had not worked, and showed that safety tests themselves were not effective”

No wonder Dr. Salk said on Oct. 11, 1954—as reported from Pittsburgh by Saul Pett, *Associated Press* writer—“When you inoculate children with a polio vaccine you don’t sleep well for two or three weeks”

Yet in spite of the lethal qualities shown by these tests Dr. Hart Van Riper, NFIP’s paid medical director, said “this demonstrates the validity of the tests and the safety they assure the public.” At the AMA convention, a number of

public health doctors said they never would have started Salk shots in their states “if they had known.”

When the first deaths were reported, Dr. Leonard A. Scheele, head of USPHS (who never practiced medicine as doctors know it, a day in his life) said:

“It seems likely, though not immediately provable, that those deaths were significantly associated with this (Salk) vaccination.” And, and but Knowing this, Dr. Scheele went on the radio that evening to deliberately and falsely tell his radio audience “I have complete confidence in Salk vaccine.

I urge doctors to continue inoculations.” In the lynching country, better men than Dr. Scheele have been summarily dealt with for far less than that.

THE SALK STORY IN DOLLARS

January 21, 1956

The National Foundation for Infantile Paralysis is using circus tactics this year in nicking the gullible public for \$47,000,000 in its annual “March of Dimes” collection. On street corners they have their pitchmen, pitchwomen, pitch boys and pitch girls selling peanuts in cellophane bags. On the bags is the wisecrack, thought up by NFIP press agents, “Shell out for polio.”

On the night of Jan. 30 thousands of well intentioned women, who don't even know NFIP won't open its books to public inspection, will go out pulling doorbells and begging cash for—they know not what. Their operation will be dubbed by NFIP press agents “The Mothers' March on Polio.” In Brooklyn, where anything can happen and often does, church bells will toll “to alert the people.” You can bet your boots there'll be no Paul Revere riding in Massachusetts. They know up there what NFIP's Salk vaccine did in stimulating the undertaker business in 1955.

Less than a year ago the NFIP bigwigs and gravy grabbers were crying in their cups. They thought their racket was about over until someone thought of the gimmick of “inventing a vaccine that would prevent polio.” One of their feature writers told a polio crusader in Coral Gables, Florida, that the NFIP heads had told him if the vaccine wasn’t a success the NFIP would just have to fold up.

NFIP press agents picked for them a young Hungarian doctor at the University of Pittsburgh named Jonas Salk—catchy name. Jonas was provided with laboratory facilities and told to go to it—but to come up with something that could be sold to the public as a preventive for polio. They would see that what would be declared both safe and efficient. Jonas was selected his name would fit well into crowded newspaper headlines and besides it was catchy. More catchy than, say, Smith Vaccine or Jones Vaccine.

Brother Salk went to work with a will along the usual lines—looking for the non-existent polio bug. In fact it’s doubtful if he even looked for the bug, but merely started seeing which ones died first, if at all. Scientists with much more knowledge, experience and savvy than Jonas, but who still believe in the bug theory of disease, said the Salk “tests” were worthless because monkey kidney tissue and human tissue are different things and react differently to inoculations. We won’t go into the nauseating details of the “field trials” and their failure (from NFIP and USPHS standpoint). These were well covered in last weeks *Capsule News*.

The NFIP had hooked the US Public Health Service into being a party to their crime against American childhood. USPHS was used as the official agency to spew forth the propaganda wanted by NFIP. Mrs. Oveta C. Hobby, then Secretary of Health was hooked into signing a baloney “proclamation” for press photographers. This “proclamation”, so the cutlines said, guaranteed Salk vaccine to be

safe. Then the gold rush was on—on for the serum companies and NFIP.

Capsule News wrote Mrs. Hobby asking if she knew her own scientists of the National Institute of Health had reported the Salk stuff dangerous and useless. We offered to print her side of the story. Obviously she is ashamed of her part in it for she had an underling write a double-talking non-committal letter which said absolutely nothing.

So, when NFIP found its carefully planned house of cards (\$47 million in cash) falling apart it went ahead with the program anyway. Getting confusing results from the Universities of Michigan and Pittsburgh, where public “field trials” were held, the NFIP press agents put together a story that indicated Salk Vaccine was not only Safe but 100% effective—long before it had ever been tried on the little human guinea pigs who were to be its victims.

The worst polio epidemic in history occurred in Massachusetts after 130,000 children were inoculated with this Salk concoction. Infantile paralysis increased tenfold over the 1954 figures until the Bay State authorities banned its use in their borders. Yet the racketeers who are begging for NFIP cash in Florida have come up with the false statement that the reason for Massachusetts’ polio rate is that “no children were inoculated there.”

The Massachusetts Health Dept. promptly branded this as a lie. Not only that but they have banned the use of the Salk concoction in their state until it becomes safer and shows some sign of being a preventive. The State of Idaho did this last July and in England they barred it before it ever started. The British place more value on a human life—much more—than they do in the US.

Last July Dr. Graham W. Wilson, director of Britain’s Public Health Laboratory service, who knew about the field trials at the National Institute of Health near Washington

said: "I do not see how any vaccine prepared by Salk's method can be guaranteed safe."

POLIO'S PREVENTION AND CURE

January 28, 1956

Cervantes many years ago gave us this gem of philosophy "The proof of the pudding is in the eating." No one ever disputed that until the polio racketeers and medical bug hunters came along.

Down in North Carolina in 1948 a courageous and intelligent medical doctor, Benjamin P. Sandler by name, on duty as a nutrition expert at the Oteen Veterans' Hospital, broke through the barriers of medical smugness and scientific hogwash to give to the world the cause and prevention of polio in such a way that no one with an ounce of brains could dispute it.

Dr. Sandier had long realized that polio strikes with its greatest intensity in hot weather. In hot weather there is a huge increase of the use of ice cream, soda pop and artificially sweetened products, especially among children. It is also a fact that people generally cut down on their protein diet in hot weather on the theory that you should eat "lightly" in the summertime.

Dr. Sandier's research showed specifically that sugars and starches lower the normal level of blood sugar in the human body, producing a condition known as hypoglycemia. Also that the phosphoric acid in soda pop has a tendency to absorb the phosphorous and sulphate in the food before the natural process of metabolism can get it to the nerves which these substances feed and nourish.

When the blood sugar becomes deficient, and the nerves are deprived of phosphorous and sulphate, certain nerve trunks fail to function properly and the victim loses the use of one or more limbs. Serum, usually pus from diseased

animals, only aggravates this condition by increasing the toxin load for nature to throw off.

So he told the world through his hometown newspaper at Asheville. All North Carolina got it; when the 1949 polio season approached those Tar Heels cut down on this physiologic contraband 90%. It was therefore no coincidence that polio decreased in that state in 1949 by 90%. We have the N. C. State Health Department's figures. They say there were 2,498 cases of polio in 1948 and 229 in 1949. Need anything more be said?

But there was a hitch. The Rockefeller Milk Trust sells frozen products and pasteurized milk all over North Carolina. The Coca Cola Company is closely allied with the far flung Rockefeller Empire. So the *News Trust* and *Thought Trust* were brought into play and in 1950 inspired publicity stories told the gullible North Carolinians that Sandler's findings were all a myth. The result was that the Milk Trust and Coca Cola company went back on its 1948 sales level and— Polio went back to “normal” in North Carolina in 1950.

For little children who suffer from this Milk Trust greed, the chiropractic profession and medical doctors like Koch have come up with relief. At the Mills Clinic in Burlington, Kansas, they cure polio in seven days by removing the outrages upon nature which have caused the disease. The same type cures are being made at the Dunn Clinic in Oklahoma City, the Spears Hospital in Denver and elsewhere. Dr. Koch's method cures polio the same way it cures cancer, by oxidizing out of the blood stream the accumulated toxins which are the cause of nerve malfunctioning.

Dr. Mills has discovered that the cause generally is faulty nutrition, just as Dr. Sandler did. He also adds as contributing causes fatigue, falls, tonsil surgery and DDT sprays. Tonsillectomies are unnecessary and would never

be committed if the medical profession knew the reason for tonsils and that melba toast or other coarse food will scrape off the tonsils the toxins which cause the inflammation.

When the Dunn Clinic gets a patient it first goes to the root of all trouble—the spine, the tree of life. Adjustments are made to relieve nerve pressure which is preventing the eliminative organs from functioning 100%. The bowels are cleaned out by enemas. Few cases of polio have been known where the bowels were not impacted with decaying feces.

Acute cases of long standing are difficult to cure. Where early diagnosis is had frequently adjustments, water and juice diet, cleansing of the colon and rest are given at these clinics. Nature is thus allowed to adjust itself and the patient is cured just as soon as the toxins which cause the malady have been eliminated.

THE ROMANCE OF FLUORIDES (No. 1)

February 4, 1956

Salk Vaccine and Sodium Fluoride have one thing in common. The Salk concoction kills and cripples children quickly. Sodium fluoride in municipal water systems slowly poisons everyone who drinks the water. In a 6-month investigation, which took us across the continent and back and included interviews with both proponents and opponents, these salient stand-out facts were uncovered:

(1) Sodium fluoride is a cumulative paralyzing poison.

(2) The US government won't permit any product containing sodium fluoride to be shipped anywhere in interstate commerce, because it is a deadly poison

(3) The statement that "fluoride prevents tooth decay" is totally untrue. There are more dental caries in school children in towns which have fluoride in its water than in those which don't

(4) Sincere proponents have been confused by sales promoters of sodium fluoride into thinking this synthetic chemical (made from aluminum filing tailings) is the same as natural (calcium type) fluoride which is beneficial when found in the diet.

(5) The story that Deaf Smith County (Texas) is a “town without a toothache” is 100% false. The one-time lone dentist of the town (Dr. George W. Heard, now retired) says he has been widely misquoted. In this city of 6,000 three dentists are working overtime now. Some wag suggested it will soon be “the town without a tooth.”

(6) The claim is that only 1 part sodium fluoride to 1,000,000 parts of water will “not hurt a fly”. So—if it isn’t strong enough to damage the delicate membrane of the stomach and intestines, only a nitwit would believe it would have any effect on the hard enamel of the teeth.

(7) The USPHS has been corrupted by commercial interests which are getting rid of an unsalable waste product and forcing the taxpayers to pay over \$15,000,000 a year for it.

(8) The only use for sodium fluoride heretofore has been (a) As a rat poison; (b) By cattlemen to partially sterilize their bulls so they will be more tractable; (c) By the Russian secret police to make their prisoners stupid so they can be more easily brainwashed.

ROMANCE OF FLUORIDES (No. 2)

February 11, 1956

We’ve just received a clipping of an editorial from the *Portland Oregonian* for Jan. 5. It says in part: “A 10-year test of the twin cities of Newburgh and Kinston (NY) shows

that fluoridation of water supplies greatly reduced tooth decay in children. In 1945 sodium fluoride was added to the water supply of Newburgh, while Kinston's water remained untreated. Six weeks ago the test was completed and showed that youngsters in the 6-16 age group in Newburgh had 41 to 58% less tooth decay than their counterparts in Kinston."

This wouldn't be important if the Portland "news" paper was the only one which used this hogwash. Many mediums all over the country betrayed their reading public by using it also. There is only one word that describes it—an outright barefaced lie. The facts were available had the Portland rag wanted to use them. Fortunately for our readers, we also have before us the official report of the NY State Education Dept., signed by John A. Forst, MD, chief of the schools' bureau of health service.

It says that in Kinston (the city that had pure water the last 10 years) 5,308 pupils were inspected and 2,209 found with tooth defects. It says that in Newburgh (where the town's water contains sodium fluoride) 4,969 pupils were inspected and 3,139 found with tooth defects. Kinston, the city with pure water, had 339 more pupils inspected but found 930 less with bad teeth, or 41%. Newburgh, the city with fluoride in its water, had 63% of its pupils with bad teeth. Need anything more be said?

No—but we'll say it anyhow. Newburghers say there is an alarming increase of heart and kidney disorders in their city. The Newburgh Health Dept. reports 40 cases of infectious hepatitis in 1954, whereas there hadn't been any of that trouble in the previous 10 years. We wonder why?

After Dr. Forst made the "mistake" of being so forthright and honest he was raked over the coals by his superiors. He and the school director of dental health were forced to sign a letter to the *New York TIMES* "explaining" this faux pas. The explanation is so silly as to be almost unbelievable.

Briefly, the alibi was that different people made the examination of the children in the different cities—therefore “the examination means nothing”. Yet— No attempt was made to explain why, in a city (Newburgh) where everyone was told that fluoridated water would wipe out tooth cavities, two-thirds of the children still had dental defects after a four year “experiment”.

If honest figures were obtainable from Evanston (Ill.) and Grand Rapids (Mich.)—the other two cities designated by the USPHS aluminum trust propagandists as “test cities”—they probably would show the same results. However, such figures aren’t available, but the figures for an alarming increase of other diseases, which fluorides can cause, are.

Congressman Miller of Nebraska, himself a medical physician who is solid enough to investigate fluorides before being stampeded into advocating them, says:

“A check of vital statistics of Grand Rapids, shows that the death rate from heart disease in 1944 numbered 585. Four years later, after fluoridation had started, there were 1,059 deaths. There was an increase of 50% in the death rate from nephritis. There was an increase of 50%, over this 4-year period in deaths from intracranial lesions. These are official figures contained in the vital statistics of the United States published annually by the US Public Health Service.”

The Grand Rapids health officer tried to “neutralize” Dr. Miller’s disclosures by a letter quoting a false figure (25%) which he said was the population increase of Grand Rapids in that 4-year period. Dr. Miller came right back with the US Census figures showing that Grand Rapids has only increased 7.8% in the period the fluoride propagandists said it had jumped ahead by one-fourth.

It is also significant that this same health officer has announced the launching of a program to train 20

members of his staff in mental health problems. It looks like he thinks fluorides are causing insanity, as well as heart and kidney troubles, hepatitis, nephritis and cranial lesions.

ROMANCE OF FLUORIDES (No. 3)

February 18, 1956

Mass medication is a violation of every concept of medical practice. Compulsory medication is a violation of the Constitution of the United States, and of every state in the Union.

The city fathers of over 900 American cities have been bamboozled, hornswoggled, fooled, pressured and (in some cases) bribed into mass poisoning of their citizenry by the dumping of rat poison known as Sodium Fluoride into their city water plants. The theory (or superstition) is that it will prevent tooth, decay in children.

Even if it did, that would be no justification for poisoning entire populations. It would be sufficient to paint the teeth of the children to be immunized from toothache. Last week's *Capsule News* showed beyond any doubt that fluoride in water increases, rather than decreases, tooth troubles. This week we are going to prove, by competent medical and mental authorities, that the toxic chemical known as sodium fluoride is a slow acting but positive cumulative degenerating poison, destroying the cells of the heart, kidneys, liver, and other soft-tissue organs.

Dr. Frederick B. Exner, M.D., of Seattle, Washington is recognized the world over as one of the leading authorities on fluoridation. He has been called as an expert witness before committees of Congress and various state legislatures. He says: 'Fluoride has no known action on the unerupted (not-yet-grown) tooth,

Fluoride, even in minute doses, accumulates in the body. After sufficient time, it causes cumulative poisoning. Fluoride

is excreted largely through the kidneys. Consequently, earlier and more severe damage occurs in people with impaired kidney functions. It is also more severe in diabetics and others who drink unusual amounts of water Even if fluorides were safe to use, even if the promised benefits could be expected (which they can't) fluoride still should not be put in the water supply. Aside from practical and moral objections, it is medical insanity.”

Dr. Charles T. Betts is a leading dentist in Toledo, Ohio. For many years he has made a study of the effect of using aluminum kitchen utensils in cancer incidence. Since artificial fluorides are mainly made from aluminum filing tailings—an unsalable poisonous byproduct of aluminum manufacture—Dr. Betts is in an excellent position to testify to the effects of fluoride poisoning. He says:

“Fluorides are a poison which is cumulative in the body similiar to radium. No antidote is known. It is a waste gas or by-product in the manufacture of metallic aluminum cooking utensils. There is no provision in any city charter that gives officials the right to commit the criminal act of poisoning its citizens due to ignorance of basic law. . . In Akron, Ohio, I spoke to their city council—showed them what they would be doing if they attempted to kill their women and children with these fluorides. In went the fluorides anyway In two months thousands were covered with leprosy sores. Now \$18,000 worth of fluorides are for sale, also the machinery . . . In this mass medication program all water boards so committing it are guilty of practicing medicine, dentistry and pharmacy without a license.”

George L. Waldbott, M.D., Detroit physician who has made an extensive study of the effect of fluorides on the human body, says:

‘All reports of fluoride poisoning emphasize the great variety of symptoms, the insidious onset, the slow course

of the disease, the fact that death is caused by a general wasting away and not by the involvement of only one organ. Symptoms show that fluorides interfere with the normal utilization of calcium and phosphorous in the body. It prevents depositing of bone substances in joints and ligaments especially in the lower spine and causes temporary hardening of the bones, teeth, nails and hair, followed by softening of bones and nails Experiments have been made in the towns of Cameron and Bartlett (Texas) where there is a high incidence of fluorine in the water. It was found that 10.1 out of every 100 inhabitants had eye cataracts, 13.8 arthritis, 10.1 bone changes, 19.4 bearing defects, brittle nails and severely mottled teeth The incidence of these defects over the entire nation is far lower than this—being only 1 in 100 for cataracts.

Canton Brehmer, DDS, writing in the *Journal of the American Dental Assn.*, says that his city of Sheboygan has had fluoridated water for seven years, ... that lately mottled enamel has begun to show up ... it is not pretty ... it is a serious disfigurement to those who are interested in their looks ... what it does to them further inside I do not like to think of.”

The Newburg (NY) News, the town which is being used as a guinea pig for the aluminum trust’s fluoride salesmen, said on Jan. 27, 1954: Heart deaths in Newburg this year totaled 283, or 882 per 100,000 population. The rate for the nation as a whole was only 507 per 100,000.

Mrs. Madeline E. Healy, director of a Boston laboratory for blood allergen diagnostic testing, said sodium fluoride is an efficient rat exterminator, a protoplasmic poison because (in all instances of use) it causes slow or rapid destruction of cells and since 1855 pharmacologists have been aware that it serves no useful purpose to man.

The *Bulletin of the Hudson County (N. J.) Dental Society*

for Dec. 1955 pointed out that a Federal court in Oregon awarded \$38,290 damages from the Reynolds Metals Company (large aluminum producers) to an Oregon family named Martin. The Martins suffered serious injury to livers, kidneys and digestive functions from eating vegetables and other farm products contaminated by fumes from the nearby plant. Witnesses testified that they had contracted the disease known as fluorosis.

Dr. George W. Heard, retired dentist of Hereford (Deaf Smith County, Texas) whose words were twisted and misrepresented by *Colliers Magazine* in an article called *The Town Without a Toothache*, says “I believe that fluorine does, in a mild way, retard caries, but I also believe that the damage it does is far greater than any good it may appear to accomplish. It makes teeth so brittle and crumbly they can be treated only with difficulty, if at all.”

Dr. William P. Martzowska (Mich.) dentist, says ‘sodium fluoride steals calcium from the body. In naturally fluoridated water—water conditioned by nature for 1,000 years—fluorine occurs in the form of calcium fluoride, in an organic combination. This calcium (natural) fluoride does not steal the calcium from the body since it brings its own calcium with it.’

Benjamin C. Nesen, director of NY City’s utility laboratories says: ‘Never in the history of water supply has a substance so toxic in nature, with such a high degree of physiological potency, and associated with so much adverse evidence affecting public health, been considered for introduction into public water supplies.

Gordon Leitch, MD, Portland (Oregon) pointed out that fluoridation endorsement by the American Dental Association is utterly meaningless for the same reason that clergymen are expected to be against sin.

The Rev. Lyle F. Sheen of Geneseo, Illinois, after an

investigation of the effect and non-effect of fluorides, has offered \$1,000 reward to anyone who can prove (1) That sodium fluoride will prevent tooth decay, (2) That SF is not poisonous even in small amounts, (3) That the moon is made of green cheese.

THERE HAVE BEEN NO TAKERS

We could take up a whole library shelf in quoting these opinions and findings of scientists on the payroll of the aluminum trust or of its stooge, the US Public Health Service. But We'll be content with quotations from expert testimony before the Delaney sub committee of the House of Representatives in Washington, on the Wier bill to stop fluoridation nationally.

'There is a great difference between the effects of natural (calcium) fluoride waters and artificial sodium (or silico sodium) fluorides ... statistics about reduction in tooth decay are dug up in deepest secrecy by an empire building Federal agency using falsifications and deceptions ... fluoride is deadly, toxic, cumulative, extremely corrosive poison used commercially to kill rats and etch glass fluoride attacks and destroys body calcium so necessary to human life ... it causes blisters and cracks in the mouth, attacks the ulnar nerve just as lead attacks the radial nerve, damages thyroid and kidneys, causes severe rash, itch and stiff joints.

HOW THE BIG LIE WORKS

February 25, 1956

Adolph-the-Worst used to say that if you tell the people a big enough lie, often enough and vigorously enough, they will believe it. That's what the newspapers are doing about Salk Vaccine which has been thoroughly discredited by facts printed in *Capsule News*. Take Miami, Fla., for instance, where the cash receipts from the March of Dimes racket

was lagging behind.

The *Miami Herald* there printed a falsehood—in both an editorial and a local column. It said the reason polio increased tenfold in Massachusetts in 1955 was that “no child there had been given Salk vaccine.” Mrs. Alice Wellesley of Coral Gables immediately challenged this falsehood. She sent to the *Herald* a letter from the Massachusetts State Health Dept. stating that 130,000 children in that state were inoculated before authorities got wise to themselves and checked the disaster by banning all further Salk inoculations.

A copy of *Capsule News* giving the real figures and facts in the case was sent along with it. The editor of the *Herald* was asked to give equal space and prominence to truth that it had given to the Big Lie. No soap. As we go to press these communications had apparently been thrown in the *Herald's* big waste basket, kept for just such purposes.

The *New England Journal of Medicine* has just given a graphic illustration of how the Infantile Paralysis Foundation procures “official” figures alleged to prove that Salk Vaccine reduced polio this summer instead of doubling it—as it actually did.

An 8-page explanation, accompanied by many charts, graphs and tables, so confusing as to need the explanation explained. It starts off with a false assumption, or presumption, thus:—’It is ironic that Massachusetts should have had its largest epidemic of poliomyelitis just before the time when polio vaccine was to become available in sufficient quantities to protect the whole of the younger generation.’

Yet its accompanying graph showed that the epidemic didn’t start until July 15th and didn’t reach its peak until August 19th. Everyone knows that Salk Vaccine was released April 12th with a great ballyhoo campaign, and all five of the Rockefeller laboratories already with huge stockpiles of the deadly concoction on hand.

Its “proof” that Salk Vaccine cut down polio cases presumably was in this paragraph ‘The rate of cases per 100,000 among the unvaccinated was 157 and among the vaccinated 63.’ However, it made the mistake of giving on another page, the number of kids vaccinated and unvaccinated, 160,565 and 268,532 respectively.

That would have made it, if true, 145 cases among the vaccinated and 553 among the unvaccinated, total 698, children 14 and under. On another page it gives the total cases reported (3,819) of which 2,573 were of the 14-and-under age bracket. Quite a difference between 2,573 and 698.

On such “figuring” as this, the NFIP gleefully reports that Salk Vaccine, the medium by which it hopes to extract \$47 million from the public this year in contributions, cut polio 60%.

THE DOLLAR SIGN BEHIND SALK VACCINE

November 1, 1955

The National Foundation for Infantile Paralysis is asking the charitable public for \$47 million this winter. It has taken in \$249 million since a group of racketeers surrounding FDR in 1934 conceived the idea of using his birthday as a get-rich-quick springboard. Twelve years and a quarter billion dollars have failed to produce even hope of a polio preventive. Hart Van Riper, medical director for NFIP, pessimistically said last winter ‘if Salk Vaccine isn’t successful the Foundation will have to go out of business.’

Now, \$47 million is a whale of an incentive to stay in business ... the expenditure of even one million brings a lot of power, lots of power. That is why Salk shots were adjudged “safe” many months before this deadly concoction was even tested . . . and why the tests were ignored and production continued. That is why the six laboratories licensed to manufacture this concoction had their shelves so well

stocked when “the word” was flashed out of Washington. Even the stupidest medical politician realized there might be a serious kickback. And there was. So, in licensing five laboratories owned or controlled in whole or in part by the Drug Trust (the Rockefeller interests) they added a sixth owned entirely by the Cutter family. This was to be the goat—and it was.

Sharp & Dohme, a subsidiary of Merck whose directorate is loaded with Rockefeller Boys, is a good example. The last report in *Poor's Manual of Industrials* shows Merck's operating income \$22,895,454, real assets (property) \$61,583,858—36% earning on actual investment. This tremendous profit is reflected in the stock market, where Merck's 16 $\frac{2}{3}$ ¢ par value common stock sold at from \$17 to \$23 in 1954. Their 1955 profit sheet should be a humdinger. You can go down the line of the others—Parke-Davis, Eli Lilly, Pitman Moore and Wyeth—and get the same picture. Even the independent Cutters didn't do so badly with an 18% earning on its assets of \$3,809,531.

In the Oct. 1 issue we showed that, contrary to official reports funneled to press and public through USPHS and NFIP, Salk vaccine hadn't cut polio in half at all. We gave detailed figures in many states showing that, in spite of the mild summer, polio had increased in these places from two to tenfold. And Salk shots were the only things these poor kids had that they didn't have in the past.

WHY THE SALK CONCOCTION FAILED

November 16, 1955

Propagandists for those who profit from Salk vaccine can't even tell the same story at the same time. On Oct 2 Sec of Health Folsom told the world Salk shots have cut polio 50% or more'. Nov. 8th the same party upped his cock-and-bull story to '80-90% effectiveness'. Now comes Brother Salk

himself with this confusing double talk 'I am looking for a newer vaccine that is not a newer vaccine but will be 100% effective'. Figure that one out.

