

THE BLOOD POISONERS

By Lionel Dole (1965)

PREFACE

WHEN I UNDERTOOK to write a short booklet to replace the late Miss Lily Loat's *The Truth About Vaccination and Immunization*, written over twelve years ago, I saw that, as the latter dealt only with smallpox and diphtheria, it was obviously necessary to bring the subject of so-called "immunization" up to date. It would be useless to describe all the vaccines that are now being thrust upon the public, and quite impossible to give intelligible information as to how they are made or what they really contain. Are they ever the same for two weeks running?

We have all been told repeatedly that Prof. Ramon's toxoid (anatoxine) "practically wiped out diphtheria in Britain"; yet the *compulsory* use of the same stuff at the same time in France showed very different results. In Britain, with mass inoculations, there was an increase in cases and deaths for several months, but in France, with compulsory inoculations, the increases were much greater and lasted for many years.

Why was Prof. Ramon fired from the Pasteur Institute? What did British officialdom do about this—apart from suppressing all mention of the scandal? Was Prof. Ramon's toxoid not quietly changed in celebration of the event?

In his book, *Pour La Libere*, M. Marcel Lemaire reminds us of the almost forgotten fact that the great Pasteur Institute was founded solely to sell rabies vaccines and thus save (perhaps!) about 30 lives per annum in France. It seems almost incredible that, in spite of the subsequent increase in rabies deaths, the Institute went from strength to strength financially. After such a promising start, it is little wonder that it now makes vaccines for everything and thousands of millions of francs by selling them. The Pasteur Institute also seems to make its own laws, and, never having registered as a business firm it dodges all taxation on its turnover and profits, which the less privileged firms have to pay. When, moreover, the politicians have made each new vaccination compulsory see how the prices go up! In 1935 3 ampoules of diphtheria and tetanus toxoid were sold for 12 francs, by 1951, they cost 510 francs! The price of tuberculin also rose to over 40 times its original price

This kind of thing goes on all over the world and no body seems to care, but surely, if a chemical firm can make something—a synthetic hormone, for instance—at \$30 per pound and sell it to the public at \$50,000 per pound, that is all we need to know. We do not have to eat the whole of a bad egg to know that it is bad, but it is more than a one man job to change such an appalling international situation

The best that can be done in a short booklet is to cover the principal vaccine rackets as lucidly as possible, and say things which need to be said about them much of which has not been widely published if at all

One reason for this new booklet is to tell readers more about Miss Loat's work than she said about it herself

INTRODUCTION

Medical Protection Selling—How it Really Began and Grew

"By the historical method alone can many problems in medicine be approached profitably.

"This dictum has gained added force since Osler uttered it." (*The Lancet*, December 1st 1962).

VACCINATION v. SMALLPOX INOCULATION

The history of vaccination in text-books for medical students, nurses, etc., often consists of little more than the three words: ". . . since Jenner's day . . ." It is taken for granted that all good children have learnt the pretty fairy story at their mother's knee of "Jenner's great discovery" of the fact that cowpox protects against smallpox. This is called "one of the greatest discoveries of modern medicine".

Yet, if one tries to take it seriously as an important step in medical progress, the whole silly, dirty stunt stands out like a sore thumb, and it becomes plain that the great Dr. Charles Creighton was meticulously accurate in calling it "a grotesque superstition".

Anyone who reads Jenner's alleged *Inquiry* can see for himself that his specific was not cowpox, but horsegrease transferred to the cow by the hands of a dirty milker. Ordinary cowpoxes were "spurious". It was the London doctors, Pearson and Woodville, who forced the spurious cowpox on the public and on Jenner. They knew the smell of horsegrease and would not touch it with the end of a bargepole.

The person who provided the alleged cowpox lymph which was sent out all over this country and abroad from Woodville's Inoculation Hospital, King's Cross, was a young woman of twenty, Ann Bumpus, who had 310 pustules on her body. Other victims of this alleged cowpoxing experiment had many more—even 700; so it was not surprising to find that this lymph produced an infectious disease. It was quite obviously mainly smallpox pus. Thus did "vaccination" triumph over smallpox inoculation and eventually make it illegal!

The story is hardly dignified: it is too true to be good; and so, for broadcasting purposes, it has to be boiled down to the charming fairy-tale of "Jenner and the dairymaids", and no one must be allowed to escape it.

While the people are being lied to in every known language, and drugged and inoculated for the benefit of the huge chemical combines who own the Press and the Radio, it is obviously necessary to hit back with the truth. Nevertheless, it is quite common to find people, and even journalists, who have never even heard of the National Anti-Vaccination League, and who cannot understand why anybody should bother to fight vaccination when, since 1948, nobody in England has been compelled to be vaccinated—at least, there is no legal compulsion.

Only those who come up against the blackmailing methods of the vaccinators in relation to employment, education, travel, etc., will "have another think". The late Miss Loat herself had no delusion that the battle was over when the compulsory vaccination law was abolished. She knew that its repeal was a strategic move, for the vaccine industry knew very well that people who are not forced to bother about a tyranny are far easier to fool than those who are. In fact, they knew that, with the Press and the Radio, not to mention the Government, still in their pockets, they could expect to sell more vaccines by blatant advertising *at the public's own expense*, than they could dispose of by force, and this has proved to be true.

The BBC calls this type of propaganda "news"—to save themselves from the charge of illegal advertising. They do not fool us, but they do fool the public at large. Answering back is impossible. That is what makes the radio so dangerous.

What can one do, for instance, about the idiotic boost which vaccine was given when a news bulletin included a story of how, when the drains in Tobago were damaged by hurricane "Flora", a typhoid epidemic was averted by mass immunization, "which seems to have been successful"—this, if you please, only about four days after the damage? We know that typhoid fever takes from 7 to 14 days to incubate, and the "shots" take from 10 to 20 days to "take" properly! If a real epidemic had begun in Tobago and lasted as long as the Zermatt incident in 1963, would the BBC have told us so, or, would they have observed an eternal silence out of respect for the dead? It seems that drastic powers will be needed to stop this constant stream of idiotic and gratuitous poison-plugging, which is obviously considered to be top priority in all radio news services, dramas, talks, etc.

After fighting our battle for nearly fifty years, Lily Loat knew well enough that the propaganda methods of the whole vaccine industry had undergone a marked change. They no longer consisted of playing a polite parlour-game called statistics, compiled and edited by themselves. That game was almost played out and was only a bore. In fact, the way in which the figures were recorded in some hospitals years ago, and the astonishing differences in such figures, made it quite impossible, if not downright wicked, to trust such figures. Some hospitals, for example, gave a complete record of the vaccinal condition of each patient, while others, a few years later, showed more than half the cases as "doubtful" or "unknown". We need say no more about this farce now; except that the wonderful statistics of the past defeated their own ends by "proving", with overwhelming success, things which are now known to be absurdly untrue.

Lily Loat, being the Secretary of a League, had always to steer clear of libel actions. The fact that she did so was no small achievement, because telling the truth about really big villainy is always dangerous. Also, it was one of the marvels of her career that she always managed to confound the enemy, even with nothing to rely on but their own figures.

Whenever she set out to prove that vaccination was killing more people than smallpox, she always did so, even under the handicap of having to treat the official record of vaccination deaths as if it were really true! Even today, there is no obligation to report such deaths properly, and Miss Loat knew that the official mortality figures represented probably not one-tenth, possibly not one-hundredth, of the true number. As Bernard Shaw put it, the true figures, "could they be ascertained, would probably horrify Herod".

Another thing that Lily Loat always did with uncanny success was to prove from the official records that whenever any infectious disease, such as diphtheria, for instance, was being "conquered" by a vaccine, the other infections, for which there was no so-called "immunization", were declining just as fast or faster. Have we ever known the Radio or the Press to tell us anything like that? If ever we do hear the Radio telling such truths to the schools several times a week, or broadcasting them to the world in every language, then we shall know that Mankind deserves to survive. In the meantime, we must do our best to further that object in spite of the big wholesale poisoners.

How often have we heard that "diphtheria in Britain has been practically wiped out by immunization"? Has it once been broadcast that the compulsory inoculation of the same toxoid at the same time in France was followed, in the six years of 1941-6, by 150,000 serious cases, with 15,000 deaths, *over and above the average figures*, or that Sweden, without this wonderful toxoid, had no diphtheria deaths in 1937 or 1938?

People who study medical statistics will find the subject full of traps for the unwary. They should be used as a means of discovering facts, not proving them. It is admitted that *post hoc* figures and arguments prove nothing, and yet the public are being constantly fed with them. On the other hand, very large and very long-term figures can mean a very great deal. This is why the contrast between Australia and the Philippines during this century has to be studiously ignored in all vaccination propaganda. We give the figures elsewhere.

Our loudspeakers keep telling us that vaccination rid Britain of smallpox. Other media do the same, but the real epidemiologists would not dare to say such a thing; in fact, if they mention this subject at all, they say the very opposite.

How can any sane person possibly believe that it was a pure accident that we had our biggest smallpox epidemic after about 16 years of compulsory vaccination and lost our smallpox altogether only when, thanks to the conscience clause, fewer than half of the children were vaccinated and our population had more than doubled?

Most people can be fooled easily with sorted statistics, because they do not realise that an epidemic of any real size or duration is not a static thing and cannot be illustrated by a simple table of figures. It is easy enough to demonstrate this.

Suppose, for example, you have a street or village with 100 unvaccinated people in it, and a smallpox case is imported (probably well vaccinated, as usual). The case is notified, and the B.B.C. gets busy. The 100 are all vaccinated. There may be, let us say, 10 contact cases, though that number would be very exceptional; all the cases would be isolated and everything would be disinfected, so that there would be no further risk of smallpox infection. At the end of the scare the statistics would prove that 10 per cent were unvaccinated at the time of infection and all got smallpox; 90 per cent were vaccinated and all escaped! One more triumph for Jenner, Marconi—and statistics!

The trick works even better in regard to diphtheria "immunization". The source of infection is traced and cleared away. A lot of radio listeners get their "shots", spread over several weeks, and they are not officially "immune" until three months later; therefore, the "immunized" will run no risk whatever of being infected, if the sanitary authorities have done a really good job.

The idea that it takes several weeks, or even several months, to develop immunity, but only a few hours or days to develop a disease, was put out by Pasteur when he was trying to save the face of his rabies vaccines, even though in the cases he treated the tedious inoculations could be carried on until the patient was thought to be out of danger. Immunity was not officially considered to be complete until a fortnight after the last of the many injections. The Pasteur Institute was founded solely to sell these rabies vaccines; so a truly heroic bluff of this kind was of vital importance at the time. In the great science of medical apologetics, the principle, with modern extensions and improvements, survives to this day.

ANTIBODIES

If one reads the medical journals every week, it does not take long to discover that the supposed efficacy of a vaccine is "proved" by the antibody response of the vaccinated human or animal. This might seem to be scientific if antibodies did in fact bear any noticeable relationship to immunity, but this is much more easily disproved than proved (*see* Medical Research Council Report 272, May 1950). As long as we know that, we can leave the experts to stew in their own abominable juices. To nature cure enthusiasts, however, fruit and vegetable juices are safer.

CHAPTER ONE

THE WIND OF CHANGE

FORTUNATELY, the official attitude towards compulsory or mass vaccination has begun to change. The officials of the Ministry of Health, as well as the public, know quite well that an epidemic of vaccination always causes a lot of deaths, to say nothing of other permanent mental and physical injuries.

It is not so well known, however, that mass vaccination also causes a big increase in the number and severity of smallpox cases. This is no new discovery. Vaccination during epidemics was banned in some places more than a century ago because it was known to increase the number of deaths.

Things do, however, seem to be improving suddenly. During the Brighton smallpox outbreak (1950-51), the usual BBC encephalitis campaign opened with an anonymous doctor assuring the world, with authoritative emphasis, that "smallpox is the most infectious disease known to Man"! The BBC had evidently never heard of influenza. During the smallpox outbreak of 1961-2, on the other hand, we heard medical officers of health saying on the radio such things as, "After all, smallpox is not such a very infectious disease." This would have been held to be pure blasphemy only a few years ago. May the good work go on!

A great deal remains to be done, however. The radio advertising of commercial vaccines, especially with public money, is the greatest enemy we have to fight. This dishonest propaganda is incessant, and it is impossible to be forewarned against it. It crops up on every possible and impossible occasion. Sometimes it is too conspicuously silly to be very dangerous, but we are always defenceless if we cannot hit back, and one cannot measure its total effect. The radio has often been proved to be a dangerous fomentor of panic.

POISON-PLUGGING BY RADIO

The art of lying by radio is not quite as easy to master as it may seem. Bernard Shaw said very truly that if you tell a lie the microphone gives you away hopelessly. Probably the TV makes matters worse. That is why, when the pretty legends about Jenner and Pasteur have to be pumped into immature minds, announcers must be found who really believe these stories. The essence of a lie is the intent to deceive, and so the radio deceiver must seem to have no such intent.

Nevertheless, the TV can sometimes fool the public by showing pictures or documents to "prove" things which no one would dare to utter. The really expert technique is to tell nothing but the truth, *but to omit part of it*.

