

BACTERIA, INC.

In Which is Told the Story of
New York's Half Million Dollar Bedbug

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CHAPTER ONE . We Survey The Century

When man the ingenious first took a handful of sand and transformed it into a microscope, a century or more ago, he threw open the door to vast changes in philosophy, science, and religion. Peering wide-eyed into the unexplored depths of matter, he saw for the first time toiling colonies of bacteria, germs, and microbes. It was natural---scientifically, but not philosophically or religiously--- that he identified these minute workers as disease organisms. This conclusion of science quickly changed the concepts of health and disease. A new and previously unsuspected element was present. Disease became an entity in medical analysis. For more than one hundred years this belief has prevailed. Upon it the whole structure of public health and preventive medicine is built.

When we refer to the Science of Public Health, we naturally look upon the complex system of methods and practices as exact, precise, and dependable. These are defined, supported, and advanced with authoritative bulletins from the United States government; and by an infinite flow of pamphlets, booklets, and news releases from the health departments of every state.

With 175,000 babies born every day of the year, and standing room on the productive areas of the globe becoming less and less available, public health programs are not only desirable, but necessary. If society failed to undertake and enforce sanitation and health procedures, there would be a recurrence of plagues and epidemics like those that decimated population groups in the Middle Ages, before the "*Science of Sanitation*" was born.

Sanitation has won its accolade as a science. Its contention that disease originates from filth, and its struggle to cleanse and purify man's external environment, have placed it upon the pinnacle of twentieth century achievements. The installation of water and sewerage systems in our cities, and the warfare on disease-carrying insects have saved millions of lives. And supplementing these vast improvements in living conditions, industrial engineers and chemists have developed the electric refrigerator, insuring pure food; the vacuum cleaner to remove the hazard of dust; and improved equipment for the processing of vegetables and fruit---all in all, an external environment that offers protection from contamination and disease.

Public Health programming is founded upon the supposition that the people must be protected internally from diseases that originate in external environment. The environment is depicted as teeming with malignant microscopic organisms, or bacteria. Against the assault of these, we are told that we must protect ourselves by immunizing shots for smallpox, diphtheria, tetanus, typhoid, colds, influenza, pneumonia, scarlet fever, whooping cough, and many other "*invading*" armies of microbes.

Bacteria are looked upon generally as deadly enemies of man. They are found active in certain diseases, and the conclusion is automatically reached that they are the causal factor. Few people ever think of bacteria as an integrated, correlated part of life processes on the globe. In the little plot of land outside our door billions of these invisible creatures

toil endlessly, converting organic matter back into its elementals, changing nitrates into nitrites, and the traces of copper and zinc into forms for nourishing plants, grass and trees. And in the sun-dried head of a fish on the beach, the microscope will show them laboring industriously. They are the invisible chemists of the planet, and without their useful services life would soon become unsupportable and impossible everywhere.

Bacteria are always present in the mouth and intestinal tract, and may be found working benevolently in the deep tissues and organs of the body. Everywhere they function as cleansing agents. They are legion in type and number, and change their shape, form, and color to fill the needs of their environment.

Nature, we know, functions with transcendental wisdom and economy. Everything in her visible and invisible dominion has a purpose, and the hypothesis that certain strains of her bacteria have been commissioned to destroy man comes into conflict with her primary plan, which is the development of the millions of species with which she has populated the globe.

In the book, *Our Plundered Planet*, Fairfield Osborne observes:

“The relationship between land health and the health of human beings, as well as other animals, is actually no more than another aspect of the delicate and complex relationship of all life. How in the face of these things can we accept the idea that 'science' is capable of providing for the continuity of human life by substituting its methods for those of nature?”

Viewing disease as a devastation from without, we start the program of combating it in the bassinet. By the time a baby is four months old, we take him to the pediatrician for a whopping cough injection, and as the months pass we charge his body with billions of bacteria for the prevention of diphtheria, scarlet fever, measles, smallpox, and colds. In emergencies, we add penicillin and sulpha drugs to combat invading bacterial enemies. It is safe to estimate that at least 175,000 of these babies are carried into physicians' offices daily to receive their protective serums. The program is undertaken with enthusiasm from the wealthiest homes to the slum areas of cities large and small where immunizing clinics are set up by federal, state, and municipal public health departments. In the front lines, publicizing the program in leaflets, educational talks, and by use of the movies, are the schools. Parent-teacher associations, civic clubs, newspapers, and the radio. Nothing like it has ever before been achieved in the way of public health promotion.

Considering the improvement in sanitation, the availability of preventive medicine, and its enforcement in many states by law, we should naturally expect to have reared a generation largely free from disease. The program should have given us a generation of boys and girls, physically and mentally surpassing any the world has ever seen. But a casual look around us reveals that this has not happened; and a survey of the statistics on sickness and death, points to the need of re-examining the theory and the preventive measures that stem from it. Fairfield Osborne says:

“It was a bright day when through the growth of the science of bacteriology, the cause of communicable diseases became known. . .At the end of the last century it looked as if mankind were about to enter into a new era of health and happiness. It has not happened so. While the life span in many countries has increased, yet even in these are evidences of slow, silent, pervading deterioration of human health. There is a dearth of knowledge as to the time of commencement of the process of deterioration, assuming that infact such process is occurring. Medical records of a century or so ago can throw little light on the matter so that accurate comparisons with health standards of earlier rimes cannot be made. But that some change is now taking place is reflected by the appearance of a whole series of "new" illnesses. As a group they are referred to as degenerative diseases, affecting many of the organs as well as structural parts of the body, such as heart, liver, teeth and bones. Their causes are little understood and consequently the medical profession is helpless in preventing them or curing them”.

"Imagine a country, such as the United States, apparently rich in fertility and abundance of its land resources, where the recent two-year study of the nation's health by the Senate Sub-committee in Wartime Health and Education discloses that of more than 14,000,000 men examined for the draft only 2,000,000 were fully up to standard. A supplementary study indicates that apparently 12 percent were found to be mentally unfit for military duty."

These facts being true, the “*Science of Preventive Medicine*” must stand before the bar of public opinion and defend itself against the indictment that Time, Experience, and Statistics have brought against it.

No testimony is needed for Time. Current theories of prevention have dominated medical practice for nearly a century. Countless new serums, vaccines, and viruses have been developed in the laboratory, tried in the clinic, and marketed for the purpose of protecting children especially, and mankind generally from bacterial diseases and death.

From the archives of the century of prevention, the witnesses of Experience and the testimony of Statistics are presented in this book, *Bacteria, Inc.*

CHAPTER TWO . Do Germs Cause Disease?

If we, the patients of 300,000 doctors in America could see laboratory experiments as clearly as we see the pictures on a movie screen, many of our beliefs would quickly fall apart. Through the growth of bacteria in various cultures, we would witness the modification of these living organisms by way of adjustment to existing conditions. We would see them change their structure, color, and size. We would see innocent forms metamorphose into the spirochete pallida of syphilis or the typhosis bacillus identified with typhoid.

It required the passing of several decades for biologists to recognize that germs are capable of remarkable transformation from one type to another. If you visualize a mouse

slowly changing into an opossum, you will get an idea of what happens among inhabitants of the microscopic world. This phenomenon of bacterial life was first demonstrated around 1910 by Dr. E. C. Rosenow of the Mayo Biological Laboratories. The results of his studies are set forth in the Journal of Infectious Disease for 1914, Volume 14, pp. 1 to 32 inclusive.

Rosenow demonstrated through a series of experiments lasting for several months that simple bacterial forms like streptococci (pus Germs) could be made to assume all of the characteristics of pneumococci (pneumonia germs) simply by feeding them on pneumonia virus and making other minor modifications of their environment. And when Rosenow reversed the procedure and fed pneumonia germs on pus, they quickly changed into streptococci. Many other experiments were carried on, and in every instance the germs, regardless of type, changed into other types when their food and environment were altered.

Other bacteriologists who followed the pioneering of Rosenow have verified his findings. Among these were two New York researchers who reported transforming cocci, the round berry-shaped type of bacteria, into bacilli, the long, rod-shaped species.

In the course of these experiments it was shown that the bacteria found in the primary stages of pus formation are invariably the streptococci, while in later stages as the blood cells undergo more and more disintegration and the chemistry is altered, the "strops" change into staphylococcus. These germs do not maintain their structural identity in an alien media. These inhabitants of the invisible realm of matter cannot prosper per se out of their environment. Denied their exclusive type of food, moved from their natural habitat, and fed on other kinds of food, they quickly change into the forms native to their new surroundings.

The evidence in this field has been strengthened as the years passed. Recent conclusions were published by the Journal of the Franklin Institute for February, 1944. From page 124 of that issue we excerpt the following paragraph:

“The virus of cancer, like the viruses of other diseases, can be easily changed from one form to another by altering the media upon which it is grown. With the first change in media, the B.X. virus becomes considerably enlarged although its purplish-red color remains unchanged. Observance of the organism with an ordinary microscope is made possible by a second alteration of the media. A third change is undergone upon asparagus base media, where the B.X. virus is transformed from its filterable state to Cryptomyces pleomorphia fungi, these fungi being identical morphologically both macroscopically and microscopically to that of the orchid end of the mushroom. And yet a fourth change may be said to take place when this Cryptomyces pleomorphia permitted to stand as a stock culture for the period of metastasis, becomes a well-known mahogany-colored Bacillus coli. . .By altering the media. . .Bacillus coli becomes the turquoise blue Bacillus typhosus.”

Broken down into simple language, this means that the virus of cancer can be changed easily into the type of bacteria that inhabits the intestines, and finally into the destructive germ of typhoid.

These laboratory discoveries are influencing scientists to look with keener insight into the theory of germs as a cause of disease. They are beginning to look upon the body of a sick patient as a banquet table to which legions of germs are attracted. They know that bacteria cannot ferment or decompose living tissue. Their food is broken-down body cells. Until it can be shown that bacteria have an affinity for healthy cells, the belief that they cause disease will remain unsupportable.

Experiments with grapes and other fruits show that bacteria do not start the process of fermentation. First, the fruit must be broken down by age or injury---and it is only then that the bacteria begin their work. Not until the chemistry of growth and life is altered does fermentation commence. Fermentation never occurs in green or living substance. But when the processes of growth or life are interfered with or ended, the bacteria come and the work of reducing the substance back into primary elements gets under way.

Since bacteria ignore living tissue, and hunger only for lifeless matter, the researchers are pointing to their excreta as the poisons, or viruses, that produce disease and death, This is entirely speculative, but it constitutes the best available explanation for sustaining the elaborate procedures for prevention and cure, without which medical science would stand helplessly baffled before an impasse.

The study of bacteriology, like that of astronomy, still presents vast dominions for explorers. In the solar distances of the Light Years and the microscopic recesses of the electron, there remain countless unrevealed mysteries. In bacteriology, the first explorers, confronted with micro-organisms in disease, concluded that here at last was the missing link between health and illness. The ages-long search of medicine was finally rewarded. Here was something that researchers could get their teeth into, and as subsequent investigations disclosed distinct types of microbes invariably present in distinct types of pathology, the theory was strengthened. The morphological nature of bacteria was not anticipated, nor had researchers demonstrated the existence of these invisible forms as chemists and purifiers of nature. The theory became fixed in the consciousness of science, and the tell-tale findings of recent years in the laboratory and clinic have not served to dislodge it from the mind of the great mass of medical practitioners. It has undergone modification, but it clings with the tenacity of a superstition. Like the legion of witches who rode their broomsticks over the world. . .like the practice of blood-letting. . .like the belief that the blood was immobilized in the arteries and veins, the belief in germs as the cause of disease, must fact the painfully slow but inevitably certain march of time.

