



CONSIDER the LILIES

A Review of 18 Cures for Cancer and
Their Legal Status

Mary W Maxwell, PhD, LLB

Keywords: cancer cure, electric medicine, vaccination hoax, autism, Charles Creighton, Emanuel Revici, Lida Mattman, dissociation, The FitzGerald Report, cancer as bioweapon.

*To Aung San Suu Kyi,
protector of her people,
exemplar of faithfulness*

PUBLISHER'S FOREWORD

Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided.

- Paracelsus

There are more things in heaven and earth, Horatio, Than are dreamt of in your philosophy.

- William Shakespeare, Hamlet

We live today in a scandalous world, where contrived situations wend us towards darkness, death and disorder. With *Consider the Lilies*, Mary Maxwell brings us some much needed light, information and ... humor.

The sheer audacity of our current state of affairs affects not only our body politic, but also our personal health and our financial futures. What are we to do?

Well, we can hide our heads in the sand and do nothing, or maybe, just maybe, we can work to educate ourselves and try to take the proper action.

The sad truth of the matter is that through our own ignorance, the machinations of others and fate, we appear to find ourselves as unwitting slaves of an unheralded empire that rules through shadowplay, leaving us shells of our former selves. De-luded souls of a long—gone republic, feeding on vestiges, but finding little to sustain the hopes, dreams and facades of glory.

But as Mr. Gandhi so eloquently states: “When I despair, I remember that all through history the ways of truth and love have always won. There have been tyrants, and murderers, and for a time they can seem invincible, but in the end they always fall. Think of it – always.”

So, let's go, get on the beam, and be the change we wish to be.

Onwards to the utmost of futures,

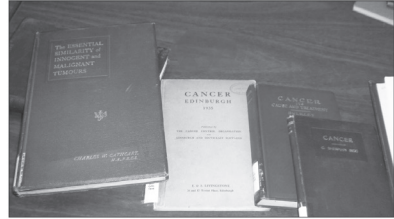
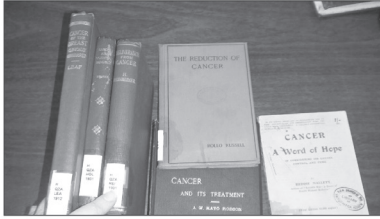
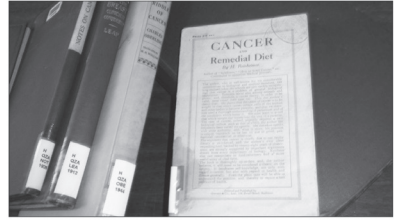
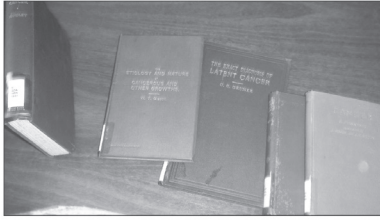
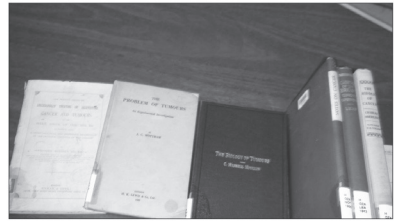
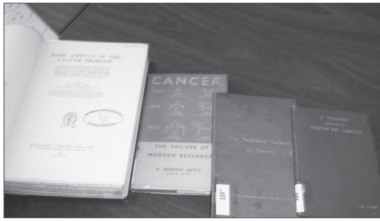
Peace,

Kris Millegan

Publisher

Credos Books

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Buried Treasure:
In the historical collection of Notre Dame University Medical School Library, Sydney, are many books on cancer treatment that were subsequently suppressed.

Estimated cancer prevalence in the United States as of 1-1-2008

All invasive cancer sites	11,958,000
Brain, nervous system	129,000
Breast	2,646,000
Cervix	244,000
Colon & rectum	1,110,000
Endometrial cancer and Uterine sarcoma	573,000
Esophagus	30,000
Hodgkin's disease	167,000
Kidney and renal pelvis	296,000
Larynx	89,000
Leukemias	254,000
Liver and bile duct	32,000
Lung and bronchus	373,000
Melanoma of skin	823,000
Non-Hodgkin lymphoma	454,000
Oral cavity and pharynx	253,000
Ovary	178,000
Pancreas	35,000
Prostate	2,355,000
Stomach	66,000
Testis	201,000
Thyroid	458,000
Urinary bladder	537,000
Childhood cancer	353,000

Cancer Statistics Review, 1975-2008, National Cancer Institute.

Approximate number of cancer deaths per day in US in 2010:
one thousand six hundred. More than one every minute.

According to a June 2, 2012 article in *Lancet Oncology*, cancer cases, worldwide, may increase 75% by 2030.

CONTENTS

Foreword	5
Preface	14
Lexicon	18
Part One:	
Upbeat beyond Belief!	
1. Introduction	22
2. Bacteria in Cancer? “Definitely,” says Livingston	28
3. Burzynski and Naessens, Legal Harassment, and DCA	42
4. Bioelectrics: Rife, Becker, Lakhovsky, Crile, Olney, Ott	56
Part Two:	
The Law Is Our Friend. Trust Me on This.	
5. Pressures on Doctors, and “The American Cancer Society”	72
6. Let’s Hear from Some Ghost Curers, and Hamer	86
7. Normal Health and the Creation of a Society’s Values	100
8. Laying Down the Law: Why Tolerate This Criminality?	114
Part Three:	
Confirming Some Proven Cures and Looking at Other Illnesses	
9. Revisi Can Cure Cancer, AIDS, and Arthritis	130
10. Get the Cancer Microbe! – Glover and Lincoln	144
11. Is Cancer Weaponized?	158
12. Intellectual Thrills: Meta-Theories of Cancer	174
Part Four:	
We Could Turn This Thing Around in a Jiff.	
13. Vaccination Is a Big, Fat Hoax. Wallace Saw It in 1898!	190
14. Malice and the Deliciousness of Honesty	206
15. Autism: Would God Order Torture for Toddlers?	220
16. Conclusion	234
Addendum – The Essence of the Monarch’s Authority	248
The Exhibits – Mostly Medical Articles, Many Historical	251
Bibliography	354
A Word about Copyright and Permissions	359
About the Author and Reviews of Her Previous Books	360
Index	362

TABLE OF CHAPTER FRONTISPIECES

1. The Hippocratic Oath	20
2. Newspaper Announces Glover's Cure for Cancer	28
3. Great Irish Biologist, John Tyndall, Thanks Scotland	42
4. The Multiple Wave Oscillator of Georges Lakhovsky	56
5. Editorials about Cancer in the The Lancet, Pre-Suppression	72
6. The Power List: Many Ways To Kick a Good Doctor	86
7. Writer Recommends: You'll Need Your Pack	100
8. Constitutional Grants of Power to Congress	114
9. Egyptian Papyrus Not Keen on the Big Three	130
10. Rockefeller Boasts of Hiding the Cancer Cure	144
11. Who Flew Over That Cuckoo's Nest? Not Jenner!	158
12. What Makes Eighth-graders in Kansas So Smart?	174
13. President Bush in Rose Garden: Roll Up Your Sleeve	192
14. Canary Party to Chronic Diseases: Get Outta Here	206
15. Possible Assassination of Microbiologists	220
16. When Men Were Men	234

TABLE OF EXHIBITS

1885	Charles Creighton, MD: the elusive vaccina	A, 252
1898	Alfred Russel Wallace, LLD, FRS: vaccination	B, 256
1909	William Coley, MD: toxins as cancer cure	C, 265
1911	John Beard, DSc: pancreatic enzymes	D, 267
1920	Charles Higgins: vaccinating the military	E, 270
1924	George Crile, Sr, MD: electric charge in cancer	F, 275
1947	E Underwood, MD: Charles Creighton's work	G, 283
1950	Edward Rosenow, MD: polio	H, 290
1953	Benedict FitzGerald, JD: report to US Senate	I, 296
1961	Royal Rife: deposition in John Crane's case	J, 302
1965	Lionel Dole: dishonesty of Pasteur and the BBC	K, 308
1970	Robert Olney, MD: ultraviolet light cure	L, 312
1973	John Ott: reaction of plants and animals to light	M, 314
1975	Gordon Thomas: career of Thomas Issels, MD	N, 317
1985	Robert O Becker, MD: on silver	O, 321
1993	Lida Mattman, PhD: cell wall deficiency	P, 323
1994	Hiram Caton, PhD: misperceptions of AIDS	Q, 326
1997	Harris Coulter, PhD: vaccination causes diabetes	R, 330
1997	Jaak Panksepp, PhD: autism	S, 333
1998	Carla Emery: unethical hypnosis	T, 336
1999	Michael Goldberg, MD: immune problem in autism	U, 338
2005	Richard Moskowitz, MD: natural immunity	V, 341
2010	National Vaccine Injury Table of Compensation	W, 344
2011	Mary Efrosini Gregory, M Phil: GS-12 targets	X, 345
2011	Claire McCarthy, MD: on one-sidedness	Y, 350
2012	Joan Campbell: survey of Moms on vaccination	Z, 351

PREFACE

Cancer is something of a joke. I am referring to our culture's construction of the great demon cancer. If you are presently healthy I'll bet this book will leave you laughing – laughing about how we deceived ourselves all these years. Of course if you aren't feeling healthy today, if indeed you've just been told that you've got the dread disease, it may take a bit more of a jolt for you to get out of your state of fear and into a more feisty mood.

I shall try to give you that jolt. And it's not out of kindness on my part. I am trying to recruit feisty people, and who better than you? You have more reason than most to be up in arms at what "The Powers That Be" have done to us (and to themselves, please note, O Powers That Be!).

My Mother, who was not particularly Bible-oriented, often murmured, from *Matthew 6: 28*, "Consider the lilies of the field, how they grow: they neither toil nor spin, yet Solomon in all his glory was not arrayed as one of these." This book, on every page, considers the lilies of the field, even when it may seem as though I am off on a political toot. Fact is, God gave us an incredible planet on which to live, lilies and all, and incredible bodies in which to do our running around. Yes, the cancer demon is a joke.

The chapters of this book should definitely be read in order. No skipping! No starting at the back! It contains a historical look at what happened in the 20th century to suppress cures (loads of them) that popped up when an individual scientist, brilliant and driven, found his or her way. Note: persons like that will always be with us; it's impossible to stop them.

In organizing the chapters that deal with cancer cures, I've given Virginia Livingston top billing because I feel I can trust her right down the line. She was a conservative and disciplined physician, like my late beloved spouse, George Maxwell. I do believe that for him to have cheated on research, or neglected a patient's needs for his self-pursuit would have been, like, impossible. I don't claim that such doctors were saints, but the

medical culture of the day made this happen. Your reputation meant everything. To be accused of fudging your research data was to be dreaded approximately as much as being boiled in oil.

Dr Stanislaw Burzynski also gets high placement in the ordering of the chapters, mainly because of what he has put up with! “Dr B” has shown stamina that few mortals can match. Trying hard to help his cancer patients, and using normal medical technique, he has more than once been handcuffed by police for so doing. At this very moment, in 2012, he is facing another ordeal in a Texas court. In all, eighteen cancer curers get discussed in this book.

ACKNOWLEDGEMENTS

I am deeply grateful to the many historians and biographers I’ve relied on. The history of the Rife microscope came to my attention through an article on *rense.com*, which led me to Barry Lynes’ *The Healing of Cancer*. Regarding the takeover of medical schools that occurred ninety years ago, I had already been aware of the late Eustace Mullins, ever on his high horse, who wrote *Murder by Injection*. I thank him for his years at the library.

The first book I picked up concerning the shonkiness of the American Cancer Society – and I’m being charitable there – was Ralph Moss’s *The Cancer Syndrome* (largely dealing with “the laetrile controversy”). Next, I was happy to connect with Nat Morris’ book, *The Cancer Blackout*. I enjoyed Suzanne Somers’ *Knockout* (2009), but my book is not about alternative medicine.

The dishonesty – even that word is charitable – of the NIH is spelled out in Andrew Marino’s hot-off-the-press *Going Somewhere*.

Among the biology books that truly uplifted me were Hanna Holmes’ wonderful *The Well Dressed Ape*, and the magnificently illustrated *Concise Human Body Book*, by Steve Parker. Plus *Why We Get Sick*, by Randolph Nesse and George Williams, which is a Darwinian work that I probably never would have found if I hadn’t grown up on the wrong side of the tracks, that is, the sociobiology side. (My first published book was *Human Evolution*.)

Only near the end of writing this book did I acquire two essential beauties: Mark J. Boesch’s *Long Search for the Truth about Cancer*, and the late Christopher Bird’s *The Trial and Persecution of Gaston Naesens*. Midway, I got a huge emotional boost from finding the works of Charles Creighton, Edward Rosenow, Sr, and George Crile, Sr, and will pass this boost to anyone who’ll take it.

I thank, and I salute, the many scholars I quote in this book.

For personal support I thank the dear late parentals, Pat and John Whalen. Of course I thank God for dropping me into a fortunate time and place, and for inventing the Internet!

I particularly thank Dr. Alan Cantwell, a generous scholar willing to share ideas. His very humorous emails kept me going.

Craig fixed up the photos (whilst camping in Tasmania – is nothing sacred?); Peter hauled books; Charles rode shotgun. *Gracias* to them and to young Laura for role-modeling. Wonderful how a role-model can spur you on, isn't it? As for Carol, Linda, and Blanche, they know how they oped mine eyes – 'nuf said. Elissa bucked me up. *Shukran*. And to John at whale.to – Ta.

Concepts of intellectual property must adapt in relation to the Internet. All mugshots here were simply lifted by me. While it so happens that I am a maniac for protection of privacy, these persons can hardly say I have invaded their privacy by printing in my book a portrait of them that is already world-broadcast. I also broke tradition, but not the law, in declining to ask certain men if I could quote them. I have good reason to think they'd suffer pressure if they gave me permission. So I just went ahead.

I hope you like the new post-Postmodern pagination. Since many books travel by PDF, it seemed to me that calling the first page “page 18” would save subtraction of roman numerals.

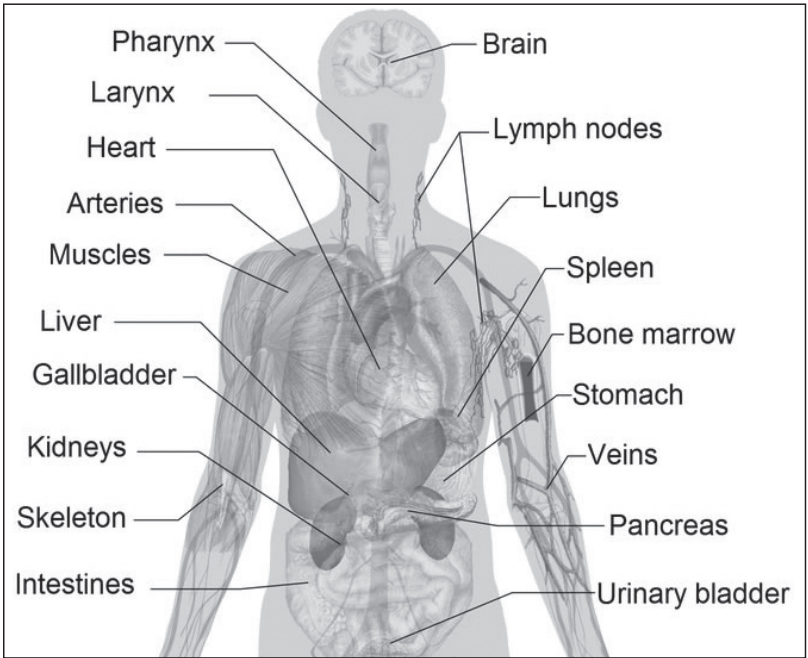
A pleasant caveat: don't send money! Last year my gmail account mysteriously discharged a request for \$1200 to all my friends. One friend actually sent that amount, into the wild blue yonder. Who knows -- other messages may be sent out from “Mary Maxwell”. Don't fire till you see the whites of my eyes, OK?

Finally, to the requisite Disclaimer. I hereby state – with as much sincerity as I can muster:

1. This book does not contain medical advice, just “educational material.”
2. I, Mary W Maxwell, possess the following scientific qualifications: nada, cipher, and goose egg.
3. If the reader has cancer, he is urged to go to his physician. (Well, he probably wouldn't go to the piano tuner, would he?)
4. The treatments described in most chapters have not won FDA approval. (You can say that again!)

Adelaide, January 26, 2013

Mary Maxwell



Illustration, compliments of Nib.gov

LEXICON.

As everyone knows, body organs have fancy medical names:

Heart=*cardio*. Stomach=*gastro*. Head=*cephalo*. Skull=*cranio*. Ear=*oto*. Uterus=*hystero*. Liver=*hepato*. Lung=*pneumo*. Breast=*masto*.

Besides organs, there are more general things: Blood=*hemo*. Cells=*cyto*. Joints=*arthro*. Tissue=*histo*. Skin=*derma*. Water=*hydra*. Muscle=*myo* (not be confused with *myco*, which means fungus).

Knowing only those, and two easy suffixes -- *itis* for “inflammation of,” *algia* for “pain in,” you can start trafficking in **myalgia**, **otitis**, **hydrocephalic**, **hepatitis**, **myocardial**, and **arthritis**!

With the prefix: *poly* for “many” -- and just two more suffixes: *ia* for “condition of” and *ectomy* for “removal of” -- you can deal handily with **pneumonia**, **anemia**, **mastectomy**, and, should the occasion for it arise, **polycephalous**. Isn't that great?

There are three types of cancer: **carcinoma**, **sarcoma**, and leukemia. The suffix *oma* means tumor or mound. *Sarc* is flesh. Because Hippocrates thought cancer looked like a crab, for which the Greek word is *karkinos*, we got the word “carcinoma.”

In the word **leukemia**, the “emia” is really hemia, “a condition, of the blood,” but the H has been dropped -- as it was in anemia. The prefix *an* in *anemia* means “lacking in.” (Like anaerobic: lacking in air). *Leuke* is a color, namely, white. A man with leukemia is a man with troubled white blood cells.

Come away from anatomical words for a moment to consider more general references. *Hyper* means above and *hypo* means under, as in a hypodermic needle going under the skin. *Tropho* has to do with feeding or nutrition, as in the trophic layers of the biosphere. However, don't confuse trophic with *tropic*, a leaning toward. For example, **gonadotropic** is a hormone that directs itself toward the gonads.

Slightly more complicated are medical terms for biochemical action, such as **lysis**. The verb “to lyse” means “to burst.” *Lys* is part of the word glycolysis, the breaking down of sugar (*glukus* is Greek for “sweet.”). As you can see, the word **hyperglycemia** contains four parts that were discussed earlier. (No credit if you find only three.)

An important cancer word is cyto. There's **cytocide** (cell-killing from Latin *caedo* “to kill,” as in **homicide**), and **phagocytes** (from *phage*,

“to eat,” an important item in Robert Lincoln’s cancer cure). **Cyto-blast** is an immature cell, as *blast* is Greek for “growing up.” We also have leukocytes (white cells), and erythrocytes (red cells). “Help! I cut my finger and my erythrocytes are going all over the tablecloth.”

Lymph nodes are part of the all-important immune system, which carries the fluid **lymph** around the body. The word comes from Latin *lympha*, a goddess of water.

There’s a type of cancer known as **lymphoma**. Another type is **melanoma**, related to the skin cells that develop color -- *melanos* being the Greek word for “black.”

Don’t worry, the Greeks did not entirely corner the market in vocabulary. The word for liver, *hepar*, comes from the Persian; the word for *hysis* came from Old Norse. But Greek prefixes abound: *peri*, “around” and *dys*, “not right.” There is a most terrible disease called dystonia. The root word there is *tonos*, Greek for stretching. *Tonos* features also in **peritoneum** – a huge membrane stretching around everything in your abdomen.

The etymology of “**symptom**” is most pertinent to this book. The Greek *sym* means “with,” and *pto* means “falling.” Certain symptoms “fall with” a particular illness. That’s all they do. You might say they “happen to accompany” the real illness. Autistic boys bang their head on the wall. Onlookers may think “That’s what’s wrong with him. He’s mental.” Onlookers can’t tell the difference between a symptom and the cause of the symptom. The child possibly has an infection that is the real illness. (See Chapter 15.)

Is your illness acute or chronic? It’s chronic if long-term, from the Greek *khronikeus*, “of time.” It’s acute (sharp) if it comes and goes quickly, like the common cold.

The reason a doctor can often diagnose over the phone, is that each illness has a fixed set of symptoms. A **tumor**, believe it or not, is only a symptom. The real disease of cancer is probably constitutional. That is, something has gone wrong in the normally well-functioning chemistry and physics of the body, with the result that some cells replicate uncontrollably.

(What cancer really *is* will be a main theme of this book -- and that’s in addition to the big theme which, as announced, is political.)

Thank you for listening, so far. And now, it’s eleven o’clock. Do you know where your peritoneum is?

PART ONE

... Tell of his love who sends the dew
The rain and sunshine too,
To nourish one small seed.

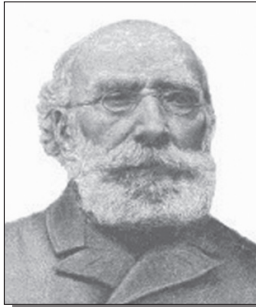
-- Christina Rossetti, *Consider the Lilies of the Field*

Welcome to Part One

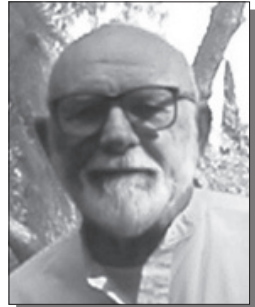
Upbeat beyond Belief!



Virginia Livingston MD



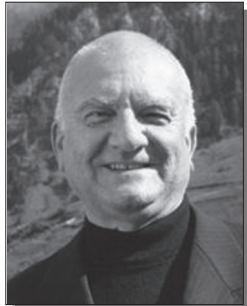
Antoine Béchamp MD



Alan Cantwell MD



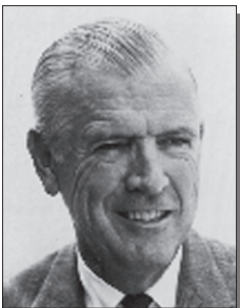
Gen George Crile MD



Gerald Domingue PhD



Royal Rife



John Ott



Niels Finsen MD



Philippa Uwins PhD

Chapter One

The Hippocratic Oath

I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgment, I will keep this Oath and this contract:

To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs...

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them...

Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption....

Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret ...

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time.

However, should I transgress this Oath and violate it, may the opposite be my fate.

Translated by Michael North,
United States National Library of Medicine

*A Roman bust of the Greek Hippocrates,
circa 250 BC.*





Introduction

Depend upon it, sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully.

-- James Boswell, *The Life of Johnson*, 1787

Welcome to Part One, which aims to bowl you over with good news. Naturally, if you or a loved one has been recently diagnosed with C-A, you probably can't think straight. My first remark to you is that there is hope, and I mean hope of finding proper scientific medical cures. Your doctor does not know many of these, as they have been kept under wraps for the last ninety years. Weird, but true. I swear it.

This book, however, wasn't written for patients. It is intended as information for all citizens. I hope that the story of the suppression of cancer cures will be eagerly looked at by young scientists and legal scholars in particular. Eighteen cures will be sorted through in these chapters. And please note the one-stop-shopping feature at the back of the book: the 26 exhibits of concise articles, many historic, half of them written by MD's.

It is a scandalous fact that such science was deliberately hidden, both from the public and from medical students! My late husband, George Maxwell, who was an excellent doctor, must never have heard of these medical cures, or he would certainly have consulted a "curer" when he got esophageal cancer in 1999. Instead, he signed up right away for surgery. (He died of complications from the surgery, particularly kidney failure and septicemia.)

Come to think of it, when I had a routine mammogram in 1992, and was diagnosed as having breast cancer, George unhesitatingly advised me to have radiotherapy. He was an extremely devoted husband, so it must surely be that he considered that treatment to be our best option.

It luckily turned out that I didn't have cancer; the mammogram was improperly read. "The luck of the Irish" as my kinfolk call

it. Then, in 2010, when I had another cancer scare, as a widow, I went to an oncologist and, without him pressuring me in any way, I arranged to go under the knife if the tests were positive. (Faith and begorrah, they were again negative!)

Sorry for dragging my case notes in front of you, but I want to make the point that we Americans and Australians (I am both) are remarkably untutored on this subject. And Yours Truly would not have found out the dirt, even now, but for luck: some legal research I was doing on AIDS and on autism happened to drift into the adjacent study of cancer.

MY SPECIALITY: INDICTMENTS GALORE!

There's more to this book than a review of cancer cures. There is a major statement as to where we find ourselves in this crazy world. In my 2011 book *Prosecution for Treason*, I argue that a bunch of sociopaths has had free rein to do things to us for a century. My new claim here is that they *intentionally* kept excellent cancer cures out of our reach. What absolute creeps.