A perfect example of this occurred in a BBC TV extravaganza, "Matters of Medicine", which was designed to boost the terrors of poliomyelitis. The TV screen showed one page from a parish register, dated 1773, stating that about 7 or 8 out of every 10 deaths were due to smallpox. We need hardly say that the year 1773 just happened to be the very worst in that century for London smallpox. The purpose of the programme was to prove that, before vaccination began (a farmer named Jesty really began it in 1774), smallpox

was a merciless scourge which threatened the very existence of the British race until Jenner, in 1796, began saving the usual "millions of lives".

We may suspect that that dramatic page mentioned above records the output from a local fever hospital, but we know that what was studiously omitted from the broadcast was the all-important fact that we had our biggest smallpox epidemic in 1871-3, not in 1773, and that we had 44,000 smallpox deaths after 16 years of compulsory vaccination whereas, in 1773, only about 2 1/2 per cent of Londoners got smallpox, and *only one-half of one per cent died from it*.

Is there any reason why the BBC should not be charged with fraud if they encourage the use of commercial vaccines by misrepresenting the facts of history? The Postmaster General would, in such an event, be perfectly justified in withdrawing its licence for causing a public mischief— even, in fact, for committing multiple murder.

By the terms of the Licence granted by the Postmaster General, the BBC . - .

"shall, whenever so requested by any Department of Her Majesty's Government in the United Kingdom of Great Britain and Northern Ireland, at the Corporation's own expense, send from all or any of the stations any announcement (with visual image of any picture or object mentioned in the announcement if sent from the television station or any of them) which such Department may request the Corporation to broadcast: and shall also, whenever so requested by any such Department in whose opinion an emergency has arisen or continues, at the like expense send as aforesaid any other matter which such Department may request the Corporation to broadcast: Provided that the Corporation when sending such an announcement or other matter may at its discretion announce or refrain from announcing that it is sent at the request of a named Department."

That is the background to the incessant disguised advertising on the air of dangerous commercial vaccines, at public expense.

What can the public do about it?

It would seem that the National Anti-Vaccination League and all the A-V societies will have to be nationalised and turned into a Government Department before they have the least chance of a fair and equal hearing on the radio.

Could they not be called the Ministry of Truth and attached to the Fraud Squad of Scotland Yard? The latter would have to be much enlarged, of course, but, then, it would have a lot of work to do.

NO TIME TO WASTE

Polite appeals to authority have been tried in vain. An impressive deputation of anti-vivisectionists, who are bound to be also anti-vaccinationists because of the foul cruelties inflicted upon millions of animals every year by the vaccine trade, went up to the BBC

before World War II. It was led by Miss Lind of Hageby and the Dowager Duchess of Hamilton, and included several qualified doctors. They were politely received by the schools broadcasting officials, and the promise was duly given that their appeal for fair play would be given serious consideration. We have no doubt that it was—with the result that most of the participants in this conference, including all of the doctors, have since died without anything effective being done, except that, of course, a constant stream of vaccine-and-panic-boosting has been kept going in about 72 languages, day and night, ever since!

In fact, the Ministry of Health itself has become slightly more enlightened than the radio mugwumps, though that is not saying much.

A BELATED EFFORT

The Ministry has made one hesitant attempt to mitigate the mischief done by the radio advertisers of vaccination.

When five Pakistanis brought smallpox to England and started the outbreak of 1961-2, it was known they all had valid certificates of revaccination, showing more than one dose; but this fact was published only after, instead of before, the Press and Radio had started playing the fool as usual, and spreading panic and pox all over the country. The Ministry knew that this would cause more death and injury than a few smallpox cases. The five Pakistanis themselves had already proved that vaccination is a dangerous fraud, and so the injections had to be restricted to contacts only.

The purely commercial dogma that the whole world can be rid of smallpox by maintaining a high level of vaccination could never have survived till now if the real truth had always been told about epidemics. Modern epidemiologists know that vaccinations cannot prevent the spread of any disease whatever, but they are seldom quoted in the Press, even when they cling to the idea that vaccination can protect the individual, just as drowning men clutch at straws. Both Press and Radio continue to preach that smallpox is a terribly infectious and deadly scourge. They never tell us that " - . - provided no mischief be done either by physician or nurse, it is the most safe and slight of all diseases". (Dr. Thomas Sydenham, 1688).

All of us, except a few cranks, are brought up to believe that every unvaccinated person is bound to get smallpox in a serious outbreak. Business is business! The truth is that it would be very rare for even one in ten to contract the disease even in the worst years in the worst places, such as London was in 1773, when only one-half of one per cent died of it.

That would, no doubt, have been hailed as a 99 1/2 per cent triumph if there had been any vaccinators at that time and any BBC and Press barons to lick their boots for them!

CHAPTER TWO

THE CHANGE OF WIND

THE VACCINATORS can no longer claim to be able to prevent epidemics. They now have to depend on the great drama of "conquering" them, usually with vaccines rushed by air with all the familiar ballyhoo. Not having enough vaccine to cope with smallpox in the very places where one would expect to find plenty of both is the recognised prescription for "stamping out" an epidemic. By the time mass vaccinations have been organised, the worst will be over; most of the contacts will already have been exposed and will, as usual, have resisted infection or will have had "subclinical" attacks. These people are obviously the best prospects for showing the wonderful "modifying" or "protective" effect of vaccination in each of the affected localities, and the doctors can be forgiven for forgetting that epidemics always die out anyway.

One doctor, sent out on such a mission with a colleague, claimed to have seen several thousand people die of smallpox. Possibly they were not all vaccinated—not by him, at least—but, as to stamping out the outbreak, this allopath freely admitted that his colleague, a homoeopath, presumably using an oral prescription, was every bit as successful as he himself. This is worth noting (particularly by advocates of "horrific" vaccinations with virulent lymph), because the homoeopathic method is so much less dangerous than the usual one. The travelling public should agitate for its universal recognition. It would be a big step forward—for them, at least.

Mass vaccination frightens the Ministry of Health more than it does the radio-doped public; and, in the opinion of Prof. C. W. Dixon, as expressed in his big book, *Smallpox*, 1962, and in his letters to the medical papers, what is needed is not mass vaccination but only "horrific" vaccination with "virulent" lymph for contacts only.

VACCINE LYMPH

This raises the eternal and unanswerable question:

"What is vaccine lymph?"

The National Anti-Vaccination League always tries to be up-to-date on this repulsive matter, and when they wrote to the fountain-head, the Lister Institute, in June 1962, to ascertain the official source of the current issue of the "true life-preserving fluid", they received the solemn reply that " . . . the seed virus used for the production of smallpox vaccine is derived neither from cowpox nor from smallpox matter, but is a recognised strain known as *pox-virus officinale*".

So now we know! Poor old Jenner!

Surely it is time to face up to the question of what the lymph is rather than what it is called. The only possible, true, scientific description of vaccine lymph is that it is

something which Nature, or Providence, in its wisdom, considers too filthy to be allowed to pollute the tissues of any animal and therefore expels with contempt. But for that, we should never have had any vaccine lymph. It is evident, however, that if it is not smallpox virus in any form it cannot be a real vaccine.

THE ELECTRON MICROSCOPE

The electron microscope has come into the picture only after all kinds of theories and guesses have been discussed for more than 160 years. In the last century, Antoine Béchamp and Lionel Beale recognized certain minute living particles as being the active agents in vaccine lymph; Monckton Copeman, much later, regarded the similarity in size and appearance of such particles in smallpox pus and vaccine lymph as presumptive proof of a common origin. Béchamp would not have jumped to such a conclusion, but, without the electron microscope, no one could see the viruses of these diseases. What, then, were they looking at? One can only suppose that it was microzymes or micrococci infected with virus.

The general question of the connection between germs and viruses is a very complex one. We have to wait for scraps of truth to escape from the laboratories, as they sometimes do, almost invariably by accident or by indiscretion. It is amusing to hear that the makers of electron microscopes have promised the laboratories almost any degree of magnification (or resolution) that they want. It appears, however, that they have already got a bit more than they can handle.

It is curious to find that few of the animal viruses have been studied until fairly recently. The scientists, very naturally, were fascinated by the virus of tobacco mosaic, the first filterable virus discovered, and by other plant viruses. Then came the bacteriophages, which infect and kill bacteria. Human and animal virus diseases were almost ignored for years. The fact is that plant viruses are far easier to obtain pure than the viruses from infected animals. Something like 85 per cent of the juice of an infected tobacco plant may be tobacco mosaic virus (TMV); some potatoes are crammed with virus which does no harm to them; if, however, one smears their juice on the leaves of other plants, it may start a virus disease.

Such facts are not only very interesting, they are clearly of immense general importance. They compel us to realise that all life on this planet has always depended upon the integrity of living cells which have adapted themselves to their food and environment. We are apt to forget this fact because it is by no means a simple one. It is, however, a very obvious one.

‘We know that if we try to grow foods in new and unsuitable soil they are at once attacked by pests, fungi or viruses. The indiscriminate use of new and deadly poisons is not the real answer to the problem. We are all getting countless poisons in the air we breathe, the food we eat, the water we drink, and on almost everything we handle. Our hospitals are plague-spots because of the deluge of antibiotics, and we are now being told

that it is impossible to clean them out properly because they are being kept too busy! No wonder!

When will our Government be made to realise that the enormous increase in degenerative disease is the inevitable result of the ever-increasing number of poisons thrust upon us all for the sake of commercial profit?

The more new poisons we have, the more impossible it becomes for us to get used to them, or to identify any particular one of them as the cause of any particular disease, or of different diseases in different people.

"Whom the Gods would destroy they first make mad."

Let us get back to sanity while there is yet time and stop this commercial villainy altogether, *especially the injection of blood-poisons through the skin and thus bypassing the natural defences of the body.*

When people have to travel overseas they are often in holiday mood and are a notoriously easy mark for confidence tricks. The oldest of the witch-doctors' tricks is to do things which are so repulsive and unnatural that the wide-eyed public will say: "These clever devils would never dream of doing such awful things if they were not necessary; therefore they must be really necessary." It is the oldest trick in the bag, and it still pays enormous dividends.

Thus, innocent travellers are persuaded that "shots" for several diseases are a necessary but quite trivial nuisance. No vaccination can be really trivial unless it is faked. We ask everybody to remember that it was the commercial success alone of smallpox vaccination which led to this huge trail of corruption, not only of public health but of the Press, the Radio and most of the government departments in the world.

In Britain, thanks very largely to the late Miss Lily Loat, we have had no compulsory vaccination since 1948; but there is a large amount of pigheaded tyranny on the subject in the Services and in schools and institutions; furthermore, a lot of stuffed-shirt societies and councils, and completely uneducated and unauthorised educational authorities, exert pressure which is far more difficult to resist than any law from which exemption can be claimed.

Anti-vaccinationists are almost invariably referred to as "ignorant cranks" by the popular publicists of the poison-plugging profession. They are ridiculed for making an unholy fuss about the "supposed" dangers of all vaccinations and medications. In truth, it is the poisoners themselves who do all the high-voltage scaremongering. They still speak of smallpox as a scourge which, but for Jenner's "great discovery", would have solved all the world's feeding problems by killing off all the surplus millions.

What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100 per cent of the fools in the world—the vast majority—into buying

vaccine than it does to treat the small minority who really get smallpox and who cannot afford to pay anything. It was indeed a very great discovery—worth thousands of millions. That is why this kind of blackmail is still kept going.

When the Philippines were taken over by the U.S.A., in 1898, they became a shop-window for the sale of vaccine. They had had plenty of vaccination, of course, under Spanish rule, but the Americans began to clean the place up, and the smallpox figures took a big dive, as might have been expected—and the vaccinators took the big bows, as usual.

The sale of vaccine was enormous. The health reports prove this—an account rendered for the taxpayers to pay. When, however, the inevitable epidemic came, in 1918-20, it is worth noting that, out of a population of 10,000,000, the huge total of 71,000 deaths was more than equalled by several other epidemics during the same three years. Malaria took 93,000, influenza 91,000, tuberculosis 80,000, while dysentery, cholera and typhus together took another 70,000. It will be seen, therefore, that, during one of the very worst epidemics in all history, the deaths from smallpox were well below 1 per cent of the population. Yet we are always being told of the millions of lives saved by the noble work of Jenner and his prosperous followers.

We also hear of the noble work of Father Damien among the lepers of Hawaii, but we are not told that there was not one leper in the whole of the Hawaiian Islands before the noble work of Jenner reached them. By the 'nineties, 10 per cent of the natives were lepers.

CHAPTER THREE

BROADCASTING v. LIBERTY

THE EXTREME danger of a biased, monopolistic broadcasting system was well illustrated during the smallpox scare of 1961. In two consecutive "Any Questions?" programmes, *eight popular broadcasters in a row all demanded the return of compulsory vaccination*, apparently on the grounds that "we are getting slack about it".

Who is getting slack about what?