Figures printed by us (Oct. 15th) showed that polio had increased from 100% to 500% in many states and 1,000% in Massachusetts. Actually no polio vaccine can be effective as a preventive because vaccine is based on the wrong principle. Polio bugs or viruses or bacteria are not the cause of polio—but the result. Its cause and prevention were clearly and irrefutably demonstrated in 1949 by Ben Sandier, MD, a nutritionist at the US Veterans Hospital in Oteen, N. C.

MEDICAL ECONOMICS

Medical politicians have a method of stifling business competition that even decent medical doctors would like to think never happens. But it does. Down in Tennessee the State Medical Board has been giving a gigging to Dr. Chester Fair, a venerable and revered 72-year-old physician because he has cured hundreds of cancer, polio and other such cases (which medical orthodoxy had referred to the undertaker) by using the highly successful Koch treatment. The Board subjected him to a humiliating public 'trial', accusing him of immoral, dishonest and unprofessional conduct—because he cured people in a manner that brings no profit to the Drug Trust, hospitals and the surgical brotherhood. Under the relentless hammering of Benedict Fitzgerald, Washington lawyer who is building a reputation as a medico-legal practitioner, the Board hauled in its horns and dropped the first two charges.

The third was continued. In Dallas the Texas Medical Board went 'all the way'. They 'convicted' seven doctors of the same charge—curing cancer without the approval of the financial interests involved. Dr. Hoxsey is appealing to the circuit court, will be heard Nov. 15. In the meantime he announced that his doctors will be curing cancer for the

next 20 years and the Texas Medical Board be damned. Next issue will show what Canada's medical board did to a registered nurse for talking to a woman about an egg.

VACCINE FRONT

December 16, 1955

The ghastly fizzle of Salk vaccine, after the greatest bal-lyhoo build-up ever given a commercial product, has produced three outstanding features in addition to the little white coffins and tiny leg braces.

(1) It made a goat of the Cutter Laboratories, only one of the six licensed to make this concoction that isn't a part of the Rockefeller Empire.

(2) Scuttlebutt in Washington reports the coming scuttling of Dr. Leonard Scheele, who never practiced medicine a day in his life, as head of the US Public Health Service. This is to be the alibi for deaths from the Salk concoction.

(3) The coining of a number of sensational phrases by serum trust public relations experts to take the public mind off the Salk vaccine deaths. Many newspapers have dutifully used them as headlines, qualifying for an increase in their quota of national advertising. Such as:

Device Purifies Vaccine by Sunburning Viruses',
'Vaccinated. Cows Give Milk Drinkers immunity'...

"General Motors Making Device that Kills Viruses in Vaccines by Spinning"....

And such a pontifical pronunciamento as "Vaccine provides substantial protection against one of the nine viruses in the APC group (adenoidal, pharyngeal and conjunctival) a new family of respiratory viruses discovered several years ago." The question naturally arises—"Where was this family of respiratory viruses before they were discovered?"

They are getting wise to the Salk vaccine concoction in the Far West, Idaho, Oregon and California having

given evidence they are seeing through the commercial propaganda that has been making serum companies and undertakers rich by selling millions of shots.

The people of Oregon were chastised in the newspapers last week by the press and USPH for not using 49,000 cubic centimeters of the state's "quota" of 79,744 cc. The state health officer "threatened" to withdraw these 49,000 cc and not let the people have it if they didn't use it at once.

The *San Francisco Chronicle* reports—"The demand for Salk Vaccine has dropped off to almost zero in San Francisco, and apparently in the rest of the West."

They had a meeting of 80 Idaho doctors, nurses, public health officials and laboratory technicians. State officials have declared an 'indefinite postponement' of any more mass shots of its school children.

Following Dr. J. E. Wyatt's frank statement that Salk Vaccine has given polio to more people in the nation than it has protected from the disease, the boys' typewriters and mimeographs have been working overtime to discredit this intrepid physician.

The AMA has been quoted as saying 'there ain't no Dr. Wyatt'. The USPHS says there is no doctor working for USPHS by that name. This latter statement is believable, since it was a foregone conclusion that any USPHS doctor or employee spilling such a truth as that would be summarily separated from the service.

The serum publicists know their business. The job now is to take the public mind off the failure to wipe out polio this summer with Salk vaccine. Spectacular yarns that make good bedtime reading are the order of the day. Such as "a machine that spins blood plasma and polio vaccine into a film thin enough that virus and bacteria may be killed by ultraviolet light." This seems to cancel out the many official statements that Salk vaccine had been made

“safe” after the many unnecessary polio deaths.

HORNSWOGGLE, INC.

February 11, 1956

The March of Dimes racketeers leave no stones unturned to nick the gullible public. Like the late unlamented Hitler the Big Lie is their chief stock in trade. To our desk has come a clipping from a Long Beach (California) paper headed: “*The Country That Licked Polio*—In its own quiet way little Denmark has proved that Salk vaccine is both safe and effective.”

Our stomach is strong. We did not regurgitate. The prevaricator (professional) who thought up that yarn completely forgot that Salk’s deadly and worthless concoction wasn’t unveiled until April 12, 1955. Yet he blandly says that Denmark started to stockpile it in 1954. *Capsule News* readers already know how effective it is—in piling up business for the undertakers and hospitals.

These pages on the Salk Vaccine used by special permission of Morris A. Bealle, Editor *American Capsule News*, 1400 M Street, Northwest, Washington, D. C.

HERALD OF HEALTH

POLIO GROPINGS

By T. M. Schippell, N. D.

April, 1955

A great deal has been written about infantile paralysis—commonly called polio. Yet, when all this mass of material is analyzed, you discover that practically nothing whatsoever is known about this crippling disease. The hundreds of millions of dollars that have been tossed by the public, during the past 15 years, into the maw of the March of Dimes have accomplished little or nothing. All of this straining on the part of the National infantile paralysis organization, instead of erecting mountains of protection against polio, has not resulted in even a modest molehill.

Of course, nobody but the “insiders” have any knowledge as to how many millions of these charity dollars have been cruelly wasted. Nobody but the “insiders” can even guess the fortunes of dimes spent in extravagant plans which came to naught. Nobody but the “insiders” can even approximate the plush salaries paid to useless desk parasites—mountebanks who found “good pickings” along the trail of this childhood scourge.

Before the advent of the March of Dimes, polio was unpredictable and uncheckable. With the lapse of some 15 years and the expenditure, on haywire polio preventatives, of the wealth of a Solomon, polio is still unpredictable and uncheckable. Medical experts are actually as much in the dark today—despite their ‘past flamboyant promises and hollow declarations—as they were before generous and

gullible Americans threw this unlimited golden harvest to every crack-brained laboratory in this country.

Nutritionists believe—and rightly so—that, since all polio cases invariably show a lack of blood calcium—and since the eating of large amounts of refined sugar admittedly lowers the calcium in the blood—there must be some close connection between the spread of polio and the large amounts of sweets the modern youngster consumes. Soft drinks have been singled out particularly by Naturopaths as the likely culprits for this blood calcium deficiency—which brings on these polio epidemics during the warm months—but candy and other forms of refined sugar, in all probability, will eventually have to share some of the blame. Pregnant mothers, noted for their lack of blood calcium because of the calcium-stealing by the unborn child, are victims of polio 400% more often than other women.

Two years ago, the country was all stirred up about the polio prevention possibilities of gamma globulin. This gamma globulin was a derivative of rotten, human blood. It was made from the great store of “unkilled” diseased plasma—the amounts of which were bursting the seams of the various blood banks. The doctors of the army, navy and marine corps had refused absolutely to “shoot” this putrid plasma into the bodies of wounded service men. They declared it was “too disease-ridden” to use on our heroes in uniform but such characterization of the filthy stuff did not deter the medical men, on the payroll of the March of Dimes, from proclaiming it entirely suitable to go into the clean blood streams of helpless little American children.

Common sense was thrown overboard and the protests of the few thinking medical men were disregarded. And as we predicted, this highly-touted panacea turned out to be a sham—despicable hoax—and a breeder of disease. Fortunately, gamma globulin is now secretly abandoned

as worthless by the March of Dimes although no public announcement of that fact has ever been made. Yes, gamma globulin “hopes” have gone down the drain, the March of Dimes remembers the incident merely as a worthless remedy that turned out to be a good money-getter. A different situation entirely is found when a survey is made of the children who were so cruelly subjected to these ghastly inoculations. From all reports many of them are even now suffering from the effects of this poisoning and no hope is held out that matters will get better as the years advance.

We all know that the vaccinating of the children of Japan against small-pox—a disgraceful mass medication spree engineered by our conquering army’s medical doctors—resulted in putting eye-glasses on fully 50% of the race that Admiral Perry—back in 1870—reported to have the “finest eyesight of any nation in the world.” What terrors this gamma globulin filth will yet bring forth in the bodies of those it contaminated is anybody’s guess.

And what of this Salk vaccine? Only time will show how greatly it damages and cripples. Just remember, no vaccine ever prevented any disease. Sanitation and hygiene, together, have beaten small-pox and malaria. More persons die of small-pox today in countries having compulsory vaccination against small-pox than pass out from that disease in places where no law compels a population to so poison its blood streams.

Is a vaccine needed to kill the virus of polio? Frankly, there is no virus which causes polio normally. Any more than there is virus that normally passes small-pox from one person to another. All such viruses—germs if you prefer the term—are the result of such diseases already growing in a weakened body.

Of course, a moronic doctor can cause almost any ailment in a normal person by filling the blood stream of the

victim so full of virus that this poison overbalances normal resistance. But that happens only when a needle-pusher by-passes the natural filters which the Almighty has created for the protection of the blood. In use, the Salk vaccine introduces into the child only a small amount of these viruses. Of course, they will not prevent polio and only the Almighty knows the extent of the damage such foreign substances will do to that child in the future.

Can the Salk vaccine prevent polio? It cannot! Small-pox vaccine never stopped the spread of small-pox and malaria vaccine never stopped the spread of malaria! If a child, vaccinated with the Salk filth continues to take great quantities of refined sugar into its small body, much of the blood calcium will be destroyed and—Salk vaccine or not—that child will probably come down with polio easier than a youngster whose blood stream has not been so weakened.

But while we are on the subject of the Salk vaccine, let us look at another angle. It should prove interesting to any parents who foolishly pushed their children into the clutches of the experimenters during that outrageous orgy of last summer when approximately 2 million children were made “human guinea-pigs”. It is reported that fully one-quarter of them had that filthy Salk concoction “pushed” into their clean young blood streams. Actually nobody but a few “insiders” of the March of Dimes know which children had their blood so poisoned and which of them received only colored water. These same “insiders” now can arrange the names of those children in any fashion they wish and thus show any result of this “mass medication” they believe will bring in more dimes next year.

In January of this year, a certain Dr. Robert F. Korns released to the press a statement from his workshop in the University of Michigan where he supposedly was engaged in examining samples of blood taken from the “unknown”

little children who had been “Salk vaccine poisoned” during that orgy of last year. The good doctor admitted to newspaper men—at the exact time the March of Dimes was conducting a nation-wide “scooping up” of every available coin—that “no one in this country knows whether the Salk vaccine is any good or not.”

This was his complete summary of that great “Salk experiment”. But interesting as his observation is, it shades into nothingness when compared with another item which slipped from his lips during the same interview. Dr. Korns admitted—according to these newspaper accounts, that “None of his five small children was inoculated with the Salk vaccine”.

He gave, as his weak excuse for this oversight, the fact that “the community in which his family happened to live did not participate in the Salk vaccine test.”

Certainly a glorious record to be handed down to medical posterity! Laymen everywhere should be proud to honor such an upstanding doctor. This good follower of Hippocrates was entirely willing—with an unproven vaccine—to sacrifice your children on the altar of medicine’s mad Salk experimentations but his own children—ah, they were far too precious to be “thrown’ to the tender devices of these wild March Hares.

As I said in the beginning—great deal has been written about polio but the real searing stories of what actually happened “behind the scenes” during the 15 year unfoldment of this flamboyant farce of the March of Dimes is probably known only to the Man Upstairs Who will have much to say on the subject whet these same March of Dimes practitioners try to storm the Pearly Gates.

HERALD OF HEALTH

LET US FACE THE FACTS

By T. M. Schippell, N. D.

August, 1955

In my last article, I made the flat statement that, it was my opinion, this country had gone “vaccine crazy”. And nationwide developments, since that was written, only verifies my month old sordid conclusion. The sound common sense which has characterized American thought for centuries, seems to have utterly evaporated as the entire population struggled to fling its children upon the altar of bungling medical experimentation. And we, in the natural healing field, realise that coming disasters have, as usual, cast their long sinister shadows before.

No vaccine was ever a success. First, because vaccines are the product of abject animal misery—brought into being through tortures of dumb animals in the stately laboratories of drug kingdom. Tens of thousands of helpless creatures must each die a thousand horrible deaths before a single vaccine emerges to poison the blood stream of human beings. You can paste this statement in your hat as absolute: As long as the holy Bible states “as ye do unto the least of them, ye do unto me”, the Almighty will not crown with success this crucifying diabolicalness of moronic investigators. Second, our Creator, when He fashioned the human body, closed the blood stream from outside contamination. All objects entering the circulation must pass through intricate, but efficient, natural filters which bar out impurities. Yet man, with his hypodermic gadget, circumvents these filters, regardless of the Almighty’s forethought. If the Creator had believed that those filters were not important, a valve leading into the blood circulation would have been provided with the same ease with which He has fashioned a human pump for

the blood that will outwear, out-beat and outlast anything that man ever has, or ever will, conceive. Third, a nutritional unbalance cannot be corrected by cow-pus or monkey-juice. All ailments result from such unbalance. No vaccine can supply what is missing or absorb poisons that cause the damage. That is why the Salk vaccine will fail—and fail utterly as every other vaccine has failed.

Let us look at the Salk concoction, which admittedly is made from the diseased dead entrails of paralyzed monkeys. Last Summer, some 440,000 children of a group of 1,500,000 had their clean blood streams contaminated by this monkey-juice which had not even been laboratory tested—let alone clinically tried out. Frankly, those vaccinations of last Summer did not constitute a real test. It was a complete hoax. One child in four received the Salk concoction—the others, colored water. The names of all youngsters—those poisoned and those who got only water—were kept secret from everybody by a select group of hirelings inside the March of Dimes. So it was easy to “shuffle the cards” anytime during the so-called “six months trial period” when scientists supposedly were checking the test tubes. If any child—who had received the Salk monkey-juice—died, it was easy to slip that child’s card into the cards of those youngsters who had received “only colored water” and to claim the victim was a “poor unfortunate” who had not been vaccinated at all! If such a “set-up” is a sample of American medical fair play—it is time the laymen made some changes in the rules.

This year the Salk vaccine was approved with all the Hollywood “first night” trimmings. Special platforms were erected at the cooperating university, the red carpet was spread for two hundred selected guests and then the dumb-founding news was sent out over loud speakers that at long last, after careful checking, the Salk monkey-juice was finally “approved”. Yet before the echoes of the shouts

of delight from those 200 assembled guests had died away, the great laboratories were shipping millions of “shots” of this monkey-juice which had been manufactured months and months before.

Just how gullible does Modern Medicine take the Americans to be? How raw a deal will those self-appointed “Guardians of the Public Health” spring upon their unsuspecting patients? This time, even the man on the street can see that his sainted family physician has taken the whole blighted country for a buggy-ride. Yet what the man on the street does not see is the mark this vaccination orgy will leave on generations yet unborn.

Thousands of vaccines have been brought forward and not one of them ever accomplished what was hoped for it. No need to go into the whole bevy of these rotten, disgusting, filth concoctions—let us briefly inspect the authentic history of the most common of all vaccines—the putrid cow-pus that is supposed to prevent small-pox.

Edward Jenner, who died in 1823, invented this anti-small-pox vaccine. But up to the time of his death he was not certain whether the pus from a diseased cow or the grease from the hocks of a diseased horse was the better preventative for small-pox. He admitted, just before he died, that his vaccine was worthless.

Rumor has it that the vaccine, which is today mixed with the human blood, is the offspring of the original sick Jenner cow. But whether it is or not is immaterial. Let us see what a frank, honest medical man learned of small-pox vaccination. His name Charles Creighton, M A, M D, of England. This licensed medical man was instructed by the Encyclopedia Britannica to look into the subject of small-pox vaccination and to write objectively about it as the facts warranted.

Dr. Creighton delved into the work and for several years checked through the records in all civilized countries. His

written report was eventually printed in the Ninth Edition of that publication. But his findings about small-pox vaccination contributed to his finis. The medical heavens fell upon him. As a medical expert he was “through”. And in the Tenth, and all subsequent editions of the *Encyclopaedia Britannica* his account is missing.

The good doctor must have realized the gravity of what he was doing. Perhaps he sensed that this effort to tell the truth about the small-pox vaccine folly would be his lorelei into medical oblivion. Because he begins as follows:

“It is right to say that the views expressed in the present article diverge in many points from the opinions generally received among medical men and must be regarded not as an exposition of established and undisputed doctrines but as the outcome of an independent and laborious research.”

The account covers several pages of small type. It shows that this investigator went from horizon to horizon for his data—all of which was damaging to the continuance of small-pox vaccination. Not one thing was unearthed that was favorable to rotten cow-pus or the grease from the hocks of diseased horses, either as a preventative or as a cure of small-pox.

As an example, Dr. Creighton shows that compulsory vaccination became a law in England in 1854. Infant deaths, from small-pox, rose from 380 in 1853 to 591 in 1854. The records of the Eastern Metropolitan Hospital (Homerton, England) tell a complete story: from its opening early in 1871 to the end of 1878—about eight years—of the 6,533 persons received as small-pox patients, 4,283 of them bore vaccination marks, 793 admitted they had also been vaccinated but bore no marks while only 1,477 of the 6,533 had not been vaccinated. Also, in Bavaria, in the year 1871—of the 30,742 small-pox cases reported, 29,429 had been vaccinated. Is there any wonder that England repealed its

compulsory vaccination law? In addition, Dr. Creighton's figures indicate that in practically every small-pox epidemic since the invention of the small-pox vaccine in 1799—full one hundred and fifty-six years—the start was always with vaccinated victims.

It is also interesting to note that despite widespread vaccination against small-pox, the death rate from that disease, proportioned to the population, is the same today—about 18%—as in the days when there was no vaccination whatsoever.

But merely that a vaccine fails is not the whole story. No, there is another feature that has not been properly put before the lay populations of the world. Medical men have never admitted openly that vaccination to prevent small-pox may cause aftermath's in the shape of scrofula, tubercle, whooping-cough and diarrhea—but they do admit that such poisoning of the blood stream may re-dispose a child to these diseases—in other words, weaken such child's resistance and make such child an easy victim for any and all of these ailments.

But here is the real menace of vaccines: Dr. Creighton found that in 1884, more than 1,733 of the vaccinated infants died of syphilis! With this syphilis as a definite follower of many vaccinations for small-pox—which no medical man will deny—we wonder what horrible revelations may be in store for the parents who permitted the blood streams of their youngsters to be contaminated by this untested Salk monkey-entrails filth.

The parents of any child who comes down with Polio, after such monkey juice inoculation, should seek redress from the local doctor, who administered this rotten concoction, and not overlook the laboratories which manufactured it.

The March of Dimes might also be worth considering in this regard.

HERALD OF HEALTH

NEW ENGLAND AND SALK'S OFFAL

By T. M. Schippell, N. D.

October, 1955

When the epidemic of polio hit New England in late July and August of is year, the befuddled public did not realize that the medical men—the self-appointed “Guardians of the Public Health”—never even mentioned the rushing of Salk vaccine to the stricken area. Instead, the physicians blandly declared that the epidemic was not an epidemic and that the many cases of polio, which were popping up everywhere, were just normal. Yet some communities reported—despite all efforts to hush the news—that the incidence of polio for 1955 outstripped the preceding year’s total many times over. One community, last year, had 17 cases while this year the total had leaped to 115—another city had only 5 cases in 1954, but this year found them with 69 cases on their hands. Massachusetts alone, there were 94 cases in 1954—and over 1,500 in 1955. And so the figures went climbing—and the public was fed the same old don’t worry, this is not an epidemic” advice day after day as the medical men sought their best to placate the alarmed parents. And while these “Guardians of the Public Health” told the Bostonians that this polio outbreak was not “dangerous”—from the other side of their mouths came the warning to visitors not bring their children into eastern Massachusetts until the “situation clarified itself.”

This monstrous double-talk was repeated over and over again and the figures of the polio victims in New England mounted to more than 2,000. Yet, through all, there was no mention that a special session of the legislature should be called and money made available to have the Salk vaccine rushed in by airmail. The only reference made to the Salk

vaccine was an official “face-saving” statement that, in spite of those unfortunate children who had been stricken with polio during this present unfortunate situation, only 19 children—out of the thousands of youngsters who had received inoculations of the Salk monkey-entrails juice— had come down with the disease. And the gullible public—not having time to go into the figures—uttered thankful prayers of deliverance. Especially was this true with those parents who had so ruthlessly permitted their youngsters to be experimented upon with this dead monkey vaccine. This reassuring message, by inference, was intended to show that the Salk concoction, in this crisis, had come through with flying colors. Yes, the misleading information, given so glibly by the medical authorities, was intended to imply that the Salk vaccine—administered in New England last year and this Spring—was doing a magnificent job.

Is there any wonder that we natural healing doctors are aghast at these untruthful reports which emanate from that select citadel of medical might? Had John Q. Public delved into those figures he would have found, doubtless much to his consternation, that once more he had been taken for a “medical joy ride into Never Never Land.” Instead of those sparse 19 polio cases among the Salk inoculated children being a tremendously wee percentage of the great number of children who had been given this Salk monkey-juice, those 19 cases bore exactly the same relationship—constituted the very same percentage— as the cases of unvaccinated victims of polio bore to the vastly larger number of children who had not been Salk vaccinated. In other words—just as many children, proportionately, who had been vaccinated with the Salk monkey-juice, came down with polio as did the children who were not carrying Salk’s famous vaccine in their veins. It was all a horrible hoax!

Now, to say that the doctors in charge of that New

England polio situation did not know this, is to stretch credulity a little too far. To say that the doctor, on the radio, who praised the lack of polio victims among those who had been so ruthlessly given this Salk concoction, was not familiar with the statistics, is a little more than those outside the medical profession can stomach.

But the main lesson taught by this polio epidemic in New England is the fact that medical doctors everywhere are now realizing that this is another day—that the glamor of the Salk discovery is wearing off—and that vaccines are vaccines (always dangerous) and need especial care in handling. Yes, the medical men as a whole are now unwilling to back this Salk laboratory mess until the facts about it are known and are proven beyond a shadow of a doubt. They are unwilling to take the chance of being completely wrong in this vaccine matter. They do not forget that several of their more courageous fellows were not afraid to stand up and defy the dictates of the medical hierarchy when they told the world that, in their opinion, the Salk vaccine was manifestly unsafe. Now the doctors who formerly applauded Salk—are standing silent on the sidelines waiting, waiting, waiting.

What the next move of the “hypodermic boys”—in the realm of the Salk empire—will be, is anybody’s guess. That they will not abandon this El Dorado of skin puncturing is a foregone conclusion. But it will be interesting to watch what their new steps will be. You may be sure that they will want a part of the millions of dollars voted by Congress for this monkey juice. They will not willingly abandon the fortunes this blood contamination of youngsters will bring to them.

Nobody will be able to stay this holocaust because the public has been so propagandized—covering the infallibility of medical prowess—that the average M.D., in public esteem, is now placed somewhere between the saints and the Almighty. When such a condition exists in the world—the

finding of plausible and acceptable excuses for the failures of the Salk concoction rests with the mere matter of proper selection of words that have public appeal. When the United States Government votes millions of dollars for free Salk vaccine inoculations—and the medical men see their incomes mounting during 1956 by thousands upon thousands of dollars through this “skin punching technique”—what happens to the helpless little children involved means very little to the dollar-grabbers.

I take no pleasure in bringing this sort of truth to the American people. I would much rather forget that such things could happen. But I am dedicated to the service of humanity and as long as I have life, I shall say what is closest to my heart.

Now, do not get the impression that I believe all medical doctors are mercenary. Nothing could be further from the truth. I know that the vast majority of medical men are honest, trustworthy and reliable. These men give their best efforts to mankind and while I do not agree with many of their methods and healing ideas, I honor them for the sincere efforts they are always making. Again, the average medical man is a creature of organizations that are ruthless to any practitioner who seems to have “stepped out of line”. These corporate bodies have the power to deprive a medical man of his license, without giving him a day in court. They can throw him out of any or all hospitals supported by the taxpayers of this great country. They can break him completely by ruining his practice. All medical men understand vividly the shadow under which they work. They know what they can safely do and what they cannot do. And that is why it is the exceptional practitioner who dares stand up in public and disapprove of any action that has already received the commendation of the medical elect—as has the Salk vaccine. All honor to those doctors who were not afraid to

express their doubts as to the safety of this monkey-juice concoction. That sainted “remedy” will, in all probability, leave its mark upon many generations yet unborn in the same manner a small-pox vaccination leaves its lurid trail of syphilis.

It is unfortunate that the medical profession in this country are not as free-spoken as are the members of the medical fraternity in Great Britain. Over there, the Salk vaccine received the same Hollywood send-off accorded it in this country. Yet the British doctors were not stampeded by the wealth of the March of Dimes or the cajolery of their high-up brothers in medicine. Those who realized the dangers involved with an untested, unknown, unreliable laboratory make-shift, were quick to gain an audience and there was no country-wide vaccination orgy that the United States was forced to endure. British doctors make sure they know where they are headed before they plunge into a series of experiments—because the Salk vaccine inoculations are all experiments.

Since American doctors have annexed the title of “Guardians of the Public Health”, they should actually “lean over backward” in their desire to see that “their wards” received the best that can be given them in the way of medical treatments. Making the lay population into human guinea-pigs for rash experimentation will have its repercussions in a manner the orthodox doctor will not enjoy. And those repercussions will come swiftly because the American public can be fooled only just so long.

What New England needed, in its polio outbreak, was the addition, from Great Britain, of a few of the level headed practitioners. Those doctors would have told the unvarnished truth and would have ended the confusing double-talk on polio conditions that kept pouring out of high medical circles.