Other writers, too, say it was deliberate, but they chalk it up to greed in the medical industry, or to the fact that people always prefer the tried-and-true to the new. I chalk it up to a major coordinated effort to destabilize society and keep folks power-less so the few at the top can avoid challenges. The political scientist in me says "That's what I would do if I were they!"

Such legal insight as I can bring to bear on this is in Parts Two and Four. Part One contains some cutting-edge material, all perfectly understandable by the layperson. Part Three shows how other diseases bring new illumination as to what cancer is. If you are licking your chops at the thought of "bringing to book" some people who have done unbelievably cruel things, this book won't disappoint. Most likely the *actual act* of punishing a creep, or two, is what it will take to make us reconsider our unwarranted toleration of what's been going on.

THE EXCITEMENT OF SCIENTIFIC DISCOVERY

That said, the main joy in this book has to do with the fact that several of the cancer-cures to be discussed here carry other good information with them. As far as I am aware, very few people are working on these amazing things. I know that sounds ridiculous, but to name just two names – Edward C Rosenow, Sr and George

W Crile, Sr -- there is a treasure trove of work by them that got suppressed or fell by the wayside. I was shocked to come across it, and it is absolutely “eligible” for revival.

Other persons are making connections. In Part Three, Lawrence Broxmeyer will astonish you with his finds that connect Parkinson’s disease to the tuberculosis microbe. For autism, Michael Goldberg and John Walker-Smith have found multiple explanations for neurological problems and bowel disease. Then there’s the shocker from Tenison Deane about a syphilis-smallpox connection, or should I say a vaccination connection.

Ah, have you already flipped through the exhibits and noticed a bit of a skewing toward the topic of vaccination? Don’t blame me; it’s not my fault! It is where the cancer research took me. Honest. As for my becoming an “anti-vaxxer,” who would have dreamed? But you go where the research takes you. By the way, if you’re pro-vax and can hold out against this onslaught of data, I am dying to meet you.

HIGH SCHOOLERS, AND “THE SHED SITUATION”

Good morning, Students. And to be young -- is it very heaven? Great. Now let me ask you: have you ever heard what cancer is? It’s portrayed as some sort of internal enemy, lurking, waiting to pounce and destroy a life. Poppycock, balderdash, and horse feathers is what I say to that. Come aboard and check it out!

High school students can use the cancer question to begin brainstorming with one another. No matter how little training you’ve had, you can get used to the important exercise of posing a question. For example, you and your mates could make up entirely fictitious “body parts.” Then imagine a patient who comes down with a tumor of the what’s-it, and ask how many different ways it could have happened. Since it’s fictitious, you won’t risk being slapped down by smart alecks who have *proved* the case.

Try setting up hypotheses that look at the broadest aspects of the biological event, and think of ways in which you might test that hypothesis. Dear Student, don’t let the “prestige” of the big guns overwhelm you. Who invented the wheel? Freddie Flintstone, right? There just weren’t any Nobel Prize scholars around to get the wheel going.

Tell your mother you need to go out to the shed and formulate a theory of cancer. See what she says.

The Laboratory Scene

Our 18 curers did a lot of their work “at the bench.” For those with no background in this, here is a sketch of what goes on.

A *pathologist* receives material that has been removed during surgery or biopsy. Or he may receive *specimens* of the patient’s excretions or secretions, for example blood, urine, or sputum. By performing tests, he may be able to advise the clinician as to what is going wrong, or even identify the disease.

For other lab workers, the day’s labor is done in fulfillment of a long-term research project and may consist of feeding mice a certain chemical to see if that triggers a cancerous growth. (Note: there is going to be a lot of that here. I apologize to the animals! I was never an animal-welfare person, but when you hear how many millions of mice, dogs, and rabbits are given cancer for research purposes, you are going to be appalled.)

Instead of having live animals onsite, a lab may have only cultures. Just as you can cultivate vegetables in your garden, you can culture things, such as bacteria, in the lab. You’ll monitor the bacteria by using a *Petri dish* (which has a lid to keep out airborne creatures). First you put a “*culture medium*” onto that dish. It may be an inorganic chemical, or a biological “broth.”

These “media,” as they are called, can be purchased from a lab supply company. The medium may be solid rather than liquid. The typical solid is *agar*. It is Jello-like in texture, and the item to be grown on it is sort of swabbed onto it, in the shape of the letter “S.” Human *cell lines* can be bought on the market, too.

Strains are important; some strains of bacteria have become resistant to antibiotics. Hence, the syphilis bacillus, *Treponema pallidum*, is not as curable by penicillin as it used to be.

An Internet search for the word *strain* brings up “Twenty-seven strains of bacteria have formed a destructive blob of icicle-like ‘rusticles’ that are slowly eating the historic wreckage of the RMS Titanic steamship.” [Good grief!] and:

“A group of University of Tokyo students programmed 16 strains of the food-borne bacteria *Escherichia coli* [*coli* refers to the colon; E is for Thomas Escerisch] to solve sudoku puzzles.”

Fear not, O Reader, this book can never get into *E coli* doing puzzles, as the author at hand “wouldn’t have a clue.” -- MM

ALWAYS ASSUME GOD GOT IT RIGHT

Although many folks live in fear of calamities regarding the body, it doesn't have to be that way. The bod is magnif. Even a fruitfly body is something to write home about, but the human, oh my.

May I proffer just two examples of what your body has accomplished, on the q.t., in the last few minutes?

1. For breathing, the intercostal [between the ribs] muscles of your chest caused your lungs to expand to take in air. How did those muscles know that you needed to take a breath? Easy -- the brain continuously monitors the levels of carbon dioxide and oxygen in the blood and sends a message.

2. When you blinked, your eyelid smeared lacrimal fluid over the eyeball to keep it clean and moist. That fluid, containing, say, a bit of dust, was then pushed off to the lacrymal canal where it will make its way into the lymph and eventually exit the body.

Just think, such things go on 24 hours a day, 365 days a year. You probably breathe and blink at least ten times a minute, hence you perform 5 million of each of those transactions per year. Every year. And it never fails. Most likely you won't have to call the repair shop even once in a decade. Not even once per half-century. So, isn't it reasonable to take comfort from that?

LEXICON AND EPIGRAPHS

It's empowering to crack the code of medical lingo – hence the lexicon at the front of this book. Occasionally a word will be defined in the text, as we go. Three cancer terms that I once found intimidating are: acid-fast, gram negative, and *L-form*. Turns out that an L-form bacterium isn't shaped like an L; rather it was named after the Lister Institute. *Gram-negative* has nothing to do with weight – it was named after a chap, Christian Gram. As for *acid-fast*, that simply means colorfast! (Cancer bacteria stain at a fuschia-red color.) I trust you'll find that the Exhibits are in plain English.

As for the epigraphs from ancient Greek or Chinese sources, 'twas not I who gathered them, but Ralph Hovnanian and Wade Frazier. I've loaded up on them as they are so consistent in their message that cancer does not call for drastic action! When I had my cancer scare last year, I phoned two surgeon friends, one age 80 the other 93. What did both of them say? “Do nothing.”

*This was in 1924.
The story got out in at least one newspaper,
The Anaconda Standard of Montana.*



*(It reports on Thomas Glover's toxins,
as used by MJ Scott, MD, a surgeon.)*



Bacteria in Cancer? “Definitely,” says Livingston

There are three things that build and maintain civilization throughout time: pure air, pure water, and pure food. And as an eternal truth I say unto you, that there are three things that bring the end of civilization, even the mightiest that have ever been and shall ever be, from the beginningless beginning to the endless end of all time: impure air, impure water, and impure food. -- Zenda Avesta, circa 3000 BC

During the last hundred years, a surprisingly large number of doctors have found ways to cure or alleviate cancer. These ways are *not* the Big Three – surgery, radiation, and chemo – that are the ones almost exclusively recommended by the profession.

If you had told me, a few years ago, about these cures, I am pretty sure I would have scoffed at the idea, and would have felt sorry for anyone who’d be foolish enough to use “backyard doctors” instead of going to one of the fabulous big hospitals.

I would also have been in agreement with the sentiment “Snake-oil salesmen need to be run out of town.” But the doctors that will be covered in this book are hardly that. Indeed, I believe many of them are persons of exceptional character and wisdom!

SOME HAPPY STORIES

Let’s begin with Virginia Livingston (1906-1990), a graduate of Bellevue Medical School, daughter of Herman Wuerthele, MD (1885-1967). In her first book, *Cancer: A New Breakthrough* (1972), she claimed a success rate of 82%. Here are four cases:

D.K. – Age 71, operated on for carcinoma of prostate, followed by removal of testicle, 1966. He had multiple spinal metastases and arthritis of many joints. He was barely able to move around. He was placed on autogenous vaccine and mandelamine, 1 gram four times a day with dietary and vitamin adjuvants. Previous to his prostatic surgery he had a bowel resection for cancer of the colon. At the present time the spinal metastases have healed, he says he has no evidence of arthritis, is in perfect health and works.

3. J.M. -- Age thirty-five, had a left radical mastectomy March 3, 1965, when four months pregnant. Pathological diagnosis was infiltrating carcinoma, scirrhous and medullary types. After delivery of a normal child she had a hysterectomy May 28, 1965, and was placed on estrogen therapy from August 24, 1966, through January 9, 1967. Autogenous vaccine was made which she took for a year and intermittently since. **This type of tumor is universally fatal.** Her physician says she is in good health at the present time (1972) with no signs of recurrence.

6. F.B. -- Male age twenty-seven from Utah, who was operated on for severe headaches after a number of convulsive seizures. The pathological diagnosis was astrocytoma, grade III to IV, infiltrating the surrounding area. He received anticonvulsants, radiotherapy and antibiotics. In 1966 when he was doing very badly and **appeared to be terminal**, he was placed on autogenous vaccines and mandelamine, one gram four times daily, plus vitamins and dietary supplements. He remained on this regimen for two years. The vaccine was discontinued in October 1970. His physician said there is no evidence of any tumor.

8. Longshoreman, age 46, operated 1967, for a mass on the right side of his neck. Pathological diagnosis was malignant lymphoma, reticulum-cell type with **invasion of all glands.** These were not resectable because they extended under the sternocleidomastoid muscle. He received X-ray, 4500 R, in eighteen treatments. Since then he has had no other treatment except autogenous vaccine continuously with erythromycin 250 mgm twice a day. He says he is completely well and works full time on the docks.

LEPROSY THE CLUE

After World War II, Virginia worked in a New York hospital and saw many cases of TB (tuberculosis) and leprosy. Note: every physician's experience is unique. It is incorrect to think that all doctors possess the same knowledge; much depends on who happens to walk into their office one fine day.

One fine day into Virginia's office (she was a school doctor) walked the school nurse, complaining of ulcers on the fingers, a perforation in the septum (the piece of cartilage that separates the two nostrils), and hardening of the skin. This was in 1947. Her own doctor had given her a diagnosis of scleroderma.

Virginia associated the symptoms with leprosy as the patient reported that she could not feel hot or cold on the affected skin.

Virginia Livingston decided to do some lab work on this case. She took smears from the woman's nose and the ulcers on her hands and stained them with the stain used for identifying both leprosy and TB, namely a "Ziehl-Neelsen" stain. Peering into the microscope, Virginia saw the same type of microorganisms one sees in leprosy. She treated this patient with the medication used for lepers, and the skin healed. Later, Virginia gave the same medication to other scleroderma patients and it worked!

Whatever she saw in the microscope that day became central to her later theory that cancer is explainable by bacteria. That has not been widely accepted. But she made a separate discovery that did later become standard in science. Namely, she found that bacteria can and do secrete a hormone, human chorionic gonadotropin, hCG, which is essential for human life. Hooray!

IN A NUTSHELL, LIVINGSTON'S THEORY

Virginia believed that cancer is not a foreign visitor. It is part of our body from birth and it is never going to go away. Cancer is characterized by mitosis, the dividing and replication of cells. Cell division itself is not to be despised; it is the basis of our initial growth in childhood, and occurs as part of the repair work that steadily goes on in the body. When a piece of skin gets scraped off, you just wait for it to regrow. We need cell division!

If cell division gets out of control, however, it may make tumors. Tumors are bunches of new cells that don't associate in the normal manner with surrounding cells and have no purpose.

A cancer doctor has the title "oncologist" from the Greek word *onco* for mound. Virginia never became a "moundologist." She surmised that a tumor happened because the person's immune system was not functioning as it normally does. As for the cancer microbe that she believed to be ever-present in our body, she gave it the name *Progenitor cryptocides* (crypto=stealth; cide=to kill).

THE LIVINGSTON PROGRAM FOR TREATING CANCER

More will be said below about her bacterial theory – which she does not claim to have invented. Others such as William Russell and Royal Rife, she notes, got there first. Now have a look at what she prescribes: she tells the cancer patient to get his *Progenitor cryptocides* back under control. That is something that, in a healthy per-

son, is taken care of by the immune system. When your immune system sees the cryptocides microbes going where they shouldn't go, she says, it treats them as invaders and acts to protect you. The immune system is ever-alert for the non-normal, and can do what must be done. Run-of-the-mill miracles.

One cancer patient, a physician named Owen Wheeler, was cured by Virginia, and subsequently married her. They established the Livingston-Wheeler Clinic in San Diego, and helped thousands of persons.

But what if your immune system is not working well and can't call up the right response? Then a tumor may form. Stuff may also travel around your body and metastasize. What should the doctor do? She will try to get your immune system working again. Livingston's treatment program has two prongs:

1. Use *nutrition* to build up the immune system. She advises fresh fruits, vegetables, and nuts (nothing out of a can). No meat or dairy until you are recovered. Lots of Vitamins A and C, and
2. Vaccinate the patient with the *antigen* he needs. Material for that vaccination comes from the patient himself; his urine is used to culture the bacteria which are then made into an autogenous vaccine. In some cases she also gives antibiotics. She often gives a blood transfusion, from a family member.

Disclaimer. Dear Reader, a short interruption here in which I tell you that you won't find health advice in this book. I guess it's well accepted that fruits contain elements of a so-called balanced diet, but I shall not be "showing you the way" to good health.

When I tell people I am writing a book on cancer, they say "Oh, alternative medicine, how nice." Wrong. Nothing in the chapters



Paul Cézanne, A Table Corner

that follow is outside of standard medical science. That includes Livingston's remarks on fruits and vitamins. As far as I am aware she wasn't into "the magic of fruit." She used the science of nutrition. The same can be said of Max Gerson, MD, who appears in a later chapter. His "Gerson diet" is not based on "fervent belief." Possibly a lot of people benefit from having faith in a particular diet or ritual. Good. That's fine. Just don't expect me to discuss it. I completely lack the relevant psychology skills.

How about my skill in real medical science? Well ...um ... er ... no skill there either! Is abdominal pain the sign of cancer? I have no idea. Is 98 a good pulse rate? I don't even know that! Still, I am capable of researching what has gone on in the United States in the last hundred twenty years or so, by way of suppressing normal medical cures for cancer. I promise to do an honest job of reporting. I declare I have no vested interests.

Which is not to say I'm neutral! My mission is overtly political. I object to the suppression of good doctors because of what that implies about power-holding. If overlords, secret government, or whatever you wish to call them, have the ability to prevent us from getting rid of our cancer, that's disgusting. But more importantly, in my opinion, it's frightening for what it suggests as to their additional capabilities.

Luckily, there is strength in numbers. I assume we, together, can put a stop to this outrageous stuff. The physicians pictured on the back cover of this book did not have the benefit of solidarity. Most marched heroically through a very tough life. I hope people come to understand the sacrifices that were made.

"GETTING" VIRGINIA LIVINGSTON

Virginia was still working at her clinic at age 83 when the government closed it down. As we shall see, the feds and most states do that to any doctor who dares defy the rule to use only the Big Three cancer cures. A few months after that, she expired.

Dr Livingston constantly made her patient's progress available for inspection by the medical authorities. She also arranged for a random survey of the records, going so far as to hire an outsider to choose 62 cases under a meticulous set of guidelines. Yet when she published the survey no one was willing to read it. In the back of her book you will find a section with the pitiful heading "Ten Cases That I Wish Someone Would Investigate."

In 2001, Saul Green wrote a bad evaluation of Livingston for

Sloan Kettering, making nary a mention of cures she wrought for 20 years! He did, however, importantly remind us that *it is a felony in California to treat a cancer patient with unapproved methods.*

Doctors like Virginia are blacklisted, and those who fraternize with them have reason to fear blacklisting as well. Keeping us separated is the oldest trick in the books, is it not? The bishop of Adelaide, wanting to isolate the maverick Mother Mary McKillop, declared it a sin for other nuns to speak to her!

One physician who came to Livingston's aid was Los Angeles dermatologist Alan Cantwell, MD, a graduate of Cornell. He had already published his clinical finding of a cancer microbe, in 1968, before he got to know Livingston. In 2005 he published *Four Women against Cancer*, a non-technical book that shows the female networking that went on, to posterity's very great benefit, amongst Livingston and three non-physician scientists: Irene Diller, Eleanor Alexander-Jackson, and Florence Siebert. All four women went to their graves without receiving a thank-you.

Gallows. Please be prepared for the fact that I will often state that a doctor is persecuted. Here is a quote from Caleb Saleeby, MD, who took that situation as a given -- in 1906!

"I know, as a matter of repeated personal observation, that the articles which have brought me so much abuse from the Powers That Be in this country, have directly led to such boon to a few stricken patients as perfect ease instead of uncontrollable agony ... If this book, serves even in infinitesimal measure to hasten the end of this most damnable thing, my life will have been worth living, though it should end upon the gallows amid universal execration." Saleeby, *Conquest of Cancer*, 1906

The prescription Saleeby used (of trypsin and amylopsin) was invented by Johh Beard, whom we'll discuss later. It's the one Gonzales uses today. You can ask your G.P. for it! It is legal, but doctors simply don't know about it. Their education, highly controlled by the cabal, told them to refer patients to a surgeon.

Gentle warning: I sometimes speculate that a doctor was secretly punished. Livingston got polio (but recovered). Perhaps Eleanor Alexander-Jackson's cancer, and radical mastectomy, were punishment for her disobedience. (Yes, cancer can be "given." A hundred years ago E Rosenow could give an animal almost any disease.) See Addeo's great new book, *The Woman Who Cured Can-*

cer; it shows how Cornelius Rhoads prevented word getting out about Livingston's bacteriological discoveries!

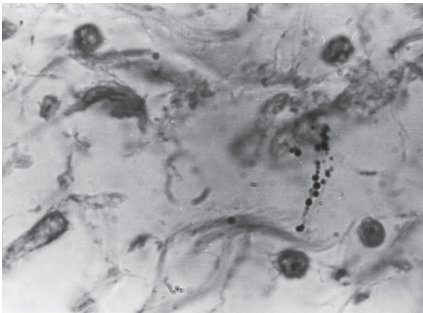
ALAN CANTWELL AND THE TAXONOMY OF MICROBES

Cantwell spends much time at an ordinary microscope using an “oil immersion lens” that allows him to see what most pathologists claim they don't see. He credits a Spanish microbiologist for giving him the clue to cancer's similarity to tuberculosis: “[Conrado] Xalabarder totally transformed my concept about how tuberculosis-causing mycobacteria reproduce and grow and drastically change their appearance.”

Ah, changing appearance – and behavior – and size, and --who knows? maybe their species identity – is the name of the game for the bacteria we are concerned with here. The pioneering taxonomist, Carolus Lineaus, born 1707 in Sweden, grouped animals together in phyla based on shared characteristics, for example, he put *Homo sapiens* into the phylum chordata, as we share the characteristic of having a backbone. (Sigh. If only we had backbone, and not just *a* backbone!)

One particular class of bacteria is known as bacillus (plural, bacilli). They are rodlike. What? We are naming a whole group of bacteria by their shape? Yes. The word *bacillus* comes from the Latin *bacula*, a stick. So, too, the spirochetes, another type of bacteria, are named because of their spiral shape – *spiro* being Latin for coil. (Would this help you to remember? the spiro in the syphilis bacterium makes 14 turns as it screws in.)

Think of staphylococcus, a bacterial species that is the scourge of hospitals. The coccus part of that word refers to the shape (coccoid, round) of individual bacteria, yet the bacteria huddle together in a characteristic formation that looks like a bunch of grapes – *staphyl* is Greek for “bunch of grapes.”



String of Pearls. An autopsy necroscopic tissue section showing a fungus-like “string of pearls” collection of variably sized-coccoid forms in the connective tissue, in Hodgkin’s disease.

(Alan Cantwell, MD, 2008)

THE “HERESY” OF PLEOMORPHISM

Often, Cantwell can't get colleagues to acknowledge the microbes – as this *goes against the nomenclature they were taught*. His critters are either too big or too small to meet the orthodox criteria. For instance, some items are too big to be viruses. (Gotta be small to be a virus.) Clearly, expectations based on names can result in the wrong diagnosis and treatment.

William Russell made a heartfelt speech in 1890 about his apparently finding a cancer microbe. He wanted to say it was a bacterium, but it was “too large.” Reluctantly he concluded that it must be a fungus. (Wrong!) Subsequently it was realized that the offending microbe has a capacity for changing. A virus is not always a virus! A bacterium may be a fungus. They morph!

Some microbes are pleomorphic (from Greek *plein*, for many, and *morph*, shape). The microbe associated with cancer belongs to the genus *Mycobacteria*, i.e., fungus-like bacteria. (*Myc* means fungus.) Cantwell boldly stated in 2008: “Cancer is an infection caused by tuberculosis-type bacteria” – but he can't get that published in a journal as pleomorphism is medical heresy. It's taboo city. (Note: Are algae plant or animal? Even that is disputed.)

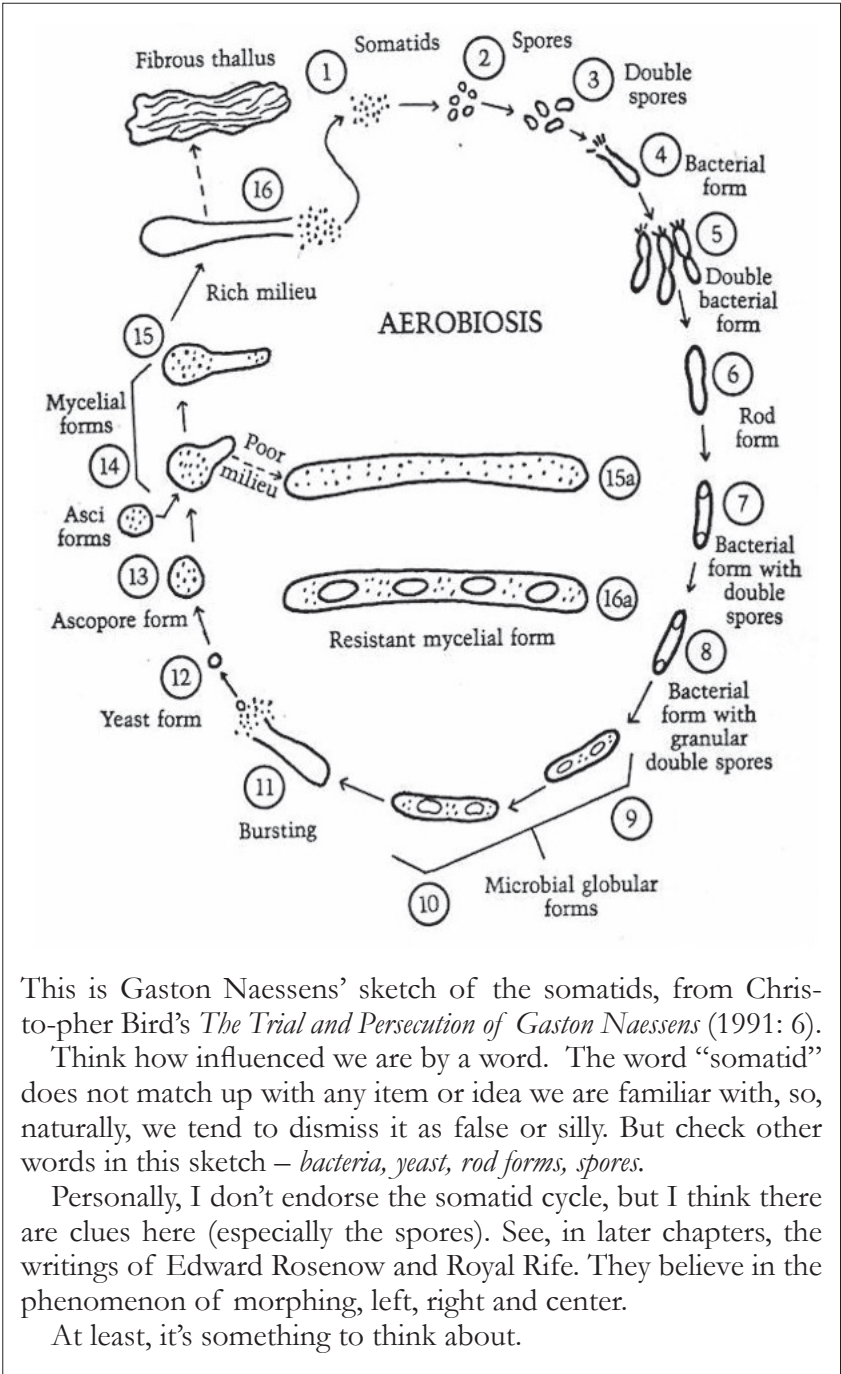
INTRODUCING NAESENS AND THE SOMATIDS

Gaston Naessens co-stars with Burzynski in the next chapter. (Cancer sufferers may wish to pop along to that part now.)