The Germ Theory received its primary impetus from Pasteur and Jenner, and later from Dr. Paul Ehrlich, the German-born scientist who postulated that certain forms of bacteria have an affinity for living tissue. Later, he discovered Salversan (606) which for years was believed to be a specific cure for syphilis. In recognition of his great

contributions to science, he was decorated by most of the governments of the world, and had so many medals that he could never wear them all, and forgot who had conferred them upon him. Most of his discoveries including Salversan, have been discarded, as Error, no matter how profound in appearance, must inevitably fall in its endless duel with Truth. But, paradoxically, perhaps prophetically, his name still scintillates in the bacterial world, and it is the Ehrlich Theory science speaks of when describing immunology.

Commenting upon the effects of procedures that have been instituted by medicine upon the Ehrlich assumptions, Dr. W. H. Manwaring, professor of bacteriology and experimental pathology at Leland Stanford University, said in 1929:

“Immunization to date has been based on the Ehrlich theory that the inoculation of disease products in subpathogenic doses creates antibodies, or, defending entities against any subsequent mass invasion. Not only is there no evidence of these so-called antibodies being formed, but there is ground for believing that the injected germ proteins hybridize with the body proteins to form new tribes, half animal and half human, whose characteristics and effects cannot be predicted. . . Even non-toxic bacterial substances sometimes hybridize with serum albumins to form specific poisons which continue to multiply, breed and cross-breed ad infinitum, doing untold harm as its reproductivity my continue while life lasts.”

“I believe that there is hardly an element of truth in a single one of the basic hypotheses embodied in this theory. My conviction that there was something radically wrong with it arose from a consideration of the almost universal failure of therapeutic methods based on it. . . In spite of millions of dollars spent in commercial exploitation, of a 100 theoretically logical monovalent, polyvalent, prophylactic and curative anti-sera, 95 percent of them were thrown into the clinical discard. The same thing is true of vaccines. . .and we call this scientific medicine! Twelve years of study with immuno-physiological tests have yielded a mass of experimental evidence contrary to, and irreconcilable with, the Ehrlich theory, and have convince me that his conception of the origin, nature, and physiological role of the specific 'anti-bodies' is erroneous.”

The simple processes of logic carry us from the conclusions of Dr. Manwaring, through the Mayo Clinic and Franklin Institute findings, to the appearance of many “new” and degenerative diseases in this century as described by Fairfield Osborne; and, lastly, to the startling increase of cancer, heart disease, and other serious maladies in children.

Apropos of this, the human body is known to be a media subject to an infinite range in the type of food it offers for bacteria. It is alkaline one day and acid the next. Different areas and organs form a varied menu for the billions of “immunizing” bacteria injected into it as “preventative medicine.” These are known to congregate on the valves of the heart. They are toxins similar to those found in diseased tissue and cells. These are questions bacteriologists are asking: Do they induce sickness wherever they range? Do they produce pathology in the delicate membranes of the lungs, and influenced by their environment, become the ravaging tubercular bacilli of tuberculosis? Do they congregate upon the

valves of the heart and break down this delicate structure, accounting for the astounding increase of heart conditions among children, since 1900? Do they ravage the blood vessels, the lymphatics, and the eyes, causing “grave concern” among public health officials over the widespread occurrence of cancer in children, which kills two-thirds as many as whooping cough?

These are questions whose answers still remain unanswered in the laboratory and clinic, but the marked increase of old diseases and the development of new ones parallel the expansion of preventive medicine, and warrant suspicion and examination.

Long ago, science warned physicians about the danger of post-vaccinal sleeping sickness, poliomyelitis, syphilis, and other diseases. These diseases occur in children and adults alike following inoculations. Physicians know that a percentage of those they vaccinate or inoculate for diphtheria, scarlet fever, or measles, will die of shock, and that others will be projected into the Morpheus night of sleeping sickness, or the disfiguring horrors of polio, while others will be stricken with rheumatic fever, arthritis, blindness, and suppurating rashes of all kinds.

Yet these results are justified by immunologists on the premise that the procedures are necessary to safeguard the population from epidemics. They overlook the fact that epidemics diminished as man purified his exterior environment.

It is conceivable that the filth that once beset him in rags has come forth in a needle to destroy him.

CHAPTER THREE . Cimex Lectularius

It was at the end of the nineteenth century that enterprising researchers began looking outside the theory of contagion for the cause of malaria, typhoid, and smallpox. They traced typhoid to contaminated water, and trailed malaria to its lair in the proboscis of the female mosquito; and they tracked smallpox over many trails, until they found it hidden in the bed. Cimex lectularius was its host.

Cimex lectularius is a formidable name for the little brown-shelled creature known commonly as the bedbug. The name was given to the insect generations ago in Italy where, incidentally, smallpox has been a scourge since early times. "Cimex" is the Latin word for bug, and "lectularius" simply means bed or couch.

While Cimex lectularius is innocent in appearance, he has been a deadly assassin of the human race. The mystery story of all times could be woven about his insidious assault upon mankind. He has committed the perfect crime. He has gone undetected while the blame for his crimes has been attributed by the greatest medical scientists to an invisible air-borne germ lurking in the microscopic depths of matter.

This "innocent" bug, since time immemorial, has been the bedfellow of the human race. Grudgingly, yet with resignation, people have let him have his small feast of blood.

They never suspected that as he feasted he left at the banquet table the lethal virus of smallpox. Aside from those he killed, he marked the faces of millions; turned beauty into a pock-marked mask. For generations, these pitted millions blemished the racial streams of the world.

Science moved quickly and effectively to exterminate the malaria-carrying mosquito; and sanitary engineers tackled the problem of water purification. Why then did they not move with equal dispatch against the greatest of all killers---the bedbug?

Economically, when *Cimex lectularius* was exposed as the carrier of smallpox, the manufacturing of serums had grown into a profitable industry. The vaccination of every child before entering school had become an established practice. Many states and cities had enacted laws and regulations making it compulsory. Practically every doctor in the land was finding vaccination a lucrative part of his practice. Medicine had put the stamp of its authority upon this procedure.

Thus, when Drs. Campbell, Watts, and others at the turn of the century brought forth the startling facts for their findings on the cause of smallpox, their reports and writings were overlooked. They had made a major discovery. It would protect the cameo beauty of the children of the future. It would remove the dread of death and scarification, and safeguard people everywhere in the world from the pollution in the needle.

It was Dr. Charles A. R. Campbell, of San Antonio, Texas, who first directed attention to the bedbug as a carrier of smallpox virus. He was an outstanding scientist of his generation. The *San Antonio Light*, in an article as late as October 29, 1946, referred to Dr. Campbell in these words:

“The value of bats as a mosquito eradicator was first discovered by the late Dr. Charles A. R. Campbell, a San Antonio scientist. He was recommended for the Nobel prize in recognition of the service he had rendered the world in mosquito eradication.”

The stature of the San Antonio doctor was also recognized by *The Saturday Evening Post* of May 29, 1948, when it published an article telling of the prevailing interest of naturalists and students of Americana in his methods of combating malaria.

Branching into three specific fields of research, typhoid, malaria, and smallpox, Dr. Campbell made notable contributions to each. As Health Officer, and Bacteriologist in control of the Pest House in San Antonio, he had ample opportunity to study smallpox, and devoted his keen and penetrating intellect to the problems of discovering its cause, whether it was contagious or infectious, and the efficacy of vaccination. Finally, in a paper presented to the Bexar Medical Society, he identified the carrier, stated that the disease is neither infectious nor contagious, and declared that vaccination does not prevent smallpox.

The following excerpts are from that report, which he included later in his book, *Bats, Mosquitoes & Dollars*.

Dr. Campbell's extensive experiments led him to the conviction that "*bedbugs are the only diffusing agents of this loathsome disease,*" and that "our present knowledge of its being air-borne, or of its being transmitted by fomites, most be all wrong." First, he sought to demonstrate its non-contagiousness by means of clothing, bedding, and hangings. . . and used himself as subject. He was finally able to report:

"As even the air itself, without contact, is considered sufficient to convey this disease, and touching the clothes of a smallpox patient considered equivalent to contracting it. I exposed myself with the same impunity as my pest-house keeper, who is immune, having had the smallpox."

Dr. Campbell went from house to house where there were victims of the disease, removing them to the pest house, under legal authority, and "*never conveyed this disease to my family, nor to any of my patients or friends, although I did not disinfect myself or my clothes nor take any precautions whatever, except to be sure that no bedbugs got about my clothing.*"

Another experiment was to beat a rug thoroughly in a small room from which had just been removed a smallpox patient. He remained in the dust-stifling room for thirty minutes, "*inhaling particles of organic as well as micro-organic matter,*" thus representing the respiratory as well as digestive systems as accepted avenues of infection. Upon a microscopic examination of his sputum the following morning he found "*cotton and woolen fibers, pollen, and comminuted manure, as also bacteria of many kinds.*" From that time on, he mingled freely with his patients and his friends but none of them contracted the disease.

Next, he exposed two city carpenters, two laborers, and himself to the germs of an outhouse that had been used at the pest house for smallpox patients only, for five years. Three of the workers had not been vaccinated and the fourth only in infancy. He reported concerning that unaesthetic job:

"It was constructed of 1x12 inch slats and boards. With hatchets and levers the old structure was soon razed, and the foul-smelling lumber was carried by each of us a distance of one hundred yards and neatly reconstructed."

"As the day was very hot and our water supply some distance from the work, I placed a bucket of water about ten feet from the work and in such a direction with the wind that the dust from the sawing and nailing of the old boards would fall into the water. Of course, the laborers did not observe my object in so doing, and they and myself all drank freely of the water until noon. After dinner all of us worked on that foul-smelling structure and drank of that same water until evening, when the work was completed."

The doctor had these men under observation for fourteen days, but neither he nor they took the smallpox.

It was the custom in San Antonio at that time to burn any laundry that happened to be found at the home of a Negro washwoman when the disease struck some member of the

Negro family, the owners of the clothing being reimbursed from public funds. In five cases, Dr. Campbell took the clothes to the detention hospital, spread them out on the grass, and examined them for bedbugs. Finding them free of bugs, he returned them to the owners without any disinfection whatever. These clothes did not convey disease to anyone.

But most startling of all was his work in the detention hospital. First, he made sure that there was not a bedbug in the place, or that none was carried in by the patients. Then he repeatedly allowed well members of a family to mingle with relatives in various stages of smallpox illness. No one ever caught the disease in this manner. Specific cases that he gave in his report to the Bexar Medical Society, and in his subsequent book, are well worth quoting here.

“Anita H., a Mexican child, four years of age, never vaccinated and who had never had the disease, was taken to the pest house, where she took a baby out of the crib and played with it about four hours, hugging and kissing it and riding it in a perambulator around the grounds; but, although this baby was covered with pustules of smallpox, and although we took no precautions whatever (the girl's mother having agreed to this experiment), the girl did not acquire the disease.”

Another case was brought to the detention hospital in a vesicular stage, remaining until recovery and the routine dismissal. Of the subsequent test in this case, Dr. Campbell reported:

“In this case I caused the bed clothes of his bed to be undisturbed when he recovered. The same bed, without any change in the bed clothes, was then occupied by L.M. This individual had never been vaccinated nor had smallpox, and understood that he occupied this bed as an experiment. He did not acquire the disease.”

A family of six were taken into the detention hospital, since three of the children acquired smallpox and the family did not wish to be separated. The parents had had the disease but the fourth had escaped it. The family remained in the one room for the period of six weeks---eighteen days after the period of desquamation of the case that developed last. They were returned home, the one child not having acquired the disease during the six-weeks constant exposure. However, upon the fifth day after returning home, this child acquired the initial fever. The doctor then examined their house and found it to be “*literally alive*” with bedbugs.