DR. SHELTON'S HYGIENIC REVIEW

August 1951

SERUMS AND POLIO

By Herbert M. Shelton, N.D.

(1951)

It has long been known that inoculations of all kinds frequently cause nervous diseases including paralysis. Smallpox vaccination often results in paralysis of one side of the body. That it also causes encephalitis lethargica (sleeping sickness) is now well established. All vaccines and serums tend to produce nervous diseases. Several disasters following inoculations in France and Italy have been reported in which one feature of the victim's illness was paralysis. When, in 1947 the question was brought up before the British Ministry of Health as to what extent the vaccinations and inoculations that were going on in England were responsible for poliomyelitis, the Ministry remained silent over the possibility. By 1950, however, its attitude had changed and Mr. Bevan agreed to consider that the matter be investigated.

In April of that year *The Lancet* (London medical journal) and The Medical Officer published papers revealing that infantile paralysis had followed inoculations with diphtheria toxoid, whooping cough vaccine and the combined diphtheria vaccine and whooping cough vaccine. These papers revealed that there was a definite connection between the inoculation and the paralysis that occurred within a month of the inoculation.

The Lancet paper was published by an Australian physician, a Dr. McCloskey, who is said to be a poliomyelitis expert. He reported from Melbourne that a complaint by the parents of children who developed "paralytic poliomyelitis" soon after a "prophylactic inoculation" had led the Health Department of the state of Victoria to investigate

the “immunization” history of 375 cases of poliomyelitis reported during the epidemic between Jan. 8, and Aug. 30, 1949. Dr. McCloskey says that out of 340 cases investigated, 31 had received “prophylactic” injections of one kind or another within three months of development of the paralysis and that the paralysis occurred in the limb which had been inoculated. McCloskey discovered twenty-three similar cases occurring from 3 to 12 months after inoculation and 121 cases occurring more than a year after inoculation.

The article in *The Medical Officer* (April 8) was by Dennis H. Geffen, M.D., D.P.M., Medical Officer of the London Borough of St. Pancras. It was a paper he had read at a meeting of London Medical Officers of health the previous October on *The Incidence of Paralysis Occurring in London Children Within Four Weeks After Inoculation*. In this paper, Dr. Geffen showed that these cases had been occurring for some time. He mentioned a Dr. Martin who had been collecting cases “over a period of years,” and a Dr. Gale who had found cases as far back as 1942. Geffen, himself, had started his inquiries because there had been reported to him in September 1949 two cases of poliomyelitis in children who had been inoculated within the preceding two or three weeks. He found that out of 182 cases of poliomyelitis in London under five years of age since the beginning of 1949, 32 had developed the disease within four weeks of receiving the injection, the paralysis developing in the particular limb of injection. In 21 of these a combined vaccine had been used, in 8 a diphtheria toxoid, and in 1 case, whooping cough vaccine alone. Geffen excluded from his list all cases of polio that had developed more than four weeks after inoculation and all cases where the paralysis occurred in the limb into which no injection had been made.

Chapman Pincher, writing of these findings in the Daily

Express, April 10, says: "Realizing the danger of their findings in the Government diphtheria immunization campaign, the doctors withheld publication until some cases could be followed up over many months." The matter finally received a full airing in the British public press. At first, the Ministry of Hell(th) played down the whole affair and insisted that the risk of inoculation was "unappreciable." Finally, however, the Ministry of Hell(th) sent a circular to medical officers in June, after the results of a statistical investigation, suggested by Sir William Janieson had been carried out and the findings learned. The investigation had been carried out by Prof. A. Bradford Hill and Dr. Knowelden. These men reported in the *British Medical Journal* (July 1, 1950) that in the 1949 epidemic of poliomyelitis in England and Wales "cases of paralysis were occurring which were associated with inoculation procedures carried out within the month preceding the recorded date of onset of the illness."

At first the British authorities were inclined to believe that all the danger resided in the use of the mixed vaccines, but when it was shown statistically that there is as much danger associated with the diphtheria toxoid alone or the whooping cough vaccine alone as with the two combined, they were forced to abandon this position. Sir John Charles, Chief Medical Officer, sent out an official letter warning medical officers of the possible danger and admitting that the paralysis referred to had been associated with diphtheria toxoid alone. The Medical Officers were told to use their own judgement as to suspending inoculation programmes in the event of an unusual number of cases of infantile paralysis in their area. The Department of Hell(th) of Scotland sent out a similar circular. The medical officers of Birmingham, Glasgow and a number of other British towns suspended inoculation for several months from July.

These findings indicate that inoculations given at the

periphery of a nerve may result in severe and lasting damage at the center. The tendency of the investigators is to think of the chief danger as coming within the first four weeks after inoculation, although there is no reason given for thinking that full recovery of the nerve centre always occurs within this period. Indeed, no proof is offered to show that complete recovery ever occurs. The Australian physician, McCloskey, reported cases occurring more than a year after inoculation. What is to prevent an inoculation given in the fall of this year being instrumental in producing paralysis in a child at the end of the summer of next year? (I would suggest a study of these cases in the light of Speransky's findings.)

One physician showed that these post-inoculation cases of poliomyelitis have been developing from the very beginning of the inoculation programs. Such cases will be difficult to investigate statistically after the lapse of so much time, but if the inoculations are definitely associated with the occurrence of many cases of polio today, there is every reason to think that they have been so associated from the start of the inoculation practice. It seems to me that the more that is learned about the evils of inoculations, the more evil inoculations are shown to be. To merely suspend an inoculation campaign for a season and then resume the evil is hardly a remedy for the many evils that flow from inoculations.

The British Ministry of Hell(th) did not want to believe that their precious inoculations were in any way responsible for paralysis, because, as they said to the press: "it would be a tragedy if people stopped having their children immunized against diphtheria." If they were a real Ministry of Health, instead of the farce that they are, they would know that there are helpful ways of assuring the health of children, that there is no such thing as immunity, and that harming the organisms of children is not the way to prevent disease in them.

As an aftermath of these observations this year the Health Department in New York City suspended inoculating (they called it “immunizing”) infants and children against diphtheria and whooping cough at its 76 child-health stations from June 15, to Oct. 1, which it calls the “polio season.” The Department, which expressed its intention of requesting private physicians to follow its example, made known its action to New York City’s five county medical societies.

The news account, as published in the *New York Times*, June 12, 1951, says: “The step was taken on the basis of a preliminary report on a research study started here last March, when findings published in medical journals by English and Australian scientists came to the attention of health authorities in this country.

“The foreign studies, which now appear to be substantiated by the health department survey, indicated that of children who contracted paralytic polio a considerable proportion had been immunized within the previous month with diphtheria toxoid, whooping cough vaccine, and that the site of the paralysis was more apt to be in the limb injected.”

The contentions of Hygienists, made many times during the past twenty years, that vaccines and serums are among the chief causes of poliomyelitis, is thus verified, but the “scientists” (by which is simply meant, medical men who give the serums and vaccines) do not admit this to be the fact. They say instead, as quoted in the *Times* article, “It must be made clear that we know immunization is not the cause or even a cause of poliomyelitis. Investigators, among whom were specialists of the Department of Health, have found indications that during the polio season persons who have become ill with polio and who have been recently immunized against diphtheria or whooping cough may develop

paralysis in the injected limb.” These are the words of John F. Mahoney, M.D. Commissioner of Health(th), New York City.

Mahoney says that the Hell(th) Department was simply adopting the same procedure in regard to “immunization” that it has followed for a number of years in regard to tonsillectomies. He said: “For a number of years it has been known that while the removal of tonsils and adenoids does not cause poliomyelitis, children who have their adenoids or tonsils removed or have other mouth operations during the polio season are more apt to develop a severe form of poliomyelitis than children on whom such operations have not been performed.

“Therefore, the Department of Health and the medical profession generally advises against such operations during the months when polio is most prevalent.

We are doing the same thing in regard to immunization for exactly the same reasons: since investigation has shown a probable relationship between immunization during the polio season and the localization of the paralysis, we are postponing immunization until the danger is over.”

The Times article adds that it had learned that the American Public Health Association’s Ad Hoc Committee on the Relationship of the Incidence of Poliomyelitis and Recent Immunization is in agreement with the action of the Hell(th) Department. The Committee’s report, which was to have been published the following week in *The American Journal of Public Health*, says that although further studies are imperative, “the data so far available would suggest that, in the face of an abnormal prevalence of poliomyelitis in a given locality, antigen inoculations may well be postponed until after the subsidence of the abnormal prevalence.”

The Report also says that “recent published and unpublished data strongly suggests that an individual who develops poliomyelitis within a month after receipt of an injection

of antigen, or possibly of some other material, shows an increased frequency of paralysis in the extremity into which the injection has been given. There are also suggestions that among the reported cases of polio are cases which would not have been clinically diagnosed as polio at all if their (recent) inoculation had not brought them into the paralytic group.”

On the following day, June 13, the State Department of Health of New York, issued a statement to the press in which it said that this proneness to development of paralysis follows all injections of diphtheria toxoid and anti-whooping cough vaccine. This means that all injections of any substance whatsoever, are harmful and, if they are not the direct cause of the disease that follows, as Mahoney insists, they are determining and complicating factors that must be reckoned with in any study of the cause of these diseases.

It has always been the assumption of the medical profession that they could inject their so-called “immunizing” substances into the bodies of old and young, that this would produce “immunity” and that there the matter would end. It is now quite obvious, even to the members of the medical profession, that there the matter does not end. Eighty or more years ago, Herbert Spencer, writing of vaccination, showed that “there the matter does not end,” when people are vaccinated against smallpox. It was shown years ago, a fact recorded by no less a medical authority than Sir William Osler, that serum injections damage the germ plasm, the results showing up in the second and third generations.

It does not really matter whether the vaccines and serums are the cause of poliomyelitis, or merely complicating factors, the damage is there, and it is folly to think that the body can be rendered more resistant to any so-called disease by seriously impairing it. It should be noted that the actual pathological development that results in paralysis is in the brain and spinal cord, not in the limb. The destruction of the nerve center is

the reason for the paralysis. Inoculating a child in the arm and rendering the nerve center more likely to be destroyed means that the damage is done far removed from the point of injection. As there is no means of controlling this distant damage, nor of localizing it, they have no means of knowing what other serious developments follow in the wake of their ill-advised pollution of the human blood stream.

By omitting the inoculations during the summer months, when polio is most prevalent (it has been reported in the arctic regions and cases in this country have been reported in Winter), may have the effect of reducing the number of cases of polio and it may reduce the amount of paralysis, but to resume the inoculations in the Fall and continue them through the Winter and Spring, may simply render other "diseases," such as pneumonia, "influenza" measles, whooping cough, scarlet fever, diphtheria, etc., much worse and build serious complications in these diseases. How can they confine the evil effects of these injections of various kinds to poliomyelitis?

It will be noted that the Report of the *American Public Health Association's* committee states that published and unpublished data so far collected indicate that many cases that are reported as polio would not have been so reported if prior inoculation had not resulted in the development of paralysis in these cases. This is to say, had these children not been inoculated a short time prior to becoming ill, they would not have become paralyzed. Have we not declared for many years that the medical profession is composed of past masters of the art of producing pathology? If part of the paralysis seen in these cases is admittedly due to treatment given prior to the development of disease, how much of the rest of it is due to treatment given during the course of the illness? Are medical treatments responsible for the paralysis? I would answer this question in the affirmative

and challenge the profession to produce cases of paralysis that have developed under non-medical care.

When wholesale deaths follow an orgy of inoculations, it is customary to blame the deaths on faulty serum. As an example of this, there were the large number of deaths reported in Japan in December, 1949 following inoculation with diphtheria anti-toxin. On Dec 30, the press reported 64 deaths and 900 ill from the inoculations. The inoculations were halted, while the serum was being investigated. I do not know how many more of the 900 who were ill also died, nor how many of them were left with serious after effects. The press did not find this matter to be “news.”

But all deaths from inoculations and all serious disease resulting from these inoculations are not due to “faulty serums.” On the contrary, in every orgy of inoculations, as in the army, many serious troubles arise and deaths are often reported. In these instances, “faulty serum” is not blamed—only when several deaths and much serious sickness follow do they find the serum to be “faulty.” But all inoculations give rise to troubles ranging all the way from slight, transient trouble to instantaneous death from anaphylaxis. In many instances, serious organic impairment has resulted that has been permanent.

Despite all of this injury and danger, parents might be justified in taking a chance with the health and life of their children, did the inoculations actually prevent the diseases against which they are directed. But there is not a shred of unequivocal evidence that any vaccine or serum ever prevents any disease. There is no justification for parents subjecting their children to the risks inherent in inoculations and vaccinations and there is certainly no justification for resort to compulsion in the use of these vaccines and serums. Compulsory inoculation and vaccination is a form of tyranny that sooner or later, mankind must destroy.

DR. SHELTON'S HYGIENIC REVIEW

THE CRIME AT HOUSTON

May, 1955

The scene was a room in Houston, Texas. It was a temporary "clinic" set up for the purpose of experimenting on a great mass of hapless and helpless children. It was but one of eight such "clinics" that had been set up in the city. The room was filled with children and their frightened parents, who had "voluntarily" brought their children for the experiment. The children ranged from toddlers barely past their first birthday to six-year-olds, who brought their "comic" books or listened as their parents told them "children's stories." In the room where the children were being tortured by needles being pushed into them and through which a serum was inoculated into them, there were cries of pain and fear. Parents of the frightened children attempted to still their fears and stop their cries with "soothing words."

What was it all about? Why were the children being thus tormented? What were they afraid of? Why were they having needles stuck into them? The answer is, they were being used as guinea pigs in a mass experiment conducted by a gang of voodoo priests whom the newspapers referred to as "scientists." Headed by William D. Hammon, a professor of something or other in the University of Pennsylvania, the voodoo practitioners were inoculating the children with a blood fraction which they call gamma globulin and which, they said, contains "disease-fighting anti-bodies." This was being done, not to prevent poliomyelitis, for they acknowledge that the serum will not prevent polio, but in the hope that those children who developed polio subsequent to inoculation, would not become paralyzed. Hammon "stressed the fact that gamma globulin cannot prevent polio," but that he believes, from tests made on monkeys, (I assume

that he means the monkeys of the lower order, not the ones that were inoculating the children) it can prevent paralysis.

Thirty-five thousand children were to be used in the test. Half of them were being inoculated with the “gamma globulin,” the other half were being inoculated with an “ineffective substance” that resembled gamma globulin. This, said Hammon, is the only way to test the theory that paralysis can be prevented by the blood fraction. A previous test, using 5,768 children of Provo, Utah, made last year, was not on a big enough scale to be “conclusive.” A bigger test was needed, and Houston was chosen as the laboratory in which to use the human guinea pigs.

Last year we had a physician here in Texas to inoculate a lot of children with anti-rabies serum on the absurd theory that it would prevent polio. Last year, also, the gamma globulin was tested on a large number of children in a mid-Western state. Now comes the news from Sacramento, Calif., dated July 24, 1952 that fifty children in the Sonoma State Home (presumably orphans who have nobody to protect them from the state and the medical gangsters) are being fed a “special kind of chocolate milk containing a virus which “scientists” hope will prevent polio. Frank Tallman, state mental hygiene (?) director, said in a report to Governor Warren (a man who dared to aspire to the presidency) that the milk diet is the key part of an experiment aimed at finding means of preventing polio.

The rascals who are conducting this experiment selected “100 children who were found to have no naturally built immunity to polio.” Why do newspapers continue to dignify men of this stripe with the title “scientists”? Why do they not rather expose the scoundrels for what they are—reckless experimenters who toy with human life as though it were the life of a guinea pig?

These are the mass experiments that are being carried

out or that have been carried out during the past two years on children in this country that have made the headlines. There is no way to tell how many other such experiments are going on or have been carried out that have been and are being kept secret. The children of America are being freely used as guinea pigs and the parents of America seem to be indifferent to the whole matter. What has become of the sense of responsibility that parents are supposed to feel towards their children? Where is the love that parents are traditionally supposed to have for their children? Is it true that modern American parents would sacrifice their children to a modern Moloch as did the parents of ancient Carthage; or that they would throw their babies in the path of the Juggernaut as did the parents of India? Let no one deny that they will do this, for do we not see them sacrificing their children to the superstitions and hallucinations of medical idiots?

Why was Houston chosen for this mass experiment? It was stated that Houston was picked because of the high rate of polio there, but this may not be the whole truth. It may be that the high rate of polio in Houston was due to the fact that the city had been chosen for the test. Before parents can be induced to submit their children to the dangers of inoculation in this manner, and especially before they can be induced to permit their children to be used for purely experimental purposes, they must first be frightened out of their wits. There is nothing like an epidemic to frighten ignorant people. It is not probable that more than one third of the cases diagnosed as polio in Houston were polio. But this fact is not known to the parents of that city. Parents are as easily frightened by false diagnoses as by correct ones. The epidemic at Houston may have been staged because Houston had been secretly picked as the place for the test.

The manner in which Houston parents crowded into

the inoculation centers with their children and the readiness with which they submitted their children to the experiment indicates, not alone the abject ignorance of parents, but also the fear that was in them, as the physicians and board of health of that city had built up a synthetic epidemic for that very purpose.

The plan of the experimenters was to inoculate 35,000 children—half of them with gamma globulin, which it was hoped would prevent paralysis; the other half with gelatin, which they referred to as an “ineffective substitute.” The children who were to get the “ineffective substitute” were to be “controls.” But many frightened parents in Houston refused to wait and see if the experiment was a success. They refuse to take a chance on not getting the gamma globulin for their children. They took their children to private physicians and paid to have them inoculated. Oh, yes, the serum was available and for sale and so were physicians (most physicians, in fact) who will administer it for a fee, even though it is not yet known to have any value. The manufacturers and the physicians are in a hurry to reap their profits, for they know that at the conclusion of the test, they may not be able to sell it even to the most frightened individual.

According to a July 27 report from Houston, but 33,000 children were used in the test. This means that so many of the frightened parents went to private physicians and had their children inoculated with gamma globulin, rather than risk having them get the “ineffective substance,” that the experimenters did not get the expected 35,000 children out to the experimental centers. The frightened parents, thinking, in their ignorance, that the serum would prevent the disease, or at least prevent paralysis, and knowing that if they took their children to the experimental clinics they stood but a fifty-fifty chance of getting gamma globulin, paid for the inoculations and thus made certain that their

children did not receive a shot of gelatin. Thus the expected 35,000 guinea pigs did not materialize.

Not all of the parents of Houston were as “scientifically” minded as Robert N. Smaistria, of that city, who said: “I’m willing to do anything to help prevent paralysis—in my children and in all children.” Actually, he was a very frightened man, who did not know whether his child received the supposed protective serum, or the “ineffective” substitute—the “harmless gelatin.” It is never harmless to inject any foreign substance into the blood stream, and gelatin, a foreign protein, is certainly not harmless, but the use of the phrase “harmless gelatin” in with the gamma globulin, carries the implication that gamma globulin is harmless. In the same way, the statement that half of the children used as guinea pigs would receive the serum and the other half would receive a substance implied that the serum is effective. Indeed, the effectiveness is taken for granted, even before it is tested.

By June 30, thousands of parents in Houston were demanding the serum for their children, but the experimenters could give them no guarantee that their children would receive the serum and not the gelatin, so the parents went to their family physicians, who, always willing to oblige, for a fee, gave them the shots. They reaped a financial harvest while the publicity was flooding the papers, even though they were well aware that there is not a shred of evidence to lead to the belief that the gamma globulin serum will prevent polio.

Hammond complained that the inoculating of children by private physicians was reducing the number of children available for “field study.” But parents were taking no “chances.” If they took their children to the Hammond clinics, they ran a fifty-fifty chance of getting the “ineffective substance,” and they wanted their children to get the

“protective” gamma globulin. Hammond was interested in a “controlled experiment,” parents were interested in saving their children from the jaws of the dreaded monster, polio. There is also the possibility that parents whose children were taken to the clinic, fearing that their little guinea pigs got the gelatin instead of the globulin, might take them to physicians and have them given the “real medicine,” in which case they would have no value to the “field study.” Therefore, parents who submitted their children to the experiment were urged not to go to physicians and have them given gamma globulin. The experimenters said in effect to them: “We believe that the gamma globulin will prevent the paralysis of polio and we know that the gelatin will not, but we want you to take a chance with your child. Don’t give him gamma globulin; be content with the gelatin. Don’t spoil our test for the sake of your child.”

On hand at the opening of the ten days’ orgy of inoculating was another voodoo priest, the Rev. Thomas Summers, rector of the St. John the Divine Episcopal Church and president of the Houston Council of Churches, who “expressed the hope of each of the silent, tense parents” when he said: “We pray, oh God, that the scourge of polio may be removed.” That should have settled it! When two of the three modern branches of shamanism combine to make war upon the demon of polio, this demon should seek the tall timber.

I would call the attention of those of my readers who may have been so misled in the past as to contribute to the “March of Dimes” fund that, this orgy of human vivisection was financed by a grant of \$500,000 supplied by the National Foundation for Infantile Paralysis. From financing experiments on rats and monkeys, this Foundation has turned to financing experiments on children. At least they have to pay for the rats and monkeys, whereas, they can frighten parents

into contributing their children without cost.

Blood donors will be happy to learn that their donations are being used for many worthy purposes. Hammond stated that the gamma globulin used in the polio experiment is the same as that used in measles and that it is obtained from blood collected by the American Red Cross from donors all over the country. Thus Clara Barton's organization (one she repented ever having formed) is revealed as being in all ways a stooge of organized voodooism. It serves its adopted master well, the very thing that caused Clara Barton to express the wish that she had never founded the organization. For Clara Barton was a Hygienist.

The gamma globulin is referred to by Hammond and the newspapers as "medicine," that is, a "healing agent." Not only it is being used as a "prophylactic agent" (a preventive), and this would not be a "healing agent," but there is absolutely no evidence so far that it has either preventive or healing powers. Indeed, there is no such thing as a healing agent. Drugs, serums, vaccines, heal nothing. Medical men are not healers, hence they are wrongly branded when they are called medical men. There are no medicines and the practice of "medicine" is not the practice of a "healing art." They have surrounded themselves and then practices with a terminology that is utterly false.

On July 27 it was stated in a news report from Houston that some of the children used in the test had already developed polio, but it was not known whether these children had received gamma globulin or the "ineffective gelatin." To make the test more sensational the man from the Pittsburgh University who directed the test in Houston sent all records to New York City and had them locked in a safe where they will remain until January 1953. So, it will not be known until these records are examined some time in 1953, how many of each group of children developed polio. "The results of the

test won't be known for months, probably early in 1953," so "a team of experts (ex-sports) will remain here (in Houston) through the polio season into the fall to check on children inoculated."

If it is decided to make the serum "effective" this can be done by diagnosis and statistics. All that will be needed will be to diagnose as something else large numbers of cases that are now diagnosed as polio. In those children receiving the "non-effective" substance the same cases may still be diagnosed polio. This is the way in which smallpox vaccination is upheld. If the patient has been vaccinated it is chickenpox, if he has not been vaccinated it is smallpox.

Or, it is always possible, to assume, as in the case of smallpox vaccination, where polio does follow the inoculation, that the inoculation was not "successful." It can also be claimed, as indeed, it is already hinted, that if the new serum does not prevent polio it at least makes the disease lighter. The same claim is made for smallpox vaccine, it lessens the severity of the "attack."

It will also be possible, as in the case of typhoid and "paratyphoid," to discover that there are two or more polio viruses and that the serum protects from only one of these. Indeed, the medical classifiers have already determined that there are "three types of polio."

How long will the alleged "immunity" last? Will the children have to be inoculated each summer or twice a year? How often will they have to be given "booster shots?" One physician says the "shots" must be repeated every four to six weeks.

Which children among those that are inoculated with the serum would have had polio if they had not been inoculated? What effect will the injection of the "non-effective" substance have in producing polio in the children that receive it? Statistics based on such uncertainties must be equally as uncertain.

A tragic situation grew out of all the publicity the gamma globulin experiment in Houston received. The ignorant and frightened public began to demand the inoculation of their children with the serum without waiting to see how the Houston experiment came out. Here in the city of San Antonio, nearly two hundred miles from the scene of the Houston crime, the physicians were deluged with demands for the gamma globulin. Although many of them were honest enough to warn parents that it was but "a shot in the dark," and that they were "buying a pig in a poke," the frightened parents demanded the inoculation for their children anyway. Told that there is not, as yet, any proof that the gamma globulin will prevent polio, they insisted on having it for their children.

One pediatrician who was getting an average of ten calls a day for the inoculation said that, parents "seem to think it would ease their conscience should their children get polio. They can at least say they have done what they could." The abject ignorance that this statement reflects is not altogether the fault of the parents. These parents have trusted their medical advisers and have been mis-educated by them. The fact is that, several local physicians were giving their own children gamma globulin with the same idea in mind. They are as ignorant as lay parents. One pediatrician recommended "shots" only for those children who were "exposed" to polio. If the ignoramus ever stops long enough to ask the simple question: How was the first case of polio "exposed" to polio, he'll grab his hollow needle and start inoculating every child in sight.

One physician who estimated that he was inoculating six children daily, asked: "When mothers come in and ask for it for their children, what else can we do but give it to them?" Behold the degradation of "medical science!" It is reduced to the base position of a mere panderer to the ignorant

wishes of the frightened layman. The physician is no longer the trusted and expert adviser of the people— he merely keeps a supply of convalescent juice on hand and sells it to whomsoever comes to buy, just as the dry goods salesman sells any kind of cloth his customers want. The mother prescribes, the physician merely carries out her orders.

What can they do? They have frightened the wits out of the people and they have paraded their serum in the public press in the most dramatic manner for days and weeks. They created the demand and then, with an air of hurt innocence, they ask: “What can we do when the people ask for it?” I could tell the damned rascals what they could do, but I have no idea that there is enough honesty and self respect left in the profession to cause them to do it. This thing is greatly increasing their incomes and they are not going to quit it.