Today Naessens lives in Québec, with his wife, Francoise. When he was young, in Lille, France, during World War II, Gaston pondered what he might come up with. The wheel having already been invented, he came up with a microscope. Admittedly some German technologists helped him make it.

Later, after he got arrested, convicted, and fined in Ajaccio, Corsica, which is STANDARD OFFICE PROCEDURE for cancer curers, he fled to Canada. There, helped by the special microscope, he saw tiny creatures, which he named “somatids.”

He saw them going through a life cycle. Normally that lifecycle has three stages, Naessens says. But in the context of the host's illness they may go through sixteen stages. Antoine Béchamp, MD, using minimal equipment, had already come up with a very similar hypothesis, in the very same town of Lille in the 1800s. Naessens says he never heard of Béchamp -- but as David Hess points out, such ideas were probably in the air (Hess 1992: 45).



This is Gaston Naessens' sketch of the somatids, from Christopher Bird's *The Trial and Persecution of Gaston Naessens* (1991: 6).

Think how influenced we are by a word. The word "somatid" does not match up with any item or idea we are familiar with, so, naturally, we tend to dismiss it as false or silly. But check other words in this sketch – *bacteria*, *yeast*, *rod forms*, *spores*.

Personally, I don't endorse the somatid cycle, but I think there are clues here (especially the spores). See, in later chapters, the writings of Edward Rosenow and Royal Rife. They believe in the phenomenon of morphing, left, right and center.

At least, it's something to think about.

A Word about Nanobacteria. It seems that Naessens’ somatids won’t make it into *The Guinness Book of Records* as “world’s smallest living thing.” Nanobacteria have now been found! Queensland geologist Philippa Uwins sees them in very old sandstone, swarming around like there was no tomorrow.

Moreover, and this is hard to countenance, the human genome project has acknowledged that about 90% of the DNA in *Homo sapiens*, i.e., me and thee, is actually the DNA of bacteria. (If you want a better-than-Agatha-Christie whodunnit, may I suggest googling “mitochondria, captured.” Perhaps an ancestral cell, back around the Year Dot, enclosed an errant bacterium, which then became our mitochondrion -- so vital to metabolism!)

WALLS DO NOT A PRISON MAKE? ASK CWD BACTERIA

Finally, two more heroes of the pleomorph story (but they’re not in the 18-count as they did not propose a cure for cancer): the late Lida Mattman, PhD, and Gerald Domingue, PhD, an American who has retired to Switzerland.

It is truly shocking that Mattman’s textbook *Cell Wall Deficient Forms* and Domingue’s 1982 anthology *Cell Wall-Deficient Bacteria*, which includes articles by clinicians, has not been used to crack the mystery of several diseases including cancer. Their fantastic discovery is that some pleomorphic creatures act in certain ways only during *certain stages* of the patient’s illness. One would have to be a major jerk to conclude that this fact be irrelevant!

When a bacterium is not encased in the normal way by a cell wall (that is, when it’s CWD – cell-wall deficient), it has potential to sneak around and get up to no good. Harken to this:

“There is increasing evidence that CWDB and CWD fungi are often associated with endocarditis, septicemia, meningitis, pneumonia, and infections of bones and joints. When prompt diagnosis is critical, it is helpful to include examination for CWD microorganisms as part of the first laboratory study.”

That’s from an article that Lida Mattman, and her co-author Mehnga S. Judge, contributed to Domingue’s *Cell Wall-Deficient Bacteria*. (1982: 440). Amazingly, it did not spark eager research as to its rather glaring potential for meningitis cases. I hope you’ll be the first to get onto it. (Note: “CWD” is the same as the L-form discovered in 1935 by Emmy Kleiberger-Nobel.)

LOUIS PASTEUR, GERM THEORY, AND KOCH'S POSTULATES

One person who slips off his plinth in this book is “the great Louis Pasteur,” whose greatness escapes me. He flagrantly plagiarized Béchamp, says E. Hume in *Pasteur Exposed* (1935). Also, he brought fear into people’s lives with his Germ Theory.

Robert Koch rubbed it in by holding that all major diseases are caused by bacilli. He personally discovered, in the 1880s, the bacillus of anthrax, cholera, and tuberculosis. (His assistant R. Pfeiffer found the bacillus of flu. But mysteriously, in the 1930s the flu was re-categorized as a virus.) It’s my guess that Pasteur and Koch were both sent in by the Powers That Be (a.k.a. the cabal) to control our perceptions about cancer. And yes, I do think that was in aid of keeping the population unhealthy and afraid.

Koch delivered a paper outlining his “postulates” when he was only 39 years old. He preached an evidentiary proof of disease. The scientist must see the bacillus under the microscope, in a sample she took from an ill person. Then she must culture it in a lab, then inject it into an animal, and wait to see if the animal comes down with the disease. This “Koch cycle,” based merely on his postulating it, gave him infallibility in cancer etiology!



*Mausoleum of Louis Pasteur in Paris.
Not unlike the Sistine Chapel.*

DOCS, CANTWELL IS PLEADING WITH YOU. LISTEN UP!

Alan Cantwell, at age 77, is a bit annoyed (did I say “a bit”?) that physicians don’t look at the excellent photographs he uploads, showing the bacteria in various cancers. (e.g, “string of pearls”).

I join with him here in saying: whatever has kept you afraid to say what is going on in cancer, put it all behind you now. We can forge ahead and forget the past. Granted, some patients’ families may go troppo when they realize y’all missed the boat, but even that’s no reason to demur. LOOK FORWARD NOW.

I add: if you are a medical student, demand to be taught the truth about cancer. If you are a parent paying the tuition, put the squeeze on the university. Go to the dean and fulminate over the fact that your kid is being wrongly taught. Deans have probably been wondering for years why you haven’t done that! Quite possibly they are aching for you to do it.

OPEN SCIENCE AND BRAINSTORMING

Ever since Sir Francis Bacon got the ball rolling, it has been understood that science is open and does not belong to an individual. Around 1980 this view took a dip. Today universities acquire “proprietary interests” in the results of faculty research. Manufacturers that sponsor research consider the work a trade secret. Too, there’s the familiar phrase “national security.”

Quelle nonsense! The word “science” comes from Latin *scire*, to know, and how does any human know anything if not by what he picks up from the surrounding culture? Revert to 1979, I say!



I’ve mentioned “the shed,” meaning space for thinking things out creatively, but really the best stimulation to new ideas is argumentation and/or brainstorming. Be warned though: people are afraid to state their best ideas, as these may be stolen. No one mentions that, but understandably it’s a stumbling block, and so is jealousy. I suggest you not worry about it. Just be generous. Take a chance!

Sir Francis Bacon (1561-1626)

PATENT LAW. Per Australian law, a patent is “a right granted for a device, substance, method or process.” In US the item must have novelty and “non-obviousness.” Patent gives you exclusive rights to sell the item for up to 20 years. You can license others to produce it, say, for a royalty payment. You must make your patent public. It’s not for trade secrets. The validity of any patent can be challenged in court. Also, the owner can bring civil action against an infringer. See any old patents at patentgenius.com, and new at freshpatent.com.

Patent #4, 692, 412 (expiry date 2006) was awarded to V. Livingston, and Afton Livingston, and Eleanor Alexander-Jackson for the making of an autogenous vaccine from the blood or urine of cancer patients. Their application for the patent claimed:

“All cancerous bloods examined have revealed the cryptocides organisms. [It] is apparently ubiquitous in nature, existing in a reservoir in soil and water, and is found in all classes of animals.... It can exist as a latent infection in host tissue without causing apparent ill effects. However, when the immunologic barriers are lowered it can invade the host in prodigious numbers and involve any or all of the host tissues, causing various kinds and degrees of pathologic change.”

[Note: Award of patent does not mean claim proven.]

This Patent’s Method for Making Autogenous Vaccine:

“Obtain a midstream clean-catch specimen of urine in a sterilized screw-top glass container. Make up DiFco’s brain-heart infusion agar: 37 grams of the agar base are added to a liter of distilled water heated to melt and mix, and distributed into flasks or bottles of 95 ml amounts, and autoclaved. Five percent (5%) human blood ... is added when the melted agar has cooled down to 45-50 degrees C., and the mixture is poured into sterile Petri dishes. Streak the surface of the blood agar plate with a sterile swab dipped in the urine. Incubate plate to 37 degrees C. and examine after 24 hours.

If growth has appeared, note types of colonies, make duplicate smears, and stain one by Gram’s stain and the other by Alexander-Jackson’s modified Ziehl-Neelsen technique: flood slide with Kinyoun’s carbolfuchsin for 3 to 5 minutes in the cold, wash, decolorize briefly with 70% alcohol containing 1 to 3% HCl as these organisms decolorize more readily than *M. tuberculosis*, counter stain by flooding slide with Loeffler’s methylene blue and add 6 to 8 drops of normal (4%) sodium hydroxide. Tilt slide to mix, and wash after 30 seconds.”
 [The foregoing is only a small excerpt from Livingston’s patent.]

FERMENTATION AND ITS BEARINGS ON THE
PHENOMENA OF DISEASE (1876)

BY JOHN TYNDALL, LL.D., F.R.S.

I stand indebted, morally and intellectually, to the poets, historians, and philosophers, of Scotland. ... One of the first rootlets of my scientific life derived its nutriment from this city as I studied a periodical then published in Glasgow, called The Practical Mechanic's and Engineer's Magazine.

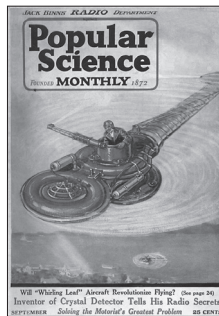
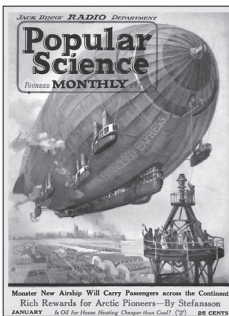
In it I read, with an interest unfelt before, a series of essays on various departments of science—on anatomy and physiology, on geology, on mechanics, on arithmetic, and on natural philosophy and chemistry. ...

It was there that I first learned what Leslie had done in Edinburgh, and what Davy had done in the Royal Institution.

And I can now call to mind the day and hour when the yearning to possess such apparatus as Leslie and Davy possessed, rose to a kind of prophetic strength within me—

prophetic, for it has come to pass that my own studies as a scientific man have been in great part pursued in that domain which had been enriched by the discoveries of

THE POPULAR SCIENCE MONTHLY.





All the blood of the body is under the control of the heart and flows in a continuous circle and never stops. -- Chinese writing, 2697 BC

If too much salt is used in food, the pulse hardens. -- Ch'i Po, 2600 BC

Now for two views of what causes cancer and how to treat it, one proposed by Stanislaus Burzynski, MD, of Texas, and another by Gaston Neassens of Quebec. Which of the two is more correct? And does either win out over Livingston's treatment program? You may not need to pick only one. It seems there are many ways (18 in this book!) to stop runaway cell division.

STANISLAW BURZYNSKI, MD AND PHD (BORN 1943)

Burzynski's nickname is Stash. I'll sometimes refer to him as that, or as "Dr B." He invented a cancer treatment based on a naturally-occurring substance in the body, an amino acid. It had curative effect but he did not exactly know why. He had a treatment but not a theory, so to speak. However, by the 1990s, he found that gene-suppressors played a role in cancer cure.

Note: Stash gave the awkward name *antineoplaston* to his cure. If you take off the prefix *anti* "against," you get neoplastons. Cancerous growth of cells is called "neoplasia" -- new growth.

When Burzynski was but a medical student in Poland he noted that a certain amino acid was found in the blood and urine of healthy people, but not cancer patients. Bing! The bell went off. It was not long until he discovered that by giving the patient antineoplaston, he could fix them up. It is worth noting that his biggest success has been with brain cancer. He thinks this may be because most chemo drugs cannot pass the blood-brain barrier, but his plain-old amino acids can! Stash was lucky to receive a validation of his work when it was found that "a gene" = a protein, numbered "p53", is responsible for suppressing a gene that causes cancer. We did not know, in the olden days, that some of our genes have, as their main function, the flicking on and off of other genes. These are known as regulator genes, or in the case at

hand, suppressor genes.

How the heck can I be sure that one gene suppresses another? (or even that the things called amino acids actually exist? Duh.) I have come up with the following policy: if something is already standard science, as the p53 protein now is, not to mention amino acids, I shall prattle away. If I get some parts wrong, I shall hope to be corrected

Burzynski was lucky to find Thomas D. Elias to write his biography, which was then made into “Burzynski – the Movie.” Below, I mainly recount Dr B’s legal troubles. You’ll find testimonials of this cure on Youtube. Indeed, if you’ve been following Stash’s legal case on the Net, just skip our next four pages.

Chronology of the Career of “Dr B”: Stanislaw Burzynski, MD, PhD. This is a paraphrasing of Elias’ *Burzynski Breakthrough*. Any comment in parentheses is mine – MM.

1948 Stash’s brother is killed for resisting Communism.

1960s Stash goes to medical school, then works under biochemists Irana and Juanita in chromatography. His job is to put organic material, such as blood and mushrooms, into this equipment in order to identify which amino acids are present.

1970 As one of only two young persons with both MD and PhD, Burzynski is recruited by Communist Party, but declines the offer. Thus he is drafted into Army, to help the VietCong (how odd to think of it from the other side!), but escapes to US. He carries \$20 and his chromatographs.

1970 Baylor Medical School in Texas hires him as a researcher under Hungarian refugee Dr Ungar, for the study of peptides in the brain that transmit memories. He also pals around with Dr Georgiades at the M.D. Anderson Tumor Institute, who was trying to isolate the leukemia virus.

1971 Stash starts to think that **healthy humans may have a peptide that stunts the growth of cancer cells**. Could this be the one that came up on his chromatographs from healthy people but never showed up in the blood of men with prostate cancer?

1970s He manufactures peptide fractions from his own urine and puts it into cancer cultures in Georgiades’ lab. He identifies a peptide that works well against leukemia cells, and calls it “Anti-

neoplaston L.” He cannot put time into it, as he had found another one “A,” that works on a broad range of cancer.



Stan Burzynski,
MD

1976 With Dr. Carleton Hazelwood, he tries “A10,” a subtype A, against breast cancer in vitro (that is, in cultures in the lab, not “in vivo” in animals or man). They conclude “there is a neutral to slightly acidic group of medium size polypeptides in normal human urine **that can act as growth controllers of several types of cancer cells.**”

They submit it to *Journal of Cancer, Chemistry and Biophysics*. It eventually gets published in 1979. (Let’s not rush, Folks.)

1976 Dr B gives a paper at Federation of Associations for Experimental Biology, announcing some of his findings. Associated Press covers the story; thus patients seek him out.

1976 Baylor offers him a position at its Cancer Research Center, on the condition that he give up his private practice. Says “No, thank you.” He then gets a job in Dr Walker’s practice, part-time, and sets up his own clinic in Houston.

1977 (“the Year of Urine River”) Burzynski purchases nine freezer chests to put in his garage-laboratory and starts manufacturing antineoplastons. This requires him to spend several hours a day driving to places where friends – such as nuns – are collecting urine for him. He needs about 400 gallon per day for his 30 patients. Note: by 1980, mass spectrometry enables him to skip this step and make the antineoplastons synthetically.

1977 Stash’s attorney’s asks FDA if it is OK to make the antiplastons for use only in Texas. Yes. The attorney also obtains from the Attorney General of Texas a written opinion that it is OK. (**Only later did Texas incorporate FDA requirements into their state law.** Why? Law students and historians, you can investigate the legislative history of that bill.)

1978 FDA visits Dr B’s lab and tells him he must not house the mice in the same place as the manufacturing. He complies.

THE TROUBLE BEGINS (AND STILL CONTINUES)

1982 Canadian magazine *Macleans* gives anti/neoplastons favorable publicity, causing the Canadian drug-approval agency to

come to inspect. Then the Ontario Health Ministry sends two doctors to snoop. FDA comes back and is unpleasant.

1983 FDA sues Dr B in order to put an end to his treating cancer patients and making anti-whatchamacallits. As a result, his creditors start to demand a return of loan money and some of the health insurance companies stop paying for patients' treatment. (Do I smell a "cahoots"?)

1983 Dr B asks for an Investigational New Drug permit. They give him the run-around for 6 years, always demanding more paperwork and then ignoring what he sends.

1983 Judge Gabrielle McDonald turns down the FDA's request for an injunction to stop Stash; she issues only an order that he must stop selling or shipping antineoplastons across state lines.

1984 Stash speaks at the International Cancer Congress....in Budapest. American participant shun him. (cahoots, cahoots)

1985 FDA raids his clinic while patients are there, seizing his documents. (Note: It's believed that trauma can trigger cancer.)

1985 Before a grand jury he has to give oodles of information.

1988 He appears on the Sally Jessy Raphael show. This is followed by the state threatening revocation of his license.

1991 Yet another grand jury. Dr B says "I wanted to speak to them but was only allowed two minutes." (Whence that rule?)

1992 *Journal of the American Medical Association* publishes a pure, unadulterated no-holds-barred hatchet job about Burzynski (could be used in an English writing course to teach 'innuendo').

1993 State Health authorities in Austin told him to destroy all his anti-neoplastons and pay a fine of \$25,000 per day. He gets help against this from Dr Nicholas Patronas of NIH.

1995 Grand jury indicts him; 75 counts of interstate shipment of a non-approved drug. (Dear Reader, I hope you are getting hot under the collar.... Remember: his sin is curing people.)

1995 Grand jury ends with an indictment against Stash on 75 counts: interstate shipment of a non-approved drug. In order to be freed, Burzynski must agree to bail conditions. He must not

take any new patient unless the patient has already exhausted other treatments such as radiation and chemo.

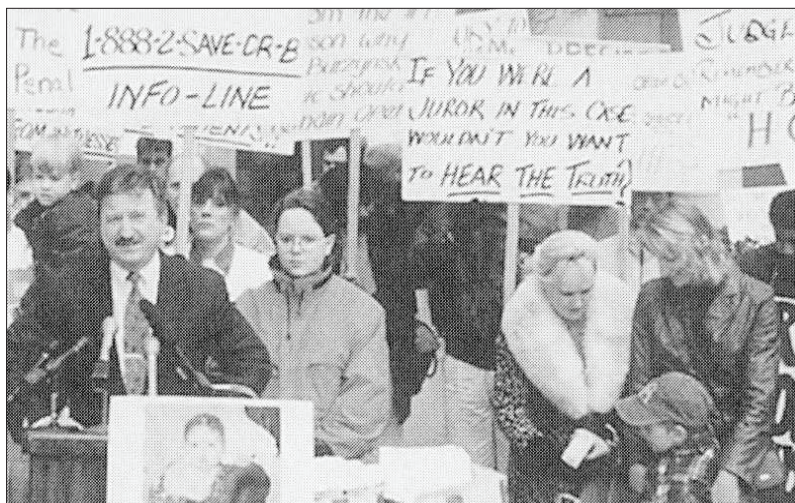
During the trial, experts from insurance companies are flown to Houston and put up at the Hyatt – by the taxpayer. (Couldn't they have been billeted at the Superdome?) Three assistant US attorneys work full time on the case for months. Natch.

On the matter of insurance fraud there is a hung jury, hence the judge dismisses those charges. Burzynski was accused of billing the provider with a false code of treatment, but he had consistently over the years given the correct code number. (I tend to think some jurors were 'got at,' else why did they not acquit?)

On the matter of persons in other states going home after treatment and then asking friends to fetch the drug from Dr B's office and courier it to them, there is Hollywood-type stuff in the court, with government stating how its detectives followed the cars of the miscreants from pillar to post office.

In 1997, the case ends; the accused walks. He then faces new investigation by Texas medical board, but they reach some sort of settlement and he has to pay them only 50K 'costs.'

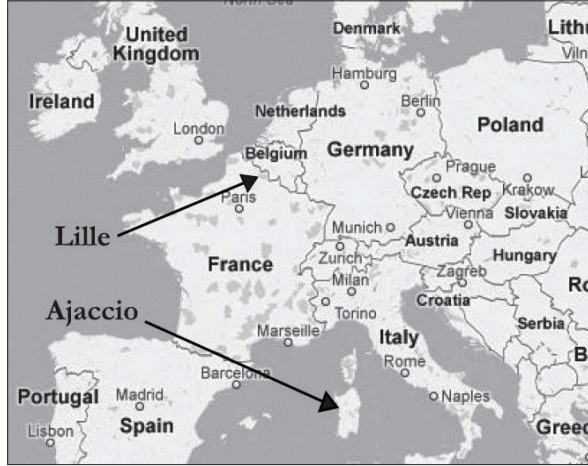
Thomas Elias believes this outpouring of support, outside the courtroom in 1995, saved Dr B. The lady with white fur collar is Mrs Burzynski. Note: pre-9/11 we did not have police "holding pens" for protestors.



GASTON NAESENS OF SHERBROOKE, QUÉBEC



*Gaston Naessens,
born 1924*



Naessens is the pleomorphist who sees “somatids.” He was educated in Lille and hounded out of Ajaccio, Corsica, by the police. I think Burzynski and Naessens are “examples” to scare doctors.

In Québec, Naessens was charged with being accessory to a murder when a widower claimed that his late wife, Mme Langlais (!), had been pressured by Naessens to forsake her standard treatment. Today Canadians can obtain Naessens’ medicine legally from their GP. It is reportedly composed of camphorized nitrogen. It’s called 714-X, a code for Naessens’ birth date: X is the 24th letter of the alphabet and 7-14 means he was born on Bastille Day (not a trick, I hope).

The point of the following section, in which I quote five witnesses at Naessens’ trial, is to give the flavor of how a person claiming to be cured of cancer can undergo cross-examination. Surely, this legal method for establishing truth is on a par with medicine’s method of “the clinical trial.” Each depends on the honesty of members of the professions, legal and medical.

Why would a lawyer in the courtroom, or scientist concluding a clinical trial, be honest? I presume they’re motivated to be honest if there are rewards related to that, within the profession. Simi-

larly *their profession can mold them toward dishonesty.*

PATIENTS AS WITNESSES AT NAESENS' TRIAL

These two pages paraphrase Christopher Bird's book, *The Trial and Persecution of Gaston Naessens* (1991)

Witness 1

Helmuth Wallaczek, travelled from his home in Austria to give evidence on behalf of "the accused." He said he had been diagnosed, in 1978, with a cancerous tumor in one of his kidneys and, after heavy doses of radiation, was nevertheless found to have metastases to his liver. It was through his brother that Helmuth had learned about Gaston Naessens. He flew over to Canada for treatment. He had submitted to no other form of medical intervention. The result? Ever since, he has enjoyed perfect health.

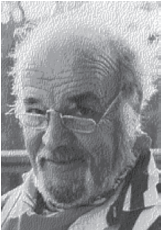
"The strategy of the defense attorney Chapdelaine, was emerging" wrote Bird. "... So far, he had lined up a doctor of medicine from France, who had boldly committed himself to treating patients with 714-X; a widely known Quebec writer; a US businessman; and an engineer from central Europe, and the man from Austria."

Witness 2

The next witness, had yet another unusual story to tell. Arnault de Kerckhove Varent, a handsome man, had one dysfunctional eye. He recounted that in the late 1970s, he had been diagnosed with a melanoma of the eye. Cancer surgeons had recommended what technically is known as an 'enucleation': cutting the eyeball out of its socket. Varent asked what he could expect, by way of survival time, if he refused the operation. 'Nine to twelve months,' he was told. 'And if I submit to it?' he asked. 'Then you begin to pray!' He instead decided to seek what he called 'systemic' treatment. Bird says:

"At last, he heard about Naessens's product. Varent traveled to the port city on the Gulf of Mexico, where, at the Andrade Clinic, he was injected intralymphatically with 714-X ... The diagnosis was melanoma. Varent's tumor was, as the Greek word *mela* denotes, 'black' in color, but, after the first set of twenty-one injections, it ... turned amber, "suggesting that the body's immune system was destroying [the malignant cells] in a natural way."

"Varent also reported in court that, subjectively speaking, after



*Christopher
Bird, MA*

the first series of treatments had reached only its fifteenth day, he began to feel a whole lot better than he had for months....”

