

# History Of Vaccination

**“Without data, you’re just another person with an opinion.”** —W. Edwards Deming, engineer, data scientist

Each book in the *History of Vaccination* series is accompanied by the same prologue. If you’ve already read the prologue, feel free to skip to the book original book. The 25 historical works I’ve restored and updated shed light on the nature of vaccination, as recorded by the most distinguished doctors and scientists of their time. Their statements are backed by historical statistics, which are presented throughout these books.

The first smallpox vaccine was conceptualized in 1796. Since that time, vaccination has been rife with controversy. Let’s review what writers, doctors, and scientists have observed about vaccines across three centuries—19th, 20th, and 21st.

## 19TH CENTURY (1800s)

“There does not exist one single fact, in all the experiments and improvements made in science, which can support the idea of vaccination. A vaccinated people will always be a sickly people, short lived and degenerate.” —Dr. Alexander Wilder, MD, “Vaccination: A Medical Fallacy”, editor of the New York Medical Tribune, 1879

“I have seen leprosy and syphilis communicated by vaccination. Leprosy is becoming very common in Trinidad; its increase being coincident with vaccination.” —Dr. Hall Bakewell, Vaccinator General of Trinidad, 1868

“Cancer is reported to be increasing not only in England and the Continent, but in all parts of the world where vaccination is practised.” —Dr. William S. Tebb, MA, MD, DPH, “The Increase of Cancer”, 1892

“Leprosy arose with vaccination.” —Sir Ronald Martin, MD, 1868

"Syphilis has undoubtedly been transmitted by vaccination." —Sir William Osler Bt., MD, FRS, FRCP

“To no medium of transmission is the widespread dissemination of this class of disease (syphilis) so largely indebted as to Vaccination.” —Dr. B.F. Cornell, MD, 1868

“Every intelligent person who takes the time to investigate vaccination, will find abundant evidence in the published writings and public records of the advocates of vaccination, to prove its utter worthlessness, without reading a line of anti-vaccination literature. And if we could add to this all the suppressed facts, we would have a mass of evidence before which no vaccinator would dare to hold up his head.”—Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 1882

“I have no faith in vaccination, nay, I look upon it with greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from smallpox.” —Dr. William Collins, MD, London, 1882

“Vaccination has made murder legal. Vaccination does not protect against smallpox, but is followed by blindness and scrofula. Jennerism is the most colossal humbug which the human race has been burdened with by FRAUD and DECEIT.” —Mr. Mitchell, member of the British House of Commons

“Of these dogmas, I believe the practice known as vaccination to be the most absurd and most pernicious. I do not believe that a single person has ever been protected from smallpox by it; while I know that many serious bodily evils and even deaths, have resulted from its employment. The whole theory is founded upon assumption, contrary to common sense and entirely opposed to all known principles of physiology. Every physician of experience, has met with numerous cases of cutaneous eruptions, erysipelas and syphilis, which were directly traceable to vaccination, and if these cases could be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn of the horrors of smallpox.” —Dr. Robert A. Gunn, MD, Dean of the United States Medical College of New York

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

end.” —Dr. Carlo Ruta, Professor of Materia Medica at the University of Perugia, Italy, 1896

“Vaccination is a grotesque superstition.” —Dr. Charles Creighton, MD, MA

“Vaccination is a gigantic delusion. It has never saved a single life. It has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot.” — Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc., 1898

## 20TH CENTURY (1900s)

“The great epidemics of deadly diseases, in animals and mankind, are caused by vaccination.” —Charles M. Higgins, “The Horrors of Vaccination: Exposed and Illustrated”, 1920

“I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in FRAUD, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good.” —Dr. R. K. Noyse, MD, Resident Surgeon of the Boston City Hospital, “Self Curability of Disease”

“The chief, if not the sole, cause of the monstrous increase in cancer has been vaccination.” —Dr. Robert Bell; Vice President, International Society for Cancer Research, British Cancer Hospital, 1922

“Vaccination is the most outrageous insult that can be offered to any pure-minded man or woman. It is the boldest and most impious attempt to mar the works of God that has been attempted for ages. The stupid blunder of doctorcraft has wrought all the evil that it ought, and it is time that free American citizens arise in their might and blot out the whole blood poisoning business.” — Dr. J.M. Peebles, MD, MA, PhD, “Vaccination: A Curse and Menace to Personal Liberty”, 1900

“Cancer was practically unknown until the cowpox vaccination began to be introduced. I have seen 200 cases of cancer, and never saw a case in an

unvaccinated person.” —Dr. W.B. Clark, MD, Indiana, New York Times article, 1909

“At present, intelligent people do not have their children vaccinated, nor does the law now compel them to. The result is not, as the Jennerians prophesied, the extermination of the human race by smallpox; on the contrary more people are now killed by vaccination than by smallpox.” —George Bernard Shaw, 1944

“The English Ministry of Health omits to state that in 1872, when 85% of the infants born were vaccinated, there were 19,000 deaths from smallpox in England and Wales. While in 1925, when less than half the children born were vaccinated, there were only 6 deaths from that disease.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“Vaccination causes miscarriage. A careful check showed that 47% of women who had been vaccinated in the second or third month of pregnancy, failed to give birth to a normal child.” — “Vaccination at Work”, The Consulting Pediatrician of Lanarkshire County Council, The Lancet (London), p.47, December 6, 1952

"My honest opinion is that vaccine is the cause of more disease and suffering than anything I could name." —Dr. Harry R. Bybee

“Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation’s health than this monument of human deception—this slayer of the innocent—this crippler of body and brain—the poisoned needle.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“The greatest LIE ever told is that vaccines are safe and effective.”—Dr. Leonard Horowitz, MPH (Master of Public Health), DMD, MA, Harvard University graduate

## 21ST CENTURY (2000s)

“The entire vaccine program is based on massive FRAUD.”—Dr. Russell L.

Blaylock, M.D., neurosurgeon, editorial staff of Journal of American Physicians and Surgeons

"Vaccinations do not work. They don't work at all." —Dr. Lorraine Day, MD

"Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit." —Dr. Gerhard Buchwald, MD,

"Vaccination: A business based on FEAR"

"Don't get your flu shot." —Dr. Raymond Francis, D.Sc., M.Sc., RNC, chemist, MIT graduate

"My own personal view is that vaccines are unsafe and WORTHLESS. I will not allow myself to be vaccinated again. Vaccines may be profitable but in my view, they are neither safe nor effective." —Dr. Vernon Coleman, MB, ChB, DSc (Hon)

"Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life." —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada

"The pediatrician indoctrinates your child from birth into a lifelong dependency on medical intervention. The first stage of indoctrination is the 'well-baby' visit. The well-baby visit is a cherished ritual of the pediatrician that enhances their income and does nothing constructive for your child. It's a worthless visit." —Dr. Robert Mendelsohn, MD, board certified pediatrician

"Vaccines are the backbone of the entire Pharmaceutical Industry. If they can make these children sick from a very early age, they become customers for life. The money isn't really to be made in the vaccine industry. The money is made by Big Pharma with all of the drugs that are given to treat and address all of the illnesses that are subsequent to the side effects of vaccines."—Dr. Sherri Tenpenny, D.O. (osteopathic medical doctor)

"Studies are increasingly pointing to the conclusion that vaccines represent a dangerous assault to the immune system leading to autoimmune diseases like Multiple Sclerosis, Lupus, Juvenile Onset Diabetes, Fibromyalgia, and Cystic Fibrosis, as well as previously rare disorders like brain cancer, SIDS (Sudden Infant Death Syndrome), childhood leukemia, autism, and asthma."—Dr. Zoltan

Rona, MD, “Natural Alternatives to Vaccination”

“The vaccine industry is itself a FRAUD. I spent my whole career studying vaccines.”—Dr. Shiv Chopra, B.V.S., A.H., M.Sc., Ph.D., Fellow of the World Health Organization, “Corrupt to the Core”

## THE ONLY REASON FOR CONTINUED VACCINATION

**“The greatest danger to your health is the doctor who practices modern medicine.”** —Dr. Robert Mendelsohn, MD, board certified pediatrician

Follow the money. It will lead you to the truth. The primary reason for vaccination is the assumption that vaccines prevent diseases. However, if historical data demonstrates that vaccines do NOT prevent diseases, then what is the purpose of vaccination?

Moreover, you’ve probably heard stories of parents being coerced and bullied into vaccinating their children and themselves at the pediatrician and doctor’s offices. There are reasons behind the coercion and bullying.

“There is a vaccination ring in England, receiving millions of the public money. It is in their interest to favor the practice at all hazards and to falsify statistics in order to conceal its failure and its evils. There are also armies of public vaccinators in every large city all over Europe, who are supported from the public treasury, and every practitioner who does not oppose the practice, derives a considerable income from its continuance.” —Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 19th century

“Drug companies are not here to bring health to the population but to SCAM them on one level for vast amounts of money.” —Sir William Osler, MD, FRS, FRCP, widely considered as the Father of Modern Medicine (1849-1919), 20th century

“Disease is more rampant because of commercial greed. When the Rockefeller-Standard Oil crowd muscled into the drug and pharmaceutical business in such a big way, ‘scientific medicine’ (if there is such a thing) was turned into a racket

which shortened many American lives from ten to twenty years.” —Morris A. Beale, “The Drug Story”, 20th century

“Many doctors and some editors are making money by propagating the vaccination curse.” —Dr. Thomas Morgan, MD, “Medical Delusions”, 20th century

“Vaccination is not scientific. Many of the world’s greatest thinkers, scientists, statesmen and even doctors have condemned vaccination as being a crime against humanity, a FRAUD promoted for private gain, an insult to the race and a blot upon the name of civilization. Yet, this treacherous practice of blood pollution, which was cradled in the lap of ignorant savage tribes, has been adopted by, supposedly, enlightened government of the present day and forced on the protesting population—for profit.” —Dr. Eleanor McBean, PhD, ND, 1957

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” —Dr. Gerhard Buchwald, MD, "Vaccination: A Business Based on Fear", 21st century

“The vaccination myth is the most widespread superstition modern medicine has managed to impose, but, being by the same token the most profitable, it will prove to be also one of the most enduring, though there was never the slightest of scientific evidence upholding it.” —Hans Ruesch, "The Great Medical Fraud", 20th century

“Doctors are punished by insurance companies like Blue Cross and Blue Shield if doctors don’t get a certain percentage of their patients to comply with the vaccination schedule. If 63% are non-compliant, they don’t receive any of their bonuses.” —Robert F. Kennedy, Jr.

“Medicine is no longer a calling. It is a downright cut throat business.” —Professor Dr. Belle Monappa Hegde, MD, 21st century

"The current medical system is designed to create chronic disease. There is no money in being healthy.” —Dr. Irvin Sahni, MD, 21st century

“The bottom line is that the medical systems are controlled by financiers in order

to serve financiers. Since you cannot serve people unless they get sick, the whole medical system is designed to make people sicker and sicker.” —Dr. Guylaine Lanctot, MD, 21st century

"It is difficult to get a person to understand something, when their salary depends on them not understanding it." —Upton Sinclair, “The Jungle”

In 1986, US President Ronald Reagan passed the National Childhood Vaccine Injury Act (NCVIA). The act was drafted by the drug companies and shielded them from legal liability resulting from vaccine injuries and deaths. Basically, NCVIA prevented parents from directly suing the drug companies (vaccine makers). The parents have to file claims in the vaccine injury court that was established through the act. About \$0.75 of every vaccine sold is used to fund the vaccine injury court. From 1986 to 2018, the court paid over \$4 billion to parents with vaccine injured children. It is estimated that the court, due to budget constraints, dismisses about 66% of the cases, and some cases can take up to 8 years to settle.

Furthermore, in one report US and Human Services estimated that only about 1% of vaccine injuries are reported to VAERS (Vaccine Adverse Event Reporting System). Most parents are unaware that the most common side effects of vaccines are allergies, asthma, brain damage, autoimmune diseases, cancer, and death. In addition, from 1986 to 2017, the drug companies were fined nearly \$25 billion—these fines were unrelated to vaccines and most were for fraud, bribery, and false advertising.

"International bribery and corruption, fraud in the testing of drugs, criminal negligence in the unsafe manufacture of drugs—the pharmaceutical industry has a worse record of lawbreaking than any other industry. Data fabrication is so widespread that it is called 'making' in the Japanese pharmaceutical industry, 'graphiting' or 'dry labelling' in the United States." —Dr. John Braithwaite, MD, "Corporate Crime in the Pharmaceutical Industry"

Knowing how they operate, could you trust your child’s health to the drug companies?

**BOOKS IN THE *HISTORY OF VACCINATION***



# SERIES

1) *The Poisoned Needle: Suppressed Facts About Vaccination*

Eleanor McBean, PhD, ND

1957

2) *A Century of Vaccination and What It Teaches*

William Scott Tebb, MA, MD, DPH

1898

3) *Vaccination: Proved Useless and Dangerous*

From 45 Years of Registration Statistics

Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc.

1885

4) *Vaccination: Its Fallacies and Evils*

Robert A. Gunn, MD

1882

5) *Compulsory Vaccination: The Crime Against the School Child*

Chas. M. (Charles Michael) Higgins

1915

6) *The Truth about Vaccination and Immunization*

Lily Loat, secretary of the National Anti-Vaccination League of London

1951

7) *Leicester: Sanitation versus Vaccination*

Its Vital Statistics Compared with Those of Other Towns, the Army, Navy, Japan, and England and Wales

By J.T. Biggs, J.P.

1912

8) *The Vaccination Question*

Arthur Wollaston Hutton, MA

1895

9) *Vaccination a Delusion: Its Penal Enforcement a Crime*

Alfred Russel Wallace, LLD DUBL., DCL OXON., FRS, etc.  
1898

10) *Vaccination a Curse and Menace to Personal Liberty*  
With Statistics Showing Its Dangers and Criminality  
James Martin Peebles, MD, MA, PhD  
Tenth Edition, 1913

11) *Dr. C.G.G. Nittinger's Evils of Vaccination*  
C. Charles Schieferdecker, MD  
1856

12) *The Vaccination Question in the Light of Modern Experience*  
An Appeal for Reconsideration  
C. Killick Millard, M.D., D.Sc.  
1914

13) *Jenner and Vaccination: A Strange Chapter of Medical History*  
Charles Creighton, MD  
1889

14) *The Horrors of Vaccination: Exposed and Illustrated*  
Charles M. Higgins  
1919

15) *Vaccination: The Story of a Great Delusion*  
William White  
1885

16) *Vital Statistics in the United States, 1940-1960*  
Robert D. Grove, Alice M. Hetzel  
US Department of Health, Education, and Welfare  
1968

17) *The Mandatory Vaccination Plan*  
National Immunization Policy Council  
1977

18) *The Fraud of Vaccination*

Walter Hadwen, JP., MD, LRCP., MRCS, LSA  
From "Truth," January 3, 1923

19) *Vaccination a Curse*  
C.W. Amerige, MD  
1895

20) *Vaccination a Medical Fallacy*  
Alexander Wilder, MD  
1879

21) *The Dream & Lie of Louis Pasteur*  
Originally *Pasteur: Plagiarist, Imposter*  
R.B. Pearson  
1942

22) *The Vaccination Problem*  
Joseph Swan  
1936

23) *The Fallacy of Vaccination*  
John Pitcairn, President of the Anti-Vaccination League of America  
1911

24) *The Case Against Vaccination*  
Walter Hadwen, JP, MD, LRCP, MRCS, LSA  
1896

25) *A Catalogue of Anti-Vaccination Literature*  
The London Society for the Abolition of Compulsory Vaccination  
114 Victoria Street, Westminster  
1882, 2018

**Never Vaccinate Your Child**  
Lessons from Parents, Doctors, Scientists, Media, and HISTORY  
Trung Nguyen  
June 2018

# Prologue

**“Vaccination is a business based on fear.”** —Dr. Gerhard Buchwald, MD

You’ve probably heard comedians, actors playing doctors and scientists, news anchors, and strangers online publicly proclaim,

- Vaccines are safe and effective.
- Vaccines prevented diseases and saved millions of lives
- Vaccines work. They’re a blessing and miracle to the human race.

Even your doctor or pediatrician might had proclaimed in private that “vaccines are safe and effective.” What some physicians state in private about vaccines, they’ll never do in public for fear of being sued for malpractice. This demonstrates that people can be brainwashed in three sentences, repeated over and over and over again by different groups, through different modes of media.

**“A lie told often enough becomes the truth.”** —Vladimir Lenin

Anyone who thinks vaccines are safe and effective has never read a book presenting the other side of vaccination. They believe vaccines are safe and effective through the carefully orchestrated advertising and marketing campaigns of the drug companies, who make tens of billions from vaccines each year.

If you’re busy, and don’t require a lecture on the history of vaccination, you only need to inspect the graphs and tables below. These tables and graphs, compiled from historical data, demonstrate that **there is no reason for anyone to get vaccinated.**

**“Three things cannot be long hidden: the sun, the moon, and the truth.”** —  
Buddha

## BEFORE VACCINATION

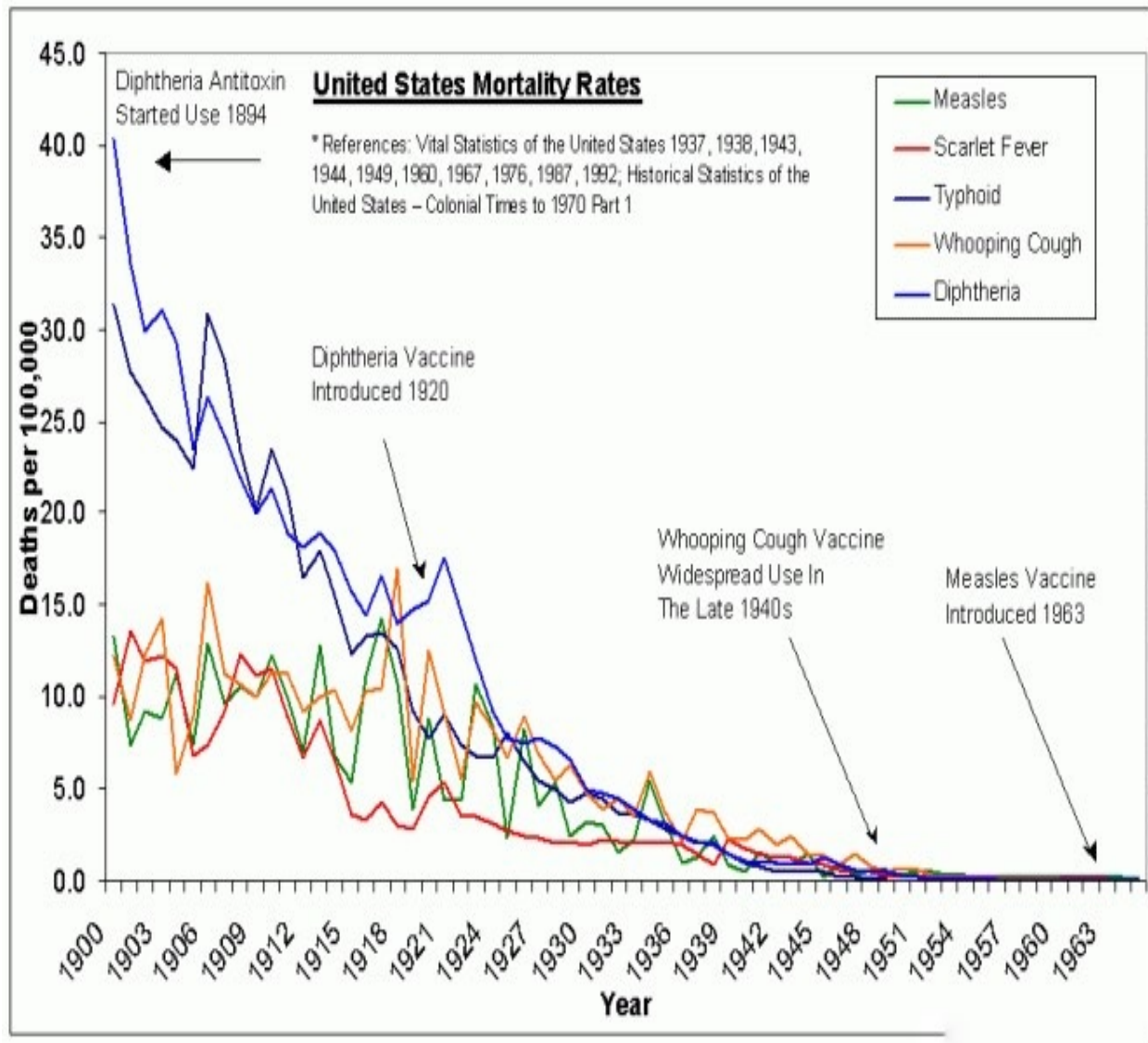
People’s chances of dying from certain infectious diseases before vaccines were introduced were extremely rare. So rare that if it weren’t for the drug industry’s disease mongering, we wouldn’t be discussing this subject.

Disease name	Year vaccine introduced	Fatality/harm (before the vaccine)	Population NOT harmed (before the vaccine)
Pertussis (whooping cough)	Late 1940s	1 in 77,000	99.9987%
Tetanus	Late 1940s	1 in 200,000	99.9995%
Diphtheria	Late 1940s	1 in 83,000	99.9988%
Polio	1955	1 in 100,000	99.999%
Measles	1963	1 in 500,000	99.9998%
Rubella	1963	1 in 1,000,000	99.9999%
Mumps	1967	1 in 2,000,000	99.99995%
Hib (Haemophilus influenzae type B)	1985	1 in 600,000	99.999833%
Hepatitis B	1991	1 in 1,400,000	99.999929%
Chickenpox	1995	1 in 2,300,000	99.999957%

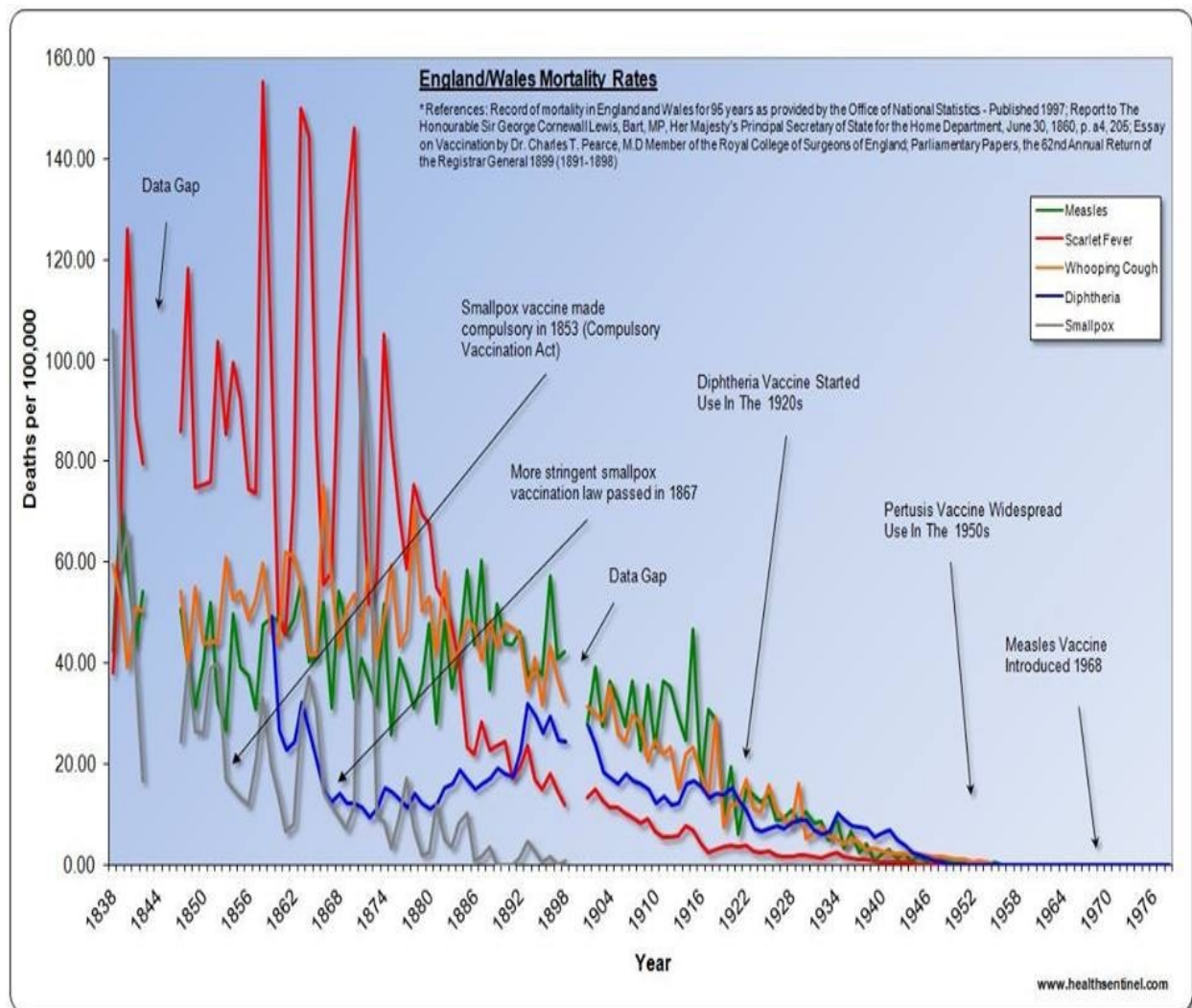
**Before vaccination** . As you can see, the chances of anyone being harmed by these “vaccine preventable diseases” are so small that it’s not even worth worrying about. In many cases, you have a higher chance of being struck by lightning or a meteorite than harmed by these “life threatening diseases”. Source: 1) CDC Reported Deaths from Vaccine Preventable Diseases, US, 1950-2011, 2) Vital Statistics in the United States 1940-1960, US Department of Health, Education, and Welfare.

## VACCINES DID NOT ERADICATE DISEASES

The graphs below show the decline of infectious diseases in the US and England BEFORE vaccines were introduced. As evident as night and day, most diseases were nearly eradicated, then the drug companies introduced vaccines and took credit, when vaccines had no role in eradicating those diseases.



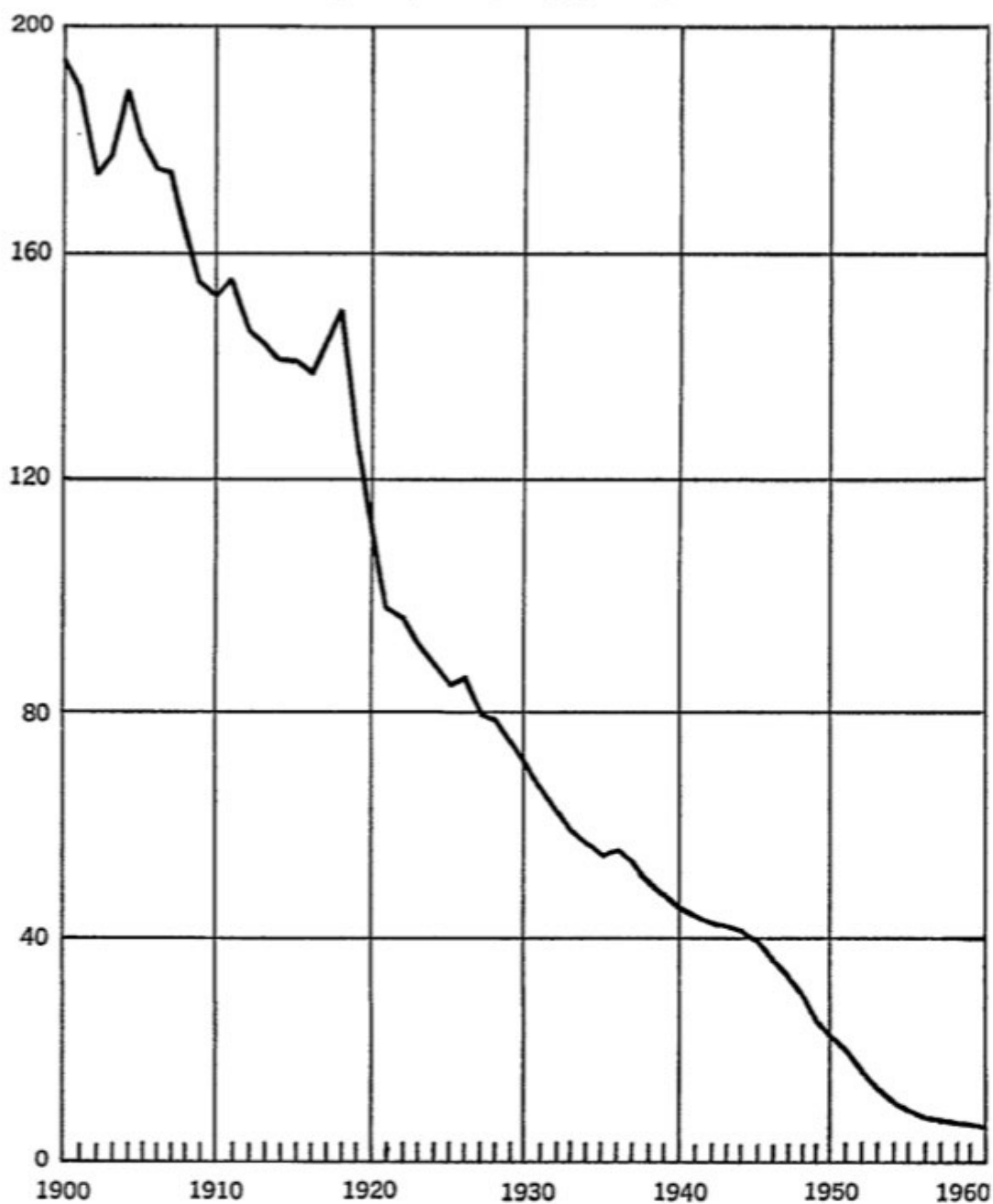
**Before vaccines were introduced in the US.** In the US, every “vaccine preventable disease” was nearly eradicated, then several years later the drug companies introduced vaccines and gave credit to them for what sanitation, hygiene, and nutrition achieved. Source: 1) Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare, 2) Historical Statistics of the United States—Colonial Times to 1970, Part 1.



**Before vaccines were introduced in England and Wales.** Similar to the US, every “vaccine preventable disease” was on a sharp decline before vaccines were introduced for those diseases. Source: Record of Mortality in England and Wales for 95 years as provided by the Office of National Statistics, published 1997; Report to the Honourable Sir George Cornwall Lewis, Bart, MP Her Majesty’s Principal Secretary of State for the Home Department, June 30, 1860, p. a4, 205; Essay on Vaccination by Dr. Charles T. Pearce, MD, Member of the Royal College of Surgeons of England, Parliamentary Papers, the 62nd Annual Return of the Registrar General 1899 (1891-1898).

**Figure 14.—Death Rates for Tuberculosis, All Forms: Death-registration States, 1900–32, and United States, 1933–60**

(Rates per 100,000 population)

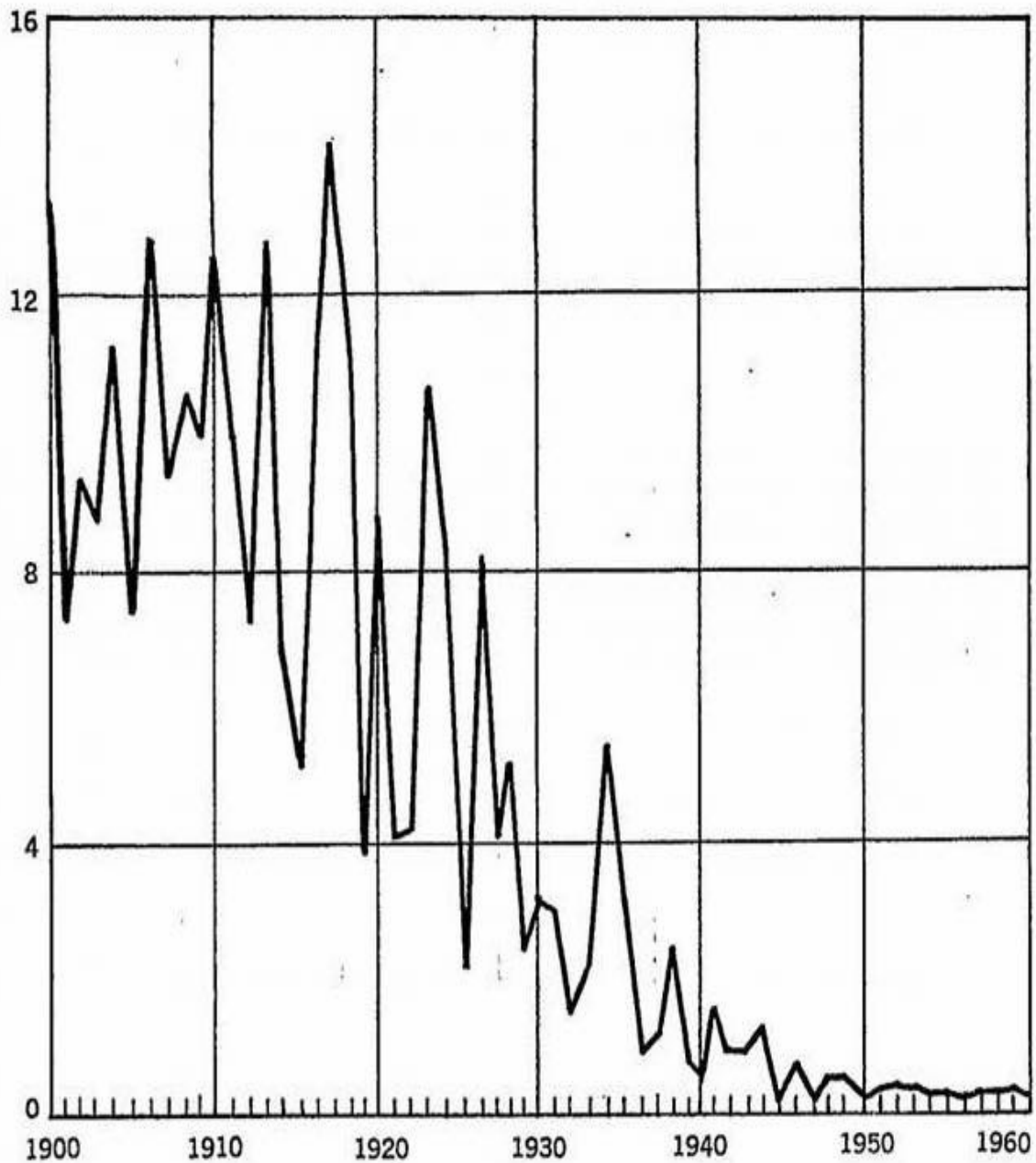




**Death rates for tuberculosis in the US, 1900-1960.** The Calmette-Guérin (BCG) tuberculosis vaccine was first used in 1921 in some countries. However, it was not used in the US until the late 1940s, and only used on a small scale. In the US, from 1900-1940, tuberculosis had declined dramatically without vaccination. Graph: Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare

**Figure 19.—Death Rates for Measles: Death-registration States, 1900–32, and United States, 1933–60**

(Rates per 100,000 population).