It is significant that the drug stores were well supplied with sufficient gamma globulin to meet the demand. Small vials containing two cc of the serum retailed at \$6.75 a vial and the sales were described as “heavy.” The manufacturers and sellers of the voodoo concoction were ready and willing to cash in on the publicity before the ultimate failure of the experiment becomes known. Every physician in the country is well aware that the gamma globulin will not prevent polio. But they justify their pumping of this soup into the bodies of children on the grounds, to quote the words of one San Antonio pediatrician, that “We don’t want to support any useless means and we don’t want to overlook the possibilities of its success.”

The gamma globulin is not only expensive, but it is given according to the weight of the child. One pediatrician explained that the “cost for a child who weighed 100 pounds would almost be prohibitive and the shot would have to be renewed in three or four weeks.” Even before the results of the experiment are known, these men already know how

often they must renew the “immunization.” What a lucrative source of income! Give every child expensive shots of gamma globulin every three or four weeks throughout the summer months, nation wide, and the physicians can forget about the remainder of their practices. Who would want to fritter away his time looking after typhoid cases or operating for appendicitis or bothering about oil wells, when fifty to a hundred children a day come to the office to get gamma globulin shots?

Fear was expressed that the gamma globulin supply might too soon be exhausted but the manufacturing drug houses and the local wholesale distributing firms, knowing what the publicity would do for business, had provided against this contingency in advance. They had a plentiful supply on hand in San Antonio. On July 4, a spokesman for the wholesale drug firms of San Antonio stated to the press that these firms had plenty in stock. The demand for it had increased four to five times since the outbreak of the Houston crime, but there was no shortage. Such is the foresight of good business men.

DR. SHELTON'S HYGIENIC REVIEW

BEWARE OF THE POLIO VACCINE

Leaflet issued by The National Anti-Vaccination League,
London.

September 1955

(1) You need not have your children inoculated with polio vaccine unless you want this inoculation done.

Every parent is free to refuse it, and the Ministry of Health says that no child will be inoculated without the express permission of its parents.

(2) The Salk polio vaccine which is to be used in this country does not protect from paralytic polio. In the trial of the vaccine in America in 1954, 71 children who had been fully inoculated with it developed paralytic polio.

(3) The vaccine may have the power to start polio. During five weeks after Salk Vaccine was launched on the world by the National Foundation for Infantile Paralysis in America, and, at the time, wrongly declared to be safe, potent and efficient, at least 112 inoculated children developed polio and two-thirds of the cases were paralytic polio. There were 6 deaths. At first it was said that the children had already got polio before they were inoculated; then it was said that the inoculation aroused polio which was already there and caused it to develop; and finally it was believed that in a great many cases it was live virus remaining accidentally in the vaccine which caused the cases of polio.

(4) Vaccinated children in America are believed to have given polio to their parents. 149 such cases have been reported with 6 deaths; the first two cases were 18-months old babies who became ill after the inoculation and were taken to the hospital. They recovered, and on returning home their parents developed polio. The Denver Medical Officer of Health calls this "satellite" polio. The Franklin

Lakes Board of Education, New Jersey, asked 8 children who were given the Salk anti-polio vaccine to stay away from school for the rest of the term. Parents of other children were afraid they might be polio “carriers.” (*Daily Telegraph*, June 21st, 1955).

(5) The Salk Polio Vaccine is grown on monkey kidney tissue. It is said not to protect for longer than five months, if it protects at all, and an eminent physiologist was quoted by the *Manchester Guardian* as saying that “if it means that a child should be reinoculated at frequent intervals with a preparation derived from monkey kidney ‘it is terrifying in its possibilities.’ Among them is the risk of the child developing sensitivity to some of the ingredients of the vaccine.”

(6) Every inoculation has caused serious illness and not a few deaths. There are official records of 1,700 deaths from vaccination against smallpox, and such deaths are still being recorded every year, many of them being deaths of babies. In recent months babies have developed encephalitis from anti-yellowfever vaccine, as has been admitted in the *Bulletin of the Ministry of Health*.

There are 3 deaths on record from tuberculosis caused by B.C.G. inoculation. Inoculation against diphtheria has activated paralytic poliomyelitis. Past history of all the vaccines and serums justifies fear that the new vaccine will damage health and may cause death.

(7) Two Medical Research Council doctors stated in *Picture Post*, May 7th, 1955 that the risk of contracting poliomyelitis is 1 in 25,000. The vast majority of children are never in any danger of contracting this disease. To go out of your way to give a child an inoculation that may cause illness, and even give it the disease you wish to guard against, when the likelihood of that child getting that disease naturally is so small as to be almost negligible is the height of folly.

(8) To keep your child healthy carry out the rules of health. See that it has proper food, and plenty of fresh air, that it is warmly clothed in winter, avoiding exposure to damp and chills, and see that it gets enough sleep. Make sure that the water supply is pure, and that the house is properly ventilated, and avoid overcrowding.

(9) The manufacture and testing of the polio vaccine causes gross cruelty to animals, chiefly monkeys.

DR. SHELTON'S HYGIENIC REVIEW

HYGIETHICS

SALK VACCINE—MILESTONE OR MILLSTONE

By Therese Gay

August, 1955

Just about a month ago today the American public was presented with what was publicized as one of the great milestones of medical history, the Salk Anti-Polio Vaccine. At the time I got out an article on the contrived look of the unprecedented promotion of the new vaccine. Through an unfortunate set of circumstances it never did get to San Antonio to meet the deadline.

The article was entitled "Salk Vaccine, Science or Enterprise." It dealt more with the peculiar conditions surrounding the unveiling of this monument of medical advance than with the vaccine itself—the soap-opera props employed to put it over, how it was timed to fall on the anniversary of FDR's death in melodramatic fashion to play on the sympathy and sentiment, for whatever it was worth to the Purse of the American people through the March of Dimes collection campaign. I touched on various aspects of the great hoax that was being perpetrated by the seeming collusion between profit and progress; how NBC jumped the gun and broke the release time by an hour; how half a dozen giant pharmaceutical houses had it ready for the market even before the fateful V day when the great men of science, medicine and the press were invited to hear the miracle pronouncement that polio had been conquered.

I spoke of how parents were fooled about what was shot into their children in order to make the 1954 testing program effective; how statistics had been handled to make a good case for the vaccine; how medical societies throughout the land were cautioning physicians against profiteering and

black-marketing; how the research wizards had studiously avoided any approach or premise that even hinted at causal relationships; how the 25 million said to have been spent on its research program had been mulct from the American public through the Polio Foundation's collection campaigns, and how that self-same public was the last to be let in on the secret; how the favored drug houses had invested many millions in new equipment and materials long before the safety of the vaccine had been publicly established, and how they were outspoken in their expectations of increasing their investments tenfold before the year was out, with even brighter prospects for the years to come; how politicians, preachers, physicians, professional publicists, the press, and the rest of the army of panderers of the public good all joined in the hosannas and hailed the new Messiah of Medicine, Jonas Salk, M.D., as one of the great benefactors of mankind, etc., etc. And, like any self-respecting Hygienist just must, when confronted with such a stupendous spectacle of studied scientific stupidity, I dealt in a bit of prophecy,—yes, even at the risk of being labeled a Hygienic crank.

The prophecy was to the effect that all that glitters is not gold; that in the present instance there wasn't enough known about the vaccine to warrant or justify the universal inoculation program that was to follow the announcement, enthusiasm to the contrary notwithstanding; that in my humble Hygienist opinion the worst was yet to come.

Well, the prophecy was borne out, but all too soon—and with a directness of action, or should I say reaction, that in a couple of weeks the *fait accompli* was threatened with fiasco, and the flexuous mind of the press was forced to turn the ferris-wheel of its imagination in all directions to stave off the stench that threatened to wreck the whole enterprise. The unexpected occurrence of a high percentage of

afflictions and several deaths threw the whole program into a tailspin of chaos and confusion. Frankly the whole country was scared out of its wits—and with good reason. In fact, the first good reason it had shown. The government called off the mass inoculations. Towns, cities and states were in a dither of indecision. The parents who early consented and whose children had already been given their initial shots were living in a vacuum of panic and dread anxiety. The President stepped in, Congressmen and Senators started calling for an investigation. Salk, his colleagues and government officials were locked in long hours of conference to get at the bottom of the bottom that had just fallen out of their ill-founded dreams.

The press had a field day of headlines that was unprecedented even in its own mottled career. Reevaluation became the theme of the delay. One of the vaccine producing laboratories on the west coast was made the face-saving scapegoat. The nobby Mrs. Hobby was run through the grinder for being asleep at the switch and even threatened with Luce-ing her job. Errors in production, errors in government control of testing, errors in the type of preservative employed were screeched across the nation's news wires. All kinds of errors were put forth except the basic error of the vaccine itself.

The rest is all history—the kind you buy at the newsstands every day—the kind the public has been educated to retain only until the next edition comes out—the kind that has little effect on the public consciousness because it isn't allowed to set long enough to take hold.

It is now a month and millions of headlines away. At the risk of being called a boasting “I-told-you-so” I could very well use my first article and thus spare myself the toil of the present one. But in the light of subsequent happenings, another attempt to expose this newest affront to human health and the dignity of the individual is justified—so here

goes—I'll fire away again and let the shots fall where they will.

First, let us break the word *Poliomyelitis* down. *Polio* is a prefix meaning gray. *Myel* means the spinal cord. And, as we all know by various experiences with it, *itis* means inflammation. Put them all together and they spell *Poliomyelitis*, an inflammation of the grey matter of the cord. Current medical belief holds that this inflammatory condition of the spine is brought about by a group of three viruses that are thought to invade the human body through portal openings in the mouth and the nose, and through cuts and wounds. After they (the viruses) gain entrance to the body they spread along the nerve fibers to different parts of the central nervous system. Specifically, the paralyzing type of polio is considered an acute infection of the anterior horns of the gray matter of the spinal cord, causing such damage and destruction to the nerve cells that early paralysis develops, the extent and character of which is determined by the particular site of involvement and the number of cells attacked. It may affect a single muscle, a single limb or the entire body. The viruses are supposedly spread by contact with discharges from the nose, throat and bowels of diseased persons, or carriers of the virus. The incubation period is said to range from 4 to 18 days. It strikes in the summer and the fall, and generally hits its peak between August and September.

The respiratory centers are often affected as a complication of the earlier symptoms, rendering the breathing mechanism incapable of functional movement. This is called bulbar polio and its victims are kept alive only by the use of the iron lung, a mechanical device that substitutes for the normal diaphragmatic movements. The greatest incidence is amongst children, hence the name infantile paralysis. But it also attacks adults as well. Pregnant women have a better than average susceptibility to the disease. The symptoms

that precede the onset of paralysis are fever, sore throat, headache, vomiting, fatigue, stiffness of the neck, constipation, diarrhea and, in some cases, pain in the extremities, (to the Hygienist, as vague an assortment of diagnostic factors as one could ever hope to meet up with.)

The inability to move the affected parts of the body is due to the destruction of the particular nerve cells related to the motor activity of those parts. The virus is commonly excreted in the stools for six to eight weeks after the disease has struck. It is said, too, that the virus may be found in the throat for a short time at the outset of the illness.

The usual procedure followed when polio struck a community was to close down the swimming pools and the playgrounds and, where the disease became widespread, to close down the schools as well. Those afflicted were isolated for two to four weeks. There was no drug or serum considered specifically effective until the advent three years ago of gamma globulin, a human blood fraction containing antibodies. There wasn't much in the way of treatment until Sister Kenny came along with her original concept of water-cure methods for the relief of pain and specialized physiotherapy for the restoration of movement, wherever it was deemed possible.

It is believed that there are many more cases unreported, due to mildness of symptoms and wrong diagnoses, than there are cases reported. The disease is relatively new to the United States though it is said to be ancient in origin. It was not recognized here until 1894. Today it is found in all parts of the world, and temperate climates resembling our own favor it. It is not a disease of the impoverished nor of the well-to-do. Yet there appears to be a parallel between the rising living standards of the nation and the ever-mounting yearly epidemics of the crippling disease. The first epidemic took place in New York City in 1907. The 1916, 1931, 1949

and 1952 epidemics reached the greatest proportions. In a few short years the disease changed from one of rarity to one of epidemic yearly recurrence and the medical mind has been in a state of desperate and constant search for some solution in the form of an immunizing agent.

Research was the answer. But research took money, and lots of it. Destiny came to the rescue in the unfortunate affliction of our late President, Franklin Delano Roosevelt. This circumstance touched off the organization of the National Foundation for Infantile Paralysis and the resulting annual March-of-Dimes campaigns, which have collected 270 million dollars in the 17 years since their inception. These monies are purportedly used equitably for alleviating the discomfort of polio's suffering victims and for the deemed research necessary for its conquest.

Here indeed was big business! And, as everyone who isn't living in a cloud knows, big business has to produce. Research indeed was the answer. So—out of courage and generosity, out of sympathy and sentiment, out of tender-hearted pity for the poor suffering kiddies who annually fell victim to this modern plague, the people (sic!) determined that polio had to be licked and that American scientists were the ones to do it. Fancy science going chauvinistic! But scientists are ever beset with their own unsolved problems and are ever wary of taking on new ones. So science had to be organized. Thus the grant-in-aid was thought up and, believe you me, big business never conceived of a better stunt to shake some of the lead-thargy out of the pants of the lazy tinkerers that comprise the great majority of researchers. Especially is this true when renewal time approaches. At that time there's an aura of or else in the air that gives a magic spurt to scientific inquiry. Now, organization spells efficiency. So, all the threads of the polio research fabric had to be pulled together—that is, all the threads that fit into the

color scheme, thus automatically ruling out all undesirable hues and shades (of though:).

Well, they researched to the very beginning of polio in this country, and found there was nothing until 1909, when Doctor Karl Landsteiner proved that polio was caused by a virus and not by the bacteria the medical profession had long sought in vain to find. Landsteiner discovered that this virus could grow only in the spinal nervous tissues of monkeys or humans. (Maybe this was the answer to Jekyll and Hyde complex instead!) ,The years that followed showed very little in the way of successful polio research. The key to the failures of these un-productive years turned up, it is said, when in 1949 Drs. Bodian and Howe of Baltimore discovered there were three well-defined types of polio virus instead of the single type heretofore thought to exist. This is about the time Dr. Salk first enters the picture for Salk was one of the four laboratory directors, singled out by the Polio Foundation to verify the findings of Bodian and Howe, a project that took three years to complete.

1949 turned up another related project in the research of Dr. Enders of Harvard, who showed that polio virus could be grown in non-nervous tissue cultures in test tubes, thus freeing research, as it were, from total reliance on monkeys. Up until this time the cultures in which the virus was grown were considered unacceptable for producing a commercial vaccine for human injection. Salk then took on from Enders' work and found, as Enders had already, that monkey kidneys were the most successful virus-growing tissue, at least up until that time. All that remained was to find the best broth in which to grow the tissue cells. Salk settled for one that was developed by Dr. Parker of Toronto. Now all the ingredients of a successful vaccine were at hand. The problem of live virus vaccine as against the killed virus vaccine was booted about furiously, and to this day it still is.

Salk was the first, I believe, to suggest a dead virus vaccine as a more practical means of protection. In opposing his theory many of his colleagues hold that a live virus with the paralyzing sting bred out of it gives the patient a mild non-paralyzing disease that induces a lifetime immunity. The “dead-virusers” are said to be more concerned with the element of risk, claiming that the live virus can always turn to a paralytic type.

Salk, of course, is a dead-to-center dead-viruser. Salk’s being chosen for this job was no matter-of-chance happening. In his medical student days at New York University he was one of the bacteriology pupils of Dr. Thomas Francis, Jr., head of the department. Was it fate spinning the wheel? Let’s see. After graduation and internship at Mt. Sinai Hospital in New York, the National Research Council, on the basis of some work he had done as a student on flu virus under Dr. Francis, awarded Salk a fellowship at the University of Michigan, where he worked again under Dr. Francis. Together they developed the flu vaccine now on the market. It just so happens that this very same Dr. Francis was in charge of the evaluation of the whole polio project sponsored by the Foundation, and it was he whose history-making report on that fateful April day stirred the nation and the world into a frenzy and enthusiasm that exceeded anything ever before accorded a medical discovery. The reception and reaction well befit the dawn of a new era. To return to Salk—the Francis influence was felt again. When the University of Pittsburgh decided to set up a virus laboratory of its own, Salk was asked to take over. He transferred his work to Pittsburgh where he has been ever since, and where the final stages of the vaccine research were carried on. There may be no implications in the association of Drs. Francis and Salk, but the sequence and turn of favorable events surely points a finger of suspicion, especially at the

big business aspect. Personally, I prefer to think of them as a happy combination that unfortunately worked the wrong side of the street. The respective parts each played in the huge drama must remain conjecture, but it was Salk who came in for the big hero worship. At any rate both helped forge another link in the chain of medical advance that is fast reducing the human race to a state of medical mesmerism. It doesn't take too much imagination, with things going as they are, to calamitously view the supposed success over the summer scourge as the beginning of our fall.

The Hygienic perspective naturally rejects the whole affair and shares none of the enthusiasm for this newest millennium. We've seen far too many of them. To our way of thinking, all the vaccines and all the antibodies they can arouse do not answer the basic questions of where do the viruses come from; why do they attack as they do in the good old summertime; and how do they get into the human body? As I understand it, medicine has failed to definitely establish a true portal of entry for the virus, and this has brought forth the further controversy of endogeniety and exogeniety. There are many theories. Some investigators consider the virus as an enzyme-like substance with a deranged cell proclivity. Others see the virus as a biochemical substance that goes haywire. Others think oh well, why go on? Your guess is as good as theirs. As far as we are concerned, it all boils down to this: We don't see why we should put our bodies to the extra effort of producing antibodies, to combat dead viruses, to produce artificial immunity to something we needn't have had in the first place. Frankly, it all sounds too Quixotic. Moreover, windmills are out of style. We now have windbags and not imaginary ones either.

But to get back to Salk. Despite the unquestioned brilliance of his mind, in our opinion he is barking up the wrong alley. The logic of that mind cannot make up for the

incorrectness of its premise. In this game of polio research (and that's what it has turned out to be) he intercepted the ball and carried it across the line to a delusive touchdown. It so happens the goal posts of victory happened to be his own, and, well—"that, wont win any games." In the final score, if I may continue the metaphor, I'm sure the superior ground strategy of polio will easily overpower the aerial astigmatics of Salk and his team. Any qualified coach or judge would advise Salk to discard his theoretical illusions and reconstitute his attack and defense formations on more practical considerations than the color of his opponents' uniforms or some similar superficialities. This might explain to him the fact that polio cannot be beaten by concentrating on its symptoms because they're simply a camouflage when evaluated on a prima-facie basis. The Hygienist does not accept symptoms at their current face value. He uses them as legal tender to gain entrance to the deeper vaults of the human body wherein the foundation stones of disease are more easily discernible. As these stones are laid so does he deduce the weaknesses in the human structure. In this way the active as well as the potential factors are brought out into the clear light of scientific evaluation; etiology and prognosis are more truly estimated; and acute and chronic disturbances are nipped in the bud of their origin. The fact is nobody, Salk included, can follow the phantasmagoria of symptomatology and come to a true understanding of any disease for the simple reason that symptoms are only symptoms, not causes, Or is that too elementary for men of Dr. Salk's caliber?

His error is not one of logic but rather of the superficial premise upon which he launched his whole research program. Mankind's error exists in its being constantly deluded by the specious type of reasoning men of medicine employ and base their conclusions on. We forget that logic

is a means to an end, that it can serve the villain and the saint, the misguided and the well grounded, the people and their exploiters. In this instance, the end served is surely not ours, for had it been, Salk would have probed deeper than the symptoms of polio to get to the underlying bottom of the problem.

He would have explored other approaches. He would have considered other premises than the germ theory of the disease. He might have given thought to the possibility that perhaps virology was not the only beginning to so serious a study. He might have glanced back through history's pages and refreshed his memory on the course of pellagra in our south; on the scourge of scurvy; on the incredible incidence of beriberi among the white rice eating peoples of the Orient. He might even have seen the related significance of this latter condition to the present problem of polio in the symptoms of its advanced stages known as polyneuritis, in which control of the muscles of the feet, legs and arms, and in severe cases of the trunk too, is affected. He might have learned that these too were epidemic diseases and were endlessly ascribed to various germs, and that in the final analysis all medical research in their behalf turned out to be meaningless medical meandering down the insidious avenue of infection; proving that medical research, if not a disease in itself, is surely a pathological compulsion in most cases.

In the end pellagra, scurvy and beriberi turned out to be diseases of dietary deficiency that could be controlled by the simple process of putting back into the nutriment of nature some of the vital elements that commerce saw profit in removing. These and many more correlatives could he have seen had his immunological perspective recognized the true relationship of Virology to Symptomology, as that of tweedledee and tweedledum. Hygienists do not discredit the presence of the three guilty viruses. We say that they are

merely a symptom of polio rather than the cause. And we openly admit our skepticism of any approach to the problem of polio that systematically or unwittingly ignores the basic enervating and toxemic forces that nurture the soil of its growth in the human body.

Furthermore, we look askance on any data that disregards the clues inherent in the study of the comparative eating habits of our own rich country with its high polio rate as against the eating habits of the poor countries of the East with their low polio incidence. Our superiority in the matter of advanced sanitation and hygiene apparently offers no advantages in the way of polio prevention, or at least not where our respective diets remain the same. The one clear spot in the statistical panorama is the difference in the overall consumption of white sugar. Explicitly, their's is but a fraction of ours. It may stun you to learn that in the year 1939 the per capita consumption of white sugar in China, where only sporadic cases of polio were seen, was 3.2 lbs., whereas in the United States 103.2 lbs. per person were consumed. I understand from good authority that this pattern ran true in the epidemics of 1949 and 1952, which were the most severe in our history.

This is not a rare and isolated statistical item. The United States Army documented well the figures of our soldiers contracting the disease in the Philippines, in China and in Japan—with no outbreaks among the native children. The Surgeon General's Office has reports filed away concerning the 1945 outbreak amongst our troops in the Philippines, when 250 were afflicted with the disease, with 50 deaths resulting—but with no outbreaks amongst the natives. The only plausible answer here, and one which has been reported by a few honest investigators, exists in the fact that the American soldier was allowed to take his eating habits along with him. He was permitted to stuff himself

with ice cream, soda pop, candies, pastries, etc. With all due respect to his great fighting ability he was coddled into ill health by the misguided generosity of the Army authorities, perhaps to recompense for some of the ghastly aspects of that systematic decimation of human beings called war. In one account I read the following: "Ice cream manufacturing equipment generally soon followed combat equipment."

In war as in peace polio seems to strike under similar conditions. The pattern of epidemiologic statistics clearly indicate a correlation between sugar consumption and epidemic outbreaks of polio in the various countries of the world. Our own country is perhaps the best example of this trend of figures. Salk might have studied the effect of white sugar on our calcium levels and learned something of calcium waste and its effect on nerve nutrition.

I do not pretend to have made a special study of polio, to have any data or knowledge difficult of access, or to have any special qualifications that permit me to speak with authority. But I refuse to close my eyes to what surely appears as worthwhile evidence just because it does not fit into the running crossword puzzle of rigged science that right now has even its instigators and promoters in a state of hopeless confusion.

If Salk was really the well grounded man he should have been, he would not have followed so quickly in the footsteps of the witch hunters bent upon finding an epidemic-borne virus for the disease. But then he might not have found it so easy to retain the sponsorship that enabled him to carry out the project. Researchers are well aware that funds available for research are earmarked with if's, and's and but's, and that they all spell conformity in big fat letters. It's got to be a virus! It's got to be specific! And it's got to equate with some manufacturing scheme! "Or else, Mr. Researcher, you're gonna have to get off of your hands and seek your own way in the cold, cold world." It's

easy to see how self-preservation can gain an easy ascendancy over the nobler impulses of race preservation. Picture an idealistic young research genius (who by some special moral stamina is reluctant to relinquish his standards) up against the dilemma of compromise or starvation. It isn't long before integrity gives way to passive acceptance of the philosophy "Well, a guy's got to live." And the downfall of an honest soul is well on its way.

Frankly, I don't know that such a thing as pure research exists today except in isolated cases and in the small remains that minds disposed to science never lose. Yet, where in the world is true research more needed than in the biological sciences? And where in the world is it more bungled than in our own great country where human health has become the most profitable means of mass exploitation yet devised, and where research has become a football in and out of science, and where all the avenues of public health education are aimed at the enslavement of the mass mind to the promptings of the total medical industry.

The newspapers and the airways play up with sickening sentimentality the noble sacrifices of the dedicated doctors who daily sacrifice their own personal interests by working in the wards, the clinics, the hospitals and the laboratories. They feed us glowing word pictures of little children, victims of leukemia roaming around cancer wards awaiting the noble ministrations of the doctor. They show polio victims being given the chance to learn to walk again ... on crutches! They describe the various institutions and dramatically paint the altruism of those doctors engaged in helping the youngsters rout out some of the scars that follow in the wake of their afflictions. But do they tell you those kiddies are there because of medicine's failure to serve the public need? Do they tell you that those little spastics are bearing the cross for the mistakes of medicine? Do they tell you that

those innocent little victims of polio, diabetes, cerebral palsy, nephrosis, rheumatic heart, etc., are living symbols of the low standard of medical practice? And as for their touching sentiments—are they as sentimental in reporting the investigations of those able men who disagree with current medical fancies? Not by a long way!

They either ignore or scorn those whose results contradict the efforts of medicine. The miracle of the Salk Vaccine is not the miracle of hope we were told to accept. It is the miracle of sensational overselling. Even the President admitted this. To put it in the words of one of Salk's henchmen, Dr. Robert A. Moore, Vice Chancellor of the University of Pittsburgh Schools of the Health Professions: "Health is too important to hide under a bushel. We have something to sell, and if we are convinced our product is good, let us use the same techniques others use in our society to sell their products." (Emphasis mine.) This statement speaks for itself. Does the learned Doctor not realize the potential for harm he's condoning? Does he not realize the callousness of his attitude? I'm wondering what he actually means by "good." Good to sell or good to take? AND what, does he mean by "health"? Falling for every gimmick medicine and the drug industry parades before our eyes?