Dr. Campbell had at the Pest House half a dozen employees who did the washing and scrubbing. He had employed these people because, as he explained, they were “non-immune” --- and yet none of them every contracted the disease.

The night watchman, vaccinated in infancy, frequently mingled with the patients, keeping up the fires and remaining all night, but did not contract the disease. Nor did the man whom he designated as “A.C., *never vaccinated nor had the smallpox,*” but who mingled with the patients in all the stages, playing cards with them and eating and sleeping in the infected tents. He told of two children, aged eleven and nine years, one vaccinated in

infancy, the other never successfully, who played with the children at the Pest House in all stages of the disease without the least harm.

Among the patients coming under his observation and care was a girl of eleven years who developed smallpox after arriving at a San Antonio hotel. The doctor took this patient and her father and mother to the Pest House, locking the door of their room at the hotel and leaving orders that no one be allowed to enter it until his return. This room had been occupied two days and two nights by the patient. Upon his return, Dr. Campbell carefully inspected the bed and the entire room, particularly the walls and ceiling, and not finding any bedbugs, told the hotel proprietor that the room was again all right: and it was from that time on occupied. All of the occupants were kept under observation, but not a case developed in any of the persons occupying the room.

Another case described by the doctor was that of a little girl who was seized by the disease about eight hours before reaching San Antonio. This little patient's family consisted of her father, mother, and brother eight years old. He took them all to the Pest House. The man he allowed to leave and go to the city, as he pleased: and, with the doctor's consent, he procured a horse and buggy and took his wife riding every day. At night they went to the theatre, returning to the Pest House to sleep. The father bought a doll for the little girl; and she played with it, being at the time thoroughly covered with smallpox. She made a dress for this doll, slept with it at night, kissed it, and played with it constantly, until about the fourth day, when she became displeased with it; and after some consultation her father returned it to the store where it was purchased and exchanged it for a larger doll. The clerk from whom the purchase was made was kept under secret observation for a long time; but nothing developed from the exchange.

In one instance at the Pest House, a blanket, used by a Mexican woman who was ill with smallpox, was inadvertently given to the wife of one of the keepers, and she used it for a cover for her baby three weeks old, wrapping him snugly in it. The mistake was not discovered for a week---yet the baby did not contract the disease.

After making a great many of these experiments, Dr. Campbell invited the City Council and other officers of the city government to the Pest House. These officials were familiar with the experimental work he was doing. Several of them made laudatory speeches of the experiments. Evidently they had faith in what he was doing for they visited the Pest House without fear and attended a banquet honoring Dr. Campbell. They remained two or three hours in an atmosphere charged with smallpox, and even contacted patients directly, yet all escaped the disease.

In his report to the Bexar Medical Association, Dr. Campbell made it clear that he had destroyed the bedbug population of the institution before launching upon his experiments.

It was only natural that Dr. Campbell, being a national scientific figure, came into frequent contact with the leading minds of his generation. Among his associates for many years was J. A. L. Waddell, D.E., LL.D., who became a staunch admirer, and attempted

with vigor to direct world attention upon the spectacular and thorough researches of the San Antonio physician. In one of his papers, Waddell says:

“The writer has long felt that the results of Dr. Campbell's wonderful and interesting nature studies should be brought to the attention not only of the medical profession throughout the world but also of those intelligent, thinking people who are interested in the works of nature and of the methods of utilizing them for the benefits of mankind.”

Waddell tells of his first meeting with Dr. Campbell and of how a recital of the doctor's complete and painstaking experiments on bedbugs and smallpox convinced him of the doctor's claims. The writer deviates to recount some personal experiences among French Canadians, who at that period were much afflicted with smallpox. He pointed out that most of their houses were overrun with bedbugs---also that the Canadian Indians were much afflicted with that dread disease, which they often contracted by going into abandoned tepees or huts. *“This,”* he explained, *“is so well known in the Canadian wilds that such old habitations are avoided with dread and passed with a shudder. Old, discarded clothing has long been recognized as a carrier of contagion, although nobody in Canada had ever dreamed of the transmission of the disease being due to insects, in spite of the fact that such abandoned huts and clothing were know to contain bedbugs.”*

Waddell tells of Dr. Campbell's desire to go to Mexico in order to experiment upon prison inmates, who would be given their liberty after investigations were finished. There were no laws in Mexico at that time preventing such experiments. The physician-scientist was seeking a grant of \$12,000 to carry out that project. Waddell tried to raise the money for him from several sources but failed. Finally Dr. Campbell called upon one of the directors of the Rockefeller Institute. After this individual listened to the doctor's request, Waddell describes him as holding up his hands in horror and exclaiming, *“What! Furnish you with money to experiment upon human beings! What do you think the American people would say, were I to do such a thing as that?”*

Concluding his article, Waddell said: *“In my opinion, Dr. Campbell has proved beyond the peradventure of a doubt that smallpox is transmitted in one way only---by the bite of an infected bedbug, or possibly in rare cases by that of another blood-sucking insect, the chinche volante.”*

At the conclusion of his long and thorough experimentations, Dr. Campbell arrived at two important conclusions. 1. That smallpox is transmitted only by the bite of an infected bug. 2. That perversion of nutrition determines the degree of virulence.

Of the first, he said: *“In all of the cases of smallpox that have originated here I have always found bedbugs; and where patients suffering with this disease were brought here (to the Pest House) and placed in premises free from these vermin, the disease did not spread to persons living with the patient. This has occurred in all stages of the disease.”*

On nutrition he had this to say: *“The most important observation on the medical aspect of this disease is the cachexia with which it is invariably associated and which is actually the sole requisite for its different degrees of virulence. I refer to the scorbutic (relating to scurvy-the disease caused by lack of green food) cachexia. . .The removal of this perversion of nutrition will so mitigate the virulence of this malady as positively to prevent the pitting or packing of smallpox.”*

Although Dr. Campbell was never able to obtain the funds for pursuing his program in Mexico---that plague-swept border neighbor---his work was carried on by Dr. J. A. Watts of San Antonio, who spent several years in that country and was thrown constantly in contact with smallpox. In a paper read before the Bexar County Medical Society, Dr. Watts disparaged the results of vaccination *“by points and serum,”* and particularly the vaccination methods adopted by the government of Mexico. *“The lack of care in taking the pus; the disregard to the clinical health of the subjects and the severely sore arms from mixed infection placed it where my using it was impossible.”* A record of all cases vaccinated showed a failure of 80 percent. Dr. Watts used all known means of stamping out the disease, except isolation. This he could not impose since the government did not impose quarantines.

Becoming interested in Dr. Campbell's theory of the transmission of smallpox, he redoubled his fight to rid his community of the malady. This he did by an educational campaign against bedbugs. In reporting the results of this effort, he said: *“Where I was able to do this or where I found a house free from bedbugs, I never had a second case of smallpox occur. I allowed and even encouraged free intermingling of families after I was positive that no bugs existed, and in each case had no recurrence of the disease.”*

In 1907-8 an epidemic broke out during which the doctor mingled freely with his family, friends, patients, and smallpox sufferers. *“I never,”* he reported, *“employed any of the methods recommended, such as changing, robing, disinfection during or after visits. I also had the closest possible relations with my boy, who even accompanied me on my rounds when I went to see these cases, he, of course, remaining in the buggy.”*

Two years later the boy was *“successfully”* vaccinated by his grandfather in San Antonio, which determined that he was not *“immune.”*

Dr. Watts recited many cases where free mingling of members of families with smallpox victims was allowed under his watchfulness, after the bug-killing process was executed. In all of the cases, none acquired the disease. One case was designated as L.R. age 20 years. Dr. watts says:

“Seen in initial stage. I remudded his house and cleaned it with bichloride solution. No case developed among any other members of this family, although three children, his wife, and his brother's wife and mother lived there. Also about twenty relatives visited him during his illness. All of these were patients of mine and personally known to me.”

In the case of C.C., aged 10, he reported:

“Well developed when first seen. I ordered the house cleaned up under police supervision. His brother developed the disease three days afterwards, but no other case occurred here, although three girls, the mother and grandmother occupied this cave.”

Another case was *“J.A. Aged one year. Some ten children lived here in three rooms. After several hours of hard work at extermination and cleaning up I was rewarded by no new cases developing here.”*

Many more cases were recited in Dr. Watts' report, all of them with the same convicting results. Following the presentation of these experiments of Drs. Campbell and Watts, the Bexar County Medical Society adopted the following resolution:

“Resolved, that we express our entire confidence in Dr. Campbell's experiments and clinical observations tending to show that the bedbug is the sole conveyer of smallpox, as the body-louse is of typhus fever, and we believe that further experience will lead to its complete demonstration.”

Fifty years ago, bedbugs were a common household pest, from the wilds of the Canadian Northwest to the teepees and caves and homes of luxury of our border neighbors on the South; from Manhattan's swank hotels to the cushioned luxury-trains of Pullman, and across the sweeps of prairie to the Gold Coast. Only the most fastidious housewife kept free of them, and she must be forever on the lookout. Coats and wraps of guests were carefully hung on hall trees lest the visitor might inadvertently leave a bug if thrown across the bed. Home furnishings were against cleanliness a half-century ago, from the massive, ornate furniture, to the straw-filled mattresses and straw-padded rag carpets; from the source of water in the rain-barrel and the old oaken bucket, to the cream crock and pans of milk cooling behind screens in the cellar. Flies bred in the tidiest of privies and mosquitoes hatched in the rain-barrel. Housewives struggled from dawn until midnight, but the plague caught up with them, despite vaccinations. The Boston Post of January 2, 1934, gave an illuminating account of this hopeless struggle.

“The first compulsory vaccination law was passed by Massachusetts in 1855. It required that every infant must be vaccinated before reaching the age of two years: that no child should be admitted to any public school unless vaccinated; that all inmates of public institutions must be vaccinated; that the employees of all manufacturing corporations must be vaccinated as a prerequisite to employment and, to cap the climax, everyone must be vaccinated every five years. What was the result? In the twenty years following the enactment of this law there were 4221 deaths from smallpox in Massachusetts. The protection afforded by this law did not highly recommend itself to the people, and in time it was pretty much ignored, so that finally in 1908 the infant vaccination requirement was repealed without protest by anyone and without any bad results.”

Other states observed similar disheartening results. Epidemics occurred and vaccinated persons, serene in the delusion of safety, were struck down by the virulent killer.

Today, the bedbug has all but vanished from this vacuumed and disinfected land of ours. And smallpox is so rare that thousands of younger doctors have never seen a case of the disease. But the practice of vaccination is as popular as it was in the days of the plague. It is even more popular, since the proof is gone that vaccination does not prevent smallpox. There is no smallpox to prevent. Why, then, does the vaccination fetish persist/ We must find the answer in economics---in the billion dollar serum industry and its correlative industry, medical practice. This book would not be written but for the alarming increase of encephalitis, syphilis, poliomyelitis and cancer---all of these diseases of virus infiltration into the blood and tissues of the body. Heart disease and cancer are death-dealing afflictions of alarming increase.

We knew where to look for these viruses when food was cooled in damp cellars, and drinking water contained the seepage from privies, and mosquitoes and bedbugs inhabited the dwellings of man. But today we have hidden them in a sterilized phial and we inject them into the body with a disinfected needle. Then we play blind-man's bluff and set out in frantic search for the ultra-microscopic pests. We do this so scientifically, and at such great expense, and with so much pomp that we create a great illusion; and courageous, indeed, is the man who dares to decry the practice.

But thoughts of the disease still strike terror in the hearts of countless people; and boards of health grow panicky with its approach. This happened in the vast metropolis of New York in March, 1947, when a solitary suspected case so frightened health officials that they brought about the mass vaccination of more than five million persons.