For his second round of injections he learned how to do it himself – as you can see on Youtube. He then went to Ottawa to see a doctor friend, who introduced him to an eye specialist colleague. The second doctor, he claimed, was ‘utterly flabbergasted’ to learn that Varent had survived melanoma for almost four years. “I simply can’t believe it,” he declared, “You should have metastases all over your body, by now, right down to your big toes!” Bird writes:

“The physician asked Varent if he would consent to come to a special meeting of eye doctors. At the meeting, he sat on a chair in the middle of a room, his head covered to reveal only his affected eye, where every one of the some forty specialists assembled took a careful look at it. All agreed that they were witnesses to what amounted to an impossibility.”

Witness 3

Suzanne Berthiaume took the stand next. She had been diagnosed with breast cancer on 5 December 1988, and a radical mastectomy was recommended. Having been given no promise of cure, she opted for Naessens’ method. Starting a week after she had got the first diagnosis she took three sets of twenty-one injections of 714-X. That was from 12 December 1988, to the end of April 1989, or just about one month before Naessens’ arrest as a charlatan and a quack. “Since then, I have had a tremendous feeling of well-being, even a renewed lust for life.”... Berthiaume said, under oath.

Witness 4

For his final witness, Maitre Chapdelaine called a man who, when asked what his occupation was, said “judge.” Bird observed:

“That a judge of the court of the province of Quebec had decided to appear on behalf of a defendant accused of a crime that, might incarcerate him for life seemed most unlikely. Moreover, it surely must have imparted a general feeling that the whole weight of provincial justice and law was by no means solely directed to proving Naessens’ criminality.”

AND WHAT DID THE JURY FIND?

In summing up his case for the jurors, the prosecutor, Monsieur Melancon, said that they must consider whether Naessens was “peddling despair,” and abusing people’s confidence.

Judge Peloquin then spent five hours talking to the jury, reading back the notes he had taken of every witness! His Honor repeatedly emphasized for that for each one of the five charges, a verdict of *coupable* required that they find Neassens guilty “beyond reasonable doubt.”

After that, a well-known singer from France, Gilles Vigneault, showed up in the halls of the *Palais du Justice*, with a song tailored to the occasion: *Mon cher Gaston, c’est a ton tour, De te laisser parler d’amour*. (Our dear Gaston, your turn has come to let yourself hear our words of love.)

It took the jury only an hour to decide the fate of the somatid-discoverer who had healed many people (and not just of cancer but AIDS and other life threatening ailments.) The court clerk called out to the foreman: *Est-ce que tous les membres du jury sont d’accord sur le meme verdict? Oui*. And then the fateful words, stated for each of the five charges: *Non coupable*.

Christopher Bird writes: “Francoise Naessens sat silently weeping, her head bowed almost to her knees. As for Gaston Naessens, he told me that, as each ‘Not guilty’ decision rang through the courtroom, he felt as if five heavy stones, placed on top of his body were, one by one, being removed.”

A SEAT-OF-THE-PANTS EVALUATION

Before I found Bird’s book, I sought out “the public record.” Let us not hesitate if that means going to Youtube. I went there and typed “Naessens.” Got two videos: one by 20 year old Kathleen Hartley, and one by 34 year old David Tromly. I found them very persuasive re having had their cancer cured. Both those persons have Massachusetts accents and I have to admit to being able to trust “my people” (I grew up in Boston) in the way that every ethnic group does. We’re best able to spot a faker among our own, as we know what the agreed upon standard of honesty is for “us locals.”

I do understand that every testimonial-giver could be straight from Central Casting. Or, as the ACS loves to say, the person’s cure may have come about by other means. Indeed. Still, one one must ultimately form a judgment.

Of the curers ahead, I think Becker, Crile, Beard, and Gerson

WE NEED TO ANALYZE DISINFORMATION, EVERY TIME!

When I first wrote this chapter, I was gung-ho Stash and Gaston. I now have doubts. This is not to say that their cures don't work. I assume they do! It is also not to say that they are bad guys. So far as I know they're just fine. But there are holes in their stories, and this must be honestly confronted.

Naessens. After I had completed the research for this book, I sketched out a chart showing each scientist's theory and his cure. It then dawned on me that the Naessens cure, the 714-X, has nothing to do with his big discovery – the somatids! Also, I was startled to read, in the obituary of Christopher Bird (the author of the book about Naessens' trial), that Bird was CIA.

That changes everything. A US Intelligence officer has no business helping a Frenchman or a Canadian “fight the Establishment.” Heck, the CIA *is* the establishment. (Its predecessor, the OSS had, as its unofficial members, the whole of the wealthy class of America.) So what was Bird up to?

In his day job, Bird was a journalist. He claims that Naessens asked him to attend the trial since he is bilingual. Mr and Mrs Naessens had already hosted Bird for a few days when he was making a world survey of pleomorphist theorists. (They also hosted Ralph Moss and David Hess.) The subtitle of the Trial book is: “The True Story of the Efforts To Suppress an Alternative Treatment for Cancer, AIDS, and Other Immunologically Based Diseases.” Hmm.

I am now re-thinking Gaston's younger days. He supposedly made a truly sophisticated microscope. Could you make one? He says some German technologists helped him. Ah, then there is somebody else in on the deal. If they are in on the all-important microscope, they are perhaps in on the somatid story.

Another thing that belatedly seems “off” to me is the sworn testimony by Witness 2, that he had sat in a room as 40 ocular specialists came to look at his miraculously healed eye. Was that on a Sunday? If a working day, how would so many doctors be free to show up? Frankly, I don't accept that part of the story. And if it were perjured testimony, that's a felony, you know.

Note: I feel bad blaming Chris Bird. His personality shines out as that of a good man. Maybe he was forced into it. They say you can never quit the CIA however much you want to. Sad!

Burzynski. Did Stash really go solo? Granted there is such a human trait as working all alone, going against the grain, surviving with no supporters, etc. (I should know?) But Stash did have at least one secret friend. Recall Thomas Elias telling us how, when Burzynski was getting conscripted into the Commie military, someone came along with the documents for him to enter US. You may think we do that for genius discoverers, as we do for champion athletes -- why not? -- but Stash was young and hadn't yet made any important discoveries. So why single him out for emigration? Elias says the same man showed up later in Texas just when Stash was in need of career advice.

I went to the excellent website: patentgenius.com, and found some amazing patents by Stash that are not mentioned in Elias's 1998 book. Did you know Dr B invented an anti-cancer toothpaste in 1993? That patent has just expired. And one for autoimmune diseases! By the way, there's another website, freshpatent.com, which lets you subscribe to emails announcing new patents in any area -- such as cancer or mind control.

Media. The movie and other publicity about the FDA's mistreatment of the doctor may be meant to be a tool of disempowerment. After all, seeing a family lose a young child when a doctor is capable of saving her, but is prevented by the bureaucracy, is about as disempowering as you can get.

Many news stories have no basis at all. They are made up. The purpose is to fill the canvas on which we see our world, the details having been created by slaves working for the cabal.

Have you seen the M&M commercial in which a couple is having quite a verbal fight, and furniture gets thrown out onto the street? The alleged message is that they are "breaking up." This is supposed to tie in with the candy manufacturer trying to get us to buy M&M in separate colors. They have "broken up" the mixed bag of green, red, and blue M&M's.

I say whoever made that commercial made it strictly *for the purpose of painting a picture of marital discord*. It's obvious that the idiotic cabal wants to condition us toward tossing our spouse out the door. They'd like us to be bereft of the security of family.

In Australia we say "Rupe (media magnate Murdoch) controls everything." But shareholders vote for his policies. And the granting of licenses for TV broadcast is up to us, via parliament.

Fact is, we are all in this business together.

DCA AND EVANGELOS MICHELAKIS, MD, OF ALBERTA

So far, we've met three cancer curers: Livingston, Burzynski, Naessens, and now a fourth, Michelakis.

Our cells contain **mitochondria** (singular: mitochondrion). There's a rumor that it used to be an independent life form, but somehow took up residence in our animal ancestors. It has a role in metabolism. Some children have "mitochondrial disease" in which the signaling is faulty. A medication, dichloroacetate --DCA-- is prescribed for them.



*Dr. Evangelos
Michelakis*

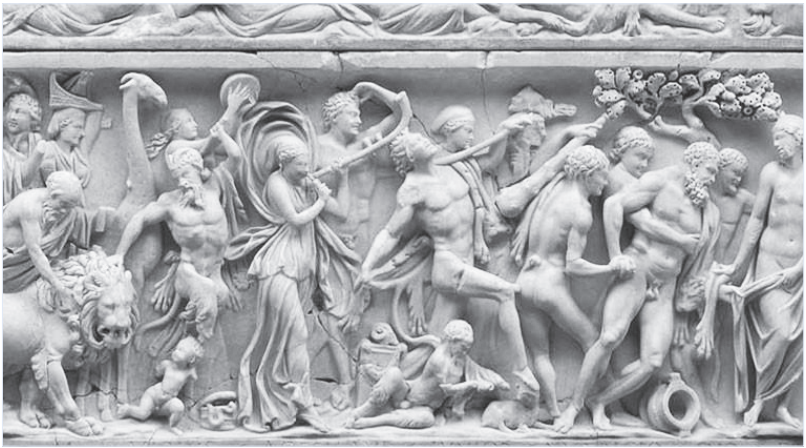
Professor Evangelos Michelakis, MD, has found that DCA may help cancer patients. To get an idea of his pitch, I tapped into Pubmed. This is an important source, funded by Yankee taxpayers, as it gives you an abstract for every medical article. Let's see Michelakis' 2008 article in the *British Journal of Cancer*:

“Abstract. The unique metabolism of most solid tumours might be associated with the resistance to apoptosis that characterises cancer. [Note: Apoptosis is good. You want the cancer cells to die and this natural phenomenon, apoptosis is called “cell suicide.”] ... The generic drug dichloroacetate is an orally available small molecule that ... reverses the suppressed mitochondrial apoptosis in cancer and results in **suppression of tumour growth** in vitro and in vivo.”

Gracias, Taxpayers. Next, I googled and found a helpful review article by Eyal Gottlieb, PhD, of University of Glasgow. There's also a website called “thedcasite.com” -- it's advocacy. On Youtube, Michelakis obsequiously bows to the god-almighty requirement that there be a double-blind (what the heck, make it a triple-blind) clinical trial. There's also a yelling session by Glenn Beck about the fact that “we won't be allowed” to get DCA because Pharma will prevent us. He says a clinical trial costs a BILLION dollars.

Total nonsense. See how our brains have been turned off? Dear Reader, do you have cancer today? I have a cure for you. The cure is to get your neighbors to turn their brains back on.

A word about mammon. I do not subscribe to the popular idea that money is driving the suppression of cancer. I think chatting about that is a distractive technique. Anyway, isn't “Big Pharma” made up of millions of shareholders -- me and thee?



An ancient haut relief, at Boston's Museum of Fine Arts

JOIE DE VIVRE – SERIOUSLY!

'Things don't have to be negative. Maybe the 20th century went downhill, but the 21st can be fantastic. Has there been joy in the human species' past? Then there can be joy again, since the basis for the joy – our emotional apparatus – is still here, unchanged.

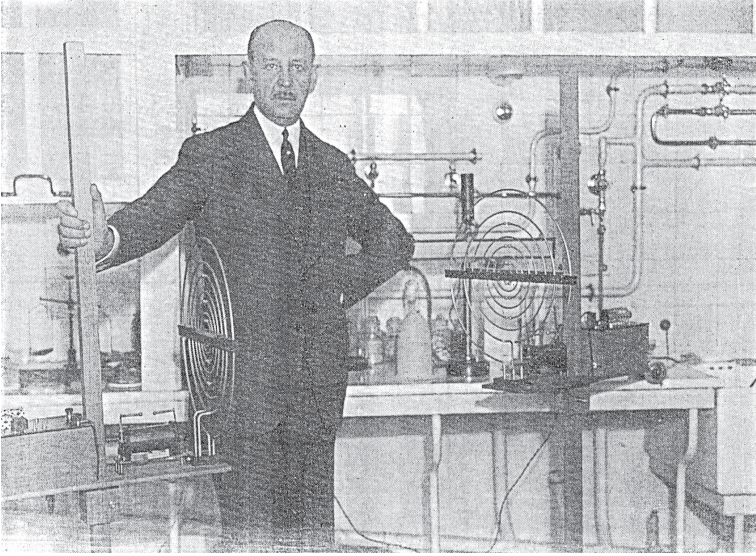
Some people, as we've seen so far, have done terrible things to the health of the citizenry. And there are worse to come in this book. Much worse. You'll see that I am always trying to take their crimes seriously, recommending that we show some muscle in the punishment department. Nevertheless, the fastest way for us to get on top of our problemos today is to imagine a marvelous mañana. Or at least a mañana less ludicrous than the one being planned for us!

Symbiosis between the Land and Humankind

Symbiotic relationships mean creative partnerships. The earth is to be seen neither as an ecosystem to be preserved unchanged nor as a quarry to be exploited for selfish and short range economic reasons, but as a garden to be cultivated for the development of its own potentialities of the human adventure. The goal of this relationship is not the maintenance of the status quo but the emergence of new phenomena and new values.

– René Dubos (1901-1982)

The Multiple Wave Oscillator, invented by Georges Lakhovsky



Georges Lakhovsky (1869-1942)

*In "The Waves That Heal" (1949),
Mark Clement states that
Lakhovsky cured a tumor-bearing
geranium plant, by using a
circle of metal (see in picture).*

*The photo shows two, untreated control
plants next to the thriving geranium
three years after the treatment.*

*(Note: I do not vouch for this photo.
-- MM)*





Bioelectrics: Rife, Becker, Lakhovsky, Crile, Olney, Ott

The cure of many diseases remains unknown to the physicians of Hellas because they do not study the whole person.

-- Socrates (470-399 BC)

How're we doin' on Part One's title "Upbeat beyond Belief"? In this chapter we'll witness some breathtaking cancer cures, by six men. Three of them are doctors: Robert O Becker, an orthopedic surgeon; General George Crile, (I mention his military rank so no one will think I am referring to his son George Crile, Jr., the critic of mastectomy); and Robert Olney, a GP from Nebraska. The non-doctors are: Royal Rife, a man trained in optics; Georges Lakhovsky, a credit to the Russian race; and -- *my pièce de resistance* -- John Ott, a famous photographer.

ROYAL RAYMOND RIFE (1888-1971)

The fate that befell Royal Rife is something we should protect all scientists from in future. He did great work and then was cast aside. His equipment was taken by government and his friend John Crane was subjected to a lawsuit. (See Rife's deposition in Exhibit J.) Rife's wife died young. Not that Lakhovsky fared better; he was hit by a limousine, which I take to be murder. Crile was left for dead in a small plane crash – but he survived.

In the 1930s, Rife was called upon by Milbank Johnson, MD, a prominent physician, to strut his stuff at a pilot clinic at the Scripps estate, San Diego. Sixteen very ill cancer patients were brought in, and after Rife zapped their cancer microbes (yes, microbes), 14 walked away happy. The other two are said to have recovered later. You can't beat that percentage, can you?

It is important to know that Rife is not an urban legend. Later in this chapter you will see a 1944 piece from the Smithsonian Institution. It is about Rife's microscope and his pleomorphism, not his cancer cure, but at least it anchors him in history.

Please read the following excerpt from **The Rife Report**, whose full text is on the Internet and in Barry Lynes' 1987 book. (I've

bolded the bits where I couldn't control my excitement.):

Rife: "I felt that the **start of malignancy** would be originated by some type of microorganism.... After the isolation of the filtered virus the idea was conceived, that it would be possible **to create an electronic frequency** that was in the correct coordination or resonance of the **chemical constituents** of a given organism, and to devitalize [it] with said frequency.

The initial frequency instrument of this nature was first used and developed in the laboratory in 1920. The **isolation** of cancer virus ... was an accomplishment with which I felt a great deal of pride. Finally in 1931, I discovered the transformation of cancer virus and the treatment for cancer **and other diseases.**

No tissue is destroyed, no pain is felt, no noise is audible, and no sensation is noticed. A tube lights up and 3 minutes later the treatment is completed. The virus or bacteria is destroyed and the body then **recovers itself naturally** from the toxic effect.

... We believe and have proven to our satisfaction that the so-called virus is in reality the premodal [?] cell of a micro-organism. We also have proven that it is the chemical constituents and chemical radicals **of the virus** under observation which **enacts upon the unbalanced cell metabolism of the body to produce any disease that may occur.**

The experiments of 1931 and 1932. After many attempts to grow the cancer virus had failed, ... the growth method of cancer virus was found. A test tube containing a sample from the un ulcerated breast mass was sealed and placed in an argon gas filled loop with 15 mm vacuum and activated with 5000 volts... (This media was of tyrode solution and desiccated slime intestine). This test tube was then checked for cancer virus, but at this point none were visible. Then the test tube was subjected to a 2-inch water vacuum and incubated for 24 hours.

Upon examination the solution in the test tube was **teeming** with cancer virus which were the most highly motile and the smallest in size of any of the viruses previously isolated. These cancer viruses refracted a purplish red color. That proved that the virus was pathological. We did this a hundred times with the same results. We sincerely believe that this leaves no doubt as to the fact that BX is the **primary cause** of cancer. ... 14 of these so-called hopeless cases were signed off as clinically cured by the staff of five doctors and Dr. Alvin G. Foord, MD, pathologist."

IT DIDN'T START WITH BEN FRANKLIN AND TOM EDISON, OK?

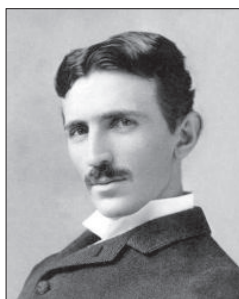
In 1825, Michael Faraday gave the London “Christmas lectures” to an audience of rapt teenagers. Those lectures have been digitalized by Microsoft. In the preface thereto, W Cooke writes:

“When God created the elements of which the earth is composed, He created certain wondrous forces, which are set free and become evident when matter acts on matter. All these forces have much in common, and if one is set free it will immediately endeavor to free its companions....We find that all the forces in nature tend to form mutually dependent systems.”

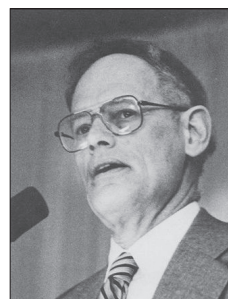
Faraday had left school at age 14. He and James Clerk Maxwell brought us the science of electro-magnetics. Another important person, Nicola Tesla, had amazing insights into the nature of the universe and the method by which lightning is made. Yes, lightning as in what you thought only God could make. Everybody and his cousin is making lightning nowadays. And “death rays” are in most of the latest weaponry. So it’s important that we not make the woo-woo noise when anyone mentions “rays.” See Mary Efrosini Gregory on this. (Exhibit X - it’s hot stuff.)



James Clerk Maxwell
(1831-1879)



Nicola Tesla
(1856-1943)



Robert O Becker, MD
(1923-2008)

BECKER – WHY IT PAYS TO BE AN ORTHOPEDIC SURGEON

Becker’s work as a cancer curer is presented in Exhibit O. Here we are interested in what he told us in his 1985 book, *The Body Electric*, about current of injury (“c. of i.”) Are you cognizant of that phenomenon? It’s when God sends a message down the myelin sheath of your peripheral nerves toward a hurt area of the body. The purpose is to speed healing, electrically. (Think lily.)

Robert O Becker, MD, was an orthopedic surgeon at a Veteran's Administration hospital in Syracuse, NY. He had been fascinated since medical school by the fact that only one vertebrate, the salamander, can regenerate a limb. Spallanzani had reported that fact in 1768! A question any intellectual might ask is "Why this vertebrate, and not others?" If the intellectual works with disabled soldiers, he might say "Betcha five dollars if we figure out how salamanders do it, we can make humans do it, too."

(Warning: if you were disgusted to learn that cancer is curable, but that the *hoi-polloi* are not supposed to find out about it, how will you feel on hearing that the code for regenerating bone is also hushed up?) By 1961, Becker had figured out how the salamanders do it, and by 1971 was able to do it for mammals. A huge event, right? Hugely huge. Right up there with the Garden of Eden. But did *The Boston Globe* carry it? Course not! The Powers That Be wanted us to stay unaware of bio-electrics.

Becker's 50-year-old article "Bioelectric Factors in Amphibian Limb Regeneration" doesn't help us with cancer. I've discussed Becker here to show that he is a trustworthy scientist. (His assistant Andrew Marino also wins my trust. He had to get a law degree, on top of his PhD in physics, to cope with the onslaught from National Institutes of Health, NIH, when he and Becker found overhead power lines to be carcinogenic.)

Note: I am emphatically NOT endorsing magnets, but George Crile made a remark about them and Becker said almost exactly the same thing, as follows:

"With direct currents, the EEG continued to show delta waves for as long as a half hour after the current was turned off....

It seemed to us that we'd discovered the best possible anesthetic, allowing prompt recovery with no side effects. [Holy wow!] We proposed getting bigger electromagnet to try this method on larger animals and eventually humans, but we never even got a reply.... Reactions by living things to magnetic fields were absolutely out of the question in America at that time." (1985: 114)

Becker lost his job (as they all do) when he was 56. Thus, soldiers at the VA lost a caring surgeon. As you will see in Exhibit O, Becker put a bit of time into curing cancer, via silver ions. I don't think he did enough in that area for us to say "Jackpot." But enough to say Let's look further at the subject.

Robert O Becker, *Cross Currents* (1990: 164-166)

The electrically generated silver ion was doing something more than killing bacteria it was also causing major growth stimulation of tissues in the wound. When we finally tracked down exactly what was happening, we found that as human fibroblast cells (which are common throughout the body) were exposed to the electrically generated silver ions, they dedifferentiated. They were then able to multiply at a great rate, producing large numbers of primitive, embryonic cells in the wound even in patients over fifty years of age.

These “uncommitted” cells were then able to differentiate into whatever cell types were needed to heal the wound. So what we were in fact doing was turning on regeneration in human tissues, which I had thought we would never be able to do. In our previous studies of regeneration, we had found that in human beings, only bone-marrow cells could dedifferentiate. ... The dedifferentiation of the abundant fibroblast cells by electrically generated silver ions may provide us with the means to restore regeneration to human patients....

If the electrically generated silver ion dedifferentiated normal human fibroblast cells, would it also dedifferentiate human cancer cells? If so, we would have a way to duplicate, in humans, S. Meryl Rose’s experiments... in which dedifferentiated cancer cells dedifferentiated as normal cells. A lack of funds prevented us from completing this work. However, we did find that some human cancer cells in culture appeared to dedifferentiate when exposed to these silver ions.

I also had a patient with a severe, chronic bone infection who had an associated cancer in the wound. He refused amputation, ...and insisted that I treat his infection with the silver technique. After three months, the infection was under control, and the cancer cells in the wound appeared to have changed back to normal. When I last heard from him, eight years after the treatment, he was still fine.

It is important to realize that this is not simply an electrical effect, but the result of the combined action of the electrical voltage and the electrically generated silver ions. It is an electrochemical treatment.

While we do not have firm evidence at this time, what probably happens is that the silver ion is shaped so as to connect with some receptor group on the surface of the cancer-cell membrane. After that connection is made, an electrical-charge transfer sends a signal to the nucleus of the cancer cell that activates the primitive-type genes, and the cell dedifferentiates. In that state it awaits instructions as to what it is to become. The process is exactly the same as that in S Meryl Rose’s [salmander] experiments except that in this case the dedifferentiation is caused by the unexpected action of the positive silver ions.



Long Wavelength

Short Wavelength

THE ELECTROMAGNETIC SPECTRUM

The radiation behind radios, visible light and nuclear blasts is all exactly the same thing, just with different amount of energy:

Radio

Microwave

Infrared

Visible

Ultra Violet

X-ray

Gamma ray

-- Bernie Hobbes, Australian Broadcasting Corporation.

From Bernie's Basics: You can change the radio station you're listening to with the flick of a dial. But imagine if your radio let you tune into **any frequency you want**, no matter how high. You could tune into anything from TV shows to **sunshine** and gamma-ray bursts.

Radio waves have got the lowest energy on the electromagnetic spectrum. But if you could crank up the energy in radio waves a bit, you'd turn them into *microwaves* and zap your dinner. Keep increasing the energy and you'd make those waves visible light, then ... x-rays.

Electromagnetic radiation is just **waves of moving energy**. When we tune into TV stations, we don't talk about their energy but about frequency. Your microwave oven has got a particular frequency (see the label on back). **Frequency is just how often something happens.**

In the case of EMR, it's how often you'd get hit by a wave of radiation if you stood in its way. Right now you're probably being pummelled by radio waves and visible light. All radiation travels at the same speed — the speed of light. Radio waves have the long wavelengths: a few metres to miles long. And for every wavelength there's a corresponding frequency. Electromagnetic radiation is always produced in the same way. **It all comes from electrons suddenly losing energy.** Light is produced when electrons drop to a lower energy level in an atom. Every bit of matter in the universe emits radiation, including you. Warm things like us give off body heat, and that heat energy travels as infrared radiation. So you're actually emitting higher energy radiation right now than your remote control or microwave oven. But don't get too cocky; although we make higher energy radiation than our appliances, we don't pump out nearly enough of the stuff to do anything more useful than hug with it. Just ask anyone who's tried to boil an egg in their armpit.