**Measles in the US, 1900-1960.** Measles was mostly harmless and the death rate was extremely low in 1960, lower than being struck by lightning. In 1963, the drug companies introduced the measles vaccine and took credit for eradicating measles. It's been shown that measles is beneficial to the immune system, particularly in fighting cancer later in life. Prior to 1963, measles was considered a benign illness (not a disease); parents would encourage their children to visit friends who had measles so their children could contract measles and get it over with. Measles, due to the drug industry's disease mongering, is now a life threatening disease. Graph: Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare

It wasn't vaccination that saved humanity. The things that saved humanity were,

- clean-running water (sewer systems, indoor plumbing, toilets, sinks, showers)
- sanitation (garbage collection, modern building codes),
- hygiene (soap, paper towels),
- electricity (indoor heating, refrigeration),
- and nutrition (supermarkets) that saved humanity.

DISEASES that were eradicated by nutrition: scurvy, rickets, beriberi, goitre, hypoanatemia, anemia, kwashiorkor, marasmus, etc.

DISEASES that were eradicated without vaccines: scarlet fever, rheumatic fever, typhus, cholera, tuberculosis.

DISEASES that vaccines took credit for eradicating: smallpox, diphtheria, pertussis (whooping cough), polio, measles. As the data clearly shows, these diseases were never eradicated by vaccines.

NEW DISEASES that were unheard of by the public decades ago: cervical cancer, zika, ebola, swine flu, avian flu, bovine flu. Diseases, like wars, are manufactured for profit. For example, the Zika virus (small head birth syndrome) was caused by insecticides introduced into Brazil's water system to kill mosquitos. This was widely reported by the Brazilian media and common knowledge in Brazil. However, according to the US media, Zika was caused by a virus of speculative origin. Nevertheless, the US drug companies were more than happy to provide the Zika vaccine to people around the world.

There are over 200 infectious diseases capable of causing death. However, only

the diseases with vaccines are presented to the public as life threatening and a public health risk. Moreover, in 2018, the drug companies use disease incident and mortality rates from developing and third world countries as part of their disease mongering campaigns. The more you study the history of vaccination, the more you'll conclude that it is one of the biggest frauds in history. It's certainly the biggest medical fraud in history—vaccines never saved a single life and never prevented a single disease.

## AFTER VACCINATION: VACCINATED vs. UNVACCINATED

Let's examine your chances of dying from certain infectious diseases AFTER vaccines were introduced.

Vaccines (birth to 18+ years old)	Vaccine deaths	Chance of death	Natural death	Chance of death
Pneumonia	85	0.00002673%	20	0.00000629%
Polio	85	0.00002673%	0	0.00000000%
Diphtheria	74	0.00002327%	0	0.00000000%
Tetanus	74	0.00002327%	0	0.00000000%
Pertussis (whooping cough)	73	0.00002296%	14	0.00000440%
Hib (Haemophilus influenzae type B)	69	0.00002170%	0	0.00000000%
Influenza (FLU)	53	0.00001667%	19	0.00000597%
Hepatitis B	50	0.00001572%	13	0.00000409%
Rotavirus	47	0.00001478%	0	0.00000000%
Measles	6	0.00000189%	0	0.00000000%
Mumps	4	0.00000126%	0	0.00000000%
Rubella	4	0.00000126%	0	0.00000000%
Varicella (chickenpox)	4	0.00000126%	0	0.00000000%
Meningococcal B	3	0.00000094%	10	0.00000314%
Hepatitis A	2	0.00000063%	1	0.00000031%

**After vaccines were introduced.** Data gathered and tabulated from the CDC (Centers for Disease Control and Prevention), and VAERS (Vaccine Adverse Event Reporting System), 2014. When you vaccinate, you are 6.25x (625%) more likely to die from the toxins in the vaccines than the diseases those vaccines are supposed to prevent. Vaccination is all risk and no reward.

To put the tables and graphs into perspective: In the US, more people die from falling down the stairs (about 1 000 per year) than from “vaccine preventable diseases.” They are more than 100 000 times likely to die in an automobile accident. This was *before* the vaccines were introduced for those particular diseases (most of them are not even diseases but illnesses reclassified as

diseases). The deaths from these diseases are now caused by the vaccines themselves. For example, measles is a side effect of the measles vaccine. Polio is a side effect of the polio vaccine, and so forth. The side effects are the reason you are 625% more likely to die from the vaccines than the diseases they're supposed to prevent.

“The further I looked into it, the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instance of these diseases, you will realise that this is not so.” —Dr. Archie Kalokerinos, MD, PhD, AMM, MBBS, FAPM, pediatrician for over 30 years

It is through revising history, fabricating data, fear, and greed that the blood poisoning practice of vaccination continues into the 21st century.

## Vaccination Is Based on Theories

“There is no evidence whatsoever of the ability of vaccines to prevent any disease.” —Dr. Viera Scheibner, PhD

In the words of the scientist Alfred R. Wallace, vaccines are “useless and dangerous.” If something is useless, it doesn't work and has no benefit. If something is dangerous, it shouldn't be used. Vaccines are useless because they never prevented a single disease. Not one. They are dangerous because they cause diseases and deaths—often the very diseases they are supposed to prevent. Through statistics across three centuries, the conclusion is resoundingly clear:

Vaccines only work in *theory*. In practice, they cause diseases and deaths.

In order for an idea to be universally accepted as a science, it must pass two stages:

- 1) Theory.
- 2) Observation.

Theoretical science and observational science are two sides of the same coin.

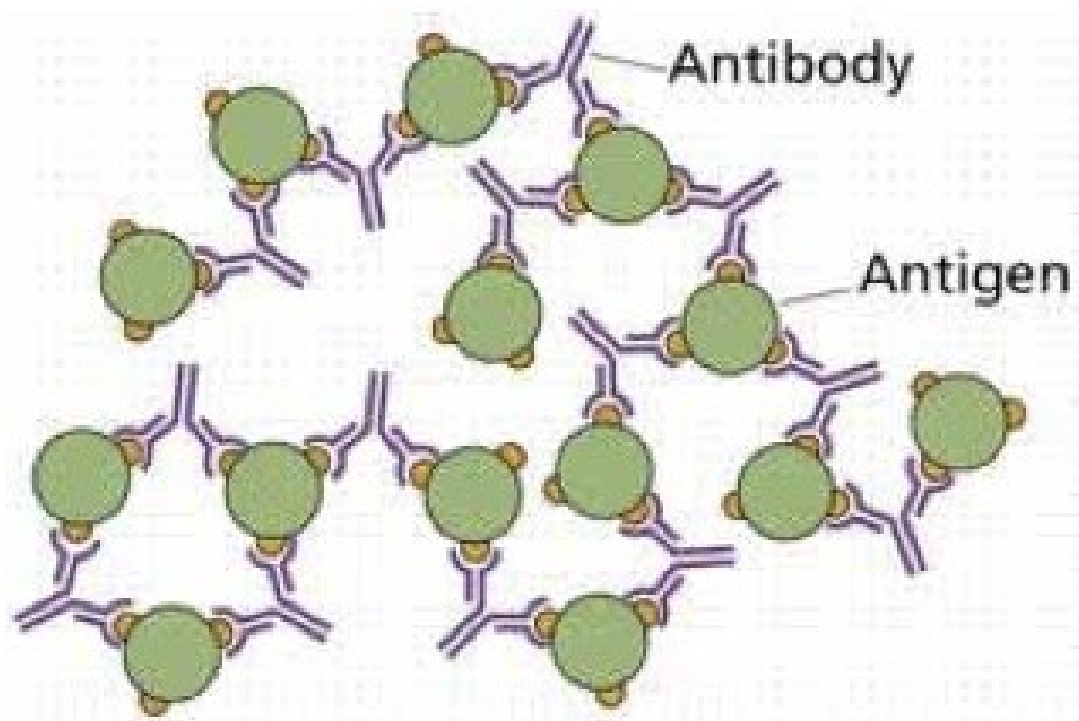
THE THEORETICAL SCIENCE OF VACCINES. The theory of vaccines is to

inject antigens (toxins) such as poisons, viruses, and diseases into the body. In turn, these antigens (toxins) should create antibodies (disease fighting proteins) to fight pathogens (diseases) in the future. In other words, the poisons, viruses, and diseases injected into the body are meant to trigger and train the immune system. Or to prepare the immune system cells to fight diseases in the future. In theory, this is possible because the immune system cells have memory. That is the theoretical science side of vaccines. At first glance, the vaccine theory has validity.

THE OBSERVATIONAL SCIENCE. Observation on the effectiveness of a product, as reported by the end consumers, is based on statistics and real world data, not what happened in laboratories and under microscopes. Observation has clearly shown that when you inject poisons, viruses, and diseases into the body, those antigens (toxins) cause diseases and deaths, especially among infants and children.

**Antigen:** A toxin or other foreign substance that induces an immune response in the body, especially the production of antibodies.

**Antibody:** A blood protein produced in response to and counteracting a specific antigen. Antibodies combine chemically with substances that the body recognizes as alien, such as bacteria, viruses, and foreign substances in the blood. (Source: Google Dictionary)



**The antigen-antibody theory** is similar the lock-and-key system. When antigens (something harmful to the body) is introduced into the body, it triggers the immune system to create antibodies to fight the antigens. The antibodies fit and bind with the antigens (toxins) like a lock and key.

The indirect end users of vaccines are parents, and millions of them have reported that their children have acquired diseases such as allergies, asthma, brain damage, autoimmune diseases, and cancer after being vaccinated. Thousands of parents have also reported that their children have died after vaccination. SIDS (Sudden Death Syndrome) is actually VIDS (Vaccine Induced Death Syndrome). Babies are not born to fall asleep and die in their sleep.

These diseases and deaths reported by parents are on the VAERS (Vaccine Adverse Event Reporting System) database. What is horrifying is that the diseases and deaths reported by parents are actually listed on the vaccine inserts provided by the drug manufacturers. These product inserts are usually 10 to 30 pages long, and not the one page printout the pharmacies and doctors provide when you ask.

Furthermore, every *independent* study (those not funded by the drug companies),



without exception, has shown that unvaccinated children are far healthier than vaccinated children. In addition, vaccinated people, through the *shedding* process, are disease carriers up to 60 days of being vaccinated. Thus, vaccinated people are a threat to themselves and others.

**INFANT VACCINATION.** It is known that infants and children succumb to more infectious diseases than other groups. The reason is that newborns only fully develop their immune system when they're 3 to 5 years old. The antibodies infants require to ward off diseases are passed to them from the mother through the placenta. The amount and type of antibodies the infant receives from the mother depends on the health of the mother herself, and the antibodies in her own immune system. At roughly 6 months old, the infant is capable of producing its own antibodies. However, again, a child's immune system is only fully developed when it is 3 to 5 years of age.

The theory of vaccination is to trigger and train the immune system. However, if the infant lacks a fully developed immune system until it's 3 to 5 years old, then vaccination is useless. Yet, babies are being vaccinated immediately after birth. As of 2018, the US has the highest infant vaccination rate, and it also happens to have the highest infant mortality rate among developed countries.

"Vaccination at its core is neither a safe nor an effective method of disease prevention...If an infant needs one vaccine that is 100% safe and effective—that would be breast milk." —Dr. Tetyana Obukhanych, PhD, immunologist, Harvard graduate

If vaccines cause a long list of diseases, how is it possible that they can prevent disease? By virtue of their antigen-antibody theory, vaccines cannot prevent disease. They never have and never will. Nor can there be a "safe" vaccine. It is only through clever advertising, marketing, and bribery that the drug companies have convinced the public that vaccines prevent diseases and save lives.

In 2017, the drug companies spent \$200 million bribing politicians, \$6.4 billion on advertising, and \$10 billion indirectly bribing doctors. Since 1796, doctors and scientists have called vaccines useless, worthless, poisonous, dangerous; a fraud, racket, and scam. And for good reasons.

"Vaccination is a theory without any basis in fact." —J.T. Biggs, JP, sanitation engineer, "Leicester: Vaccination versus Vaccination", 1912

Medical students thoroughly study books on germ, bacteria, pathogen, microbe, and vaccination theories. Only to have their worldview shattered when they're introduced to parents whose children have been injured and killed by vaccines. The lesson with vaccination science is that results observed in laboratories and under microscopes cannot be duplicated in the real world. The human body is indemonstrably complex due to individual biochemistry.

“In our scientific research we have now advanced one step. Vaccination is the infliction of disease... We conclude, then, that Vaccination is NOT scientific; that it cannot be accurately defined; that it is completely useless for its assumed purpose; that fortification of the body by disease is a mischievous myth, and that the sooner the practice is discontinued the better it will be for the health of the community.” —George S. Gibbs, Fellow of the Statistical Society London, “Is Vaccination Scientific?”, 1884



CANADA.—THE RECENT SMALLPOX EPIDEMIC IN MONTREAL.—VACCINATING AMERICAN-BOUND PASSENGERS ON A TRAIN OF THE GRAND TRUNK RAILWAY.  
FROM SKETCHES BY JAMES MARVIN.



**The practice of vaccination** is to inject poisons, viruses, and diseases into the body. Although vaccines come in oral and other forms, injection is the primary delivery method. Throughout history, millions have been diseased and killed by this “grotesque superstition.” More people have been killed by vaccines than the diseases they’re supposed to prevent.

## Vaccines Cause Diseases

The first smallpox vaccine was conceptualized in 1796 by Edward Jenner (1749-1823) of England. Since that time, the ingredients (antigens, toxins) used in vaccines have changed dramatically. As the vaccine ingredients changed over the centuries, the diseases caused by vaccines have also changed. In other words, as you inject different poisons into the body, the body acquires different diseases.

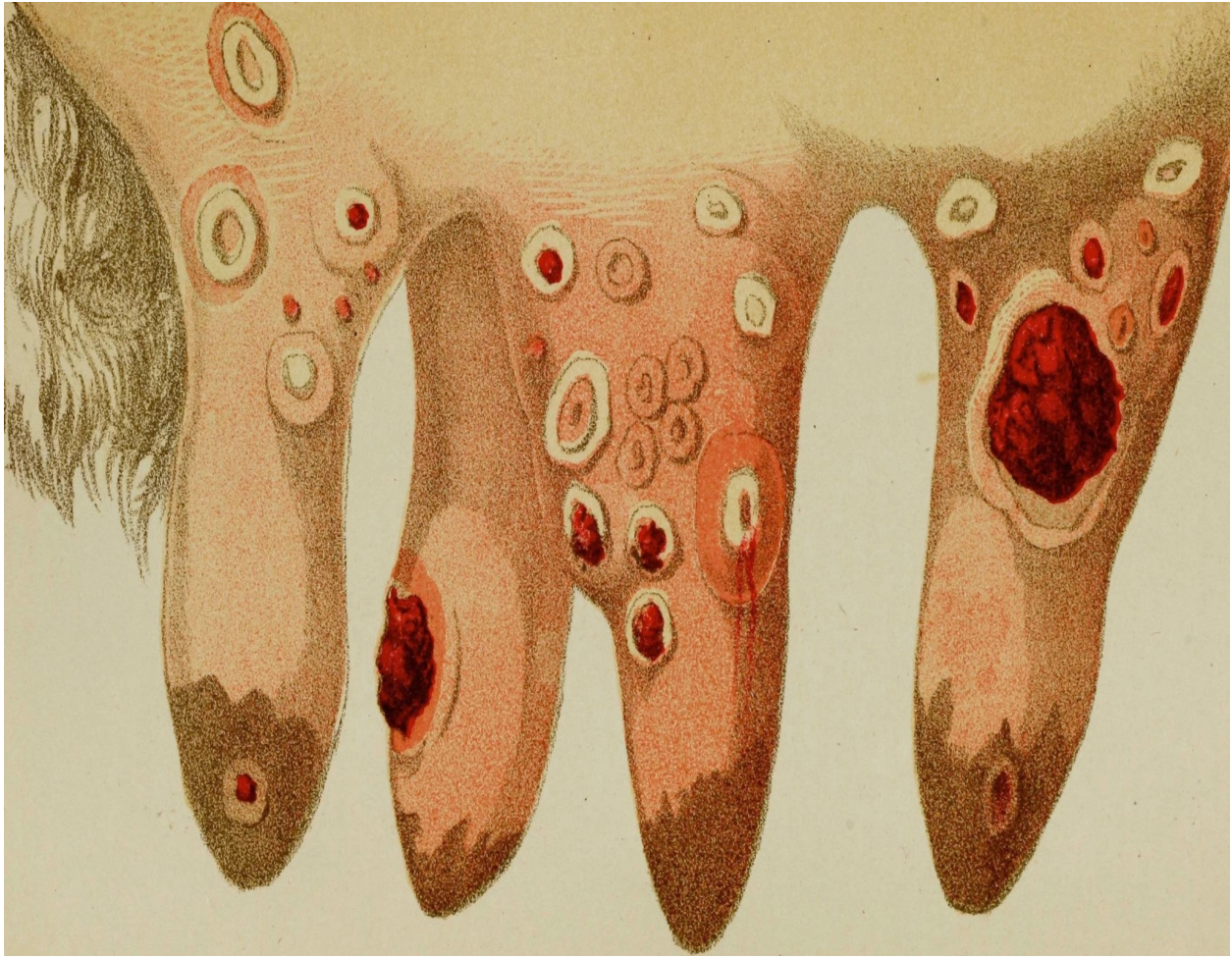
**VACCINE INGREDIENTS IN THE 1800s.** From roughly 1800 to the early 1900s, the vaccine ingredients were primary from animal and human diseases. These diseases (vaccine ingredients) included animal and human pus, cowpox, ass-pus from rabbits, horsegrease, and sheep-pox.

**Pox:** Any of several viral diseases producing a rash of pimples that become pus-filled and leave pockmarks on healing.

**Pus:** A thick yellowish or greenish opaque liquid produced in infected tissue, consisting of dead white blood cells and bacteria with tissue debris and serum. (Source: Google Dictionary).



A pus on a hand.



**Cowpox.** From the early 1800s to the early 1900s, cowpox was the main vaccine ingredient in the smallpox vaccine. Cowpox, a cow disease, and smallpox, a human disease, had few physiological similarities. They were similar in that the words for both diseases ended with “pox”.





## L'ORIGINE DE LA VACCINE.

*A Paris chez Depeuille, Rue des Mathurins Sorbonne aux deux Pilastres d'Or*

*Déposé à la B<sup>ib</sup>. Nat<sup>l</sup>.*

**For centuries people believed** that taking a disease from animals and inserting it into the human body prevented diseases. The vaccination theory was based on superstition.

## II. List of suitable Vaccinating Instruments.\*



1. THE NARROW BLADED LANCET, - - - - - Price \$0 75



2. THE SYRINGE VACCINATOR, - - - - - Price \$0 88



3. THE SYRINGE SELF VACCINATOR, - - - - - Price \$2 25



4. THE TRIDENT LANCET, - - - - - Price \$1 00



5. THE VACCINATING SCARIFICATOR, - - - - - Price \$3 50

**Crude instruments.** Human and animal diseases were inserted into the body by creating an incision in the body, usually the arm, with crude tools like the ones above.

When animal diseases such as pus and pox were used as vaccine ingredients, the diseases they caused were as many as they are now. The diseases caused by vaccines were recorded by J.T. Biggs, JP, sanitation engineer, in "Leicester: Vaccination versus Vaccination", 1912, chap. 96:

"While not proposing to give a complete list, I append the principal of those vaccine-induced diseases which have already been published or come to my knowledge:



Abdominal Phthisis	Diseased bones	<u>Phagedenic</u> action
Abscesses	Diseased joints	<u>Phlegmon</u>
<u>Adenitis</u>	Dyscrasia	Pityriasis
Anemia	<u>Ecchymia</u>	Plague
<u>Angeioleucitis</u>	Eczema	Pneumonia
Apnoea	Eruptions	Prurigo
Arm disease (involving amputation)	Erysipelas	Psoriasis
Axillary Bubo	Erythema	<u>Pyæmia</u>
Axillary Gland (enlargement of)	Foot-and-Mouth Disease	Pyrexia
Blindness	<u>Gangrenosa</u>	Rickets
Blood poisoning (fatal)	General Debility	Scald Head
Boils	Herpes	Scarlatina
Bronchitis	Impetigo	Scrofula
Bulla	Inflammation	Septicæmia
CANCER	Latent diseases developed	Skin Disease
Cellulitis	Leprosy	Strum intensified
Convulsions	Lichen	Syphilis
Cowpox	Marasmus	Tetanus
Diarrhea	Meningitis	Tuberculosis
	Mesenteric Disease	Ulceration Urticaria
	Oedema	Vaccinia
	Paralysis	<u>Varioloid</u>

Furthermore,

"The most distinguished names in the profession have testified to vaccination being the certain vehicle for the dissemination of leprosy. These names include Sir Erasmus Wilson (sometimes called the father of dermatologists); Dr. John D. Hillis; Dr. Liveing; Sir Ranald Martin; Professor W. T. Gairdner; Dr. Tilbury Fox; Dr. Gavin Milroy; Dr. R. Hall Bakewell, formerly Physician to the Leper Asylum, Trinidad; Dr. A.S. Black, of Trinidad; Dr. Edward Arning; Dr. Walter M. Gibson, late President of the Honolulu Board of Health; Professor H. G. Piffard, New York; Dr. A. M. Brown, London; Dr. Frances Hoggan; Dr. Blanc,

Professor of Dermatology, University of New Orleans; Dr. Bechtinger, of Rio; Professor Montgomery, of California; Dr. Sidney Bourne Swift, late Medical Director, Leper Settlement, Molokai, Hawaii; Dr. P. Hellat, St. Petersburg; Professor Henri Leloir, Lille; Dr. Mouritz; Surgeon Brunt; Dr. John Freeland, Government Medical Officer, Antigua; Dr. S. P. Impey, Superintendent Leper Asylum, Robben Island, Cape Colony; and many others. On the subject of leprosy there are no higher authorities.” —Dr. William Tebb, MD, MA, DPH, “A Century of Vaccination and What It Teaches”, 1898



**Eczema from vaccination.**

“When Jenner died in 1823, three kinds of smallpox vaccines were in use: 1) cowpox promoted as ‘pure lymph from the calf,’ 2) horsegrease promoted as ‘the true and genuine life-preserving fluid,’ and 3) horsegrease cowpox...Following Jenner’s death the vaccine establishment used one excuse after another to

explain the failure of vaccination: the number of punctures was incorrect, or that revaccination was necessary or that the lymph was impure. The smallpox deaths of vaccinated patients in hospital were recorded as ‘pustular eczema.’” —Dr. Jennifer Craig, BSN, MA, PhD, “Smallpox Vaccine: Origins of Vaccine Madness”, 2010

In the 1800s, vaccination was associated with “blood poisoning.”

Edward Jenner, credited with inventing vaccination, borrowed the idea from dairymaids. Therefore, vaccination was founded upon superstition. This subject is discussed in detail in the books of the “History of Vaccination” series. One of the most prominent physicians at the time did not have nice things to say about Edward Jenner.

“Now this man Jenner had never passed a medical examination in his life. He belonged to the good old times when George III was King, when medical examinations were not compulsory. Jenner looked upon the whole thing as a superfluity. It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he communicated with a Scotch university and obtained the degree of Doctor of Medicine for the sum of £15 and nothing more...What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100% 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.” —Dr. Walter Hadwen, JP, MD, LRCP, MRCS, LSA

## Louis Pasteur and Attenuated Vaccines

Louis Pasteur (1822-1895) co-developed the anthrax vaccine in 1881. The vaccine supposedly worked in cows, goats, and sheeps, but was not successfully tested in humans at the time. In 1885, Pasteur created the first human vaccine. This vaccine used attenuated (weakened) viruses as the primary ingredient.

**Virus:** An infective agent that typically consists of a nucleic acid molecule in a protein coat, is too small to be seen by light microscopy, and is able to multiply only within the living cells of a host.

**Anthrax:** A notifiable bacterial disease of sheep and cattle, typically affecting the skin and lungs. It can be transmitted to humans, causing severe skin ulceration or a form of pneumonia (also called wool-sorter's disease).

**Attenuate:** Reduce the virulence of (a pathogenic organism or vaccine).  
(Source: Google Dictionary).



**Louis Pasteur (1822-1895) of France.** He created the first attenuated (weakened) live virus vaccine. A few decades after his invention, cowpox, a disease from cows, would no longer be used as the main ingredient in the smallpox vaccine. Instead, weakened live viruses from animals would be used instead.

Louis Pasteur originally took a live virus from a rabbit's spinal cord and attenuated the virus in a lab. This was the first rabies vaccine. This attenuated virus was supposedly maintained with preservatives and stabilizers such as formaldehyde and mercury, which are two of the most poisonous substances to the human body. Then the preserved attenuated live virus was later injected into

the human body to “prevent” disease—inject disease into to the body to prevent disease. This defies common sense and logic.

Louis Pasteur’s theory of attenuated viruses opened the floodgates for the drug companies to create a multitude of other vaccines. Thus, began the modern era of vaccines for the drug companies. In 2018, Sanofi Pasteur was one of the largest vaccine manufacturers in the world.

**MODERN VACCINE INGREDIENTS.** Modern vaccines ingredients are very similar to each other. The few differences in vaccine ingredients depend on the type of vaccine. There are four main types of vaccines:

- 1) Live, attenuated vaccine.
- 2) Inactivated/killed vaccine.
- 3) Toxoid (inactivated toxin).
- 4) Subunit/conjugate.

**Live, Attenuated vaccine:** An attenuated vaccine is a vaccine created by reducing the virulence of a pathogen, but still keeping it viable (or "live"). Attenuation takes an infectious agent and alters it so that it becomes harmless or less virulent. These vaccines contrast to those produced by "killing" the virus (inactivated vaccine).

**Inactivated vaccine:** An inactivated vaccine is a vaccine consisting of virus particles, bacteria, or other pathogens that have been grown in culture and then killed using a method such as heat or formaldehyde.

**Subunit/conjugate vaccine:** A conjugate vaccine is created by covalently attaching a poor antigen to a strong antigen thereby eliciting a stronger immunological response to the poor antigen. Most commonly, the poor antigen is a polysaccharide that is attached to strong protein antigen. (Source: wikipedia.org)

## VACCINE TYPES AND VACCINES

Vaccine type	Vaccines
Live, attenuated	MMR (measles, mumps, rubella), Varicella (chickenpox), Influenza (nasal spray), Rotavirus, Zoster (shingles), Yellow fever
Inactivated/Killed	Polio (IPV), Hepatitis A, Rabies
Toxoid (inactivated toxin)	Diphtheria, tetanus (part of DTaP combined immunization)
Subunit/conjugate	Hepatitis B Influenza (injection) <u>Haemophilus influenza type b (Hib)</u> Pertussis (part of DTaP combined immunization) Pneumococcal Meningococcal <u>Human papillomavirus (HPV)</u>

Modern vaccine ingredients contain some of the most poisonous substances to the human body. Many of these toxins are summarized below.

## MODERN VACCINE INGREDIENTS AND THEIR EFFECTS ON THE BODY

**ALUMINUM.** Known to cause brain damage at all doses, linked to ALZHEIMER'S DISEASE, dementia, seizures, autoimmune issues, SIDs and cancer. This toxin accumulates in the brain and causes more damage with each dose.

**BETA-PROPIOLACTONE.** Known to cause CANCER. Suspected gastroin- testinal, liver, nerve and respiratory, skin and sense organ POISON.

**GENTAMICIN SULPHATE & POLYMYXIN B [ANTIBIOTICS].** Allergic reactions can range from mild to life-threatening.

**GENETICALLY MODIFIED YEAST, ANIMAL, BACTERIAL AND VIRAL DNA.** Can be incorporated into the recipient's DNA and cause unknown GENETIC MUTATIONS.

**GLUTARALDEHYDE.** Poisonous if ingested. Causes BIRTH DEFECTS in animals.

FORMALDEHYDE [FORMALINE]. Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

LATEX RUBBER. Can cause life-threatening allergic reactions.

HUMAN AND ANIMAL CELLS. Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

MERCURY [THIMEROSAL]. One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

MONOSODIUM GLUTAMATE [MSG]. A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

NEOMYCIN SULPHATE [ANTIBIOTIC]. Interferes with vitamin B6 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life -threatening.

PHENOL/PHENOXYETHANOL [2-PE]. Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

POLYSORBATE 80 & 20. Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

TRI(N) BUTYLPHOSPHATE. Potentially toxic to the kidney and nervous system.

Source: [www.LearnTheRisk.org](http://www.LearnTheRisk.org)



# DO YOU KNOW WHAT'S IN A VACCINE?

NONE OF THESE SHOULD BE INJECTED INTO YOUR BODY

## **Aluminum**

Known to cause brain damage at all doses, linked to ALZHEIMER'S DISEASE, dementia, seizures, autoimmune issues, SIDs and cancer. This toxin accumulates in the brain and causes more damage with each dose.

## **Beta-Propiolactone**

Known to cause CANCER. Suspected gastrointestinal, liver, nerve and respiratory, skin and sense organ POISON.

## **Gentamicin Sulphate & Polymyxin B [antibiotics]**

ALLERGIC reactions can range from mild to life-threatening.

## **Genetically Modified Yeast, Animal, Bacterial and Viral DNA**

Can be incorporated into the recipient's DNA and cause unknown GENETIC MUTATIONS.

## **Glutaraldehyde**

Poisonous if ingested. Causes BIRTH DEFECTS in animals.

## **Formaldehyde [formalin]**

Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

## **Latex Rubber**

Can cause life-threatening allergic reactions.

## **Human and Animal Cells**

Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

## **Mercury [thimerosal]**

One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

## **Monosodium Glutamate [MSG]**

A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

## **Neomycin Sulphate [antibiotic]**

Interferes with vitamin B6 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life-threatening.

## **Phenol/Phenoxyethanol [2-PE]**

Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

## **Polysorbate 80 & 20**

Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

## **Tri(n) Butylphosphate**

Potentially toxic to the kidney and nervous system.

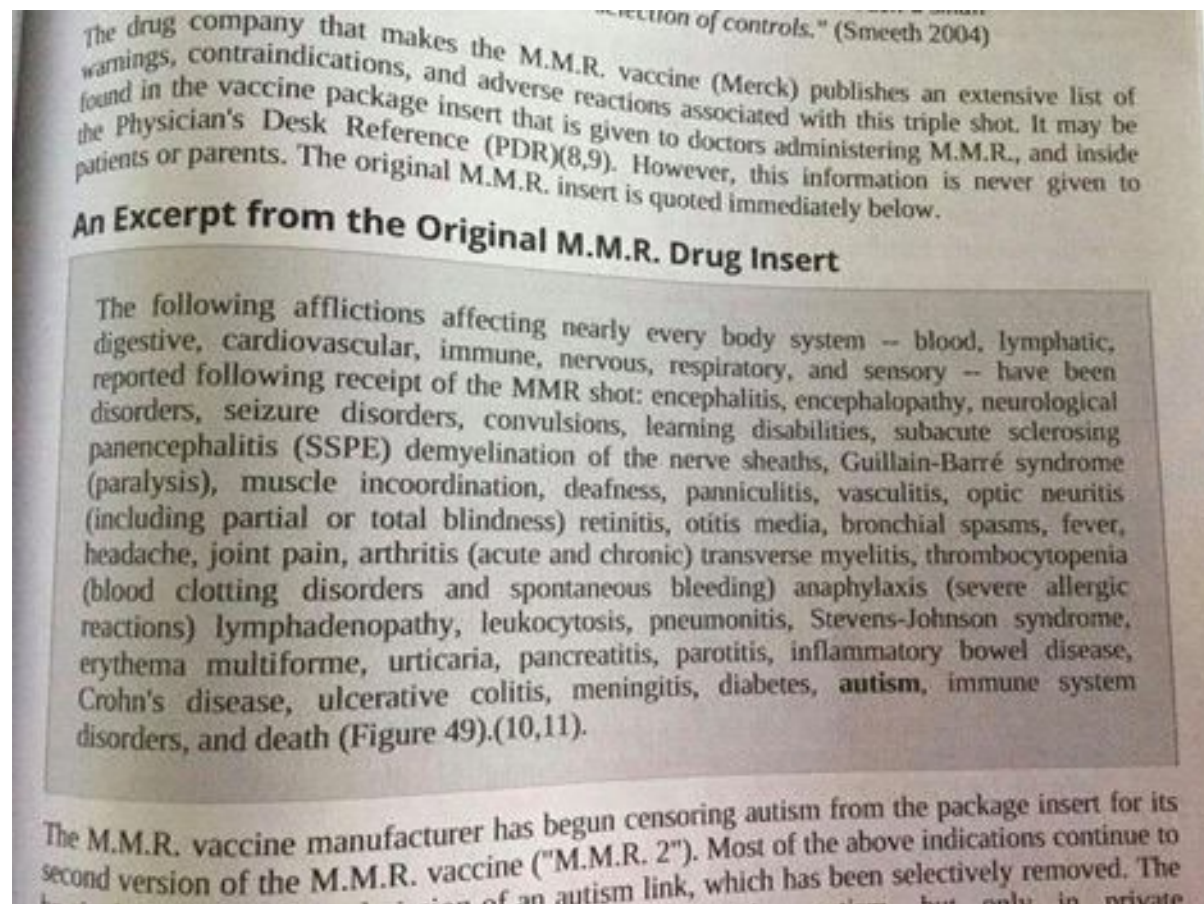


**[www.LearnTheRisk.org](http://www.LearnTheRisk.org)**

# DISEASES CAUSED BY MODERN VACCINE INGREDIENTS

We've seen the diseases caused by vaccines when their ingredients were diseases from animals—mainly pus and pox. The diseases caused by modern vaccine ingredients are also extensive. These diseases are the side effects of many vaccines, and are listed on the product inserts provided by the drug companies. These product inserts are usually 10 to 30 pages long, and not the one page printout pharmacies and doctors provide when you ask. Furthermore, these diseases, even death, are corroborated by millions of parents who've reported their experiences with vaccines. They're listed on the VAERS (Vaccine Adverse Event Reporting System) database.

"Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life." —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada





**The MMR (measles, mumps, rubella) combo vaccine product insert listing all the known side effects (adverse reactions) of the vaccine. Used under the Fair Use Clause.**

**This is the Package Insert from a Dtap manufacturer of the Tripedia vaccine  
Adverse events reported during post-approval use of Tripedia vaccine: AUTISM**

Page 11 of 13

In the German case-control study and US open-label safety study in which 14,971 infants received Tripedia vaccine, 13 deaths in Tripedia vaccine recipients were reported. Causes of deaths included seven SIDS, and one of each of the following: enteritis, Leigh Syndrome, adrenogenital syndrome, cardiac arrest, motor vehicle accident, and accidental drowning. All of these events occurred more than two weeks post immunization.<sup>2</sup> The rate of SIDS observed in the German case-control study was 0.4/1,000 vaccinated infants. The rate of SIDS observed in the US open-label safety study was 0.8/1,000 vaccinated infants and the reported rate of SIDS in the US from 1985-1991 was 1.5/1,000 live births.<sup>34</sup> By chance alone, some cases of SIDS can be expected to follow receipt of whole-cell pertussis DTP<sup>35</sup> or DTaP vaccines.

#### Additional Adverse Reactions:

- As with other aluminum-containing vaccines, a nodule may be palpable at the injection sites for several weeks. Sterile abscess formation at the site of injection has been reported.<sup>3,36</sup>
- Rarely, an anaphylactic reaction (ie, hives, swelling of the mouth, difficulty breathing, hypotension, or shock) has been reported after receiving preparations containing diphtheria, tetanus, and/or pertussis antigens.<sup>3</sup>
- Arthus-type hypersensitivity reactions, characterized by severe local reactions (generally starting 2-8 hours after an injection), may follow receipt of tetanus toxoid.
- A few cases of peripheral mononeuropathy and of cranial mononeuropathy have been reported following tetanus toxoid administration, although available evidence is inadequate to accept or reject a causal relation.<sup>37</sup>
- A review by the Institute of Medicine (IOM) found evidence for a causal relationship between tetanus toxoid and both brachial neuritis and Guillain-Barré syndrome.<sup>37</sup>
- A few cases of demyelinating diseases of the CNS have been reported following some tetanus toxoid-containing vaccines or tetanus and diphtheria toxoid-containing vaccines, although the IOM concluded that the evidence was inadequate to accept or reject a causal relationship.<sup>37</sup>

Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, autism, convulsion/grand mal convulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea. Events were included in this list because of the seriousness or frequency of reporting. Because these events are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequencies or to establish a causal relationship to components of Tripedia vaccine.<sup>2</sup>

#### Reporting of Adverse Events

The National Vaccine Injury Compensation Program, established by the National Childhood Vaccine Injury Act of 1986, requires physicians and other health-care providers who administer vaccines to maintain permanent vaccination records of the manufacturer and lot number of the vaccine administered in the vaccine recipient's permanent medical record along with the date of administration of the vaccine and the name, address and title of the person administering the vaccine. The Act (or statute) further requires the health-care professional to report to the Secretary of the US Department of Health and Human

**The Dtap (diphtheria, tetanus, and whooping cough (pertussis)) vaccine insert listing all the known side effects.**

Due to their similar ingredients, most modern vaccines have similar side effects.

Let's look at the adverse reactions (side effects) of the MMR combo vaccine.

## ADVERSE REACTIONS (SIDE EFFECTS) ON DIFFERENT BODY PARTS

**BODY AS A WHOLE.** Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.

**CARDIOVASCULAR SYSTEM.** Vasculitis.

**DIGESTIVE SYSTEM.** Digestive system.

**ENDOCRINE SYSTEM.** Diabetes mellitus.

**HENIC AND LYMPHATIC SYSTEM.** Thrombocytopenia (see WARNINGS, leukocytosis.

**IMMUNE SYSTEM.** Anaphylaxis and anaphylactoid reactions have been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.

**MUSCULOSKELETAL SYSTEM.** Arthritis; arthralgia; myalgia.

Arthralgia and/or arthritis (usually transient and rarely chronic), and polyneuritis are features of infection with wild-type rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. This type of involvement as well as myalgia and paresthesia, have also been reported following administration of MERUVAX II.

Chronic arthritis has been associated with wild-type rubella infection and has been related to persistent virus and/or viral antigen isolated from body tissues. Only rarely have vaccine recipients developed chronic joint symptoms.

Following vaccination in children, reactions in joints are uncommon and generally of brief duration. In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-26%), {17,56,57} and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in women older than 35 years, these reactions are generally well tolerated and rarely interfere with normal activities.

**NERVOUS SYSTEM.** Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) (see CONTRAINDICATIONS); subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia.

Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps-, and rubella-containing vaccine administered since licensure of these vaccines.

The risk of serious neurological disorders following live measles virus vaccine administration remains less than the risk of encephalitis and encephalopathy following infection with wild-type measles (1 per 1000 reported cases). {58,59}

In severely immunocompromised individuals who have been inadvertently vaccinated with measles-containing vaccine; measles inclusion body encephalitis, pneumonitis, and fatal outcome as a direct consequence of disseminated measles vaccine virus infection have been reported (see CONTRAINDICATIONS). In this population, disseminated mumps and rubella vaccine virus infection have also been reported.

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of infection with wild-type measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. This is far less than the association with infection with wild-type measles, 6-22 cases of SSPE per million cases of measles. The results of a retrospective case-controlled study conducted by the Centers for Disease Control and Prevention suggest that the overall effect of measles vaccine has been to protect against SSPE by preventing measles with its inherent higher risk of SSPE. {60}

Cases of aseptic meningitis have been reported to VAERS following measles, mumps, and rubella vaccination. Although a causal relationship between the Urabe strain of mumps vaccine and aseptic meningitis has been shown, there is no evidence to link Jeryl Lynn™ mumps vaccine to aseptic meningitis.

**RESPIRATORY SYSTEM.** Pneumonia; pneumonitis (see CONTRAINDICATIONS); sore throat; cough; rhinitis.

**SKIN.** Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis.

Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site; Henoch-Schönlein purpura; acute hemorrhagic edema of infancy.

**SPECIAL SENSES—EAR.** Nerve deafness; otitis media.

**SPECIAL SENSES—EYE.** Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis.

**UROGENITAL SYSTEM.** Epididymitis; orchitis.

**OTHER.** Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; however, a causal relationship has not been established in healthy individuals (see CONTRAINDICATIONS). No deaths or permanent sequelae were reported in a published post-marketing surveillance study in Finland involving 1.5 million children and adults who were vaccinated with M-M-R II during 1982 to 1993. {61}

Under the National Childhood Vaccine Injury Act of 1986, health-care providers and manufacturers are required to record and report certain suspected adverse events occurring within specific time periods after vaccination. However, the U.S. Department of Health and Human Services (DHHS) has established a Vaccine Adverse Event Reporting System (VAERS) which will accept all reports of suspected events. {49}

A VAERS report form as well as information regarding reporting requirements can be obtained by calling VAERS 1-800-822-7967.

### **2018 MMR vaccine insert, Merck & Co—used under the Fair Use Clause.**

Vaccine adverse reactions affect every part of the body. It is estimated that only a fraction of adverse reactions are reported since pediatricians and doctors advise parents that side effects are a coincidence or are “normal”.

In their 8 to 12 years of medical education, medical doctors (MDs) and pediatricians receive only a few hours of vaccine training. They are *not* educated on vaccine ingredients or vaccine side effects. Those few hours are spent “educating” them on how to get parents to adhere to the CDC childhood vaccine schedule, which as of 2018, recommends that a child receive 74 vaccines (some are combos) by the time they’re 18 years old.

Year	CDC recommended vaccine doses	Autism rate
1962	5	1 in 5,000
1983	24	1 in 2,500
2016	72	1 in 40
2018	74	1 in 36

**That’s a lot of** poison in a child. As vaccine doses increased, so did the autism rate (brain damage). The heavy metals in vaccines have been implicated in causing the autism epidemic.

“I am no longer ‘trying to dig up evidence to prove’ vaccines cause autism. There is already abundant evidence. This debate is not scientific but is political.”  
—Dr. David Ayoub, MD, radiologist

“The CDC is not an independent agency. It is a vaccine company. The CDC owns over 20 vaccine patents. It sells about \$4.6 billion of vaccines every year...Four scathing federal studies, including two by Congress, one by the U.S.

Senate, and one by the HHS Inspector General, paint the CDC as a cesspool of corruption, mismanagement and dysfunction with alarming conflicts of interest suborning its research, regulatory and policymaking functions...Doctors are punished by insurance companies like Blue Cross and Blue Shield if doctors don't get a certain percentage of their patients to comply with the vaccination schedule. If 63% are non-compliant, they don't receive any of their bonuses.” — Robert F. Kennedy, Jr.

Furthermore, medical doctors receive roughly 8 hours of nutrition training. Medical doctors and pediatricians have been indoctrinated into the medical industry. They are no longer independent healers, but merely clerks and salespeople for the drug companies.

## DO VACCINES CAUSE AUTISM?

Demanding "scientific studies" to question vaccination is a method of sophistry (the use of fallacious arguments, especially with the intention of deceiving), particularly whether vaccines cause autism. Heavy metals cause brain damage. Heavy metals (aluminum, mercury derivatives) are in vaccines. Once injected into the muscles, the heavy metals are absorbed into the bloodstream and reach the brain. Children are injected with heavy metals. Children have a high rate of autism. Do vaccines cause autism? No. The heavy metals in vaccines cause autism.

Autism is a form of brain damage. Whether the drug companies reclassify or rename autism, at its root autism is still brain damage. Like polio, the drug companies may decide to reclassify or rename autism in the future. The drug industry often play a game of semantics:

- 1) Reclassify a disease by adding or removing symptoms. This gives the appearance that the disease was eradicated. Also, reclassify an illness as a disease to make it more menacing (eg, reclassify measles as a disease).
- 2) Rename a disease. This also gives the appearance that the disease was eradicated.

The most common adverse reactions of most vaccines are allergies, asthma, brain damage, cancer, autoimmune diseases, and even death. However, there are more than 100 autoimmune diseases. Some of the more common autoimmune



diseases are:

Immune system disorders, Rheumatoid arthritis, lupus, Inflammatory bowel disease (IBD), Multiple sclerosis (MS), Type 1 diabetes mellitus, Guillain-Barre syndrome (paralysis), Chronic inflammatory demyelinating polyneuropathy, Psoriasis, Graves' disease, Hashimoto's thyroiditis, Myasthenia gravis, Vasculitis.

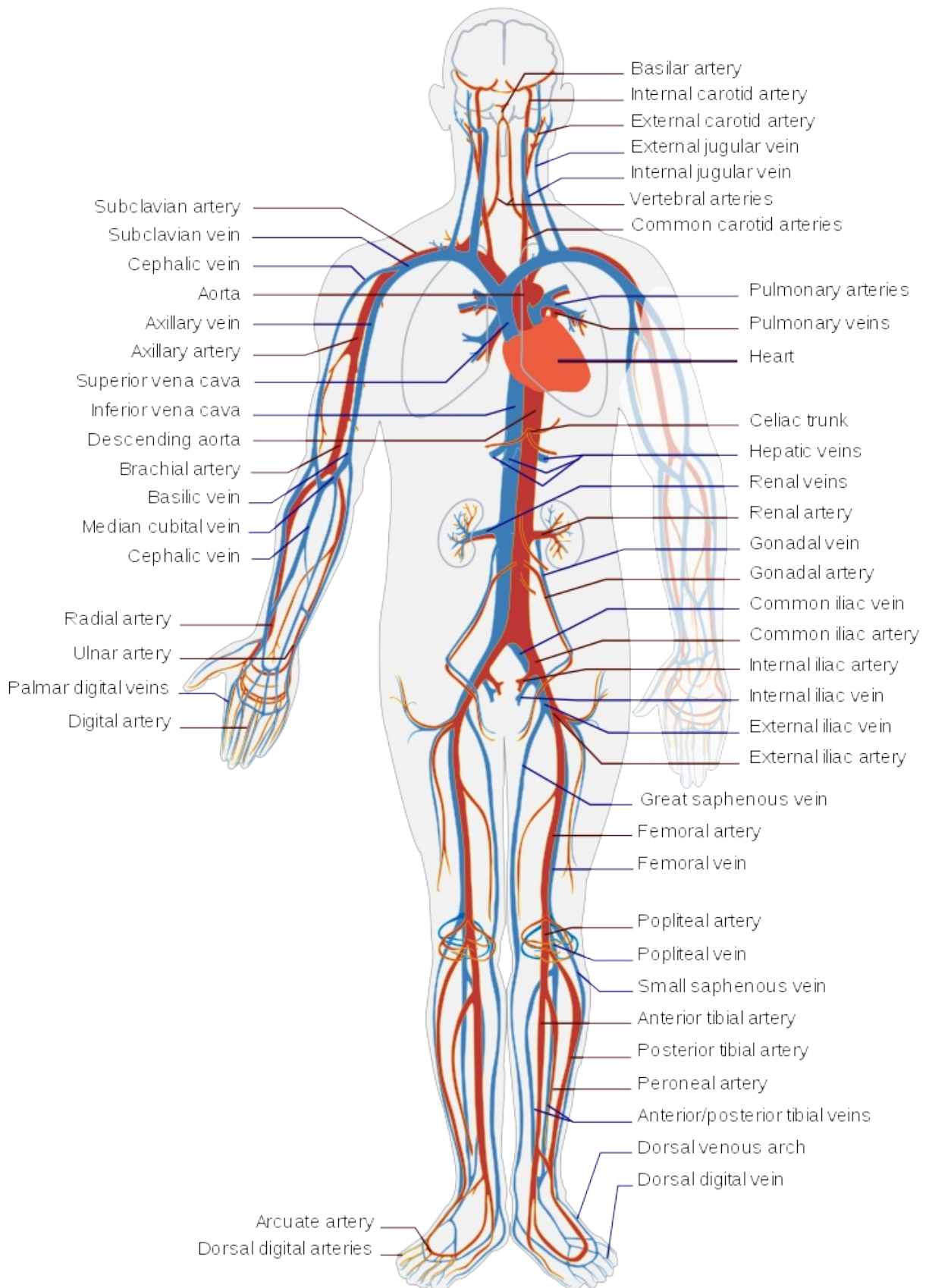
“Vaccines are unavoidably unsafe.” —US Supreme Court, March 2011

From 1986-2017, the vaccine injury court has paid over \$3.7 billion dollars to vaccine injured parents, proving vaccines are not safe. The historical data shows vaccines were ineffective at preventing diseases. Therefore, the only rational conclusion is that vaccines are unsafe and ineffective.

## **HOW VACCINES CAUSE DISEASES IN DIFFERENT PARTS OF THE BODY**

Vaccine ingredients are *not* injected directly into the bloodstream—they are injected *indirectly* into the bloodstream. The ingredients are injected into the muscles (intramuscular injection/intramuscularly). Then the ingredients are absorbed into the bloodstream. Through the muscular system and bloodstream (circulatory system), the toxins in vaccines reach every part of the body.





**The bloodstream is part** of the circulatory system. When vaccine ingredients are injected into the muscles and absorbed into the bloodstream, the toxins are capable of reaching every part of the body through the muscular and circulatory systems.

–Through the bloodstream (part of the circulatory system), the toxins can pollute the blood cells (blood poisoning), causing cancer and autoimmune diseases.

–Through the muscular system, the toxins can cause paralysis (Guillain-Barré syndrome, GBS) and other muscular abnormalities.

–Through the bloodstream, the toxins can travel to the brain and cross the blood-brain-barrier, causing brain damage.

These are the mechanics in which vaccines cause various diseases throughout the body. Vaccine ingredients have constantly changed since 1796. The only constant is the *theory* of vaccination: inject poisons, viruses, and diseases into the body to prevent disease.

As bizarre and unbelievable as it sounds, the theory of vaccination is to inject poisons, viruses, diseases into the body in order to prevent disease. How can something that causes a long list of diseases be used to prevent disease? Something intended to prevent disease shouldn't cause more diseases than it's supposed to prevent. It defies common sense and logic.

## SMALLPOX, INOCULATION, VACCINATION

To understand why vaccination came about, we need to examine the most horrific and feared disease in history: smallpox.

The first vaccine was conceptualized in 1796 by Edward Jenner of England to prevent smallpox. Prior to vaccination, inoculation (very similar to vaccination) was used to prevent smallpox. Thus, smallpox, inoculation, and vaccination are intertwined.



**Smallpox was the most feared** disease in history because of the distinct bodily marks (pox) it left on victims. Photo: [www.wikipedia.org](http://www.wikipedia.org)

## SMALLPOX

1) “An acute, highly contagious, febrile disease, caused by the variola virus, and characterized by a pustular eruption that often leaves permanent pits or scars: *eradicated worldwide by vaccination programs.*” —[www.dictionary.com](http://www.dictionary.com)

2) An acute contagious viral disease, with fever and pustules usually leaving permanent scars. It was effectively *eradicated through vaccination by 1979.*” — Google Dictionary

3) “Thousands of years ago, variola virus (smallpox virus) emerged and began causing illness and deaths in human populations, with smallpox outbreaks occurring from time to time. *Thanks to the success of vaccination,* the last natural outbreak of smallpox in the United States occurred in 1949. In 1980, the World Health Assembly declared smallpox eradicated (eliminated), and no cases of naturally occurring smallpox have happened since...Smallpox research in the United States continues and focuses on the development of vaccines, drugs, and diagnostic tests to protect people against smallpox in the event that it is used as an agent of bioterrorism.” —[www.cdc.gov](http://www.cdc.gov)

Consider this: There were roughly 200 nations on Earth when smallpox was supposedly ravaging the planet. Of those, only about 30 nations were ever vaccinated for smallpox. But it was declared eradicated by vaccination when about 170 countries never used the smallpox vaccine. If they did, it was only in the vast minority of their populations. Furthermore, smallpox was foreign to the North American Indians. The Natives lived in open spaces and managed to avoid the dreaded smallpox. Only when the Europeans arrived in the 16th century was smallpox introduced to the Americas. In the next three centuries, the Europeans used smallpox as a biological weapon to nearly wipe out the North American Indians.

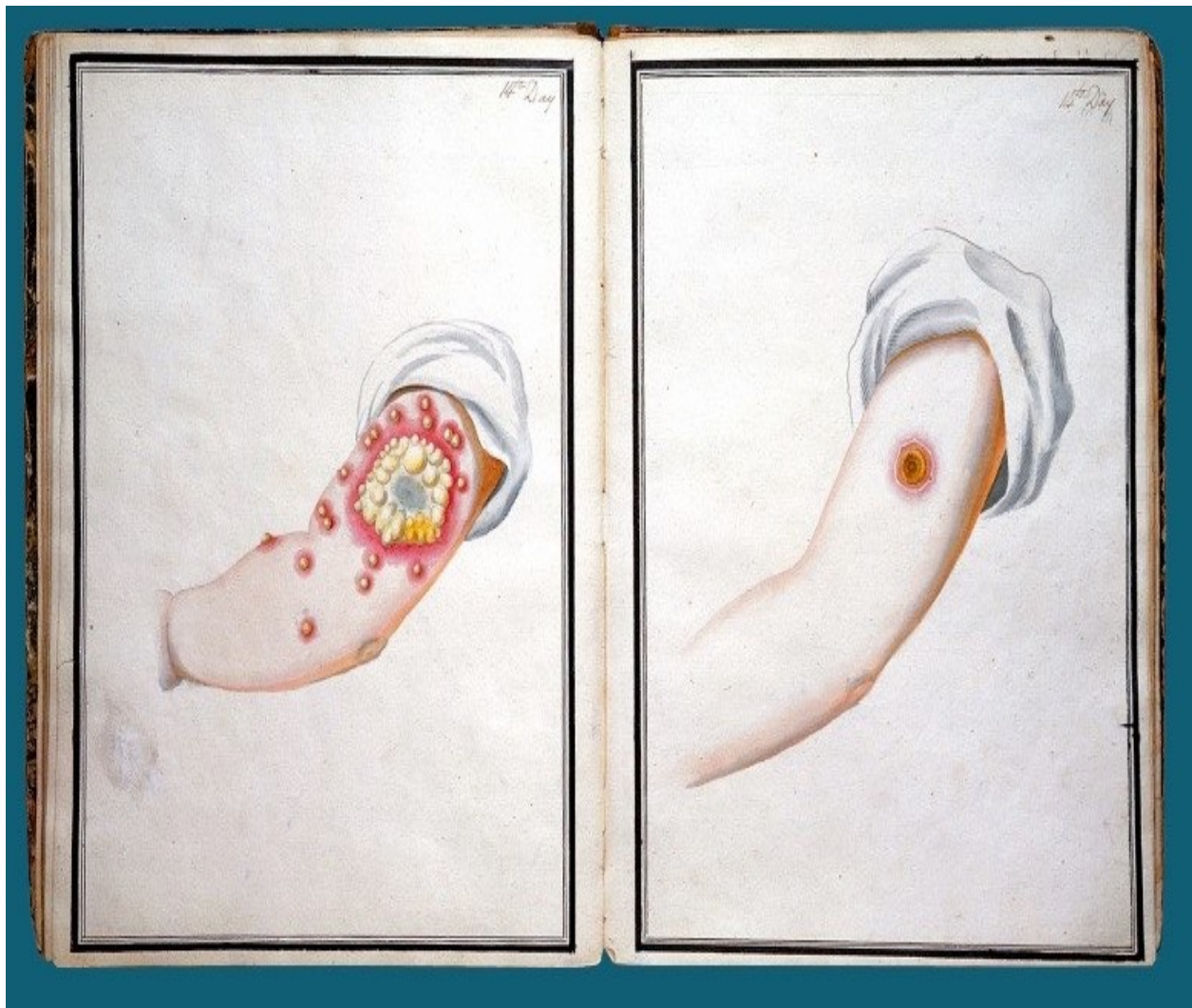
As you'll soon discover, every historical data has shown that vaccination never eradicated smallpox. In fact, vaccination increased the incidence of smallpox wherever it was practiced.

## INOCULATION



Inoculation is the practice of creating a cut in the body, usually the arm, to insert animal pus, human smallpox, or another disease into the cut. This was done in hopes of preventing disease, particularly smallpox. The ancient Hindus purportedly practiced inoculation several hundred years prior to the introduction of vaccination in 1796. Inoculation was the predecessor to vaccination, both are based on the theory of homeopathy: In small doses, like cures like. For example, rubbing small doses of smallpox into a person to prevent smallpox.

"Dhanwantari, the Vedic Father of Medicine, and the earliest known Hindu physician, who lived about 1,500 B.C., is supposed to have been the first to practice inoculation for smallpox. It is even stated that the ancient Hindus employed a vaccine, which they prepared by the transmission of the smallpox virus through a cow." —"History of Inoculation and Vaccination", p. 6-13



**Inoculation against smallpox.** Taking smallpox from a diseased person and

introducing it into another person through a cut in the arm.

“The practice of inoculation spread like a noxious weed, from the savage tribes of the forgotten past into the civilizations of Africa, Arabia, Tibet, India and finally into Europe and America.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

## **VACCINATION**

The practice of introducing, often through injection, poisons, viruses, and diseases into the body to prevent disease. The first vaccine (smallpox vaccine) was conceptualized by Edward Jenner of England in 1796 and later used on the English in the early 1800s. The first smallpox vaccine primarily used cowpox, a cow disease, to vaccinate against smallpox, a human disease.



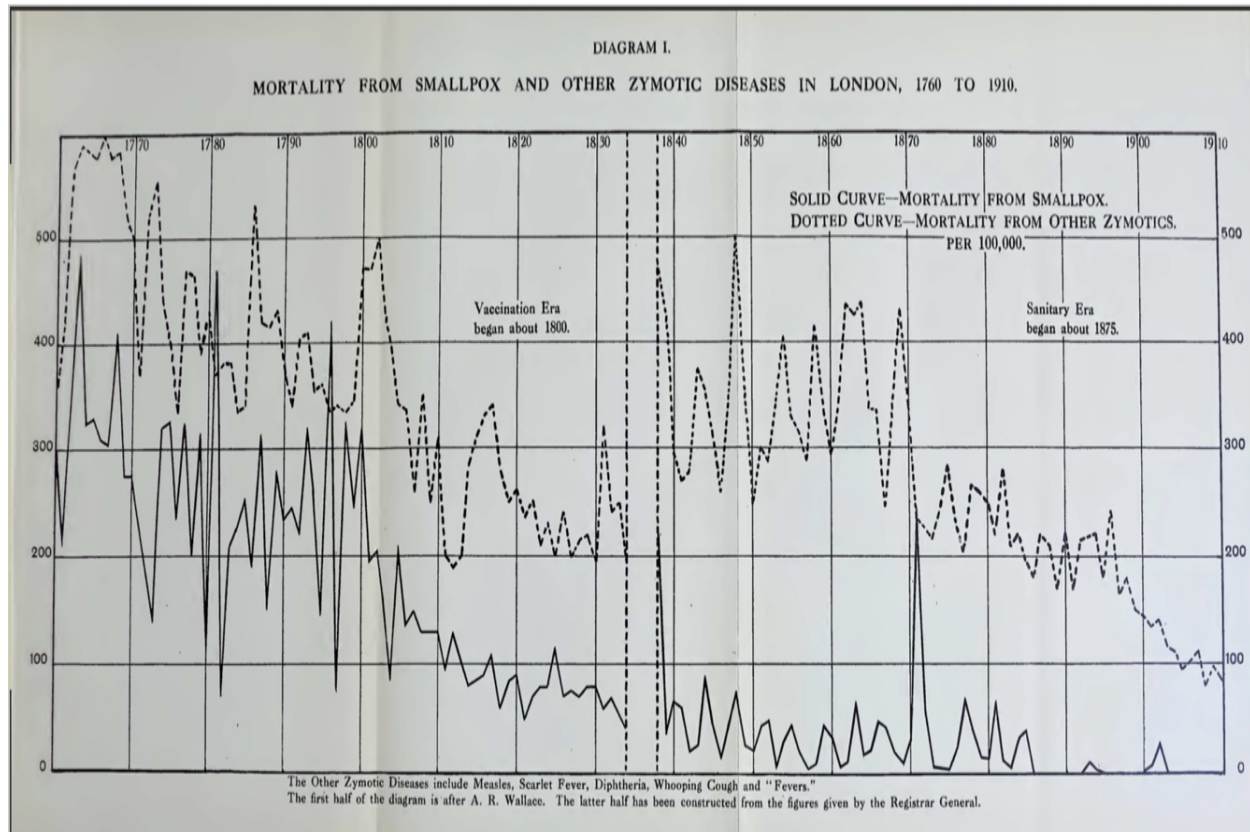
**Vaccination against smallpox.** A painting of Edward Jenner applying the smallpox vaccine (cowpox in a needle) to a child.

When Louis Pasteur created the attenuated (weakened) live virus vaccine in 1885, it opened the floodgates for drug companies to manufacture all sorts of vaccines: flu (influenza), measles, chickenpox, polio, etc.

The question is, “Did vaccination prevent or eradicate smallpox?” According to official statistics, the answer is NO. Vaccination did not prevent or eradicate smallpox.

“It is clear that the mortality from both causes fell very remarkably, and that in the case of smallpox as well as in the case of ‘other zymotics’ the decline had set

in before the end of the eighteenth century—in other words before the beginning of the vaccination era.” — Dr. C. Killick Millard, M.D., D.Sc., “The Vaccination Question in the Light of Modern Experience”, 1914, chap. 2



**Mortality from smallpox and other zymotic (infectious, contagious) diseases in London, 1760 to 1910.** Official statistics from the Registrar General, England 1760-1910. From this historical data we know that vaccines had no role in preventing zymotic (infectious, contagious) diseases. Vaccines did not eradicate smallpox.

“Vaccination is utterly useless as a preventive against smallpox, that millions of vaccinated persons have died of smallpox.” —Dr. J.W. Hodge, MD, New York

“I know of one epidemic of smallpox comprising nine hundred and some cases in which 95% of the infected had been vaccinated, and most of them recently. I have had in my own experience on very small epidemic comprising 33 cases, of which 29 had vaccination histories a ‘good’ scar, and some of them vaccinated within the last year. There was no protection there.”—Dr. William Howard Hay, 1937



“Vaccination has not protected us; it could not do it, because the smallpox had already left us and the non-vaccinated world, before its introduction... Vaccination proves itself, in the history of humanity, to be the greatest crime committed in this last century!” —Dr. C. Charles Schieferdecker, MD, “The Evils of Vaccination”, 1856

“Smallpox attained its maximum mortality after vaccination was introduced. The mean annual mortality for 10,000 population from 1850 to 1869 was at the rate of 2.04, whereas after compulsory vaccination, in 1871 the death rate was 10.24. In 1872 the death rate was 8.33 and this after the most laudable efforts to extend vaccination by legislative enactments.” —Dr. William Farr (1807-1883), Compiler of Statistics of the Registrar General of London

## A BRIEF HISTORY OF SMALLPOX

One of the medical profession’s greatest boasts is that it eradicated smallpox through the use of the smallpox vaccine. I myself believed this claim for many years. But it simply isn’t true.” —Dr. Vernon Coleman, MB, ChB, DSc, FRSA, GP, *Anyone Who Tells You Vaccines Are Safe And Effective Is Lying. Here's The Proof*, 2011

Smallpox had been mentioned in different civilizations, from the ancient Egyptians, Aztecs, and Chinese. However, there were no smallpox epidemics recorded in ancient times that could be verified. Smallpox epidemic numbers were only accurately recorded in England from the 1700s to the 1900s. Therefore, because of the lack of official smallpox records and statistics in the English-speaking world, only the records from England are considered reliable. Anything else is, without official data, is pure speculation.

“It is a matter of pure speculation as to when the condition first appeared, but it is unlikely to have done so prior to man’s establishment of large townships coupled with poor nutrition, overcrowding, lack of sanitation and inadequate hygiene. Keeping people, such as slaves and prisoners, in disgusting and sub-human conditions may have been the necessary ingredient for the establishment of the virus but there is virtually no doubt that the aforementioned adverse conditions were responsible for the epidemics of smallpox as well as for its endemic nature in certain areas until its recent demise. It was recorded in Chinese history and was certainly prevalent in the west by the sixteenth century.” —Dr. Michael Nightingale, Traditional Chinese Medicine

The deaths caused by smallpox were greatly exaggerated (disease mongering), even fabricated, in medical textbooks and in general. For example,

“Queen Mary II of England died of smallpox in 1694. In the century following her death 60 million persons in Europe died of smallpox.” —Howard Haggard, “Devils, Drugs, and Doctors”, 1929

However, Mr. Haggard’s assertion is refuted by Dr. Jennifer Craig (BSN, MA, PhD), “The population of Europe was 130 million in 1762 and 175 million in 1800. The death rate from smallpox in that period was 18.5%. If 60 million deaths occurred with an 18.5% death rate then it would require 319,148,936 cases of smallpox in Europe and that would be 144,148,936 more cases of smallpox than there were people living in Europe at the close of the 18th century.”

Again, vaccination is a fraud based on fear, greed, and revisionist history.