Did these hand-picked BBC brains never learn that the first trial of compulsory vaccination, beginning in 1853, was followed, in the four years of 1870-73, by Britain's biggest smallpox epidemic, with 46,000 deaths? Since then, our population has more than doubled; so, if "like causes produce like results", do we want about 100,000 smallpox deaths in a few years' time? If not, why ask for it? Evidently, the price of liberty and health is eternal vigilance, not eternal listening.

All of these popular speakers, one of whom is a clergyman, agreed that people should be allowed to escape vaccination on religious grounds. What do they really believe in—religion or vaccination?

No official broadcaster has ever been allowed to hint that there are the strongest possible intellectual reasons, and many of them, for rejecting every kind of preventive vaccination. The Radio, in peddling its garbled stories of Jenner, Pasteur and company to the schools, etc., always omits to mention that when the first scientific attacks on vaccinationists began, the antis were led by serious scientists all of whom had been brought up to believe in the sacred rite, but who, for one disinterested reason or another, had studied it closely, rejected it completely and had the courage to say so.

Dr. Charles Creighton, Alfred Russel Wallace, William White, Prof. Edgar Crookshank, William Tebb, Dr. Scott Tebb, Dr. William J. Collins and his father, of the same name, who had been a public vaccinator for 20 years and had renounced the practice, were all head-and-shoulders above their opponents, both in intellect and in integrity. They may therefore never be mentioned on the radio, nor may their history.

This omission is undoubtedly intended to imply that the principle of blood-poisoning for health has been established beyond all reasonable doubt. History has consistently proved the utter futility of vaccination as well as its manifold dangers, and we must remind the radio mugwumps that they cannot fool all of the listeners all of the time, even by hand-picking their broadcasters and ruthlessly firing any one of them who dares to question the divine right of the blood-poisoners, let alone laugh at them like Commander Campbell.

In the meantime, we have to put up with perpetual propaganda glorifying Jenner and Pasteur. It would be difficult for any child to pass an examination in general knowledge without having absorbed most of it. On the chapel wall by Pasteur's tomb, for instance, we can read:

"1865: The Silkworm Diseases." What this means is that in that year Pasteur began trying to save the silkworm from the ravages of *pebrine* and *flacherie*. His triumph has to be taken for granted—on the radio, anyway. What is missing, however, is the official record of the output of silk before and after Pasteur's genius was brought to bear upon the problem. In the last broadcast we heard on this subject, the ending was abrupt: ". . . and so, Pasteur saved the silkworms." Just like that! Here are the figures, in kilogrammes of cocoons:

1850, when the industry was prospering: 30,000,000.

1866, when Pasteur had begun saving it: 15,000,000.

1873, when he had officially triumphed: 8,000,000.

1886, the output fell almost as low as: 2,000,000.

At the time of his triumph, Pasteur was awarded a pension of 12,000 frs. We imagine that this figure was well maintained.

In the case of the silkworm diseases, as in that of anthrax in cattle, despite all Pasteur's conjuring-tricks and salesmanship, the people professionally concerned had to solve their problems for themselves, as usual. Do we hear this from the radio?

The best antidote to Pasteurian propaganda is the book by E. Douglas Hume, *Bechamp or Pasteur?* (Daniel). It will disillusion anyone who really wants to be disillusioned.

WHO WANTS TO BE DISILLUSIONED

Most people cherish their delusions even more than their other ailments. As Thomas Edison was fond of saying:

"There is no expedient to which Man will not resort to avoid the hard work of thinking."

The germ theory and the idea that germs can be conquered by vaccines was one of the most greedily grasped of all such expedients. It was so much more modern and scientific than the fuddyduddy idea of mending our ways or atoning for past errors. Man wants to believe that the maladies he brings upon himself are all due to those terrible germs, which, being unable to sue for libel, are the ideal scapegoats. What a tremendous debt we owe to Louis Pasteur, the Microbe Man!

And yet Pasteur himself, at the end of his life, was quoted by his old friend, Prof. Renon, who attended him in his final illness, as having said:

"Bernard was right. The germ is nothing. The soil is everything."

It cannot be believed that this final scientific utterance of Pasteur's is not authentic, but it is not inscribed on the wall of his tomb, nor have we ever heard it quoted on the radio.

The germ theory means big money. The show must go on! The Press seldom mentions any mysterious, infective or degenerative disease without holding out the hope that if we give enough millions to the millionaire laboratories to enable them to plague millions of animals for years, then a vaccine will be "discovered", millions of lives will be saved and all will be well—for the laboratories, at least

The mere fact that compulsory vaccination in any country is always followed by more and worse smallpox must be sternly suppressed. So must the fact that the least vaccinated country in the world, Australia, has had fewer than one smallpox death per annum throughout her whole history and only three deaths among children under the age of five. The one Australian victim during the last 43 years—a hospital nurse—was infected by a woman who was landed at Fremantle with smallpox after two vaccinations during the previous six months—as usual, we must add. At one time, the infant vaccination figure was below 1 per cent, but it has lately been raised, possibly by the pretty fairy story about

Jenner and the dairymaids, which we have heard broadcast from Melbourne by voices which do not sound Australian.

It would seem that International Blood-Poisoners Unlimited have decided to remove the Australian thorn from their side, and so they have refused to allow Australia to subscribe to the International Sanitary Conventions. They try to pretend that Australia has always been very strict about vaccination, and -will not let anyone enter the country without proof of having paid tribute in cash to the Golden Calf. They are actually trying to make vaccination compulsory in Australia. Can they give the smallest excuse for not letting well alone? Of course not—but the mere truth does not pay them well enough.

It is certain that if the Australians are all compulsorily poisoned with real vaccine they will eventually enjoy the biggest smallpox epidemic they have ever known, but by that time, no doubt, the vaccine promoters will have found new fields to conquer, as happened in the case of the Philippines scandal.

CHAPTER 4

DO ANTIBODIES REALLY PROTECT?

FROM REPEATED medical investigations, it would seem that antibodies are about as useful as a black eye in protecting the victim from further attacks. The word "antibody" covers a number of even less intelligible words, quaint relics of Erlich's side-chain theory, which the greatest of experts, McDonagh, tells us is "essentially unintelligible". Now that the old history, mythology and statistics of vaccination have been exploded by experience, the business has to depend more upon verbal dust thrown in the face of the lay public. The mere layman, assailed by antibodies, receptors, haptophores, etc., is only too pleased to give up the fight and leave everything to the experts. This is just what they want, especially when he is so pleased that he also leaves them lots and lots of real money.

The whole subject of immunity and antibodies is, however, so extremely complex and difficult, *especially to the real experts*, that it is a relief to be told that the gaps in their knowledge of such things are still enormous.

We can obtain some idea of the complexity of the subject from *The Integrity of the Human Body*, by Sir Macfarlane Burnet. He calls attention to the fact—the mystery—that some children can never develop any antibodies at all, but can nevertheless go through a typical attack of, say, measles, make a normal recovery and show the normal continuing resistance to reinfection. Furthermore, we have heard for years past of attempts made to relate the amount of antibody in patients to their degree of immunity to infection. The results have often been so farcically chaotic, so entirely unlike what was expected, that the scandal has had to be hushed up—or put into a report, which is much the same thing (*vide* M.R.C. Report, No. 272, May 1950, *A Study of Diphtheria in Two Areas of Great*

Britain, now out of print). The worse scandal, however, is that the radio is still telling the schools that the purpose of vaccinating is to produce antibodies. *The purpose of vaccinating is to make money!*

Another equally authentic report is worth noting, more particularly because of its source—the Pasteur Institute at Teheran (*see* W.H.O. Bulletin, 1955, Vol. 13, No. 5). The laboratory report on five cases out of 17 all of whom were badly bitten by a really big bad wolf which also bit 12 other persons, 6 cows and a horse in one night, and was presumably not quite normal, is clear and concise. The purpose of the whole report was to advertise a new serum, and so the 17 worst cases, with head injuries, were divided into three groups. Six patients were given two or more shots of the new serum; none died. Six others got only one shot; one died. The remaining five got no serum; three died. Needless to say, all the cases were treated surgically and with antibiotics, etc., and *all had 21 days of the Pasteur vaccines*.

The report might be said to make out a case for the new serum as a protection against the Pasteur vaccines, although we could suggest a better, cheaper and quicker way of dealing with them. This, however, is what it says about the five patients whose fate had to depend on them:

"*Series C*.—The five patients in this series received a course of vaccine but no serum, and none showed antibodies before the 19th day. However, three developed definite titres between the 21st and 25th days. Two of these three patients died. Two other patients failed to develop any demonstrable antibody during the period of observation. One of these died of rabies; the other survived. The two highest levels of antibody in this group were obtained from fatal cases shortly before death."

That should be enough about antibodies!

REAL IMMUNITY

It may be true to say that our lymphocytes and mesenchymal cells form a large part of our natural defences, and that these cells are produced in enormous numbers and stored at strategic points, the main depots in the alimentary tract being the tonsils and the appendix!

How often is the appendix solemnly called "the nuisance organ" by those who, at no loss to themselves, remove thousands of appendices every year, a majority of two-thirds of them being in fact quite normal and useful? The real doctors who still retain some respect for the wonderful complexity of the human organism, at the risk of being called "dangerous cranks", should really get together with the business-surgeons and discuss this subject—on TV, please!

When we learn that something like 500,000,000,000 lymphocytes die and are replaced in a human body every day, not to mention all the other "immunologically competent" cells, we cannot help feeling that it is grossly impertinent to add to the complexity of the

situation by squirting people full of other cells and viruses which can multiply to an utterly unpredictable extent. No wonder there are often complications!

HOW MANY VACCINES DO WE NEED?

When a full inquiry had to be made into the alarming amount of cross-infection in our hospitals, it did not take long to discover several thousand strains of antibiotic resistant germs, particularly of the *staphylococcus aureus*. Must every hospital patient therefore have several thousand new vaccines pumped into him, three shots of each, and a booster dose some months later if he is still living? If not, why not? The reason is that the public—even the viewers and listeners—would begin to see that the whole idea of vaccinating, if carried to its logical conclusion, is a vast, grotesque, commercial racket which can never produce a healthy race or even allow anyone to enjoy real health. Of course, the real, hospital-prone patient will try anything once. He might be willing to settle for a single new multimillivalent vaccine from the Salk Institute. Who can tell?

WHAT IS A VIRUS?

The electron microscope has focused attention upon what are all-too-loosely called viruses. The word virus used to mean any kind of foul and poisonous matter; but now the notion is being encouraged that a virus particle, whether called an "intact", "living" or "whole" virus, is merely a very small kind of germ, too small to have been seen by Pasteur with the optical microscope.

A virus is a nucleic acid, a chemical chain or pattern. The excuse for regarding it as being alive is that it can multiply itself by getting into a cell and causing it to produce a lot more of the same virus—even a thousand times as much in a few minutes. We can grasp the idea more easily if we remember that a poisonous lie, a mere chain of letters, can get into a newspaper, be multiplied millions of times and spread all over the country in a few hours.

This is obviously a very different thing from simply dividing as bacteria do. The main difference is the amazing speed of virus multiplication. A bacteriophage, for instance, which can infect a bacterium and make it produce more than a thousand new virus particles exactly like itself in 20 minutes, has a potential breeding rate of one-thousand million times per hour for as long as it gets enough cell to infect. These figures come from *The Times Science Review*, Autumn 1959.

CRIMINAL NEGLIGENCE

What a splash the journalists could have made with this sensational figure if only they had had the courage to warn the mothers of the world, with banner headlines, never to have viruses pumped into their defenceless babies or fed to them in pink cocktails! Unfortunately, they missed their glorious opportunity. The matter was never fully discussed and many very important questions are still unanswered

What is really meant, for example, by the expression "living virus"? Is there such a thing as a dead one? How do the real virologists talk about this when they "let their hair down", if they have any?

Commenting upon the first of the CIBA Foundation Lectures, Study Group No. 4, Dr. H. G. Pereira, a very well recognised virologist, of the National Institute for Medical Research, Mill Hill, London, said: —

"The position is even more difficult now since it has been shown that the nucleic acid by itself, e.g., that of poliovirus, will infect many different tissues which are quite resistant to the whole virus."

When we know that the word "infect" means that the nucleic acid (the virus) multiplies enormously, and that "whole virus" simply means a tiny spot of virus coated with protein derived from an infected cell, we can appreciate the fact that sometimes a "whole" virus cannot infect, while a decoated, or "killed", virus always can *if it is a real virus*. The reason is that all cells have to feed through their walls and can absorb free virus in the same way, *after which they can "replicate infectious virus"*.

In the second lecture, given by Prof. H. R. Morgan, of Rochester, New York, the above facts were confirmed with regard to type I poliovirus, which can infect chick-embryo cells only after being deprived of its protein covering.

Most of the world must have read several times about the huge sums paid out by the Cutter Company, of California, to the victims of their Salk polio vaccine. The total amount was over \$3,000,000, only \$2,000,000 of which was covered by insurance. The facts which have been given already about "living" virus particles should have been known well before the claims were settled. The jury, or 11 out of the 12, awarded these huge sums on the grounds that the Salk vaccines had contained "living virus particles".