In a story, *Smallpox, The Killer That Stalked New York*, the *Cosmopolitan Magazine* for April, 1948, gives a graphic description of what happened.

The patient who died of the disease was Jean LeBar, an exporter of leather goods from Mexico. He was hospitalized in New York and treated for a rash. He had been vaccinated in childhood, and carried in his pocket a certificate showing a recent vaccination, on crossing the border. Thus, supposedly, he was immune. The greatest dermatologists in the metropolis diagnosed his rash variously. One doctor said he suspected drug rash, since LeBar, being ill on his trip from Mexico, had taken a variety of Phenobarbitals and other pain-killing and sleep-inducing compounds. Another doctor thought the patient had "*rickettsialpox*," a newly discovered disease transmitted by mites. None thought LeBar had smallpox, but when a few rash cases developed in the hospital where he had died, the doctors were wary. They examined these and it took a young doctor to put the seal of smallpox upon them when he said, "*I've never seen it myself, but this looks like smallpox.*"

It was Dr. Ralph Muckenfuss, chief of the city's virus laboratory, who finally announced that LeBar had died of smallpox, and started the panic. In the course of a few hours after his pronouncement, members of the health department appeared before the mayor. Their conference is described as follows in *Cosmopolitan*:

“Drs. Bernecker and Weinstein outlined their program of mass vaccination, millions of doses of vaccine and hundreds of doctors to give them; health centers and police stations to handle the crowds; press and radio to spread the word. Smallpox might ravage the city, spread through the state, close up the port of New York, Dr. Weinstein declared. “Besides”, Dr. Bernecker added, “there never was a better chance to immunize the whole city at once”.

“How much will it cost?” asked the mayor.

“Not more than a half million,” the doctors said.

“Okay,” said the mayor. *“I’ll buy that.”*

And so the doctors of the city were enlisted and began one of the most phantasmagoric experiments of all times. Even though LeBar had been dead and cremated for three weeks, and had carried his vaccination certificate in his billfold when he died the doctors began tracing his movements from the hour he crossed the border.

Says the *Cosmopolitan* in telling this story:

“Dr. Weinstein reached for his telephone. He called the United States Public Health Service in Washington and advised them, calmly as he could, that smallpox had entered New York and that the city was looking into the matter. He ordered a report from Helen LeBar (the victim's wife) on the travels of a bus more wayward than Bill Camillo's. He called the Foreign Quarantine Office on Staten Island, informing them that a man from Mexico had slipped through the border inspectors with a microscopic virus. And he ordered the immediate vaccination of the city's police and firemen.”

From the beginning to the end the story was replete with melodrama, physicians armed with needles invading boarding houses in slums, and obtaining the names of the people who had occupied the same hotel with the LeBars. Says the *Cosmopolitan*: *“The show girls of Carousel and Oklahoma made the front pages being vaccinated, of course, on their thighs.”*

And, incidentally, the fons et origio of this melodrama was overlooked by physicians. It is found in the following quotations from the *Cosmopolitan* recital:

“On Tuesday morning, Mrs. LeBar appeared at the hospital with a small medicine bottle containing a very small bug. She'd found the bug, she said, while going through her husband's clothing and thought it might account for his illness. Excited about her discovery, she urged the doctors to examine the bug as quickly as possible.”

“The hospital sent the mysterious bug to the New York University Laboratory, where it was promptly identified by Dr. Donald Moore, entomologist, as a Cimex lectularius, or the common and harmless bedbug.”

CHAPTER FOUR . One Way Street

Aside from the material evidence against the Ehrlich Theory found in the sharp warning of biology, there is the admonition of religion and the profundities of philosophy.

The human body was fashioned in the matrix of evolution. Into it has gone the structural engineering of Nature, ever moving with zeal for the perfection of her species. On her palette are all colors, in her mind all wisdom; and all skills reside in her capacity to execute her purposes. There are no flaws in her designs. She adapted man admirably to his external environment. His body is adapted to the ultra-violet rays of the sun, to the impact of the fomite-laden wind, to the changes of temperature, to the variations of food. It is as much a part of global expression as is the sage-brush on the deserts of Nevada, a tiger in the jungles of Africa, a mouse in the cornfields of Michigan.

Of all of these, man alone is endowed with reason. He, therefore, attempts constantly to improve evolutionary perfection; and through his efforts, he brings about an imbalance of his own body as well as of the environment in which he lives. He takes the infant, while it is still living under the natural protection of its mother's milk, and injects into its body one devastating poison after another. He disturbs the chemical balance of the body cells, which become polarized and defenseless against external environment.

The delicate and complex human machine is subject to infinite variations in form and content, and reacts variously to standardized chemical procedures and therapeutic methods.

The methods, beautiful in concept and design, crack into pieces and fail in the remote, unexplored recesses of the temple that is "*fearfully and wonderfully made.*"

When the regimented modern mother takes her infant to the doctor, both have in their minds an unnatural concept of the world in which they live. Around them they visualize a microscopic environment, devastating and inhospitable. Against this, the child must be protected.

Nothing like America's regimentation has ever before been achieved in any land. It is largely a development of the present century, and mirrors in the extreme the American philosophy of perfection through organization and efficiency.

Thus, people have come to believe that health is a purchasable commodity. Dependence is placed upon new wonder drugs and old biologicals. The law of cause and effect has been repealed. Get drunk, if you wish---an aspirin will cure your headache; overwork ---vitamins will restore your energy; overindulge in sex---hormones will reinvigorate you; work and play to excess---the new atom bomb pill will give you a new store of energy. Few of us ever think to dispute these errors, but place complete reliance upon their claims, until the body, flayed by our abuses, and fighting an array of dangerous, destroying chemicals, revolts or gives up its losing struggle.

“People are gullible about medicine,” says The Journal of the American Medical Association for May, 1948. *“They are gullible about wanting a cure by swallowing some magical medicine, vitamins, etc.”*

In order to understand this “*gullibility*,” we have merely to tune in on the radio, read the daily newspaper or popular magazines, which extol the marvelous life-giving and health-giving and health-restoring potency of drugs. Added to this is the public health education flowing daily from federal, state, and local health agencies; and, not infrequently, propaganda from professional men.

Sweeping changes have occurred in the medical profession during the twentieth century. The type of health regimentation and prevention carried on today would have been inconceivable fifty years ago.

During these five decades, the family doctor has disappeared---a regrettable casualty. For centuries he was a traditional figure. He inspired universal trust. His contact with his patients was intimate. He brought their babies into the world, counseled them on all kinds of problems, and won their admiration and often their reverence. Frequently, he lived through the period of two or three generations, watching the babies he delivered grow up, and functioning professionally, when they, too, became parents.

With the expansion of economics in America, changing the nation from pastoral to industrial this intimate contact was broken, and the period of specialization and big business in medicine began. The imperious laws of competition and survival moved into the profession, encroaching upon the domain of idealism and altruism.

The wide scope of these changes was outlined in 1948 by Dr. Tate Miller, president of the Texas State Medical Association, when in an address at the annual convention, he asserted that the *“warm, personal admiration of a patient for his doctor has been sacrificed in the march of science.”*

Miller declared that the high prices, the impersonal attitude of the physicians, and the disappearance of the family doctor, were alienating the public. He warned that *“socialized medicine is about three years away unless the medical profession takes steps to regain lost ground.”*

Decrying the trend toward more and more specialization, Miller said, *“We're trying to make specialists out of every crossroads doctor and forgetting that the family doctor is the foundation of the profession.”*

He added that the profession is losing the *“kindness and sympathy which earned the love of the people,”* and is *“relying on mechanical gadgets which are of more financial than human importance.”* This type of professional self-analysis, while wholesome, cannot be expected to turn back the economic tide and bring about a revival of conditions that went out with the horse-and-buggy. The changes have been too profound.

Pharmacy, an infant industry in 1900, has developed into a vast cartel of laboratories, clinics, experimental farms and factories, where new wonder drugs are created; and the business of manufacturing vaccines, toxins, cold serums, and an array of hormones, synthetic vitamins, and common chemicals is carried on. These concerns function under the American economic system, where the primary aim is to make profits. Thus, new wonder drugs are exploited rapidly, before they have been subjected to painstaking tests, and vaccines and serums flood the market for the prevention and cure of diseases.

These wonder drugs, like comets, usually experience a brief period of brightness, as the hope of the people forms about them. Invariably they fade in public respect, as the hope they promised vanishes before the unchangeable reign of the law of cause and effect in health and disease. New diseases follow in the wake of their widespread use, as they have followed inoculations. The body develops defensive organisms for expelling them, or the organs break down under their impact. They illustrate with routine regularity that the hunt for panaceas is like Jason's search for the Golden Fleece. The hope is just as evanescent. For everything we do. Nature gives its awards and exacts its penalties.

Thinkers have threaded their thoughts on this theme, but their voices have been lost in the tumult for profit and power.

In the healing profession exists a twin monopoly, a one way street, the growth of medicine traveling the road parallel with the expansion of pharmacy.

The century has been characterized in America by the development of organizations, cartels, and combinations, until government functions to a degree through the influence and tolerance of these groups. Their separate and combined lobbies exert powerful political and economic pressure, and laws come out of congress and state legislatures bearing the imprint and brand of their ambitions. Into this scramble for power and privilege, the American Medical Association has blended. It has enabled them to control colleges and hospitals and to obtain legislation of protective and economic assistance. But it has been largely responsible for channeling research, restricting methods of practice and discouraging competitive arts. It has ignored the therapeutic concepts and achievements of vigorous new schools of thought and practice.

Primarily, medical organization has crushed individualism and spontaneity. The non-conformist has met with ruthless discipline. Individual doctors are naturally cautious of stepping out of the channels of established practices, lest the big club of their organizations crack down upon them. They may publish their findings and opinions in medical journals, but they must not make them known to the general public. The penalties they face are ostracism from the ranks of their own profession, denial of hospital privileges, the closing to them of the avenues of public expression, and the danger of being labeled quacks. In Torrington, Conn., in 1948, Dr. Anthony Shupis was denied the right to practice in Hungerford hospital because he declared publicly his disbelief in inoculations. The story of his controversy with hospital authorities was printed in local newspapers,

from which we quote a few paragraphs. Dr. Albert F. Delloff, director of the hospital, commented: *“It has been called to the attention of the committee that Dr. Shupis had somewhat radical views regarding . . . immunization procedures. . . against whooping cough, diphtheria, typhoid or smallpox. It was felt that anyone having such views opposed to the approved procedure would have no place on the staff of the hospital. . . Motion was made, seconded and approved that his privileges be withdrawn.”*

Dr. Shupis had gained much of his information while serving as a captain in the Medical Corps of the United States Army for 38 months, where he gave many shots and had an opportunity to study the effect of wholesale immunization. He saw service in New Guinea, the Philippines, Alaska, and Hawaii, and was a transport surgeon between the United States and France.

He was quoted in the press as saying that there is little support for the theory that vaccination will prevent diphtheria, since there were 911 cases of the disease in New York over a ten year period, among persons who were vaccinated, according to the New York Medical Journal.

Mexico, he contended, requires five-year vaccination against smallpox, yet the nation has a high death rate from the malady. By contrast, he asserted, the United States has an average of only fifty deaths a year from the sickness and less than half of the people are immunized against it. He added that smallpox has practically been eradicated by improvement in living standards, cleanliness, sanitation, and other non- medical protective measures.