## The Eradication of Diseases

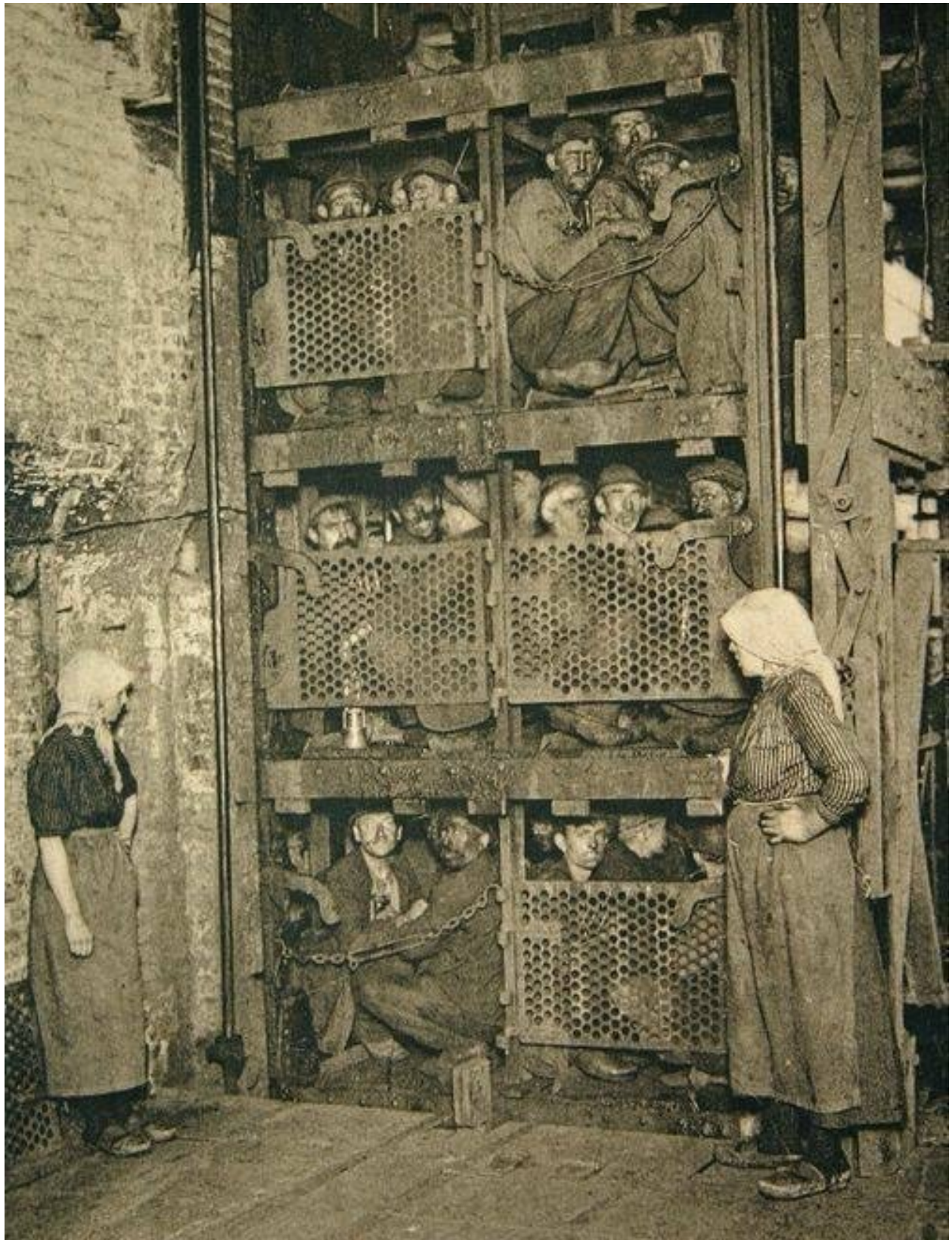
In the 21st century, there should be no need for anyone in developed countries to fear catching diseases that people contracted in the 1700, 1800, and early 1900s. Back then, the living and working condition of the masses were breeding grounds for diseases. They lacked clean-running water, electricity, garbage collection, and modern buildings. They defecated and urinated in their backyards. It wasn’t vaccines that eradicated diseases but sanitation, hygiene, especially the modern amenities that we take for granted today. As examples, soap, toilet paper, paper towel, toothbrush, shampoo, washing machine, shower, and supermarket. In developed countries, all these conveniences were available to the masses in the 1960s. These modern amenities significantly contributed to the increased standard of living and especially to the eradication of diseases.

You do not live like people used to, therefore you should not worry about contracting diseases that people used to contract.



**Infectious diseases spread** predominantly in overcrowded, unsanitary conditions. People used to defecate and urinate in their backyards. They fetched dirty water from rivers for drinking and washing. They buried potatoes in the ground in winter to preserve them. Animal manure was common in the streets. They burnt wood and coal for heating and breathed in the fumes. These were the perfect breeding grounds for diseases. Disease rates in children were high because they worked in fields and unsafe factories.





**Working and living conditions were inhumane** and breeding grounds for diseases in the 18th and 19th centuries. Workers were known as peasants and

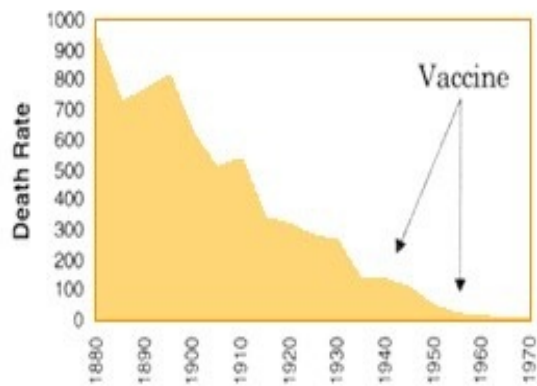
serfs. Debtor prison and indentured servitude were common. The conditions were so horrific and unjust that communism was invented to create workers' rights.

The eradication of diseases was primary due to sanitation and hygiene. For those who think otherwise, ask them to live without clean-running water, electricity, and garbage collection. They will not do it because they cannot imagine life without them—because it was those amenities that eradicated infectious diseases.

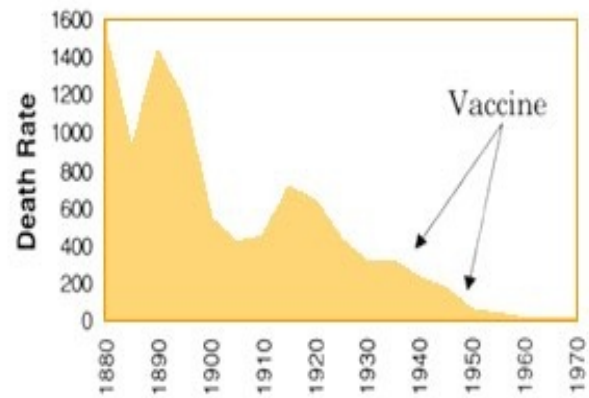
“Sanitation did for Prussia what 35 years of compulsory vaccination was unable to accomplish. At the present time in Prussia, smallpox is almost extinct. It is not that people are being vaccinated more; they are vaccinated less.” —Dr. Walter R. Hadwen, MD, 1896, “The Case Against Vaccination”

“There is no question that perfect sanitation has almost obliterated this disease (smallpox), and sooner or later will dispose of it entirely. Of course, when that time comes, in all probability the credit will be given to vaccination.” —Dr. John Tilden (1851-1940), MD

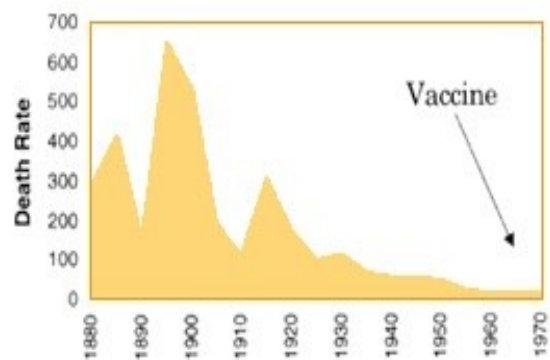
### Whooping Cough



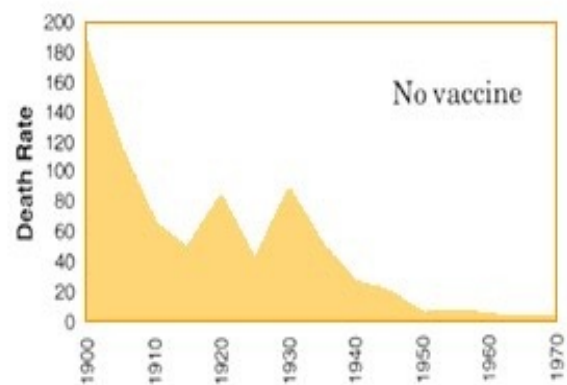
### Diphtheria



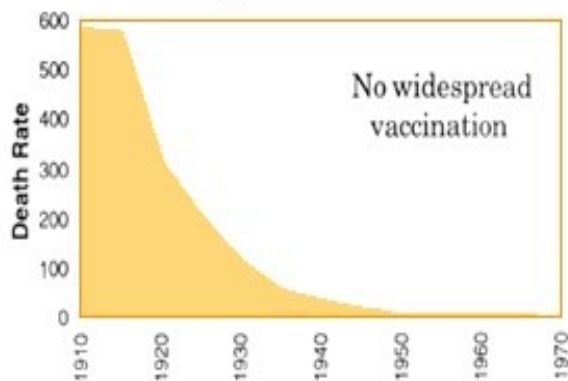
### Measles



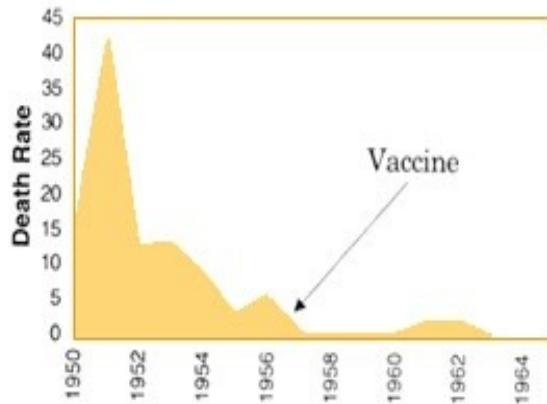
### Scarlet Fever



### Typhoid Fever



### Polio





**Sewer systems, plumbers, electricity,** garbage men, architects, engineers, and advances in manufacturing technology extended lives and eradicated diseases. Graph compiled from: Australian Institute of Health and Welfare (AIHW) 2010. GRIM (General Board of Incidence of Mortality) Books; Original author Dr. Paul Jelfs, updated by Karen Bishop.

“The most widespread and lethal diseases in the last 200 years were reduced due cleaner drinking water, improved sanitation, nutrition, less overcrowded areas, and better living conditions. Vaccines were introduced at the point where every single disease was already declining. To give vaccines credit for global reductions in disease is like giving a band-aid credit for healing a wound that was already closing.” —Dr. Dave Mihalovic, ND

“The largest historical decrease in morbidity and mortality caused by infectious disease was experienced *not* with the modern antibiotic and vaccine era, but after the introduction of clean water and effective sewer systems.” —The Journal of Pediatrics, December 1999, Vol. 135, No. 6, p. 663

The modern amenities (mainly clean-running water, electricity, garbage collection, modern buildings) that eradicated diseases also extended our life expectancy. Modern medicine, despite what the drug companies claim, had no role in eradicating diseases or prolonging life. If anything, synthetic drugs and vaccines have shortened the lives of millions. Doctors and hospitals are the 3rd leading cause of death in the USA. Some have claimed that the medical system is actually the 1st leading cause of death because the vast majority of those who have died of heart attacks, cancer, and diabetes were on medication or chemotherapy—they were involved in the medical system. The reason is that the ingredients in drugs, vaccines, and chemotherapy are toxins and poisons to the body.

## THE DEADLIEST DISEASES WERE ERADICATED WITHOUT VACCINES

The deadliest disease epidemic in history, the Black Death (Plague), was eradicated without vaccines. The second deadliest disease epidemic in history, the Spanish Flu, was believed to be caused by vaccines.

Many diseases disappeared on their own, without the need for vaccines. The

deadliest infectious diseases in history were eradicated through prevention, quarantine and isolation, and removing the causes. As examples, the Black Death (Plague) and Spanish Flu.

“The Black Death was one of the most devastating pandemics in human history, resulting in the deaths of an estimated 75 to 200 million people in Eurasia and peaking in Europe in the years 1346–1353...In the Late Middle Ages (1340–1400) Europe experienced the most deadly disease outbreak in history when the Black Death, the infamous pandemic of bubonic plague, hit in 1347, killing a third of the human population.” —[www.wikipedia.org](http://www.wikipedia.org)

THE BUBONIC PLAGUE was believed to be caused by rodents, particularly rats, transferring their diseases to humans. These rodents were moved freely between countries during wars, trades, and travels. The rodents, unknown to humans, contaminated the food and water supplies. Today, we have rodent control programs administered by public health departments and the movement of animals are strictly controlled when travelling between countries. In summary, one of the worst pandemics in history was eradicated without vaccines. Diseases are eradicated when their causes are removed.

THE 1918 INFLUENZA PANDEMIC (Spanish Influenza). There are many speculations as to what caused the 1918 flu pandemic.

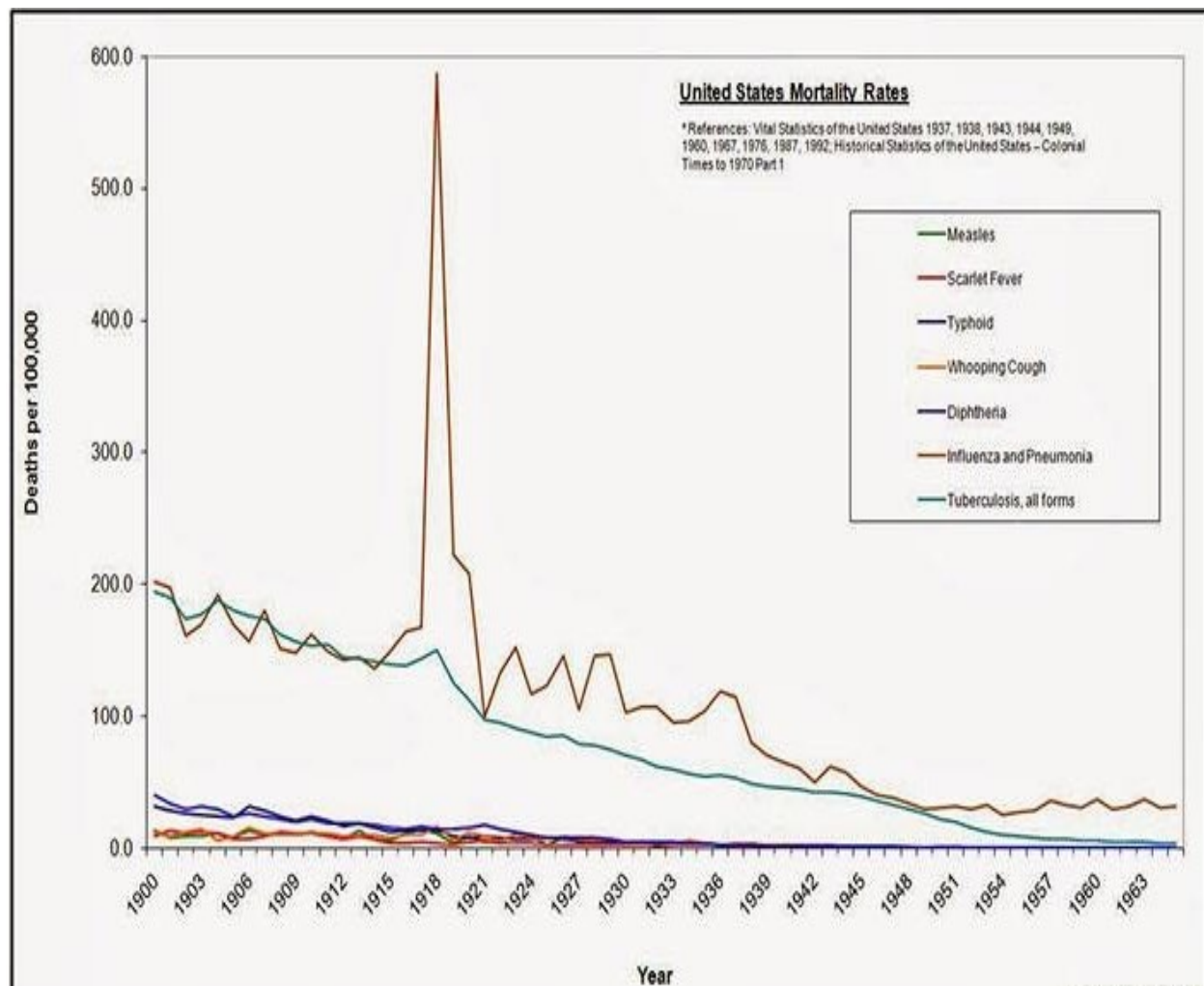
“The 1918 flu pandemic (January 1918–December 1920) was an unusually deadly influenza pandemic, the first of the two pandemics involving H1N1 influenza virus. It infected 500 million people around the world, including remote Pacific islands and the Arctic, and resulted in the deaths of 50 to 100 million (three to five percent of the world's population), making it one of the deadliest natural disasters in human history.” —[www.wikipedia.org](http://www.wikipedia.org)

The Spanish blamed it on the French and called it the French Flu. Some say it originated in China, some say in German as a biological weapon. However, the most credible theory was that the 1918 flu pandemic was caused by vaccines, most likely the experimental typhoid or flu vaccine.

“It was a common expression during the war that ‘more soldiers were killed by vaccine shots’ than by shots from enemy guns.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”

“In 1918, the US Army forced the vaccination of 3,285,376 natives in the Philippines when no epidemic was brewing, only the sporadic cases of the usual mild nature. Of the vaccinated persons, 47,369 came down with smallpox, and of these 16,477 died. In 1919 the experiment was doubled. 7,670,252 natives were vaccinated. Of these 65,180 victims came down with smallpox, and 44,408 died. In the first experiment, one-third died, and in the second, two-thirds of the infected ones died.” —Dr. William F. Koch, MD, PhD, “The Survival Factor in Neoplastic and Viral Diseases”

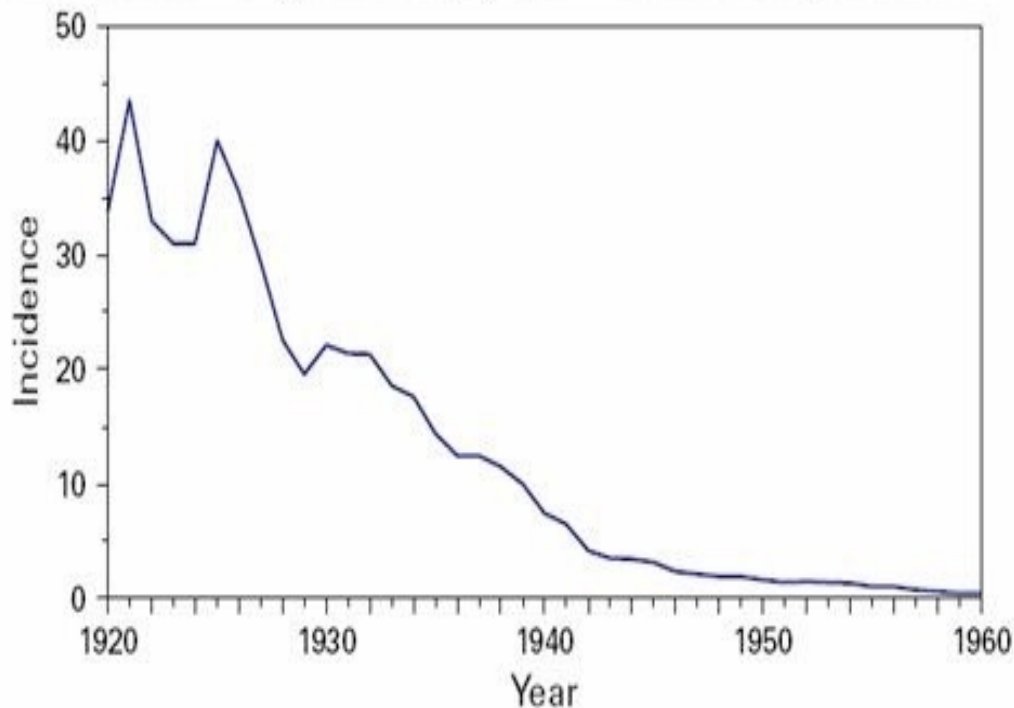
“The 1918 ‘Spanish Flu’ started in American military Camp Funston, Fort Riley, USA, amongst troops making ready for WWI—taking on board vaccinations, recruit training and all. It eventually killed about 40,000,000 people worldwide. That flu strain only appeared briefly once again, according to the US Atlanta CDC. This was in 1976 and again it struck at the US army camp Fort Dix, USA, amongst recently vaccinated troops (and no one else EVER); Fort Dix is known to have been a vaccine trial centre. Was the world’s greatest ‘influenza’ scourge another well-hidden vaccine disaster?” —John P. Heptonstall, Director of Morley Acupuncture Clinic and Complementary Therapy Centre, West Yorkshire



**Influenza and Pneumonia death rates** spiked between 1918-1920. World War I was the first war in which US service men were required to vaccinate. The high vaccination rate before the flu pandemic of 1918-1920 was the most likely cause of the flu pandemic.

“Typhoid vaccines were available by World War I, and the U.S. Army made getting those shots mandatory for all its enlisted soldiers.” —Susan Perry, “Medical lessons from World War I underscore need to keep developing antimicrobial drugs”, 2014

FIGURE 1. Incidence\* of typhoid fever, by year — United States, 1920–1960



\*Per 100,000 population.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

**Typhoid fever began its sharp** decline after World War I, when US soldiers were no longer vaccinated.

Despite all the evidence, one infectious-disease epidemiologist, Dr. G. Dennis Shanks, stated that typhoid vaccination “was thought to be a genuine medical success story.” Add his opinion to the Vaccination Nuttery pile.

The Spanish Flu should have been called The USA Flu. The Americans probably called it the Spanish Flu to scorn Spain for the Spanish-American War of 1898. In any case, the flu pandemic disappeared on its own without the need for vaccination (or more vaccination). Again, history has shown that when the causes are removed, diseases are eradicated. In the 21st century, people living in developed countries should have no fear of polio, smallpox, measles, whooping cough, and other infectious diseases. Vaccines are not the natural causes of infectious diseases; therefore, they cannot prevent them. Prevention and eradication can only be attained by removing the causes.

DEATH BY MEDICINE. Healthcare (deathcare) is a business. Drug companies, hospitals, medical doctors, and pediatricians are all part of the "sick care" system. As Bill Maher commented, "There's no money in healthy people, and there's no money in dead people. The money is in the middle: people who are alive, sort of, but with one or more chronic conditions." The poisons in vaccines are remarkably efficient at creating chronic illnesses and diseases.

"Of recent years, many men and women in prime of life, have dropped dead suddenly. I am convinced that some 80% of these deaths are caused by the inoculations or vaccinations they have earlier undergone. These are well known to cause grave and permanent disease of the heart. The coroner always hushes it up as 'natural causes'. I have been trying to get these cases referred to an Independent Commission of inquiry, but so far, in vain." —Dr. Herbert Snow, MD, 25 year staff surgeon of the London Cancer Hospital, 1954

"What miserable fellows our descendants are; each of them requires more of medical attendance in one year, than I had in my whole life!" —Dr. C.G.G. Nittinger, "The Evils of Vaccination", 1856

"Medical science has made such tremendous progress that there is hardly a healthy human left." —Aldous Huxley, 1894–1963

## WHAT ABOUT POLIO?

"Polio is NOT even contagious or infectious (never proven to be). There is NO proof Polio is caused by a virus. There is NO evidence that anyone caught polio from another person in the family. There is NO evidence that any nurse or doctor caught polio from a patient." —Sheri Nakken, RN, MA

Polio is disease used to describe the effects of poisoning from manmade chemicals, especially those found in pesticides and vaccine ingredients. Therefore, polio is a manmade disease caused by pesticides and vaccines. This is how the vaccination nuttury works: the polio vaccine causes polio and the drug companies insist everyone get vaccinated with the polio vaccine to prevent polio. But they don't tell you that the polio vaccine causes polio. Furthermore, they credit the polio vaccine for eradicating polio, when the vaccine actually caused polio.



A distinct symptom of polio is paralysis. In all of history, there has never been a case of an infant born severely paralyzed that can be verified. If you read drug company literature, it points to ancient Egyptian and Aztec paintings depicting paralyzed individuals. This is not proof that polio has been around since ancient times. There are many causes of paralysis: accidents, injuries in war, surgery, mutilation, neurotoxic chemicals, and so forth. Polio was not an infectious disease but a manmade disease.

Three polio facts:

1) Nearly all recorded polio cases between 1940 and 1970 were caused by the Salk polio vaccine, the pesticide DDT, and other pesticides. Wild polio was and is extremely rare. Polio was not an infectious disease but a manmade disease.

2) The Salk polio vaccine was discontinued in the early 1970s because it was causing polio, cancer, and death in children. Today, the drug companies insist that the Salk polio vaccine saved humanity from polio. In 1972, before a Senate Committee hearing, polio vaccine inventor Jonas Salk testified that nearly all polio outbreaks since 1961 resulted from or were caused by the oral polio vaccine.

3) There is no such thing as a polio vaccine that can prevent polio. And no such thing as a vaccine that can prevent disease. There are over 150 years of data that proves vaccines are useless and poisonous.

Nearly all recorded polio cases in history were caused by manmade chemicals and the polio vaccine. From 1940 to 1972, the surest way to contract polio was to be exposed to the pesticide DDT or get vaccinated with the polio vaccine—the Salk polio vaccine caused polio, one reason it was discontinued. DDT was made by Monsanto, the same company responsible for Agent Orange, Aspartame, RoundUp, PCBs, Saccharin, and recently GMOs.



**It could be said that the drug and chemical companies (specifically Monsanto) colluded to conceal the deaths caused by DDT by using polio as a cover.**

For over 150 years, common words that independent doctors and scientists have used to describe vaccination are: useless, dangerous, scam, fraud, racket. A

glaring example is polio. Polio (or the symptoms associated with polio) was not an infectious disease in the traditional sense as the vast majority are miseducated to believe. Many recorded polio cases between 1940 and 1970 were manmade, caused by the pesticide DDT (Dichloro Diphenyl Trichlorethane) and other pesticides. The remaining polio cases were caused by the polio vaccine. Wild polio was and is still rare.

Before the large scale use of DDT in the early 1940s, the word "polio" appeared 0 (zero) times in epidemiological (large population disease) studies between the 1700s to late 1800s. In other words, polio was rare in the USA until DDT's predecessor was used after 1874, then when DDT was widely used in the 1940s. After which, the polio epidemics started.

As the use of DDT significantly increased after 1940, the polio rate also increased proportionally. The largest polio epidemics in history occurred in the 1940s and 1950s. This timeline coincides with the DDT's wide scale use and the introduction of the Salk polio vaccine. DDT is a poison and a neurotoxin. It causes paralysis and brain/spinal cord disease—both are distinct symptoms of polio.

As the use of DDT decreased, the polio rate also decreased proportionally. DDT was banned in the USA in 1972 by the EPA (Environmental Protection Agency). After which, polio was reclassified—polio is magically a new disease now. Medical students are taught that the polio people had contracted in the 1940s to 1970s was an infectious disease. It wasn't.

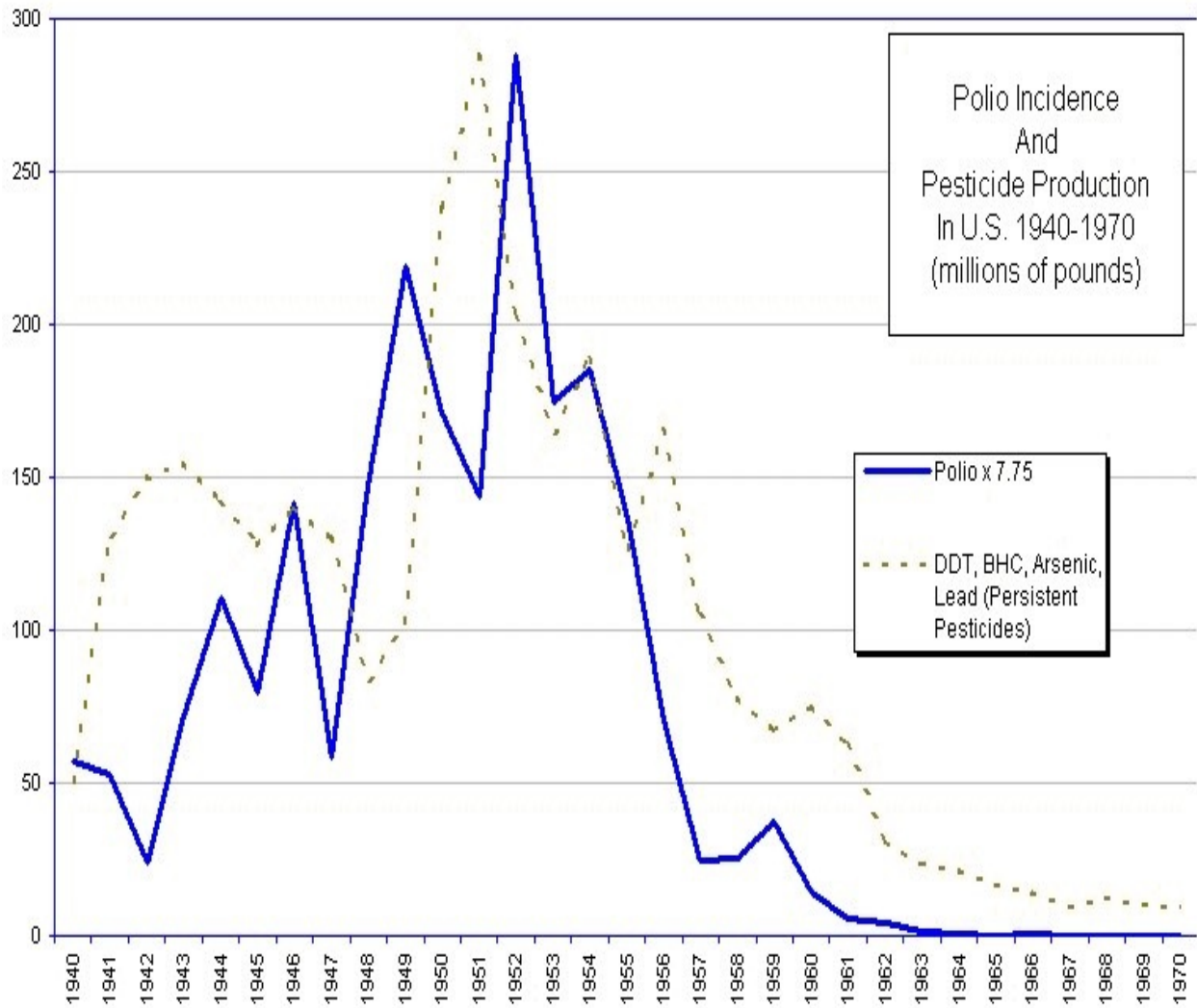
Polio: "1789, British physician Michael Underwood provides first clinical description of the disease. 1840, Jacob Heine describes the clinical features of the disease as well as its involvement of the spinal cord."

There are many secondary causes of polio (the primary cause is the poliovirus). One secondary cause of the poliovirus was DDT and other pesticides. Another is unsanitary conditions, "Polio is usually spread via the fecal-oral route (i.e., the virus is transmitted from the stool of an infected person to the mouth of another person from contaminated hands or such objects as eating utensils). Some cases may be spread directly via an oral to oral route." Contaminated water was also cited as a secondary cause of the poliovirus. However, up until chemical pesticides were commonly used and the introduction of the Salk polio vaccine, wild polio was extremely rare.

The predecessor to DDT was first synthesized in 1874 and was used as a pesticide. Its successor, DDT, was commercialized in 1939 when the invention was credited to Paul Muller.



The first polio outbreak in the U.S. was in 1894 in Vermont, with 132 cases. Another in New York in 1916. The polio outbreaks of 1894, 1916, 1940s, and 1950s have an eerie commonality: they occurred in the summer, when DDT and other pesticides were being sprayed, especially in apple orchards. In addition, of the nearly 200 countries in the world, only countries that used DDT had polio outbreaks. And the higher the DDT usage, the higher the polio rate.



Source: The Weston A. Price Foundation, [www.westonAprice.org](http://www.westonAprice.org)

“So as DDT peaked, six months later, polio peaked. DDT comes down, six months later polio comes down. DDT flatlines, polio flatlines. It follows the contour. It’s like taking the same graph and just displacing it by six months.” — Dr. Rashid Buttar, DO





**Texas, USA, 1950s.** DDT was used as an insecticide, mostly to kill mosquitos. The big difference in body mass between insects and humans explains the different effects of DDT on both species. DDT kills insects, which have significantly less body mass than humans. In equal doses, DDT isn't potent enough to kill humans but causes paralysis, which is a distinct symptom assigned to polio.

1953: Dr. Morton S. Biskind writes: "It was known by 1945 that DDT was stored in the body fat of mammals and appears in their milk...yet far from admitting a causal relationship between DDT and polio that is so obvious, which in any other field of biology would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite this overwhelming evidence. Libel, slander, and economic boycott have not been overlooked in this campaign."

DDT was banned in 1972. Coincidentally, the Salk polio vaccine was discontinued in the same period because it was causing polio, cancer, and death in children.



**The Cutter Incident, 1955.** Polio vaccine manufacturer Cutter Laboratories caused 40,000 cases of polio.

“In April 1955 more than 200 000 children in five Western and mid-Western USA states received a polio vaccine in which the process of inactivating the live virus proved to be defective. Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned. Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of **Cutter Laboratories**, had caused 40 000

**cases of polio**, leaving 200 children with varying degrees of paralysis and killing 10.” —Michael Fitzpatrick, “The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis”, Journal of the Royal Society of Medicine, 2006

From these timelines and events, it could be concluded that polio (or the symptoms associated with polio) was a manmade disease and not an infectious disease that medical students are taught. In other words, nearly all cases of polio were caused by pesticides, specifically DDT, and the Salk polio vaccine.