Would it be going too far to guess that the vaccinemongers—those directly or indirectly concerned—preferred to pay up and shut up rather than have the scandal discussed for several more months, or even years, through an Appeal to the Supreme Court on the grounds that the cases were tried, as they seem to have been, on a completely false basis?

The whole thing must surely seem a little queer to the intelligent layman, especially when he knows that the Sabin vaccines are deliberately made to contain living viruses. Naturally, it is hard to get any real sense out of all this, because there never was any real sense in it!

What the intelligent doctor thinks is seldom published in the popular newspapers, but when the writer remarked to the late Dr. Beddow Bayly, very shortly before his death, that he had concluded that the difference between a living virus and a dead one was twelve minutes, Dr. Bayly laughed, in evident agreement, and said these memorable and forceful words:

"You need not be afraid that they would use real viruses in all these vaccines. They simply would not *dare* to! *The whole thing is absolute humbug!*"

This final dictum by Dr. Bayly sums up the position with his usual meticulous accuracy. It does not, however, answer all the questions that are being asked about the latest vaccines, though it covers the subject well enough

The latest virus vaccines, whether oral or inoculated, are said to be made with "modified" viruses, regardless of the fact that real viruses have a way of unmodifying themselves with alarming and sometimes fatal results. Very frequently, even in medical journals, they are oh-so-reassuringly called "inactivated" viruses, vaccines, etc. In plainer English, they do not work!

Now, surely, to vaccinate with an inactivated virus is about as foolish, not to say unethical, as it is to travel with an expired season ticket. Even when the latter has been scientifically modified by partial or complete lysis of the date, its use can prove to be a badly miscalculated risk.

As to "modified" viruses, however, Dr. John Kendrew, F.R.S., in his series of BBC TV lectures on "The Thread of Life", stated that it had been proved in the laboratory that a virulent virus (that of virus pneumonia), if placed side by side with a "variant", can "take over" the variant, restoring its virulence, and make it "breed true". Viruses can, in fact, infect one another! Another revelation comes from *The Genetics of Bacteria and their Viruses*, by Willam Hayes, in which, on pp. 365-6, he classifies these viruses as "virulent" and "temperate" and says that the change from one class to the other can be made in a single mutation in response to altered environmental conditions. Furthermore, these viruses, in their temperate mood, do not kill their host cells. They allow them not only to go on living but to breed offspring which continue to reproduce virus as well as themselves.

These facts would seem to explain a vast host of disasters, from single cases to world pandemics. They show the risk of vaccinating with modified viruses, especially when virulent ones are present. They overwhelmingly endorse the late Dr. Beddow Bayly's resounding dictum, quoted previously.

As to smallpox vaccines, it has always been impossible to define them. Jenner could hardly have known that almost any foreign matter, applied with skill and an impressive air, can produce a festering sore on the skin. Case No. 5 in his famous Inquiry—a gentlewoman who acquired "cowpox" through handling dairy utensils—may well have been an early case of vaccination with milk or cream, but not the last one by any means. Jenner would have been shocked by this idea, no doubt, because he did not think of it himself.

Any mixture of chemical and biological refuse can be called a vaccine, and, with enormous free advertising by Press and Radio, it can be sold, but, if it does not cause specific infection, it is not a real vaccine. The latest smallpox vaccines appear to be more

infectious than smallpox itself. These mysteries are seldom fully discussed or explained, but there can be little doubt that the smallpox vaccines used in the U.S.A. and our own true British *pox-virus officinale* contain traces of human smallpox virus.

In the light of what is now known about viruses, it is not surprising that the most vaccinated populations have always had the worst record for smallpox. The Philippines, for example, had 163,000 cases, with 71,000 deaths, in 1918-20, after 20 years of compulsory poisoning with "modified" smallpox lymph. The Mexicans were the most thoroughly vaccinated people on earth from 1876 onwards (with compulsory vaccination within four months of birth, revaccination at least once every five years and every time there is a local outbreak), and yet, until about 1935, they had the worst record in the world for smallpox, the death rate being between 2 1/2 and 3 1/2 times higher than that of India! The League of Nations were blowing them up about it. They could hardly recommend more vaccine, of course, but there has been some improvement since then in Mexico, due, no doubt, to other factors of a more general environmental nature.

CHAPTER FIVE

INTERNAL SANITATION

WE ASSOCIATE epidemics generally with poverty-stricken and dense populations, and with insanitation, but it is noteworthy that the worst pandemic ever known, the influenza of 1918-19, which is believed to have infected half the human race and caused 25,000,000 deaths—some say twice as many—has never been fully and honestly reported. Of course, the epidemiologists tried to trace it to its source, and it seems to be generally agreed that the virus took on its terribly virulent form in certain American army camps on the eastern side of the U.S.A. Why, though, has this matter never been properly investigated? Is it a medical secret? (There was a rumour that one of the typhoid vaccines had "gone wrong".)

It is quite certain that those camps were not the most insanitary places in the world—very far from it—nor were the men underfed, but it is certain that they were about the most inoculated, i.e., internally insanitary, people on earth at the time, and the mortality among such men, when the infection spread, was many times higher than among civilians of the same age-groups. One may suspect that most of the "immunologically competent" cells in those army men were exhausted through working overtime against all the vaccines forced upon them. The general fatality rate was very low, and if the patients had all been properly treated by Nature Cure methods it is unlikely that any would have died. This fact is not yet universally accepted, and if we get 'flu vaccines on sale everywhere, it will no doubt be sternly suppressed.

It is obviously impossible to vaccinate in advance against new strains of influenza virus, and they are the only ones that matter. Apparently we are all already full of the older

ones; vaccinating against them would therefore be equally futile, to say nothing of the possibility of "boosting" them and thereby causing "provocation cases".

The virologist whom we have quoted above, Dr. H. G. Pereira, Director of the World Influenza Centre, Mill Hill, London, said in an interview in the *London Times*, 13th February 1963, that "the Asian influenza virus was now seeded in the population. It was there all the time and could appear when conditions were favourable".

This idea that basic viruses, whether spread naturally or pumped into everybody for money, can lie dormant and then be aroused to renewed activity would seem to explain quite satisfactorily why, some years after a large population has been subjected to compulsory vaccination, it always gets the worst smallpox epidemic it has ever known. We in England began it. The 1871 epidemic was not only the biggest but one of the very worst, according to contemporary opinions. It also explains why it is so dangerous to vaccinate during epidemics and thus add a lot of "provocation cases" to the general total.

All these things have happened so consistently, in so many countries throughout the world, that they cannot be all due to pure coincidence. They are the facts of history, and they cannot be brushed aside as "yesterday's news".

DISEASE FOR ALL

In spite of a reward of \$15,000 having been offered, apparently without response, to anyone who will prove that the Salk polio vaccines are not fraudulent, a huge Salk Institute is now being established on 27 acres at San Diego, California, the alleged object of which is to provide ideal as well as practical opportunities for scientists—even real ones—to work without hindrance or financial worries.

Needless to say, the vaccine industry has already got more than one foot in the door, but Dr. Jonas Salk will not be the only man there. Some quite important and humane thinkers have already been invited to join the happy band, It will be very interesting to see how the members react upon each other!

One object—presumably a "top priority"—mentioned in connection with this ambitious set-up is that of concocting, or "discovering", a single vaccine to protect everybody from everything—except, presumably, the vivisection, vaccinating, chemists, the Press and the Radio.

At present, however, an "absolutely safe" vaccine against some 10, 50 or 100 virus diseases is all that is modestly envisaged; surely, however, when we read of the vast number of viruses that exist in the world, and of the fantastic speed with which they can vary and multiply, a mere hundred of them would seem hardly to be worth bothering about.

The fact that the antibiotics have encouraged the bacteria to turn our happy hospitals into plague-spots should make us apprehensive about what the viruses may do in reply to new vaccines. California has had one Salk disaster already.

The British Medical Journal, of 1st June 1963, has mentioned varieties of the *staphylococcus aureus*, coliform bacilli and poor little TB germs which cannot even live without streptomycin, the antibiotic commonly used in fighting TB. What are we supposed to think about this kind of thing—or aren't we?

We can be sure, at least, that the proposed wonder vaccine, if and when it arrives, will be hailed by the Press and the Radio, with flags flying, church bells ringing, sirens wailing, etc., and advertised with public and "charity" money, with no financial restrictions whatever—and without mercy.

VETERINARY VACCINES

As there is no public registration of births and deaths for animals, their vaccinators can say almost anything they like about the triumphant progress of vaccination against all animal diseases. The Radio never ceases to proclaim it. Its complete and universal efficacy must be swallowed whole because such propaganda helps to sell all vaccines.

Listeners, however, should always remember that all pedigree animals are selected, bred, fed and experimented upon just as laboratory animals are. They are not so much vaccinated as *tested* with vaccines. When distemper vaccines began to kill dogs or give them nervous disorders, the worst cases were obviously not sold but destroyed. This principle cannot be applied to human babies, at least, not officially, and so there is no real comparison between humans and domestic animals, especially those which are allowed to live only for a few months anyway.

It must be clearly understood that it is always possible that a strain of rapidly breeding animals may adapt themselves to a certain treatment, and may eventually become unable to do without it—like the germs that pine for antibiotics. This provides limitless opportunities for the manufacturing chemists, but is not so good for anyone else.

If the human race wants to be turned into a lot of laboratory freaks, with no health or integrity whatever, and dying from degenerative diseases at an ever-increasing rate—well, are we not more than halfway there already?

Our air, food and water are being increasingly poisoned with hundreds of new chemicals. No one can escape them. Atomic fall-out is a trivial red herring by comparison. It is difficult to travel the world without being converted into a walking cesspool of biological refuse, germs and viruses of every kind.

Is there not one really self-governing, self-respecting and independent nation that will make a stand and refuse to admit any person who has recently been vaccinated or inoculated against anything? Even Britain refused at one time to admit dogs which had

been vaccinated against rabies without adding an extra three months to the usual six months' quarantine, knowing the vaccination to be an added danger. If one country, Australia, perhaps, would set the example by banning all immigrants who had been poisoned by vaccines, the subject would have to be fully and publicly discussed for the first time. What matters more than anything else is that the freedom of the Press and of Radio should be strictly enforced by international law, with no censorship by militarism, medicine or money.

INTERNATIONAL SANITARY CONVENTIONS

About the middle of the last century, some seventy nations contributed to a meeting held in Paris to frame rules for the control of epidemics, for there was an obvious need for agreement upon such things as health inspection of immigrants, quarantine regulations, etc. Since then however, it appears that the vaccine salesmen, as might have been expected, have moved in and taken control of everything—except, of course, the epidemics.

No members of the public are admitted to the Conventions to hear what is being cooked up for them or what is said by the real doctors who are present, if any. Consequently, the ridiculous pretence is still kept up that a certificate can disinfect a person, inside and out, with all clothing and personal effects. Could humbug possibly go further? We constantly see the fatal results of this official imbecility. It must be cured.

An International Certificate of Vaccination proves nothing except that somebody's money has had to be spent on vaccine—in other words, that the love of money is the root of all evil.

"AUTOIMMUNE" DISEASES

This strange name has been given recently to a number of well-known degenerative diseases of unknown origin, such as rheumatoid arthritis, Hashimoto's disease of the thyroid, and a growing list of others. The feature common to all of them seems to be that certain cells which are not normally in direct contact with the blood stream, become damaged or exposed; they are attacked as strangers by the lymphocytes, plasma cells, etc., antibodies appear in the blood, a vicious circle is set up and the battle continues until the offending cells are destroyed.

In fact, it would seem that all who die of "natural causes" or "senile decay" really die of "autoimmune" disease.

We very strongly suspect that this new name, completely unintelligible to the layman, has been adopted to obscure the fact that all these troublesome and incurable diseases really ought to be classed as "autogenous vaccinations", but the word "vaccination" has to be kept out of it at all costs.

The National Anti-Vaccination League, however, will be neither surprised nor depressed to be told that, if nothing else kills us first, we all die from vaccinations in the end. We shall strive, like others, to put off the end as soon as possible, and to do our best to protect everybody from being systematically poisoned with antigens and antibodies for money, sometimes even before they are born.

We like to believe that if the original inoculators had had the faintest idea of what they were doing, in their impudence, or of the fantastic tangle of vicious circles and chronic diseases they were bound to create, the whole dirty business, in spite of its giving full employment to doctors and colossal profits to the chemical industry, *might* never have been started.

We have always held that the zymotics tend to cure themselves if properly treated, but that the effects of vaccination are incurable and often disastrous. We must therefore resist all vaccinations. We would rather be cranks than crocks.

The present official advice as to the "safest" age for primary vaccination puts it at "after 1 year", which amounts to admitting that most of the world's statute laws on this matter have always been pure criminal lunacy (as if we didn't know!). We believe that all vaccinations should be voluntary and should be strictly forbidden before the age of 150, after which anyone who still believes in vaccination deserves to be treated as a guinea-pig. He ought to be happy, anyway, to die crammed full of beautiful, healthgiving antibodies, like other people.