GEORGES LAKHOVSKY (1869-1942), RUSSIAN ENGINEER

Two Georges, Lakhovsky and Crile, were born in the 1860s. They knew of each other's work; they make reference to it. (Becker, born in 1923, seems not to have heard of either.) They spoke of the electric properties of all living cells. It seems that every cell is both a receiver and transmitter of waves.

Ah, waves. How my mother used to loathe it when Dad set up his big short-wave radio on the dining room table and had to string wires up into the chandelier for "reception." Little did Mom or I know that we are all getting reception all the time, much less that our health can be considerably affected by this!

Lakhovsky invented a Multiple Wave Oscillator, US Patent # 1,962, 565, which gave relief to arthritis sufferers. It's a metal antenna that is round in shape, and can be worn by animals or humans. In the case of a cancerous geranium plant, Lakhovsky encircled it with an oscillator and within 3 weeks the tumors fell off. Please see photo of this plant in the frontispiece.

In the caption of the photo, I say that I "do not vouch for it." That is to call attention of young students to the fact that any picture can be deceptive. At the time I wrote it, the only book I had tracked down by Lakhovsky was *The Waves that Heal* (1925) by Mark Clement. The name made me wary, as I thought it may be a pseudonym for Samuel Clemens (known as Mark Twain). He palled around with Nikola Tesla and probably worked for British Intelligence. Subsequently I got a hold of **The Secret of Life** (1935) by Lakhovsky. It was translated by Clement, but contains a Preface by the great physicist-physician D'Arsonval. He says Lakhovsky's cures were reported to the French Academy of Science in 1928; you can verify that much.

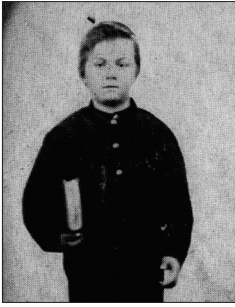
There will be more about Lakhovsky in Chapter 12. For now it's enough to say that he had a cure for cancer, if only in plants.

Before we discuss Crile, please take a moment to ponder the definitions of four terms, as given by TheFreedictionary.com:

Capacity – ability of a substance to store an electrical charge.

Conductance – the ease with which an electrical current flows through a substance. **Potential** – the work required to transport electric charge from an infinite distance to a given point.

Dedifferentiation: Regression of a specialized cell to a more embryonic, unspecialized form. May occur in development of cancers.



GEORGE CRILE, MD (1864-1943)

How many doctors do you know that go on African safari for the purpose of being able to measure and compare the weight of the thyroid and adrenal glands of game-hunted species? Not that many, huh? And of those, how many attained the rank of general in the army for laying out the best plan for battlefield hospitals? Could any of them perform surgery while temporarily blinded?

Meet George Washington Crile, born in Ohio. His theory of cancer is laid out in its entirety in Exhibit F. This is a snippet of it from his autobiography (1947: 430)

“When any cells are injured an increased stimulation or electric current is induced, this “current of injury” being an important factor in the repair of injured cells. Since all the tissues of the body are negative as compared with the brain, this negative sign of charge being bestowed upon the cells by the red blood cells which have the highest negativity in relation to the brain of any tissues, when a current of injury reaches the injured epithelial cells, it raises their negative potential, their conductivity and their capacity far above their normal status. The purpose of this current of injury is to repair the injured cells, but if the cells have been injured to the extent that their power to function has been lost, only the power of growth is left.

Thus the injured cell in which the power of function has been lost is stimulated to growth alone, and that power of growth and multiplication is greater than that received by its uninjured neighbors....

I believed a cancer might be induced. Once this process is started the cancer cells would continue to multiply and because of their higher potential, their greater conductivity and capacity, would invade neighboring tissues or be carried by the blood and lymph streams to find lodgment in distant tissues.”

Please permit a bit more bio from me. In 1976, when I was 29, I was thunderstruck by a then hot-off-the-press book, EO Wilson’s *Sociobiology*. How could I have imagined that at age 64, I would be gobsmacked again, by a book published in ... 1926! Well, that is what happened with Crile’s book *Bipolar Theory of Life Processes*. It is an honor for me to be able to present his work, the suppression of which has been a pretty gobsmacking thing in itself. There’ll be more on Crile in Chapter 12, the chapter for intellectual fun.

THE HYDE PARK HYPOTHESIS

Interruption for good news! Maybe you already know this but I've only just learned it. I was in Sydney with my friend Trish Fotheringham, who is an expert on dissociation. As we strolled through beautiful Hyde Park. I let out a plaintive cry about being unable to share the cancer-cure ideas even with friends, as everyone switches off. How is it that they all do it the same? And why do it? Isn't it better to know?

Came back Trish: "There are more than just the two ways that an animal deals with an attacker – fight or flight. There is also 'freeze.' For a human this could be when something comes into the environment that is completely threatening. Merely an idea that upsets one's worldview has the potential to make everything fall apart, so it must be resisted. The subconscious tells you to freeze automatically."

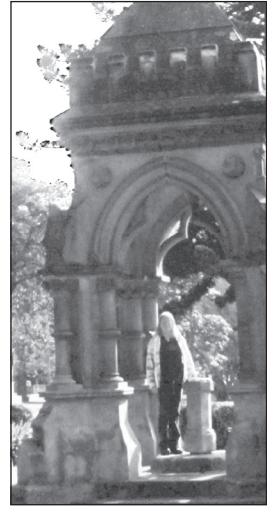
Well, that's a help. I am now calling it the HPH, the Hyde Park Hypothesis (Note: Fotheringham says it's not original with her.) Frankly, I had thought the entire population had been brainwashed by gremlins in the TV. Or maybe in the computer. (Or the toaster? You never know.)

INTRODUCING ROBERT OLNEY, CANCER CURER OF NEBRASKA

One of the means by which "the baddies" can restrict a doctor – other than the ones already mentioned, such as revoking his medical licence – is to see that he loses his hospital privileges. I think this may be why Robert C Olney, MD, founded his own hospital, in Lincoln Nebraska, in the 1950s.

In Exhibit L you can see one of his cancer cures. The method he used is called photopheresis today, but Olney called it "ultraviolet blood irradiation" – UBI for short. He did not invent it. He got it from George Miley, MD, who published it in the 1940s. I list Olney rather than Miley as one of the 20 curers in this book, as Miley used UBI only for diseases other than cancer.

As for Olney's theory of why it worked, he said he followed Otto Warburg's emphasis on oxidation. Warburg (1883-1970) won the 1931 Nobel Prize for "discovery of the nature and mode of action of the respiratory enzyme." I exclude him from coverage in this book to show my disapproval of his uncles, Paul and Max. Sorry.



*In Hyde Park, Sydney:
Trish Fotheringham
shares her hypothesis*

ULTRAVIOLET BLOOD IRRADIATION (*PHOTOPHERESIS*): OLNEY’S CURE

Electropheresis, as promulgated on Youtube by physicist Bob Beck, (not to be confused with Bob Becker) will be described in Chapter 10. We now look at *photopheresis* (also called UBI). FreeDictionary defines a *pheresis* as a drawing out of blood and “*may be used where plasma constituents interfere with the immune system.*”

Unbelievably (but so what?), you can cure a person of disease merely by applying light. You must draw a portion of the person’s blood out – say 10% -- and then return to quickly to the body. While it is outside (that is, “extracorporeal”), you subject it to ultraviolet light. This causes pathogens to be killed. Why should light work this way? A good answer is “just coz.”

If that does not meet your scientific standards, perhaps a Nobel Prize winner will persuade you. In 1903, the prize was awarded to Niels Finsen, MD. (Unfortunately, he died the next year at age 44). He cured patients of lupus and tuberculosis (TB) with the use of UV light. Finsen lived in Denmark. No one rushed to translate his work into English, but George Miley, MD, came along in the 1930s and performed many cures (on sinusitis, polio, and peritonitis) and published in proper journals. Robert Olney then copied Miley and used UBI on cancer patients.

Olney said he took inspiration from William Koch, inventor of glyoxylide, as well as Otto Warburg, the man who discovered anaerobic metabolism. Thus, Olney took great interest in how much oxygen his patients had in their veins. The following are some changes that were registered in the venous oxygen of patients within 24 hours of Olney’s giving them UBI:

<i>Mr. C.G.</i> Metastatic carcinoma of the lung.	54 == 66.5
<i>Mrs. R.B.</i> Thrombophlebitis and Cholecystitis.	18 == 62
<i>Mrs. E.H.</i> Hysterectomy for uterine fibroid.	54.7 == 75
<i>Mr. C.C.</i> In critical condition with intestinal obstruction.	50 == 63

Note: being given a place on my list of 18 is not a sign that the scientist is original. Presumably no scientist is truly original, anyway. Robert Olney is expressly using the work of Miley, who relied on Finsen. In 1997, Richard Edelson of Yale patented a similar thing called photopheresis. William Campbell Douglass, MD, from whose book *In the Light* I’ve drawn this information, calls UBI *photoilluminescence*. He is annoyed that Edelson’s patent application did not credit the earlier discoverers.

INTRODUCING “HOPKINS RELIEF”

While researching this book I neglected, at first, to surf PUBMED (free, taxpayer-paid guide to all medical articles), as I thought the subject of cancer-cure is always “backyard.” But when I was writing the chapter on autism, I luckily came across a Johns Hopkins study that supported my ideas. This was quite a relief. Subsequently, I have referred to such finds as “Hopkins relief.”

As mentioned, the subject of UBI has a relevant Nobel scientist, Finsen. That’s wonderful Hopkins relief! And harken to this remark by Sir William Bragg, also a Nobel laureate, that he made in a Christmas lecture (a la Faraday) at the Royal Institution. It was later printed in his *Universe of Light* (1933):

“Light is only a narrowly defined part of a far greater phenomenon, that of radiation in general. Radiations which are obviously corpuscular, such as the shower of electrons and photons and atoms now produced so easily in our laboratories are found today to obey in some measure the laws of light.”

In top journals we see: “Extracorporeal photopheresis,” *Clinical Experimental Immunology*, 2008, and “Evidence-based practice of photopheresis,” *British Journal of Dermatology*, 2006. Very cricket.

Holy Toledo! I just found “Cancer immunotherapy comes of age” in – wait for it – *Nature!* Dec 2011. Lead author Ira Mellman discovered “mechanisms of epithelial cell polarity”:

“Activating the immune system for therapeutic benefit in cancer has long been a goal [!] in immunology and oncology. After decades of disappointment, the tide has finally changed due to the success of recent proof-of-concept clinical trials [e.g.,] ability of the anti-CTLA4 antibody, ipilimumab, [who named *that?*] to achieve a significant increase in survival for patients with metastatic melanoma. In the context of advances in the understanding of how tolerance, immunity and immunosuppression regulate anti-tumour immune responses together with the advent of targeted therapies, these successes suggest a path to obtain a durable and long-lasting response.”

In Oz we say “It’s like all my birthdays come at once.” And now FDA has given its approval to photopheresis in one type of cancer, namely, cutaneous T-cell lymphoma! This is irrespective of the fact that “*we at FDA don’t know how it works.*”

Bet they do, though.

BIG JOHN -- TIME-LAPSE PHOTOGRAPHER

How lucky I am to have found another hero: John Ott. He was famous for his time-lapse photographs of plants – including microscopic ones - they revealed cell-level action of chloroplasts. I've never read a more perfect book of research than his *Health and Life* (1973); any student wanting to know how to go about science should read it. (Reminds me of historian Ann Moyal's *A Bright and Savage Land*, that tells how the Australian pioneers produced science in the 19th century. Folks with talent just set about inventing what was needed. Oz was a veritable shed city.)

Ott found that animals and humans are affected in behavior and health by the **amount of light they receive**, and which part of the spectrum it is from. He made precise measurements of how the light we receive may deviate harmfully from the full-spectrum light (sunshine) in which all mammals evolved. Ott saw that if artificial light is used – be it incandescent bulbs or fluoro tubes, the creature may suffer diseases, including **cancer**, and psychiatric illnesses, such as anxiety or depression. Happily, the disease may sometimes be corrected by changing the light.

I hereby state my enthusiasm (layperson that I am) about Ott's idea that the **endocrine system** of mammals is coordinated by light. That means it is coordinated by electromagnetism. In some species, the light is received in the pineal gland.

Ott knew that the poultry industry puts ultraviolet light over hen's cages to ensure the offspring be mostly female. He worked with a breeder of chinchillas to vary sex ratio (getting mostly female births) by using pink light. This worked even when used on the pregnant mothers only late in the gestation!

I offer a quote from Ott's *Health and Light* (1973) that you can carry in your wallet if you are planning to make off-the-cuff speeches about cure-suppression. He made his discoveries strictly as an outcome of his assignments in photography, then earnestly presented them to any doctors or institutions he could reach. (See Exhibit M). At one point, Charles Shilling, MD, who wanted to help him, wrote to a mutual friend "I believe we have something underway at the University of Virginia. But ... if John doesn't quit curing cancer by shining a light in everyone's eye, I am not going to be able to accomplish anything for him."

To that, the prosecutor in me can only say: *Tum-de-tum-tum.*

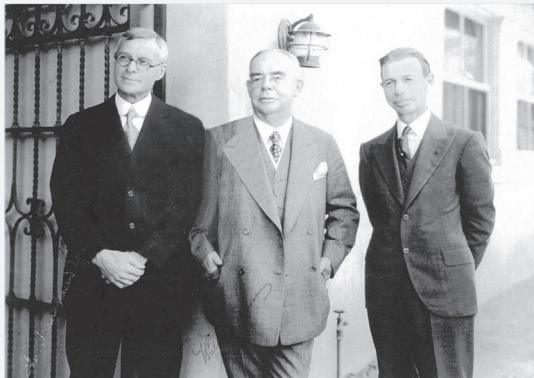
From the Annual Report of the Board of Regents of The Smithsonian Institution – 1944 -- The Universal Microscope

...Dr. Royal Raymond Rife of San Diego, California, for many years, has built and worked with light microscopes which far surpass the theoretical limitations of the ordinary variety. The largest and most powerful of these, the Universal Microscope, developed in 1933, consists of 5,682 with separate substage condenser units for transmitted and monochromatic beam dark-field, polarized, and slit-ultra illumination, including also a special device for crystallography. ...The fine adjustment being 700 times more sensitive than that of ordinary microscopes, the length of time required to focus the universal ranges up to 1 ½ hours.

Working together back in 1931 and using one of the smaller Rife microscopes having a magnification and resolution of 17,000 diameters, Dr. Rife and Dr. Arthur Isaac Kendall, were able to observe and demonstrate the presence of the filter-passing forms of BACILLUS TYPHOSUS.

Dr. Rosenow has declared [it] leaves no doubt of the accurate visualization of objects or particulate matter by direct observation at the extremely high magnification. Viruses of primordial cells of organisms which would ordinarily require an 8-week incubation period to attain their filterable state, have been shown to produce disease within 3 days' time, proving Dr. Rife's contention that the incubation period of a micro-organism is really only a cycle of reversion. He states:

“In reality, it is not the bacteria themselves that produce the disease, but we believe it is the chemical constituents of these micro-organisms enacting upon the unbalanced cell metabolism of the human body that in actuality produce the disease.”



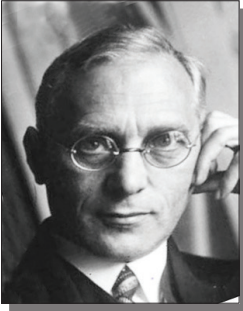
L to R: Arthur Kendall, PhD, Milbank Johnson, MD, Royal Rife

PART TWO

Desdmona: For if he be not one
That truly loves you,
That errs in ignorance and not in cunning
I have no judgment in an honest face.
-- William Shakespeare, *Othello*

Welcome to Part Two

The Law Is Our Friend. Trust Me on This.



Max Gerson MD



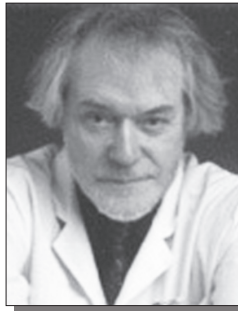
Senator C Tobey



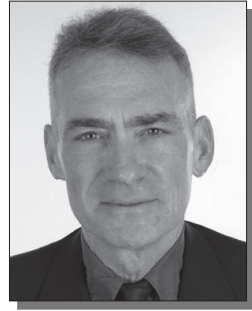
Dinshah Ghadiali



Kate Baldwin MD



Erik Enby MD



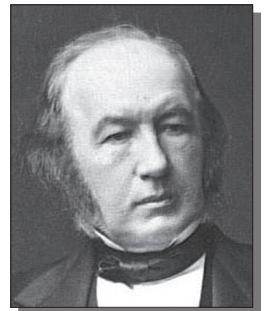
SH Shakman PhD



Beth Maloney JD



Lawrence Broxmeyer MD



Claude Bernard MD

THE LANCET'S Editorials on Cancer, from 1893 to 1906

Survey of Recent Work Bearing on the Pathology
of Cancer and Sarcoma -- March 18, 1893

Parasitic Origin of Cancer -- March 11, 1893

The Etiology of Cancer -- April 14, 1894

The Contagion of Cancer -- Oct. 20, 1894

A Cure for Cancer -- April 6, 1895

An Antitoxin for Carcinoma -- May 4, 1895

Alleged Cure of Two Cases by Sero-Therapy
-- May 11, 1895

The Carcinoma Antitoxin -- July 13, 1895

The Fungi of Cancer -- August 3, 1895

Treatment of Inoperable Carcinoma -- March 27, 1897

Dr. Doyen and the Microbe of Cancer -- Jan. 11, 1902

The Etiology and the Treatment of Cancer -- Feb. 1, 1902

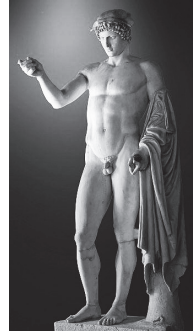
Cancer Research -- Sept. 6, 1902

The Contagiousness of Cancer -- Feb. 21, 1903

The Etiology of Cancer -- Feb. 21, 1903

A New Serum for the Treatment of Cancer -- Nov. 14, 1903

Treatment of Inoperable Sarcoma with the Mixed Toxins of
Erysipelas and the Bacillus Prodigiosus -- May 19, 1906



*Greek god Hermes,
son of Zeus,
patron of wit*

[Note: I mined these from Mark Boesch's extensive bibliography. The above are editorials, not articles! JAMA ran many cancer articles, circa 1924.]



Pressures on Doctors, and “The American Cancer Society”

Disease is nothing else but an attempt on the part of the body to rid itself of morbid matter. -- Thomas Sydenham (1624-1689)

Welcome to Part Two: The Law Is Our Friend. First, we'll see that the ACS and AMA don't really have a leg to stand on, legally. (Sure, they have brass knuckles but that's a different matter.) Then we have a chapter with 11 more cancer cures for you to shop, and a chapter on health, whose cure for polio may have you reaching for the Yellow Pages to look up “attorney.” The final chapter of Part Two proves the unconstitutionality of the FDA, the NIH, and the position hilariously called “the US Surgeon General.”

THE BIG THREE

There are three standard treatments for cancer in the United States: surgery, radiation, and chemotherapy. As stated in the introductory chapter of this book, I was under the impression, until recently, that there were no other choices. And so was my physician husband, though that was 12 years ago. I was also completely ignorant of the fact that there are huge arguments *against* the use of The Big Three.

These arguments are: 1. that the act of cutting, in surgery, makes the cancer spread, 2. that chemo wrecks the immune system, and 3. that radiation causes genetic mutations that harm the person's health. Moreover, it's a statistically proven fact that treated patients do not live longer than untreated ones!

You'll be astonished to hear that the medical profession does not argue against those facts. They admit them! (Don't believe me? Hop to Chapter 16's articles by J Armitage and J Weeks.)

Yet doctors don't take what may seem to be the logical step and say “So let's abandon surgery, chemo, and radiation.” Perhaps this is because they are not in a position to make policy for society as a whole, but are faced with individual patients, and these naturally expect their doctor to “do something.”

The Big Three – Go Figure

Chemo:

“While oncologists tell their patients that chemo helps prolong their lives, statistics have revealed that in the case of breast cancer, chemo even shortened the median life span from 24 months to 22 months, in prostate cancer from 19 months to 18 months.”

-- B. Windham, (referring to U. Abel’s major study, “Chemotherapy: a critical review,” in *Biomedicine and Pharmacotherapy*, 1992)

Radiation:

“Among 41,109 women diagnosed with breast cancer between 1935 and 1982 in Connecticut, 3,984 developed a second cancer, whereas 2,426 were expected. Women treated with radiation were at higher risk of developing a second breast neoplasm.”

-- E B Harvey, “Second Breast Cancer,” *National Cancer Institute Monograph*, 1995, 68: 99-112

“We also found that cancer survivors had particularly high risks of developing a second cancer that we know to be radiation-sensitive. These include breast, colon, lung, thyroid and bladder cancers,” he said. – Julie Steenhuisen, Reuters, Sept 15, 2010.

Note: On its website, cancer.org, the American Cancer Society lists radiation and chemotherapy as carcinogens. May I suggest you re-read that sentence?

Surgery:

“Taking a biopsy often aggravates and stimulates growth, and does not indicate how any secondary tumors have developed.”

-- Charles Mayo, MD, in Lynn Dallin, *Cancer Causes and Natural Controls*, 1983.

“There seems to be little doubt that cancer can be spread from the primary site to distant tissues. There are numerous ways that surgical manipulation could be responsible for this.”

-- Vincent Vita, Director, NCI, and Steven Rosenberg, MD, NCI, *Cancer: Principles and Practice of Oncology*, 1982.

Note, however, George Crile, MD’s interesting explanation, in Exhibit F, as to why it pays to remove a cancer early.

THE PRESSURES ON DOCTORS

All doctors have pressures weighing heavily on them. For example:

1. I have a memory of my husband being in an absolute panic one night, thinking he may have put on too tight (or too loose, I don't recall) the cast on the foot of an injured child. Doctors put on a lot of casts, any one of which could spark worry. I suppose it's the same with every prescription they write. What if they omitted a decimal point in the dosage?

2. Doctors stand ready to be sued over the most unexpected things. So not only must they worry about actually making a mistake (e.g., putting the cast on too tight), they must expect the unexpected. There's nothing to prevent a patient make up from whole cloth an accusation against a doctor. In fact it happens frequently.

3. Doctors now must worry that the patient will quote some advice from the Internet (I mean poor quality advice) and that it will be a delicate matter for the doctor to persuade the patient of the incorrectness thereof. The doctor has to "watch what she says."

4. Doctors get pushed around by hospitals. When I lived in NH in 2007, I saw a Letter to the Editor in the *Concord Monitor* from a doctor, Elizabeth Sanders, who said that she and another local GP were the only ones "not owned by the Concord Hospital." I wrote her a thank-you for her outspokenness. Her colleagues probably hate being owned. (Hmm. So don't put up with it!)

5. Doctors have the pressure of club loyalty. George Bernard Shaw once noted "Every doctor will allow a colleague to decimate a whole countryside sooner than violate the bond of professional etiquette by giving him away." This pressure is based on instinct; loyalty to kin, though good, is irrational. It would be helpful if we'd acknowledge the strength of the emotion of loyalty; we could then see how we might be enslaved to it in a foolish way.

What To Do? Suzanne Somers, author of *Knockout* (2009), has been featured on *Oprah*, re the perils of the Big Three. I believe docs did not cause the problem of cancer-cure suppression, but they had better stop maintaining it, or they will indeed be to blame.

Docs, we want a return to the precious doctor-patient relationship (and nurse-patient relationship). Your financial dependence on insurers and government may be the main thing that has spoiled it. If so, how about reconsidering your income?

WHERE DOES THE AMA GET ITS LEGAL POWER?

Ever since the New Deal of the 1930s, federal power has been on the increase. However, the up-close-and-personal control of doctors exerted by the American Medical Association is a creature of the states. It results from the fact that certain lobbyists were able to get the states to legislate a role for AMA. I'll now quote from the Code (that is, the law as codified) of Ohio, which is probably quite similar to that of other states:

“4731.01 The governor, with the advice and consent of the senate, shall appoint a state medical board consisting of twelve members, eight of whom shall be physicians.
 4731.22 [That] board, by an affirmative vote of not fewer than six of its members, may revoke a certificate [in the case of] violation of any provision of the code of ethics of the American medical association.”

It is the Ohio legislature that made that law. However, that legislature delegates power to a private group, the AMA, whose subsequent decisions the legislature does not follow up on. That is a virtual transfer of legislative power, over the people of Ohio, to the AMA. In my opinion (MM), it ought to be corrected. Betcha your state constitution has turf-protection for legislators.

The same Ohio law also says that the doctor could lose his practicing certificate for “failure to maintain minimal standards applicable to the selection of administration of drugs, *or failure to employ acceptable scientific methods* in ... other modalities for treatment of disease” I take that to mean that if challenged, a doctor could argue his defense on broad scientific principles, as against the dictates of a particular “school” of medicine. Yay!