**The polio vaccine might had caused cancer in millions of Americans.** “SV40 is a virus found in some species of monkey...SV40 was discovered in 1960. Soon afterward, the virus was found in polio vaccine...More than 98 million Americans received on or more doses of polio vaccine from 1955 to 1963 when a proportion of vaccine was contaminated with SV40; it has been estimated that *10-30 million Americans could have received an SV40 contaminated dose of vaccine*...SV40 has been found in certain types of cancer in humans...” —CDC (Centers for Disease Control and Prevention), “Simian Virus 40 (SV40), and Polio Vaccine Fact Sheet”, 2013

## RE-NAMING AND RE-CLASSIFYING DISEASES TO ERADICATE THEM

If DDT and the Salk polio vaccine caused nearly all cases of polio, and they were banned in the early 1970s, why is there still polio after DDT and the Salk polio vaccine were discontinued? Polio has been given new symptoms (polio has been redefined and reclassified). It's an entirely new disease with new symptoms. Some of these symptoms include fever or severe fatigue. Drug companies often reclassify or rename diseases to give the appearance that they've been eradicated, or they're still a menace—depending which one meets their financial interest.

“The idea of re-naming a disease to suit the records is not new. Hadwen also said in his address, that in 1886, although there were 275 cases of smallpox, only one vaccinated child died. In addition, 93 children died of chicken pox. Given the mild nature of chickenpox and the fact that few deaths from it had previously been recorded, this diagnosis is highly unlikely...Re-naming the disease did the trick. They didn't die of smallpox, they died of the re-named disease: spurious

cowpox...The re-naming practice continues today.” —Dr. Jennifer Craig, BSN, Ma, PhD, “Smallpox Vaccine: Origins of Vaccine Madness”, 2010

Re-naming and re-classifying diseases is a scheme the drug companies often use to suit their needs.

–You can remove major symptoms of a disease and it’s magically eradicated.

–Or you can call it a different name and it’s magically eradicated.

In 2017, autism affects 1 in 36 children. Don’t be surprised if the drug companies re-name or re-classify autism so it’s no longer a problem to parents. At its root, autism is a form of brain damage, regardless of its name or assigned symptoms.

In the 21st century, nearly all infant and childhood illnesses and diseases can be traced back to vaccines. However, the drug companies are blaming those illnesses and diseases on genetic/congenital factors. This is an attempt to absolve the drug and chemical companies of legal and financial liabilities. Another way the drug and chemical companies attempt to absolve themselves of wrongdoing is to revise history (outright lies). These are not the people you want to trust with your children's health.

The chemical companies create diseases and the drug companies sell products that supposedly prevent those diseases. In reality, those drugs and vaccines (ingredients from chemical companies) actually cause more diseases—the left hand and right hand work together.

## The Anti-Vaccination Movements

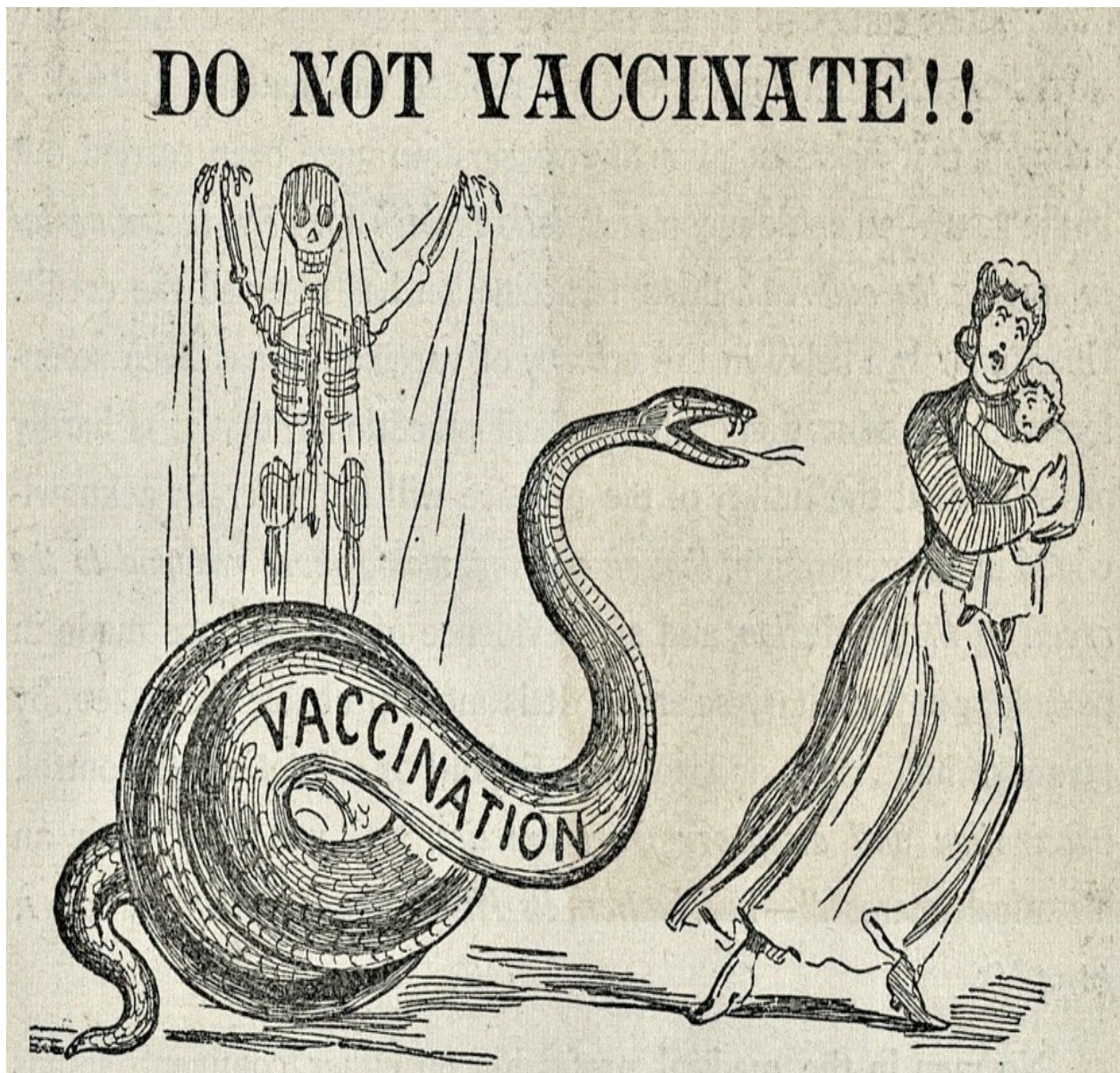
The anti-vaccination movement started when parents noticed that their children became diseased and dead after vaccination. Thus began the anti-vaccination movement in 1853 in England—1853 was also the first year of compulsory vaccination in England (also in 1867 and 1871). Each compulsory vaccination year was followed by an outbreak of the diseases the vaccines were supposed to prevent.

Formally, The Anti-Compulsory Vaccination League was launched in England in

1867. Then The London Society for the Abolition of Compulsory Vaccination. As vaccination moved to the US and Canada, the anti-vaccination movement also followed.

“The anti-vaccinists are those who have found some motive for scrutinizing the evidence, generally the very human motive of vaccinal injuries or fatalities in their own families or in those of their neighbours. Whatever their motive, they have scrutinized the evidence to some purpose, they have mastered nearly the whole case; they have knocked the bottom out of a grotesque superstition. The public at large cannot believe that a great profession should have been so perseveringly in the wrong.” —Dr. Charles Creighton, MA, MD, “Jenner and Vaccination: A Strange Chapter of Medical History”, 1889





**England, 1853. An anti-vaccination** poster from the 1850s. The anti-vaccination movement began in England in 1853 and continues into the 21st century. Vaccines exist to serve the drug companies, doctors, pediatricians, and hospitals.

“The vaccination practice, pushed to the front on all occasions by the medical profession, and through political connivance made compulsory by the state, has not only become the chief menace and gravest danger to the health of the rising generation, but likewise the crowning outrage upon the personal liberty of the American citizen.” —Dr. James Martin Peebles, MD, MA, PhD, “Vaccination a Curse and a Menace to Personal Liberty”, 1913



# The Anti-Vaccination Society of America

OTHERWISE

An Association of "half-mad", "misguided" people, who write, and toil, and dream, of a time to come, when it shall be lawful to retain intact, the pure body Mother Nature gave, sends GREETING to a "suspect".

You are Invited to Join Us

Frank D Blue, Sec'y,  
Terre Haute, Ind.

1902

Hon L H Piehn,  
President

✉ Enclose 25c for certificate of membership.

**The USA, 1902.** As vaccination spread across the Atlantic, the anti-vaccination movement also followed. In the US, it was headed by The Anti-Vaccination Society of America. In Canada, it was The Anti-Vaccination League. Prussia (part of modern day Germany) also had compulsory vaccination, and so did Austria, Japan, Philippines, and Switzerland. These countries (except for the Philippines) were among the first to undergo the Industrial Revolution, in which people congregated into cities and overcrowding was the norm. Children worked long hours in factories and fields. Factories had no ventilation and workers had to re-breathe dirty air.

The disease rates exploded for each successive year of compulsory vaccination. In other words, disease epidemics followed compulsory vaccination. Thus, every country eventually abandoned compulsory vaccination.



# Enforcing the Vaccination Laws.

Photo of an abortive Sale at East Croydon, May 3rd, 1907.



The Clerk to the Croydon Magistrates stated that over two thousand Vaccination Summonses had been applied for in Croydon. During recent years, six distress sales and attempted sales have been held, involving hundreds of cases of Fines and Costs. About fifty Croydon fathers have gone to prison rather than have their children vaccinated, or pay monetary penalties imposed.

**England, 1907. "About fifty Croydon fathers have gone to prison rather than have their children vaccinated or pay monetary penalties imposed."**

As Dr. Jennifer Craig, BSN, MA, PhD, summarized in her article, "Smallpox Vaccine, Origins of Vaccine Madness":

"One of the worst smallpox epidemics took place in England between 1870 and 1872, nearly two decades after compulsory vaccination was introduced. Leicester, with nearly 200,000 inhabitants, boasted a 95% vaccination record but it suffered more deaths than less-vaccinated London. Faced with this obvious

evidence of the uselessness of vaccination, Leicester's citizens rejected the program in favour of cleaning up the city. Under the leadership of James Briggs, Town Councillor and Sanitary Inspector, clean streets, clean markets and dairies, efficient garbage removal, sanitary housing and pure water supply replaced vaccination scars. In 1892-3 Leicester had 19.3 cases of smallpox per 10,000 population; similar-sized Warrington, with 99.2% vaccinated, had 123.3 cases.

“In Japan, in 1885, 13 years after compulsory vaccination, a law was passed requiring revaccination every seven years. From 1886-1892, a total of 25,474,370 revaccinations were recorded. Yet during this same period, Japan had 156,175 cases of smallpox with 38,979 deaths, a case mortality of nearly 25%. Slow learners, the government passed another act requiring every resident to be vaccinated and revaccinated every 5 years. Between 1889-1908, the case mortality was 30%. Prior to vaccination the case mortality was about 10%.

“During a ruthless campaign by the US in the Philippines in 1905, the native population were forcibly vaccinated several times. In 1918-1919, with over 95% of the population vaccinated, the worst epidemic the Philippines had ever known occurred. In the Congressional Record of December 21, 1937, William Howard Hay, MD, said, ‘The Philippines suffered the worst attack of smallpox, the worst epidemic three times over, that had ever occurred in the history of the islands and it was almost three times as fatal. The death rate ran as high as 60% in certain areas where formerly it had been 10-15%.’”



**Canada, 1919. STOP THE SLAUGHTER OF INNOCENTS.** The anti-vaccination movement in 1919 (20th century), Toronto, Canada. In Canada, the main group was the Anti-Vaccination League. The Anti-Vaccination Society of America was the main group opposing mandatory (compulsory) vaccination in the USA. The society was founded in 1879.





**The USA, early 2000s (21st century).** Outspoken vaccination critics such as Jenny McCarthy, Dr. Andrew Wakefield, and other doctors and celebrities were blamed by the media for starting the anti-vaccination movement. As noted above, the movement has been around since 1853. Drug companies are one of the largest advertisers on TV, Internet, newspapers, and magazines. According to Robert F. Kennedy, Jr., the drug industry contributes up to 70% of advertising revenue to media companies. In 2017, the collective stock market capitalization of the drug companies (vaccine manufacturers) exceed \$1 trillion. As actor Jim Carrey noted, “A trillion dollars buys a lot of expert opinions. Will it buy you?”

Mainly because of these movements, the public became aware of the dangers of vaccines. The lunatic idea of transferring animal diseases to humans to prevent diseases didn’t work. Compulsory vaccination was later repealed in every country because vaccines were found to be useless and poisonous. Several decades later, the drug companies began their mass advertising and marketing campaigns to “educate” the next generation on the benefits of vaccination.

Vaccination has been a menace to each generation since 1796.

## Disease Theories

Most medical students are taught Louis Pasteur's *Germ Theory of Disease*, which is partly true. We have little understanding of what germs are healthy or unhealthy for the body. We know that some germs do cause disease, in excessive amounts. However, it's the unsanitary conditions of the environment and the unhygienic terrain of the body that create those germs—like rats are attracted to filthy places.



**Germ**s do cause diseases, but more importantly it's the unsanitary environment and the unhygienic condition of the body that cause those germs. For example, if you don't want to get lung cancer, 1) Smoke and find a way to kill the cancer cells caused by smoking, 2) Don't smoke.

## THE CELLULAR THEORY OF DISEASE (TREAT THE PERSON, NOT THE INFECTION).

“In 19th century France, while Pasteur was advocating the notion of germs as the cause of disease, another French scientist named Antoine Bechamp advocated a conflicting theory known as the ‘cellular theory’ of disease.

“Bechamp’s cellular theory is almost completely opposite to that of Pasteur’s. Bechamp noted that these germs that Pasteur was so terrified of were opportunistic in nature. They were everywhere and even existed inside of us in a symbiotic relationship. Bechamp noticed in his research that it was only when the tissue of the host became damaged or compromised that these germs began to manifest as a prevailing symptom (not cause) of disease.

“To prevent illness, Bechamp advocated not the killing of germs but the cultivation of health through diet, hygiene, and healthy lifestyle practices such as fresh air and exercise. The idea is that if the person has a strong immune system and good tissue quality (or “terrain” as Bechamp called it), the germs will not manifest in the person, and they will have good health. It is only when their health starts to decline (due to personal neglect and poor lifestyle choices) that they become victim to infections.” —[www.MaroneWellness.com](http://www.MaroneWellness.com)

Again, THE ONLY WAY TO PREVENT DISEASE IS TO REMOVE THE CAUSES. For example, smallpox was caused mostly by overcrowding, contaminated water, closeness to feces and urine, and food spoilage. Overcrowding has been solved by modern buildings and urban planning. Contaminated water was solved with sewer systems, plumbing, and water filtering systems. People no longer defecate or urinate in their backyards or buckets, thanks to toilets and indoor plumbing. Food spoilage was solved with electricity (refrigeration). Because of sanitation and hygiene, smallpox was eradicated in developed countries.

Louis Pasteur (1822-1895) was wrong, Antoine Bechamp (1816-1908) was right. Pasteur even admitted this in his dying days.

"Bernard was right, the germ is nothing—the milieu (the environment within) is everything." —Louis Pasteur

## VACCINATION IS NOT IMMUNIZATION

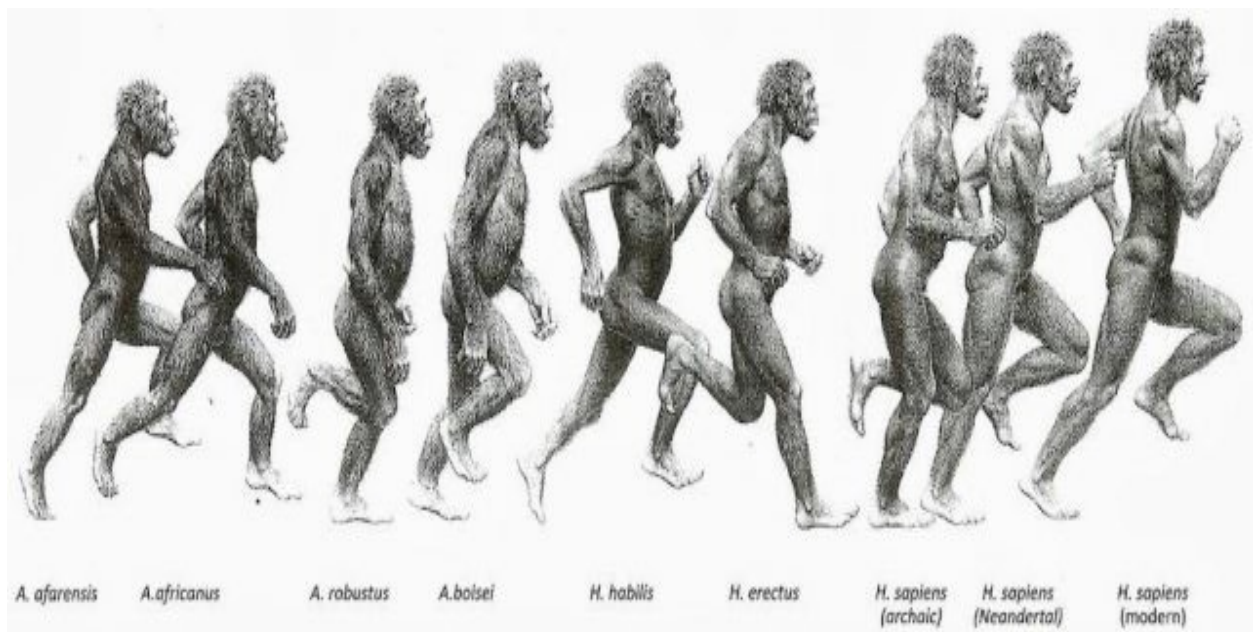
Despite what the drug companies' marketing machines claim, vaccination is NOT immunization. Immunization can only be attained when the immune system has encountered a natural infection and successfully fought it off. For example, those who had the natural measles are immune from it for life. Vaccine induced infections are vastly different than the wild infections. In infants, the antibodies required for immunization are passed from the mother's breast milk. Vaccination destroys immunization.

There is a significant difference between theoretical science and observational science. With vaccines, observation contradicts theory. Vaccines work in controlled, sterile laboratory settings but not in the biological human body. The immune system exists for a reason. Nature is smarter than man. In vaccination, the most reliable source of observational science (data) is through the millions of parents who have vaccine injured children.

## THE GREAT HOMO SAPIENS

The human body is the result of nearly 4 billion years of evolution, starting with the first prokaryotic cells (single-celled organism without a nucleus). Modern humans, *Homo sapiens*, as a distinct species have been around since 200 000 BCE. For the vast majority of that time, our ancestors had to struggle daily to obtain their physical needs: water, food, and shelter. They risked drinking contaminated water from streams, rivers, and lakes. They had to hunt and grow their own foods. Their nutritional profile was limited to what they were able to hunt and grow locally. They risked dying from exposure to the harsh weather.





**For millions of years**, humans and their common ancestors, struggled daily to obtain their physical needs: water, food, shelter. Since 1960 CE, those needs are effortlessly provided for us. The amount of energy expended to obtain our physical needs is minimal, allowing us with unprecedented leisure time.

In 1960 CE, those living in developed countries risk none of the dangers of obtaining their physical needs that their ancestors did. We simply walk to the sink and turn on the faucet to get drinking water. We drive to the supermarket, or even order online, to get a variety of foods around the world. We live in heated buildings with sanitation and hygiene safeguards as part of the building code.

In other words, as a distinct species, humans have had to struggle more than 99.999999% of their existence to obtain their physical needs: water, food, and shelter. In the 21st century, due to advances in technology, the energy required to acquire our physical needs has reduced dramatically, to the point that some are dying from sedentary lifestyles and not from securing their physical needs.

The great failure of vaccination is that it fails to address the underlying causes of diseases. It has been unequivocally demonstrated that when the causes of diseases are known and removed, those diseases can be prevented and eventually eradicated. Diseases have always thrived when our physical needs are unmet, or met in a way unnatural to the body. The body does not need the toxins in vaccines.

"As a retired physician, I can honestly say that unless you are in a serious



accident, your best chance of living to a ripe old age is to avoid doctors and hospitals and learn nutrition, herbal medicine and other forms of natural medicine unless you are fortunate enough to have a naturopathic physician available.

"Almost all drugs are toxic and are designed only to treat symptoms and not to cure anyone.

"Vaccines are highly dangerous, have never been adequately studied or proven to be effective, and have a poor risk/reward ratio.

"Most surgery is unnecessary and most textbooks of medicine are inaccurate and deceptive.

"Almost every disease is said to be idiopathic (without known cause) or genetic —although this is untrue.

"In short, our main stream medical system is hopelessly inept and/or corrupt. The treatment of cancer and degenerative diseases is a national scandal. The sooner you learn this, the better off you will be." –Dr. Allan Greenberg, MD, Dec. 24, 2002

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Trung Nguyen  
Edmonton, Alberta, Canada  
January 2018

# Preface

## THE DREAM & LIE OF LOUIS PASTEUR

Originally *Pasteur: Plagiarist, Imposter*

R.B. Pearson

1942

Restored and updated by

Trung Nguyen

Edmonton, Alberta, Canada

2018

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## THE DREAM & LIE OF LOUIS PASTEUR

“If I could live my life over again, I would devote it to proving that germs seek their natural habitat, diseased tissue—rather than being the cause of the diseased tissue.” –Rudolph Virchow

“Nothing is lost, nothing is created—all is transformed. Nothing is the prey of death. All is the prey of life.” –Antoine Béchamp

“The specific disease doctrine is the grand refuge of weak, uncultured, unstable minds, such as now rule in the medical profession. There are no specific diseases; there are specific disease conditions.” –Florence Nightingale

It is a rather serious matter to attack the reputation of a famous man, one who has posed and been accepted as one of the world's greatest scientists. For many years, Pasteur has been looked upon as a founder and leader in serology; but it is always pertinent to look into the beginnings of any subject on which there is a difference of opinion, with the hope of finding the truth in the matter.

The writer has made an effort in his prior books and pamphlets to show that the germ theory is false, and that illness was practically always due to errors of diet or manner of living, the germs being present solely as scavengers of dead and waste tissues and foods, and not as the cause of the disease.

However, the erroneous belief that germs cause disease and must be controlled or eliminated before it can be cured is so widespread as to close the minds of many people to any other ideas on this subject.

For this reason it seems that a thorough investigation of this idea, the grounds on which it is based, and even the bonafides of those who started it on its way, is necessary before any sane ideas as to the proper treatment of disease can be widely promulgated.

When Miss Ethel Douglas Hume brought out *Bechamp or Pasteur?* In 1923, it appeared to be just the thing that would fill this gap and end the use of serums and other biologicals forever. But it is now 19 years since that book, which should have marked an epoch in the healing arts, appeared. It did not receive the attention it deserved in medical circles and, though it is now in its second edition,\* the medical profession are pushing biologicals harder than ever.

#### \*Scientific Bluff

Hence it seems appropriate to go over the subject in order to show the truth regarding the falsity of Pasteur's ideas and claims to fame, and the fraudulent basis on which the germ theory rests, as was so well shown by Miss Hume in *Bechamp or Pasteur?* And to add other facts and statistics that support the idea that the germ theory is false, in the hopes that it may receive wider circulation and more general attention, and possibly lead to a complete overhauling of the question of the treatment of disease, especially regarding serology.

The translations from the French, and other material in chapters 2, 3, 4 and 5 not otherwise credited, are from *Bechamp or Pasteur?* by Ethel Douglas Hume. In closing, I wish to acknowledge my indebtedness to the Reverend and Mrs Wilber Atchison of Chicago for many suggestions and valuable assistance in the preparation of the manuscript. Miss L. Loat, secretary of the National Anti-Vaccination League of London, has also been very kind, responding to every request for information with more than could be used, some of it being especially compiled at the cost of considerable effort.

R.B. Pearson  
January 15th, 1942

# CHAPTER 1

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## PRIOR HISTORY OF THE "GERM THEORY"

If you back into the history of the medical profession and the various ideas regarding the cause of disease that were held by leading physicians before Pasteur first promulgated his notorious "germ theory", you will find convincing evidence that Pasteur discovered nothing, and that he deliberately appropriated, falsified and perverted another man's work.

The "germ theory", so-called, long antedated Pasteur—so long, in fact, that he was able to present it as new; and he got away with it!

F. Harrison, Principal Professor of Bacteriology at Macdonald College (Faculty of Agriculture, McGill University), Quebec, Canada, wrote an Historical Review of Microbiology, published in Microbiology, a text book, in which he says in part:

"Geronimo Fracastorio (an Italian poet and physician, 1483-1553) of Verona, published a work (*De Contagionibus et Contagiosis Morbis, et eorum Curatione*) in Venice in 1546 which contained the first statement of the true nature of contagion, infection, or disease organisms, and of the modes of transmission of infectious disease. He divided diseases into those which infect by immediate contact, through intermediate agents, and at a distance through the air. Organisms which cause disease, called *seminaria contagionum*, he supposed to be of the nature of viscous or glutinous matter, similar to the colloidal states of substances described by modern physical chemists.

These particles, too small to be seen, were capable of reproduction in appropriate media, and became pathogenic through the action of animal heat. Thus Fracastorio, in the middle of the sixteenth century, gave us an outline of morbid processes in terms of microbiology."

For a book published more than three hundred years before Pasteur 'discovered' the germ theory, this seems to be a most astonishing anticipation of Pasteur's ideas, except that—not having a microscope—Fracastorio apparently did not realize that these substances might be individual living organisms.

According to Harrison, the first compound microscope was made by H. Jansen in 1590 in Holland, but it was not until about 1683 that anything was built of sufficient power to show up bacteria. He continues:

"In the year 1683, Antonius van Leenwenhoek, a Dutch naturalist and a maker of lenses, communicated to the English Royal Society the results of observations which he had made with a simple microscope of his own construction, magnifying from 100 to 150 times. He found in water saliva, dental tartar, etc., what he termed animalcula. He described what he saw, and in his drawings showed both rod-like and spiral form, both of which he said had motility. In all probability, the two species he saw were those now recognized as bacillus buccalis maximus and spirillum sputigenum.

Leenwenhoek's observations were purely objective and in striking contrast with the speculative views of M. A. Plenciz, a Viennese physician, who in 1762 published a germ theory of infectious diseases. Plenciz maintained that there was a special organism by which each infectious disease was produced, that microorganisms were capable of reproduction outside of the body, and that they might be conveyed from place to place by the air."

Here is Pasteur's great thought in toto—his complete germ theory—and put in print over a century before Pasteur thought of it, or published it as his own!

Note how concisely it anticipates all Pasteur's ideas on germs. While there seems to be no proof that Plenciz had a microscope, or knew of Leenwenhoek's animalcula, both are possible, and likely, as he was quite prominent; and he, rather than Pasteur, should have any credit that might come from such a discovery—if the germ theory has any value. This idea, which, to the people of that time at least, must have accounted easily and completely for such strange occurrences as contagion, infection and epidemics, would have been widely discussed in the medical or scientific circles of that time, and in literature available to Pasteur.

That it was widely known is indicated by the fact that the world famous English nurse, Florence Nightingale, published an attack on the idea in 1860, over 17 years before Pasteur adopted it and claimed it as his own.

She said of 'infection':



Diseases are not individuals arranged in classes, like cats and dogs, but conditions growing out of one another.

Is it not living in a continual mistake to look upon diseases as we do now, as separate entities, which must exist, like cats and dogs, instead of looking upon them as conditions, like a dirty and a clean condition, and just as much under our control; or rather as the reactions of kindly nature, against the conditions in which we have placed ourselves?

I was brought up to believe that smallpox, for instance, was a thing of which there was once a first specimen in the world, which went on propagating itself, in a perpetual chain of descent, just as there was a first dog, (or a first pair of dogs) and that smallpox would not begin itself, any more than a new dog would begin without there having been a parent dog.

Since then I have seen with my own eyes and smelled with my own nose smallpox growing up in first specimens, either in closed rooms or in overcrowded wards, where it could not by any possibility have been 'caught', but must have begun.

I have seen diseases begin, grow up, and pass into one another. Now, dogs do not pass into cats.

I have seen, for instance, with a little overcrowding, continued fever grow up; and with a little more, typhoid fever; and with a little more, typhus, and all in the same ward or hut.

Would it not be far better, truer, and more practical, if we looked upon disease in this light (for diseases, as all experience shows, are adjectives, not noun-substantives):

-True nursing ignores infection, except to prevent it. Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defence a true nurse either asks or needs.

-Wise and humane management of the patient is the best safeguard against infection. The greater part of nursing consists of preserving cleanliness.

-The specific disease doctrine is the grand refuge of weak, uncultured, unstable minds, such as now rule in the medical profession. There are no specific diseases; there are specific disease conditions."

Here you have Florence Nightingale, one of the most famous nurses in history, after lifelong experience with infection, contagion and epidemics, challenging the germ theory 17 years before Pasteur put it forward as his own discovery! (See Ch.8, p.61).

She clearly understood it and its utter fallacy better before 1860 than Pasteur did, either in 1878 or later!

And, to see what a parasite Pasteur was on men who did things, let us digress and go back a few years, to the time when the study of germs was an outgrowth of the study of fermentation.

## CHAPTER 2

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# BECHAMP, PASTEUR, AND FERMENTATION

About 1854, Professor Pierre Jacques Antoine Bechamp, one of France's greatest scientists, then Professor at the School of Pharmacy in the Faculty of Science at Strasbourg, later (1857-75) Professor of Medical Chemistry and Pharmacy at the University of Montpellier, a member of many scientific societies, and a Chevalier of the Legion of Honor, took up the study of fermentation.

He had succeeded in 1852 in so reducing the cost of producing aniline as to make it a commercial success, and his formula became the basis of the German dye industry. This brought him some fame, and many more problems to solve.

Up to this time, the idea prevailed that cane sugar, when dissolved in water, was spontaneously transformed at an ordinary temperature into invert sugar, which is a mixture of equal parts of glucose and fructose, but an experiment with starch had caused him to doubt the truth of this idea.

Therefore in May, 1854, Bechamp undertook a series of observations on this change, which came to be referred to as his "Beacon Experiment". In this experiment, he dissolved perfectly pure cane sugar in water in a glass bottle containing air, but tightly stoppered. Several other bottles contained the same solution, but with a chemical added.

In the solution without any added chemical, moulds appeared in about thirty days, and inversion of the sugar in this bottle then went on rapidly, but moulds and inversion did not occur in the other bottles containing added chemicals. He measured the inversion frequently with a polariscope.

These observations were concluded on February 3, 1855, and his paper was published in the Report of the French Academy of Science for the session of February 19, 1855.

This left the moulds without an explanation, so he started a second series of observations on June 25, 1856 (at Strasbourg) in order to determine if possible,

their origin, and on March 27, 1857, he started a third series of flasks to study the effects of creosote on the changes. Both series were ended at Montpelier on December 5, 1857.

In the second series he spilled a little liquid from flasks 1 and 2 during manipulation, so these two flasks contained a little air in contact with the liquid. In these two flasks, moulds soon appeared, and alteration in the medium ensued.

He also found that the changes were more rapid in the flask in which the mould grew more rapidly.

In the other nine flasks there was no air, no mould formed, and no inversion of the sugar occurred; plainly air was needed for the moulds and inversion to occur. This proved beyond any possibility of doubt that the moulds and inversion of the sugar could not be "spontaneous" action, but must be due to something carried in the air admitted to the first two flasks.

Yet Pasteur later called fermentation "life without air, or life without oxygen." At this time, it was quite generally believed that fermentation could not take place except in the presence of albuminoids, which were in general use by Pasteur and others as part of their solutions. Hence, their solutions could have contained these living organizations to start with.

Bechamp's solutions contained only pure cane sugar and water, and when heated with fresh-slaked lime did not disengage ammonia—ample proof that they contained no albumen. Yet moulds, obviously living organisms, and therefore containing albuminoid matter, had appeared in these two solutions.

Bechamp proved to his own satisfaction that these moulds were living organisms and that cane sugar was inverted, as he said "...only in proportion to the development of moulds. These elementary vegetations then acting as ferments."

Pasteur, apparently overlooking the air contact, challenged Bechamp's statements, saying:

"...to be logical, Bechamp should say that he has proved that moulds arise in pure sugared water, without nitrogen, phosphates or other mineral elements, for that is an enormity that can be deduced from his work, in which there is not the expression of the least astonishment that moulds have been able to grow in pure water with pure sugar without any other mineral or organic principles."

Bechamp's retort to this was:

"A chemist au courant with science ought not to be surprised that moulds are developed in sweetened water, contained in contact with air in glass flasks. It is the astonishment of Pasteur that is astonishing."

As Bechamp started with no nitrogen whatever except what was in the air in the first two flasks, it is probably the first time any growth or any kind of organism was proved to have absorbed nitrogen from the air. Apparently Pasteur could not grasp this idea!

In the preface to his last book, *The Third Element of the Blood*, Bechamp says that these facts impressed him in the same way that the swing of the cathedral lamp had impressed Galileo. He realized that some living organisms had been carried into these two flasks in the small amount of air admitted, and acting as ferments had produced the mould and the inversion in the sugar. He compared the transformation of cane sugar in the presence of moulds to that produced upon starch by diastase, the ferment that converts starch into sugar.

He sent in his report on these findings to the Academy of Science in December 1857, and an extract was published in its reports of January 4, 1858,<sup>5</sup> though the full paper was not published until September that year.

He says of these experiments:

"By its title the memoir was a work of pure chemistry, which had at first no other object than to determine whether or not pure cold water could invert cane sugar and if, further, the salts had any influence on the inversion. But soon the question, as I had foreseen, became complicated; it became at once physiological and dependent upon the phenomena of fermentation and the question of spontaneous generation. Thus from the study of a simple chemical fact, I was led to investigate the causes of fermentation, and the nature and origin of ferments."

Although Schwann had suggested airborne germs in about 1837, he had not proved his ideas; here Bechamp proved them to exist.