CHAPTER 6

THE VACCINATION CONTROVERSY

ALTHOUGH, IN THIS short history of medical protection-selling, we must confine ourselves mainly to its present and maybe future aspects, it would be ungrateful not to remember those great fighters in the past, especially the medical men, including public vaccinators of long experience, who studied the subject honestly, saw right through it and bravely told the truth about the whole repulsive racket, often at great cost to themselves. They began doing this more than a century ago.

Who can dispute the opinion that Dr. Charles Creighton was the greatest of these doctors? His *History of Epidemics in Britain*, in two volumes, 1891 and 1894, was justly called "the greatest medical work ever written by one man". Having previously written for the *Encyclopaedia Britannica*, he was asked to contribute the article on vaccination for the Ninth Edition. Its appearance, in 1888, was such a profound shock to the advocates of, and vested interests concerned in, vaccination that Creighton's article was replaced as soon as possible by what was little more than an advertisement for glycerinated calf lymph written by one of its promoters. Creighton, perhaps the greatest medical mind of the last century, was virtually turned out of his profession.

The fact that such a disgraceful thing was ever allowed to happen appears to have been taken as a precedent, which has been religiously followed by most publishers ever since. Vaccination is big-money business; so is the publication of school text-books. No medical text-book telling the truth about the vaccine industry would ever reach the printers.

In addition to those previously mentioned, who had a lot to lose and little to gain by denouncing the fraud of vaccination, there were many others who were scandalised by it; for example, Alfred Russel Wallace wrote a lot against it and said that he considered this work the most important that he ever did, in spite of his writings on natural selection.

William White wrote a very good book, *The Story of a Great Delusion, 1885*, the first of the larger works exposing Jenner, but, unfortunately, he made one error in misinterpreting some of Dr. Farr's statistics; this error is all that a medical student is required to know about the contents of this book of over 600 pages.

Creighton may have been too irritated by Jenner's style of writing to be quite fair to his essay on the cuckoo, submitted to the Royal Society, but he expressly disclaimed being a naturalist himself; after all, the only important thing about Jenner's cuckoo, "the bird that laid the vaccination egg", was that it got Jenner an F.R.S. Apparently, the Royal Society failed to notice that it was the cuckoo that was the genius, and not Jenner. Where Jenner obtained his information about the cuckoo is of no importance whatever, but even the recent big book, *Smallpox*, by Prof. C. W. Dixon, has to seize the opportunity to justify Jenner's paper and to dismiss Creighton as an "armchair critic". Prof. Dixon even calls him a "syphilophobe". The excuse for implying that he was morbidly afraid of syphilis is presumably that, in his small book, *Cowpox and Vaccinal Syphilis*, he tried to explain to doctors certain outbreaks of supposed syphilis in recently vaccinated groups of children. His theory was that the trouble had been caused by taking the lymph too late, which, in a series of arm-to-arm vaccinations, had allowed the cowpox to revert to its original virulence, the affinity of cowpox being to the great pox rather than to the smallpox.

Considering that almost nothing has been published about the real nature of cowpox, we may indeed wonder why it is that modern medical dictionaries tell us quite dogmatically that it is "a virus disease of cattle". Is this definition really true or is it just commercially convenient? Also, what has become of the bacillus of smallpox and also that of influenza, both quite real to Prof. W. M. Crofton? Are they brushed aside as mere minor inconveniences? In short, it is wiser to be sceptical about all opinions about bacteriology in the early part of this century, when little was really known and no one could distinguish between a virus particle and the filterable form of a bacillus. Creighton was obviously a sceptic to the end of his life. Prof. William Bulloch, after Creighton's death, said, "He was the most learned man I ever knew." He could speak six or seven European languages fluently and could read many more. Was this all for fun? Did he go to India in a Sedan chair to study leprosy and plague?

Dr. Walter Hadwen, "the terrible Hadwen", as Shaw called him, is not mentioned in Prof. Dixon's terse account of the Gloucester smallpox, in 1895-6. Hadwen replied shatteringly

and completely to the official Report prepared for the Royal Commission on Vaccination, which, however, was not prepared to wait for it, and ended its seven years of sessions before the Report appeared. The whole outbreak was probably spontaneous and due to blocked sewers and polluted water. If it were not, why did the authorities have to spend thousands in putting these things right? The stinking manholes leading to the sewers may well not have been noticed by the official reporter, because they had been sealed up before he ever got there. Prof. Dixon sneers at the local antis, meaning the phoney ones, of course. We heard of one man who championed the antis' cause because he edited a local paper and wanted to improve its circulation. He went to Cheltenham and had himself secretly vaccinated. Are dishonest journalists so very rare, however?

One genuine citizen of Gloucester had a wife and children who were never vaccinated; a servant girl, who was living in the house and who had been vaccinated, contracted smallpox, and the father of the family allowed his wife and four children to sit by the girl's bed and cheer her up. None of them became ill. They were badly brought up and lacked faith in the official propaganda, no doubt. We cannot, of course, recommend this kind of conduct, but Prof. Dixon's readers may as well have the whole truth, and not just garbled and twisted bits of hostile local gossip, especially if they are asked to pay £6 10s. 0d. for his book.

It is impossible to review all the old books, papers and reported speeches on this controversy. The modern reader has to be content with a brief summary of it all, and he must make up his own mind as to which kind of evidence he can accept as genuine. On the one hand, we have statistics compiled behind closed doors by medical wags who knew what the bosses wanted and who had been brought up on the vivisectors' slogan, "The end justifies the means". Were they not on the side of the angels? Why shouldn't they lie like hell?

These people have to be a little more astute today than the wags of the last century who proved such wonderful things that we can only laugh at them (such as, for example, a case mortality of 71 per cent among the unvaccinated, and one of only 1.3 per cent among the vaccinated cases). When we know' that, before the cowpoxing ever began, the smallpox case mortality was only about 18 per cent in England, we know what to think about the miracles performed by vaccination in the glorious days of the Victorian era—or, should we say, by statistics?

On the other hand, we have the example of the brilliant minority of really honest men who risk their own professional advancement by fearlessly telling the truth as they see it with their own eyes—men of long experience and of the highest integrity. Their testimony, as might be expected, flatly contradicts and exposes everything that was claimed by Jenner and his prosperous followers.

The late Major Reginald Austin, of the Royal Indian Army Medical Corps, was one such man. No one who knew him could possibly doubt his word for a moment. When the writer showed him some official figures about smallpox in the Army in India, Major Austin's exact words (with emphasis) were these: —

"Why do *you* take the *slightest notice* of their statistics? You don't know the people who compile them. I do: I've *seen them at it. They are all the most unconscionable LIARS!*"

After 20 years in India and Burma, treating the Army men and the followers, Major Austin knew what he was talking about and meant what he said. Of course, he did not publish such things about his professional colleagues, but he did tell them what he thought of them. Presumably they replied by calling him a crank and giving him that reputation. That is the usual official routine.

Carlo Ruata, Professor of Materia Medica, at the University of Perugia, was obviously another fearless champion of the truth; and it is very important to remember that all such men make themselves personally responsible for what they say and write; they do not hide in the herd and quote figures for which no one would dare to admit personal responsibility.

In a letter to the *New York Medical Journal*, published 22nd July 1899, Prof. Ruata wrote a shattering rebuke to Dr. Joseph M. Mathews, who, in his Presidential Address to the American Medical Association, had called the antivaccinationists "mad" and "misguided". The letter is too long to quote in full, but he deals with the smallpox in Calabria, Sardinia and Sicily during the epidemic of 1887-9.

After showing that Italy was about the most vaccinated country in the world (the Army call-up showed that 98.5 per cent of the men had been vaccinated already, and they were then revaccinated), he shows that smallpox deaths were exactly divided between the sexes before the call-up age of 20, but that afterwards the revaccinated men were hit much more than the women. He gives a lot of figures from the worst places hit by the epidemic. The gem of his collection was: Vittoria, Sicily, population 2,600: deaths from smallpox 2,100! And he adds:

"Can you cite anything worse before the invention of vaccination? And the population of these villages is perfectly vaccinated, as I have proved already;I obtained from the local authorities a declaration that vaccination has been performed twice a year in the most satisfactory manner for many years past."

Incidentally, it is interesting to note that the lymph used in Italy at that time was the animal lymph such as was afterwards adopted by the British Government to replace arm-to-arm vaccination. The excuse for the change was that animal lymph could not transmit syphilis, leprosy or other human diseases. The real, commercial reason was, of course, that animal lymph has to be purchased from the firm's which produce it, instead of being obtained by private arrangement with doctors, vaccinifers, etc.

WHAT IS THE PRESENT POSITION?

We have no space here in which to pay tribute to all the people who have been fighting for truth and justice, not only in Britain but all over the world. Unlike the World Health Organisation, the National Anti-Vaccination League is not subsidised. It has no

multilingual secretariat, and it cannot hope to support such a thing by voluntary contributions from that very small percentage of the public which really cares even twopence for the truth about anything (the so-called "cranks").

The high-minded Victorians who supported our cause made the tragic mistake of thinking that, when we had "knocked the bottom out of a grotesque superstition", as Creighton put it, the battle was almost over, and very few of them made any attempt to endow the League with substantial capital or even permanent headquarters. These honest people could hardly have foreseen such horrible, costly follies as two World Wars and the atombomb—or that the Jenner-Pasteur business would become an enormously wealthy international protection-selling racket, which, in spite of its universal failure, has the power to monopolise the Press and the Radio almost completely, to use large sums of public and "charity" money to advertise its abominable wares and even to capitalise their manufacture, which inflicts cruelty upon countless millions of animals every year. The optimism of the Victorians was tragic, but only an extreme pessimist could have imagined what was to follow.

As to the present, we are aware of the efforts of those in other countries—France, for example, where M. Lemaire and M. Hoffet, whose son was killed by BCG vaccine, have been leading a brave fight to get compulsion taken out of the whole vaccine trade. There are many French doctors who would make all vaccinations illegal. There is no doubt that they soon would be if free discussion on the Radio were possible; at present it is simply not allowed. Only the feeblest pretence at fair play for both sides has ever been made in Britain, the opponents of vaccination being granted only a very few minutes in a year—with luck, and then without being given any warning or allowed time for adequate preparation. There is invariably a very long interval between one such concession and the next. The anti will be lucky to get from two to five minutes in which to demolish a mountain of lies which have been piling up for a century. His broadcast will probably be made from a provincial station, lest the heart of the British Commonwealth should die from shock. He will be up against maybe half-a-dozen opponents, each of whom will be given exactly the same time as he on the air, just to ensure scrupulous fairness. Furthermore, if the programme is filmed and so can be edited, his most telling facts and figures will be cut out by one of the anonymous broadcasting house-surgeons. If, in spite of all this, he manages to get any real information to the listeners, the scandal has to be given several months to blow over.

Even that excellent broadcaster, Bernard Shaw, we recall, had to be cut off in a hurry when, in an interview, he was casually referring to Jenner and Pasteur as if they were mere mortals. Shaw really studied the vaccination controversy and said many trenchant things about it, but his writings are still available and so need not be quoted here.

LILY LOAT

In modern times, the one person who did more than anyone else to restore our right to choose whether or not we should be poisoned with commercial inoculations was the late Miss Lily Loat. The fact that she received no obituary notices whatever from our national

newspapers was the highest compliment they could pay her. The only radio tribute to her great work was an oblique smear in a Granada TV serial. It showed two police officers looking with horror under a blanket at the corpse of an old woman recluse who had died of smallpox and who was said to have been a notoriously eccentric crank. Later in the episode, the junior officer remarks that at one time she had "actually started a league for the abolition of compulsory vaccination"; his Chief Inspector replies: "Oh, so it caught up with her!"

We need hardly say that the original society was for the Abolition of Compulsory Vaccination and that it became the N.A.V.L. in 1896, or that Miss Loat was inseparably identified with it for about 50 years. Incidentally, she did *not* die of smallpox.

Probably, mothers will be telling their children for years to come that is what happened to the founder of the League. It was God's will—they saw it on the TV. Such is the kind of publicity we get from the ignorant and unscrupulous powers-that-be. A printed protest sent to them received no reply.

The late Dr. Killick Millard, who wrote so much against mass vaccination, told the writer that he admired Miss Loat so much that he hoped to survive her so that he could write her biography, but that was not to be. What would he have said about that typical TV tribute to her work—the only one of any kind from the Radio?

Miss Loat was not herself a doctor, but there are many medical members of the League and she always had the benefit of their help and advice. The doctor who might have been the Chief Medical Adviser to the Ministry of Truth was the late Dr. M. Beddow Bayly. He did so much work, writing books, pamphlets and leaflets against vaccination and other allied rackets, that he left little for others to do. His opponents could not answer him, because, as he used to say with a gleeful chuckle, he hardly ever quoted any evidence against them except what they had themselves said or written. His works are still available to the serious student, and they are very valuable for their wealth of information and quotations.

The average person, however, cannot be expected to want to be dragged backwards through the whole history of the controversy, or through Hansard. Nevertheless, the experience would reveal that the mainstay of the vaccine tyranny has always been the conceit, credulity and intolerance of people in high places. We well remember the tumult in the House, in November 1942, when one M.P. who had obviously read Dr. Beddow Bayly's big booklet on diphtheria "immunization", as the minister of Health to hold an inquiry into its safety and its efficacy, and to appoint a committee upon which both sides should be represented. His arrest was at once demanded by an indignant medical M.P. for "causing the deaths of innumerable children through this agitation".