Note from Fda.gov: Unapproved medical devices may normally only be used on human subjects through an approved clinical study in which the subjects meet certain criteria ... However, there may be circumstances under which [you] may wish to use an unapproved device to save the life of a patient or to help a patient suffering from a serious condition for which no other alternative therapy exists.[!]
 Patients may have access to investigational devices under one of these mechanisms: Emergency Use, Emergency Research [be creative here!], Compassionate Use for Single Patient or for Small Group.

ACS. In 1913, the American Cancer Society was founded, at the Harvard Club. ACS claims it is dedicated “to eliminating cancer as a major health problem and diminishing suffering from cancer, through research, education, advocacy, and service.” Oh yeah? So what did they do about Robert Lincoln’s success with bacteriophages? Or John Beard’s pancreatic enzymes? Hmm?

According to Charity Watch (2010) “John Seffrin, CEO of American Cancer Society, received a \$2.2 million salary package, the second most money given by any charity to the head of it.”

Shame, shame, shame on the ACS, its directors and members. Shame on any doc who sees what’s going on and shuts her eyes.

WHAT IS THE SLOAN-KETTERING/ACS CONNECTION?

James Ewing, MD, played many roles. He co-founded the Memorial Sloan-Kettering Hospital. (Sloan was CEO of Ford Motors.) In 1913, Ewing started a business in radium that would, of course, back the use of radiation treatment, first at SKM then everywhere. Another director of ACS, Cornelius Rhoads, worked for the Rockefeller Institute. Wikipedia notes: “Rhoads deliberately infected patients with cancer cells. Accusations against him are based on a letter he wrote, *The Porto Ricans (sic) are the dirtiest, laziest, most degenerate and thievish race of men ever to inhabit this sphere... I have done my best to further the process of extermination... All physicians take delight in the abuse and torture of the unfortunate subjects.* He would, however, later state that the writing was done in a moment of anger -- his car had been vandalized – and did not reflect anything he had actually done.”

Why is Wikipedia revealing bad stuff now about Rhoads? (Note: Wikipedia is managed by the CIA, as is, presumably, *National Geographic*, *People*, *CBS*, *Popular Mechanics*, etc.) Probably it’s to condition us to the idea of killing patients. I noticed that, just before Abu Ghraib, Time began to chat about torture, and by now Americans think torture has a place! Social psychology teaches that you can condition people to anything, by showing it as normal. Our brains absorb all culture this way.

Youngies, you’ll have to beat these bozos at their own game. Want to have a better world? Decide what you’d like to have, then talk it up! Fill the air with it! Don’t be shy. Just *yak about it*. **One of the world’s best-kept secrets is that our reality is made largely by words!**

Some Patients Who Were Cured by Emanuel Revici, MD

“Emma’s right breast was removed in 1935. Eight years later she was found to have cancer in many of her bones. While under Revici’s treatment her pain disappeared completely. Her bones, which had turned to jelly, “reconstituted themselves.”

“Francis contracted cancer of the tongue in 1942. The standard treatment is surgical removal of the tumor, with a loss of part of the tongue. This cancer is exquisitely painful. Under Revici’s care the tumor gradually disappeared; he remained well for 13 years.”

“Robbie was brought to the Institute at the age of 6 in October, 1947 with many enlarged lymph nodes and a diagnosis of Hodgkin’s disease. After 10 months of treatment she returned home to Texas with only one small node in the neck.”

“Irving had lost 36 pounds after his surgery for stomach cancer in 1950. Narcotics were ineffective in relieving the pain. It spread to his chest. After seeing Revici he responded excellently and evidence of lung involvement slowly disappeared.”

-- from William Eidem, *The Doctor Who Cures Cancer* (1997)

In a lawsuit similar to that of *Langlais v Naessens*, Mrs Schneider, who had breast cancer, sued Dr Revici for luring her away from conventional treatment. A state court in New York awarded her a million dollars. Revici appealed, saying she had signed a Covenant Not To Sue. The US 2nd Circuit found that although New York recognizes “a covenant not to sue,” Revici’s written agreement with the patient was not worded strongly enough. However, it said the jury should have been instructed to see if Mrs Schneider had **expressly assumed the risk** of treatment that departed from community standards. In *Schneider v Revici* (1987) the court ruled:

“We see no reason why a patient should not be allowed to make an informed decision to go outside currently approved treatment.... We believe an informed decision to avoid surgery and chemotherapy is within the patient’s right to determine what should be done with his own body.” Having expressly assumed the risk, Mrs Schneider cannot recover damages.

Revici won, per the maxim *Volenti non fit injuria*: One who is willing is not injured.

“How I made a million a year with my eyes closed”

Dr. Emanuel Revici treats cancer in a manner unlike any other doctor. He uses his own medicines. Over the years he has developed over 100 different medications in his own laboratory.

I am a retired board certified radiation oncologist. My practice specialized in the treatment of cancer with radiation. I have fought at the front lines in the war against cancer all of my professional life. [While] battling cancer for my patients, I gradually became rather frustrated and unhappy with the little progress that has been made.

It became painful seeing my patients every day, knowing that most of them had very little chance for a cure. On numerous occasions I saw patients in tears. My practice produced a personal income for me well into the seven-figure range annually. For four decades our offices were technologically state-of-the-art.

I first became interested in Emanuel Revici, M.D., not from the medical literature, but from hard evidence - that is, X-rays taken at my office of one of my patients. I knew his prior condition, because this was a patient we had seen a year earlier. His cancer of the lung had metastasized to his bones. The patient told me he had been undergoing treatment by a Dr. Revici in Manhattan.... I arranged to meet with him at his office. He was already 90-years-old.

He showed me enough before and after X-rays and CT scans.... Since those early meetings, I have reviewed the records, X-rays, CT scans and biopsy reports of dozens of Dr. Revici's patients. Often, when Dr. Revici provided me with information on a patient I would attempt to confirm it with the patient's previous physicians. I soon found out that every time Dr. Revici had provided me with information regarding a patient it would turn out to be correct.

I must interject a brief story at this point. When I met Dr. Revici I was sixty-two-years-old. My PSA reading, the screening test for prostate cancer, was 6.2. I told Dr. Revici about my PSA score, so he gave me one of his medications. After taking the medicine for a year, my PSA reading fell to 1.6. There were no apparent ill effects. After a few years of being off the medicine, my latest PSA score has inched up to 2.5.

I am now of the opinion that Dr. Revici has something worthy of a thorough clinical trial. I made a presentation at the Congressional hearing in March of 1988. At that time I proposed a study to test Dr. Revici's method for treating cancer. The fact that he has helped so many people means it's time for Mr. and Mrs. America to push for a clinical trial of his method.

--Seymour Brenner, M.D., F.A.C.R., Foreword to William Eidem, *The Doctor Who Curs Cancer* (1997)

Quack Quack. Doctors, it appears that much of the ability of the American Cancer Society to suppress cancer cures came about from the simple device of writing to y'all to let you know that the cure in question was an "unapproved method." Aren't you able to make medical decisions on your own?

All their letters are alike. Typically, when ACS says the work was investigated it gives no names of the investigators! The following sample is from Wallace Janssen, who started the National Congresses on Quackery. He also worked for the FDA, which gives you an idea of that agency's mental life. I'll italicize the bits where psychological tactics are being used on physicians. Don't rule out that they may be using hypnosis here!

W. Janssen, "Cancer Quackery: Past And Present." *FDA Consumer:*

"The search for safe and effective drugs is as old as mankind *Yet "unproven" drugs still have a fatal fascination....* In its 70-year history, the FDA has put hundreds of such "cures" out of business.

Koch claimed his medicine contained 1 part of a chemical called glyoxylide. *A Federal prosecutor said this dilution was like dumping a cocktail into the Detroit River and expecting to get a kick from the water flowing over Niagara Falls.* Moreover, there was no evidence that glyoxylide in any amount had any therapeutic effect. *But over 3,000 health practitioners of various kinds across the Nation paid \$25 per ampule....*

"In 1943 the FDA prosecuted Koch. The trial lasted 18 weeks. *Forty-three expert witnesses testified that Koch's products were misbranded and not effective.* The defense had 104 witnesses who said the products were effective for 69 different diseases, with special emphasis on cancer, tuberculosis, and coronary thrombosis.

After 9,000 pages of testimony the case went to the jury, A poll of the jurors showed three who had insisted on acquittal from the outset. Human credulity had again been shown to be a major factor in the success of quackery. [?]

Krebiozen is manufactured from the blood serum of horses inoculated with *a mold that causes a disease known to veterinarians as "lumpy jaw."* Krebiozen had an aura of high scientific prestige. It was sponsored by Dr. Andrew Ivy of the University of Chicago, who had joined with Stephan and Marko Durovic, *Yugoslav immigrants.*

Ivy's endorsement of the drug at a press conference in 1951 *was greeted with indignation by his university colleagues, the scientific community, and the American Medical Association. [But] the acquittal verdict meant that the Government had failed to prove deliberate action to defraud the public. It did not mean that there was any scientific evidence to support the effectiveness of Krebiozen.* Ivy became a hero battling against the "medical trust." -- Wallace Janssen 1977

OFF-LABEL PRESCRIBING

A doctor may have more leeway than she realizes, in regard to FDA's stranglehold on the cancer issue, thanks to the possibility of off-label prescribing. She may prescribe for her cancer patient a drug that isn't approved for cancer but is approved for something else. I quote *The Independent Review*, Summer 2000, "Off-Label Prescribing" by Alexander Tabarrok:

"The FDA is the final authority on a drug's approved uses, which are indicated on its label. [Yet] once a drug has been approved for some use, the FDA has almost no control over how that drug is actually prescribed. The prescribing of drugs for non-FDA-approved uses, is widespread.

"A number of studies have documented the extent of off-label prescribing in a variety of medical fields. According to a 1991 study by US General Accounting Office, 56 percent of cancer patients have been given non-FDA-approved prescriptions, and 33 percent of all prescriptions in cancer treatment were off-label.

"Experts have estimated that nearly all pediatric patients (80 to 90 percent) are prescribed drugs off-label...A survey of more than one thousand patients receiving antidepressants found that a majority of usage (56 percent) was for conditions other than those for which the FDA had approved the drugs (Streator 1997).

"Similarly, a survey of fifty-five dermatologists found that every one of them commonly wrote off-label prescriptions, even though many believed (incorrectly) that they were at risk of legal action from the FDA by doing so (Li and others 1998).

"Significantly, in the medical literature on off-label use, the main issue discussed is not the utility of off-label prescribing, about which virtually all physicians agree, but rather the issue of reimbursement. The GAO (1991) found that 62 percent of doctors had admitted patients to hospitals rather than treating them as outpatients solely in order to circumvent these policies. Another 23 percent of doctors reported that they had been forced to change their preferred treatment regimes." [That is outrageous!]

Bulletin: a judge of the Second Circuit federal appeals court ruled in December, 2012 in favor of a representative of a pharmaceutical firm in a way that supports off-label prescribing. It was pitched as a First Amendment case in which the rep, Alfred Caronia said his free speech was restricted by an FDA rule. Held: *"The government cannot prosecute pharmaceutical manufacturers and their representatives ... for speech promoting the lawful, off-label use of an FDA-approved drug."*
'mazing!

LOADS OF OPPORTUNITY FOR FRESH RESEARCH

Note to medical students: don't ever think the universe has been conquered. There is so much that is waiting for your attention.

I bumped into a 1928 article while in Canberra at the National Library, entitled "Cancer and Acquired Resistance to TB," by Thomas Cherry, MD. He noticed, in census records, that increases in cancer deaths correlated spookily with decrease in TB deaths. He figured that persons who got cancer late in life had failed to die earlier of TB, and this could mean *they were resistant to TB*. As I went to check this man's bona fides, I found fascinating details about his son, Tom Cherry, FRS (1898-1966):

None could ever question Cherry's sincerity in doing what he thought right, even if unpopular. He was a man of principle. ...Cherry was a strong and fearless character. Yet he was also among the gentlest of men. The furthest he ever went toward expressing displeasure was a faint flicker of an eyebrow which rarely failed to quell anyone who ventured too far in directions he did not approve of. He was a man of austere integrity, He loved the Australian countryside. He tramped almost everywhere in Victoria. He lived a vigorous and disciplined life with few frills. His notes state: "My love of camping and mountaineering connects in one direction with 'do it yourself' and in another direction via the shapes of hills-with geometry and mathematics." –obit by Prof Keith Bullen, University of Melbourne

Tom was a professor of mathematics. His father, Thomas Cherry, MD, is the TB-and-cancer man. Of that older man, Jill Stowell, a grandchild says, "He had an extremely lively mind." A physician, he was also state director of agriculture. Holy cow!

Note that before research was "funded," scholars with ideas worked from the heart. Cherry had a mathematical mind, like his son. Hence his noticing that cancer patients who hadn't died of TB might have a resistance thereto. Virginia Livingston gave some cancer patients the BCG vaccine that immunizes against TB. Hmm. And Tenison Deane, who'll be discussed in the following chapter, believed something was cooking with TB, cancer, and syphilis. To follow up on Cherry, try the 616.99072 section of the library. Could become your Master's thesis....

Frankly, I brought the whole matter up just to showcase the word "integrity." That virtue was touted, pre-1970. Now it is a lost treasure. Without it we are sinking, and will soon be sunk.

DOCTORS UNMOVED BY ROCKY HIDING THE CANCER CURES!

In 1989, Lawrence Dunegan, MD, stepped forward after 20 years of silence to inform listeners to the Randy Engels radio show that he was privy to a great secret.

Back in 1969 at a medical dinner in Philadelphia he had heard a speech by Richard Day, MD, who worked for Rockefeller's "Planned Parenthood" organization. The speech is pretty jaw-dropping, but even more astounding is the fact that the hundred or more of doctors in the audience "took it lying down."

"We Can Cure Cancer, But Won't"

[Dr Day said] "Congress is not going to go along with national health insurance. ... The days of hospital costs would be forced up so that people won't be able to afford to go without insurance. ...

No longer would the doctor be seen as an individual professional in service to individual patients. He'd be gradually recognized as a highly skilled technician.

The job is to include things like executions by lethal injection [of whom we might wonder]. The image of the doctor being a powerful, independent person would have to be changed...

The solo practitioner would become a thing of the past... Most doctors would be employed by an institution. As the corporate image of medical care became more and more acceptable, doctors would become employees rather than independent contractors. And along with that, is the employee serves his employer, not his patient.

Day said there would be new diseases to appear which had not ever been seen before. Would be very difficult to diagnose and be untreatable, at least for a long time. [Gulf war syndrome?]

He also said: "We can cure almost every cancer right now. Information is on file in the Rockefeller Institute, if it's ever decided that it should be released. But consider -- if people stop dying of cancer, how rapidly we would become overpopulated. You may as well die of cancer as something else."

Cancer treatment would be geared more toward comfort than toward cure. Ultimately the cancer cures which were being hidden in the Rockefeller Institute would come to light because independent researchers might bring them out, despite these efforts to suppress them. But at least for the time being, letting people die of cancer was a good thing to do because it would slow down the problem of overpopulation." -- Dr Dunegan on Randy Engels' radio show.



Patty Stonesifer [then] president of the Bill & Melinda Gates Foundation, and Gordon Conway, president of The Rockefeller Foundation, planning your future.

HOW ROCKEFELLER GAINED CONTROL OF MEDICINE IN US On Youtube.com, American historian Eustace Mullins says:

“I had been studying the monopolies such as the banking monopoly and the legal monopoly, but I did not realize the medical profession was also a monopoly. However I came to find out that in the 1800s almost every physician in the US was a homeopathic doctor, prescribing natural medication. John D Rockefeller decided to put a stop to that. He favored allopathic medicine, which was of German origin; it made for three lucrative things: radical surgery, the production of petroleum-based ‘wonder drugs,’ and lengthy stays in hospital.”

When Mullins was asked by Bobby Lee how Rockefeller was able to switch homeopaths to allopaths, he explained that it was a simple matter of not letting any homeopath join the AMA. Soon, by going to legislatures and getting control of the accreditation of medical education, Rocky was able to dictate what would be taught to every medical student. Wow.

From 1912 to 1947 the ACS was headed by the aggressive Morris Fishbein. No fan of Hippocrates, he. Do you believe this was accidental? That the AMA has a corporate plan to be good, but made a “bad choice” of boss? If so, you are the problem.

The next page displays a simple form. It’s from Minnesota but is typical of the 50 states. *You* can file this form *right now* at any police station. The last line says “Execute in Minnesota only” --you realize they are referring to execution of the arrest warrant.

CRACKING DOWN ON MISCREANTS IS AS SIMPLE AS THIS.

Individuals can file a criminal complaint, and so can a self-appointed grand jury. The following is a Template from the state of Minnesota:

Complaint and Summons Form

State of Minnesota. County of _____ Court of _____

Plaintiff _____ Name and address

Vs.

Name, date of birth and address of defendant, and any aliases

The complainant, being duly sworn, makes complaint to the above-named court and states that there is probable cause to believe that the defendant committed the following offenses:

Charge 1 Minnesota statute _____ maximum sentence _____

Charge 2 (etc) _____

[Note: To find, say, “Florida law of homicide” just google for that.]

Select complaint type: summons_ or warrant_. Order for detention?

Statement of probable cause:

The complainant states that the following facts establish probable cause: _____

Complainant requests that defendant, subject to bail or conditions of release, be taken into custody pending further proceedings.

Subscribed and sworn to me before the undersigned this day of _____

Being authorized to prosecute the offenses charged, I approve this complaint. From the above sworn facts, and any supporting affidavits, I, the issuing officer have determined that probable cause exists to support defendant’s arrest.

SUMMONS. Therefore you, the above named defendant, are hereby summoned to appear at _____ on _____ If you fail to appear a warrant will be issued for your arrest.

To the county sheriff. I hereby order the above named person to be apprehended and arrested without delay and to be brought before a judge not more than 36 hours later than the arrest.

Execute in Minnesota only__ Nationwide__ in bordering states_____.

“The Power List”

Ways To Control Any Medical Researcher Who Figures Out How To Cure Cancer

1. Block her from publishing in “peer”-reviewed journals.
2. Deny his research grant application or request for tenure.
3. Have her state’s licensing board revoke her medical license.
4. Inform all doctors that this cure is a “Non-Proven Method.”
5. Offer a lucrative contract to her indispensable lab assistant.
6. See to it that his patients get the run-around from insurers.
7. Offer to buy up her patent, for the purpose of suppressing it.
8. Deprive him of the supplies he needs to carry out his cure.
9. Legally prevent other doctors from trying his new method.
10. Arrange for a patient to sue her; give this maximum publicity.
11. Smear his reputation, either by innuendo or false statements.
12. Completely misreport the case results she has achieved.
13. Prosecute him for violating FDA rules or for “mail fraud.”
14. Threaten or bribe any of his colleagues who associate with him.
15. Burgle her office, or sabotage her experiments via an accident.
16. Make some sort of attack on her loved ones.
17. Render him disabled.
18. Kill him or her.



*At 1975 Hearing, Senator
Barry Goldwater inspects CIA
gun that can be used to cause
an untraceable heart attack.*



Let's Hear from Some Ghost Curers, and Hamer

It is better not to apply any treatment in cases of occult cancer; for if treated (by surgery), the patients die quickly; but if not treated, they hold out for a long time. -- Hippocrates (460-370 BC)

So far, ten curers have been introduced: Livingston, Bur-zynski, Naessens, Michelakis, Rife, Becker, Lakhovsky, Crile, Olney, and Ott. Many more will appear in this chapter, eight of whom end up in this book's total list of 18. The emphasis here will be on crime-against-doctors..

TEN GHOSTS ARE PLEASED TO ADDRESS YOU

Note: I've asked them speak in conversational style.

Hi. I'm **John Beard**, DSc. I died in 1923. I believe the thing that causes cells to replicate wildly in cancer is the same thing that was used by the conceptus to burrow into the wall of the uterus to secure the placenta there. Because embryology – in any animal – is my specialty, I made some discoveries that a practicing physician would not be likely to make. I know that when the human embryo reaches the age of 2 months, it develops pancreatic enzymes. These always turn off that conceptus-burrowing mechanism; after all, the action is no longer needed. Later in life, for whatever reason, a person might become deficient in pancreatic enzymes and by golly, the old item, which had been turned off in his pre-natal days, may kick into action again and start a cancerous growth. For a cure, all you need to do is give the patient a particular combination of pancreatic enzymes (I have showed many doctors how to do it.)

Greetings from Bahamas. I'm the late **Lawrence Burton**, PhD, previously of the United States. I got my doctorate in zoology in 1955. I invented Immuno-Augmentation Therapy. Many people aren't aware of the pleasant fact that we are built to deal with our cancer cells! The tumor sends a notice of its existence, as it were, and the immune system responds. However, in a way, the

immune wants to protect those cancer cells, so we have to flip off that particular switch.

I isolated four factors in the blood. The first two are simply tumor antibody and tumor complement factor. The other two, are called blocking and de-blocking protein. I study each patient's blood to see his immunity status and make up an appropriate serum. I have a local doctor inject it every day. By the way it was my research that led to discovery of TNF (tumor necrosis factor). I once startled colleagues at a conference by injecting mice whose tumors then shrunk instantly as they watched.



Guten morgen! I'm **Johanna Budwig**, PhD. I will take you for a walk in the sunshine so your electrons can commune with the source. Yes I am basic. People talk about me as the diet lady, and indeed thousands of cancer patients have been saved by the diet of flaxseed and cottage cheese, but it's not just that. It's the beauty of photons and the way we are tied into the universe!

Yabadabadoo. I'm a real oldie! **William B. Coley**, MD, of New York. By the time I died, in 1936, I'd already been using my method successfully for over 40 years. After the death of a 19-year-old-girl whom I had operated on for bone cancer, I went into the archives of my hospital and looked up all the bone cancer cases. All had died, except one man. He had a skin infection, erysipelas, caused by the bacteria *Streptococcus pyrogenes*. That was in the days before antibiotics, so he had to wait it out.

Guess what. When he recovered, his tumors also disappeared! So I decided, in 1891, to try this deliberately. I injected a patient with live erysipelas germs. It caused a high fever and resulted in a cancer cure. To improve the rate of success I mixed the strep with *Bacillus prodigiosus*, which can intensify other microbes. Breast cancer, Hodgkin's, and melanoma thus enjoyed almost a two-thirds success rate. I don't know why the other third failed.

By the way I was close pals with John Rockefeller.

Hi. I'm **Stevan Durovic**, MD, born in what we were once pleased to call Yugoslavia. I believe that every living cell contains something that regulates its replicating activity. The American Cancer Society has made fun of my connection to a horse disease called

“lumpy jaw,” but you can call me Lumpy Jaw if you wish – I don’t mind. I saw that some horses on my father’s farm got a facial tumor from fungus; it was occasionally fatal. It occurred to me that in the many cases that recovered, there must be something in the horse that tackles the disease naturally.

Eventually I figured out how to withdraw, from the horses, the substance that was doing this important job. After bottling it as “krebiozen,” I sought the help of Professor Andrew Ivy in US. He wrote a book on it: *K*. I believe krebiozen also controls the permeability of the cell, or the enzyme systems of the cells. When it’s deficient, anaerobic oxidation increases. The result is uncontrolled growth. Anyway, krebiozen naturally occurs in the body in the reticuloendothelial cells. I’m referring to the spleen, lymph nodes, and so forth that support the immune system. It may destroy your malignant cells; these are then removed by phagocytosis (pronounced fah-jo-sy-to-sis). By the way, I don’t speak much English.



Hi, I’m **William Koch**, MD, of Illinois. I died in 1967 at age 82. (Please don’t confuse me with “Koch’s postulates” -- that’s my Uncle Robert.) Removal of the parathyroid gland is bad news. I noticed, in dogs, that the urine after such removal contained a lot of lactic acid. That told me that the process of oxidation had been hampered, and therefore toxic substances, such as methyl guanidine, accumulated in the body.

Why? Because when the parathyroid is injured, poisonous substances develop from a previously useful substance, specifically from a hormone, which I found to be methyl-cyanimide. I take seriously the word of Otto Warburg, that an oxygen deficiency explains almost *every* disease.

I invented a compound called Glyoxylide. The province of British Columbia lauded me for the good effect this had on farm animals. Also many doctors used it with success on polio and cancer. The mechanism? I told you: it delivers oxygen.

Greetings. I’m **Thomas J. Glover**, MD, of Toronto. In my heyday, around 1911, everybody and his cousin thought cancer was caused by a microbe. Therefore, my treating patients successfully

with a serum should not have come as a surprise, except that just around that time the notion of the cancer microbe began to be denounced. Be that as it may, I succeeded in many cases and they were all registered and studied at the Stomach Hospital in Toronto.

Using Koch's postulates, I took samples from cancer patients, cultured them in the lab, injected them into horses, and then created a serum from the horses' blood. The fact that it worked proves that cancer is bacterial in nature, wouldn't you agree?