Before we can consider the new vaccine the dawn of a new era it had better dawn on us to get rid of the old. The change we need is not merely a switch of affections to a new vaccine (heaven knows they come too often). What we need is to get rid of the whole nonsensical apothecary of medicine and to adopt a sane approach that will start at the bottom of things and not somewhere in the middle of nowhere, as Salk did.

And that approach must of necessity aim at the unity of disease—not at one of its manifestations. Salk and all he represents in method and philosophy see health only in

terms of a suppression of symptoms. We Hygienists look upon health as a high standard of physiological efficiency. We say this difference is not only a matter of philosophy, but that it is a starting point that leads on one side to an endless hunt for techniques of covering up or masking the setbacks we bring on to ourselves by incorrect living; and on the other side to a system of honest inquiry into the real foundations of health. We say with Byron, "The best prophet of the future is the past." On the past record of medicine we must reject the work of Dr. Salk and his team of co-workers. In short, we look upon the new vaccine as a bane rather than a boon to humanity, however slow its accumulative effects may appear in the records.

As for immunity to polio and all the other disease designations, we Hygienists choose to keep faith with our principle of vital fitness. We consider the integrity of our physical economy the only real safeguard against any of the incursions of ill health, whatever the symptom complex may be. We view the phenomenon of artificially-induced immunization as the mere prelude to a pathological change of venue, a delaying action and therefore an obstruction of the laws of physiology.

We say you just cannot beat disease by preventing its symptoms. True prevention must start with the elimination of cause. We contend the elimination of polio must follow the same course lest it leave worse evils in its tracks. No, we do not think it's Polio's last summer at all. As for the vaccine, its mistakes are already apparent. Its consequences only time can evaluate. Salk's statement, on his day of glory, to the effect that he would like the prevention of mental ills to be his next target, confirms my contention that research can become a compulsive neurosis. As a follow-up of his work we have been threatened with vaccines for the common cold, for sneezing and, there have been hints, even for

cancer. Come to think of it, it may not be too long before they come up with one for thinking. Maybe Salk's work has paved the way for it, too. We wish we could think disease could be whitewashed so simply. We just can't, and look the figures of our national health in the face. Those figures belie the efficiency of the vaccines, the serums, the drugs and all the rest of the claptrap of the medicine man.

It is regrettable that man has long confused promise with performance and hope with illusion; that in the fatuity of his dreams the lessons of the past have eluded him; and that despite his sad experience he continues to patiently bear the burdens that error places in his path. In the cool sobering light of retrospect, when the mind dwells on the ledger of man's progress down the ages; when the balance sheets show our losses and gains, our aims and our accomplishments, our investments and our dividends; when we think of the state of the world and the despair that exists everywhere, and of our descending spiral of achievement in a moral sense: when we examine what science has brought us to, and where it might have—it is then that the spirit saddens and man is left to face the disquieting fact that he has never truly learned to distinguish between the milestone and the millstone.

The above articles are quoted from Dr. Shelton Hygienic Review Box 27 San Antonio, Texas by special permission.

A MAN'S OPINION IS NO BETTER THAN HIS INFORMATION

1. Béchamp, (the real discoverer of bacteria) writes 'Bacteria do not cause disease, and that, therefore serums and vaccines can neither prevent nor cure disease.'

2. Dr. James A. Shannon of the National Institute of Health, U.S. Government, June 23, 1955 states: "The only wholly safe vaccine is a vaccine that is never used."

3. The famous Doctor Harry R. Bybee says: "My honest

opinion is that vaccine is the cause of more disease and suffering than anything I could name.”

4. Human Biochemistry, in discussing *pyrogens* points out injections of distilled water may be potentially dangerous ... surely “monkey-juice” isn’t fit to inject into little children.

5. Dr. T. M. Schippel of Washington, D. C., writes, “Parents—play safe! Let other callous parents permit this poisoning of their children. Just take your youngster off candy, soft drinks and colas and infantile paralysis will pass your family by. Remember, polio is not ‘catching’—it comes from the insides of ‘over-indulged’ kiddies.”

6. Dr. S. A. Mills, so correctly defines polio as ... “polio is a toxic waste paralysis, toxic . . . because of how it affects. waste, . . . because of what it really is. paralysis ... because of what it does.”

7. Prof. Yutaka Mukai (Japan), states—”Polio is not caused by the Virus, but essentially the physical constitution. Health promoting foods can prevent Polio completely.”

8. Scientist and physician, Dr. William F. Koch, M.D., Ph.D., says, “the injection of any serum, vaccine, or even penicillin, has shown a very marked increase in the incidence of polio, at least 400%. Statistics on this are so conclusive, no one can deny it.”

9. September 20, 1953, The United Nations World Health Organization Committee reports, “Efforts to Control Polio Complete Failure” and condemns any large scale intramuscular injections.

10. Dr. Charles Creighton M. D., (*Encyclopedia Britannica*) reports: “In England 1733 newly vaccinated infants died from syphilis.”

11. Robert S. Allen. Washington correspondent, reported in the *New York Post*”doctors and others on the staff of the National Institute of Health are not inoculating their

own children with the Salk vaccine.” Why????

12. The world’s greatest brains and scientists all agree there is no such thing as a virus ... merely a mythical word to confuse the public. Read Dr. A. J. Shadman’s (M.D.) new book, *Who Is Your Doctor And Why*.

God bless little Jackie Moore, crippled by polio who would today be healthy had not “medical phonies” concocted a fraudulent polio vaccine.

Any polio vaccine is fraudulent and dangerous. Inoculation for immunity is strictly a vicious “myth” ... making the body “unclean” and subject to sickness which may be polio.

Vaccinated children are far more susceptible to polio than children whose bloodstreams are not polluted.

Scientific American Magazine states: “No human virus disease has yet been brought under control by a killed virus vaccine.”

The fact that polio vaccines are sold on the “virus” myth and since there is no such thing ... isn’t it common horse sense to classify this vaccine as fraudulent?

The practice of vaccination is entirely empirical completely devoid of scientific certitude ... which by-passes all glandular guards of the body making it “unclean”, dangerous and subject to sickness which may be polio. No vaccine has or can achieve any scientific purpose.

The U.S.P.H.S. (United States Public Health Services) has developed into a high pressure sales organization to promote the wishes of vaccine producers. Could it be the U.S.P.H.S. is “loaded” with Russian doctors and could it be they don’t have American citizenship papers??? The non-thinking American public have been viciously lied to, brainwashed and deceived by these “rascals” who recall the old side-show puppets dancing and singing anything the string puller desires ... yet not a brain in their heads.

Little Jackie Moore had his polio shot ... now his right leg is in braces. There are thousands of similar cases with untold numbers now sleeping in their little white coffins all because of the most inhuman, unGodly, unchristian, money-making racket known to mankind. As Robt. Burns said, "Man's Inhumanity To Man Makes Countless Thousands Mourn."

Duon H. Miller
300 Bird Road
Coral Gables,
Florida

AN OPEN LETTER
TO DR. LEROY E. BURNEY

Duon H. Miller
300 Bird Road
Coral Gables, Florida
January 8, 1958

Dr. LeRoy E. Burney
U. S. Public Health Service
Washington, D. C.

When you report to the *Associated Press* ... “the incidence of all types of Polio declined 62% in 1957 as compared with 1956. and Paralytic cases declined about 73%” ... upon what FACTS do you base such a ridiculous statement?

If these figures are a brain child of the National Foundation for Infantile Paralysis, that alone will label them worthless as far as being truthful is concerned. Knowing the inner workings of this corrupt group from their President down to their local “hatchet-men”, I trust giving out these false percentages was not intentional on your part. Why continue taking the public on an expedition into Alice of Wonderland?

First, their President, Basil O’Connor, KNOWS of clinics in this country who have long successfully treated Polio, has received invitations to visit the clinics and even when he is in their vicinity he ignores them ...WHY??? Does he place GOLD before GOD???

Second, an M. D. lecturing for them at a public meeting admitted they had no immediate positive diagnosis for POLIO ... so for the past several years it is very clear they “juggle” the figures erroneously, simply to brainwash and lie to the public. We expect the TRUTH from public servants.

If a sick child were brought into your office, could you, any member of your Department, or any member of the A.M.A. that you know give an immediate, correct and positive diagnosis as to Polio. I doubt it.

You'll recall the "puppets" in the old fashioned side-show where they danced sang, etc., yet didn't have a brain in their head but were simply doing the planned wishes of the "experts" pulling the strings. It looks like the Money-Beggars and the monkey-juice peddlers are pulling the strings with our Health (?) officials, dancing and singing while innocent little children die from the unnatural injection of a foreign protein into the body in violation of every law of God and Nature.

Polio is a **CONDITION** ... as is a sprained ankle. It is not a disease caused by any mysterious live virus, as no such virus exists. Polio vaccine has **NEVER** prevented, or mitigated Polio in even **ONE** child or adult ... yet look at the **DEATHS** on the doorsteps of vaccine.

An honest Congressional investigation would shock this nation. I suggest you call for such an investigation immediately. Let us bring order out of chaos, eliminate this shameful "racket", prevent further suffering, deaths and disgrace. You may rest assured I'm eager and willing to cooperate without any personal recompense.

Will greatly appreciate a copy of the department's findings of fact which you no doubt have had prepared to support the Press release referred to in the first paragraph of my letter.

Respectfully,
Duon H. Miller

RABIES PAST, PRESENT IN SCIENTIFIC REVIEW

Millicent Morden
(Physician & Surgeon)

Rabies was an old superstition—a relic of the times when devils ran to and fro between animal and man carrying disease.

Pasteur, who had previously had a hemorrhage of the brain, changed this old superstition into a money-making disease.

Rabies is now a pet child of the Vivisection Trust which works internationally.

If vivisection has proven anything it has proven the impossibility of man contracting any real disease from a dog.

How long will filthy lucre keep the facts from the fooled public?

In early times, as recorded in articles available in old libraries, the kiss of a king would cure rabies. It was later discovered that a piece of the king's garment would be as efficacious.

Still later the “mad stone” when applied over the area of the bite would “draw out the madness”. Later some of the “hair of the dog that bit you” could either be chewed and swallowed or bound on the wound.

A still later discovery was that which employed an extract of “wild cockroach”.

In 1806 a Mr. Kraus was awarded \$1000, by the then rulers of New York territory for his scientific discovery which had kept rabies out of New York for Over twenty years. His formula is a matter of record and consisted of the ground-up jaw bone of an ass or dog, a piece of colt's tongue and the green rust off a penny of George the First reign.

This latter seems to have kept rabies out of the limelight until the time of Pasteur. Medicine has heard much of the

startling cure of Joseph Meister by Pasteur. Little mention is made of the fact that three relatives of the Meister boy were bitten by the same dog and without benefit of the Pasteur treatment recovered completely.

Dr. H. Bastian, a contemporary, took sharp issue with Pasteur's scientific ideas and conclusions. Another contemporary of Pasteur, Dr. Antoine Béchamp, took violent exceptions to Pasteur's reports on rabies and, incidentally, it was Dr. Béchamp who claimed to have previously discovered the cause of the silkworm disease. He also (Béchamp) was the man who made the discoveries on fermentation. The records of the French Academy of Science substantiate Béchamp's claims.

Dr. W. R. Hadwen of England was also in controversy with Pasteur. Dr. William A. Bruette, former assistant chief of the Bureau of Animal Industry in Washington, was also a contemporary of Pasteur and gave many proofs of Pasteur's incorrect findings. Dr. Bruette has proved, as a matter of fact, that rabies vaccine is not only a fraud, but harmful. He scores the use of rabies vaccine and states that "inoculation spreads disease." He goes as far as to call the sale of rabies vaccine an out and out racket.

Dr. Matthew Woods, another contemporary of Pasteur, then a leading member of the Philadelphia Medical Society, wrote much on the subject of rabies. He stated, "at the Philadelphia dog pound, where on an average more than 6,000 vagrant dogs are taken annually, and where the catchers and keepers are frequently bitten while handling them, not one case of hydrophobia has occurred during its entire history of twenty-five years, in which time 150,000 dogs have been handled."

"The records of the London Hospital, a few years ago, showed 2,668 persons bitten by angry dogs. None of them developed hydrophobia."

St. George's Hospital, London, records 4,000 patients bitten by dogs supposed to have been mad. No case of hydrophobia.

“In the record of all the diseases which have occurred at the Pennsylvania Hospital in one hundred and forty years, only two cases which were supposed to be hydrophobia have occurred. One of these, however, the only one submitted to bacteriological test, did not confirm the diagnosis, ‘hydrophobia’ and the local health authorities refused to register the death as due to rabies.”

Dr. Charles W. Dulles, lecturer on the History of Medicine at the University of Pennsylvania, who was appointed by the Medical Societies of the state to investigate rabies stated that he is “inclined to the view that there is no such specific malady” because after sixteen years of investigation he had “failed to find a single case on record that can be conclusively proved to have resulted from the bite of a dog or any other cause.” The report and Dr. Woods’ letter were endorsed by Dr. Theophilus Parvin of Jefferson Medical College and President of the National Academy of Medicine; Dr. Thomas G. Morten, Coroners Physician; Dr. Charles K. Mills of the University of Pennsylvania and Dr. Thomas I. Mays of the Polyclinic Hospital.

Dr. Woods recently wrote a discourse of mimetic diseases, in which he discussed rabies. His evidence supports the view that so-called human rabies is the result of a disordered imagination (fear). In animals, so-called rabies is fundamentally due to maltreatment or malnutrition or both.

Dr. Wilcox of New York investigated a “rabies scare” because of eleven alleged deaths from rabid dog bites. Upon complete investigation, it was found that not one of these deaths was due to rabies. With the publication of his report to the city council, the “rabies scare” ended forthwith.

Dr. Elmer Lee ended another rabies scare on Staten

Island. On autopsy the rabid dog was found to have died of thread worms and not rabies. The worms were lodged in the heart of the animal.

A similar finding of worms ended the Kiondike Rabies Panic.

Dr. Stillman, in 1922 voiced the opinion that rabies was “pure humbug” and that in over forty years as a practicing physician with a very busy practice and wide travels throughout Europe, he stated that he had “never seen a case of hydrophobia or rabies.”

In a letter answering a request for information, Dr. Stillman stated: “Several years ago there was considerable excitement occasioned by the declaration of a rabies quarantine by the state department of agriculture in Albany, N. Y. It lasted two years. Many dogs were killed. Their heads were sent on for official examination at Cornell College Veterinary department. Many were pronounced rabid, but the test was dependent upon the presence of certain Negri bodies in the animal’s brain.”

“I was told by a pupil of Pasteur in France that these Negri bodies were sometimes present when there was no suspicion whatever of rabies. We sent the head of a harmless little dog without any disease symptoms whatever to Cornell and it was promptly pronounced rabid. Finally I went to the department of Agriculture, which had charge, and insisted that our society would hold all dogs declared rabid and we would see if any cases of rabies would develop. Not one case of rabies appeared and we have never had any since. When the animals were held simply to show whether they had rabies, none of them died and the entire scare subsided after two years of fanatical unrest and excitement which ought to have developed lyssophobia, or imaginary hydrophobia.”

Dr. J. W. Hodge reported that of 56,000 stray dogs and cats collected in one year, not one case of rabies was found.

He further states that there is no rabies in England nor is the Pasteur treatment permitted to be used. Dr. Hodge has in his possession the names and addresses of more than 2500 persons reported as having died of “hydrophobia” shortly after having received the Pasteur preventive treatment. This would seem to prove that the cure is more deadly than the disease when one considers that nearly 300 of these “victims” of the Pasteur treatment had no recollection of ever having been bitten by a dog. Dr. Hedge predicted that “future generations will look upon the present day delusion about hydrophobia and the Pasteur treatment with feelings akin to those which we experience when reading the history of witchcraft delusion.”

Dr. Dulles, previously referred to, has said, “I might cite my own experience in the treatment of persons bitten by dogs supposed to be mad, which has furnished not a single case of the developed disease in thirty years. And I have probably seen more cases of so-called hydrophobia than any other medical man.” Dr. Dulles was lecturer on the History of Medicine at the University of Pennsylvania, Consulting Surgeon to Rush Hospital and Manager of University Hospital.

Dr. William Brady, nation-wide columnist, has stated that, “The Pasteur treatment for rabies is a blind treatment and no one knows whether Pasteur treatment confers any protection against rabies. I’d never willingly receive Pasteur treatment or give it to any one under any conceivable circumstances, because I fear the material so injected has a disastrous effect in some instances. It is not always successful and, occasionally, paralysis follows its use.” It is Dr. Brady’s opinion that rabies “does not occur in man.”

“We, of the medical profession, have witnessed many errors perpetrated by good-intentioned, but misguided individuals and methods. The digitalis standardization by the

dog's heart, it will be recalled, resulted in a 300 per cent variance from standard."

In a hook entitled, *Béchamp or Pasteur*, by E. D. Hume, there may be found much proof pertinent to our discussion. A notable failure of the Pasteur treatment was that of a young postman, named Pierre Roscol, who, with another man, was attacked by a dog supposed to be mad, but was not bitten, for the dog's teeth did not penetrate his clothing; but his companion received severe bites. The latter refused to go to the Pasteur Institute and remained in perfect health; but the unfortunate Roscol was forced by the postal authorities to undergo the treatment, beginning March 9th. On the following April 12th severe symptoms set in with pain at the point of inoculation, not at the place of the bite, for he had never been bitten. On April 14th he died of paralytic "hydrophobia" the new disease brought into the world by Pasteur.

Another incident extracted from the same book shows the power of suggestion or fear in the causation of so-called rabies. It is hard to credit, but the case is recorded as follows.

"Two young Frenchmen were bitten by the same dog at Havre. One died from the effects within a month, but, before this, his friend had sailed for America, where he lived for fifteen years in ignorance of the end of his former companion. Returning to France, he heard of the tragedy and, actually himself, developed symptoms, and within three weeks was dead of "hydrophobia."

Another interesting recorded case is that of a lady, who returning from bathing, stated that she had been bitten by a dog. "The anxious parents rushed her for Pasteur treatments, she became violently ill, death followed. On the way home from the funeral the girl companions who were bathing with her told the parents of the dead girl that she was not bitten by a dog but by her young man friend."

There are over 3,000 deaths on record in reports from the

Pasteur Institute, of persons bitten by dogs. All died after treatments. On the other hand, the record of the London Hospital, a few years ago, showed 2,668 persons bitten by angry dogs: not one of them developed hydrophobia and not one had been treated by the Pasteur method.

“Who was this man Pasteur? What did he actually discover? The answer to the first is that he was a chemist of sorts. The second question can be answered only with the reminder that he separated L & D tartic acids. That is absolutely all he did. The rest of his work—yea—even the silkworm disease and bacterial work was plagiarized from that, not too well-known and much neglected professor of Montpellier, Antoine Béchamp. Professor Béchamp’s writings, when properly studied, will be found to have afforded the solution to many of the problems which had puzzled biologists, physiologists, pathologists and philosophers for many years.” —Hume.

Speaking of Professor Béchamp’s works, Dr. Leveson of England says, “I also found in those truths absolute proof of the absurdity of the germ theory of disease; and, by the study of the writings of Pasteur, to which Béchamp’s works unavoidably led me, I found full proof that the great god of the (supposedly) men of science of the latter half of the last century and of many of the present, was in fact, the most astonishing of plagiarists and distorter of other men’s discoveries; chiefly those of Professor Antoine Béchamp, and of his collaborators and pupils; and that this plagiarist was the most monumental charlatan, whose existence is disclosed to us, in the entire recorded history of medicine.”

“You have already surmised who was this plagiarist and charlatan. It was Louis Pasteur, to whose memory France has erected statues all over the land and endowed the Pasteur Institute.”

Since this record is not an enviable one, let us view rabies

from the standpoint of the known facts. We have seen that normal dogs are also classified as rabid by the so-called microscation of these so-called Negri bodies. We have also seen that the identification of these so-called Negri bodies is dependent upon the individual observer. Seldom do observers agree. Experts at the Pasteur Institute admit that Negri bodies are not a specific indication of rabies. They also record many deaths by treatment with the Pasteur system.

On the other hand, reported untoward effects in non-treated patients (very few cases are reported it will be noticed) can be explained on the basis of fear or susceptibility to slight injuries. For example, Dr. W. W. Duke of Kansas City, among others, on writing on allergy, cites cases of violent convulsions and deaths following slight injuries in individuals seemingly in perfect mental and physical condition.

These violent deaths are reported as resulting from scratches, tooth extraction, hypodermic injections, extremes of heat or cold, shock due to various causes, love affairs, etc. The allergy experts often lay stress on the relative importance of former illness which may have undermined the health of the patient. Such varied causes would indicate "fear" plays a profound role in the sequelae observed.

Dr. Buisson of France had been badly bitten by a dog and was given up to die of hydrophobia. He recited that his fear was, of course, intense as was his suffering. He decided to try to relieve his sufferings by a warm bath. After soaking for one and a quarter hours, his convulsions disappeared and he became well. He cured all other cases which came to him in a similar way. The Buisson baths were employed with great success in France in rabies cases.

In Germany, cases of dog bites are sensibly treated by applying suction to the wound or squeezing it to induce and low free bleeding. They leave the clotted and dried blood on

the wound without further treatment and they never have further trouble.

In my experience, nothing stronger than mild soap and water should be used on such wounds. I feel that cauterization is too shocking to the tissues.

Is rabies then a disease? Have we isolated a virus or germ? Is the Pasteur-treatment specific? Is rabies, in short, fact or fancy? I believe it is fancy, for I have handled so-called rabid animals and humans without benefit of Pasteur treatment and in no case has there been a death or any other symptoms of rabies. I submit that rabies is non-existent and that the Pasteur treatment for rabies is worse than the disease, if it were a disease, which it is not.

P. S. I have examined and witnessed the repeated examinations of every part of the brains of the so-called rabid dogs. The mouse and rabbit tests have proved ridiculous ever since the time of Pasteur.

Millicent Morden
Physician & Surgeon
72 Norman Ave.
Brooklyn 22, NY

HERALD OF HEALTH AND NATUROPATH

THE SALK MONKEY KIDNEY JUICE

Dr. T. M. Schippell, N.D.

June, 1956

The Doctors Talk it Over.

“We, naturopaths, have been holding our breaths, worried about the revelations that are sure to make themselves manifest as a result of this Salk vaccine craze. And it is a “craze”—which later will be frankly dubbed ‘crazy’ by the scientists who, in the future, look back on our present way of life. You cannot poison the human blood stream with the decaying products of a diseased monkey’s kidney and not eventually pay the price to the Almighty.

“When human blood stream was sealed from outside contamination— that was the silent warning Nature gave to man not to monkey with the body’s life-line with monkey kidney juice or other foreign substance. But our hay-wire scientists seem to believe that they know more about the functioning of the human organs than the Creator.

“This dosing with ‘Salk slop’ is in the same category of so-called medical research which permits a surgeon to yank the tonsils from a helpless child or ‘scare’ an appendix operation from a grown-up. Not many years ago the ‘big bugs’ in the medico-scientific field had the effrontery to calmly state, in their public meetings, that the ‘appendix’ served no useful purpose in the body and the tonsils were the remains of our ‘gills’—left over in our bodies when man emerged from the sea as a land animal. Now, students realize that the appendix helps to keep the cecum on the safe side by holding the putrefactive bacteria, in that blind sewer, at a safe level and that the tonsils play important parts in killing disease organisms that would otherwise get into the

lymphatic circulatory system.

“Yet in many quarters the yanking out of tonsils for a fee and the chopping out of the appendix for the doctor’s wife’s fur coat continue unabated. Gall bladder operations are still sending unfortunates to the insane asylums as of yore and the so-called ‘fixing’ of stomach and intestinal ulcers by ‘removing a section of the anatomy’ with a knife, is still considered good ‘practice’. Yet even the most obstinate medical physician and surgeon knows that ulcers are caused by too strong stomach chemicals, digesting the mucous membrane, and that the proper treatment is merely to reduce the strength of such digestive chemicals. Small-pox vaccine—which has spread syphilis throughout the civilized world is still ‘obligatory’ in many parts of the universe and the Schick vaccine—that arch killer of Japanese babies in the hands of our army ‘brass hat doctors’—is still being used as a ‘professional fee getter’ although it still curtails the infant population.

“Altogether , the situation seems to be getting worse—not better. And the Salk vaccine—for all its blatant propaganda, for all its high endorsement by the Public Health Department of our kindly government—is failing dismally just as Duon H. Miller, of Coral Gables, Florida, predicted it would fail.

“Let us look again at this rotten laboratory concoction—this Salk vaccine made from the diseased kidney of a tortured monkey. If you will recall, the proponents of this polio medicine never claimed that it would prevent polio. Those gentlemen of the dollar sign merely said that it would probably prevent the paralysis which followed or accompanied the usual polio. They knew that nothing that could be ‘shot’ into the clean blood streams of the youngsters would lower the sugar content. And manifestly it was the excessive sugar—taken into the infant’s body in the summertime in

the shape of ice cream, cola and other soft drinks, candy and like sweets—that brought on polio.

No question about that! All medical books show that polio does not exist in those countries where the consumption of sugar—refined sugar—is less than 90 pounds per person.

“Well, anyway, the American people were sold a ‘bill of goods’ by those stuff-shirted individuals back of this Salk concoction. And it was the sainted ‘March of Dimes’ parasites who did that ‘selling’. No question about it—the ‘March of Dimes’ had to come up with some new ‘gadget’ to keep the dimes rolling in so that the motley array of individuals on that expanded payroll might still receive their lush salaries. And the gist of the whole ‘selling campaign’ was not that the Salk vaccine would cure polio or would even prevent polio. But it was emphasized that this Salk monkey juice would prevent the paralysis which followed polio.

“That prevention of paralysis was what actually ‘sold’ the American people on this Salk concoction. Polio, without paralysis, was not feared. The reason millions of parents were willing to ‘take a chance’ with their children and toss them onto the table of ‘medical experimentation’—the reason they were willing to have their offspring’s blood stream contaminated by this Salk filth— was in the hope it might prevent polio paralysis.