In Parliament such idiocies can be answered at once by any M.P. with a brain, but protests to the Press or the Radio bosses can be suppressed. One advertising agency actually sent out a circular letter to its members warning them not to accept advertisements for Dr. Bayly's booklet. One of these members was also a member of the

N.A.V.L., and so we were able at once to advertise this piece of backstairs thuggery without charge. Another example of this criminal conspiracy to stifle the truth was that, when Dorothy Lamour, Mickey Rooney and Orson Welles had been made seriously ill by inoculations, we tried to get small advertisements into several popular film papers, simply offering to inform travelling film artists as to their legal rights on the subject; all these papers refused to insert them. Incidentally, the papers no longer exist.

As Dr. John Rowan Wilson tells us, however, in *Margin of Safety*, "The Anti-Vaccinationists are still in existence, though their influence now is negligible". If this is so, the world has at least the right to know why—and the duty to do something about it. We can assure the world that the blood-poisoners are also still in existence and, even though they no longer dare to use real vaccines, their corrupting influence on public health and public life is extremely costly; the world can no longer afford their rapacious rule (*see* Dr. Wilson's book).

The worst threat to human welfare is monopolised Radio. The most infectious disease in the world is insanity, and the Radio is the principal carrier of it. Its evil power spreads so far and so fast that something more than the slow, cumbersome and expensive laws of libel is absolutely essential for its control. The Radio lie gets a 12,500 miles start. This is infinitely worse than the proverbial 12 hours. The truth never overtakes it, because it never gets started at all.

CHAPTER SEVEN

THE DELUGE OF VACCINES

IT IS OBVIOUSLY due to the commercial profits from cowpox, to the £30,000 paid to Jenner and to the official prestige bound up with this, that a continuous deluge of vaccines began to descend upon Mankind. Pasteur saw the enormous possibilities of extending the vaccine business to cover every known kind of infectious disease. To him, germs were the cause of all such diseases. Fight the germs and save Humanity.

We now know that the cell is not the unit of life, which it was believed to be at that time by Pasteur and most others, except Béchamp and a few more with greater scientific insight. Every kind of living cell, in fact, contains many elements which can multiply, perform fermentations, and even act as viruses, but the old fear of germs is still being commercially exploited to sell vaccines, serums, antibiotics and disinfectants.

The principal commercial vaccines which have been thrust upon the public, more or less in their historical order, are those for smallpox, rabies, typhoid, cholera, tetanus, diphtheria, whooping-cough, tuberculosis, plague, yellow fever, poliomyelitis and influenza.

Sometimes, as with diphtheria, for example, a serum is made first, but when it fails to reduce or even increases the mortality a vaccine is sure to follow.

However, serum can only be sold to people who are under treatment for some reason, whereas a dozen vaccines can be sold to everybody, even to those that are whole and "need not a physician". If everybody is made chronically ill by them, so much the better for the chemists—and even the physicians. No wonder the Press and the Radio never let us forget the vaccine cult.

SMALLPOX VACCINES

Vaccination was introduced *not* as a "great discovery", but as a makeshift substitute for the much more plausible and excusable smallpox inoculation, which had proved ineffective and too difficult to handle. What was wanted was something to save the faces and the pockets of the medical men, and anything that did not cause an infectious disease was good enough for that. Jenner's notions about horse-grease were not good enough for London, so the "spurious" cowpox had to be elected.

We need not try to give the history of all the lymphs that were used in the arm-to-arm days of years gone by, because Prof Crookshank did all that for us. His *History and Pathology of Vaccination* deserves to be called a classic, because he had the luck to go to the Royal College of Surgeons' Library just when Jenner's original writings were rediscovered. They had lain there unheeded for years, without even being catalogued. When the present writer went to the British Museum to read Crookshank's works, he had to cut some of the pages in order to do so; obviously, they had never been opened, although the book had been in the Reading Room for 34 years. It is evident that the usual expedient for avoiding the hard work of thinking is to leave it to others.

It is impossible to tell the public what vaccine is, because so many different strains are used, and none is likely to remain the same for long. If a strain becomes weak, it is made virulent, or dirty, again by "passing it through" a series of wretched animals. It is then tested on rabbits' eyes for its destructive power, or possibly by some other vile method.

The subject has been covered fairly fully in the earlier pages of this booklet, but, as to the future, it seems likely that the theory of vaccination and the idea of producing antibodies will be quietly abandoned, while the business of inoculating will continue, mainly because it is very big and very profitable.

We shall deal with the voodoo or witchcraft aspect of vaccination more especially when we discuss rabies vaccines, because that is the right place for it, but it is obvious that some people benefit from the "placebo" effect of a vaccine. Most of us, however, are more sceptical than formerly about vaccines in general. There can be very few large families that have not had some experience of the blasting effects that can follow inoculations.

Encephalitis has been well publicised, even in the Press; although the worst examples of its results are seldom kept alive in the public mind, such as that of incurable and progressive insanity leading to violence, even murder, sometimes several murders—as in the case of the wretched man of whom one of the BBC brains-trusters said that he should have been hanged for strangling three little girls. We do not consider it fair to hang a man merely because his family believed in vaccination.

Smallpox vaccination is known to be by far the most common cause of this encephalitis, although other inoculations can also cause it—diphtheria toxoid, whooping-cough vaccines, etc. Two women died from it after having the Pasteur rabies vaccines. They had not even been bitten, but only frightened, by a savage dog—and by Pasteur, of course. These deaths, and very many others, show how far the inoculators will go in pushing their profitable trade— just to be on the safe side!

WHAT ABOUT TREATMENT?

Does one ever learn anything from the Press or Radio as to the proper way to treat a smallpox case? The textbooks evade the issue by saying that "there is no specific treatment". Nature Cure advocates would agree that the proper treatment of fevers does not have to be specific, but it can be very effective indeed. In fact, the "orthodox" school would never dare to face fair competition with them. It would be practically impossible to arrange such a contest, but, then, fair play was never a laboratory product.

The N.A.V.L., of course, cannot sponsor treatments or preventives, for that is not their job; they are, however, interested in results. If, for instance, magnesium chloride prevents and cures diphtheria and also poliomyelitis, as Prof. Lépine, of the Pasteur Institute, now appears to admit, and if the new drug, N-methylisatin b-thiosemicarbazone ("compound 33T57", or "Marboran"), is several times better than vaccination for the protection of smallpox contacts (*vide The Lancet*, 7th September 1963) we shall be glad to see them triumph over their dirty and dangerous rivals. We must admit, however, that we do not quite see how *marboran* can be several times more effective than recent vaccination if the latter gives 100 per cent certain protection, as we are told so often from our radio. We would rather trust *The Lancet* than the Radio, however.

Nature Cure does not approve the use of drugs, of course, but all those who travel abroad often would be glad to avoid repeated inoculations by carrying, instead of certificates, a box of pills or cachets *without any obligation to swallow them*, of course. It is up to them to worry their M.P.s to that end.

VACCINAL INJURIES

It is impossible to deal adequately with this subject in anything less than an enormous illustrated encyclopædia. We cannot go into hospitals and photograph the patients, but the horrors of badly treated smallpox can be photographed by the doctors for propaganda purposes, and this is done frequently. There is no denying, however, that vaccination can cause death and permanent injuries, blindness, insanity, maiming, etc. We do not wish to

dwell upon the subject, but it must be pointed out that the long-term results of vaccination cannot be shown in the Registrar General's returns. Vaccination may, for example, cause cancer to start up or flare up, and deaths from this cause will never be the subject of an inquest. As to blood diseases, there are many of unknown origin, such as leukemia. Who knows who has been poisoned by vaccine and who has not? Not long ago, a child was born covered all over with vaccinia eruptions. The mother had not, during the pregnancy, been vaccinated, but there was another child in the house who had been, and so the vaccinia must have spread from this source. This illustrates the general complexity of the whole subject. It is quite certain, however, that vaccines will always be given the benefit of any doubt, whereas the public will not.

RABIES VACCINES

We need not deal at length with Pasteur's rabies vaccines, made from allegedly rabid rabbits' spinal cords. The manner in which Pasteur made rabbits "rabid" by boring holes in their skulls and inserting filth into their brains was not science but simply brutal quackery. Pasteur cannot be proved to have saved a single life with his vaccines, but it is quite certain that many people died from his treatment of them, even when the dogs that had bitten them remained perfectly well—like the ones that Dr. Lutaud kept as pets in his house for years to prove that they were not rabid. The reader who wants a fuller account of all this should read Lutaud's *Pasteur and Rabies*, and other contemporary reports.

The most important fact revealed by this history is that, once an ambitious mountebank has successfully fooled himself and a lot of important people, such as the Tsar of Russia, or any royal family, he is more or less immune from public criticism or ridicule. This fact has always been traded upon by the most successful quacks. Innocent royalties, popular film, TV or stage stars, presidents, etc., are always dragged into the game at the earliest possible moment. The financial backers are usually astute enough to get out at a profit before the crash comes, but the other brilliant people may not be so lucky.

The newspapers depend upon the advertising chemists for much of their profits, and only the most sensational vaccine disasters—those which are too big to be suppressed—are likely to be mentioned. Rabies disasters are naturally sporadic and they seldom involve many people, but, in Fortaleza, Brazil, in November 1960, some 22 deaths (later reduced to 16 by the familiar process called "reclassification") resulted from rabies inoculations in about two days. This was reported by Reuters and the U.P.I., and so almost any paper in the world could have made a splash with the news, and yet only one British provincial paper published the story, and only two small items, both from Detroit, seem to have mentioned the matter in the American Press. Some French and Belgian papers, however, made a big thing out of it. It is true that the original story in the Brazilian Press was grossly sensationalized, but the deaths were real enough. In short, how do the vaccine-pluggers manage to run the entire English-speaking Press and Radio news to suit themselves? The public should be told *how* the trick is done. We know *why*.

When Stephen Leacock, the economist with a sense of proportion, called Pasteur the man who "brought rabies within the reach of all", he said all that we really need to know about such a very rare disease—and about Pasteur.

The dramatic and sensational nature of rabies, and the folklore associated with it, made it eminently suitable to the furtherance of Pasteur's ambitious. Rabies, in fact, built the Pasteur Institute, which was founded solely to make and sell rabies vaccines and thus (perhaps) save about 30 lives per annum in France. This can be seen from the Articles of the Institute, published in M. Marcel Lemaire's recent book, *Pour la Liberté*.

We need not discuss the subject further here, but this is the right place for something to be said about the voodoo and witchcraft element in selling "protection" to all who can be scared into buying it—especially at public expense.

The reason why the subject is ignored in all the literature of vaccino-apologetics is that it cannot be dealt with by statistics, even when their compilation is entirely in the hands of the medicine men. The element of suggestion, and especially of conviction, is, however, so extremely important, both in resisting infection and in recovering from it, that not to consider them at all is entirely unscientific, in fact, absolutely insane.

We have all heard or read innumerable stories of death following the breaking of some taboo, or prayer of death or ritual curse. Most white folk like to think that only the primitive "natives" can be killed in this way, but that is not true. It seems that a real conviction that death will come is enough to cause it.

One typical case, reported by a missionary's wife, was that of a healthy young man, just about to marry a girl working at the mission, who sent a message to say that it was no good going on with the wedding preparations as he would be dead in two days. He had been told by a local witch doctor that this would happen if he saw a white crocodile. A white doctor tried to convince the boy that what he had seen from his boat was only a dead crocodile turned over in the water and exposing its white underside. But the boy's mind had been made up for him and he died.

A more impressive story was that of the fate of eleven African native soldiers who were guarding some land against poachers. They shot one young poacher and, in celebrating their victory, they got drunk and, reverting to their tribal custom, they also ate him, after which they got more drunk and openly boasted of their triumph. The victim's father heard of this and he publicly cursed the men, declaring that they would all die within three weeks—and they did; the Army doctor who reported this incident performed autopsies on three of the men himself and could find no natural cause of death. It seems obvious that when the first of the men died, the weakest link in the chain, the others would be almost certain to follow suit.

The last case we wish to mention was that of a young Maori woman singer, whom the writer met years ago. When several years later, he met Maggie Papakura, the well known guide to the show places of New Zealand, he asked her what had become of that young

woman and was told "Oh, I'm sorry, but I'm afraid she's dead. . - No, she wasn't old: she just sat down and died." What did that mean? "Oh, we Maoris can do that, you know."

It seems clear that this young singer, a Maori "princess" was able to do this because she knew that it was in keeping with an old and revered tribal tradition. It is plain that in this case there was no element of fear, nor of any curse nor of the breaking of any Maori *tapu*. The West has still a lot to learn. Even Sir Bernard Spilsbury had to put a warning notice on the door and turn on the gas when he felt that his usefulness was at an end.

We have devoted a page or two to this subject because we are sure that in rabies, tetanus, polio, pneumonia and any other condition where life may be in the balance, the mental state of the patient is of paramount importance to resistance or recovery.