During my lifetime I did something that was a bit dishonorable. I made use of the brilliant experiments created by my lab technician Tom Deaken without giving him credit. Later, M. J. Scott, a surgeon, carried on my work, as is excellently chronicled by Mark J. Boesch. See my report, too -- 3,000 cases no less.



Hi. I'm **Robert E Lincoln**, MD, of Massachusetts. I was only 55 when I died "suspiciously" in 1954.

Many of my patients had sinus infections, the germs of which I decided to culture. I found two strains of *Staphylococcus aureus*. ("golden staph"). Each of these, which I call Alpha and Beta, has one and only one strain of virus as a partner. The virus treats the staph as a refuge in which it can live and grow; then they go out and harm the tissue of their choice. I note that Alpha can metamorphose into a Beta strain and that the Alpha virus can destroy not only its host (the Staph germ) but the Beta germ as well, but the latter could not do the same. What the heck is that all about?

Clinically, I inject, every 48 hours, a virus. Not only does this relieve the sinus problem, it gets rid of other ailments the person may have, such as arthritis, angina, or deafness! Changes in weather bring a change of symptoms. I believe that the nasal passage is natural chamber of bacteriophages (eaters of bacteria), but the obstruction by swollen mucous membranes hinders their work. My success rate (non-cancer) is 95%. As it happened, I cured a young man of cancer whose father was US Senator Charles Tobey. In gratitude he sought (unavailingly) to get action against those who were holding back such cures.

Hi. I'm **Max Gerson**, MD. I hailed from Germany. I died in New York in 1959, a sort of death you might want to look into if you know what I mean. Arsenic was found in my body.

My theory of cancer can pretty much be said to be “We have strayed too far from the natural way of life.” I require my patients to eat mainly fruit and vegetables, supplemented by Vitamin C and iodine. No processed foods. Coffee enemas are a must. I hear you ask “Isn’t the normal method of excretion good enough?” Glad you asked. The coffee enemas aren’t meant to assist the colon, rather the caffeine stimulates the liver.

Way back I was having severe migraines and looked into diet as a cure, and then tried it on some of my patients. It apparently cured one man of skin tuberculosis. Then, in a carefully controlled clinical study, my method cured 446 out of 450 patients who had skin tuberculosis. Later, I found that diet worked well on arthritis, and diabetes -- and on cancer, albeit with a lower cure rate. I cured Dr Albert Schweitzer of his diabetes, and his wife of lung tuberculosis. My diet aims to raise your level of potassium and lower your level of sodium.

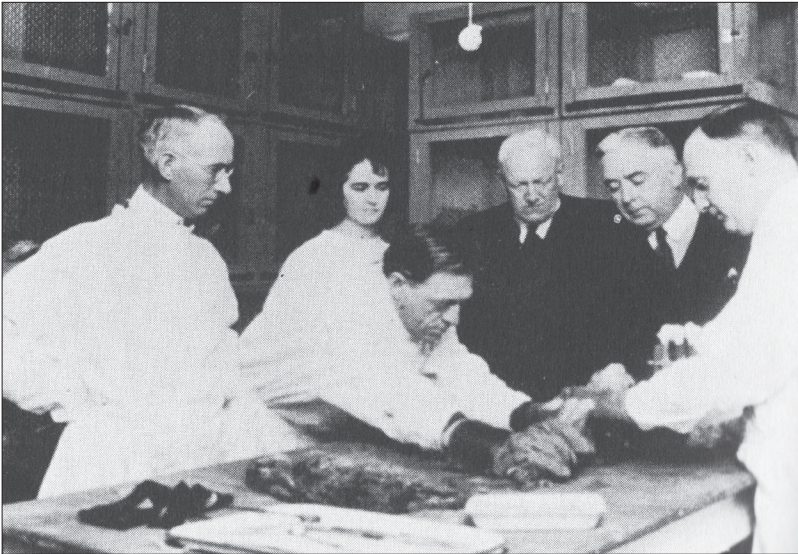
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The Atomic Chart Chemtutor.com

Hi. I’m Emanuel Revici, MD, a Romanian Jew. I died in 1998, at age a hundred and one. I stay up till all hours studying the structure of the molecule, and its electron charge as it affects adjacent molecules. You know that guy who does “Rappin’ the Elements” on Youtube? He’s good.

I love studying lipids and cellular metabolism. Man, that’s where it’s happenin.’ Back in World War II, in Romania – fighting on the Axis side, mind you -- I invented butanol, a lipid substance, that could instantly stop the bleeding of soldiers. In fact I patented it and many other inventions. In cancer, I look at the pH of the lesion (it is different from that of the rest of the body!). In other words, I care about the body’s balance of acid and alkali. I prescribed selenium and Omega-3 fatty acids. My main success was in relieving the pain of cancer, and also in curing AIDS. I wasn’t afraid to put sulfur into lipids. Should you suffer nuclear radiation I can help your tissues recover, with lipids.

Very nice. Thank you, Gentlemen, and Johanna. I note that three of you support the infection idea – Glover, Coley, and Lincoln. And two come in on the hunt for mechanisms the body possesses for the turning on and off of growth, Beard and Durovic. Koch concentrates on the role of oxygen. Another two, Revici and Budwig talk lipids. Burton refers to the immune system, Gerson to the chemical balance of potassium and sodium, Wow, that is an exciting range of approaches.



*On left: JM Scott, Tom Deaken, Mary Scott,
Second from right: Thomas Glover.
(in Cancer Conspiracy by Robert Netterberg and Robert Taylor, 1979)*

THEY GOT WHAT WAS COMING TO THEM, UNFORTUNATELY. And what, pray tell, was the fate that the above cancer-cure discoverers met? All but one got clobbered by “the authorities.”

Lincoln. Robert Lincoln was expelled from the Massachusetts Medical Society. In 1946 the *Journal of the AMA* rejected an article he submitted, as did the *New England Journal of Medicine* in 1948. Boston University Medical School cut off the supply of antibiotics for his macrophages. US Senator Tobey wrote to 100 medical schools asking them to send someone to investigate Lincoln’s

methods – to no avail. (Huh? Why not send someone and reveal all Lincoln’s errors if there are any?)

Koch. In 1942 Willam Koch was arrested in Florida on a charge that his product was falsely labeled. I quote Nat Morris:

“The district attorney then disclosed he had been ordered from Detroit to set the bail high to prevent Koch from returning to Brazil and finishing his researches there”.... “The oppression was extended to those who dared to employ Glyoxylide. It became dangerous for physicians to endorse the Koch method, for they were immediately threatened with loss of their academic and professional standing...” -- *The Cancer Blackout* (1977: 81-84).

Gerson. Regarding Max Gerson, the diet man, I quote Ralph Moss:

“A committee... reviewed the records of 86 patients but claimed to be unable to find any scientific value in Gerson’s treatment. Gerson was not allowed to defend himself before these investigative boards.” His hospital privileges were revoked and “in 1953 his malpractice insurance was discontinued.” -- *The Cancer Syndrome* (1980: 178).

Glover. In 1923 James Ewing went to bat, in the *New York Times*, against Thomas Glover saying:

“There is no micro-organismal cause of cancer and as soon as the public learns this fact the less likely they will be deceived by claims such as those Dr Glover makes. [Note the protect-the-gullible theme.] The effective treatment of cancer is accomplished by surgery, the Xray and radium in combination.”

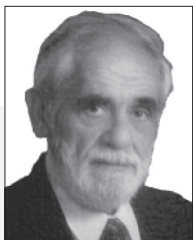
Revici. Revici was lured away from his practice in Mexico to come to the US for an arrangement that then “fell through.” When he was in his nineties, NY Medical Board “struck him off.”

Note: I want to query Steven Barrett who writes wholly unsupported complaints about the likes of Revici. Please see Barrett’s 2003 obituary of Victor Herbert, his fellow quack-hunter.

Durovic. The punishment meted out to Durovic took the form of punishing his spokesman, Professor Andrew Ivy. As stated by Rep. Roland V. Libonati, in the Congressional Record in 1959:

“...Dr. Ivy (is) the champion of the scientific doctrine of freedom

of research, which has suffered in recent years through the falsity of certain politico-physician leaders of the AMA, who faked reports, suppressed honest information, brutally slugged the opposition, both physically [Hello?] and through pressures, used to prevent the truth about Krebiozen reaching the American people.”



Burton. According to The Wellness Directory of Minnesota, a “side-door” was used to put Lawrence Burton out of business in the Bahamas:

“In 1985, in a speech by the Deputy Director of the National Cancer Institute, it was mentioned as if in an aside, that Burton’s IAT specimens contained HIV. Supposedly two families returning from his clinic to the US had brought

back 18 sealed IAT specimens. They were examined by a Washington State blood bank and all of them contained hepatitis B while some tested positive for HIV. Many feel that these tests were faked. Especially since the families who had brought them back into the US never contracted hepatitis B nor were they ever tested to be HIV-positive. The Bahamian Ministry of Health and Pan American Health Organization visited Burton’s clinic, and in July of 1985 the Bahamian Government closed the clinic.”

(FDA forbids importation of Immuno Augmentation Therapy.)

Coley. William Coley didn’t suffer the awful fate of the others.

Beard. Let’s allow John Beard to have the last word. This is from his 1911 book *Enzyme Theory of Cancer* -- one hundred years ago:

“New conclusions were reached, one after the other, and in due course these were published. Mankind in general, and medical mankind in particular, were supposed to be waiting the advent of some new scientific discovery concerning the nature of cancer.... The reception given to the new conclusions in Great Britain was hardly in accord with that. The scientific investigator might have been attacking some of the most sacred and deeply rooted religious and moral convictions of mankind concerning cancer or malignant disease.

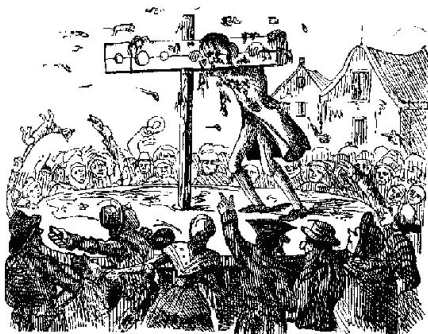
The physical martyrdom was lacking; but there are, as I can testify from experience, many more ways than one of burning a scientific man at the stake.”

YOUR RESPONSIBILITY

As Smokey the Bear once said, in so many words, “Only you can prevent the persecution of cancer curers.” It’s pretty obvious that no one except you can do it. There’s no point appealing to medical schools (see Tobey re Lincoln), or courts (see Koch) or the Congress (see Gerson). Really that is a stunning thing to have to say but let’s confront it.

As you will know if you have read my *Prosecution for Treason*, I am a one-trick pony. No matter what the problem is, I say get with the task of prosecuting. Those who have been the persecutors of our curers must be under the impression that no matter how many laws they break, they won’t have to pay a price.

Check items 14-18 on the Power List in the frontispiece of this chapter. These are undeniably crimes. Threatening, burglarizing, attacking and killing. If you did those things you would be listening for the police siren, would you not? Why have we stopped doing what has been routinely doing since ancient times? Every society creates punishments to deter “sin.” Please note that harsh punishments are typically invented if the sin is one that is likely to occur and can cause much harm. So, where the community depends on livestock, you can expect draconian measures against theft of livestock. Look what they did to hog thieves in colonial Virginia. I got this from a high school History website:



The Pillory, London 1732. You'd never guess what his crime was – perjury!!

“Persons convicted were either fined 10 pounds or lashed 25 times at the whipping post. If a person was caught again, he or she would be locked in the pillory with his or her ears nailed to the frame. When the thief was released, the nailed part of the ear was torn off. A third conviction was punishable by death.”

Let us look at the pillory and the stocks. In a pillory you had to stand in a position in which your head went through a block of

wood and usually your arms were locked as well. This was all done in public, the main punishment being the disgrace involved. Members of society were urged to jeer at the person, or perhaps pelt him with objects. After all, he harmed society, right?

Half a million Americans died of cancer last year. Say 25% would have had their cancer cured, if our curers had not been put out of business. So the suppressors killed 125, 000 folks.

DROPPING THREE OF THE GHOSTS

The 18 curers listed in this book have each met criteria:

He/she succeeded in curing one or more patients, not using the Big Three. He/she gave us a good explanation as to why the method works. He/she found it difficult to get acceptance, or the work was aggressively attacked.

My purpose in writing this book is to expose what I take to be a much greater scandal. Namely, I think the Powers That Be have a huge program of keeping the public in bad shape. An important part of this is to keep us sick and worried about disasters like cancer. So I'm not trying to give a comprehensive picture of all cancer cures -- just enough to make the point that folks oughtn't to be dying when so many excellent cancer cures could be called on.

Still, I realize that a likely market for this book consists of persons who are seeking a cure. Thus I have chosen 18 that may work, or that should be given more attention.

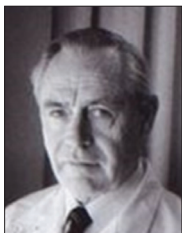
I've decided to drop Burton, Durovic, and Koch. They did cure cancer, and each had an original method, but I have not located their recipe. Quackwatch gave us this remark in 1990 (while they were putting Burton down): "Tumor antibodies are 'alerted to the presence' of tumor cells by a protein produced by the tumor themselves."

I have not yet found the recipe of Koch, but I see from Worldcat.org that a few libraries have his books, dating from 1936, which look brilliant, e.g., on natural immunity. In 1968, Suzanne Caum wrote a fine treatise about Koch's situation, aptly entitled *Cancer Cures Crucified*.

As for Durovic, recall the facial tumors of horses, and krebiozen as the remedy. I think Durovic may have been a player in government's scheme. In Part One I said that Burzynski and Naessens may be players, but I'm not sure!

REJECTED, BUT RESPECTED

My group of “18” has no significance. It’s enough that *a few persons* were able to find medical solutions to cancer. Still, I’ll mention some in the bioelectric field who did not make the list, and why:



Bjorn Nordenstrom. This Swedish radiologist has reportedly saved lives of lung cancer patients by putting electrodes directly into tumors. I omit him as I haven’t studied his *Biologically Closed Electrical Circuits* (1983). Interestingly, Nordenstrom is well received in China because he can explain Yin-Yang electrically! That could be major and I mean majorly major.

John Holt. He recently retired in Perth, Western Australia. (Why would anyone live so far away?) He made innovations in the use of radiation treatment for cancer. I shall not discuss this, as my book excludes treatments whose aim is to attack the tumor, rather than to get at the cause of the cancer.



Wilhelm Reich. He came to US from Germany and met his end in a jail. He claims to have found orgone energy and to have cured cancer patients with it. Having read his *Cancer Biopathy* (1973) I do not doubt him. The subject is just too exhausting to cover! (Was he a bit “teched”? Maybe, but that did not harm his theorizing!)

Persons of Color. In 1878, Edwin Dwight **Babbitt**, MD, took Isaac Newton’s 1666 idea about the way a prism breaks sunlight up into the colors of the spectrum: violet, indigo, blue, green, yellow, orange, and red. He found ways to radiate colors onto persons with diseases. Dinshah **Ghadiali** carried this further and Kate **Baldwin**, a New York surgeon, used his Spectro-Chrome machine to cure cancer as well as burns. I learned of them from Wm **Douglass**’s superb book, *In the Light* (1993), but too late to put them on my list. Douglass himself claims a cure based on enhancing the light intake via consuming hydrogen peroxide. Says he used it successfully on AIDS patients in Africa.

RYKE HAMER, PSYCHIATRIST, IS THE EIGHTEENTH CURER



Ryke Hamer
MD, born 1935

Each of our curers must have a theory of cancer and a solution that works. Hamer's theory is that emotional shock triggers a cancer. His cure is psychiatric help. It was successful in at least one case (plus many more), *viz.*, he cured himself of testicular cancer after realizing it was his son's death that shocked him. I see no reason to rule out his explanation, as many have done.

Consider what John Ott said in *Health and Light* (1973: 63):

“If you touch the leaves of *Mimosa pudica*, they quickly fold up. If the tip end of a leaf is singed with a flame, the shock is greater, and the reaction can be seen as it travels through the entire plant. The singed leaf first folds up quickly, then the plant collapses. The shock wave travels in two seconds through the main stem to the other branches.”

As for corroboration, Bernie Siegel, MD, of Yale says he has many documented cases, in which the patient decided to forgive some person in her life (perhaps just because she expected to die) and this brought regression of the cancer. *A psychological cure!*

Dear Reader, I am tired of trying to figure out how much of the bad-mouthing of each cancer curer is true, how much is “smear city,” and how much is a game in which the curer cooperates. If you look for Hamer on the Internet, you will find him accused of the same deed as Naessens: luring a patient away from standard treatment, but Naessens won acquittal from a jury. An unusual legal feature of Hamer's case is that he sued Norway for not letting him practice medicine. I think it helps society for doctors to seize the moral high ground like that.

I might add that if the bad-mouthing team, which has infinite resources, can come up with something from the man's personal life to make you doubt him, don't let that make you throw his work aside. Rather, ask: if they're going to this trouble to make you give up your interest in his cure, instead of arguing against the cure on its merits, doesn't that indicate a good cure?

I chickened out of naming H Sartori as a curer (he used cesium chloride the way Revici uses selenium) as he has done criminal things. Now I am thinking maybe he is not the inventor of the cesium cure, but was asked to put it forward so it could then be shot down, with bad odor rising from his personal life.

Be a Man, Would You?

Agricola, addressing his troops at the Grampian, near Aberdeen, in 84 A.D. (from Oxford translation of Tacitus's report, at bartleby.com)

“My fellow soldiers, under the high auspices of the Roman empire, by your valor and perseverance you have been conquering Britain. In so many expeditions, in so many battles, you have been required to exert your courage against the enemy. We have proceeded beyond the limits of former armies; and are now become acquainted with the extremity of the island, by actual possession with our arms and encampments. Britain is discovered and subdued. How often, on a march, when embarrassed with mountains, bogs, and rivers, have I heard the bravest among you exclaim, “When shall we descry the enemy? When shall we be led to the field of battle?”

As in penetrating woods and thickets the fiercest animals boldly rush on the hunters, while the weak and timorous fly at their very noise; so the bravest of the Britons have long since fallen. The remaining number consists solely of the cowardly and spiritless, whom you see at length within your reach. **Torpid with fear, their bodies are fixed and chained down in yonder field, which to you will speedily be the scene of a glorious and memorable victory.** [Emphasis added]



livius.org

Well, I guess you know who won, and it wasn't the British. As for us today, no one even bothers to say “*Romani, ite domum.*” (Amscray, Caball!) Come on, men, it would only require that you do what you used to do – us oldies *remember* your doing it.

Don't you know an easy prey when you see one? Our poor old cabaliers may have a million drones, and a million bioweapons, but they don't have, and can't have, what only a functioning society can have. They don't have balance, and they lack the ability to take on new arrangements – as they have painted themselves into a corner. Anyone can see that! *They* can see that.

I suspect they have got quite a large portion of us hypnotized. Don't roll eyes, please -- hypnotism is now all the go in industry. It's accepted as training. Note: when I ran for Congress I was invited to go for “training.” (Didn't go. Still have my noodle.)

The non-hypnotized don't have to be put off by the fact that that so many are out of commission at the moment. It really only takes a few to do the needful. Just buddy up in pairs. OK?



*The youngest person ever to become
the Nobel laureate in literature,
Rudyard Kipling (1865 - 1936)
was a celebrator of the British Empire.*

Rudyard Kipling's The Law of the Jungle:

Now this is the Law of the Jungle

-- as old and as true as the sky;

And the Wolf that shall keep it may prosper,

but the Wolf that shall break it must die.

As the creeper that girdles the tree-trunk

the Law runneth forward and back

-- For the strength of the Pack is the Wolf,

and the strength of the Wolf is the Pack.



Good Health and the Creation of a Society's Values

Affection is responsible for nine-tenths of whatever solid and durable happiness there is in our lives. -- C.S. Lewis, *The Four Loves*

Anticipate charity by preventing poverty. -- Maimonides (12th century)

Like life and love, law needs good ideas to make it better. As the spider spins a web out of its own substance, so the mind makes ideas – to borrow an image from Francis Bacon.... We spin webs of ideas in our own minds. And we share ideas, mind to mind. We spin webs of shared ideas. And when the spiders leave, the cobwebs remain. A person, a nation, a state, a government, a religion, a philosophy, a science, a legal system... But they are all merely products of the infinitely fertile human mind. -- Philip Allott, *Review, British Yearbook of International Law*, 2010

The present chapter offers some basic information for the young. If it is too basic for you, just go out for a beer and a smoke and meet us later at the ranch. K?

GOOD NEWS FROM THE AUTISM FRONT

Bulletin! Ladies and Gentlemen, e'en as I write (on March 8, 2012), a judge in the UK has restored the medical license of gastroenterologist Dr John Walker Smith, who helps autistic kids. He, along with Andrew Wakefield, had been thrown to the lions by the Powers That Be. Was Androcles hiding in the lion's den? This is *great* news. As my Italian neighbor says, "Tank-a-God."

WHAT IS NATURAL GOOD HEALTH? "I FEEL GOOD."

Picture us as hunter-gatherers, the life for which our biological traits have best suited us. Conjure up an ideal of more or less perfect health. Note the typical things that may interfere:

Accidental injuries – Individuals may trip, near-drown, receive a violent blow, or get bitten by a snake.

Stress – They experience fear, frustration, rejection, lack of sleep.

Environmental quality or weather – They may inhale dust or pollen, may freeze or get sunburned, may eat poisonous food by mistake,

may be pestered by other species.

Reproduction -- Females get menstrual cramps, morning sickness in pregnancy, headaches and hot flashes during menopause.

Old age – Years bring stiff joints, loss of teeth, failing memory.

Apart from that, everybody is “medically” happy, as long as the necessary food, water, air, and sunshine is available. Not too bad, eh? Of course that list has to do only with things that happen after birth. Some come into the world already handicapped, thanks to a genetic defect, or an event that occurred *in utero*. Still, the hunter-gatherer is unlikely to get diabetes, Alzheimer’s, kidney failure, or cancer.

CONSIDER THESE LILIES: THE INFLAMMATION RESPONSE

Say you have been stung by a bee, or scraped your knuckles on a rock. Instantly other parts of the body are called in to perform healing functions. “Inflammation” (from Latin *flammare*, to set on fire) is a good thing, as are its four signs: **redness, swelling, heat, and pain**. The object of the response is for the helpers to get rid of whatever foreign item got in, to cart off any destroyed cells, and to start rebuilding.

The carting-off requires production of mucus to act as a roadway, and cilia that beat like little brushes to shove the debris along. Abracadabra, **histamine** is produced to stimulate a widening of your capillaries to make transport quicker! Bewdy.

UNTO DUST SHALT THOU RETURN -- GENESIS 3: 14

Decomposition is not to be despised. We come and we go. The greats of previous centuries have gone, but they are still with us. Also, as Arthur Kendall says in his 1923 book, *Civilization and the Microbe*, we depend on microbes to recycle waste. They turn over the soil; without them we’d never have had agriculture. (He wrote that book for his daughter Alice when he heard she was being taught in high school that microbes are out to get us!)

Just think, a few millennia ago before the Egyptians got the zany idea of building pyramids and the Romans decide to knock up a colosseum, there was hardly anything that bacteria couldn’t break down and recycle. And there were no man-made chemical compounds until very recently in history. I hear you ask: Where is Boss Cocky in all this? Who organizes the decomposing work of the

zillion microbes? I do not know, but a thoughtful source on this is Antoine Béchamp. He believed a pre-animal, the “microzyme” is living everywhere and can develop into any organized body.

“After death, it is essential that matter be restored to its primitive condition, for it has only been lent for a time to the living organized being. In recent years (1870s) an extravagant role has been assigned to the airborne germs. The air may bring them, it is true, but it is not necessary that they should do so.” -- A Bechamp, *The Blood and Its Third Element*.

The spokesperson for putrefaction today is Erik Enby, MD, of Sweden, who learned it from Günther Enderlein, his mentor, who, in turn, credited Béchamp. Like Enderlein, Enby sees how bacteria break down the chemistry of the cell, as a result of which new life can then arise. Our blood is like the soil, he says, microbes thrive there. (See website enby.se) As it happens, scientists have recently discovered that our blood is not sterile; it’s teeming with microbes. Enby appears to be validated by new work called the Biome Project.

Watson and Crick cracked the genetic code in 1954, discovering that DNA is made up of certain amino acids. We may think Béchamp must therefore have been wrong in his ontology. But don’t put your life savings in it, OK? Also there may be certain “scholars” in circulation today whose covert job is to ridicule the old-fashioned views of Béchamp and of Charles Creighton.