In England, the profession acts with equal vigor against the non-conformists. The Vaccination Inquirer reports the following:

“Doctors who have written or spoken against vaccination have in the past suffered from a professional point of view. One was deprived of the post of Medical Officer of Health which a local Health Authority had given him; one lost all chance of a Court appointment; one received no further advancement at his hospital from the time his chief heard him read a paper against vaccination; others found their careers blocked from the time they published a work against vaccination. One prominent medical anti-vaccinator found himself 'sent to Coventry' by his colleagues, who refused to appear in consultation with him, and it was only by sheer determination that he established himself and made his way in the profession. IT REQUIRES A LARGE AMOUNT OF COURAGE FOR A DOCTOR TO DECLARE HIMSELF TO BE

OPPOSED to Vaccination. That as many as twenty doctors have associated themselves with the National Anti-Vaccination League is, in these circumstances, of tremendous importance. It is not in the least surprising that the number is not more, but rather that it is as many.”

CHAPTER FIVE . Total Medicine

There are certain words in the English language that arouse suspicion. One of these is “*total*.” We fought a war to end the reign of totalitarian governments, so that when we think of anything as being total, there is a desire to shy away from it. This is especially true of “*Total Medicine*.”

The plan for total medicine is impressive on initial examination. It flows from the Spartan conviction that America must be strong in every respect. We have become a military nation. We have approved a comprehensive program of defense, adopted the draft, established a “*national emergency board*” with arbitrary powers over the press and radio, and given military officials authority to allocate materials, and, if necessary, conscript civilian industries. The government is moving to regiment civilian life, correlating and coordinating it closely with the military. Health is, of course, a primary objective in the program.

Spearheading the endeavor is the Army Medical Corps, which became acutely aware of the need of better civilian health, when the draft disclosed that decades of “*preventive medicine*,” enforced by law in many states, had failed to bring forth a generation of healthy and vital young men and women, as could have been anticipated. Only 2,000,000 out of 14,000,000 examined were “*fully up to standard*,” and twelve percent were found to be mentally unfit for military duty.

Even more disconcerting than this was the high incidence of sickness that developed among personnel in World War II. This, Major General Raymond W. Bliss reported in the Army Information Digest, June, 1948, lent new impetus to research. He explained: “*Sickness and non-combat injury were responsible for two-thirds of the permanent losses of effectiveness that occurred in the War.*”

Non-combat injuries are understandable in this age of mechanical warfare. The new devices must necessarily take their toll of men. But the incidence of illness should be at an all-time minimum under the program of preventive medicine. These were the healthiest men in our nation, living in barracks that were relatively free of rodents and disease-bearing insects; where the latest scientific knowledge was applied to the inspection of food, sewage disposal and water purification; and with all of the correlated science of modern medicine at their command.

That these “*permanent losses of effectiveness*” cause grave concern is revealed in the Major's report. He states that “*These losses form the basis of most of the present medical research and development program. . . To that end,*” the report continues, “*a very extensive program of training, in subjects ranging from medical equipment mechanics for enlisted personnel to a new basic science course for medical specialists and clinicians, now is in effect. The variety of opportunities is well established by a list of current courses in the United States and overseas; laboratory and technician courses, psychiatric social work and psychiatric nursing, dietetics and mess administration, public health and dairy hygiene, bacteriology and toxicology, medical photography, and many others. Many of*

these courses are given at civilian institutions. Internships in both Army and civilian hospitals have been vastly increased in number and the residency program for medical specialists has been initiated and is expanding.”

The National Research Council has taken over the job of coordinating this civil-military research and its pronouncements have reached the remotest hamlets during the three-years following the war until “*Total Medicine*” and “*Preventive Medicine*” have become the slogans of the layman.

How far reaching is the scope of this coordination is graphically revealed by General Bliss:

“Work of the Navy and the Air Force is coordinated through the Joint Research and Development Board; and the United States Public Health Service and the United States Veterans Administration are constantly exchanging information with the Army Medical Department. With Army laboratories in most of the militarily important areas of the globe, it is at present literally true that the sun never sets on research activities of the Army Medical Department.”

All of this gives us such a sense of security that we are not able to evaluate realities.

The zeal with which this program is undertaken is commendable, but we believe that the public is entitled to know how many of our “*healthiest men*” died from shots for yellow fever, and how many more were rushed to the hospitals in ambulances; how many of these ever recovered perfect health. The public should be told by the Army about how many of our recruits died following vaccination for smallpox, injections of cold serums, and the many and sundry other billions of viruses and bacteria. Medical research should turn its laboratory and clinical searchlights upon the illnesses that followed the 100 percent immunization program in the Armed Services. What percent of the “*two-thirds permanent losses of effectiveness*” resulted from these “*preventive measures?*” General Bliss said in his report that “*no fighting man anywhere at any time has received better medical treatment.*”

Total Medicine has, for some years, been the objective of the organized Allopathic profession. Success has been achieved in many states and communities where compulsory inoculation laws are in effect. Too, there is the profession's continuing efforts to force practitioners of other schools, through Basic Science Laws, to qualify in the fundamentals of immunological procedures and other medical practices. These laws, approved by legislatures in about one-half of the states, require that Osteopaths, Chiropractors, and Naturopaths become indoctrinated with the theory of immunology before they can obtain a state license for practicing their own particular arts.

The manifest danger of such enactments lies in their assault upon one of the Four Great Freedoms--- Freedom of Belief. The theory of the dominant Allopathic profession, with its inelastic concept of germs or their excreta as the cause of disease, governs modern

research, and when this theory is enforced upon practitioners of competitive systems of therapy, it further restricts advancement.

General Bliss describes the channeled avenues of research---bacteriologists, doctors, public health workers, and sanitary experts probing deeper and more thoroughly into exterior environment, searching for the “*unexplained*” causes of death and disease. More and better chemicals and biologicals is the aim. There is no appraisal of the apparent break-down of the disturbed human organism through the influence of bacterial medicine.

If the preventive and curative procedures used by medical doctors today were satisfactory, no necessity would exist for enforcing them through compulsory laws and regulations. Parents everywhere would reach out eager hands toward them. As it is, the structure upon which they are erected is so fragile that confidence in it can be sustained only through expensive public educational efforts, extensive publicity, extravagant propaganda and pharmaceutical advertising. Like all other trades and professions, doctoring comes under the ruthless rules of the American economic system. The quantity of idealism is perhaps neither greater nor less than found among lawyers or electricians. The necessity of surviving is the deep, energizing force of all, and the desire to amass wealth is the stimulating ambition that distorts perspective. Facing these incontrovertible facts, the public must become alerted to the dangers of Total Medicine. The penalties for continued apathy will be exacting. Prevailing methods, in order to survive and thrive demand regimentation of the public.

A population minority is rebelling against the prevailing practices of prevention and cure, but these are branded as cultists, religionists, and fanatics.

The present laws, fostering basic science and immunology, blend into the pattern of our economic system. Therefore, the protests against the methods they enforce must be disregarded. Monopoly rides range on the protestors and its publicity cowboys put the brand of fanatic on those who trespass on this Prior Arts Domain.

Those who traffic in health shoulder a tremendous moral responsibility. Conceding that the average doctor has a sincere regard for the physical and mental well-being of his patients---what, then, of the economic cartels that control his practices? The physician has no control over the kinds of drugs and biologicals that are furnished to him. Unless his practices are orthodox and his pronouncements conservative, the heavy hand of censure falls upon him.

We do not expect any more idealism in the pharmaceutical industry than we do in the big business of manufacturing and marketing steel or automobiles. Selling drugs is a business. It is subject to minor federal controls. Its products are widely advertised. Millions of dollars in profits are made annually from the sale of vaccines. The returns from the 500,000 shots of vaccine administered in the New York smallpox scare, showed up in the financial statements of manufacturers. Pennies, nickels, dimes, quarters, half dollars, and paper money pour into the coffers of manufacturers for every phial of vaccine, toxin anti-toxin, pneumonia shot, or cold serum distributed to physicians. The production of

these biologicals is big business, and the system is maintained successfully in the face of convincing evidence against its efficacy. The revealing findings of science disturb, but fail to dislodge the system, and the traffic goes on. Its deleterious effect upon the health of the nation is attributed to other mysterious causes; and the whole biological crew in the Army and elsewhere is dispatched along false, dead-end research trails. The average physician, occupied with making a living, may look up to the sky occasionally with grief in his face, hopeless before the grim god, Commercialism, cursing a little at the tyranny in which he is entrapped.

The traffic in disease and health is so well organized that the advocates of naturalism are ignored or ridiculed. There is no profit in fresh air, exercise, sunlight, deep breathing, proper eating---or slum clearance. If these available health-giving items could be patented and sold, immunological procedures would no doubt be abandoned.

A closing danger in the consideration of Total Medicine, is socialization. Dr. Tate Miller's warning that this will come within a few years is close to the truth. Federal and state politicians, motivated by we know-not-what, are advocating it. Once arbitrarily upheld by law, the population would be caught in the immunological vice. Doctors of one school of medicine, the Allopathic, would be enthroned; and the methods and procedures of these would be dictated by pharmaceutical limitations and commercial ambitions. Totalitarian medicine, supported by socialized laws, would imperil the health of American democracy, and open the way for endless dictatorial procedures.

The suppression of minorities and the encouragement of monopolies are disintegrating forces at work in democracy. Like the emblazoned words of Belshazzar, they trace a prophetic warning on the changing facades of this hour.

CHAPTER SIX . Encephalitis

It would be impossible to obtain complete statistics upon the sequelae of vaccinations and serums---the illnesses and deaths that follow, sometimes years after the injections. All through this century bacteriologists have warned against these dangers, as they have observed the aftermath of immunology. In 1929 Dr. G. W. McCoy of the United States Public Health Service drew especial attention to the danger of spinal cord diseases following vaccination:

“Any central nervous system involvement occurring within 30 days subsequent to vaccination is worthy of special study. Cases reported as poliomyelitis, encephalitis, lethargica, and meningitis, might well be investigated as to their vaccination histories, in order that cases of the post-vaccinal type might not be overlooked.”

The increase of these “*central nervous system disease*” has baffled physicians and caused a frightened population to grasp at new vaccines and wonder drugs.

It is not always possible for a doctor to determine the relationship between vaccination and a disease which may follow, Professor Alexei D. Speransky, M.D., noted Russian scientist who spent ten years in a well-equipped laboratory studying the nervous system and its relationship to disease, states that post- vaccinal diseases might occur long after the operation has been forgotten. *“It is conceivable that by these methods we may be crippling humanity,”* he added.

Dr. Harrison S. Martland, chief medical examiner for Essex County, New Jersey, pointed out why these Ehrlich diseases go undetected as they increase through the years. In the issue of the Newark, New Jersey, Evening News of November 20, 1947, he declared:

“Deaths from brain and spinal cord diseases (Poliomyelitis, encephalitis, and meningitis) resulting from vaccinations and other immunizations sometimes are attributed to other causes because doctors are not sufficiently alerted to the connection between immunizations and the deaths, or don't want to recognize the deaths.”

In an address before the New Jersey Neuro-psychiatric Association early in 1948, he described the deaths of two Essex residents following vaccination during the smallpox scare of the previous year. He declared:

“In any virus infection of the brain or the spinal cord developing from eight to fourteen days after vaccination, the physician should suspect it is due to vaccination.”

Dr. Martland stated that the connection with vaccination, in one of the cases, was not reported to his office until after inquiries by the press. The health commissioner in his address described the difficulties of making ironclad determinations of the exact source of virus infections. He did, however, bring to the attention of his colleagues a wealth of statistical information on encephalitis deaths from vaccinations in various countries. He emphasized that the *“lack of alertness of doctors in reporting post-vaccinal encephalitis”* was a large factor in determining the percentage of cases and deaths following inoculation.

The doctor reported that virus encephalitis not only follows vaccination for smallpox, but results from rabies injections and inoculations for influenza. He declared that information brought to his attention in Essex County "indicates an incidence of one death in 3,000 of suspected rabies treated by injection." He reported one death following an influenza shot.