“As Al Smith would have said ‘Let us look at the record.’ Most of you know that during 1955, millions upon millions of little American children had their blood streams filled with this Salk vaccine. Some got one—some got two and some even get three ‘shots’. So, in this year of 1956—if this monkey juice was any good at all—the number of cases of polio should have been almost wiped out and paralysis, following the few cases of polio which did slip through, should be practically nil.

“Right in line with the above is a report, issued in Washington, D. C. on May 11, 1956, as appeared in the New York Times.

‘through 1956 through last saturday—May 4th—(four months of 1956) there had been 1,463 polio cases, broken down into 803 paralytic, 399 non-paralytic and 261 unspecified. In 1955—same period (four months) there was 1,599 cases, 437 non-paralytic and 459 unspecified. Paralytic cases numbered 703.’

“there you have in black and white the definite results of this Salk preventative paralysis vaccine. Although tens of thousands of children received the Salk trash in 1955 which should have protected them from paralysis—there were over 12 per cent more paralysis cases in 1956 than in 1955. Just how gullible do the medical authorities believe the American people are? The medical men should know that the average layman can read figures and make comparisons. So let us not permit these medical double-talkers to blind us further. What is the good of cutting down the polio cases if more of those who are stricken become paralyzed? And what is even more dreadful to contemplate—is the thought of what may be the aftermath of this placing in a child’s blood stream of this rotten, filthy juice from the diseased kidney of a dead monkey? Vaccination for small-pox spread syphilis throughout the world. And we, Naturopaths, are now wondering—what will this Salk filth conjure up?”

LETTER FROM DR. MILTON FRIED, D.C.

Health Research,
Mokelumne Hill,
California.

Dear Sirs:

May I congratulate you on your splendid work.

There are probably many moments of discouragement when you ask yourself, "Is it worth it all?" It is! It is only through public enlightenment that an end can be made to the abuses of the drug trust and the medical-bund.

Organizations such as yours are capable of slowing down the drug and vaccine steamroller. If you were not hurting them or if they did not fear you, they would not attempt to persecute you.

My personal knowledge of the medical-bund is of an intimate nature. I hold the B. Sc., M. A., and Ph.D. degrees from New York University. I did graduate work on a grant from the medical-bund controlled National Foundation for Infantile Paralysis. I am a graduate of an A.M.A. approved school of Physical Therapy and Rehabilitation. I have had clinical training in the finest hospitals in New York, including Bellevue Hospital, St. Vincents Hospital, Hospital for Joint Diseases, Brooklyn Veterans Administration Hospital, St. Giles Hospital, Postgraduate Medical School Hospital, and several others.

I have been on the staff of the New Jersey State Department of Health, and was in complete charge of the Monmouth County Cerebral Palsy Treatment Center. For the past three years I have been executive director of the Homestead Rehabilitation Institute (and still am at this writing.)

My experiences have enabled me to observe from within the workings of official medicine. At first, I could not believe what I saw.

Were the truth concerning medical treatment and so-called prevention ever to leak out, the stench of it would obliterate the public confidence in the medical profession and put an end to the fantastic drug trust profits.

Good people, like you, are battering at the A.M.A. stainless-steel curtain attempting to open a seam so that the light of day can enter the dark and secret places where the facts are hidden.

That stainless-steel curtain is strong, but it is far from being invulnerable. Truth is, in the long run, the hardest substance in existence—capable of boring through any tissue of lies, no matter what its composition.

You may, if you wish, publish my letter in part or in whole—and you may use my name. Please do not use it until after September 15, 1956. Until that date, I shall remain economically vulnerable to medical-bund attack. After that date, I shall be a practicing member of the great and honorable Chiropractic profession—having recently won my D.C., degree after four arduous years of secret study.

Keep up the good work, and may the Lord bless you.

Sincerely,

Dr. Milton Fried, D. C.,
223 Prospect Ave., Suite A. A.
Hackensack, New Jersey

SALK VACCINE: THE BUSINESS GAMBLE

By Spencer Klaw

“In the minds of the American people, partly because of the foundation’s National foundation for infantile paralysis) fund-raising campaigns, polio had come to seem, a major public-health problem which, in terms of statistics, it is not. For fifteen years Americans had been contributing to the March of Dimes, and they wanted results. The Foundation, acting as their agent, was determined to have vaccine available at the earliest possible.

“Park, Davis (Chemical manufacturers) had a special reason for pushing its vaccine development program. The company had suffered a serious financial setback. It had gambled heavily on Chloromycetin, an antibiotic, only to have the bottom drop out of the market after disturbing indications that the new wonder drug might, under some conditions, cause fatal blood disorders. The stockholders were asking blunt questions, and management was understandably on the lookout for a new product sufficiently spectacular to wipe out the memory of chloromycetin. polio vaccine seemed a good bet, and in the early spring of 1953, after spending a little over \$1 million on research, Park-Davis believed its own experimental vaccines were ready for testing on children.”

Salk Vaccine: the Business Gamble By Spencer Klaw, p. 125-126, Sept, 1956 issue of *Fortune Magazine*.

Is there a connection between the Salk vaccine and the transmission of monkey encephalitis to a number of mental patients in Germany? Those who are interested—should read page xxxi of *Doctors of Infamy* by Alexander Mitscherlich (who testified at Nuremberg).

LETTER FROM A MOTHER
WHOSE CHILD WAS KILLED BY SALK VACCINE

June 28, 1955

Polio Prevention, Inc.
Coral Gables, Florida

Gentlemen:

Enclosed are the newspaper clippings of the death of my 8 year old son Charles Bynaker. In these eight years I had a happy life until someone came up with polio "shots" which took him away from me.

They say he had a brain abscess but I know he didn't, because he never got sick until he took the shot. He took it on Thursday and came home Thursday evening, from school sick and the last words he said to me just before he died were: "Mommy the old shot made me sick."

Now can you understand how I feel? If I had 10 more kids they would never take the shots. Many people who saw him knew he was not sick until he took the shot.

As bad as I need a child, I can never have anymore of my own. If I had it to do over again, I would never sign the paper. I am a mother whose life has just been slapped in the face.

I know he did not have abscess of the brain. I know why they said he had. That was because they thought I would sue someone. Well all the money in the world won't bring him back.

They also wanted to cut his head to pieces, but I didn't let them I took him to the hospital in one piece and I meant to bring him back the same way.

I know how rotten this polio vaccine is and it is nothing but a killer. He was paralyzed from his waist up and died like that.

I found out who put it out, but maybe they lied again. They said it was put out by Lilly Co., but they have lied so much to me I just don't know what to believe anymore. They did not want to tell me who put it out or what doctor gave the shot.

They say it was free to all children, but lets stop and look what I had to pay. I am not a rich person and I had no insurance so it leaves me in a pretty bad spot. Hospital bills totaling \$163.75, plus burial expenses of \$358.00. Now do you see where there is anything free to it?

I hope you will send me the facts about this child killer vaccine, that's all it is. I know the shot killed my son. They had him in the iron lung from Saturday night until he died Sunday evening.

I wish all mothers could read my letter so they would not have to be broken hearted like I am now; so please feel free to publish any part of my letter.

Yours truly,

Margaret Bynaker
Rt. 2, Dayton, Va.

FORUM OF THE PEOPLE

A FATHER ASKS: “ARE WE GUINEA PIGS?”

Nashville Banner, June 13, 1959

Editor’s Note: *The Banner* has carried reports of official actions in connection with the refusal of Ben Gamble, Edenwold Road, to allow his children to be inoculated with Salk vaccine. He has asked this newspaper for the privilege of stating his side of the case. His statement follows:

To the Editor of *TheBanner*: “Are We Guinea Pigs?”

For the benefit of an uninformed public I would like to make my position, in refusing to have my children inoculated with the Salk vaccine, better understood.

I am not a belligerent person, neither am I a conformist. I try to obey the laws of the land, except where I think they infringe my individual rights.

My Bible teaches me that the Creator sealed our blood stream for specific reasons and with a lot more brains than the human race has today and that he did not intend it to be polluted with so-called serum.

Good health, in my book, can be defined in two simple words—assimilation and elimination. We are the product of what we eat. I live in the country, grow my own vegetables on organically fertilized soil and we have one cow from which we obtain pure milk. I have read where the U. S. is the most unhealthy nation in the world and the rejections made by the Armed Services seem to confirm this fact.

Doctoring has become one of the most profitable professions, simply because people have been brain-washed by clever advertising to think that most of the foods we buy in the stores is good for us, when in fact the reverse is quite true. Our soil is being ruined by chemicals and the foods we get in the store are all doctored with some form of additives to prolong shelf life.

I wish you could read the stacks of mail I am receiving from people in all walks of life who praise me for the stand I have taken against compulsory inoculation.

I think the following quotes from an article which appeared in the *Tri-State Medical Journal*, February, 1959, by Fred B. Klenner, M.D., should be of interest:

“In 1955 we were told by the National Foundation, the United States Public Health Service and ‘lesser’ Public Health Departments, Medical Societies through their political officers and appointees that one injection of the currently used polio vaccine would give prolonged, possibly life-time protection. In 1956 we were told, after those receiving the initial shot developed polio, that a ‘booster’ or second shot was necessary to raise the protective antibody level to a height whereby 90 per cent protection against paralytic infection would be assured. In 1957 we were told, after those receiving the second injection also developed polio, that a third ‘shot’ was imperative to effect absolute protection. For some this was their fourth and even fifth boosters. Now in 1958 we are told that a fourth shot is “Expedient.”

Dr. Joseph L. Melnick, a professor at the Yale School of Medicine had this to say: “We are not happy at the prospect of inoculating children year in and year out with the Salk

vaccine, for it contains monkey kidney protein which might (like the horse serum in Tetanus Antitoxin) produce allergic states if inoculated repeatedly over the years.” All must remember that the present polio vaccine contains, besides monkey protein, horse serum, formaldehyde, streptomycin and penicillin as well as indicator dye and preservatives, some of which, are also allergens. Feinberg reported the possibility of primary sensitization to penicillin in very low concentrations and stated, “The amount of penicillin in polio vaccine is small, but judging by its activity as determined by us in tests of passively sensitized skin, it is sufficient to produce reactions in highly sensitive patients.” Zimmerman reported on six cases of penicillin reactions to polio vaccine which were controlled with penicillinase. All physicians know that once an allergen is given to any individual the next dose, or the next might produce an allergic reaction—and such reaction could be fatal.

The PHS states that it is doing everything possible to encourage production of more potent vaccine, which is an admission that vaccine to-date has been weak and worthless. It means that millions have received ‘Ostrich’ shots believing themselves protected.

Dr. Henry W. Kumm, head of the National Foundation’s division of virology and epidemiology recently made the statement that the Salk vaccine for polio may soon be replaced by a pill. He stressed that “it (polio) isn’t nearly as finished as some people think. The number of cases in 1958 was larger than 1942 when we had no Salk vaccine.” Dr. Kumm admitted that a live virus vaccine should be more efficient and should cost less. Dr. John J. Hanlon, director of public health services, city of Philadelphia, Pa., stated recently that “it is becoming clear that we must switch over

to live-virus vaccine as soon as the scientists prove that it is completely safe and effective, and it looks as though this will happen in the near future.”

Too long, now, has the medical profession only served as a medium in expressing the views of others. Politics and politicians have no place in medicine.

Misleading and seemingly deliberate false publication of figures and comments on the merit of the so-called Salk vaccine must forever be regretted. In North Carolina the Public Health Service was claiming advantage for the vaccine two years before such injections were inaugurated. The magic number of 90 per cent effectiveness for the assumed killed virus vaccine against paralytic polio has never been substantiated.

Polio is a complex infection. There is a definite reason which will explain why a person comes down with non-paralytic or paralytic disease or no disease at all. It is only natural for those interested in a specific program to think that their views alone prevail. Just why does a person, vaccinated triply or 16 times or not at all come down with paralysis. Who can at this moment say what the factors are that give protection to one group and not to another; paralytic disease on one side of a street and not on the other. The fact that the total number of paralytic cases increased in 1958 even though 52,000,000 had been triply vaccinated is important and significant. Paralytic disease in 1958 was up 43 per cent over 1957 in spite of the fact that approximately 25,000,000 more persons had received the injections.

There is an old saying “It isn’t the things we don’t know that bothers us—but the things which we know and which are not true.”

I think J. H. Tilden, M.D., puts it about right, when he said—"It is exceedingly difficult to secure an honest hearing for any criticism of authority.

Established beliefs are well nigh invulnerable because they are accorded infallibility by the masses who are educated to believe that they will be damned for thinking, and because of this, few will tolerate opposition of any nature to anything they have been educated to believe. People who have their thinking done for them are always intolerant."

It is a truism that we are living in a time the like of which has never been seen before. We are front and center in a battle for men's minds. Now as never before it is vital that we have the truth, and yet there is an active conspiracy not just to conceal the truth but even so change the facts. The communications media are concentrated in the hands of a few men who are thereby enabled to manipulate the emotions of the American public at will.

In our present day world of new political techniques and mass publicity leverages, the unknowing are at the mercy of the knowing as never before, and it is not at all impossible that a clique wholly alien in aims to the interests of the nation could gain the symbols and controls of power, masquerading as the "government" of the nation while, in reality, exploiting it as a colony for their own private aims.

This raises the question as to how far a man of integrity may be morally and patriotically bound to pursue a course he knows to be injurious to his well being.

If you saw the Sister Kenny picture on TV June 8th you'll understand what I mean. Orthodox medicine has all but

destroyed competitive methods of healing such as homeopaths, osteopaths, chiropractor and naturopaths. However, in spite of this people are getting relief from such methods. People should have the right to select the Doctor he thinks can serve him best. It's not the people who are wrong—it's the system.

Ben Gamble,
Edenwold Road,
Nashville, Tenn.

TENNESSEE IS TO HAVE ANOTHER
MONKEY TRIAL ONLY THIS TIME
IT'S OVER MONKEY JUICE

By Ben Gamble

Well, it took the best legal talent the state could muster, at taxpayers' expense, to defend their position while I, as a taxpayer, must pay my attorney to protect my children from having their blood polluted with this monkey juice which they say has been 80% effective in preventing polio.

On the face of it, you know that's not true and the records show we have more polio this year than last.

I may be a "craggy" faced person as stated in June 28th issue of the *Sunday Tennessean* and I may even be one of the thousands of crackpots which Dr. Lentz mentioned in previous articles. However, I am a law-abiding citizen in what we all hope is free America and under the Bill of Rights of our Constitution I hope I still have this right to protect my children from having their blood contaminated with the organs from some poor unfortunate animal whose death and suffering must be heard by my God who promises to punish all who disobey his laws.

My case is attracting world-wide attention. I have received letters and a great many statistics from several foreign countries where the Salk and other poisonous serums have been outlawed.

Maybe a poor country man like me can't expect to get his side of this dirty situation presented under the Iron Curtain laws which are worse than those of Hitler or Russia which are being used to drug and brainwash us into submission.

I may even have to go to jail because my rights as a free man have been taken over by a more powerful money grabbing group who have the means to crucify me on the cross of freedom.

This case will hurt Tennessee far more than it will me.

People will hesitate to come here when they learn what their children must submit to before they can go to school here in Davidson County. I have received letters from all over this country praising my position in this matter and I wish to quote the following from a letter which I recently received from the health officer from one of the largest cities in this country:

“I am happy to see you challenge the constitutionality of the Salk Vaccine law in Tennessee. It seems to me that your basic defense should be along the following lines:

Public Health authority re communicable disease control is based on the right of people to be protected against an individual who has a communicable disease, and who is therefore a threat to them. Thus we have the authority to quarantine certain diseases e.g. tuberculosis or to require immunizations which are capable of preventing the spread of a disease if the person in question is to associate publicly with others e.g. smallpox and diphtheria immunizations. In the latter cases the immunizing agent not only prevents deleterious effects of the disease but more pertinently prevents the person from being infected with the disease which in turn makes him incapable of becoming a spreader of the disease. It is by preventing the infection that the deleterious effects of the disease is prevented. From a public health point of view, then, when we require quarantine or immunization it is primarily to protect the public at large from the individual and only secondarily to protect the individual. This we can contrast to a non-communicable disease program where our primary interest is to protect the individual e.g. we may advise yearly chest x-rays for the detection of lung cancer or periodic vaginal exams and testing for women to detect early cervical cancer. But our authority does not permit us to make this mandatory because of the non-communicability

of the disease. It is for this reason that our most important work in health education is accomplished by education and not by regulation. Most states in the United States e.g. Illinois, also feel that even in the case of communicable disease control through immunization it is preferred that in a democracy this be accomplished by education rather than by law. (I can make available a quotation to this effect from the standard text on public health administration).

Now the Salk vaccine is a very peculiar immunizing agent. The Salk vaccine is only alleged to protect the individual from the paralytic effects of a polio infection in a given individual by blocking the virus in its passage from the alimentary tract to the nervous system through the circulating blood. The evidence is extensive at present (and I can give you the literature on this) that the Salk vaccine does not prevent the alimentary infection with the polio virus so that the child or adult vaccinated with the Salk vaccine still remains a threat to others by virtue of the continuing discharge of polio virus from his throat and from the intestinal tract even though he is alleged to be protected from the paralytic effects of the infection by stopping the spread from the intestinal tract to the central nervous system through the blood stream.

The Salk vaccine, then, is uniquely different from small-pox, and diphtheria immunizations because it does not prevent the spread of the infection and therefore it does not prevent the public from the polio infection but it only protects the given individual vaccinated (if it works) from the paralytic effect of the disease.

To require obligatory vaccination for the sake of the individual is radically different from requiring vaccination for the sake of the public or for the common good. It infringes on a basic right of an individual to freely accept or reject something that is being done to his body. This principle is

quite obvious in surgery. A patient has a right to refuse what may even turn out to be a lifesaving measure. At any rate no patient is operated upon unless he voluntarily gives written permission. The same applies to medication. No person can be forced to take medication except under the special circumstances of being a threat to others. But even in the quarantine law for tuberculosis, where a patient refuses to undergo treatment which would make him non-communicable he still retains the right (intrinsic) to remain quarantined rather than accept treatment.

This I believe then should be your primary defense: the right of an individual to refuse a vaccination when the effect of the vaccine at best can only protect him and contributes no protection to the public at large. Smallpox and diphtheria do both: they protect the disease from spreading, and protect the individual from getting the infection and thereby the disease. The Salk vaccine does not effect the spread of the disease it only and allegedly protects the individual inoculated from the paralytic effects of the infection.

Your defense, however, should not stop here—for the following reasons:

1. Most experts will agree that enough time hasn't passed as yet to really know whether the vaccine is effective. At present, our evidence is mostly circumstantially or statistically contrived.

2. The manufacturing process of the vaccine has not as yet been standardized.

- a) Potency cannot be guaranteed, and much of the vaccine on the market since regulations were introduced trying to make the vaccine safe (May 1955 and Nov. 1955) have no potency or antigenetic capacity at all. (See Time Jan. 19, 1959). Medicine: Much of the material used in about 200,000 U. S. inoculations has been no good. As a result, an all-out effort to improve the commercially produced vaccine

is now being made. Until this succeeds, individuals who have already had three injections should get a fourth.)

b) Safety cannot be guaranteed. Naturally the vaccine is safer to the degree that it has no virus (i.e. antigen or potency). However, the manufacturing process does not insure safety of the vaccine. Safety can only be determined by:

1. Safety tests after the manufacture of the vaccine. But the safety tests aren't foolproof.

2. By surveilling its effect after it has been given to children.

The Salk vaccine is the only approved drug on the market which the USPHS constantly surveys in order to make sure that it is safe. If it were intrinsically safe there would be no need for this.

3. Finally part of the defense can well center around the fact that vested interests (drug houses, National Foundation for Infantile Paralysis) and over-committed parties (USPHS, American Medical Association, mass communicators,) and for the most part, only those items which are favorable, get to the laity or the physicians. That which is unfavorable is repressed or screened out.

For instance, the vaccine failed in the Hawaiian epidemic of 1958. But the USPHS stopped reporting on this in their confidential reports when this was becoming evident. There is much testimony to this effect.

In this connection, two recent items will interest you: a) A four-line item in the *Chicago Daily News*, Tues., May 5, 1959 London (UPL): "Dr. Jonas Salk Tuesday defended his polio vaccine against attack by the World Health Organization." b) *Chicago Daily News* (May 28, 1959), Duluth, Minn. (UPI) "One of the developers of a new oral polio vaccine said Wednesday the recent use of Salk vaccine in Israel had 'little if any effect.' Dr. Herald R. Cox of Lederle Laboratories, which seeks to market the new

vaccine, suggested the ineffectiveness of Salk inoculations during a round table discussion at the Minnesota State Medical Association convention. Cox said a confidential report on a polio epidemic showed 90% of children under 6 years old in Israel were given Salk shots. But the outbreak became an epidemic, he said. It is evident that the vaccine failed," Cox said.

The Israel epidemic occurred in 1958 prior to September. I have seen no reference to this epidemic in this country. There was an item on it in the *Lancet* (a British medical journal) in the Oct. 11, 1958 issue on page 766. This was a summary report on the Fifth European Symposium on Poliomyelitis held in Madrid on Sept. 3 8-300. Two reports are of interest:

1. "Dr. Payne reported that Israel had an epidemic of several hundred cases in 1958, affecting equally those unvaccinated and those vaccinated with Salk's vaccine and technique. Three doses, but certainly not two doses, "perhaps" had a slightly beneficial effect."

2. Commercial vaccines were indifferent; and we wanted them three times, and in some instances six times more potent than they were, especially as regards Typell."

Aristotle suggests in his treatise on *Politics* that the electorate, like the medically educated layman, the "user", so to speak, may "turn" out to be a better "judge" than the experts, the statesmen and the political scientist on the one hand, and the practicing physician and the medical scientist on the other.

Two months ago at a polio meeting in N. Y., I found out that, in Israel 70% of the vaccine used to immunize the children under 6 was Lilly vaccine. In this country Lilly sells the most and has the worst, but they seem to have some kind of a tie-up with Salk, Basil O'Connor and the USPHS.

I am running out of time. Under separate cover I

will send you all my published writings on the vaccine. Everything I have written in the past still holds. I am sorry that my work load has not permitted me to write more. But when I can get my hands on a \$5,000 grant to facilitate matters I intend to do a book. I have managed to keep up on everything that has been going on.

If you need more help from me let me know. This Friday I leave for the meetings of the American Medical Association in Atlantic City and will be there for most of the week. Over the weekend I expect to visit family in N. Y. and will be back to my desk by June 17th. I will do what I can for you, circumstances permitting. To repeat, however, my work load gets heavy and pressing and I can't always answer immediately. If it is urgent, however, I will manage to.

I do think, however, that the North Carolina and Tennessee law is both unconstitutional and unwise, and I do believe by demonstrating this in the court you will contribute a great service to science."

It was the obvious intent of the 1909 Private Act to compel immunization "shots" against communicable or contagious diseases. It has never been proven that polio is contagious. To be consistent Dr. Lentz should restrict the intermingling or association between the Davidson County residents and those from other areas. It might be interesting to know what the incidence of polio is in adjoining counties where shots are not compulsory and where a far less percentage in the 40 and under group who have availed themselves of this so-called protection.

Why is it that polio is on the increase in spite of the increased number taking the Salk shots. Why is it if Salk shots are 80% effective that there are repeated warnings and scare headlines suggesting the possibility of a polio epidemic.

I am very grateful to the *Nashville Banner* for the space

they have given me to present my position in this important matter which really effects every family in our state and I am sorry to say that our other newspaper has not seen fit to give me the same privilege, however, at my trial I shall have witnesses from various parts of the country who have offered their services to testify in my defense and if the people can get the true facts, I'm sure that during this trial, a great many important facts shall be brought out and I am sure when it's all over, justice will be done.

Ben Gamble
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Madison, Tenn.

THE AMERICAN CANCER SOCIETY

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“I believe, after a careful study, that the policies of the American Cancer Society are open to question.

“The American Cancer Society was organized in 1913 by a group of public-spirited physicians and laymen. In 1937 the Society launched its first annual drive to obtain funds from the public. It was an honest endeavor, and the activities of the Society during this period can be commended.

“In 1945 the Society was reorganized. A group of influential businessmen joined the Board of Directors, and a program of research was added to complement education and service to the cancer patient.

The new Board of Directors introduced two features into the activities of the Society: get more money from the public and have an exclusively layman’s society distribute funds for research.

“First, let us consider who were the ‘influential businessmen’ who, in 1945, joined the Board of Directors. Among the directors ‘elected’ to the new Board of the American Cancer Society were: Mr. Elmer H. Bobst (of William H. Warner Co.) who became Chairman of the Board, and Mr. James S. Adams (of Lazard Freres etc. Co., New York) who became the Treasurer.

“During the following ten years the team Adams and Bobst has influenced decisively the fate of cancer research in America. During this time, Bobst acted as the owner

of the various Warner-enterprises (mostly dealing in pharmaceuticals) and Adams acted as the banker of the Warner-enterprises. (Warner-enterprises have recently been taken over by Lazard Freres etc. Co.)

“There is a record of Bobst’s activities prior to his election as the Chairman of the American Cancer Society. In the book of Mr. Wendel Berge, Assistant Attorney General of the U. S.: *Cartels, Challenge to a Free World* (Public Affairs Press, Washington, D. C.) Elmer H. Bobst is mentioned among those who were prosecuted by the Dept. of Justice for violation of the anti-trust laws.

“On December 17, 1941, Bobst was found guilty by the Court, and fined \$6,000.

“The violations of the law of which Bobst was found guilty, included ‘the hostility of cartel members toward a new product which endangers their control of the market. ... In the field of synthetic hormones the cartel control has been such as to be detrimental to our national interest’ (p. 81).

“Among the methods used by the cartels Mr. Berge quotes: ‘It has attempted to suppress the publication of scientific research data which were at variance with its monopoly interest. (p. 84). Research in U. S. has been seriously affected by restrictions imposed by foreign cartel members’. (p. 58).

“Methods to increase money collected from the public met with success. In 1938 the drive brought in \$133,487; in 1950 this rose to \$13,916, 396 and in 1955 to \$24,427,102.