Major Reginald Austin, R.I.A.M.C., said that he saw 20 men die of "rabies" at Kasauli, and he was sure that "they all died of pure fright and nothing else", because the Pasteur vaccine salesmen got at them and told them that the dogs that bit them were "very mad".

It is always held that if the symptoms of rabies start to develop, the fate of the patient is sealed, except in cases of "laboratory rabies" caused by the vaccines, in which paralysis may be confined to the injected limb. If, however, the vaccines can produce the smallest sign of tetanus or paralysis, they must therefore be extremely dangerous; if they cannot do even that much, then they are probably useless at best.

The value of rabies antibodies has already been dealt with (*see* page 58). We must stress the fact that the mortality in any outbreak or scare about rabies depends almost entirely upon the panic it arouses. When Pasteur, on 4th May 1886, was advertising his vaccines at the Academy of Medicine, he said that the mortality could be "even 100 per cent". While this panic propaganda was going on, five workers coming into Paris were all bitten by one "mad dog". They all died of "rabies". There is your 100 per cent; but can anyone believe that they would all have died if they had not been reading the papers?

Perhaps the most significant "rabies" incident in modern times occurred during World War I, in Cairo, when a number of Anzacs were injured in a serious brawl. Those who were afterwards in hospital were told by somebody with more imagination than sense that they were in danger of getting rabies. This was probably due to a common misunderstanding of the expression, "street virus". The dust of the Cairo streets was alleged to be systematically sprinkled with the saliva of a horde of rabid pariah dogs. The unfortunate victims of the dusty street brawl were also tactfully persuaded that they must on no account be silly enough to develop rabies, because there were no Pasteur vaccines on hand! It is certain that no one was infected with rabies, but this did not prevent several of the men from dying after going raving mad. Naturally, the details were medical secrets and were not officially published, but one report numbered the deaths at twenty; even if they were fewer, however, the lesson is the same. The men should have been told that the term "street virus" is only used to distinguish it from the "fixed virus" which Pasteur made more and more virulent by inoculating it upon a series of wretched animals—the

old laboratory trick. "Street virus" has nothing to do with street dust: it only means the ordinary virus coming from a rabid animal.

With no rabies and no Pasteur vaccines, this whole incident proves the extreme danger of witchcraft and panic-mongering. An official estimate for Australia is that well over 100 people there are killed by witchcraft every year, which makes it several hundred times more deadly than rabies or smallpox. In any emergency, panic-mongering is a much more serious crime than looting, and it should be dealt with as promptly.

The number of people killed by Press and Radio panic-propaganda, to sell vaccines and other poisons, must far exceed the total due to all the other professional murderers put together.

TYPHOID AND CHOLERA VACCINES

It is well known that typhoid and cholera are both due to sewage-contaminated food or water. By means of sanitary improvements, Britain got rid of all of its cholera and most of its typhoid without any vaccines; and officials who now recommend their use must be suspected of having dirty, stupid and slipshod minds and dealt with accordingly.

It was a great pity that the "Old Tiger", Sir Almroth Wright, who did such great service to all by turning Listerian surgery out of every hospital in the civilised world, should have spoilt his record by making one of the most hated and dangerous vaccines known to Man. Since very few doctors have much faith in it, we can be brief about it. The story of its use in the Boer War, its rejection and restoration, has been told repeatedly already. The real Press publicity that it got during World War I, however, was an example of how a vaccine can do nothing but harm and yet appear to be an enormous boon. We were told that Wright's vaccine practically banished typhoid from the Gallipoli campaign. We know that when men got typhoid after vaccination it was called "paratyphoid". Then, in the same way, came the other paratyphoids, A, B, etc., and if the campaign had lasted long enough, the statisticians would have saved their faces with a whole alphabet of paratyphoids. Many people, old enough to know better, were fooled by this kind of thing, but the main fact—and one which must be taken seriously—is that 96,684 men were invalided out from Gallipoli with enteric disease, which means that the health of the troops was many times worse than it was during the Boer War. Insanitation (including vaccination) was, of course, entirely responsible for this.

As to typhoid "carriers", we remember the fuss made about Typhoid Mary, but relatively few people know that it had to be allowed to die down when it was found that from 3 to 10 per cent of the dairy workers in New York State were potential Typhoid Marys. Even the official health authorities could see that Americans would not submit to having tens of millions of innocent citizens kept in prison permanently, or allowed to go free only if they had their gall-bladders removed. The whole thing had to be allowed to fizzle out, but it was a cruel and disgusting story while it lasted. If it still survives, it is only in the pages of children's books or the more incorrigible newspapers.

A point of historical interest and importance about the typhoid vaccine is that when Wright published his opinion that "serum therapy rests upon a foundation of sand", the Pasteur Institute naturally felt obliged to hit back by proving from the hospital records of France and North Africa that Wright's typhoid vaccine was quite useless. As mere lay observers, we do not feel that we need say any more about it except that, in its deadly, or health-shattering, effects it has proved to be one of the very worst. Wright's most loyal and famous pupil, Sir Alexander Fleming, was not the only victim of it. Ask the troops!

WHOOPIING-COUGH VACCINE

Vaccines for whooping-cough seem to be especially liable to provoke encephalitis, etc. At present there are at least four strains of virus to be dealt with, so that a quadruple vaccine has to be smuggled into babies with diphtheria and tetanus toxoids. It would be hard to guess how two germ poisons and four viruses manage to get along together. We can only recommend readers to leave them alone to settle it among themselves.

DIPHTHERIA VACCINE

Diphtheria fluctuates very greatly in its incidence and mortality, from time to time and from place to place. The word "immunization" is a fraudulent trade term; "inoculation" should always be used instead. As usual, it is impossible for the public to know what any diphtheria vaccine contains or what it will do. Even the makers do not know (*see* page 19). One thing is certain: the toxoid now being used, if we can trust the description of it in recent books and journals, is very different from the stuff that was used when the mass inoculations began in Britain with Prof. Ramon's toxoid (anatoxine).

Six years after compulsory poisoning with it began in France, on 1st January 1941, Prof. J. Tissot, of the National Natural History Museum, Paris, wrote to the Minister of Public Health, in May 1947, informing him that diphtheria bacilli could be cultured from the saliva of every child inoculated with Ramon's toxoid if tests were made from two to five days later. Every doctor in France was challenged to make the tests for himself. Very naturally, the Minister passed the letter to the Pasteur Institute—and then "the balloon went up". The Board decided that Ramon would have to go, and he was barred from his laboratory, but, as they did not dare to give any reason publicly, they had to wait until Ramon had made rude remarks about their commercialism and their ingratitude for his past services, before they fired him in the following January.

We can appreciate the position in which the Institute was placed. It was founded solely to boost the terror of germs and sell protection against them, and here was Prof. Tissot, a champion of Antoine Bechamp, the man who opposed Pasteur, virtually accusing them of causing, in the six years, 1941-46, 150,000 serious cases of diphtheria, with 15,000 deaths (over and above the average figures). They saw themselves being sued by 15,000 bereaved parents, for all they were worth—and a great deal more! Obviously, they, of all people, could not say that the terrible figures were merely coincidental, or that *post hoc* arguments prove nothing.

Needless to say, our own Ministry of Health, the Press and the Radio poison-pluggers were too deeply committed then to be able to do anything but maintain a conspiracy of silence. Public interest must always come second to vaccine-mongering

The N.A.V.L., not being addicted to *post hoc* thinking, could only use the figures to prove that diphtheria had greatly increased in France in spite of compulsory inoculation. It seems fair to estimate, however, that perhaps 3 or 4 per cent of the increase in cases was due to "provocation cases"—a term now frequently used in connection with vaccination campaigns, as a warning against the well-known risk of making epidemics worse.

When the toxoid was first tried out in Alsace, in 1925, Dr. Zoeller inoculated 305 French Army recruits, leaving more than 730 of them uninoculated as controls. In 12 days, the usual incubation period, 11 inoculated men developed diphtheria, while the controls had only 1 case. The Pasteur Institute was equal to the occasion. The 11 cases were not immunised: they had only had 1 "shot"; they needed 3, properly spaced, of course, and then 6 months in which to develop immunity. So the 11 were dumped with the other case, making 12 cases in the "Un-inoculated" group.

We thus see the familiar pattern of the Pasteurian statistics which made the purchase of toxoid compulsory in France, and did great service in starting the polio industry in America. The great charm of the method is that the more infectious the vaccine the better the statistics! It should be obvious that, during the first few weeks of a mass campaign to inoculate with a poisonous vaccine, such as diphtheria toxoid or poliovirus, the one-shot victims will far outnumber those who have had a second shot, and they will also show a worse record for serious or fatal results, because the first shot is more likely to cause trouble than the second. This is taken to prove that two shots are better than one. At this point, somebody whispers that no one who has had three shots has had the disease in question in a serious or fatal form. The fact that no one has yet had three shots, because it takes seven months to give them, is ignored for the moment; the whisper soon becomes an official pronouncement, and the world rejoices. Medical M.P.s, Radio doctors and Ministers of Health revel in it, and vaccine shares reach their highest peak. When, a few months later, there is a growing list of hundreds of serious or fatal cases in "fully immunised" persons, the facts have to be recorded, of course; but the Reports will be marked "Confidential", if only to hide their source. If they are published at all, it will be by the anti-vaccinationists, whose "influence now is negligible".

In Britain, early in World War II, diphtheria had been declining for so long that a mass vaccination campaign was decided upon, lest, as in Sweden, there might soon be no more diphtheria to prevent. However, as we had about half-a-dozen vaccines competing with each other, the situation had to be cleaned up. It was obviously impossible to use public money or the BBC to advertise more than one vaccine, so a foreign one was chosen—Ramon's toxoid— although the Ministry of Health obviously knew no more about it than Ramon did at the time.

The decline in cases and deaths was reversed for some months, but thereafter it resumed its former trend. If this toxoid does not still confer diphtheria bacilli upon its victims, then it must have been changed from its original prescription, although we still hear a lot about "carriers" wherever there is a local outbreak. If the toxoid has not been changed, why was the famous Prof. Ramon fired from the Pasteur Institute in 1948?

TUBERCULOSIS (BCG) VACCINE

Tuberculosis is obviously one disease against which any vaccine must be useless, because TB itself does not immunise the patient who contracts the disease and then recovers; in fact, the reverse is true. Almost every large family must know this from experience. Any kind of inoculation may cause TB, but none can prevent it.

When a very pushing business salesman like Calmette wants to sell a vaccine, however, he sells a vaccine. What is to stop him? When Calmette and Guërin had obtained some filth from a tuberculous cow and cultured it on bile and potato, Sauton's medium, etc., for many generations, bacteriologically speaking, until it was too weak to give TB to some specially selected and obliging guinea-pigs, it was obvious that the "saving of millions of lives" by the "conquest" of human TB was "just around the corner", as usual.

Those who can remember 1930 will recall the disaster at Lubeck, where 73 children were killed by oral BCG vaccine in a few months. It was a big blow to the sale of BCG vaccine in any form, but we are now told, in *Margin of Safety* (Collins, London), that "a complete enquiry eventually exonerated the vaccine, on the grounds that accidentally a virulent strain had been substituted for BCG - . . ." Is that really true? We do know that two doctors went to prison—one of them committed suicide—as a result of the affair, but we regard them as scapegoats who were sacrificed in order to save the face of BCG. The idea that both of them could have mistaken a bottle of virulent TB germs from Kiel for the BCG culture which they had made themselves is impossible to believe, in spite of the wishful suggestion that the labels *might* have become detached, etc. The nearest that anyone got to proving that an error had been made was that one woman laboratory worker was bullied into admitting that a mistake *might* have occurred.

The late Lily Loat, who was for some time educated in Germany, read all the official reports, and she pointed out that the doctors were never charged with having made a mistake in the laboratory, and so they were never convicted of that, but only of failing to recall all the vaccine after it had come under suspicion.

Dr. K. Neville Irvine, in his book, *BCG Vaccination in Theory and Practice*, gives an account of the disaster, calling it by far the biggest of its kind. He makes no mention of the rumours of an even worse disaster in Madrid a year before, nor of an Association of Spanish pediatricians telling their members not to use BCG vaccine. We never had official and detailed reports of this matter, but it was much discussed at the time of the Lübeck trial, although nothing was said officially. If the rumours were true, the Madrid disaster was worse than anything that followed it. It may be very convenient to deal with

one publicised calamity, explain it away and use two medical scapegoats to cover all the deaths caused by BCG all over the world, but the N.A.V.L. are not convinced.

The difficult task of exonerating BCG in Germany went on for years, and the highlight of the drama was the fact that the Kiel TB germs produced a green pigment when cultured in bouillon, and that, when a stray ampoule of the Lübeck vaccine, which had somehow escaped destruction until 1933, was similarly treated, the culture slowly turned green. Very pretty, but we are not satisfied that this "gives the green light" to BCG.