Yet Pasteur in his 1857 memoirs still clings to the idea that both the moulds and ferments "take birth spontaneously", although his solutions all contained dead yeast or yeast broth which might have carried germs or ferments from the start.



He does conclude that the ferment is a living being, yet states that this "cannot be irrefutably demonstrated".

But Bechamp had demonstrated it "irrefutably" in his paper, and also had proved that water alone caused no alteration, there was no spontaneous alteration, and that moulds do not develop, nor inversion occur, without contact with the air; thus some airborne organism must cause the moulds and the inversion.

According to Miss Hume, Bechamp was also the first to distinguish between the "organized" or living ferment and the soluble ferment which he obtained by crushing the moulds, and which he found to act directly on the sugar, causing rapid inversion.

He named this substance zymase, in a paper *Memoirs on Fermentation by Organized Ferments*, which he read before the Academy of Science on April 4, 1864.

Strange to say, exactly the same word is used by others whom various encyclopaedias have credited with this discovery in 1897, over 30 years later!

In this paper he also gave his final complete explanation of the phenomena of fermentation, as being due to the nutrition of living organisms; i.e. a process of absorption, assimilation, and excretion.

In the preface to his last work (*The Third Element of the Blood*), Bechamp says (p.16):

"It resulted that the soluble ferment was allied to the insoluble by the relation of product to producer; the soluble ferment being unable to exist without the organized ferment, which is necessarily insoluble.

"Further, as the soluble ferment and the albuminoid matter, being nitrogenous, could only be formed by obtaining the nitrogen from the limited volume of air left in the flasks, it was at the same time demonstrated that the free nitrogen of the air could help directly in the synthesis of the nitrogenous substance of plants; which up to that time had been a disputed question.

"Thus it became evident that since the material forming the structure of moulds and yeast was elaborated within the organism, it must also be true that the soluble ferments and products of fermentation are also secreted there, as was the

case with the soluble ferment that inverted the cane sugar. Hence I became assured that that which is called fermentation is in reality the phenomena of nutrition, assimilation and dis-assimilation, and the excretion of the products dis-assimilated."

He explained further:

"In these solutions there existed no albuminoid substance; they were made with pure cane sugar, which heated with fresh-slaked lime, does not give off ammonia. It thus appears evident that airborne germs found the sugared solution a favourable medium for their development, and it must be admitted that the ferment is here produced by the generation of fungi.

The matter that develops in the sugared water sometimes presents itself in the form of little isolated bodies, and sometimes in the form of voluminous colourless membranes which come out in one mass from the flasks. These membranes, heated with caustic potash, give off ammonia in abundance."

This proved that albuminoids were present, hence the little bodies were living matter. It also proves that Professor Bechamp understood the formation and growth of moulds and ferments in 1857, years before Pasteur comprehended these physiological processes!

In 1859, over a year after Bechamp's paper covering his 1857 experiments was printed, Pasteur started another experiment more in line with Bechamp's ideas, in fact apparently inspired by them.

He omitted all yeast but used ammonia, which contains nitrogen, in his solutions, and then ascribed the origin of lactic yeast to the atmospheric air. He was surprised that animal and vegetable matter should appear and grow in such an environment. He says:

"As to the origin of the lactic yeast in these experiments, it is solely due to the atmospheric air; we fall back here upon facts of spontaneous generation."

After asserting that excluding atmospheric air or boiling the solution will prevent the formation of organisms, or fermentations, he says:

"On this point, the question of spontaneous generation has made progress."

In a still later memoir plainly inspired by Bechamp's Beacon Experiment, Pasteur again constantly refers to the spontaneous production of yeasts and fermentation.

There is no question but that he still believed in spontaneous generation of germs and ferments at this time, and his reasoning appears somewhat childish when compared to Bechamp's work.

However, in 1860, he started another experiment in which he prepared 73 phials of unfermented liquid to expose at various points on a much advertised-in-advance trip. He opened and resealed various phials at different places, the last twenty on the Mer de Glace above Chamonix.

He practically repeated Bechamp's experiments here, but of course he had to use a different and more spectacular method to get attention.

From this time he veered away from spontaneous generation, and began to explain the same occurrences (fermentation) as being caused by germs in the air.

Paul de Kruif in *Microbe Hunters* (a grandiose attempt to exalt some of the original experimenters in serumology), glosses over Pasteur's willingness to steal credit for the ideas of others, and after describing his use, without credit, of Ballard's suggestion of the swan neck bottle to admit dust free and germ free air into a flask, says of this "high Alps" experiment:

"Then Pasteur invented an experiment that was—so far as one can tell from a careful search through the records—really his own. It was a grand experiment, a semi-public experiment, an experiment that meant rushing across France in trains, it was a test in which he had to slither on glaciers." (p.83)

However, de Kruif doubted thoroughly that it was Pasteur's, and well he might! Yet little did he realize how few of Pasteur's foolhardy claims were either his own or, in fact, even true in any particular.

In a discussion of spontaneous generation at the Sorbonne during a meeting on November 22, 1861, Pasteur had the nerve to claim, in the presence of Professor Bechamp, all credit for the proof that living organisms appeared in a medium devoid of albuminoid matter! Bechamp asked him to admit knowledge of

Bechamp's 1857 work, but did not charge him with plagiarism, and Pasteur evaded the question, merely admitting that Bechamp's work was "rigidly exact". This was not an accident, but deliberate premeditated fraud; however, Bechamp was too much of a gentleman to make any unpleasant charges.

That it took several more years to get the spontaneous generation idea entirely out of Pasteur's head is indicated by the article on Pasteur in the 14th Edition of the Encyclopaedia Britannica, which says:

"The recognition of the fact that both lactic and alcohol fermentation were hastened by exposure to air naturally led Pasteur to wonder whether his invisible organisms were always present in the atmosphere or whether they were spontaneously generated. By a series of intricate experiments, including the filtration of air and the famous exposure of unfermented liquids to the pure air of the high Alps, he was able to declare with certainty in 1864 that the minute organisms causing fermentation were not spontaneously generated but came from similar organisms with which ordinary air was impregnated."

Here it is again—not until 1864 did he give up his idea of spontaneous generation—and the high Alps stuff was only high theatre, well advertised in advance, to enable him to grab Bechamp's discovery, and yet have some 'new stuff' to attract attention to himself. Of course, he could not follow exactly the same methods; some one might bring up Bechamp's memoirs, hence the "high Alps" and "slithering on glaciers".

His experiments made in 1859 also indicated knowledge of Bechamp's work without albuminoids, and his evasion of Bechamp's question at the Sorbonne meeting in 1861 lends further support to such a belief, while his attacks on Bechamp would indicate that he recognized a rival and was keenly jealous.

Note that this final acceptance of ideas that Bechamp had brought forward six years earlier did not come until after Bechamp had published his complete paper, with a full and most thoroughly proven explanation of the processes of fermentation.

However, Pasteur had, on completion of his "high Alps" experiment in 1860, accepted, or began to accept, the idea that germs of the air caused fermentation; and soon he leaped way ahead to the conclusion that these germs also caused disease, as Plenciz had suggested about a hundred years before!

Of this idea, he had no more proof than Plenciz, except that it was now known there were germs in existence, which Plenciz, apparently, did not prove.

Although Bechamp had made clear the physiological nature of fermentation in his paper on his 1857 experiments (published in 1858), and had given more complete details in his 1864 paper, Pasteur apparently had not fully grasped its true nature as late as 1872, when he published a paper in which he stated:

"That which separates the chemical phenomenon of fermentation from a crowd of other acts and especially from the acts of ordinary life is the fact of the decomposition of a weight of fermentative matter much superior to the weight of the ferment."

Could anyone make such a statement who really understood the true nature of fermentative action? Apparently Pasteur did not!

In collaboration with A. Estor, Bechamp answered this with an effort to make the nature of fermentation clear, in a paper printed on page 1523 of the same volume, in which he said:

"Suppose an adult man to have lived a century, and to weigh on average 60 kilograms. He will have consumed in that time, besides other foods, the equivalent of 20,000 kilograms of flesh, and produced about 800 kilograms of urea. Of course there is no suggestion that this mass of flesh and urea could at any moment of his life form part of his being.

Just as a man consumes all that food only by repeating the same act a great many times, the yeast cell consumes the great mass of sugar only by constantly assimilating and dis-assimilating it, bit by bit. Now, that which only one man will consume in a century, a sufficient number of men would absorb in a day.

It is the same with the yeast; the sugar that a small number of cells would only consume in a year, a greater number would destroy in a day. In both cases, the more numerous the individuals, the more rapid the consumption."

Is that not clear enough, even for a man whose diploma was marked "mediocre in Chemistry" (Pasteur) to comprehend? It seems that a child should be able to understand it.



Yet Pasteur repeated his statement four years later in *Etudes sur la Bier* (1876), so Bechamp's clear explanation apparently failed to have any effect—at least on him.

Here is proof that from eight to fourteen years after Bechamp had completely disclosed the physiological nature of fermentation and described its action minutely, Pasteur had not yet grasped the facts regarding the process!

In its article on fermentation, the *Encyclopaedia Britannica* says:

“Fermentation, according to Pasteur, was caused by the growth and multiplication of unicellular organisms out of contact with free oxygen, under which circumstances they acquire the power of taking oxygen from chemical compounds in the medium in which they are growing. In other words, 'fermentation is life without air, or life without oxygen'. This theory of fermentation was materially modified in 1892 and 1894 by A. J. Brown, who described experiments which were in disagreement with Pasteur's dictum.”

So did Bechamp over 35 years earlier—in 1855 and 1858—and Pasteur appropriated and perverted his ideas.

Pasteur also jumped to the conclusion that each kind of fermentation had one specific germ, while Bechamp proved that each microorganism might vary its fermentative effect in conformity with the medium in which it finds itself. He also showed that these microorganisms, under varying conditions, might even change their shape, as has been recently proved so conclusively by F. Loehnis and N. R. Smith of the U.S. Dept. of Agriculture and others.

Pasteur, however, proceeded to classify his germs and label each with a definite and unalterable function, wherein he was wrong again, as we shall see later.

## CHAPTER 3

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### VINOUS FERMENTATION

Another step that went along with the work on fermentation in general was the discovery of the causes of diseases in French grapes.

Bechamp, hearing of the commotion over this trouble in the vineyards, quietly took up a study of it in 1862, the year before Pasteur turned his attention to the subject.

Bechamp exposed to contact with air:

- 1) grape-must as found on the vines,
- 2) grape-must filtered, and
- 3) grape-must de-colored by animal charcoal.

They all fermented, but not equally so, and the moulds or ferments developed were not identical in these three experiments, which of course caused him to seek a reason for this.

On further experiments, with the rigid exclusion of all air (the whole healthy grapes, with stalks attached, being introduced directly from the vine into boiled sweetened water, cooled with carbonic acid gas bubbling through it), fermentation took place, and was completed in this medium, proving that air was not required. Hence the ferment must have been carried on the grapes, and was not airborne.

Professor Bechamp concluded that the organism causing the must to ferment must be carried on the grape, its leaves, or the vines, and that it might also be an organism injurious to the plants.

He published a volume on vinous fermentation in 1863, entitled *Lecons sur la Fermentation Vineuse et sur la Fabrication du Vin*, in which he gave an intelligent discussion of the subject.

He also presented two papers on the making of wine to the Academy, entitled *Sur les Acids du Vin* and *Sur l'utilite et les Inconvienient du Cuvages Prolonges dans la Fabrication du Vin-Sur la Fermentation Alcoolique dans cette Fabrication*. In October 1864 he presented a communication to the Academy of Science on *The Origin of Vinous Fermentation*, an exhaustive account of the experiments described above.

This paper was a complete study of the subject, in which he proved that vinous fermentation was due to organisms found on the skins of grapes and also often found on the leaves and other parts of the vine. Hence at times, diseased vines might affect the quality of the fermentation and the resulting wine.

Thus by October 1864, Bechamp had several authoritative papers in print, but where was his super learned rival?

In 1862 Pasteur was admitted to the French Academy through the influence of Biot and the Mineralogical Section, which based its nomination and support on Pasteur's past work on crystallography; yet many attacks were made on his treatment of that subject, and he took the advice of friends to drop this line of work!

In March 1863, he met the Emperor and was soon sent to the vineyards to study the grape disease, with the prestige of having the Emperor's backing.

He published several papers on the vines and their troubles in the latter part of 1863 and in 1864, but apparently was still riding his spontaneous generation theory which Bechamp had so completely exploded in 1858, and he did not guess correctly as to the cause of the trouble with the vines.

In 1865 he offered five papers, and others came later, but he does not seem to have hit on the right answer to the problem until 1872, when he made the great discovery that Bechamp was right again! In this year, Pasteur presented a memoir entitled *New Experiments to Demonstrate that the Yeast Germ that Makes Wine comes from the Exterior of Grapes*.

As Bechamp had made the same statement in his 1864 paper and it had not been disproven in the intervening eight years, it was a pretty safe bet for Pasteur to make!

## CHAPTER 4

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# BECHAMP'S MICROZYMAS OR "LITTLE BODIES"

As shown in the second chapter, Bechamp was the first to prove that the moulds accompanying fermentation were, or contained, living organisms, and could not be spontaneously generated but must be an outgrowth of some living organism carried in the air.

This much was in his 1858 memoir, six years before Pasteur came to the same conclusions.

Being first to realize that these moulds or ferments were living organisms, he naturally was also the first to attempt to determine their true nature and functions, and their origins.

On putting some under the microscope, he noted a diversity in appearance of the moulds and was soon involved in a study of cell life.

In his earlier experiments, Bechamp had used several salts, including potassium carbonate, in the presence of which the inversion of cane sugar did not take place. But when he repeated this experiment using calcium carbonate (common chalk) instead of the potassium carbonate, he found that inversion of the cane sugar did take place, even when creosote was added. This observation was so unexpected that he omitted it from his earlier memoir in order to verify it before publication of the fact.

In carefully controlled experiments he found that when chemically pure calcium carbonate,  $\text{CaCO}_3$ , was added to his sugar solutions, no inversion took place, but when ordinary chalk, even that chipped from the native rock without access of air, was used, inversion always occurred.

On heating the common chalk to 300 degrees, he found that it lost its powers of fermentation, and on examining more of the unheated common chalk under the microscope, he found it contained some "little bodies" similar to those found in

prior observations, and which he found did not exist in the chemically pure  $\text{CaCO}_3$ , nor in the chalk that had been heated.

These "little bodies" had the power of movement and were smaller than any of the microphytes seen in fermentation or moulds, but were more powerful ferments than any he had encountered previously.

Their power of movement and production of fermentation caused him to regard them as living organisms.

He advised Dumas of his discovery of living organisms in chalk in December 1864, and later, on September 26, 1865, he wrote a letter which Dumas had published. He stated:

"Chalk and milk contain already developed living beings, which is proved by the fact that creosote, employed in a non-coagulating dose, does not prevent milk from finally turning, nor chalk, without extraneous help, from converting both sugar and starch into alcohol and then into acetic acid, tartaric acid, and butyric acid".

Which of course was ample proof that there was a ferment, a living organism, present in both milk and chalk.

He said of these:

"The naturalist will not be able to distinguish them by a description; but the chemist and also the physiologist will characterize them by their function.

Professor Bechamp found that the chalk seemed to be formed mostly of the mineral or fossil remains of a "microscopic world" and contained organisms of infinitesimal size, which he believed to be alive.

He also believed they might be of immense antiquity, as he had traced the block of limestone he had used to the Tertiary Period in geology; yet he found that stone cut from the solid ledge, with all air excluded, had "wonderful" fermentative powers, which he traced to the same "little bodies" as he had found to cause fermentation in his earlier experiments. He concluded that they must have lived embedded in the stone of the ledge for many thousands of years.

In 1866 he sent to the Academy of Science a memoir called On the role of chalk in butyric and lactic fermentations, and the living organism contained in it.

In this paper, he named his "little bodies" microzymas, from the Greek words meaning small ferment.

He also studied the relations of his microzymas of chalk to the molecular granulations of animal and vegetable cells, with many more geological examinations, and wrote a paper entitled On Geological Microzymas of Various Origins, which was abstracted in Comptes Rendus of the session of April 25, 1870.

He proved that the molecular granulation found in yeast and other animal and vegetable cells had individuality and life and also had the power to cause fermentation, and so he called them microzymas also.

He called his geological microzymas "morphologically identical" with the microzymas of living beings.

In innumerable laboratory experiments, assisted now by Professor A. Estor, another very able scientist, he found microzymas everywhere, in all organic matter, in both healthy tissues and in diseased, where he also found them associated with various kinds of bacteria.

After painstaking study they decided that the microzymas rather than the cell were the elementary units of life, and were in fact the builders of cell tissues. They also concluded that bacteria are an outgrowth or an evolutionary form of microzymas that occur when a quantity of diseased tissues must be broken up into its constituent elements.

In other words, all living organisms, he believed, from the one celled amoeba to mankind, were associations of these minute living entities, and their presence was necessary for cell life to grow and for cells to be repaired.

Bacteria, they proved, can develop from microzyma by passing through certain intermediate stages, which they described, and which have been regarded by other researchers as different species!

The germs of the air, they decided, were merely microzymas, or bacteria set free



when their former habitat was broken up, and they concluded that the "little bodies" in the limestone and chalk were the survivors of living beings of long past ages.

This brought them to the beginning of 1868, and to test these ideas they obtained the body of a kitten<sup>25</sup> which they buried in pure carbonate of lime, specially prepared and creosoted to exclude any airborne or outside germs.

They placed it in a glass jar and covered the open top with several sheets of paper, placed so as to allow renewal of the air without allowing dust or organisms to enter. This was left on a shelf in Bechamp's laboratory until the end of 1874.

When opened, it was found that the kitten's body had been entirely consumed except for some small fragments of bone and dry matter. There was no smell, and the carbonate of lime was not discoloured.

Under the microscope, microzymas were not seen in the upper part of the carbonate of lime, but "swarmed by thousands" in the part that had been below the kitten's body.

As Bechamp thought that there might have been airborne germs in the kitten's fur, lungs or intestines, he repeated this experiment, using the whole carcass of a kitten in one case, the liver only in another, and the heart, lungs and kidneys in a third test. These viscera were plunged into carbolic acid the moment they had been detached from the slaughtered animal. This experiment began in June 1875 and continued to August 1882—over seven years.

It completely satisfied him that his idea that microzymas were the living remains of plant and animal life of which, in either a recent or distant past, they had been the constructive cellular elements, and that they were in fact the primary anatomical elements of all living beings, was correct.

He proved that on the death of an organ its cells disappear, but the microzymas remain, imperishable!

As the geologists estimated that the chalk rocks or ledges from which he took his "geological microzymas" were 11 million years old, it was proof positive that these microzymas could live in a dormant state for practically unlimited lengths of time.

When he again found bacteria in the remains of the second experiment, as he had in the first, he concluded that he had proved, because of the care taken to exclude airborne organisms, that bacteria can and do develop from microzymas, and are in fact a scavenging form of the microzymas, developed when death, decay, or disease cause an extraordinary amount of cell life either to need repair or be broken up.

He wrote in 1869:

In typhoid fever, gangrene and anthrax, the existence has been found of bacteria in the tissues and blood, and one was very much disposed to take them for granted as cases of ordinary parasitism. It is evident, after what we have said, that instead of maintaining that the affection has had as its origin and cause the introduction into the organism of foreign germs with their consequent action, one should affirm that one only has to deal with an alteration of the function of microzymas, an alteration indicated by the change that has taken place in their form."

This view coincides well with the modern view of all germs found in nature, except those in the body, which are still looked on as causing the conditions they are found with, rather than being the result of these conditions, which is their true relation to them.

The Encyclopedia Britannica says in the entry on bacteriology:

"The common idea of bacteria in the minds of most people is that of a hidden and sinister scourge lying in wait for mankind. This popular conception is born of the fact that attention was first focused upon bacteria through the discovery, some 70 years ago, of the relationship of bacteria to disease in man, and that in its infancy the study of bacteriology was a branch of medical science. Relatively few people assign to bacteria the important position in the world of living things that they rightly occupy, for it is only a few of the bacteria known today that have developed in such a way that they can live in the human body, and for every one of this kind, there are scores of others which are perfectly harmless and far from being regarded as the enemies of mankind, must be numbered among his best friends.

"It is in fact no exaggeration to say that upon the activities of bacteria the very existence of man depends; indeed, without bacteria there could be no other

living thing in the world; for every animal and plant owes its existence to the fertility of the soil and this in turn depends upon the activity of the microorganisms which inhabit the soil in almost inconceivable numbers. It is one of the main objects of this article to show how true is this statement; there will be found in it only passing reference to the organisms which produces disease in man and animals; for information on these see Pathology and Immunity."

The writer of the above thoroughly understands germs or bacteria with only one exception; the bacteria found in man and animals do not cause disease. They have the same function as those found in the soil, or in sewage, or elsewhere in nature; they are there to rebuild dead or diseased tissues, or rework body wastes, and it is well known that they will not or cannot attack healthy tissues. They are as important and necessary to human life as those found elsewhere in nature, and are in reality just as harmless if we live correctly, as Bechamp so clearly showed.

## CHAPTER 5

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### SILK WORM DISEASE: ANOTHER STEAL!

Between 1855 and 1865 a widespread epidemic among silk worms called pebrine alarmed the south of France, so much so that finally, in 1865, it drew national attention.

Professor Bechamp, early in 1865, took up the study of this epidemic entirely at his own expense, and without the aid of others, and quickly found it was caused by a small parasite.

His long experience with small microorganisms, and the way creosote had inhibited their growth in his Beacon Experiment of 1854 and 1855, at once suggested the way out.

Hence he was able to state before the Agricultural Society of Herault the same year that pebrine was a parasitic disease and that thin creosote vapour would prevent the attack of the parasite.

However, in the meantime, the Government had taken an interest in the subject, and in June 1865 sent Pasteur down to investigate the disease.

Pasteur, with the prestige of being an official representative of the government, was able to centre all attention on his own work, to the depreciation of the work of others, though he admitted having never touched a silk worm before he started on this mission.

Nevertheless, the fact that something 'official' was being done caused agricultural societies to await his verdict, instead of at once taking up Professor Bechamp's ideas.

Pasteur's first statement on his new subject was made in September 1865, when he published a very erroneous description, claiming:

"The corpuscles are neither animal nor vegetable, but bodies more or less analogous to cancerous cells or those of pulmonary tuberculosis. From the point of view of a methodic classification, they should rather be ranged beside globules of pus, or globules of blood, or better still, granules of starch, than

beside infusoria or moulds...It is the chrysalide rather than the worm, that one should try to submit to proper remedies."

This description shows that he had no conception of the real nature of the problem.

Bechamp's comment was:

"Thus this chemist, who is occupying himself with fermentation, has not begun to decide whether or not he is dealing with a ferment."

Pasteur, about this time, dropped his work because of the deaths of his father and two of his daughters, and before going back, spent a week at the Palace of Compiègne as the guest of Napoleon III.

In February 1866, he again took up the poor silk worms' troubles and had the assistance this time of several able French scientists, yet they made very little progress on the problem.

Meanwhile, Bechamp had made further studies on pebrine, and sent a paper entitled *On the Harmlessness of the Vapors of Creosote in the Rearing of Silk Worms* to the Academy of Science.

In this article he repeated the statements he had made before the Agricultural Society at Herault and added that:

"The disease is parasitical. Pebrine attacks the worms at the start from the outside and the germ of the parasite comes from the air. The disease, in a word, is not primarily constitutional."

He described developing the eggs or seeds of the silk worm in an enclosure permeated with a slight odour of creosote, in which he produced eggs entirely free of pebrine, and it took so little creosote that his methods were commercially practical.

However, Pasteur had not yet found the true cause of the trouble. He sent a paper entitled *New Studies on the Disease of Silk Worms* to the Academy, in which he said:

"I am very much inclined to believe that there is no actual disease of silk worms.

I cannot better make clear my opinion of silk worm disease than by comparing it to the effects of pulmonary phthisis. My observations of this year have fortified me in the opinion that these little organisms are neither animalcules nor cryptogamic plants. It appears to me that it is chiefly the cellular tissue of all the organs that is transformed into corpuscles or produces them."

But again he guessed wrong, and neither he nor all of his assistants could prove statements that were false.

He also took a slap at Bechamp's paper by saying:

"One would be tempted to believe, especially from the resemblance of the corpuscles to the spores of mucorina, that a parasite had invaded the nurseries. That would be an error."

And yet Bechamp had already proved beyond question that it was nothing else but a parasite! Possibly, jealousy caused Pasteur to take a contrary view.

Pasteur, apparently, had not finally given up his "spontaneous generation" ideas until 1862 or 1864, and since then, had ascribed all signs of fermentation, and all disease, to airborne germs, yet here he denies that this disease is parasitic! And after Bechamp's papers proved it!

Bechamp answered him in a paper entitled *Researches of the Nature of the Actual Disease of Silk Worms* which contained more proofs of its parasitical nature.

He said that the vibrant corpuscle:

"...is not a pathological production, something analogous to a globule of pus or a cancer cell, or to pulmonary tubercles, but is distinctly a cell of a vegetable nature."

In another paper Bechamp described experiments that proved the corpuscle to be an organized ferment that would invert sugar, and produce alcohol, acetic acid, etc.

This paper seemed to convince Pasteur that Bechamp was right, for in January 1867, in a letter written to Durny, Minister of Public Instruction, he began to claim all credit for Bechamp's ideas on the silk worm diseases.



Bechamp provided a still more complete account of his discovery which the Academy printed on April 29, 1867, and the same issue contained a letter from Pasteur to Dumas, dated April 24, in which he expressed regrets over his "mistakes" and promised a paper with a complete story of the disease soon.

On May 13, 1867, Bechamp sent a letter to the President of the Academy of Science pointing out Pasteur's errors and asking recognition of the priority of his own discoveries regarding silk worm diseases. He also sent another paper entitled *New Facts to Help the History of the Actual Disease of Silk Worms and the Nature of the Vibrant Corpuscles*.

In this paper he described the corpuscles as airborne and to be found on mulberry leaves, and he also described a second silk worm disease different from pebrine, which he called flacherie, and on which he had published a pamphlet privately, on April 11, 1867.

In the meantime he had also submitted several papers on various microscopic organisms, more or less broadening the general knowledge on this subject; one of which was a general study of bacterial development from his microzymas.

In a paper entitled *On the Microzymian Disease of Silk Worms* Bechamp gave a full description of this second disease called flacherie. This was published in the paper dated June 8, 1868, and on June 24 Pasteur wrote to Dumas claiming to have been the first to discover this second silk worm disease and demanding that a note he claimed to have sent to the Agricultural Society of Alais on June 1 be printed (as the records then contained no proof of Pasteur's claim to this).

Bechamp answered this claim in a note entitled *On the Microzymian Disease of Silk Worms, in Regard to a Recent Communication of M. Pasteur*, which was published under the date of July 13, 1867, in which he referred to his pamphlet of April 11, 1867, (revised and reprinted March 28, 1868) and his papers of May 13 and June 10, 1867, all of which were prior to any publication of Pasteur's!

However, Pasteur used his prestige as a Government representative to browbeat others into coming to his support, and he was finally widely recognized, and Bechamp's claims as to the discoveries on silk worm diseases ignored. The majority of those who knew his claims were false were afraid to oppose anyone who was so close to Napoleon, and who had so much official standing as Pasteur

then had.

In his book on the diseases of silk worms, Pasteur takes all the credit for these discoveries, and shows how ignorant of the subject he still is by ridiculing Bechamp's statements that creosote was a preventative—so he knew of them!

Miss Hume says that members of the Academy actually asked Professor Bechamp to drop his use of the word *microzyma*, and even to drop his work!

In *Microbe Hunters*, Paul de Kruif gives a slightly different version of Pasteur's work on silk worms from that outlined above. He states that Dumas, his old professor, appealed to Pasteur to help the silk worm growers of southern France, and continues:

"Anything but a respecter of persons, Pasteur, who loved and respected himself above all men, had always kept a touching reverence for Dumas. He must help his sad old professor! But how? It is doubtful at this time that Pasteur could have told a silk worm from an angle worm! Indeed, when he was first given a cocoon to examine, he held it up to his ear, shook it and cried: 'Why there is something inside it!'" (p.91.)

De Kruif also ascribes the belated discovery that pebrine was a parasitical disease to Gernez, one of his assistants, and says:

"Gernez hurried to Pasteur. 'It is solved,' he cried, 'the little globules are alive—they are parasites! They are what makes the worms sick!'

It was six months before Pasteur was convinced that Gernez was right, but when at last he understood, he swooped back to his work, and once more called the committee together.

"The little corpuscles are not only a sign of the disease, they are its cause. These globules are alive, they multiply, they force themselves into every part of the moth's body." (p.95.)

It is strange that with the dispute raging between Bechamp and Pasteur over who had discovered that pebrine was a parasitical disease, Gernez did not speak of his own claims in the matter—possibly a job was more important.

De Kruif continues:

"He was 45. He wallowed in this glory for a moment and then—having saved the silk worm industry with the help of God and Gernez—he raised his eyes toward one of those bright, impossible, but always partly true visions that it was his poet's gift to see. He raised his artist's eyes from the sickness of silk worms to the sorrows of mankind:

'It is in the power of man to make parasitic maladies disappear from the face of the globe, if the doctrine of spontaneous generation is wrong as I am sure it is!'" (p.97.)

His 45th year must have been 1867, and Bechamp had proven spontaneous generation wrong in 1855 or '56, as described earlier, at least 10 years beforehand. Clearly de Kruif did not look far enough; the name of Bechamp, the greatest of all, and the only 'microbe hunter' who really understood their true place in nature, does not appear in his book Microbe Hunters at all!

In spite of all his errors in the work on silk worms, and because of his high position and royal favouritism, Pasteur was put in charge of the practical measures of fighting this parasite, and of course did not adopt Bechamp's method of using creosote vapour.

Dr A. Lateud, at one time editor of the Journal de Medecine de Paris, charged that whereas in 1850 France had produced 30 million kilograms of cocoons, and its output had sunk to 15 million kilograms in 1866-7 due to the epidemic, after Pasteur's methods of 'prevention' had been introduced, production shrank to 8 million kilograms in 1873 and as low as 2 million kilograms in certain subsequent years. He continued:

"That is the way in which Pasteur saved sericulture! The reputation which he still preserves in this respect among ignoramuses and shortsighted savants has been brought into being:

—by himself, by means of inaccurate assertions;

—by the sellers of microscopic seeds on the Pasteur system, who have realized big benefits at the expense of the cultivators;

—by the complicity of the Academies and public bodies, which, without any investigation, reply to the complaints of the cultivators:

“But sericulture is saved! Make use of Pasteur's system!' However, everybody is not disposed to employ a system that consists in enriching oneself by the ruination of others.”

Plainly his sins found him out here—at least with those who were in closest touch with the silk worm cultivators!

It is astonishing, in view of such a failure—and after Bechamp had shown how to prevent these diseases—that Pasteur's reputation did not go down in a public scandal!

Apparently royal favour and the academies and public bodies protected him from this.

## CHAPTER 6

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### PASTEUR ALSO A FAKER: ANTISEPSIS

While many of Pasteur's contemporaries must have known of his plagiarisms from Bechamp's work, they were probably cowed into silence, or kept out of the press by Pasteur's bully ragging tactics, as well as by his prestige, not only in the public eye and with royalty, but also with the "academies and public bodies" Dr Lateud refers to.

Miss Hume goes on to show that his treatment for rabies and his anthrax serum were the same colossal failure and fraud, as will be shown in Chapter Eight, and she discusses other plagiarisms on Pasteur's part, but it hardly seems necessary to go into all of these matters here. We have seen enough evidence of incompetence and fraud to forever doubt any further statements that bear his signature, but there is one more piece of work that is worth looking into.

Some years after the events we have described, Dr M. L. Levenson, M.D., Ph.D., M.A., an American physician, discovered some of Professor Bechamp's writings in New York and immediately realized that they anticipated Pasteur in certain important points. He went to France, met Professor Bechamp, and heard the story of the plagiarism from him, since which time he has done a great deal to bring Bechamp's work to public attention.

He was one of the first in the United States to recognize Bechamp's priority in regard to most of the discoveries generally credited to Pasteur, and in a lecture entitled Pasteur, the Plagiarist, delivered at Claridges Hotel, London, on May 25, 1911, outlined briefly Bechamp's claim to priority, and added the charge that Pasteur had deliberately faked an important paper!

He said in part:

"Pasteur's plagiarisms of the discoveries of Bechamp, and of Bechamp's collaborators, run through the whole of Pasteur's life and work, except as to crystallography, which may or may not have been his own. I have not investigated that part of his career, nor do I feel any interest in it. The tracings of some of these plagiarisms, though they can be clearly demonstrated, are yet

somewhat intricate, too much so for this paper; but there is one involving the claim by Pasteur to have discovered the cause of one of the diseased conditions which assail the silk worm, which can be verified by any one able to read the French language. It is the following:"

After describing some of the material we have covered in Chapter 5, he continues:

"But I have a still graver and more startling charge to bring against Pasteur as a supposed man of science.

Finding how readily the 'men of science' of his day accepted his fairy tales, in a voluminous memoir of no value (published in the *Annales de Chimie et de Physique* 3rd S., Vol. LVIII), is to be found on page 381 a section entitled Production of Yeast in a Medium Formed of Sugar, of a Salt of Ammonia and of Phosphates.

The real, though not confessed, object of the paper was to cause it to be believed that he, and not Bechamp, was the first to produce a ferment in a fermentative medium without albuminoid matter. Now mark, I pray you, what I say—the alleged experiment described in the memoir was a fake—purely and simply a fake. Yeast cannot be produced under the conditions of that section! If those of my hearers or any other physician having some knowledge of physiological chemistry will take the pains to read this section of Pasteur's memoir with attention, he will see for himself that yeast cannot be so produced, and he can prove it by making the experiment as described.