“When a cancer drive for contributions is put on, a scare and accomplishment campaign in the public press is put into effect. Scare slogans are used such as, ‘One in six will die of cancer,’ ‘Seven Danger Signals,’ ‘Woman has to learn to examine her breasts at regular monthly intervals,’ ‘Rapid progress is being made,’ ‘Startling discovery,’ ‘Knocking a

hole in the tumor,' 'Crash attack on cancer.' The scare publicity whips the public to a state of mass hysteria.

"In reality, about one in 500 dies each year of cancer and there have been no significant advances made by the organization-controlled researchers of any importance.

"Concerning the distribution of the money to the right, scientists, wasting it on sterile projects, or its use for corruption, the public has no chance to advise or to decide.

"The monopolizing of cancer research started immediately after the new Board was elected to the American Cancer Society. In time, it was perfected. The public accepted the new idea, not realizing that research money in the hands of laymen acting without real control, would easily be used by unscrupulous people to corrupt science.

"In 1947 a new institution called 'The Damon Runyon Memorial Fund for Cancer Research' was created. The Fund was successful. As of July 1954, \$7,689,218 has been collected from the public.

"The main promoter of this Fund was the former radio-commentator Walter Winchell. Winchell was on radio time paid for by Warner Co. The funds of Damon Runyon Memorial were and are administered by the American Cancer Society. Large funds were also obtained from the U. S. Atomic Commission.

"There was an intertwining of institutions such as the Jane Coffin Childs fund, the Babe Ruth Foundation and others. Through this coordination the American Cancer Society was in complete control of public money spent for cancer research.

"Close relationship was created between the Society and the National Cancer Institute of the U. S. Public Health Service to which the Congress every year votes many millions of dollars for cancer research.

"Dr. John R. Heller, Director of the Institute, became a

member of the Board of the American Cancer Society, and James S. Adams of the American Cancer Society became a member of the National Advisory Council of the Institute.

“It was now possible to monopolize this money for projects agreeable to the combine, and to deny it to outsiders.

“In spite of the financial domination of Adams-Bobst, who had every year about \$50,000,000 to distribute, there are independent scientists who did not cooperate. A way was devised to annihilate them. The Society announced a new service, described by them as follows: This service assumes a “watch-dog” responsibility concerning unscrupulous attempts to exploit the universal suffering of cancer in appeals for funds or in respect to ‘cures’ and unproved methods of treatment.

“They now stood with the angels, wrapped in virtue.

“Thus a layman’s society imposes a censorship, self-appointed, upon an important branch of science, promoting itself to a position of scientific authority. When this ‘service’ is consulted, it ‘warns’ people not to give money for projects to which the Society is hostile, or to try any treatment not approved by the Society.

“\$1,500,000 in Advertising—In consequence, cancer patients, pronounced hopeless, are deprived of the opportunity of getting relief from newly discovered treatments, and, in addition, the ban of new procedures makes futile endeavors by independents to develop a new, successful method.

“It is surprising that these activities of the American Cancer Society, which are detrimental to the public health, are tolerated and even often supported by the American Medical Association. In late years, this Association has changed basically.

“While before, the Association acted as the promoter of public health and clinical medicine, now it behaves like a union of medical practitioners which exclusively promotes

the welfare of its members without regard for the public interest. The Journal of the AMA, which is regarded as the mouthpiece of medical progress, publishes many articles in support of the American Cancer Society without careful investigation of their correctness.

“The American Cancer Society spends \$1,500,000 in advertising. It is obvious that such a sum must bring results, publicity wise. On the other hand, anything critical of the Society is not accepted for publication. Money talks.

“The American Cancer Society is conscious of the danger of losing public support as it becomes clear that nothing of value is developed. Therefore, every year before the drive for money begins, the Society inspires reports of “tremendous” achievements in the press. Statistics are quoted showing cancer cures increasing.

“These statistics are fortified by statements issued by Federal Government Agencies.

“As a recent example, we quote the information wired on March 20, 1956 to newspapers: ‘Dr. Leonard A. Scheele, the Surgeon General of the U. S. Public Health Service, stated the rate of cure in cancer cases increased in the past ten years from 15% to more than 50%. These figures are unsupported. Statistics of the last ten years would indicate this claim to be absurd.

“After Scheele lost his position of Surgeon General, he became the President of Warner-Lambert Pharmaceutical Company, a corporation controlled by Adams-Bobst.

“No action by the government was taken on the situation. Could the fact that Bobst was important in the Republican Party where he kept the purse as its Treasurer have had any influence? Bobst also made contacts with important people in the Democratic party.

“As a consequence, the problem of cancer is at an impasse, and one of the main stumbling blocks of progress

appears to be the activities of the American Cancer Society and its affiliates.

“Cancer research requires money. The expense for chemicals, experimental animals, and for salaries of indispensable assistants and technicians, amounts to considerable sums which only rarely can be afforded by the research-conduction scientist. The independent researcher must have public support. Many prominent people, being convinced that they help fight cancer, have made sacrifices in time, work and money to assist the American Cancer Society.

“When an independent scientist applies to the American Cancer Society, or associated organizations, for funds, regardless of his background or reputation, he is often put through an agonizing experience. Needless to say, he does not get any help.

“Funds collected by these charity appeals, go for research and development to their friends. When a new, important development is announced, the drug monopoly, can, in this way, receive the benefit of the public money in the form of profits received from the products of their manufacture sold to the public.

“I believe in capitalism and democracy. I believe in the profit motive. I am bitterly opposed to Communism. I am also bitterly opposed, and always have been to monopoly. If a medical conspiracy exists, it would be particularly damnable as it would involve the matter of life and death.”

LETTER TO JUDGE HOMER B. WEIMAR

From Duon Miller

June 12, 1959

Judge Homer B. Weimar
Court House
Nashville, Tenn.

Dear Sir:

Articles in the local papers relative to the polio inoculation program in Tennessee, have been very disturbing to me.

After years of being president, following my founding of Polio Prevention, Inc., and knowing the truth about polio, this whole thing upsets me. I am sending you a book which you may keep, titled *The Poisoned Needle*.

Dr A. J. Shadman, medical doctor, and perhaps the greatest, published the fact that there is no such thing as a "virus". Dr. Shadman documents this in his new book *Who Is Your Doctor And Why?*

Polio vaccine is based on a non-existent virus, therefore considered by all of us as fraudulent. I understand I am being called to testify at the hearing which I'll gladly do because I've been in perhaps closer touch with polio situations than any other one man in this country.

I published over five million pieces of literature, not one word of which has ever been refuted or disproven.

When the truth is known, the people in Tennessee will be shocked beyond description to think that humans could

stoop as low as they have in connection with this polio vaccine which has crippled and killed untold numbers of innocent children as well as adults.

I pray to our Creator that the sealed blood streams of the children of Tennessee will not be violated through fraud.

Respectfully yours,

Duon H. Miller

SALK SHOTS BLAMED
BY POLIO VICTIM'S FATHER

The Nashville Banner
Thursday, July 9, 1959

A State Penitentiary guard, whose eight-year-old son died of polio Saturday today vowed his daughter, seven months, would “never” be administered Salk anti-polio vaccine.

“I firmly believe those shots put the polio germ in my boy,” said David Edwards, whose son, Billy Gene, had been vaccinated with a series of three Salk shots.

“I should have stuck to my feelings and never allowed him, or my other children, to be vaccinated,” Edwards added tearfully.

His son, who would have been a third grader at Lipscomb School this September, died at General Hospital.

The boy was rushed there Friday after he began vomiting. His temperature also had soared, but he was released after treatment.

“Early Saturday morning he couldn’t even stand up,” said Edwards. “We rushed him back to the hospital ... he died several hours later.”

The cause of death—paralytic bulbar polio—was determined after an autopsy. Result of the autopsy was revealed Wednesday, but Edwards said he has not received official word from the hospital.

“All I know is what I read in the paper ... that my boy died of polio. The doctor said I’d be the first to know after the autopsy, but he hasn’t called me yet,” Edwards said.

Prior to death. Edwards said his son was apparently in a coma, had difficulty breathing and couldn’t talk.

“I’ve always been opposed to those shots,” Edwards said. “My wife has, too. She never was for them. I didn’t want

them to give the shots to my children, but my wife said she was told that if they were to go to school they'd have to have them, so I gave in.

"I guess I felt if I didn't let the children take the shots and then one of them came down with polio ... well, you know what people would say."

Edwards said he would not allow one of his daughters, Wanda Sue, seven months, to be given the Salk vaccine. He said his other six children, ranging in age from six to 14, all have been given three shots each. He said he would not allow them to be administered the fourth shot.

Dr. John J. Lentz, city-county health director, said he would not attempt to have the children given the fourth shot.

"We recommend the fourth shot, but that's all," Dr. Lentz said.

Because Wanda Sue is not of school age, Dr. Lentz said there would be no attempt to administer the vaccine to her.

The death of Billy Gene was the third attributed to polio in Tennessee this year, said Dr. C. B. Tucker, in charge of the disease division of the State Health Department. Dr. Tucker added that Billy was the only one of the three that had been given the shots. One of the deaths was in January in Knoxville and the other was a Nashville Negro who died last month.

Six cases of polio have been reported in the state during 1959, Dr. Tucker added. All had at least one or more Salk shots.

Edwards, who resides with his wife and children at 178 Wharf Ave., had been a penitentiary guard for two years. His son was buried in Woodbury Sunday afternoon.

Next month Ben Gamble, a Nashville Electric Service laborer, is to stand trial in Criminal Court on a charge of refusing to allow two of his school-age children to be vaccinated against polio.

A special venire will be called to select the jury to try Gamble before Judge Homer Weimar.

The jurist recently declared constitutional a little-known state law which requires children to be inoculated against various diseases.

Conviction on the charge is a misdemeanor.

Gamble of Edenwold has said he feels the anti-polio shots are “really more harmful than good.”

“When a boy reaches 16 nowadays, his blood is half full of medicine,” Gamble has commented.

ADDRESS BY MISS LILY LOAT

A quotation from *Philosophy of Health*
January, 1927

Edited by J. H. Tilden, M.D.

“It may interest our readers, who are, no doubt, all interested in the vaccination question, to learn that Miss Lily Loat, for many years secretary of the National Anti-Vaccination League of Great Britain, has been touring the states and has been giving lectures in various parts of the country. From the address given by Miss Loat before the English Annual Session of the American Medical Liberty League we quote the following as reported through that astute and courageous paper, *The Truth Teller*, of Battle Creek, Michigan:

Our own fight against vaccination has been a long and arduous battle. While individuals and small groups were fighting for freedom in this matter as far back as the time of the passing of the compulsory vaccination act of 1853. the definitely organized struggle started with the passing of the harsh vaccination act of 1867, which aimed at compelling every parent of a child to have that child vaccinated within three months of birth. Those who refused could be ordered by the magistrates over and over again until the child attained the age of fourteen to have it vaccinated and could be fined for each refusal to comply with such magistrates' orders. This law was passed on the assurance of the leaders of the medical profession that vaccination was perfectly safe and a certain protection against smallpox. Although the sanitary condition of England had improved very considerably since the disastrous smallpox epidemic of 1838 (and in this connection for some idea of London in the seventeenth and earliest part of the eighteenth century

I would refer you to Mrs. Dorothy George's book, *London Life in the Eighteenth Century*).

Although there was certainly a gradual improvement, things were still bad, and between 1853 and 1867 there were three fairly severe smallpox epidemics. The supporters of vaccination played on the fears of the legislators of that day and secured the vaccination act of 1867 without much trouble. But in doing so they lit a fire of resistance that has never been quenched amongst men and women of the Anglo-Saxon race. That fight for freedom from medical tyranny in this particular matter has been waged in England for nearly sixty years and it is going on still.

For many years it was confined mainly to the poorer classes. Only a very few men of intellect and distinction championed our cause. It was natural that most of the disasters due to vaccination should fall on the poorer classes and that those classes should publish them while the upper and middle classes would be more likely to keep such things to themselves. But by degrees what might be called the artisan class, the smaller shopkeepers and the lower middle classes became the backbone of the movement. They paid large sums in fines, they had their goods seized and sold when they could not or would not pay fines. Those who had no goods or would not let them be seized went to prison, some were ruined, and some emigrated to avoid ruin. There are men living in America today whose parents left England on account of the harsh vaccination acts. The public saw honorable, upright men appearing again and again before the magistrates and many began to ask what it could mean when such men were willing to go to such lengths to save their children from the operation. Inquiry was usually followed by conversion to our side and the side of resistance went higher and higher. Defense funds were formed all over the country to assist resisters either to pay the fines inflicted

on them or to keep the wives and families when the men went to jail. In more than one case a widow went to prison for carrying out her husband's injunction never to have the children vaccinated. Elections for boards of guardians—the public authority that had the administration of the vaccination law in its charge—were fought on the vaccination question, and by the year 1898 at least one-fifth of the 600 or more boards in England were pledged not to enforce the law.

Four very important things happened between the passing of the vaccination act of 1867 and the passing of the act of 1898, which contained the first conscience clause.

The first was the smallpox epidemic of 1870-72, which carried off 44,000 persons in England and Wales and proved to hundreds of thousands of people that vaccination is not a protection against smallpox, for that epidemic occurred when 97½ per cent of the people over two and under fifty had either had smallpox or been vaccinated, as was stated by Sir John Simon, chief medical officer to the Privy Council, in his evidence before the select committee which in 1871 inquired into the vaccination act of 1867.

The second very important event was the passing of the great public health act of 1875. The sanitarians had been preaching for years that unless the laws of health were observed no country could be free from any form of zymotic disease, while the vaccinators said, in effect, that you could be as filthy as you liked, only be vaccinated and you would be saved from smallpox. The epidemic of 1870-72 showed that the sanitarians were right and this great act which governs practically all sanitary observances in England today was passed by Parliament some two years after the close of the epidemic.

The third great event was the conversion of two men high up in the medical profession to our side, namely, Dr. Charles Creighton and Professor Edgar M. Crookshank. There had

been many other registered doctors who had fought vaccination in England, right from the time Jenner introduced his discovery, but they were not of the standing of these men and they did not write such comprehensive, logical, dispassionate and scientific books as these two men did.

Dr. Creighton was asked about the year 1884 to write the article on vaccination for the ninth edition of the *Encyclopedia Britannica*. He agreed to do so, but instead of contenting himself with the usual stock statements he went right back to Jenner's own writings and to contemporary documents. He searched the pro- and anti-vaccination literature of many countries and came to the conclusion that vaccination is a "grotesque superstition." He wrote to the editor of the *Encyclopedia Britannica* and said: "If you want an apologetic article, I am not the man to write it." The editor promised to publish whatever he wrote and so in the *ninth edition* of the *Encyclopedia* the article on vaccination is an anti-vaccination article. About the same time Creighton wrote a little book called *Cowpox and Vaccinal Syphilis* and a year or so later a larger book called *Jenner and Vaccination*.

In 1887 Dr. Edgar M. Crookshank, who at that time was professor of pathology and bacteriology at King's College, was asked by the government to investigate an outbreak of cowpox in Wiltshire. Sir James Paget drew his attention to Creighton's work, evidently hoping that Crookshank would refute it, but the results of his laborious investigations are contained in two large volumes entitled *The History and Pathology of Vaccination*, in which he says that the credit given to vaccination belongs to sanitation and isolation and that nothing would more redound to the credit of the medical profession than to give up their faith in vaccination.

Although written some forty years ago, these books have never been answered.

The fourth great event in this period was the appointment of a royal commission to inquire into certain aspects of the vaccination question. This commission was appointed in 1889 and sat for seven years. It issued six reports and reported finally in 1896.

When they were appointed nearly all the commissioners were strongly in favor of vaccination and although most of them never surrendered their faith in the operation, after hearing evidence from the anti-vaccinists, they unanimously agreed that at least repeated prosecutions for the same child ought to be stopped. Two of them issued a minority or dissent report, which is, in effect, an anti-vaccination document. Even the majority commissioners went so far as to admit that vaccination was not a permanent protection against smallpox and that it had done injury—injury that was not inconsiderable in gross amount. They suggested that in the case of genuine objectors the compulsory law should be relaxed, but this was in the hope of stopping the agitation against vaccination rather than from any kindly feeling for the objectors.

The result of the commissioners' report was the vaccination act of 1898. In its first form this did not contain a conscience clause, but it did contain a clause forbidding repeated penalties for the same offense. An election at the town of Reading, fought on the vaccination question, induced the government to insert a conscience clause into its vaccination act. This was against the wishes of a large number of its own supporters, but although they lost the election, they carried out their promise and passed the bill with the conscience clause included.

This conscience clause, which the anti-vaccinists had opposed, knowing that its passage into law would greatly delay the repeal of the compulsory clauses of the vaccination acts, was a very poor affair. Bench after bench of

magistrates refused to grant exemption, no matter how strong the applicant's reasons might be. Men went to court as many as seven times and then failed to get exemption and were subsequently prosecuted for not having their children vaccinated.

The league agitated and agitated until the act of 1907 was passed by the Liberal government which came into office after the election of 1906, during which the anti-vaccinists had worked strenuously and had got pledges to vote for the repeal of compulsion from over 300 of those returned to Parliament.

That act under which an objector had to make a statutory declaration of his objection to vaccination before the baby is four months old, has resulted in the exemption of nearly five million children in England and Wales under sixteen years of age. These are mainly the children of the middle and working classes, as we call them, but we have support in the higher ranks of society. The duchess of Hamilton's seven children are all exempted and two of them have King George and Queen Mary as sponsors. Lady Maud Warrender, who also moves in royal circles, paid a fine sooner than have her son vaccinated. Lady Isabel Margesson, sister of the Earl of Buckinghamshire, is a member of the league.

Among scientists our most notable supporters were Alfred Russel Wallace and Herbert Spencer.

We have fifteen or sixteen registered medical men as vice-presidents of our league and there are some thirty others who more or less sympathize with our work. That the number is not more is easily understood. Medical students in England do not study the vaccination question. It is taken for granted at all the medical schools and no student dare question what he is taught. He has to cram a vast amount of book knowledge into his brain and he has neither the

time nor the inclination to study any subject not needed for his examinations. When he qualifies he goes into general practice or becomes a specialist, but as the majority of the vaccinations in England are done by the 4,000 public vaccinators, most of the doctors see very little of the operation. They do not realize the harm done by it and their minds have been closed up when they were students.

Of literary men, George Bernard Shaw is our most noted supporter.

Important developments are in sight in England. Early this year the government appointed a committee of inquiry into vaccine lymph. It is certain that the present glycerinated calf lymph has caused deaths from "sleepy-sickness" in England, two London professors having brought to the notice of the government seven of such cases at the end of the year 1922. At the Paris Academy of Medicine in July, 1925, doctors discussed deaths from this disease which had occurred shortly after vaccination in Holland and other European countries. At the beginning of this year there was a conference at The Hague under the auspices of the health committee of the League of Nations, which discussed many matters in connection with smallpox, vaccine lymph, etc., and finally decided to ask each country represented there to appoint a committee to investigate these matters.

Smallpox in England has declined almost to the vanishing point and the recognized dangers of vaccination will probably induce the government to drop compulsory infant vaccination altogether and substitute for it the compulsory vaccination of all persons who have been in contact with smallpox. This, of course, we shall resist with all our might so far as our friends will allow.

In answer to an article headed *Vaccination Wins Again* in the *Detroit Saturday Night Press*, Miss Loat asks:

(1) That the disease which is being diagnosed as smallpox

in unvaccinated persons in England is hardly distinguishable from chickenpox, the absence or presence of vaccination marks being the fact that definitely decides the diagnosis.

This has been admitted by English medical officers of health and the Ministry of Health has twice stated in answer to questions in Parliament that vaccination is one factor in the diagnosis of these cases.

(2) That as in those districts where this very mild disease is running the vast majority of the children are unvaccinated, it would be difficult for the disease to find a child who had been vaccinated in infancy to attack.

(3) That those cases which, though vaccinated immediately after being in contact with this alleged smallpox, subsequently contract it, are all classified as unvaccinated.

(4) That in spite of these official attempts to make out a case for vaccination, the fatality rate of the unvaccinated cases in England is less than half of the vaccinated cases.

(5) That the English Ministry of Health omits to state that in 1872, when 85 per cent of the infants born were vaccinated, there were 19,000 deaths from smallpox in England and Wales, while in 1925, when less than half the children born were vaccinated, there were only 6 deaths from that disease.

The history of vaccination and smallpox in England can be summed up in these words, the truth of which is apparent to any unbiased student of our national statistics: "Much vaccination, little sanitation, much smallpox; little vaccination, improved sanitation, little smallpox."

The children of England, five million of whom are unvaccinated, were never healthier than they are today. The people have shown their detestation of vaccination and neither persuasion nor force will induce them to submit to what the famous Dr. Charles Creighton called "a grotesque superstition."

OPEN LETTER
TO GOVERNOR KNIGHT

447 Crane Blvd.
Los Angeles 65, Calif.
Dec. 31, 1956

Governor Goodwin J. Knight
State Capitol
Sacramento, Calif.

Dear Governor Knight:

According to reports in the papers you are asking for \$3,000,000 of public funds to furnish Salk vaccine to California adults under 40 years of age as well as to the children.

As a taxpayer and a spokesman for a large group of thinking people, I feel justified in asking why you are wasting this large sum of our tax money to promote a scheme that has not proved to be either safe or beneficial in the light of true investigation. We know this vaccine has killed many people and caused paralysis in many more who would, undoubtedly, have been well today without the shots of Salk toxoid.

In spite of all the high pressure sales talk and advertising technique, plus the false reports and garbled statistics designed to sell the people and their leaders this dangerous vaccine, enough of the truth has leaked out so that 17 states have already rejected their supplies of Salk vaccine. Why should our great state be the slowest to wake up to this monstrous fraud?

According to an *AP* report (Dec. 13) "Only 4 states have used up their grants from the \$53,600,000 federal appropriation to aid states in providing free vaccine to people

under 20 years of age.” It is evident that the people do not want this deadly vaccine and have not been induced to use it up. It is bad enough to have President Eisenhower rob us for this large sum, but why should you rob us again for the same thing?

Health Director Peterson of Idaho didn't mince words when he stated, to the press, that polio struck only vaccinated children in areas where there had been no cases of polio since the preceding autumn. “In 9 out of 10 cases the paralysis occurred in the arms in which the vaccine had been injected.”

After the American Public Health Service announced that there had been “168 confirmed cases of poliomyelitis among the vaccinated with 6 deaths . . .” the Salk promoters clamped down a rigid censorship on the reporting of Salk casualties and the people were told that there were none and that the vaccine was safe and successful.

Even Surgeon General Scheele admitted (to the closed session of the convention of the AMA) that “Salk vaccine is hard to make and no batch can be proved safe before it is given to children.” Yet, the public was immediately told that the vaccine was SAFE. They also announced that it was the intention to vaccinate 57,000,000 people before Aug. 1955 (before the propagandized people had a chance to learn of its dangers.) One paper reported that the promoters expected a five billion dollar profit from the vaccine. (See page 29 of *Hidden Dangers in Polio Vaccine*, enclosed.)

We elected you because we had confidence in your integrity and ability. If you have been deceived by these ruthless promoters of a multi-million dollar racket, it is time to turn the tables and open an honest investigation. On the other hand if you are associated with them and knowingly fostering

a program that is doing damage to the people under your leadership you will, sooner or later, have to face charges that will not be altogether pleasing.

I am enclosing the booklet titled *Hidden Dangers in Polio Vaccine* which is a compilation of some of the latest findings on the Salk vaccine program and its hazards as well as other vital information about polio. We believe it is worthy of your serious attention. It is to be hoped that this information will help you to gain a broader view of the subject that will help you to reverse your decision on this life and death issue. We ask that you withdraw your ca? for public funds to support private rackets.

Yours for Enlightenment and Progress,

Eleanor Mcbean

Dear Friend:

From an answer I received from Governor Knight, it seems he is determined to use this \$3,000,000 he has already taken from the taxpayers, and he suggest raising still more, to vaccinate the whole population under forty. This obviously would be very dangerous to those infected with this poison. The drive will be sometime this month. We had better make our voices heard and write o protests to him immediately.

Yours for Truth and Health,

Eleanor McBean

VACCINE ECONOMICS

As Quoted by *American Capsule News*,
Washington, D. C.
February 9, 1957

Friends and well wishers of Duon H. Miller, the Florida cosmetic manufacturer who spent many thousands of dollars of his own money to warn the American public against the lethal effects of Salk vaccine, its worthlessness as a preventive, the false propaganda of the serum trust and the doctored “statistics” of the US Public Health Service, will be glad to know that he is now off the hook.

Upon demand of the National Foundation for Infantile Paralysis, whose racket he was seriously interfering with, he was railroaded by a Federal Court in Florida after the Post Office Dept. was importuned to go far afield and split hairs to convict him of sending out “derogatory statements” about the Salk racketeers on a postal card.

There actually is a P0 regulation which says that such statements are all right in sealed mail, but “unmailable” on postal cards. The usual procedure is for postal inspectors to notify the “culprit” and have him sign a stipulation not to do it again. We know this from personal experience. In the Miller case this was not done, because of pressure from NFIP and those who own the serum trust—the House of Rockefeller.

Miller was given a 2-year prison sentence and placed on probation for two years in July of 1955. It was admitted by the “prosecution” that its main object was to stop him from telling the truth about Salk vaccine. So, terms of the probation were that he was not to send anything through the mails having the slightest reference to vaccine or medicine of any sort.

This (illegally) revoked his rights to freedom of speech

and press granted him by the First Amendment to the Constitution. This was so raw that the judge has been prevailed upon to declare the Constitution again in effect. His probation thereupon was “lifted” January 28 instead of causing it to run its full course to July 1957. This also lets the judge off the hook because Congress could have filed impeachment charges against him for violation of his oath in abrogating the Constitution.

The serum trust is getting desperate. They saw in the Miller “prosecution” a warning to all who dared to tell the truth about their deadly racket, so they “went to town” in making it. It now develops they have a “stockpile” for 25,000,000 of these deadly “shots” which they can’t dispose of, even with the fake statistics put out by the US Public Health Service and reprinted widely by the medical and general press.