When John Tyndall was writing a paper, in 1875, for delivery to the Royal Society, on 13th January 1876, he mentioned, to quote his own words, "the struggle for existence between the *bacteria* and the *penicillium*", and he remarks incidentally that "the *bacteria* which manufacture a green pigment appear to be uniformly victorious in their fight with the *penicillium*".

Tyndall was not writing only of TB germs, but of any kind that might be found in the air of the Royal Institute, where he was working. Did the green pigment prove *identity*—or anything at all except that such germs are particularly tough customers? It is only too obvious that the mere virulence of the Kiel and Lübeck cultures was never in dispute.

Incidentally, should any laboratory workers care to use this information and culture such germs to produce a very much needed antidote to penicillin poisoning, the writer will be very pleased—and immensely surprised—to share any Nobel Prize with them!

The most shocking thing about the whole BCG campaign is that, in spite of its trail of death and injury, when it was loudly proclaimed that 100,000,000 children in the U.S.A. and Europe were to have BCG pumped into them, the thing was treated as a noble attempt to wipe out tuberculosis. The Press reacted quite differently to the news of what German vivisectors did to equally defenceless prisoners during World War II. Why?

The whole vast BCG experiment appears to have done nothing at all but give tubercular abscesses to a vast number of poor sufferers who might otherwise have lived without them all their empty lives. Even its protagonists do not seem to love it any longer. How much did it cost, and who got the money?

POLIOMYELITIS VACCINES

It appears that epidemic poliomyelitis is a peculiarly American product. That, no doubt, is why, in order to sell us vaccines, we all have to be made polio-conscious. The Radio, if we allow it to, will keep the polio cult going as long as it can; although the frightful dirge broadcast some months ago, glorifying the relentless power of polio, may have caused reactions violent enough to prevent many repetitions of it. Such things should be firmly put down by law.

When Dr. Gustave Rappin, Director of the Nantes Pasteur Institute, wrote a book on infectious diseases, before World War II, he noted the strange fact that, when a few cases

of polio appear in a district, it is often impossible to trace any connection between them. One case may be a child sharing a bed with others, with no spread of infection. The nearest other cases may be a mile or so away, all widely separated, with no common milk or water supply, or anything to explain the wide distribution. This seems to mean that the virus is very common and may be in almost everybody, that its infectivity is negligible, and that it requires other factors in order to produce symptoms.

Now, however, since the big-money vaccinators have taken charge, we read of polio-vaccinated babies giving fatal polio to their mothers, etc. Is it possible not to suspect that a new and much more infectious poliovirus has been artificially produced? Remember the myxomatosis virus, a laboratory strain deliberately made more virulent and distributed to kill the rabbits, and the influenza virus of 1918-19, which- arose and spread from the American Army camps after a mysterious though unintended modification and infected half the world's population.

We have no need here to discuss the battles between the Salk and the Sabin vaccines. Readers who want a real insight into that mutually destructive, big-money war should read *Margin of Safety*. It is a high-class pot-boiler to boost the Sabin oral vaccines (while there is yet time?), but it contains a lot of alarming and amusing stuff. We doubt, however, whether America will be willing to accept statistics of millions of Russians all saved from polio by pink cocktails! If these contained real virus, developments may be expected eventually—but will they be reported?

The author of the book, Dr. John Rowan Wilson, tells us that Dr. Salk, before he made his vaccine, was in touch with Prof. L epine, who had replaced Prof. Ramon at the Pasteur Institute. We have discussed the question of "live" and "killed" viruses on pages 32, 33 and 34 of this booklet, dealing with it in the light of the latest discoveries, but Prof. L epine, in 1950, wrote a book, *Poliomyelitis*, in which he dismissed the idea of using vaccines against the disease. He says that one either uses a live virus and runs the risk of causing an epidemic, or one uses a killed virus, which does not give lasting immunity.

Nevertheless, he gave a striking proof that, even at that date, he knew what really matters about poliovirus. In Athens, he tells us, monkeys fed upon natural foods and living in the open air were able to bear poliovirus injected right into their brains, and not one of them developed polio, whereas, the same kind of animals, kept in small, dark cages in Paris, and fed upon laboratory (pasteurised?) food, succumbed to the injections at the rate of 9 out of 10!

As this is by far the most important laboratory information ever published in the whole vast literature of the subject, we demand that it should be broadcast in all languages and to all the schools in the world. This would save more lives and more suffering than any vaccine—past, present or future.

Some people may indeed wonder why Prof. L epine ever began making a polio vaccine, but we cannot help feeling that, when the Pasteur Institute saw the profits that were being

made by the Salk vaccine, they may have hinted that if he would not make a new polio vaccine for them, they might find someone else who would.

Nature Cure followers know already that if the pasteurised milk, white sugar and white flour, and all such rubbishy food, could be absolutely banned for a few years, the figures for most serious diseases would fall very quickly.

It is revealing to study the history of polio in the U.S.A., and to compare the graph of the 1916 epidemic, without the use of vaccines, with that of recent years in which we have had the benefit of all the vaccines. The line of the first outbreak rises and falls equally rapidly and looks like a sharp church steeple—quite symmetrical and only covering about two years; the graph of the recent epidemic, on the other hand, covers many years and looks like Milan Cathedral after an air raid. Is this not yet another instance of vaccines prolonging the reign of an epidemic?

TETANUS VACCINE (OR SERUM)

Tetanus, like tuberculosis, is a disease which does not protect the victim against a second or subsequent attack— unless the first one is fatal, of course. It is therefore inexcusable to pretend that one can vaccinate against it. This fact was clearly known to doctors and clearly proclaimed at the end of the last century.

Nevertheless, there is great confusion about this subject. If tetanus is held to be synonymous with lockjaw, there is no recovery rate at all, but people can get something called tetanus several times in a few months; when Army medical reports mention recovery rates of 60 per cent or more, they must be referring to something quite different from true tetanus. This fact, and the confusion in the public mind as to the difference between vaccine and a serum, makes it hard to discuss the subject briefly. If, as some people believe, the tetanus bacillus is merely a morbid, anaerobic evolution of the common colibacillus in its coccal form, this would explain why it is never found in the oxygenated bloodstream, but only at the site of an injury. It would also explain how tetanus may arise without any external wound. What is important is the proper treatment of the wound and the patient, preferably by safer methods than routine serum inoculation, as this has killed large numbers of people.

As to vaccinating against future wounds, the present habit of mixing tetanus vaccine with diphtheria and whooping-cough vaccines makes confusion worse confounded and adds to the danger of causing encephalitis. The only way to escape these confounded dangers is to avoid every vaccine and serum on principle.

The worst thing about the tetanus industry has been the haunting fear, in the minds of most intelligent people, that they may be knocked down in the street and be unconscious when they are first treated by a doctor. This means that they may be inoculated with antitoxin, which may be fatal, as it so often has been. This antitoxin is not sold by blackmailing the patient, who, in any case, cannot give his consent while he is unconscious. In this case it is the doctor who is menaced if he does not use the serum. If

the patient should die from tetanus, some serum-worshipper will demand an inquest, so that the doctor can be publicly censured. If, on the other hand, he dies after, and probably from, massive doses of serum, the coroner will describe the case as "one in a million", and no one will be blamed.

That is how the business has been run for many years, but the doctors are now getting dissatisfied with the position and are trying to replace routine injection with drugs or some other and safer method. It is good news indeed if antitoxin is on its way out at last. Serum-worship has retarded the real progress of medicine for far too long.

YELLOW FEVER VACCINES

The story of "Yellow Jack" and of its conquest by means of mosquito control is very well known, but the sequel, "Yellow Jack Breaks Jail," published in the *American Saturday Evening Post*, has not been very closely followed up by most people; it is all too complicated. Apparently, as there were no yellow fever vaccines at the time when the Panama Canal was constructed, something had to be done about this, lest yellow fever should disappear altogether without a vaccine. Consequently, it was then discovered that the monkeys of Brazil had antibodies in their blood, thus "proving" that they had been infected at some time by something like yellow fever. Since the aedes mosquito was not present in the Brazilian jungles, other carriers had to be found, and it appears now that any disease resembling yellow fever, in Brazil or Africa, is carried by ticks or insects. They carry, at the present time, about 60 new yellow-feverish viruses, called "arbor viruses", and so the possibilities for vaccination are practically limitless. Many nations have compulsory vaccination and they can always add one more to the growing list, just like France.

When the staff of the SHAEF Office had to go to Paris for two or three weeks, just before VE Day, after residing in Grosvenor Square, they all had to be vaccinated against everything, of course, and one of the deadly perils they had to be protected from was yellow fever. So successful was this vaccination in protecting them from the arbor viruses of the jungles of Paris that not one of them developed yellow jack during a whole month! The unqualified success of this daring experiment, and of others like it, no doubt, explains why, according to *Margin of Safety*, it has been arranged "by international agreement" (probably with no member of the public present) that all travellers to yellow fever areas in Africa or South America shall be compelled to have this dangerous vaccine pumped into them, The show must go on.

PLAGUE VACCINES

The major plagues of history have been studied as closely as possible by modern epidemiologists, and the only safe general conclusion to be drawn is that soil, sanitation and pest control, in that order, are much more important, both to humans and to domestic animals, than any kind of injections.

We, in Britain, need not waste time in discussing plague vaccines, because we got rid of plague completely without them. In recent times, the one plague death reported was that of a scientist who infected himself while working on the disease. He had been vaccinated against it only shortly before—for the 23rd time in 12 years.

INFLUENZA VACCINES

Enough has been said (on p. 37) about the impossibility of vaccinating against any new and virulent strain of influenza virus—the only kind that really matters. But, there has been news recently of a new oral vaccine against influenza.

It is impossible to make fair comment upon a new drama, comedy or farce before the curtain has gone up on the first performance. If one warns the public to stay away on the grounds that the stars are hopelessly incompetent and the author an idiot, and tells the management to vacate the theatre and make room for people who know their job, there is likely to be legal trouble. In fact, it has happened.

Nevertheless, we are entitled to suspect that all those vaccines for which safety can be claimed are not really vaccines so much as drugs or placebos.

Nature Cure adherents know that the dangerous complications of influenza are due to bad treatment and other factors. The disease itself is not a killer.

IMMUNITY AGAINST VACCINATIONS AND INOCULATIONS

The immunity of the individual to the vaccination tyranny depends, firstly, upon his knowledge of the real nature and the true history of the business, and, secondly upon his being able to stand up to the completely ignorant and officious underlings who support the whole racket.

It is almost incredible that a liberty-loving country like France should submit to an impudent tyranny which requires that all who want passports to travel abroad should have a large number of poisonous "shots" pumped into them (it was 11 even before the BCG vaccination was made compulsory, and it took over 4 months to give all of them properly). If the whole nation could have the fact brought to their notice at the same moment, there would be a second French Revolution.

We invite all who care for health and liberty to join the N.A.V.L. and be informed in good time as to how to deal with particular problems. Many travellers put off asking for help until it is too late for the League to do anything for them. Some have had all their "shots" and then found that it was not necessary to have any. Many have been mad too ill to travel, and some have been killed through their lack of foresight.

Many members of the League have gone all over the world without any inoculations, but most people can avoid them if they will insist upon their legal rights under Article 83 of the International Sanitary Regulations.

The whole subject of travel restrictions and the vaccination certificates required here and there is, however, too complicated to be described briefly; also, regulations may be changed or suspended at any time and at short notice.

We therefore urge anybody who cares for human and animal welfare to help themselves and others by joining the National Anti-Vaccination League.

Available from VACCINATION INFORMATION, PO BOX 43, HULL HU1 1AA, UK.
(£2)

THE BLOOD POISONERS a complete book on-line. By Lionel Dole (1965). (149KB). Preface Introduction Vaccination vs smallpox inoculation Antibodies. Chapter One The Wind of Change Poison-Plugging by radio No time to waste A belated effort. The more new poisons we have, the more impossible it becomes for us to get used to them, or to identify any particular one of them as the cause of any particular disease, or of different diseases in different people. "Whom the Gods would destroy they first make mad." The Poisoners. January 5, 2019 January 7, 2019 Irmin 102 Comments. Renegade Editor's Note: I reformatted this entire piece so that it reads like an article rather than a numbered series of tweets. In others it brought vomiting of blood, or swellings near the place from which the corrupt humour arose: on the back, across the chest, near the thigh. Some people lay as if in a drunken stupor and could not be roused. The blood types of A, B, and O are missing the normal (clotting) proteins; type A is missing B, B is missing A, and O is missing both A and B proteins. The "Rhesus Factor" (D-antigen) is a malformed or variant A or B protein, resulting from insufficient copper levels. The Poisoners & Population Reduction. How did they manage to pull off such a successful, massive poisoning campaign, and deceive everyone on the different blood types and diseases? Blood poisoning Definition Blood poisoning, also known as septicemia or sepsis, occurs when the bloodstream becomes infected by bacteria (i.e., staphylococci, streptococci) or fungi introduced through a wound, abscess, or other injury. Definition. Blood poisoning, also known as septicemia or sepsis, occurs when the bloodstream becomes infected by bacteria (i.e., staphylococci, streptococci) or fungi introduced through a wound, abscess, or other injury. Septicemia may also originate from a localized infection in the body.