Now mark what, supposing I am right in this, this memoir does prove. It proves that Pasteur was so ignorant of physiological chemistry that he believed yeast could be so produced, or else he was so confident of the ignorant confidence of the medical profession in himself, that he believed he could bluff it through. In this last belief, he was correct for a time. I cannot but believe that the exposure I am making of Pasteur's ignorance and dishonesty will lead to a serious overhauling of all his work.

It was Bechamp who discovered and expounded the theory of antisepsis which Pasteur permitted to be ascribed to himself. In his 'Studies on Fermentation,' Pasteur published a letter from Lord Lister, then Mr. Surgeon Lister, in which



that gentleman claims that he learned the principles of antisepsis from Pasteur. I do not doubt this statement of the noble Lord, for besides accepting Mr. Lister as a gentleman of veracity, I will give you an additional reason for accepting that statement.

### **\*Lister's Blunder**

When Mr Lister began his antiseptic operations, they were generally successful, but a few days later his patients succumbed to carbolic acid or mercuric poisoning, so that it became a gruesome medical joke to say 'The operation was successful, but the patient died.'

Now Mr Lister, though a very skilled surgeon and, I believe, having great powers of observation, had established the technique of his operations upon the teachings of a man who had plagiarized the discovery without understanding the principle upon which it was based. Not unnaturally, Lister used doses of carbolic acid, which, when placed upon an open wound or respired by a patient were lethal. But, thanks to his careful observations, he gradually reduced the quantity of carbolic acid or sublimate of mercury employed, until at last 'his operations were successful and the patients lived,' as they would have done from the beginning, had he obtained his knowledge of the principles of antisepsis from their discoverer, who had warned against the use of any but a very minute dose of carbolic acid, instead of from their plagiarist, who did not know why the dose should be so limited.

From the outline I have now given you, you may form some idea of the ignorance of the man who, for more than thirty years, official medicine has been worshipping as a little god. But this is only a small part of the mischief perpetrated. Instead of making progress in therapeutics during the past thirty or forty years, medicine—outside of surgery—has fearfully retrograded, and the medical profession today is, in my judgment, in a more degraded condition than ever before in its history. I know that at first your minds will rebel against this statement, but some facts will prove to every mind possessed of common sense that it is true."

### **The Danger of Inoculating**

After discussing the practice of medicine in the past and saying that since Jenner's and Pasteur's days the modern effort is to make sick well, he says of

inoculations:

"When a drug is administered by the mouth, as was beautifully pointed out by Dr J. Garth Wilkinson, in proceeding along the alimentary canal it encounters along its whole line a series of chemical laboratories, wherein it is analysed, synthesized, and deleterious matter prepared for excretion, and finally excreted, or it may be ejected from the stomach, or overcome by an antidote.

But when nature's coat of mail, the skin, is violated, and the drug inserted beneath the skin, nature's line of defence is taken in the rear, and rarely can anything be done to hinder or prevent the action of the drug, no matter how injurious, even fatal it may be. All the physicians of the world are incompetent either to foresee its action or to hinder it. Even pure water has been known to act as a violent and foudroyant poison when injected into the bloodstream. How much more dangerous is it, then, to inject poisons known to be such, whether modified in the fanciful manner at present fashionable among Vivisectionists or in any other manner. These simple considerations show that inoculation should be regarded as malpractice to be tolerated only in case of extreme danger where the educated physician sees no other chance of saving life.

### **The Germ Theory Fetish**

Now the forcing of these inoculations upon individuals by law is one of the worst of tyrannies imaginable, and should be resisted, even to the death of the official who is enforcing it. English speaking people need to have ideals of liberty refreshed by a study of the history of Wat Tyler, who headed one of the most justifiable rebellions in history, and although treacherously murdered by the then Lord Mayor of London, his example should be held up to all our children for imitation..."

But *revenous a nos monutous*; the entire fabric of the germ theory of disease rests upon assumptions which not only have not been proved, but which are incapable of proof, and many of them can be proved to be the reverse of truth. The basic one of these unproven assumptions, the credit for which in its present form is wholly due to Pasteur, is the hypothesis that all the so called infectious and contagious disorders are caused by germs, each disease having its own specific germ, which germs have existed in the air from the beginning of things, and that though the body is closed to these pathogen's germs when in good health, when the vitality is lowered the body becomes susceptible to their

inroads."

I agree most heartily with Dr Levenson's statement that "the forcing of these inoculations upon individuals by law is one of the worst tyrannies imaginable, and should be resisted even to the death of the official who is enforcing it." Strong words, but absolutely right!

Professor F. W. Newman of Oxford University has said:

"Against the body of a healthy man Parliament has no right of assault whatever under pretence of the public health; nor any the more against the body of a healthy infant. To forbid perfect health is a tyrannical wickedness, just as much as to forbid chastity or sobriety. No lawgiver can have the right. The law is an unendurable usurpation, and creates the right of resistance."

And Blackstone says:

"No laws are binding upon the human subject which assault the body or violate the conscience."

In the case of the Union Pacific Railway vs Botsford, the United States Supreme Court said:

"...no right is held more sacred or is more carefully guarded by the common law than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestioned authority of law.

As well said by Judge Cooley:

"The right of one's person may be said to be a right of complete immunity; to be let alone." (Cooley on Torts 29)

"The inviolability of the person is as much invaded by a compulsory stripping as by a blow. To compel anyone, and especially a woman, to lay bare the body or to submit it to the touch of a stranger, without lawful authority, is an indignity, an assault, and a trespass." (141 U.S. 250)

In 1903 Judge Woodward of the New York Appellate Court said in the Viemeister case:

"It may be conceded that the legislature has no constitutional right to compel any person to vaccination." (84 N.Y. Supp.712)

In the Supreme Court, Columbia County, N.Y., in 1910, Judge Le Boeuf, in the second trial of the Bolinger case, instructed the jury as follows:

"Now I have charged you that the assault which is claimed to have existed here due to the forcible vaccination, that is, if it was against this man's will, is one which you must consider. And the reason of that is: This man, in the eyes of the law, just as you and I and all of us in this courtroom, has the right to be let alone. We all have the right to the freedom of our persons and that freedom of our persons may not be unlawfully invaded. That is a great right. It is one of the most important rights we have."

I believe these quotations from court documents indicate clearly that anyone has a right to protect himself or his family from the pus-squirters of the A.M.A. by any means that may be available, and use as much force as may be necessary, even, as Dr Levenson says, "to the death of the official who is enforcing it."

Over 60 years ago the famous English physician, Dr Charles Creighton, said in *Jenner and Vaccination* (1879):

"The anti-vaccinists have knocked the bottom out of a grotesque superstition." However, it has been revived, and needs some more 'knocks'.

The doctors will not willingly give up such a lucrative practice as the use of biologicals, and so parents and the public must do something to stop this blood poisoning. What will it be?

I have seen a little girl, upon being vaccinated (or 'inoculated'), go to school, promptly develop 'leaky heart valves' and die of 'heart trouble' about two years later, hardly ten years old. I don't believe that either her parents, schoolmates, or teacher, or even the doctor concerned, saw any connection between the vaccination, or inoculation, and the leaky heart valves—but there was a connection—see my pamphlet *The so-called Biologicals have Created a New Form of Heart Disease*.

And thousands of such deaths are caused every year. What are we going to do to

stop it?

In the whole history of mankind, the only adequate answer to tyranny humanity has had has been death to the tyrant; and the A.M.A.-ites have been tyrannical in their efforts to sell their decayed animal pus biologicals for many years. I believe that if these efforts at compulsion, coercion or compulsory laws to force the use of any kind of biological or so-called "tests" of any kind are pushed much further, they will lead to trouble.

As we show in this book, the underlying "germ theory" is a fraud, and everything based on it is also fraudulent, and should be forbidden by law; and when the public fully realizes what a colossal fraud the use of these decayed animal pus concoctions is, you won't even be able to jail a man for shooting a pus doctor who tries to vaccinate, inoculate, or 'test' his children.

We will outline, further on, a safe method of controlling infections.

Dr Levenson goes on to describe disease as nature's attempt to eliminate waste, and diseased tissues as being due to improper living; and suggests plenty of fresh air, the best of sanitation, very scanty clothes such as gymnasium costumes for everyday use, and a scientific study of diet; he believes overeating causes "an enormous number of diseased conditions".

All of these ideas would undoubtedly lead to better health and longer life than can be obtained through serology.

It is now over 30 years since Dr Levenson expressed the hope that his "exposure" would lead to a "serious overhauling" of Pasteur's work, and it should be done by someone who understands physiological chemistry.

I feel as he seems to—that the allopathic mind is hardly to be trusted with such important work!

## CHAPTER 7

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### ARE BIOLOGICALS INJURIOUS

The 11th Report of the Medical Officer of the Privy Council of England (1868) contains a paper by Dr Burdon Sanderson entitled "On the Inoculability and Development of Tubercles" (p.91). In this he describes experiments he made which proved to his satisfaction that tuberculosis often followed the inoculation of animals with various materials (mostly biological) from non-tubercular sources, and that even a wound might be followed by tuberculosis. He says in part (p.92):

"The facts from which I had concluded that tuberculosis may originate traumatically, although very limited in number, were so positive in nature that I ventured to state that the results of tuberculosis inoculation could be no longer regarded as necessarily dependent on any property or action possessed by the inoculated material in virtue of its having been taken from a tuberculous individual. The truth of this inference has now been completely established by the experiments of two of the most competent observers, Dr Wilson Fox, Professor of Clinical Medicine in University College and Dr Cohnheim of Berlin. The following paragraph contains a summary of their results, which are the more valuable as they were arrived at altogether independently and without knowledge either of each other's inquiries or mine.

From the tabular summary of Dr Fox's experiments (117 in number) it appears that of 70 animals inoculated with various products derived from the bodies of non-tuberculous patients, about half (34) became tuberculous. In addition, five animals were inoculated with putrid but originally healthy muscle, and four of them became tuberculous, as was found when they were killed at various periods from 84 to 122 days after inoculation. Of seven animals in which setons or other mechanical irritants were introduced under the skin, two became tuberculous. This research, no less remarkable for the accuracy and completeness of the anatomical details, than for the conclusiveness of the experiments, was followed only the other day by another in Berlin, which although of similar nature, appears by internal evidence to have been conducted in entire ignorance of the fact that several of the questions investigated had already been completely settled in England.



Drs Cohnheim and Frankel, to establish whether artificial tubercle owe its origin to a specific virus, introduced into the peritoneal cavities of guinea pigs portions of various tumours (carcinoma, sarcoma, condyloma, etc.) as well as portions of healthy but partly decomposed tissue. Subsequently they employed in the same way a variety of insoluble inert substances such as blotting paper, charpie, gutta percha, caoutchouc, vulcanite, etc. In those animals that survived the immediate effects of the injury, emaciation supervened sooner or later and the animal eventually died with tuberculosis of the peritoneum, liver, spleen, lungs, and other organs, the morbid appearances corresponding in every respect with those described in my last report.

As regards the bearing of these facts on the general question of the nature and origin of tuberculosis; I concluded from my own observations that there is no structural distinction between the artificial disease and human tubercle, so long as the term is confined, as all accurate writers are now accustomed to confine it to military tuberculosis; but I considered it necessary to maintain a reserve as to its relation with the many pathological processes which are spoken of as tuberculosis in the common language of practical medicine and surgery.

In going so far the two distinguished pathologists already quoted have fully agreed with me. Dr Fox says:

"I must confess that sceptical as everyone must naturally at first feel on this subject, the cumulative force of the evidence in favour of the tubercular nature of these growths appears to me irresistible. We are either dealing with tubercle, or we have before us a new and hitherto unknown constitutional disease of the rodentia, consisting of growths which, to the naked eye and in their histology, correspond with all the essential features of tubercle in man; which occur not only in the organs which are the chosen seats of tubercle in man, but also in the same parts of those organs; which have the same vital characters, and the same early degenerative cheesy changes, not suppuration nor acute softening, and with no marked characters sufficient to distinguish them from tubercle."

Cohnheim says, "All the marks by which tubercle is characterized are present; the agreement of the product of inoculation with human military tubercle could not be more complete than it is, whether regard be had to its extended distribution and to the great variety of organs affected, (peritoneum, pleura, lungs, liver, spleen, lymphatic glands, and even the choroid), or to its

macroscopic and microscopic characters."

Gould, in the second edition of his Pocket Cyclopædia of Medicine and Surgery describes "acute miliary tuberculosis" as:

"An acute and rapid form of tuberculosis, which generally occurs in persons under 15 years of age, and in which the tubercle bacilli are rapidly disseminated through the body by the breaking down of some localized form of the disease ... the duration is from 2 to 4 weeks and the termination is fatal."

Or, could not this "localized form" be introduced by a needle, in the way Dr Sanderson describes? Are not "persons under 15" the school doctor's best customers for their so-called biologicals? And does not this "rapid dissemination through the body" sound remarkably like de Kruif's description of the way in which Koch's tuberculous germs spread through his guinea pigs? Miss Hume says in *Bechamp or Pasteur?*:

"It is noteworthy that neither Pasteur nor any of his successors have ever induced a complaint by the inoculation of air-carried bacteria, but only by injections from bodily sources."

I believe this would account for a very large part of our "miliary tuberculosis" in persons under 15; undoubtedly it followed the injection of some biological! And Miss Hume's description would include all biologicals of every description!

Dr Sanderson continues:

"My further inquiries lead me to believe, in the first place that these characters belong much more generally to tuberculous growths than I had at first supposed; and secondly, that those normal tissues which possess them are much more liable to become the seat of the tuberculous process than others."

This is probably the most striking evidence in print that almost any sort of inoculation can cause tuberculosis in the animal inoculated, and of course it is reasonable to deduce from this that the same non-tuberculous inoculations would cause tuberculosis in man, any man, and in all probability, from any biological product whatsoever! Yet the ignorant serum doctor will tell us that these products are perfectly harmless!

## TUBERCULIN A FRAUD

The above article, which from the day it was first printed should have forever stopped the use of all biologicals on humans, was published over 20 years before Robert Koch of Berlin brought out his Tuberculin (in 1890), which proved such a terrible failure!

The Zoophilist for May 1st 1891 reported deaths in 123 "selected" cases in Berlin from November 1890 to February 1891 which caused Koch to fall "under a cloud", but he did not give up until the government finally closed him up because of the terrible death rate!

Dr Paul de Kruif describes this work of Koch's on the tuberculosis germ in rather lurid language, yet recent efforts to produce a serum for tuberculosis seem to justify his words. He says of Koch's search for the microbe:

"I have it!" he whispered, and called the busy Loeffler and the faithful Gaffhy from their own spying on other microbes.

"Look," Koch cried, "one little speck of tubercle I put into this beast six weeks ago— there could not have been more than a few hundred of those bacilli in that small bit—now they've grown into billions! What devils they are, those germs— from that one place in the guinea pig's groin they have sneaked everywhere into his body, they have gnawed, they have gone through the walls of his arteries...the blood has carried them into his bones...into the farthest corner of his brain..."

Read that over when your child brings home a card from school requesting permission to put the same sort of stuff into his blood, and tear up the card! He says that Koch found and grew different families or varieties of these deadly germs. I believe that by the doctors' standards at least, this would necessitate 43 different serums to immunize one against all 43 families, and this is probably not all the varieties there are of tuberculosis germs alone!

However, de Kruif passes over tuberculin with astonishing brevity, considering the space given to other matters that were of less importance. He says apologetically:

"...he was enormously respected, and against his own judgement he was trying to convince himself he had discovered a cure for tuberculosis. The authorities (scientists have reason occasionally to curse all authorities, no matter how

benevolent) were putting pressure on him. At least so it is whispered now by veteran microbe hunters who were there and remember those brave times.

'We have showered you with medals and microscopes and guinea pigs—take a chance now and give us a big cure, for the glory of the fatherland, as Pasteur has done for the glory of France!' It was ominous stuff like this that Koch was always hearing. He listened at last, and who can blame him, for what man can remain at his proper business of finding out the ways of microbes with governments bawling for a place in the sun—or with mothers calling? So Koch listened and prepared his own disaster by telling the world about his Tuberculin."

And here de Kruif changes the subject very abruptly! On page 299 he refers to it again, in discussing malaria, as follows:

"Dean of the microbe hunters of the world, Tsar of Science (his crown was only a little battered) Koch had come to Italy to prove that mosquitoes carry malaria from man to man.

Koch was an extremely grumpy, quiet, and restless man now; sad because of the affair of his consumption cure (which had killed a considerable number of people)...so Koch went from one end of the world to the other, offering to conquer plagues but not quite succeeding."

Neither are his successes in the use of serums, nor is there any likelihood of success in that direction, as we hope to show.

J.W. Browne, B.A., M.B., Medical Superintendent of the Kalyra Sanatorium, South Australia, quotes Koch at length to the effect that, while an injection of tuberculin into a healthy person will probably start a tubercular sore, an injection into anyone already infected will counteract or 'kill' the first infection, without doing anything more!

Note that he admits that it causes tubercular sores in the well! Hence you'd better know whether you have tuberculosis or not before you take it!

However, this reversible characteristic of making the well sick, and the sick well, existed only in Koch's imagination, as is indicated in his own work. Anyone with such a belief must be credited with care in giving such stuff only to tubercular people, and those who received it died so fast the government had to close him

up! Incidentally, cattlemen have contended for many years that it made healthy cattle tubercular.

Dr Browne says:

"Up to date upwards of two hundred different forms of tuberculin have been prepared and described. The simple fact of the matter is that no one has yet been able to repeat Koch's experiment successfully.

"There is no evidence but Koch's in favour of tuberculin as a therapeutic cure for tuberculosis in guinea pigs, in calves, or in man. No one but Koch has been able to cure an infected guinea pig by the use of tuberculin of any sort or description. Koch, as Shera says, was an optimist. There is no question that tuberculin can do infinite harm. Scores of people have died prematurely at its hands. **Never was there such a commercial vaccine as this one, and never has there been such a gigantic hoax.**

Tuberculin, Shera says, should not come within the range of vaccine therapy. Whatever good results are imputed to tuberculin must have occurred in spite of it, for its virtues are founded on experiments which cannot be repeated.

"The disbeliever too, can point to many cases where the administration of tuberculin in pulmonary disease has been undoubtedly followed by disaster and, while he freely admits the undoubted powers of the tuberculin therapist to stir up the embers and kindle the fire, he has hitherto asked him in vain for any evidence of power to extinguish the fire."

He (rightly, I believe) considers pulmonary tuberculosis to be at least in part "and to a greater or less extent" a septicemia, and adds:

**"The failure of vaccines to affect the disease in any but an adverse manner is thus explained. As we all know vaccines have invariably been found useless or worse than useless in septicemias."**

Such statements, coming from a physician of Dr Browne's experience, should write finis on the use of tuberculin as a cure forever; and it is no better as a 'test'.

Drs Petroff and Branch, in a discussion of the B.C.G. vaccine used on children, finds that tuberculin seems to spread tuberculosis in those who have the latent or 'benign' form which vaccination is supposed to give.

Note also that the tuberculin seemed to spread tuberculosis in these cattle 'tests' as it did in Koch's experiments on humans. They say:

"Tzekhnovitzer claims that guinea pigs become hypersensitive to tuberculin after treatment with B.C.G...70% of those infected orally and 45% of those infected by the subcutaneous route react.

## IMMUNITY IN ANIMALS VACCINATED WITH B.C.G.

"Guerin, Richart and Bossiera studied a large number of cattle on a farm. On this farm in 1915 in a herd of 67 head, 47% reacted positively to the tuberculin test. Year after year, the positive animals were slaughtered. In 1918, 38% were still positive to the tuberculin test. In 1920, the number of reactors was 41.7%.

Vaccination in the newborn cattle started on Jan. 1, 1921. In 1922, one year after the vaccination, 20 cattle gave a definitely positive and nine a very suspicious tuberculin reaction, or a total of 45% of 64 head. Many of these animals were vaccinated and revaccinated. In 1923 there remained 26 of the 1919-1920 year animals, all giving a positive tuberculin reaction."

Note that after 47% were slaughtered in 1915, as were all animals testing positive in the following years, 38% were tubercular in 1918, and a full 100% of those animals which remained from the 1919-20 vaccinated group all gave a positive 'test'. This was undoubtedly due either to the vaccines used or the 'tests' themselves, which confirms the opinions of the authorities quoted above! Could any dairyman survive such a loss?

They continue:

"In the meantime, the second generation of these vaccinated animals were revaccinated, and the vaccination repeated each following year...there is no record of how many of the vaccinated cattle became infected, as the tuberculin test was omitted on Calmettes' suggestion, as he believes that it is of doubtful value, giving no information as far as exogenous (outside) infection is concerned.



Furthermore if in the vaccinated cattle an implantation of virulent organisms has taken place, setting up only a benign tuberculosis, tuberculin administered may bring about a violent allergic reaction disseminating the virulent organisms. In such an event, progressive disease may follow...

Gradually the animal becomes resistant to this particular organism. However, as soon as a new organism is introduced into the herd, the occurrence of the disease is much more marked than before."

They do not mention the fact that these "implantations" may also occur in your child; nor do they realise that they can come through a change of the germ in the vaccine, but such is the case, as I showed in Germ Mutation (now out of print).

As occurred with 'flu' in the war, which was merely a mutation of the typhoid germ in the vaccines used against typhoid and paratyphoid, every vaccine may produce a 'new' form of germ which, as noted above, may "make the occurrence of the disease much more marked than previously".

This is why we had the 1918 flu epidemic, with the highest death rate on record. It is the reason Koch had so many deaths, and also the reason for the large increases in the death rates of other diseases as noted in Chapter 9.

Koch found 43 varieties or strains of tuberculosis and there are probably as many strains of any other disease. The very multiplicity of these strains, and the ease with which modification can occur on the shelf or in the tissues, is the fundamental reason why biologicals can never be used successfully.

F. Loehnis, soil biologist, and N.R. Smith, U.S. Department of Agriculture, have discussed this variability of germs at considerable length and conclude that any germ can break down into a filterable fluid and then develop into new forms that may be radically different from the original germ, their new characteristics depending mostly upon their environment. They believe this change is constantly going on in all groups of germs.

Hence new strains are always being formed and are usually more virulent than the old.

Doctors Petroff and Branch add:

"It seems that in spite of the vaccinations with B.C.G., and the sociological measures, the implantation with violent tubercle has taken place.

Lakhms of Lithuania, studying 472 vaccinated infants, reports that he obtained 10 times more positive reactions in the vaccinated children than in the unvaccinated."

The real fact is that tuberculin never had any diagnostic value. It was not offered as a test on animals until its failure as a cure on humans caused the German government to forbid such use; in other words, the manufacturers 'discovered' or invented this new use for it to preserve a market. The 'test' on cattle circumvented both the prohibition and its ill-repute as a cure, thus continuing the profits, which is all it is good for.

Read the account of the United States Agricultural Department's 'tests' on animals infected with the hoof-and-mouth disease from vaccines, in Chapter 8.

In Fasting and Man's Correct Diet, The Tuberculin Test a Fraud (out of print), Immunity (also out of print), and Drugless Cures, I give additional evidence that the use of tuberculin was a fraud, utterly useless, and that more recent serums are no better.

## BIOLOGICALS MAY DISSOLVE THE RED BLOOD CORPUSCLES

It has also been found that the soluble ferments of many animal serums will, in some humans at least, dissolve the red blood corpuscles.

Elie Metchnikoff, the famous Russian scientist, says:

"It has long been known, however, that the serum of the blood of many animals will destroy the red corpuscles of a different species. This demonstration was afforded during the period when attempts were being made to transfuse the defibrillated blood of mammals, especially of the sheep, into man. This practice had to be abandoned in consequence of the difficulties resulting from the solution of the human red corpuscles."

Later, Buchner compared the action of alexine (the name given to the substance found to cause this action) to that of soluble ferments and referred it to the category of the digestive diastases."

This alexine is probably the same thing described by Bechamp as the liquid ferment mentioned in Chapter 2, and it should not destroy or even injure perfectly healthy blood or tissues, but who is perfectly healthy?

Dr M. R. Levenson says in the preface to his translation of *The Third Element of the Blood* that Bechamp isolated a series of soluble ferments which he called zymases, but which plagiarists renamed diastases to obscure his discoveries. Likewise, Bechamp discovered the reason for the coagulation of the blood.

Metchnikoff continues:

"According to him the same alexine is capable of dissolving the red blood corpuscles of several species of vertebrates. Bordet, 56 in a series of researches made in the Pasteur Institute, confirmed this view. He came to the conclusion that the alexines of the various species of animals differ from one another. Thus the alexine of the blood serum of the rabbit is not the same as that found in the serum of the guinea pig or dog. Nevertheless each of these alexines is capable of exerting a solvent action on the red blood corpuscles of several species."

He continues, on page 95:

"It may, however, be admitted that the action of alexine (complement) comes under the category of phenomena that are produced by soluble ferments. The substance which dissolves the red blood corpuscles of mammals or a portion only of those of birds, undoubtedly presents great analogies to the digestive ferments. As has been mentioned repeatedly, it is very sensitive to the action of heat and is completely destroyed by heating for one hour at 55 degrees (C). In this respect, it closely resembles the macrocytase of macrophagic organs which also dissolves red corpuscles. As it is the macrophages which ingest and digest the red blood corpuscles in the organism, it is evident that alexine is nothing but the macrocytase which has escaped from the phagocytes during the preparation of the serums."

On page 401 of the same book, discussing artificial immunity against toxins rather than microbes, he says:

"When microorganisms, living or dead, are introduced into an animal, it is found that anti-toxins do not as a rule, appear in the fluids; in these cases, the reaction is set up mainly by the microphages. The microphages represent the principal

source of anti-toxins."

Is this point clear? All animal blood serums can dissolve the red blood corpuscles of several other species of animals, and many of them, for example that of the sheep, can dissolve the red blood corpuscles of man!

It is also possible that due to the wide variations in the character of the blood and blood serum, etc., both in the animals used and in the patients treated, due to both individual and possibly also racial differences, the serum from any particular animal might have a very injurious effect on the blood or other body fluids of a percentage of human patients treated, as indicated by the many deaths that follow the use of anti-toxin, even though it might not be injurious to all.

Note that they compare this stuff to a soluble ferment, which can go through a china filter, and eat red blood corpuscles, pink dynamite and other things; and this is "the principal source of anti-toxins."

It may be true that most horses' blood serum will not dissolve human red blood corpuscles, but how can we know, with all the variations possible, both in the horse, and in man, that some particular horse serum will not dissolve the red blood corpuscles of one or more children in any school which the serum squirters choose to 'protect', as they call it?

This might be the direct cause of the tuberculosis discussed above, and many other troubles that often follow the vaccination of thousands of children, and others.

We quoted Professor Bechamp as to the amount of material a solvent ferment can digest in Chapter 2, and Bechamp and other authorities say that a solvent ferment will survive much higher temperatures than 55 degrees C. This danger, therefore, exists in almost every biological on the market!

There is also the danger that some serum might contain the alexine of some animal other than a horse, which could be even more dangerous.

Furthermore, even though a serum cannot dissolve the red blood corpuscles, it might dissolve the leucocytes, the so-called white corpuscles, and this tendency seems to be much more common; in fact, it seems to be the basis of the process of artificial immunity!

For instance, Metchnikoff says:

"When into the peritoneal cavity of vaccinated guinea pigs a certain quantity of cholera culture containing virulent and very motile vibrios is injected, we find that in the peritoneal fluid drawn off by means of a fine pipette, the vibrios have undergone profound changes in the refractory organism. Even a few minutes after the injection of the vibrios, the leucocytes disappear almost completely from the peritoneal fluid; and only a few small lymphocytes and a large number of vibrios, the majority of which are already transformed into granules, are found; and there is presented a most typical case of Pfeiffer's phenomenon.

Alongside the round granules may be seen swollen vibrios, and others which have kept their normal form, but all are absolutely motionless. Some of these granules are gathered into small clumps, others remain isolated in the fluid. When to the hanging drop containing these transformed vibrios a small quantity of a dilute aqueous solution of methylene blue is added, we observe that certain granules stain very deeply, while others take on merely a very pale tint, scarcely visible. Many of these granules are still alive, because it is easy to watch them develop outside the animal and elongate into new vibrios. A large number of the granules, however, no longer exhibit any signs of life and are evidently dead.

R. Pfeiffer and certain other observers affirm that the granules may be completely dissolved in the peritoneal fluid just as a piece of sugar dissolves in water. We have repeatedly sought for this disappearance of the granules in hanging drops of the peritoneal fluid, without being able to find any diminution in the number of these transformed vibrios, even after several days. Nor have we been able to observe the phenomenon of the solution of the granules. It is, at any rate, indisputable that this granular transformation is a manifestation of very profound lesions undergone by the cholera vibrios under the influence of the peritoneal fluid of the immunized animal.

On the other hand, one is compelled to the conclusion that the granular transformation is due, as we shall see later, to a fermentative action of the peritoneal exudation."

Some authorities have considered the leucocytes to be an essential part of the blood, in which case their dissolution should be a dangerous loss to the person concerned. In my opinion, however, the leucocytes are nothing more than body waste or refuse in the process of elimination, and their dissolution immediately places a liquid toxic poison in the blood with no means of preventing it being

absorbed, wherever the blood goes, into any and all tissues. Hence the possibility that the brain, the heart, or other organs not intended to handle these toxic poisons might absorb some of them.

Have you ever seen two leucocytes that were the same size or shape? They appear to vary widely in both characteristics—looking, in fact, more like crumbled cheese than living tissues.

## GERMS IN SERUMS MAY ATTACK THE HEART VALVES

Other authorities have described other dangers in the use of serums, for instance Dr E. C. Rosenow, then of the Mayo Clinic, said over 25 years ago that certain varieties of germs in serums used in his experiments had "an affinity for the heart valves"!

He describes experiments in which he found that the green producing variety of germs in the serums attacked the valves of the heart, while a certain hemolyzing variety attacked the body joints, thus causing rheumatism!

In November 1925, the Chicago Health Department stated that:

"...more children of the ages of 10 to 14 die of heart disease in Chicago than of all other children's diseases put together!"

If Dr Rosenow's statements are true, do you wonder that Chicago children are dropping dead on the street, with all the serumization that is practised in our schools? In the olden days, it was very rare for a child of 10 to 14 years of age to die of heart disease.

Dr Frederick Hoffman, LL.D., Consulting Statistician of the Prudential Insurance Company of America, said:

"Heart diseases in all civilized countries are the leading cause of death and of a vast amount of physical impairment. As far as it is possible to judge, the relative frequency of heart disease in proportion to population has everywhere been increasing during the last two decades, although evidence to this effect is more or less conflicting."

While most diseases that kill mankind off have gone down at an almost wonderful pace since sanitation was first introduced to the world, this particular one is increasing, for some reason the authorities profess not to understand.



Note that those immigrants from countries having compulsory vaccination die off at a rate three to four times higher than immigrants from countries not having compulsory vaccination.

There is no doubt that there are other causes to be considered, such as sanitation, living conditions, diet, and that the relative vitality of the different races may vary, so why should these death rates seem to divide simply on their vaccinal conditions? And granting this, why does heart disease lead all other diseases in the difference between the high rates and the low?

It seems to me that this chart alone is very conclusive evidence that the statements we have quoted in this chapter, as to biologicals causing both tuberculosis and heart disease, are correct.

In regard to Italy, which passed a law for the compulsory vaccination of infants in 1888, we still class it in the 'without' column, because in 1910, the time of this census, probably not over 25% of the immigrants in New York State would be under 22 years of age and thus affected by the law, and it is very likely that the law was inefficiently enforced for the earlier years, thus allowing many to escape. Furthermore, all of those vaccinated would still be too young for the full effects of any injurious biologicals to become fully developed by 1910, hence Italy's inclusion in the unvaccinated column.

Statistics of later years seem to indicate that Italy now has death rates comparable with other countries having compulsory vaccination, which can only serve to strengthen the idea that the fad for serums is the cause!

Dr Rosenow also speaks of other troubles that may follow the use of biologicals. In a series of articles based on the influenza epidemic of 1918 and published in The Journal of Infectious Diseases, and also in the Collected Papers of the Mayo Clinic, Vols 10, 11, and 12, he describes many changes in serums or in patients which rendered the serum useless.

In Vol. 10, page 919, he observes of the pneumococcus streptococcus group, of which he thought mutation forms were responsible for the 1918 pandemic:

"...marked changes in morphology, growth characteristics, infective powers, and immunological reactions. Many of these changes appear to be true mutations." On page 949 of the same volume, he ascribed deaths following the use of certain serums to some change or mutation in either the serum or patient.

While, I believe, a serum is supposed to cure by 'agglutinating' all germs of that exact kind which it finds in the body, when there is a slight difference in germs, or changes occur, either in the patient's germs or in those in the serum, no "agglutination" takes place, and the patient is apt to die, unless sanitary or other measures are taken to save him.

Most regular physicians will say in such a condition that there is no hope, but if drugless physicians are called in, or if enemas are given, there is more than hope. In fact I believe two or three enemas a day and an exclusive fruit juice diet for a while would save the great majority of these cases.

However, this is not meant to be a discussion of the treatment of disease, which is covered in other books.

That this change or mutation of germs is a very serious handicap in treating diseases by means of serums or vaccines is indicated all through the series of ten papers that Dr Rosenow published in Vol. 12 of the Mayo Clinic papers.

He says in Vol. 12, page 920, that the serum used on some guinea pigs "tended to localize in the lungs".

In Vol. 12, page 1001, he says:

"Moreover, marked changes in the immunological condition as measured by agglutination tests have occurred in a number of strains following successive (intratracheal) animal passages."