To dispose of it, they are now resorting to circus methods. They prevailed on a church in Cleveland to help them interfere with God’s work by advertising “coffee, cookies and Salk shots.” In Michigan their lobbyists had a bill introduced in the legislature to force the inoculation of all school children. They told the legislature “\$2,000,000 worth of Salk shots” is spoiling. In New Jersey they have a similar bill.

They even prevailed on Mr. Eisenhower to use the high office of the Presidency as a huckster stand. By words put in his mouth by serum trust press agents, Ike urged everybody—adults and children—to have three polio shots “while supplies are now plentiful.” The royal medics in London hooked Good Queen Bess into having her two children’s health interfered with by polio shots—amid a fanfare of press and radio hokum.

While they were selling these deadly shots like hotcakes, the serum trust was announcing (through their stooges in the USPHS) that Salk vaccine “has polio under control.”

They now say “polio is far from conquered.” They have 25,000,000 shots for sale, with a profit of more than \$5 a “shot” involved.

The latest foray of The Food and Drug Administration into illegal activities is the libel it is committing on Harry N. Hoxsey (Cancer Cure Fame). They have sent flaring notices to 56,000 post offices with instructions to have them posted on lobby bulletin boards. Every postmaster who puts one of these up is subject to a libel suit, along with the head Food & Drug banditti. *Defender Magazine*, Wichita, Kansas is now sending out printed petitions for you to sign and mail to your representatives in Washington, D. C. This calls for a Congressional Investigation on The Food & Drug Administration. Their economic well-being depends on people being sick and they have the law on their side. YOU can limit their powers only through your representatives in Washington by acting NOW!

KNIGHT SIGNS BILL FOR POLIO VACCINE

Sacramento, California

February 6, 1957

(*Associated Press*)

Governor Knight, saying he hopes to end for always the threat of a major polio outbreak in California, has signed a bill for vaccinating everyone under 40.

The money will go for the purchases of vaccine and the administration of mass inoculations for about 2 million persons.

“For the first time,” the governor said yesterday as he signed the bill, “the opportunity is at hand to conquer a

major disease in the State of California—crippling polio.”

He noted there are 4 million other Californians under 40 and said: “It is hoped the vaccination campaign which soon will get under way will serve as an incentive to the citizens of California to seek vaccinations against crippling polio through their private physicians.”

VACCINE ECONOMICS

American Capsule News

P. O. Box 1623, Washington, D. C.,

January 25, 1958

2-year prediction in *Capsule News* came true last week when a verdict for \$147,000 was rendered against the Cutter Laboratories of California for the crippling of two children with Salk vaccine.

At the time (in 1956) the US Public Health Service and the National Foundation for Infantile Paralysis put on their drive to sell Salk vaccine, to the glory and profit of the Drug Trust, *Capsule News* said the Cutter Laboratory had been taken into the fold of the six licenses to be the goat “in case something happened.”

All of the other five licensees were members of what is known as the Rockefeller Drug Trust, because the House of Rockefeller is heavily interested financially. The jury said the Cutter people were not negligent “either directly or by inference.”

This was correct but the jury should have bawled out the real culprits.

Since they hadn't been indicted they couldn't have found them guilty, but the jury could have placed the blame where it belonged.

Officials of the USPHS and NFIP are the guilty ones.

They had guilty knowledge that this Salk concoction was worthless and was a killer. “Tests” of it were made at the Universities of Michigan and Pittsburgh and the only thing they showed was that the testers were either confused or covering up something.

There was no confusion at the National Institute of Health. One of their scientists, who couldn’t stomach the crippling and killing of innocent children for profit, told *Capsule News* at the time—the same thing he and his associates told their superiors that Salk vaccine was a crippler and a killer, and of no value as a preventive of polio.

Walter Winchell went on the air a few days later and said Salk vaccine would prove to be “a killer.” Officials of the NIH refused to let their children be vaccinated with it. *Capsule News* also exposed the fact that the idea of Salk vaccine was dreamed up by the NFIP to bolster the sagging receipts of its annual March-of-Dimes racket.

Just as *Capsule News* predicted, the Cutter Laboratories were selected to be the goat. A significant feature is that nearly all of the business was directed to the five Rockefeller companies—just enough to Cutter to enable Drug Trust press agents to divert attention from the other five killers.

Salk vaccine made a barrel of money in 1956 for the killers.

Pitman-Moore is one of three subsidiaries of Allied Laboratories. So great was the profit from Salk vaccine that Allied’s 1955 profit (\$1,292,136) was upped to \$2,598,060 in 1956. An increase of profit (not just sales) of around 100% for the parent company.

Eli Lilly made a profit after taxes of \$16,328,081 in 1955. With the Salk vaccine sales in 1956 this profit was upped to \$30,052,815; an increase of 90%.

Sharp & Dohme is one of 25 subsidiaries of Merck & Company. Salk vaccine sales so boosted Merck’s business

in 1956 that its net profit, after the tax bite, was \$20,224,427 compared with \$15,714,342 in 1955.

Wyeth is one of 41 subsidiaries of American Home Products. Salk vaccine sales boosted AHP's profits from \$20,536,619 (1955) to \$31,250,355 in 1956. A 50% profit increase for the parent.

Parke-Davis' management must have been below that of the others for this dealer in death only increased its 1956 profits from \$14,322,015 (in 1955) to \$17,645,728.

All of these figures are taken from Moody's Manual of Industrials, the investors' bible. All are "after taxes" profits.

The poor Cutter people, goats in the legal action, actually saw their profits drop from \$584,219 in 1955 to \$188,241 in 1956.

Lloyd's of London (who will bet on anything) seem to be the big goat, for these six companies have been insured against this kind of thing up to \$5,000,000 per company. A trillion dollars couldn't pay for thecrippings and murders which happened before the companies stopped the slaughter by putting red water in their ampules, instead of the pus of diseased monkey kidneys.

Duon Miller of Florida, the blood chemist who probably is our best posted individual on poliomyelitis, has challenged the sales pitch put out by the USPHS which claims Salk vaccine has made polio decline 62% and paralytic cases 73%.

Even the fake statistics of USPHS can't make polio victims in the District of Columbia believe this. The Health Dept. records here show nine times as many cases in 1957 as in 1956—this in spite of serum trust claims that Salk vaccine has "wiped out polio."

In a scorching letter to the swivel chair doctor who heads up the USPHS, Mr. Miller pointed out:

“If these figures are the brain-child of the National Foundation for Infantile Paralysis that alone labels them worthless.

“Its President (Basil O’Connor) knows of clinics in this country that have long successfully treated polio. He has received invitations to visit these clinics; even when he is in their vicinity he ignores them.

“Why? Because he places gold before God.

“An MD, lecturing for NFIP, admitted they had no immediate positive diagnosis for polio. So, it is very clear that NFIP juggle its figures to brainwash the public.

“If a sick child were brought into your office could you, any member of your bureau, or any member of the American Medical Association, give an immediate, correct and positive diagnosis as to polio? I doubt it.

“Polio is a condition. It is not a dis-ease caused by any mysterious live virus, as no such virus exists. Polio vaccine has never prevented, nor mitigated polio in even one child or adult ... yet look at the deaths from vaccine.

“An honest Congressional investigation would shock the nation.”

LETTER TO A.S. FLEMMING
From Duon H. Miller

300 Bird Road, Coral Gables, Florida
November 14, 1958

Mr. Arthur S. Flemming
Secretary Health, Education & Welfare
Washington, D. C.

Dear Mr. Flemming:

I have just read an article in Drug Trade News which states the Public Health Service is to work hard on “selling” Salk shots. For quite some time it has appeared that the U. S. Public Health Service seems to be a “sales promotion organization” for the Vaccine Trust, working at the expense of the American taxpayer.

Enclosed you will find a copy of my letter to Dr. Burney written January 8th, delivered to him through our Senator George Smathers, and followed up by a request from Senator Smathers for a reply, but as yet this letter still has not been replied to . . . unquestionably because Dr. Burney could not answer it honestly.

I see in the article I am just reading that the Public Health Service spent about \$40,000 on its previous drive and expects to spend that much more money on the new campaign.

Also, he states the fact that no cases of polio can be traced to any lot of vaccine since May of 1955. Let me enclose a couple of clippings here which are typical of happenings all over this country where people have had the three shots and die. If that happened in your family, how would you like it?

Dr. Burney is paid by the taxpayers in this country and if he is so involved he cannot answer a letter honestly, I think he should be removed from office.

It has just been documented in the book “Who Is Your Doctor And Why?” by Dr. Shadman, M. D. of Boston, that germs do not cause disease nor does virus because there is no such thing.

Now let me quote a paragraph from a Washington newspaper taken from an article I recently wrote:

“The national polio program has been truly disgraceful, ungodly and inhuman. Polio is a condition, not a disease. Since there is no such thing as a virus, polio isn’t caused by a virus . . . Therefore, any polio vaccine is fraudulent, and is rapidly proving itself just that in spite of faked figures and statistics.”

We have doctors who are successfully treating polio in this country, and I say it is a crime against God and humanity that U.S.P.H.S. does not bring this information to the public, rather than devote all their time as a “sales agency” for vaccines.

The Asian Flu Vaccine, in my opinion, was a hoax and the old idea of vaccination against small pox has been a hoax for some time and there has been practically no small pox in this country, according to the official figures which I read a couple weeks ago, since it is caused ONLY by the poisonous bite of the bed bug. Why propagate this vaccine, which is of no value, like all the other vaccines?

I think our U.S.P.H.S. should be FOR THE PEOPLE and not for the Vaccine Trust.

I would appreciate a reply to this letter and also to the

questions I wrote to Dr. Burney on January 8th. I have been in blood chemistry a good many years and I think I know what I am talking about concerning polio and what a vicious, disgraceful racket it has been, and still is.

I was in hopes that when you took over we would get some common sense in our U.S.P.H.S. and have it run as it should be run for the benefit of the public.

Very truly yours,

Duon H. Miller

DHM:sw

Encls

WHAT FOOLS THESE MORTALS BE

By Dr. T. M. Schippdl, N. D.

Natural Health Guardian,

319 Huntington Ave.,

Boston 15, Mass.,

July, 1959

Here is something to paste in your hat—statistics show there was more paralysis polio last year—yes, 1958—than any preceding year. And that happened in spite of the highly advertised fact that, during those 12 months of 1958, tens of thousands of units of blood-corrupting polio vaccine were forced into the veins of deluded Americans.

What does this strange anomaly mean? Why, it simply means that, as usual, John Q. Public was taken for a “buggy-ride” by the medical powers-that-be and was hoodwinked into paying good money for a useless blood-poisoner that in actual practice (giving the lie to the rigged medical “results”) does not prevent polio, does not treat polio and does not cure polio.

But while we are on the subject, just realize that nobody, not even the most astute medical doctor, knows what this decaying matter—from a dead monkey's disintegrating kidney—will eventually do to the human body in which blood it is forced. No, the possible dire consequences cannot be foretold by any panel of medical experts with 79 crystal balls and 150 ouija boards. Why? Because they cannot project themselves into the future—they cannot foretell what this poisonous matter—floating in the blood—will eventually develop into. Of course, they all hope to heaven that nothing sinister will happen but they know what did happen in a somewhat similar situation when the supposedly harmless pus, taken from the diseased udder of a cow, used in Great Britain supposedly to prevent “small pox”, killed—in one

year—by syphilis, more than 1,500 infants and gave tens of thousands of other innocents incurable skin diseases that sent many to premature graves.

But you will say, in spite of the rise in paralysis polio, there was no epidemic of polio in 1958. True again—and let us find the reason there was no epidemic. An epidemic, of any medical ailment, is always *man made*. It never just happens.

Remember back, when we all were threatened with an Asiatic Flu invasion a couple of years ago—a “dreamed up” invasion which never arrived? Why, Asiatic flu is common every year in the Far East where sanitation and hygiene are practically unknown. But just how the soothsaying medical “wiseacres” happened to “know” that this year, Asiatic flu would attempt to cross the oceans nobody ever seemed inclined to analyze. Anyway, the “remedy” for that “threatened disaster” was prepared months and months in advance by the sainted Drug Trust and parceled out to the accommodating medical fraternity.

These “guardians of the public health” contaminated the blood of every American who had the price and still possessed illusions about the infallibility of Modern Medicine. Oh, there was a real clean-up of cash through this dirtying of human blood with a concoction from decaying hen’s eggs. We all had friends who suffered nausea and God-knows-what else while the laboratories and medical men were fattening both their pocketbooks and the mortality tables.

But listen—before the date set for the embarkation from the distant shores of this “Asiatic flu invasion,” a collection of medical men in California—disgusted with the bare-faced effrontery of those pushing this prearranged “remedy”—came out flatfooted and condemned it as dangerous to life and prophesied it would “kill more than it would save.”

That ended the “Asiatic flu scare.” The laboratories and

their compatriots tucked their tails between their legs—the signal was given to “forget the flu invasion”—the great reception committee of needle-pushers was dispersed and the Asiatic flu scare vanished into thin air. But the results are still to be found in the country’s cemeteries.

And remember the Massachusetts polio epidemic of a few years back? The local authorities wanted to close the schools because six or seven cases appeared each day. But those “cases” were never close together—in a geographical way—and those “terrible germs” could not be put on the same family tree. So the schools remained open.

What actually happened was that not one doctor in 50 can diagnose a case of incipient polio so every strain, every wrench, every bit of indigestion was instantly diagnosed as “polio” and so reported to the authorities. Conclusion? That horrible imaginary epidemic found the victims recovering miraculously from their sprains, wrenches and bellyaches—the excited doctors got paid “polio treatment prices” and the paralysis polio, in Massachusetts that year, was just at its regular normal rate.

THE POLIO MUDDLE

The National Health Federation Bulletin 1959

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Editorial

“And they all with one consent began to make excuses.” That’s what the polio vaccine muddle begins to look like. We have tried to follow the polio vaccine matter for the past three years by reading the daily papers, the national magazines and both federal and state health department reports. To say the least, we are in a state of confusion. In this issue we shall bring you items from the papers, national magazines and governmental reports, so that you will be as confused as we are.

Our reason for featuring the polio matter in this issue is, several states are trying to enact compulsory polio vaccination laws and two have already done so. While Tennessee does not have a compulsory law, its public health director has taken the matter into his own hands and has ruled that it is illegal for anyone to send a child to school unless he has been immunized against polio. If you don’t send the child to school you will be arrested, so who makes the law in America? We wonder how any lawmaker can ever think of voting for legislation of this nature when no one knows yet whether the polio vaccine is good or bad. Certainly we know the proponents are in disagreement. Salk blames the makers of the vaccine and the makers say the formula is not right. When the vaccine was first given very bad results followed. Cutter Laboratories got the blame. Then people who were vaccinated still got polio. The departments of health and

the manufacturers then said the vaccine was only effective against the type which causes paralysis. Next, when those vaccinated still got the type which caused paralysis we were told you must have two shots. Still those vaccinated came down with the paralytic type and we were told we must have three shots—that would do the trick. Still today we have those with three shots contracting the paralytic type of polio and we are told we should have four shots, and probably the job will have to be done over every eighteen months, or less. We ask, where do we go from here?

As you peruse the pages of this Bulletin you will find news items and reports which would lead anyone, who will think the problem through, to conclude that in proportion to the percentage of the population vaccinated, the same percentage of those vaccinated have polio of the paralytic type as those who have not been vaccinated. This regardless of whether one, two or three shots had been had.

To be fair, we must state that since the inauguration of the Salk polio shots the governmental agencies in order to make a good showing, adopted a policy of listing as polio victims only those who were proved so by laboratory tests. Before the inauguration of this policy anyone with the right symptoms was listed as a polio victim. This new procedure reduced the total number of folks recorded with paralytic polio because the overall total of all cases was reduced. This does not, however, affect the fact that practically the same percentage of vaccinated have paralytic polio as the unvaccinated.

To make the matter more confusing, about the time the United States Departments of Public Health became the salesman for the makers of Salk vaccine, certain scientists in America were developing a live polio remedy which was proving very effective. It could be taken by mouth, one or two doses gave 100 per cent immunity. It was cheap. It would

not require the services of a doctor nor would it require a million hypodermics, nor could it be controlled by the six big drug houses, etc. On other pages you will find more about this vaccine. The question is, why was not the United States Health Department interested in this development? Why did the Department rush the Salk vaccine into use before it was ready?

Is there an unholy alliance between our United States Department of Public Health and the large drug houses? Can the public trust the Department to do that which is best for the people? It would seem the time has come for a congressional investigation of this matter. This is a very serious matter. The public is entitled to know the truth. Such an investigation can be had if the public will demand it. The pens or pencils of one million folks will accomplish it if those pens and pencils are used to write to the legislators at Washington.

This one thing we are not confused about: *the American people must organize and fight for their lives.* The National Health Federation has been brought into being for such a purpose. Its Washington Office is on the job. For the first time in history the American people have a voice in Washington. We must support it and keep it strong. Urge your friends to join.

POLIO 1958 AND 1959 NEWS

Increase in Paralytic Polio Cases—Public Health Service reports that from January to August, 1957, out of a total of 3,212 polio cases there were 1,055 paralytics, or 33.5 of the total.

From January 1st to August 1958 there was a total of 1,638 cases of polio, with 801 of them paralytic, or 49% of the total.

POLIO HITS HONOLULU

The following reports cover the period from August, 1958, to April, 1959. These items are taken from day-today newspaper reports. June 19, 1958—The wave of polio among military-connected families continues with the ‘report of two more cases in Tripler Army Hospital. This brings a total for this year to 21. Victims are William M. Thomas, Jr., four-year old. He had one polio shot in May and is suffering from paralysis of both legs. The other victim, Dennis W. Prescott, two-year old. He had his first Salk shot May 15th and is suffering from paralysis in both arms, left shoulder and back.

September 5, 1958—The Territory’s 56th case of polio, a one-year-old army dependent, has paralysis in both arms and legs. The infant had two Salk shots, the last one March 3rd.

Two more army dependents, one of whom had a complete series of three Salk Vaccine shots, have been hospitalized with polio. Dr. James Enright with the Territorial Board of Health said one of these had received three vaccine shots, the last one on April 16th. His case is the 8th this year in which the victim

Had all vaccine shots. The patient is suffering paralysis on the right side of his face. The second patient is suffering a paralysis of both her arms and legs. Her condition is serious. The patient had received two vaccine shots, the on March 3rd.

August 12, 1958—The condition of Air Force Sgt. Patterson, who is suffering from Bulbar Polio, was described as “grave” this morning. The sergeant, his wife and two children, one and three years old, received their first polio shots on June 9th.

July 18, 1958—the newest civilian case is a part Hawaiian

three-year-old girl. She has paralysis of the right leg. She has had no Salk vaccine. The second case reported today is suffering from paralysis of the right shoulder. This patient had had two Salk shots, the last July 2nd.

September 13, 1958—Five more polio cases were reported in Honolulu today. The five cases included a three-year-old girl who had received all three Salk vaccine shots. She is the 9th fully vaccinated Islander to come down with polio.

Two of the others reported today had received two shots. One is suffering with paralysis of the neck muscles and the other has paralytic symptoms in her left foot. The two other victims reported both with mild forms of paralysis had not received Salk shots.

September 18, 1958—The Territory of Hawaii's 62nd polio victim of this year is a two-year-old Marine dependent who had received all three Salk vaccine shots. The victim is suffering from paralysis of the left leg. The boy received his third shot two weeks ago and is the 10th Island resident inoculated with three Salk shots to come down with paralytic polio.

October 1, 1958—Two more polio cases were reported today bringing this year's total to 65. One victim, a twenty-year-old woman, suffering with weakness of her left leg, had received no polio shots. The other victim, a nine-months-old boy suffers from a paralysis of his left leg. The boy received two Salk vaccine shots, the last one in April.

October 16, 1958—Hawaii's 68th polio victim of the year was reported today. The patient has no paralysis and had had two Salk shots.

September 24, 1958—Honolulu health officials cannot understand why their vaccination program is bogging down. They say 15% less people are getting their third shots than was the case in 1957. From the foregoing record as published

in the newspaper it is not hard for a layman to understand why the public shies away from the Salk vaccine.

DOES SALK VACCINE PROTECT?

The *Honolulu Advertiser* on July 15, 1958, carried a statement by Doctor Enright of the Territorial Department of Health as follows: "Of the 32 discovered paralytic polio cases so far this year, six had had three Salk shots; six had had two shots; four had one shot, the rest, none." This makes 16 of the 32 who had been vaccinated. Percentage-wise, it is 50%.

In an article published in the same newspaper April 22, 1959, Doctor Enright is again quoted: "Of Hawaii's polio victims last year 16 had received three Salk shots. No one who received the recommended four shots was stricken," Doctor Enright continues. "About 60% of the Island's population has had polio shots."

Checking the newspaper items we find that of 65 who had suffered from polio during 1958, 32 had paralytic polio for which the Salk vaccine was specifically developed to prevent. Of these cases 16 had received three, two, and one shots. This is 49 8/10ths per cent of the total of 65 cases who suffered from paralytic polio. According to Doctor Enright's figures, as taken from the article of April 22nd, 60% of the Island's population has had polio shots. This means that a greater percentage of those inoculated against polio came down with the disease than those who received no inoculation. If these news reports are true, it must follow that the polio vaccination program actually increases the incidence of polio and does not protect against the paralytic type of polio.

That the Honolulu polio situation regarding paralytic cases is typical all over the nation during this same period

is borne out by a press dispatch quoting the United States Public Health Service. The date of the dispatch is August 22, 1958: It says: "Out of 233 polio cases reported by the states, 114 were paralytic," or 49 9/10th per cent paralytic. The dispatch continues that during the year 1957 the figures for the comparable week were 314 cases of which 81 cases were paralytic, or 25 8/10ths per cent paralytic. We vaccinate against paralytic polio and each year the per cent of that type increases.

DR. SALK CALLS FOR PUBLIC UNDERSTANDING

Dr. Jonas E. Salk, in an analysis of the preparation and administration of poliomyelitis vaccine, has described a "temporary situation that will require the exercise of judgment by practicing physicians and health officers, and understanding by the public as well."

Speaking at the Scientific Symposium on Polio Vaccine, University of Michigan School of Public Health, Dr. Salk said his study of the occurrence of paralytic polio in some people who have had three doses of vaccine leads him to suggest:

"That the use of vaccines of less than optimal potency may well be the principal reason for the occurrence of paralytic polio in persons who have had three doses of vaccine."

"That the attainment of potency levels of an order of magnitude sufficient to induce the desired effects after one or two doses is practicably feasible."

WHO IS RIGHT?

National Institute of Health—Trouble's brewing between Dr. Jonas Salk and pharmaceutical houses making the polio vaccine bearing his name. Dr. Salk blames "weakness" of

the manufactured product for cases of paralytic polio in persons having had the recommended three shots of vaccine. Throwing the ball right back, the pharmaceutical people say they are following Dr. Salk's formula—in other words, if the vaccine is weak, it's his fault, not theirs.

POLIO VACCINE FED TO RUSSIAN CHILDREN

Moscow, June 17—The Communist party organ *Izvestia* said today nearly 2 million Russian children have been given spoonful of Soviet-produced live polio vaccine and not a single case of polio developed.

The questions were deeply challenging and vitally important Is a live-virus polio vaccine safe and effective?

Should such a vaccine be used generally us place of the “killed” developed by Dr Jonas Salk?

The whole problem of poliomyelitis, and how to eliminate it once and for all, was being threshed out this week at a World Health Organization conference in Washington, D. C., where some 50 international scientists met to check results of the first experimental tests with three new live-virus serums.

All developed in this country, the three are: (1) The widely publicized vaccine of Dr. Albert Sabin of the University of Cincinnati, which has been tried out experimentally on 3.8 million Russians, 143,000 Czechoslovakians, 200,000 people in Singapore, and 2.5 million Mexicans; (2) a strain made by Dr. Hilary Koprowski of the Wistar Institute, Philadelphia, already used in a mass inoculation program of 320,000 in the Belgian Congo, with a new testing program ready to start among Polish children, and (3) the carefully screened and tested live vaccine of Dr. Herald Cox of the Lederle Laboratories, Pearl River, N. Y., with which selected groups of Minneapolis, Minn., school children have been inoculated.

MANY ADVANTAGES?

Up to now, none of the three strains has been tried on a mass scale in the U. S. because a large percentage of the population already has been vaccinated with the Salk “killed” product. Nevertheless, Drs. Sabin, Cox, and Koprowski believe that the live polio vaccine is the final answer to polio. If successful, the advantages are many: Live vaccine costs less; it is easy to administer in syrup, spray, or pill form; it provides longer immunity; it not only protects against paralyzing polio, as the Salk shots do, but also against all polio infections.

Another appraisal of live-virus vaccine will be made on July 7 in New York when the National Foundation, which has supported Dr. Albert Sabin’s research with grants amounting to \$1.5 million, will hold a conference to determine its value. The evaluation group, headed by Dr. Thomas B. Turner of Johns Hopkins University, will include the original committee that recommended the first Salk-vaccine trials. “Reports from the Sabin live-virus-vaccine trials appear encouraging,” said Basil O’Connor, president of the National Foundation. “But before the new vaccine is made generally available, it must be licensed by the National Institute of Health in Washington. We cannot be sure if and when a live vaccine will be so licensed. In the meantime, there is only one sensible thing to douse the Salk killed-virus vaccine to the fullest extent.”—*Newsweek*, June 29, 1959.

Are you confused? We are! We would like to know the truth and we feel that only an impartial congressional investigation of this entire matter can ferret out the facts.

Editor's Note: It will be interesting to see when the U. S. Department of Public Health okays a live Polio Vaccine if at all.

1. Will they wait until the six big drug houses get rid of their immense stock of Salk.
2. Will they O.K. it at all unless the manufacture of it is in the hands of these drug companies.
3. Will they refuse to okay the others and give the go-ahead to the Doctor Cox vaccine, because it is owned by Lederle Drugs, one of the big six.

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