From the Journal of the American Medical Association of January 10, 1948, page 84, we excerpt the following paragraph:

“It is well known that encephalitis occasionally follows vaccination. When it is due to vaccination, it almost invariably occurs eleven to fourteen days later, but this is exceedingly rare. From the beginning of April, when the vaccination program was instituted (in New York City) until the second week in June, fifty possible cases of encephalitis were reported to the Health Department.” --- Israel Weinstein, Health Com., NYC.

In many European countries, especially in England, physicians are more particular about making reports covering cases that develop following inoculations. This is brought out in the United States Public Health Reports for July 22, 1932. We quote the following paragraph from this official record:

“Post-vaccinal encephalitis, a disease of unknown etiology, was first brought to the attention of the medical profession in 1924. Approximately 700 cases, with a case fatality rate of 40 percent, have now been recognized. With the exception of 71 cases recorded for the United States during the past ten years, reports of this complication have been largely confined to European countries, Holland, England, Germany, Sweden and Norway having been most severely affected. . .”

The question of encephalitis following vaccination was investigated by the health organization of the League of Nations in 1928, and on August 27 that year, at Geneva, the League published a report on the situation.

Says the report:

“The post-vaccinal encephalitis with which we are dealing has become a problem of itself mainly in consequence of the events of the last few years in the Netherlands, England and Wales. In each of these countries, the cases which have occurred have been sufficiently numerous and similar to require them to be considered collectively. Their occurrence has led to the realization that a new, or at least previously unsuspected or unrecognized risk attaches to vaccination. . . the risk has, in the Netherlands, been considered of sufficient gravity to cause the temporary suspension of the administrative measures by which the vaccination of children has been secured, while in England the subject has already received the attention of two expert committees, appointed by the Ministry of Health.”

Sleeping Sickness is one of the most spectacular of the serum diseases. When it puts its morphic hand upon the brain of a child and ferries it into the somnolent land of sleep, the circumstances are fraught with human drama, and a distraught population reads about it in headlines. Medical science marshals its forces and resources to snatch the child back from the clutch of coma, and a frantic search begins for the germ of virus that has crept out of the microscopic wilderness to claim another victim. The little body is punctured for samples of blood and other fluids, and grave-countenanced biologists study the smears through powerful magnifiers, hoping to find the elusive invader. The newest drugs are tried with a fanfare of hope; but all too often the child remains fixed in the morphean stupor, until he passes beyond man's help---into the Eternal.

And during all of this hectic searching and futile wonder-drugging few doctors ever turn back the pages, days, weeks, months, or even years, to the time when the child was taken into a clinic, where the nurse rubbed its arm with alcohol to make it sanitary, and injected the sleep-producing, death-dealing germ into it, from a phial of vaccine, toxin anti-toxin, typhoid or influenza serum.

If one case of sleeping sickness is post-vaccinal, by what logic do we conclude that they are not practically all of the same origin? Could not those few reported in the centuries preceding the microscopic age be attributed to the prevalence of general insanitation---filth in water may be vaccine in a needle. The increase of the disease has paralleled the widespread administering of serums. Only in recent years have physicians generally looked for the cause in the phials of vaccine, and they infer that the post-vaccinal type is rare, even though it is not distinguishable from other so-called types. Too, the statements that it may occur only from a few days to a month after the vaccine is introduced fade out before the assertions of those researchers who see its germs stalking for years in the blood and body tissues, and, perhaps finally springing into deadliness as the body media changes.

CHAPTER SEVEN . Heart Disease

Statistics compiled by the United States Public Health Service reveal that while heart disease in the United States has increased slightly over seven times in thirty years, endocarditis, which includes valvular troubles, has increased nearly twenty times. The same source of information shows that valvular troubles and heart disease as a whole are very much higher in states where the population is dense, such as New York, Massachusetts, and Pennsylvania, where vaccination is used on a general scale.

All over the land, daily and weekly newspapers, in their mortality reports, tell the story of this swift killer leading the statistical parade.

The Reader's Digest for November, 1946, brings out that American Army medical officers "*were disturbed by the high death rate by coronary disease among their troops, especially in the lower age brackets, in training camps in the United States.*"

Quoting further from the Reader's Digest article: "*The basic fact remains, between five and seven million men in the United States now over twenty-five years old, are slated to succumb to coronary disease.*"

Researchers, looking for the astounding increase in coronary diseases and fatalities, are exploring a variety of suspected causes. The Army medical doctors point to an increased consumption of eggs, meat, milk, and other proteins as a suspected cause, while investigators in civilian life attribute it in part to the impact of mechanized civilization and the "*Jeep-jive*" tempo of the twentieth century. But this, obviously, would not account for the upswing in heart ailments among the very young. A limited number of researchers have visualized the cause as originating in the routinized schedules that have been developed in the clinic for the care of infants and children of pre-school age.

The struggle of the body of the child to adapt itself to this type of bacterial bombardment brought forth a warning from the late Dr. Herbert Snow, of the Cancer Hospital in London, England, who blamed the increasing use of serums for the alarming increase of deaths from heart trouble among children:

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

Dr. J.V. DePorte, director of Statistics for the New York State Department of Health, revealed a surprising amount of heart disease among children in schools where a survey was conducted. Rheumatic infection was indicated in more than one half of the cases.

A study made by the Mayo Clinic some years ago revealed that certain varieties of germs pile up on the heart valves. In experimenting with guinea pigs, the clinic found colonies of injected germs collected on the valves of the heart.

In Tyce's Handbook of Medicine, we find a piece of the jig-saw puzzle that fits in with the Mayo findings:

“In our laboratory, we have shown that cultures of streptococcus viridans from normal mouths, when injected intravenously into rabbits, may give rise to a variety of lesions, more particularly myocardial and endocardial.”

CHAPTER EIGHT . Cancer

The second greatest killer of this age is cancer. It has become a devastating force in human society during the present century. It was originally a disease afflicting middle-aged and elderly people; but today it is invading the realm of children, destroying their eyes, throats, and vital organs.

Lawrence Galton, writing in Collier's for May 15, 1948, on “*Cancer, the Child Killer,*” stated that each year thousands of children are dying untimely deaths from this disease. He quotes from publications of the American Cancer Society that cancer “*holds the death warrants for 189,400 this year,*” and that “*many of the victims will be children.*” He quotes Dr. Frank S. Adair, secretary of the Cancer Control Commission of the Michigan State Medical Society as saying: “*Cancer in children kills about one half as many children as tuberculosis, two-thirds as many as whooping cough, and seven times as many as infantile paralysis.*”

This writer tells of a study made of 2,000 cases among children, disclosing that the disease is found most frequently in the bones, eyes, nervous system, kidneys, and lymphatic structures. Leukemia, or cancer of the blood, also is of common occurrence. This carcinomal invasion has given impetus to vast researches. Millions of dollars have been contributed, and the problem is being studied in many clinics and laboratories.

The whole environment of modern man is being screened for the cause. Old foods are coming under new scrutiny; the entire alphabet of vitamins is under suspicion, and synthetic hormones, marketed to correct sex pathologies, are being distrusted.

The known factor, irritation, is being reappraised, and medical authors are pointing to lard, browned butter, wheat germ oil, aniline dyes, and to a whole array of twentieth century chemical compounds.

Before the microscope of the bacteriologist, in the laboratory of the clinician, and in the mathematics of the statistician, the influence of man's interference with the complex and delicate structures and functions of the body is being examined. Estrogen, added to face creams, is suspect in skin cancer; and some authorities believe that the reproductive organs, flayed by synthetic glandular substances, are yielding to the mushrooming growth of this loathsome disease.

The range of suspected substances was detailed in an article published by The Journal of the American Medical Association for May 28, 1948. The writer asserts that the disease may result from a *“variety of chemical compounds, many of which may masquerade unrecognized as innocent substances, resulting in chronic, occupational, therapeutic, or cosmetic contact. There is proof of the carcinogenic potency of certain artificial ingredients of foodstuffs, such as glucose, sesame oil, wheat germ oil, lard, over-cooked meats, heated vegetable fats, roasted meat, browned butter, excessive vitamins. Also certain endogenous substances produced within the body: acetylcholine and estrogen, and certain commercial estrodiol- containing face creams and estrogen-containing ointments; also, aniline dyes, synthetic vitamins and aniline dyes contained in foods and fabrics.”*

Other researchers are pointing to the program of immunology that has been so diligently followed for three decades as a factor. Dr. C. P. Bryant in his writings on The Present Status of Infection and Immunity says:

"It has often been stated by homeopathic physicians that cancer is a result of the use of vaccines and serums and it has been noted that since their inception, cancer has been steadily on the increase."

The phenomena of this destructive malady invading the deep structures of children, especially of the lymphatics and kidneys, where body impurities are screened, was practically unknown before the time of immunology. It is the most clearly defined of all the mysterious cellular pathologies affecting children in the Ehrlich age.

Another authority on the subject, Dr. Andrew Sergeant McNeil, British scientist, has this to say in his book, The Cancer Mystery Solved:

“Vaccinations and injections of vaccines, are, in my opinion among the causes of the pre-cancerous state. The underlying idea, in both these lines of treatment, is to obtain protection from infection or the effects of infection, by a particular microbe, or from several, in the case of a mixed vaccine. These substances are supposed to act by sensitizing the tissue to a particular microbe or microbes, so that if the body is attacked by the microbes concerned the sensitized tissues will develop a powerful reaction and destroy them. We have, however, by this method of treatment 'fallen from the frying pan into the

fire,' for whatever degree of protection conferred buy the vaccine may be (and in many cases it is valueless and even harm instead of good may result) we have certainly sensitized our tissues and deliberately produced one of the essential conditions for cancer production.”

CHAPTER NINE . Syphilis

When we plant zinnia seeds in the earth we always produce zinnias. But when we plant a smallpox virus into the human body we may produce Spirochate Pallada, the cork-screw plant of syphilis. The soil of the body is variable. In one person the vaccine grows sleeping sickness; in another, spinal meningitis; in another, poliomyelitis; in another, the bacteria, feeding upon the body's undetermined media, grow into the devastating spirochetes of syphilis.

A number of researchers have suspected for years that the tremendous upsurge of this disease, in this age when simple preventive methods are known and education is widespread, couldn't be attributed altogether to social indiscretions and misbehavior. From clinical studies conducted during World War II has come factual data tracing cases of this scarifying and previously-degrading malady into the laboratory.

In the April, 1941, issue of the Naval Medical Bulletin, reporting on the results of tests on 20,000 recruits at the Naval Training Station at San Diego, California, between July, 1939, and January, 1941, Captain G. E. Thomas of the Medical Corps of the Navy tells the story. He describes an experiment on these men. All had been checked by all known means and found free of syphilis, and were then confined. These men were vaccinated against smallpox. Those who did not show "successful" vaccination were re-vaccinated. The experiment showed that more of these developed syphilis from the smallpox vaccination than the percentage who developed syphilis from all causes in the civilian population in the United States.

“The findings,” says Captain Thomas, “suggest a definite relation between cowpox vaccination and the 'false' positive test (for syphilis.)”

Sir William Osler, in his Principles and Practice of Medicine, Seventh Edition, page 330, said:

“A quiescent malady may be lighted into activity by vaccination. This has happened with congenital syphilis, occasionally with tuberculosis.”

Dr. Charles Creighton, M.D., in his Natural History of Cowpox and Vaccination, page 124, states:

“I claim the phenomena of so-called vaccinal syphilis as in no respect of venereal origin, but as due to the inherent, although mostly dormant, natural-history character of cow-pox.”

Professor E. M. Crookshank, M.D., London, Professor of Bacteriology, Kings College, told the British Royal Commission:

“We have not a known test by which we can positively distinguish between lymph serum which is harmless, and one which might be harmful to the extent of communicating syphilis.”