He added that when the changes occurred, "no good effects were noted". If passage through animal tissue will cause "marked changes in the immunological condition", how can anyone know that passage through human tissues, for example from the arm into the body, will not do the same?

And where can you find a serum or vaccine that has not had an animal passage at some previous time? They are nearly all propagated in animals at present and a substantial percentage of all "passages" seem to cause a change. In table 4 he shows 35 changes in 44 cases, and one of the other nine had changed in a previous experiment; that makes changes in over 81% of the tests!

So you see, this change is no minor accident; in fact, it occurs with great frequency, as Bechamp proved many years ago.

And these changes in the germs mentioned are of vital importance, as they often merely substitute a new disease for the one vaccinated against.

Pasteur seemed to recognize the importance of this point as he vehemently denied its possibility to the very last, and made bitter personal attacks on Bechamp and other colleagues who opposed his ideas for this reason.

Now that this has been proven so overwhelmingly, we can see how a vaccine for any one disease could start some other disease through these mutation forms. We shall then need more serums for the new disease, or more likely, several new diseases may develop, and so on, ad infinitum.

In the pamphlets *Germ Mutation and Immunity, Artificial vs Natural*, I give some important evidence indicating that the 1918 influenza epidemic was caused by mutation in vaccines used to 'prevent' typhoid in the armies in Europe.

When they inoculated against typhoid, they soon found that they had a paratyphoid on their hands, and the percentage of paratyphoid in those inoculated was identical to the second decimal place with the percentage of typhoid in those not inoculated.

And when they gave two "shots", one for each of these, they discovered a second paratyphoid, so to be scientific they called them 'A' and 'B.'

And, as scientists must always be 'scientific', they then gave the boys three shots, one for each of the above diseases, whereupon they found a fourth 'disease'—influenza—and the world's highest recorded death rate at that! The Surgeon General of the A.E.F. said of this 'influenza':

"The ordinary clinical picture of typhoid paratyphoid is frequently profoundly modified in vaccinated individuals...intestinal types of supposed influenza should always be considered as possible typhoid until proven otherwise. Vaccination is a partial protection only, and must be reinforced by sanitary measures."

Furthermore, supposing that there is no change and that a serum or vaccine 'agglutinates' perfectly, what proof have we that it will either prevent or cure any

disease?

Elie Metchnikoff, says:

"The most carefully studied case of the relations between natural immunity and agglutination is of that encountered in the anthrax bacillus. We owe it to Gengou, who at the Liege Bacteriological Institute carried out a very detailed investigation of this question.

"He showed that the bacillus of Pasteur's first anthrax vaccine is agglutinated by the blood serum of a great number of animals. But he also showed that the serums which have the greatest agglutinative action on this bacillus do not come from the most refractory species. Human serum agglutinates most strongly the bacillus of the first vaccine (in the proportion of one part of serum to 500 parts of culture) but man is far from being exempt from anthrax.

"Pigeons' serum, on the other hand, is completely without any agglutinative power, although this species resists not only the first vaccine but very often virulent anthrax. The serum of the ox, a species susceptible to anthrax, is more agglutinative (1:120) than that of the refractory dog (1:100).

"All these facts fully justify the conclusion formulated by Gengou that we cannot establish any relation between the agglutinating power and the refractory state of the animals to anthrax...this conclusion may be extended to the phenomena of the agglutination of microorganisms and to those of natural immunity in general."

It is quite likely that most physicians will acknowledge that when the changes in a germ as described above occur, there is practically no possibility of it preventing or curing any disease, and while these changes may not run as high as 80% with all biologicals, nevertheless we have shown that it can and does occur with sufficient frequency to render all such methods utterly unworthy of confidence, and unfit to rely on to any degree.

And Professor Metchnikoff's statement that agglutination is of no value as an indication of immunity or curing power seems to wipe out any small remaining chance that serums can be beneficial, under any conditions.

In other words, it seems that when we get vaccinated and fail to catch any

disease afterwards, it is either only an accident, or is due more to our natural immunity than to the serum.

## CHAPTER 8

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### ANIMAL SEROLOGY: ANTHRAX

Miss Hume says that a Frenchman named Delafond in 1838 announced that small rod-like objects were to be found in the blood of animals having splenic fever or charbon, now called anthrax, and when Pasteur brought out his one specific germ for each kind of fermentation, Devaine suggested that these little 'rods' which he named bacteridia might be parasites and the cause of the splenic fever. However, his experiments were contradictory and it was not proven. Later in 1878 Koch made some studies in which he discovered a formation of spores among his "bacteridia".

When Pasteur heard of this he declared:

"Anthrax is, therefore, the disease of the bacteridium, as trichinosis is the disease of the trichina, as itch is the disease of its special acarus."

He claimed that the blood of an animal vaccinated with anthrax serum contained no other organisms but the bacteridia. As he considered these exclusively aerobic, the blood must be imputrescible, because putrescence, he believed, was due solely to an anaerobic germ. (Later, when the Professors of the Turin Commission drew contrary conclusions from similar experiments, he charged that they had used sheep whose blood was "septic" as well as tainted with anthrax!)

He claimed that a mixture of aerobic germs, (the bacteridia) and anaerobic germs (of putrefaction) would "neutralize the virulence" of the bacillus anthracis and, if injected into animals, would protect them from infection.

In reality these two germs are only different developments or outgrowths of Bechamp's microzymas, and should have much the same effect anywhere, namely that of scavengers of dead tissues or waste. Their action should be similar, and not counteractant to each other, as is indicated in Chapter Two.

Dr Colin, another member of the Academy, promptly challenged Pasteur's statement on the grounds that anthrax was sometimes found in a virulent stage,

yet devoid of the "bacteridia".

In the next session (March 12, 1878) Dr Colin charged that Pasteur had suppressed two statements in the printed record that he had made on the floor during the prior session, i.e. "that the bacteridia of anthrax do not develop in the blood of healthy animals" and "that the bacteridia will not supply germs to the organisms," which left Dr Colin's criticism of these statements 'in the air', and, in addition, he charged that Pasteur had deliberately falsified the records of other criticisms Dr Colin had made; a nice charge to make against a 'scientist'!

On April 30, 1878, Pasteur read before the Academy of Science a paper entitled The Theory of Germs and their Application to Medicine and Surgery 67, which also bore the names of Messrs Joubert and Chamberlain as co-authors. This was his first effort to sell the 'germ theory'.

In this, among many false claims, was the statement that he had discovered "the fact that ferments are living beings", giving no credit to Bechamp whatever.

This paper also claimed that an infinitesimal quantity of their last produced culture was capable of producing anthrax with all its symptoms; yet their first experiments with it were failures, as the cultures, when sowed, produced a small spherical germ that was not even virulent, instead of the typical anthrax rods expected!

This was probably a true mutation but was not so recognized, the authors apparently believing it due to an impurity getting into their cultures.

The London Times of August 8, 1881, about three years later, quotes Pasteur as saying before a sectional meeting of an international medical congress in session there:

"...in the study of microorganisms there was an ever present source of error in the introduction of foreign germs, in spite of the precautions that might be taken against them. When the observer saw first one organism and afterwards a different one, he was prone to conclude that the first organism had undergone a change. Yet this might be a pure illusion...the transformation of a bacillus anthracis into a micrococcus did not exist."

Note that he said this 21 years after Miss Nightingale made her famous



statement that any germ could turn into another, as quoted on page five.

And when their own experiments failed to bear out their claims that their culture would produce anthrax or any of its symptoms, and the germs that were produced had no resemblance to the anthrax germ, either in appearance or virulence, why should others believe that they could prevent anthrax by any such "culture"?

But Paul de Kruif, in *Microbe Hunters*, a glorification of many famous pioneer serum faddists, paints a most astonishing picture of Pasteur's work on anthrax, and gives many startling details regarding the facts of the matter.

After describing the silk worm failure, he says:

"But one of Pasteur's most charming traits was his characteristic of a scientific Phoenix, who rose triumphantly from the ashes of his own mistakes...so it is not surprising to find him, with Reux and Chamberlain, in 1881 discovering a very pretty way of taming vicious anthrax microbes and turning them into a vaccine."

He describes Pasteur's demonstration of his anthrax vaccine at Pouilly-le-Fort, in May and June of that year in great detail, including the elaborate preparations, and he dwells on the fact that this experiment was framed by his enemies to destroy him, and that Pasteur realized that he was cornered, that he must succeed or else abandon his work on germs.

It seems to me that we have now seen too many cases of deceitfulness, prevarication and deliberate fraud on Pasteur's part to place much confidence in his good faith under such conditions, and in fact one is justified in looking with suspicion on this experiment. Here were 48 sheep—24 supposed to be vaccinated, lived, while 24 not vaccinated, died. In such a number the treatment might be differentiated quite easily.

He could have injected the unvaccinated sheep with a slow poison and he might have used pure sterile water, or a syringe with a perforated piston, in a pretended injection of the vaccinated sheep! And his assistants might have believed such a trick harmless and justifiable! Or it might have been concealed from them!

This 'miracle', as de Kruif describes it, seems to be the only success in a long series of failures; the one result that gives the only real support to Pasteur's

claims. After all the double dealing and fraud that we have proven elsewhere, are we not entitled to be sceptical of this? Does not his past conduct suggest that he could have been loading the dice? And he does not seem to have been able to repeat the success elsewhere!

De Kruif says of this fact (p.165):

Gradually, hardly a year after the miracle of Pouilly-le-Fort, it began to be evident that Pasteur, though a most original microbe hunter, was not an infallible god. Disturbing letters began to pile up on his desk; complaints from Montpotheir and a dozen towns of France, and from Packisch and Kapuvar in Hungary. Sheep were dying from anthrax—not natural anthrax they had picked up in dangerous fields, but anthrax they had got from those vaccines that were meant to save them! From other places came sinister stories of how the vaccines had failed to work—the vaccine had been paid for, whole flocks of sheep had been injected, the farmers had gone to bed breathing 'Thank God for our great man Pasteur', only to wake up in the morning to find their fields littered with the carcasses of dead sheep, and these sheep—which ought to have been immune—had died from the lurking anthrax spores that lay in their fields.

Pasteur began to hate opening his letters, he wanted to stop his ears against snickers that sounded from around corners, and then—the worst thing that could possibly happen—came a cold, terribly exact, scientific report from the laboratory of that nasty little German Koch in Berlin, and this report ripped the practicalness of the anthrax vaccine to tatters. Pasteur knew that Koch was the most accurate microbe hunter in the world!

There is no doubt that Pasteur lost some sleep from this aftermath of his glorious discovery, but God rest him, he was a gallant man. It was not in him to admit, either to the public or to himself, that his sweeping claims were wrong.

What a searcher this Pasteur was, and yet how little of that fine selfless candour of Socrates or Rabelais is to be found in him. But he is not in any way to be blamed for that, for while Socrates and Rabelais were only looking for truth, Pasteur's work carried him more and more into the frantic business of saving lives, and in this matter, truth is not of the first importance.

In 1882, while his desk was loaded with reports of disasters, Pasteur went to Geneva, and there before the cream of disease fighters of the world, he gave a thrilling speech, with the subject: How to guard living creatures from virulent

maladies by injecting them with weakened microbes.

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And according to de Kruif, Koch made a devastating attack upon Pasteur's statements in a paper published shortly after this, in which he charged that practically all of Pasteur's claims for his anthrax vaccine were false, that his vaccines were not pure, that he had concealed the bad results that had followed the wholesale use of the vaccines, and he closed with:

"Such goings-on are perhaps suitable for the advertising of a business house, but science should reject them vigorously." (p.168)

De Kruif adds:

"Then Pasteur went through the roof and answered Koch's cool facts in an amazing paper with arguments that would not have fooled the jury of a country debating society."

How can de Kruif so praise a man, and describe the 'miracle of Pouilly-le-Fort' as "amazing as any of the marvels wrought by the Man of Galilee", after giving such devastating evidence that his work was a failure, his ideas false, and the man himself deliberately dishonest, making false claims and concealing the extent of his failures?

In 1881 the Sanitary Commission of the Hungarian Government said of the vaccine viruses used in the anti-anthrax inoculation:

"The worst diseases, pneumonia, catarrhal fever, etc., have exclusively struck down the animals subjected to injection. It follows from this that the Pasteur inoculation tends to accelerate the action of certain latent diseases and to hasten the mortal issue of other grave affections."

Plainly it failed in their tests also, and the Hungarian Government forbade its use in that country.

It was not long before his vaccine was proven a failure elsewhere as well. In March 1882, a commission composed of members of the faculty of the University of Turin, Italy, undertook to conduct tests regarding the value of this anthrax prophylactic. A sheep having died of anthrax, after the learned

professors had vaccinated some other sheep with Pasteur's cultures, they inoculated both these vaccinated sheep and some unvaccinated sheep with the blood of the dead sheep. All of the sheep, both vaccinated and unvaccinated, subsequently died, proving the vaccine utterly worthless.

After about a year of dispute and passing the buck by correspondence, the Turin professors published a pamphlet in June 1883, containing some of Pasteur's contradictory statements together with their cutting criticisms thereof, under the title *Of the Scientific Dogmatism of the Illustrious Professor Pasteur*, which was signed by six professors of high standing. This, by citing contradictory statements Pasteur had made in different papers, along with their comments, just about destroyed his theories on anthrax.

This paper was translated into French, but Pasteur, with some adroit dissimulation, managed to survive the blow, and went on pushing his anthrax vaccine.

He soon had bacteriological institutes for experiments and the production and sale of his various serums and vaccines established in many parts of the world, the one in Paris being probably the first.

In 1888 an institute in Odessa, Russia, sent some anti-anthrax vaccines to Kachowka in southern Russia, where 4,564 sheep were soon vaccinated, and 3,696 of them promptly turned up their toes and died; a death rate of 81%, and from a supposed 'preventative' vaccine at that!

Dr Lutaud says in *Etudes sur la Rage* (p.419) that Pasteur was compelled to compensate many owners in France for animals killed by his vaccines.

## FOOT AND MOUTH DISEASE

Mr C. M. Higgins, of drawing ink fame, of Brooklyn, N.Y., some years ago wrote a book entitled *Horrors of Vaccination* in which he drew attention to the fact that official publications of the United States Government ascribed several epidemics of foot and mouth disease in this country directly to the use of vaccines or serums; especially those of 1902, 1908, and 1915.

The Chief of the Bureau of Animal Industry of the US. Department of Agriculture says in his report for 1902 (page 394):

"Most veterinary text books state that foot and mouth disease is a mild infection and that only 1 or 2% of the animals attacked die from it, the reader being left to infer that the losses do not exceed 2 or 3% of the value of the animals. Such a conclusion would be a grave mistake."

However, it seems to have been mild before its cause was traced to vaccines. The Secretary of Agriculture says in the department Year Book for 1914, page 20:

"There were outbreaks of foot and mouth disease in this country in 1870, 1880, 1884, 1902, and 1908. Since the close of the fiscal year 1914, the sixth outbreak has occurred. The first three, those of 1870, 1880 and 1884 were comparatively trifling. Those in 1902 and 1908 were more grave. The present one is the most serious and extensive of all.

"In 1902 the outbreaks occurred in the New England States. In 1908 it originated in Detroit. The origin of each of these new outbreaks was traced to the importation of vaccine virus for the propagation of vaccine for use in vaccinating people against smallpox. The vaccine was imported from Japan where the foot and mouth disease exists. Each of these outbreaks was stamped out by methods which have proved most effective in preventing the disease from gaining a footing. These methods involved the killing of all infected and exposed animals, the burying of the carcasses, and the thorough disinfection of all premises with which the animals may have come in contact."

The first part of the 1914 outbreak was ascribed to "an imported article used in tanning" (hides?) but when this was stamped out, a recurrence occurred near Chicago, in August 1915, that was traced to a Chicago laboratory making hog cholera vaccines. Foot and mouth disease was found in 8 of 11 herds that had used this vaccine.

The Secretary of Agriculture says of this in the 1915 Year Book (p.27):

"It seems certain that this infection was produced by contaminated hog cholera serum prepared in Chicago, in October 1914, at an establishment where the disease had not been known to exist at any time...pending investigation, all shipments of serum from Chicago were prohibited. It was found that some of the product of the establishment had been used on 11 herds of hogs...a few infected hogs were found in eight of the herds and all 11 herds were slaughtered at once."

Although they had found the disease in 8 herds on which the vaccine had been used, they decided to 'test' the serum, and what a test!

They knew, or were very sure, that the vaccine had given the hogs the foot and mouth disease, yet the first four tests on a total of 52 animals were all negative, but they had plenty of perseverance, and in the fifth 'test' and on the 62nd animal tested, they found foot and mouth disease!

If it took 'tests' on 62 animals to obtain proof that a vaccine that had already caused the disease could do so again, how can anyone know that it would not take two or three or more times 62 'tests' any other time, assuming, of course, that these are tests, which, again, I don't believe!

And after such a failure, how can any doctor or veterinarian consider any tests, such as the Schick, Dick, Tuberculin, Wasserman, etc., of any value whatsoever?

With all the evidence we have given that germs can change their characteristics, from Miss Nightingale and Professor Bechamp, to Lohnis, Rosenow and others, how can anyone expect a germ to remain constant through any 'test' or remain true to its original characteristics after being 'tested'?

The Secretary of Agriculture says of these so-called 'tests' on the same page:

"This is regarded as proof that the suspected serum actually was infected. Why the standard test used on 61 of the animals failed to reveal this fact is a matter for scientific investigation, and the bacteriologists of the department are at work on the problem. At the time of manufacture 0.5 of 1% of carbolic acid was mixed with the serum as a preservative. It is now believed that the acid, acting as a germicide, may have attenuated or partially destroyed the virus so that tests previously considered safe failed to establish the presence of the infection."

If they had no better luck than Pasteur had with his anthrax tests, it will be a long time before they find out very much!

As the average serum is only some toxic decomposing proteins, and some germs that are really re-workers of dead tissues or waste, but which the doctors believe to be the cause of the dead tissues they are found with, the germs are very apt to change their characteristics as the toxins break up, just as they have repeatedly

been shown to do elsewhere in nature.

Consequently, many serums would not remain constant through 61 tests, nor would anyone who sells serums to the public be likely to make 62 tests before telling their customers that it was pure serum!

Even after it is 'tested' it may change in storage, and how do they know when they have the right germ in the serum anyway, as the best authorities admit that some germs, such as the smallpox germ, have not been isolated?

The Secretary of Agriculture says (of the hoof and mouth disease) on page 29 of the same volume:

"Up to the present time the germ has not been identified, although the scientists of Europe have studied the disease exhaustively for years."

They killed 168,158 animals valued at about \$5,676,000 to suppress the 1914-15 epidemic.

Circular No. 325 of the Agricultural Department says:

"Immunization in the 1914 outbreak was out of the question, as the only serum thus far produced gives but a passing immunity of only a few weeks duration, unstable at best."

Mr Higgins pointed out that the disease is more prevalent in countries that have compulsory vaccination than in others.

The U.S. Dept. of Agriculture quotes Dr Loeffler, head of the department handling the trouble in Germany, as saying before the 7th International Congress of Veterinary Surgeons at Baden Baden in 1899:

"Foot and mouth disease is spreading more and more every year and every year it costs the German Empire enormous sums. Necessary measures have been taken with the greatest care; suspected grounds have been closely quarantined; this measure had been extended to whole communities and even to entire districts; disinfection had been carefully carried out; and notwithstanding all this, the disease kept spreading."

The Foot and Mouth Disease Commission of the U.S. Department of Agriculture



published a chart<sup>73</sup> showing the trend of foot and mouth disease in Germany from 1886 to 1924, which is reproduced on the opposite page.

Note the tremendous increase in deaths that accompanied the first general use of serums in 1920!

The U.S. Department's Farmers Bulletin No. 666 says:

"Foot and mouth disease has prevailed in Europe for a great many years and has occasioned tremendous economic losses there.

In Italy, France, Switzerland, Germany and Russia the plague has existed so long and has gained such a foothold that it is economically impossible to fight it with the American methods of slaughter and disinfection."

In Germany in 1911, 3,366,369 cattle, 1,602,927 sheep, 2,555,371 hogs and 53,674 goats were affected, or 7,578,371 animals of a total number of about 51,319,000 farm animals in the country at that time. As the chart indicates that about 247,000 farms were affected that year, this would give about 30.6 animals per farm. If the 1920 figures of 746,571 farms affected averaged the same, it would run to nearly 23,000,000 animals, close to half the number of animals in Germany! They used serums this year also, which probably helped spread it.

The same bulletin quotes one scientist as saying:

"...that unless all the affected farms were absolutely isolated and the movement not only of live stock but of persons absolutely prohibited, the disease could not be stamped out. Such a quarantine is of course utterly impossible to enforce."

Italy, France, Germany and Switzerland have compulsory vaccination, hence large vaccine plants that can spread the disease, as occurred in the cases cited in the United States.

And of course neighbouring states with or without compulsory vaccination would be overrun by importation from these countries, though some, such as England, kept it out pretty well.

Other places where vaccination is pushed, such as Brazil in South America, also have the disease, while Canada, the United States, Mexico, Australia and New

Zealand, all of which are comparatively free from intensive vaccination drives, also seem to have only sporadic attacks of foot and mouth disease, which are generally easily stamped out.

How can the 'scientists' account for this?

## RABIES OR HYDROPHOBIA

According to Farmers Bulletin No. 449 of the U.S. Agricultural Department, no one can catch rabies from an animal that bites them unless the animal has the disease. Furthermore, less than 15% of those bitten by a rabid dog and not treated will generally contract the disease. This is very different from the hullabaloo generally raised by the self-styled 'regular' doctors, and especially by health officers, over every dog bite they hear of. In an official publication such as the Farmers' Bulletin, this is quite an admission; unofficial and anti-vivisection sources of information generally place the percentage much closer to zero.

Bulletin No. 65 of the U.S. Hygienic Laboratory at Washington also admits that those who die after treatment die earlier than untreated cases! It says:

"Treatment. Nitsch has pointed out that in a large series of cases the deaths in spite of the Pasteur treatment occurred on average earlier than in untreated persons (64.5 to 90 days).

There is some reason to believe that the rabies virus as it occurs in nature varies much in virulence, and that this is in some way related to the geographic distribution." (p.21)

To anyone who read Chapter 7 it will be evident that (assuming it has value), one should not use a serum from a distant location if this is true, as the possibility of 'agglutination' would be very small where there were such variations. And to this they add:

"Inoculation with spinal fluid obtained during life is wholly unreliable as it usually fails even in true cases of rabies." (p.36)

The New York Anti-Vivisection Society has published several pamphlets from which the following information is taken.

They state that rabies is a very rare disease except where dogs have been injected with rabies serum, in which case it very often develops.

According to their views, a dog unable to find green grass to eat in winter is very apt to develop worms or maggots, or both, in the intestines, often perforating them, and driving the dog frantic. In this condition the dog will bite at everything blindly, foam at the mouth, and run amuck generally, refusing water and seeking solitude.

Hay, grass, hide or bones fed to the dogs will cause the irritable conditions to disappear.

There are no real grounds for supposing that madness, as found in humans, occurs in dogs, nor can it be proved that the bite from a distracted animal can produce madness in anyone bitten. Further, so-called rabies can be shown to be the direct result of serum injections.

Competent authorities claim that in so-called 'real' rabies, a dog never foams at the mouth, but has a small amount of brownish stringy discharge hanging from the lips, and the eyes have a fiery glare.

In epilepsy, the dog trembles, his jaws champ violently and his voluntary muscles are powerfully convulsed; there is a copious discharge of white frothy saliva; he utters sharp cries and when recovering from the fit, the eyes are dull and stupid. This might be due to fright, or heat in summer.

They quote doctors of unquestionable authority as saying that no rabic germ has been found; and that finding so-called Negri bodies is no proof that the dog has rabies; as "they are found when all symptoms are absent and when all are present, so the diagnosis of rabies is pure guesswork", according to J.A. McLaughlin, D.V.S.

Even by A.M.A. standards no successful serum can be made without the right germ, so this might account for the large number of deaths that follow the Pasteur treatment.

Some doctors say the bite of a rabid dog is absolutely harmless to man. C. W. Dulles, M.D., a famous authority on dog diseases and hydrophobia who looked up the records in many cities, says over a million dogs and cats were handled by dog catchers in 14 years, with many thousands of bites, but no treatment—and not a single case of hydrophobia appeared in these cases.

He and other doctors had posted for years standing offers of \$100.00 to \$1,000.00 for a genuine case of dog hydrophobia and had no claimants, though thousands of dogs were being killed yearly because of scares; one place claiming that 92% of those killed in one year had hydrophobia!

These doctors say chaining or muzzling a dog that has always been free is apt to cause the very irritability we want to avoid.

### PASTEUR'S TREATMENT CAUSES RABIES

In man, they say the death rate in France in cases of so-called rabies is 19 per 100—the highest in the civilized world—and the same as before the Pasteur Institute was established, and cases of hydrophobia have enormously increased, while just across the Rhine in Germany, hydrophobia is almost unknown.

The year before Pasteur started his treatments there were four deaths from hydrophobia in Paris, the year after there were 22! Not only France as a whole, but each department of France, and in fact every country that has allowed the Pasteur 'treatment' to be introduced, have all shown a sharp increase in the number of deaths from hydrophobia after such introduction!

In England there were several Pasteur Institutes doing a thriving business prior to 1902, when a commission was appointed to investigate rabies and the serum treatment, and the Institutes were abolished. They have had no hydrophobia since.

They claim that over 3,000 people died in England before 1902 after being bitten by dogs and then taking the Pasteur treatment, while more recently the London Hospital treated 2,668 persons bitten by dogs without using the Pasteur treatment, and none of them developed hydrophobia!

While these are not complete figures for England, there are nearly 6,000 cases of dog bite treated in institutions; and of these only those who had taken the Pasteur treatment died. Why not try something different?

And there has never been a case of hydrophobia in Norway, Sweden, Iceland, Denmark, Holland, Belgium, New Zealand and Australia, because those countries will not tolerate a Pasteur Institute within their borders.

They say the Pasteur treatment is very often the cause of rabies, is always dangerous, sometimes even murderous, and is never beneficial.

J. W. Dodson, M.D., of Brockport, N.Y., wrote years ago:

"If people would only think for themselves and not blindly follow the agitator or grafter we would soon be relieved of this pest, rabies."

For a safe, sane and logical treatment that has saved patients with rabies for over 100 years, we would recommend the Buisson Bath, a hot vapor or steam bath that is fully described in *Drugless Cures* by this author.

## THE TUBERCULIN TEST

As the so-called tuberculin test has been rather fully discussed in the pamphlet *The Tuberculin Test a Fraud*, and in Chapter 7 of this volume, it seems hardly necessary to say more on this subject here.

Needless to say, it is as big a fraud as a 'test' on animals as it was as a 'cure' for humans, and there is a great deal of substantial evidence that the testing vaccine (or its needle) causes tuberculosis in cows and other animals, as it did in the human subjects used in Koch's experiments.

It should be absolutely forbidden, and those who use it should be barred from practice.

## CHAPTER 9

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### REAL IMMUNITY

Many years ago the famous English physician Alexander Haig proved in "Uric Acid in the Causation of Disease" that the breakdown of human cell tissues was due primarily to uric acid formed in the breakdown of protein, and that all animal flesh contained some uric acid when eaten, hence was much more potent in starting this breakdown than plant foods, which were all free of uric acid when fresh. He contended that germs were merely of secondary importance, and never the cause of the various conditions of ill-health with which they were frequently found.

Surprising confirmation of his ideas seems to come from some experiments conducted by F. M. Pottenger, M.D., and D. G. Simonsen on cats.

They put two groups of cats on diets of meat and vegetables, identical except that in one group the meat was given raw, and this group seemed to maintain normal good health throughout the experiments. In the other group the meat was all cooked, and this group showed an astonishing breakdown of health in all the animals.

They found every sign of lack of minerals, such as incomplete development of the skull or other bones, bowed legs, rickets, curvature of the spine, paralysis of the legs, convulsive seizure, thyroid abscesses, cyanosis of liver and kidneys, enlarged colon, and degeneration of the motor nerve ganglion cells throughout the spinal cord and brain stem, with some cells affected in the cerebellum and cerebral cortex.

Strange to say none of the cats on raw meat had any of these troubles at all, yet millions of humans are afflicted with one or more of them, and have no conception of the cause, and neither have their doctors in most of the cases.

They add, of these cats:

"The deficiency renders the experimental animals so deplete in important vitalizing factors that the third generation is unable to live beyond the period

corresponding to childhood in the human being."

Why did only those cats fed cooked meat have all these troubles?

We must remember that all protein contains nitrogen and sulphur, which when released in the body combines with water and other matters to form destructive uric acid and sulphurous or sulphuric acids, all of which must immediately be neutralized by the alkaline minerals to prevent cell destruction. If no minerals are instantly available, they will destroy living tissue to get them. This in turn will release more nitrogen and sulphur to continue the process ad infinitum.

Furthermore, all forms of animal flesh contain proteins and acids which are broken down during the process of digestion, and these experiments prove conclusively that cooking meat breaks down a great deal more protein, causing the formation of more of these acids, which clearly were what wrecked the cats' lives. If humans want to avoid the same or equivalent results, they must give up cooked meat, and I believe should give up all meat, for the rest of their lives.

These acids break down body tissues, and germs arise merely as scavengers; if we can stop the breakdown of tissue through a diet free from these acids, we can also end the danger from germs, as well as the troubles from decalcification and eliminating meat. Reducing the total protein eaten would accomplish this in a large measure.

Dr M. Hindbede, famous Danish dietician, says a 150 lb. man can live on half an oz. of protein a day, and be healthier than a person eating a greater amount; and he adds it should be vegetable protein.

In biblical times, people ate fruit and nuts and had good health to ages beyond 900 years, but in Noah's flood, fruits and nuts were so depleted that man has eaten meat, raw and cooked, ever since and suffered and died like these cats.

Dr J. Bitner, of Yakama, Washington, has cured intestinal infections in young children by withholding all milk and protein from the patient for two days, and giving a quantity of apple pulp, which has considerable antiseptic effect. He cured about 90% of his cases with this two-day treatment, although he had many relapses among the 10% when they were allowed milk and protein.

This, I believe, was due to the short treatment not completely eliminating all of



the waste protein in the system. Four, six or eight days or even longer periods without milk or protein in the more severe cases have better results.

However, he only had one death in 946 cases, a far better record than the average physician usually has in such troubles. See my book *Prolongation of Life Through Diet*, pp.77-82.

There are many authorities who maintain that a well mineralized system such as we would have on a vegetarian or fruitarian diet would be absolutely immune to germ action of every kind.

Dr J. Greer says in *The Physician in the House* and also in *The Drugless Road to Perfect Health* that in cases of diphtheria, if the patient gargles the throat with lemon juice every hour, it will cut the false membrane loose so that it will come out.

Possibly more frequent gargling would be better, and an exclusive fruit juice diet for a few days would quickly restore normal health.

"A very high percentage of all physical disturbances in the tropics are intestinal—some wrong food, some wrong drink, a few germs.

All in all the chief danger is with what is eaten and what is drunk; and the thing is so simple, unless you are a glutton, that it seems absurd that everybody traveling along the equator should not be fit all the way."

In an article entitled *Lemon Squashing 'round the World* in the *Saturday Evening Post* of July 24, 1926, (p.68), Samuel Blythe advises all visitors not acclimatized to tropical countries to entirely avoid meat and liquor, to reduce to a minimum the amount of proteins and starches eaten, and to subsist principally on fruits and vegetables. He adds:

"Lemon squash is the panacea for tender feet in the tropics. It is the regulator, the reviver, the protector against fever, the assassin of germs, the foe of tropical acidity, the enemy of rheumatic conditions, the quencher of thirst, the general efficient hygienic handyman within the body.

There is no doubt that the two most beneficial fruits known to man are the orange and the lemon, and it is in the tropics that the lemon shines with the greatest effulgence.

It is a hygienic policeman that polices the body, paying strict attention to the liver, supplies richly the needed mineral salts, and when burned in the process of digestion leaves an alkaline ash that neutralizes the acids that are so copiously the result of tropical living conditions. The lemon is a friend, aid and companion, and the way to utilize it is in squash."

He goes on to say that lemon squash is a lemonade as we know it, made from fresh lemons, while bottled lemonade in the tropics is a citric acid preparation usually artificial in composition, and should be avoided. He also advises no sugar or very little, and to see that the squash is made from the fresh fruit and good water. He adds:

"Get it and drink it by the quart. Drink 5 or 6 or 7 or 10 lemon squashes a day. Drink one every time you feel thirsty, but always between meals, never at meals...lap them up. They are cool, they are refreshing, they taste good, and they surely are life preservers... you will be better off without tea and coffee.

"Literally I lemon-squashed my way around the world. Not a day passed when I was in the tropics that I did not drink 8 or 10 of them, and in the cooler climates I took 2 or 3. I drank them straight without sugar...fruit and sugar do not make a good food or drink combination.

"The result was marvellous. The lemon squashes kept all bodily functions regular, kept me in perfect health, and I am quite a way past my 50th birthday. I did not have an ache, a pain a digestive disturbance, a physical qualm of any sort...and was perfectly fit and perfectly well all the way. Just a little care about food and the assiduous consumption of lemon squash did it."

The same drink—lemonade—as well as others, such as pineapple juice, grapefruit, oranges, and the cold pressed juices of the green leafy vegetables, and beets, carrots, tomatoes, etc., are all rich in the minerals needed to control acidity.

And we can use smaller quantities of them if we avoid meats and liquors and hold the quantity of acid forming proteins and starches to the minimum needs of the body.

**A correct diet will control any infection as well as most other forms of ill health.**

END

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**“One of the ways that I believe people express their appreciation to the rest of humanity is to make something wonderful and put it out there.” —Steve Jobs**

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