“A large proportion of the cases of apparent syphilis are in reality vaccinal,” says Dr. Carter, St. George's Hospital, London. In similar vein, Dr. Scott Tebb, in his work *A Century of Vaccination*, declares:

“The disease that cowpox most resembles is not smallpox but syphilis.”

Even more specific is the statement of Dr. David H. Reeder, of LaPorte, Indiana:

“For a hundred and twenty-five years we have been inoculating human beings with vaccinal syphilis, and I am convinced that much of the tremendous increase in the deaths from cancer may be traced directly to this disease inoculation.”

CHAPTER TEN . Diphtheria

Dr. Richard C. Cabot, chief diagnostician in the Massachusetts General Hospital, in his book, *The Layman's Handbook of Medicine*, warns readers of the dangers in the anti-toxin treatment of Diphtheria:

“Within the last few years we have become aware of certain dangers in the anti-toxin treatment of diphtheria. The most terrible results are in people who have no diphtheria, but are given serum in perfect health as a protective, and die from it.”

Dr. W. H. Kellogg, director, Bureau of Communicable Diseases, California State Board of Health, regarding the Shick test used in diphtheria immunization, has this to say:

“The percentage of errors in reading reactions in those who are protein sensitive is, in the hands of even the most experienced, frequently as high as fifty percent.”

In *The Pharmaceutical Journal* (London) for February 2, 1935, we read:

“Scarlet fever and diphtheria are questionable as regards the value of prophylaxis, and reactions are not sufficiently regarded by enthusiasts. Before the county is stampeded into mass immunization this problem should be most thoroughly gone into, e.g. anaphylaxis with serum, encephalitis with vaccination.”

The *Medical Officer*, official magazine of British health officers, has time and time again spoken out against the dangers of immunization. C. Killick Millard, medical officer for Leicester, in a report to the health committee of that city, as reported in *The Medical Officer* for March 9, 1935, declared:

“In view of the facts and considerations adduced above (in the annual report) I feel that I cannot recommend the health committee of Leicester City Council to take any action

at present in the direction of encouraging inoculation of the general public. I think it would be wise to wait until there is a little more certainty that good and not harm is likely to result.”

“Taking the twelve years 1921-33, the average diphtheria mortality figure for Leicester comes out at the three per 100,000. The figure for England and Wales was seven. That for Birmingham was six in spite of the fact that 45,000 children had been inoculated.”

In the same journal on the same date, Dr. Austin Priestman, medical officer for Folkestone, was quoted:

“On the surface it seems unlikely that a measure so perpetually expensive in time, labor and money should yield satisfaction.”

“It is safer to help man and his resistance through the healing channels of work and food and recreation, and to leave to Nature an immunization which she will give, perhaps more slowly than we wish, but more efficiently and with a more true economy.”

Let us bring to bear upon this question a statement found in the official Journal of the American Medical Association on April 2, 1937:

“A multiplicity of untoward sequelae have been observed in patients treated with immune serum. . .The common symptomatology includes fever, urticaria, erythema, oedema, lymphadenoma, arthralgia, smothering sensations, headache, nausea and vomiting. Occasionally there are more serious and lasting manifestations such as peripheral neuritis, epididymitis and orchitis.”

Even more illuminating is an article by A. E. Bennett, M.D., which appeared in The Journal of The American Medical Association on February 18, 1939. Dr. Bennett cites articles by twenty-five other authors, giving the dangers arising from horse serum, such as paralysis, tetanus, serum sickness, diseases of the nervous system and neuritis.

Dr. Bennett says:

“While the potential dangers of immediate and delayed reactions following parenteral administration of horse serum are well recognized by the medical profession, the possibility that serum sickness may result in serious complications is not as well known. One of the most serious sequels following prophylactic and therapeutic injection is horse serum neuritis.”

“Serum sickness probably would occur in all cases if enough serum were given. Local itching, swelling, generalized urticaria, fever, enlargement of lymph glands, polyarthritis inflammation of many joints, general malaise, leukopenia, albuminuria, fall of blood pressure and decreased coagulability of the blood make up the complete clinical picture.”

“The severity of the reaction varies greatly. The cause is in no way understood.”

“Within a few hours after the onset of serum sickness and generalized urticaria, severe neuritic pains develop. The pains usually involve the neck, shoulders, arms and legs and are so severe that analgesic and opiate medication gives little relief. Flaccid paralysis occurs within a few hours to a day or two and is followed by gradual atrophy of muscles.”

“Associated with serum sickness are intense vasodilation (spreading apart of blood vessels) and edema of skin, muscles, bursae and joint tissues.”

In like vein The Medical Times (London) in November, 1937, warned:

“We believe that this is the only medical journal that has warned its readers against the risks attending immunization against disease as the common cold, influenza, typhoid and so on. Immunization against diphtheria is one of the latest, we might say one of the latest crazes. At any rate, we again wish to sound a warning against it. We really know far too little about the actual results of immunization to warrant us meantime in adopting such measures. Unfortunately deaths following immunization have been reported from time to time. This should make us very cautious.”

In that same year British post office authorities clamped down upon cold serum manufacturers, stating that after three years of experimenting, inoculation with vaccines offered for the prevention or cure of colds was not justifiable. Hearing of this action, Dr. Morris Fishbein, editor of the Journal of The American Medical Association, remarked in Chicago:

“It took the British rather a long time to find out that there is no real value in any of the vaccines. This simply confirms the announcement made ten years ago by the American Medical Association. There are four or five of these anti-cold vaccines, but we have found that none is of any real value.”

Since then, we have been told of "new and better" cold serums, and hundreds of thousands of people suffering from this commonest of maladies, have grasped at these promised relief "shots" and cures. The truth that they are no better than the old ones was brought up-to-date by the Journal for June 5, 1948, when on page 566 it said:

“Experience with cold vaccines shows that the method is of no value as a preventive measure against colds.”

Summing up the modern picture of inoculation, the Lancet, a British health periodical of wide circulation, declares in its issue of January, 1938:

“That diphtheria can be prevented by immunization no more implies a command to immunize people than the fact that nitric acid and glycerine make an explosive mixture implies a command to blow up our neighbors. Yet the immunization of the masses is undertaken with almost religious fervor. The enthusiast rarely stopped to wonder where it would all finish or whether the fulsome promises made to the public in the form of 'propaganda' would ever be honored.”

“Those who have had to take detailed notice of immunization accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service.”

“Immunization surely should remain a matter of private, not of public venture---a question for the individual to decide on personal grounds and in term of his own risks, fears and prejudices.”

The clinical picture of diphtheria immunization is brought up-to-date by the Journal of the American Medical Association for June 5, 1948, in an article entitled, *“Danger of Vaccination and Inoculation”*:

“If intradermal tests are used, one should be sure that the tests are preceded by a negative reaction to a scratch test in order to avoid generalized reactions, which may be serious and which may even, on rare occasions, result in the death of a highly sensitive child. Allergic children should be given prophylactic treatment for diphtheria, pertussin and tetanus. . .Hipo immunization against pertussin (whooping cough) is important because respiratory allergies are likely to develop in an allergic child. If whooping cough does develop, it should be combated with human immune globulin or hyper-immune human serum.”

Aside from the dangers of pathogenic disease lurking in diphtheria inoculations---risks that society might be justified in taking if prevention was assured---is the discouraging knowledge that the procedures do not protect against the disease. The Vaccination Inquirer reports that the English and Scottish Health Ministers acknowledged more than 25,000 cases of diphtheria in immunized children from 1941 to 1945, with nearly 200 deaths in immunized children.

CHAPTER ELEVEN . Tuberculosis

Knowledge of the therapeutic value of fresh air, sunshine, and wholesome food has helped doctors in their efforts to control the modern plague of tuberculosis. In diagnosis the X-ray has proved of inestimable value in detecting cases, especially among school children, where boards of health often set up units for x- raying entire student bodies as a public service.

It is only when health authorities resort to tuberculin testing of children that criticism can successfully be maintained.

Says the United States Public Health Bulletin, Tuberculosis: its predisposing causes:

“It has been found that thousands of persons react to the tuberculin test who have no signs of tuberculosis. About 90 percent of all children between the ages of twelve and thirteen and practically all adults will give a positive reaction. Most people who react to the tuberculin test are apparently healthy and never break down from tuberculosis,

although they have received living tubercule bacilli into their bodies, perhaps many times.”

The latent, lurking danger in such tests is set forth by Dr. Maurice Fishberg in his book on Pulmonary Tuberculosis:

“When carelessly performed with excessive doses, latent or quiescent lesions may be flared up into activity. Living and virulent tubercule bacilli may appear in the blood after an injection of tuberculin. In some cases it is shown that hemoptysis is provoked by the test. In general, the reaction consists of transient toxic injury to the body and the nervous system bears the brunt of traumatism. The use of tuberculin for diagnostic purposes ought to be condemned. It is unreliable both positively and negatively. Diagnostic injections are dangerous.”

Dr. Esmond D. Long, writing in the Lancet on “*Tuberculosis in College Students,*” issued a sharp warning:

“It is now well known that 'Old Tuberculin,' as manufactured, is a variable product and while most of the market preparations are of sufficient strength, some are not, and a few are so strong as to cause an unwarranted number of severe reactions. Standardization seems desirable. People infected with tuberculosis for constitutional reasons vary in their sensitivity to tuberculin about a million times. A dose that will barely elicit a reaction on one will cause superficial necrosis in the arm of another.”

CHAPTER TWELVE . Voices in the Wilderness

Our unquestioning acceptance of Preventive Medicine lends tolerance to dangerous social conditions. Because of our belief in the efficacy of immunizing "shots," we are lulled into a false sense of security. We contemplate vast areas of slums without fear of being contaminated by the diseases that breed there. The inhabitants have been inoculated! Our belief in prevention by immunizing agents has dulled our emotions about the fashion in which these people live, and slum clearance projects impress us as being too costly to undertake.

Statistics disclose that the incidence of disease in these sections is higher than in the better residential areas, even though inoculation is more vigorously pursued. Among the dwellers of these indigent regions, the practices of medicine are seldom doubted. Regulations have the power of law, and the wretched people rush into the free clinics at the least provocation.

The illusion of Prevention enters into the planning of city officials, who seldom consider the need of rehabilitating slum areas because of the menace of disease and lowered health. Like the vast majority of citizens, these officials are convinced that the physicians, with their virus-laden needles, have conquered this menace, and stand ready to conquer epidemics.

Commenting on this question, M. Meadow Bayly, M.R.C.S., British authority on immunology, and author of the book, *The Schick Inoculation Against Diphtheria*, said in 1944:

“Perhaps the greatest evil of immunization lies in its diversion of public attention from true methods of disease prevention. It encourages public authorities to permit all kinds of sanitary defects and social problems to remain undressed, particularly in schools. It ignores the part played by food and sunlight and many other factors in the maintenance of health. It exaggerates the risk of diphtheria and works upon the fear of parents. The more it is supported by public authorities, the more will its dangers and disadvantages be concealed or denied.” Then he adds this specific item:

“The pitfalls connected with a comparison of inoculated with uninoculated groups are well known to statisticians and have been emphasized in the medical press; the importance of seeing that the two groups are comparable in all other respects has been entirely ignored in the official statements issued.”

Our belief that we can attain prevention from diseases originating in filth by injecting toxic substances into the body, has made public authorities in many American cities callous to the demands for ordinances and regulations providing pure milk, ice cream, meat, and other foods.

Likewise has come superlative faith in our methods of controlling disease-bearing and crop-destroying insects by atmospheric spraying with DDT and other laboratory products. It seemed at first that great advancement had been made over previous days, when spraying was limited to individual plants and trees; but the cost in the destruction of beneficial species had not been assayed. Here again, we have put man the ingenious on a throne about Nature, and his assaults on the insect world have been prodigal and ruthless. If we had followed the counsel of Dr. Campbell and encouraged an increase of dragonflies and bats, natural enemies of the anopholes mosquito, hundreds of thousands of people might not today be suffering with malaria, which prevails as a constant scourge, despite costly chemical *“controls,”* and drugs which only suppress the symptoms of the disease.

An example of the folly of atmospheric spraying occurred in the summer of 1948 in South Texas, when poliomyelitis reached near epidemic proportions. The Federal Government became concerned because of the Navy personnel stationed along the coast. Preceded by headline publicity Navy planes zoomed over the entire region, spreading clouds of DDT. They flew over marshlands, chaparral thickets, cities and towns, giving thousands of acres an aerial bath in the fumes of this toxic poison. The spray, caught in the Gulf winds, drifted away, or settled indiscriminately on every living thing.

The result was not measurable in the way of any observable achievement. The epidemic continued. Flies, mosquitoes, and semi-tropical insects appeared undiminished. It was a grand gesture on the part of Uncle Sam, diverting people's attention from unaesthetic *“islands of segregation,”* where outdoor toilets dotted the backyards and from which a sickening stench forever arose---now blending with the acrid smell of DDT. The move had

a sinister compatibility with the prevailing ideas about how to combat filth; that is, to use one kind to neutralize another. For DDT, according to the United States Department of Agriculture, is not poisonous alone to certain insects, but causes toxemia and even death in birds, animals, fish, and human beings. Sprayed over streams as a mosquito eradicator, it sometimes kills fish, and house birds die if subjected to its fumes.

The recent findings of toxicologists as to the effect on warm-blooded animals of DDT preparations and other widely advertised insecticides is beginning to worry agriculture and health authorities. Drainage ditches sprayed to destroy mosquitoes overrun their banks and leave on the topsoil of rich land a damaging residue, harmful to earthworms and other soil chemists. Many of these insect-killers have been released for use without first being tested over a period of years, and their dangers did not become known until they showed up in death certificated and doctors' reports on illness. Says Fairfield Osborne:

“Upon the earth, all life is so well integrated that we should think soberly of the effect that a blanket destruction of one form will have upon another. About three-quarters of a million different species of insects have been identified, and out of this extraordinary number only a few are harmful to man. The tsetse fly, the anopholes mosquito, lice and certain crop-destroying insects have wrought hardships by carrying plagues and bringing about starvation. While, on the other hand, pollenization of fruit trees and other crops are dependent upon insect life. The very soil out of which we pluck the substance of life is cultured and cultivated by insects. Our insect eating birds will dwindle in proportion to our use of bug-killing chemicals; and suddenly we will discover that we have brought about an imbalance of Nature that will more than likely prove a new hazard.”

The need of sanitation is essential to prevent and control disease; and we have to do more than release clouds of poison dust to achieve the objective sought.

If some of the money being spent on geographic spraying with questionable and possible dangerous insecticides was utilized for slum clearance, we would at least be demonstrating a sensible understanding of the primary needs in safeguarding ourselves from epidemic diseases.

The artificial nature of our convictions about disease prevention and cure are nowhere more manifest than in the universal acceptance of vitamins as health restorers. Most of these alphabetic agents are manufactured in laboratories, make big profits, are sold over the counter without prescriptions, and too often cause damage rather than good. The latest researches reveal them as probable inciters of cancer, and as retarding the growth of children if not carefully administered.

“Overdoses of vitamins may be harmful in children,” two scientists at the University of Iowa warned in the summer of 1948. Drs. Genevieve Stearns, and P. C. Jeans, of the University College of Medicine, reported that while a little of Vitamin D protects children against rickets, large doses may slow their growth.

These conclusions were reached during studies on child nutrition. One study of babies showed that 100 units of Vitamin D are needed daily to protect a child from rickets. This amount comes naturally through milk and other foods. The scientists disclosed that by greatly increasing the dose, the growth of the children was retarded. Other sequelae developed, such as the abnormal eruption of teeth. Little data has been developed showing the exact dosage required, or just how to correlate the synthetic intake with the quantity of the vitamin consumed in natural foods.

The searchers after health must ultimately see that the two attentive handmaidens of this precious heritage are Sanitation and Nutrition. Not until society turns away from the false concept of Preventive Medicine, vitamins, hormones, and immunizing shots, filth within to combat filth without, can we expect to make progress in our relentless war on disease.

The value of vital, wholesome food is so well known that comments are irrelevant. Dr. Campbell found that the virulence of smallpox could be controlled by nutrition, and the pocking was eliminated when fresh fruit and green vegetables were available for victims. Few studies of this character have ever been made by scientists; at least, the evidence of such studies is not within reach. The concentration has been made on the effect of synthetic products, supplanting or supplementing regular diets. We do know that scurvy is caused by the body's lack of Vitamin C, found in citrus fruits, and pellagra comes from the human organism's hunger for elements found in green vegetables, milk, and eggs. Likewise, rickets is a deficiency disease, and there are countless other maladies resulting from a lack of a balanced diet.

Referring again to the University of Iowa, we find clinicians demonstrating that rheumatic fever in children can be combated by "good food." They found, according to information released in 1948 after extensive studies, that nutrition was the best means of preventing a recurrence of the malady which too often affects the heart, causing irreparable damage.

The Voices in the Wilderness have been many through the years of this century and they have spoken in powerful language, but they have faded out before the clamor of Commercialism in health. Statements like that of Dr. James Gordon Cuming, in the Journal of The American Medical Association, light the way:

"The eradication of diphtheria will not come through the serum treatment of patients, by the immunization of the well, or through the accurate clinical and laboratory diagnosis of the case and the carrier followed by quarantine; rather it will be attained through the mass sanitary protection of the populace, subconsciously practiced by the people at all times."

And John D. Rockefeller, Sr., after he had established the Foundation for Medical Research bearing his name, must have communed with Nature for, when nearing the century mark in age, he designed her as the Great Physician:

“Men who are studying the problem of disease tell us that it is becoming more and more evident that the forces which conquer sickness are within the body itself, and that it is only when these are reduced below the normal that disease can get a foothold.”

“The way to ward off disease, therefore, is to tone up the body generally, and when disease has secured a foothold, the way to combat it is to help those natural resisting agencies that are within the body itself.”

Thomas Edison was another whose voice spoke clearly in the wilderness:

“The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease.”

Professor Speransky, Dr. Manwearing, Dr. Osler, and many others have spoken from the high hills of science, warning of danger in prevailing practices. *“By these methods, we may be crippling humanity,”* Speransky warned.

And far from least among the commentators is Bernard Shaw, brilliant Irish satirist, who has been speaking out against the practice of immunology for forty years. In one of his small essays on the subject, he declared:

“As to such outrages as compulsory vaccination and the monstrous series of dangerous inoculations which we forced on our soldiers, and at some frontiers in immigrants, they are only desperate attempts to stave off the consequences of bad sanitation and overcrowding by infecting people with diseases when they are well and strong, in the hope of developing their natural resistance sufficiently to prevent them from catching it when they are ailing and weak. The poverty of our doctors forces them to support such practices in the teeth of all experience and disinterested science; but if we get rid of poor doctors and overcrowded and unsanitary dwellings, we get rid of diseases which terrify us into those grotesque witch rituals, and no woman will be forced to expose her infant to the risk of a horrible, lingering vaccine lest it should catch confluent smallpox, which, by the way, is on a choice between two evils, much to be preferred.”

“Dread of epidemics; that is, of disease and premature death, has created a pseudo-scientific tyranny just as the dread of hell created a priestly tyranny in the ages of faith. Florence Nightingale, a sensible woman, whom doctors could neither humbug nor bully, told them that what was wrong with our soldiers was dirt, bad food, and foul water; in short, the conditions produced by war in the field and poverty in the slum. When we get rid of poverty, the doctors will no longer be able to frighten us into imposing on ourselves by law pathogenic inoculations which, under healthy conditions kill more persons than the disease against which they pretend to protect them. And when we get rid of commercialism, and vaccines no longer make dividends for capitalists, the fairy tales by which they are advertised will drop out of the papers and be replaced, let us hope, by disinterested attempts to ascertain the scientific truth about them, which, by the way promises to be much more hopeful and interesting.”

The human body has borne the brunt of continuous medical experimentation since the days of Hippocrates. Scientifically, mankind has been assaulted by new chemicals and procedures, generation after generation. Countless new compounds have been concocted and spooned into the body for varied and perverse ailments. Physicians have leaped the gulf from blood-letting to transfusions, from mobilizing to immobilizing muscles paralyzed by polio, from the mild pills of Homeopathy to the powerful concentrates of Allopathy.

Methods and medicines have been as miscellaneous as the capacity of the human mind for invention. Where once we kept surgical patients in bed for days, we now practically make them walk out of the operating room; where a few years ago, we cut out their tonsils and appendices at the least provocation, we now conserve these organs, except in emergencies, as integrated anatomical units.

But always, regardless of the design of remedies and methods, the public has accepted them, and the protests of a limited number of dissenters have been shattered in humpty-dumpty fashion against the battered but resisting walls of Faith. But skepticism and unbelief have persisted, and in time forced practitioners to abandon procedures both useless and harmful.

Almost every organic and inorganic substance in Nature has been tapped in the ceaseless search for elusive fountains of youth and health. Many minerals have been used; and an infinite variety of plants and trees have been drawn upon for remedies to relieve pain and cure disease. The urine of mares has been sieved for hormones for women; serum has come from the pus of infected calves; toxin anti-toxin from the blood of diseased horses. Sheep glands have been pulverized and extracts taken from them for the cure of disease.

If this endless searching of science, going on today as ever, could be modified by proven hygienic practices and wholesome teaching on health matters, there would come a balanced understanding insuring higher standards of health everywhere. The over-emphasis on artificial procedures, combined with the false belief that scientific medicine has made it safe to disregard the laws of Nature, hangs over the human race like a Sword of Damocles.

Today, with synthetic medicine dominating chemistry and glandular products flooding the market and being prescribed freely by doctors who know too little about their affects, the threat to public health is greater than ever in the past. In the field of endocrinology, where hormones are being widely used to overcome sex deficiencies and disturbances of the vital organs, we are tinkering with anatomical structures and hereditary forces about which our knowledge is fragmentary. The functions of the pituitary gland, a pea-sized manufacturing plant in the brain, which turns out at least eleven specific products, illustrates the complex character of these deep-seated glands that control body functions by chemical catalysts and hormones. Out of the experiments with chemicals administered to stimulate or retard the functions of these glands, is coming reports of

induced cancer and many other dangerous pathologies. Yet both men and women willingly and eagerly expose their lives to the inevitable traumatism of these chemical compounds, concocted in laboratories for sale and profit..

In this thesis, we have constantly sought to show that health is not a purchasable commodity, and that contemporary methods, instead of preventing and curing disease, too often culminate in broken health, lowered vitality, disease, and death. It is conceivable that the continued bombardment of the body by alien bacteria and viruses may presage the fall of our civilization. By these practices we may be invading the sacred sanctorums of Heredity, leaving to our children unto the third and fourth generations the inheritance of Twentieth Century Preventive Medicine.

Health should be the expectation of citizens in this the best fed and clothed nation; and the methods of insuring it should be researched with complete disregard for economics. If we are wise enough to survey the facts and preview the future, we will realize the necessity of restraining professional groups and industries that today are undermining the mentality and physiology of children---and doing it where ever possible by compulsion and with the aid of the government.

The twenty-five percent of our people who have turned their backs on the magnificent citadels of modern medicine may conceivably turn the tide away from the type of thinking that expects a vaccine-laden needle to perform preventive and curative miracles outside the immutable laws of Nature.