In any case, are you thinking to die soon? If you must, that’s fine, but I wish you’d stick around and help us out of our cabal-made crisis. And please consider this feisty approached to death, penned by the great sociobiologist Bill Hamilton ere his demise in 2009:

I will [ask in my] last will for my body to be carried to Brazil and to these forests, to be laid out in a manner secure against the possums ... and this great *Coprophanæus* beetle will bury me. They will enter, will bury, will live on my flesh; and in the shape of their children and mine, I will escape death. No worm for me nor sordid fly, I will buzz in the dusk like a huge bumble bee. I will be many, be borne, body by flying body out into the Brazilian wilderness beneath the stars, lofted under those beautiful and un-fused elytra. So finally I too will shine like a violet ground beetle under a stone. -- William Hamilton

THREE CHEERS FOR EDWARD C ROSENOW (1875-1966)

Good health! How blessed that a cure for polio was found. You can see it in Exhibit H -- which is the quiet thunder of this book. On 18 November, 1917, the *New York Times Magazine* stated:

“EVERY father and mother in the country will feel a throb of relief and of hope over what has just happened at Davenport, Iowa. An epidemic of infantile paralysis in that city has ended with a banquet and an ovation.” The headline ran:

REMEDY FOR INFANTILE PARALYSIS [i.e., polio];
Dr. Edward C. Rosenow of the Mayo Clinic Tried His Serum on Children with Brilliant Results During Epidemic in Davenport, Iowa. Remedy for Infantile Paralysis Successfully Tried.”

Rosenow, not to be confused with his namesake grandson, was a miraculous bacteriologist. We met him earlier, as Rife’s friend. Hear what Rowntree, chronicler of the lives of greats had to say:

“Edward Rosenow had made a considerable reputation in Chicago earlier in life during his association with Dr Frank Billings. On coming to the [Mayo] clinic in the teens of the century [he got into] the study of mutations of bacteria. Personally I feel he was always denied due appreciation of this...He was an ardent student of the streptococcus. By intracerebral injections, he set off syndromes in rabbits the exact counterparts of the clinical manifestations... especially tics. When the patient and the rabbit were placed side by side [Rowntree is presumably being figurative here!] the resemblances of syndromes were unbelievable.” – Leonard Rowntree, MD, *Amid Masters of 20th Century Medicine* (1958: 318)

With meticulous work he was able to find and culture the bacilli of many illnesses, including schizophrenia and arthritis! (See SH Shakman’s helpful 1996 review.) But as with our 18 cancer cures, the public has not been allowed to benefit. You need to fix that!

Now please see, overleaf, a collection of data about TB and Parkinson’s that lives up to Rosenow’s promise, IMHO. It’s by Lawrence Broxmeyer, MD. He has a free-ranging mind – when the data speak to him, he does not feel he must answer back in the terminology of the current textbooks. Broxmeyer is finding clues as to what illnesses are “viral” and which are “bacterial.” I weep for medical students who remain unaware of this work.

Why Broxmeyer (2002) Thinks Parkinson's Must Be Bacterial

1. Von Economo's encephalitis, which causes Parkinson's regularly, **is almost indistinguishable from Central Nervous System TB.**
2. Guam, where TB meningitis runs rampant, has epidemics of neurologic disorders, including Parkinson's.
3. The substantia nigra is important to Parkinson's, **and nearby is a common site of attack of tuberculosis meningoencephalitis.**
4. Deprenyl (Eldopril) a Parkinson's drug, comes from a class, the MAO inhibitors, originally designed to cure TB.
5. Clinical and epidemiologic studies link Parkinson's to TB-like germs e.g., nocardia, corynebacteria (diphtheria) and mycobacteria.
6. Burn isolated a germ resembling Alexander-Jackson's mycobacteria/nocardia cross in three Von Economo's **infants at autopsy.**
7. Alexander-Jackson found acid-fast forms in Burn's bacillus that may cause Wilson's disease, a cause of Parkinson's in the young.
8. In an ex-boxer, **trauma** could cause a long-standing infection, such as tubercles in the brain, to discharge bacilli into the meningeal spaces.
9. Mital & Sarkari, Otaki, Fuente-Aguado, Solanki and Kurasawa **all independently cured Parkinson's with anti-TB therapy.**
10. Kohbata and Shimokawa, using blood serology, connected nocardia and mycobacteria in 20 of 20 Parkinson's patients.
11. Gao linked Parkinson's to mycobacteria in blood through diagnostic heat shock proteins.
12. In AIDS-related Parkinson's, Berenguer reported mycobacteria as the most common CNS pathogen.
13. Occupational **exposure to copper, manganese, and iron** are the substances that act as mycobacterial growth factors in the laboratory; such occupational exposure is associated with PD.
14. Oxidative stress to the substantia (from catecholamine toxic dopamine; hydrogen peroxide, and free radical byproducts) are also made by mycobacterial metabolism and cell-respiration.
15. Dopaminergic neuron loss, an active Parkinson's process, is just the sort of chronic process that characterizes tuberculosis.
16. Many Parkinson's victims **show the same cachexic wasting away that has long typified consumption.**

[The above from Broxmeyer was lightly edited by me and the bolding is mine. – MM. See his *Parkinson's: Another Look* (2002) online.]



Ladies wear masks against flu germs in Japan in 1919

INFECTION AND ALL THAT

This book has a subplot about infection. I think Robert Koch and Louis Pasteur worked in tandem even though they were famous opponents. Pasteur was French; Koch was Prussian. The Franco-Prussian war of 1870 being still in memory, they could have had a nationalist dislike for each other. But as Greg Hallett

says, in the spy world, “blown cover is good cover.”

Koch’s job, IMO, was to stymie laboratory research. Pasteur’s job was to make sure we all believed the germ theory; he thus diverted our ‘il ol’ cerebra from other explanations for disease. (Why am I suspicious of Koch? Because when he needed to study sheep anthrax, there was an outbreak of it right near his farm. “Do you think I was born yesterday, Dr Koch?”)

Re Pasteur, the mausoleum tells me all I need to know. Not that I fail to see that germs -- microbes -- do in fact get into us and may cause harm. Let me paraphrase an old textbook, with a bit of license. This is J Kohlmer, 1915, on *Infection, Immunity*:

Invasion. Microbes enter the human mainly through the respiratory tract or digestive tract and through the urogenital system. Skin is a barrier to invasion, unless broken. Saliva protects against invasion; it is germicidal. Same for hydrochloric acid of the stomach.

Infection. *Invasion* usually does not result in *infection* -- the body has defenses! If the defenses are insufficient, the invaders will infect. But where? Picture a pneumococcus. It gets in via inspiration. It won’t have too much choice about which organ to infect; it will be the lung. Note: the pneumococcus is not a demon that exists to give people pneumonia. It is a bacterium looking for accommodation. Once in its new home, Joe’s lung, it has the effect of messing up Joe’s breathing. The infection in this case creates a mechanical problem for the host.

General infection occurs if bacteria get direct access to the bloodstream. It’s first noticed by “general symptoms,” e.g., headache and malaise.

Affinity. Even where a given invader has access to many surfaces inside the body, it predictably settles on one organ. Probably that organ has “receptors” for the germ’s particular chemical make-up. The bacterium may have the matching “ligand..”

(as in “Have I got a ligand for *you*.”)

I do not claim that the germ theory is all wrong. Rather, I think we should consider some of the unfashionable theories.

It may be that health varies according to the geological formations we live near. Lakhovsky marshals wonderful evidence that cosmic rays (radiation from stars other than our “domestic” star) are kept at bay differently by different soils and rocks. Charles Creighton went to India to check on the cholera epidemic and found – with his own eyes – that the illness was striking people who lived on certain kinds of ground! By the way, Robert Koch also went to India to check on that epidemic. My guess is that he was inspecting his handiwork. I realize that’s an extreme accusation, but was not cholera delivered to Haiti, following the earthquake of 2010 (itself a mischief)?

One should also consider Claude Bernard’s insistence that the interior milieu is what counts. A bug won’t bring you down if your body and mind are in good condition. Another explanation for disease is “miasma” theory, common until 1850 and still held in China. It attributes outbreaks of disease to “bad air.”

My mentor taught me, by example, to state all the possibilities, even weak ones, rather than get all married up to a faved hypothesis.

The Importance of Having a Mentor. Young Intellectuals, it may surprise you to know that your teachers are dying for you to knock on their door. I was lucky to get instant comradeship from EO Wilson. I then got to share the joy of each of his new books as they burst from the press, such as his *Biophilia*, from which I now quote:

The leaf [ant] colony is a superorganism. The queen is not in any sense the leader or the repository of an organizational blueprint. No command center directs the colony. The superorganism’s brain is the entire society.

Through a unique step in evolution, taken millions of years ago, the ants captured a fungus, incorporated it into the superorganism, and so gained the power to digest leaves. Or perhaps the fungus captured the ants and used them as a mobile extension to take leaves into the moist underground chambers.” -- (1984: 27-37)



Ed, Eagle Scout, age 15, Brewton, Alabama

DEAR CABAL, BEWARE JEWISH MOTHERS!

Never underestimate the power of a determined Mom. Beth Maloney is a Jewish mother, in the sense in which all mothers, indeed all women, are “Jewish mothers.” When her son developed OCD (obsessive compulsive disorder) at age 12, she wasn’t about to sit and watch it happen. She chased all around until she found two doctors who told her of the connection between OCD and – wait for it -- streptococcus.

That bacillus isn’t supposed to cross the blood-brain barrier, but it does. A prescription that combined Augmentin and Strattera cured Sammy. Maloney’s book is marvelous. She is furious that NIH had the effrontery to tell her they could help only if her child were younger, or if he’d been diagnosed closer to onset. At one point, when someone told Sammy the family wouldn’t win, he said “You don’t know my mother.”

We JMs need to pool our resources. You don’t know us! By the way, while looking for Beths’ book, *Saving Sammy*, at Amazon, I came across a review of it by a woman who thinks Sammy’s hallucinations (he saw lasers coming out of power points) may not have been hallucinations! Maybe he had a heightened view of reality. This would accord with Becker’s theory.

Please note: Robert O. Becker tried to warn people that the use of cell phones by children is a big mistake as it irradiates their brains. Of course, Yours Truly does not think it is happening by *mistake*. The ruination of the brains of the whole population is the cabal’s top priority! Please see *Deliberate Dumbing Down* by Charlotte Iserbyt as well as books by Beverly Eakman and John Gatto. Three Jewish mothers. See? Gender is no bar!

Someday it may be gratify the parents of autistic children to know that their persistence aided people with other diseases as well. Below we’ll see Lisa Goes’ demand that CDC hand over info that she needs for her child’s health. CDC had privatized a taxpayer-funded database to evade Freedom of Information law!

A lot of professors in America are sitting on a cancer cure today. Any JMs out there want to deal with that? Should be easy. Material-witness law allows us to arrest persons who are harboring vital evidence. Some of them may be hoping right now that you will use legal means to force the revelations, thus sparing them from the difficult role of whistleblower.

IS IT OK TO HAVE VALUES? WILL I STICK OUT?

At a conference in 1991, I heard a professor mention that when he starts his ethics class each year, he first has to explain to the 18 year olds that there's a difference between right and wrong. Wow.

Later I heard Bev Eakman explain that pupils in the last few decades have been given "ethical questions" to discuss in class, and anyone who takes a principled position fails. Each student's opinion is supposed to be equal to any other. No guidelines allowed. Perfect way to destroy a culture!

THE STANDARD VALUES ARE MATHEMATICALLY INEVITABLE!

Values are a pleasant topic. Values *are* pleasant; they trigger endorphins. Hmm. That must mean they evolved because they were adaptive. Humans with values cope well.

Here is a list of things that we had drummed into us as kids, just about identical to what our grandparents had drummed into them. We were told that in order to be acceptable, and win friends and admirers, we must consistently be seen to be:

agreeable, appreciative, clean, considerate, dignified, fair, hard-working, honest, kind, loyal, modest, neighborly, patient, patriotic, punctual, reliable, respectful, tolerant, and trustworthy.

It doesn't matter that we didn't fulfill all of that. What matters is that there was a very widespread belief that those virtues were desirable. Thus everyone around us gave praise if we did good and the cold shoulder if we flouted the rules. Result? "Niceness" pervaded everyday social interactions. You could count on it.

And who had the effrontery to nominate those behaviors as the desirable ones? Our ancestors. Or just plain mathematics. If you start with the knowledge that the human animal would live free and pursue his own survival selfishly, you'll realize it would be hard to have a group beyond the family.

Then, the cabal organized a changeover, for Generation X. The goal – admirable if you like that sort of thing – is for us to have no society. One method the cabal uses to achieve this is *transmigra-sei* – mixing populations that don't know each other. Another way is to destroy respect for one's parents and elders.

Most societies come up with the above list of desirable traits. The alternative would be to "breed us" in the direction of the fur seal species, where one Alpha has his way at all times. Not nice

for him! “Uneasy lies the fur-seal head that wears the crown.”

I recently met two persons who are set on making the leap from a situation in which social relations have been turned off to one in which they burn bright again. The first is Micha Kurz (see him on Youtube), an Israeli soldier who couldn't quite stomach what he was asked to do to folks in the Occupied Territories. Kurz thought “Hey this is stupid. I'm a Jew, we can behave better than this.” He now coordinates the grassroots.



Rev Kevin Annett,
ex-United Church

The other man is Kevin Annett in Canada. The two guys could be twins, value-wise. Kevin saw Canadians doing nasties to First Nations children and said “Hey this is ridiculous. The civilized people of Canada are not murderers and torturers.”

A PEOPLE'S COURT IN CANADA? PSYCHEDELIC!

A friend sent me a Youtube video of Annett's proclaiming that the genocide involved (which I won't go into here) was simply not going to be tolerated one more minute thank you. He has thus set up a sort of International Grand Jury to deal with it. I had never heard of him but I cried when he said “Let justice be done though the heavens fall.” Boy, you don't hear that said very often anymore, do you? *Fiat justitia ruat coelum.*

I believe he has accurately identified a terrible issue: that our courts simply do not function if the baddy is a member of the protected institutions, such as church and state. The Royal Canadian Mounted Police do not “get their man.” Instead, they protect that man -- against that man's victims! That's TRAGIC.

Decades ago, in Italy, Lelio Basso founded a People's Court for such things as war crimes, and now Eagle Strong Voice (a name given to Annett by some First Nations people) has set up something like that. He demands that the accused show up to face the music re their crime against humanity -- or be tried *in absentia*. Note: “Crime against humanity” is written up all fancy-like in the Rome Statute of 1998 that engendered the hugely cynical International Criminal Court in 2002.

Now please see, on next page, a flagrant ploy by the cabal to try to make us yield our natural helpfulness.

The Daily Mail Reporter gave us this on 25 August 2010:



Dailymail.co.uk
*[Why help an old lady
 cross the street if you
 don't have to, huh?
 -- MM]*

**NOBODY LIKES A DO-GOODER.
 RESEARCH CONFIRMS SELFLESS
 BEHAVIOR ALIENATING.**

Do-gooders can be resented because they ‘raise the bar’ for what is expected of everyone, psychologists believe.

They probably think their selfless behaviour makes them popular but the truth about ‘do-gooders’ is nobody really likes them, according to new research. A series of studies found that those who volunteer to take on unwanted tasks or who hand out gifts without being prompted, quickly alienate themselves.

Psychologists believe this is because it makes the rest of us feel guilty and puts pressure on us to behave in an equally selfless fashion.

Researchers say do-gooders come to be resented because they ‘raise the bar’ for what is expected of everyone.

Social psychologist Professor Craig Parks said: “The fear is that this new standard will make everyone else look bad. It doesn’t matter that the overall welfare of the group is better served by someone’s unselfish behaviour. What is objectively good, we see as subjectively bad. The do-gooders are also seen as deviant rule breakers. It’s as if they’re giving away Monopoly money so someone can stay in the game, irking other players no end.”

Parks led the research entitled “The Desire to Expel Unselfish Members from the Group.” [He said]: “They frequently said ‘the person is making me look bad’ or is breaking the rules. Occasionally, they would suspect the person had ulterior motives.” Further research is planned to look at how do-gooders themselves react to being rejected.

-- dailymail.co.uk

MM’s Quiz on the Above:

Q. Why is that girl so pretty? A. So the young audience will “identify.”

Q. Why is she advised to give up her “bad habit” of kindness? A. So we can have a mucked up society.

Q. Why is the audience so willing to believe that we are not naturally kind? A. Because other media pieces have conveyed the idea that we are serial killers.

If you got all 3 correct, U R ready for a career at Hill & Knowlton.

It's a snap. We know how the brain works, chemically, but the cabal gleaned the basics of it just by observing how we act:

1. We obey. (Yes, sheep are not the only sheepish species.)
2. We take up any new behavior if it's identified as a "trend."
3. We almost never deviate, as we can't bear social disapproval.

Talk about a piece of cake! Those wanting to control, need only:

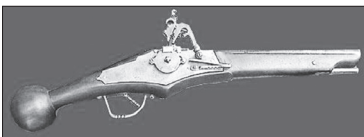
1. Tell people what to do (and they'll obey),
2. Announce that such-and-such is the way we're all going
3. Scorn anyone who questions things. ("He's mental.")

The cabal controls some people by bribery and intimidation, but mostly just calls on our emotional human nature, as above.

But two can play that game! Look at Kevin Annett. He puts his pals on the landscape as the trendsetters. He announces, in a strong masculine voice that his five judges have been sworn in, thank you. As such, he can have a tremendous effect.

The pain of lawlessness. The Maxwell clan, into which I married, had the distinction of making their living for over three centuries (ending 1603) as livestock rustlers. Raiding and murdering were the norm. It was the only option they could see. They and a few other clans lived on the border between Scotland and England. The respective kings had *officially* sanctioned the lawless status of this area! The story is that a wife would hand her husband a dinner plate with spurs on it, meaning he had to go out and do some raiding or there would be nothing to eat.

In civilized societies, people know to do the right thing – so long as there are ways to get food, and ways to settle competition without simply murdering one's neighbors. The Border Reivers (raiders) had to follow the logic of greater and greater violence. One day a fellow started to see the light. Two clans, the Maxwells and Johnstones, had been feuding for ages with many, many deaths. The Maxwell chief called a meeting with Johnstone to



The wheellock - a heavy pistol used by the reivers. -- theborderers.info

negotiate a solution. No more feuding! Unfortunately, during the meeting, Maxwell killed Johnstone. Talk about dumb. I guess he had had too much wild-west culture.

QUICK RECAP OF 18 CURES

(Underlined initials means cure is available)

1. VL. Culture the microbe from patient's urine; make vaccine.
2. SB. Infuse intra-lymphatically the missing amino acid.
3. GN. Infuse intra-paranodularly 714-x nitrogen-in-camphor.
4. EM. Consume dichloroacetate to help mitochondria signal.
5. RR. Track a cancer microbe and zap it with radio frequency.
6. RB. Put electrode-generated silver ions into the cancer.
7. GL. Use antennae or oscillator to neutralize cosmic rays.
8. GC. Equalize the negativity of cancer cell and adjacent cells.
9. RO. Treat blood with UV light; this helps immune system.
10. JO. Get the correct part of the light spectrum into eyes, skin.
11. JB. Prescribe pancreatic enzymes: trypsin and amylopsin.
12. JB. Blend flaxseed with ricotta cheese, it helps lipids.
13. WC. Induce hypothermia with erysipelas and *B. prodigiosus*.
14. MG. Get nutrients from veggie juice; detoxify with enemas.
15. TG. Culture cancer microbe, make serum in horses, inject it.
16. RL. Inhale germs in order to evoke natural bacteriophaging.
17. ER. Manipulate the acid or alkaline imbalance; stop the pain.
18. RH. Psychologically undo effects of emotional shock or loss.

RECAP OF THE MISSION OF THIS BOOK AND ITS THEMES

The job of this author *does not* include:

Advising anyone what to do about his/her cancer,
Specifying what a healthy, anti-carcinogenic lifestyle requires,
Identifying cancer cures other than ones explainable by science,
Discussing methods of attacking the tumor, e.g., the Big Three.

The job of this author *does* include:

Fuming to the max, and begging the reader to fume,
Encouraging young scientists to think freely,
Inviting doctors to get with the program,
Sorting out cancer cures by their theoretical premises,
Reminding the baddies that their future is bleak -- guaranteed,
Smiling at the number of (heretofore hidden) remedies for ills,
Thanking the sloggers who did the work, often with no support,
Analyzing how the hell we ended up in such an absurd situation,
Digging up any actions that can now be taken with help of law,
Declaring without embarrassment that fixing this is URGENT.



Article I, Section 8

The Congress shall have Power

1. To lay and collect Taxes, Duties, Imposts and Excises to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States;
2. To borrow money on the credit of the United States;
3. To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes;
4. To establish an uniform Rule of Naturalization, and uniform Laws on the subject of Bankruptcies throughout the United States;
5. To coin Money, regulate the Value thereof, and of foreign Coin, and fix the Standard of Weights and Measures;
6. To provide for the Punishment of counterfeiting the Securities and current Coin of the United States;
7. To establish Post Offices and Post Roads;
8. To promote the Progress of Science and useful Arts, by securing for limited Times to Authors and Inventors the exclusive Right to their respective Writings and Discoveries;
9. To constitute Tribunals inferior to the supreme Court;
10. To define and punish Piracies and Felonies committed on the high Seas, and Offenses against the Law of Nations;
11. To declare War, grant Letters of Marque and Reprisal, and make Rules concerning Captures on Land and Water;
12. To raise and support Armies, but no Appropriation of Money to that Use shall be for a longer Term than two Years;
13. To provide and maintain a Navy;
14. To make Rules for the Government and Regulation of the land and naval Forces;
15. To provide for calling forth the Militia to execute the Laws of the Union, suppress Insurrections and repel Invasions;
16. To provide for organizing, arming, and disciplining, the Militia, and for governing such Part of them as may be employed in the Service of the United States, reserving to the States respectively, the Appointment of the Officers, and the Authority of training the Militia according to the discipline prescribed by Congress;
17. To exercise exclusive Legislation in all Cases whatsoever, over such District (not exceeding ten Miles square) as may, by Cession of particular States, and the acceptance of Congress, become the Seat of the Government of the United States, and to exercise like Authority over all Places purchased by the Consent of the Legislature of the State in which the Same shall be, for the Erection of Forts, Magazines, Arsenals, dock-Yards, and other needful Buildings; And
18. To make all Laws which shall be necessary and proper for carrying into Execution the foregoing powers, and all other Powers vested by this Constitution in the Government of the US, or in any Department or Officer thereof.



Laying Down the Law: Why Tolerate This Criminality?

[Advanced cancer is] irritated by treatment; and the more so the more vigorous it is.... no medicament has ever given relief; the parts cauterized are excited immediately to an increase until they cause death. After excision, even when a scar has formed, nonetheless the disease has returned....The majority of patients [given] only mild applications in order to sooth the tumor, attain a ripe old age in spite of it.

-- Celsus (1st century AD)

This chapter will discuss how you can stop America being destroyed (it's easy).

DIARRHEA

As noted, many heroes of cancer-cure tried to go it alone, but your help would have made the difference. Solidarity is the winning strategy against a bully. That's the long and short of it. You have to go on the offensive against the people who are taking over America. I said above that it's easy to do this. It is an out-and-out piece of cake! All you have to do is *see what is happening*. *Don't close your eyes*. Were you to *see*, all would be well.

You'd block the incredibly easy passage that our overlords have had. The following seems to be what their tutors told them decades ago: "Have no concern that the citizens will rise up. They have, as all members of the *H. sapiens* species have, a slave mentality. Once conditioned into slavery they always adjust to it. Moreover, they have no idea that such doormatism is the norm for *H. sapiens*, or that human behavior is mostly instinct."

But the joke is that we actually do have rationality! I know *I* have it by the cartload, and there wasn't a separate evolution that created me with a different kind of brain from the rest, was there? Looks like the poor devils at the top are talking themselves into what they want to believe (which is, of course, a *H. sapiens* instinct itself). Won't *they* have diarrhea when they find out you have woken up!

THE PROSECUTION DOES NOT REST, THANK YOU.

Let's identify what can be done. We begin by returning to the "power list" described in Chapter 6. Having pointed out the bad things that happened to our ghost doctors, I said that some of the acts against them call for retribution. Someone needs to be rounded up by the police, or by citizen arrest if necessary, for the three crimes: threatening, burglarizing, and assault-and-battery.

We know it can't be "authorities" committing those deeds, as the job description of an official never says he may commit crime. So who are the baddies? ... They are the ones enforcing a regime of illness and death via cancer.

In Chapter 5 we did a bit of searching into the ACS and the MSK. So now we *do* know who is enforcing a regime of illness and death via cancer. Does this mean the "personnel" of the ACS? Well, yes. And if they say they are innocent, let them join with us in feeling angry toward the ones who are not innocent. They can march shoulder to shoulder with us, right? We welcome them.

How about you write to the ACS today and ask how it happened that Cornelius Rhoads ("I zap Porto Ricans") got appointed as director. Was there a "search committee" for that job? Was he interviewed? You need not even send the letter – just composing it would put you in the driver's seat.



Sir Edward Coke
(1552–1634)

THE BASIC RIGHT OF SELF-DEFENSE

It may be wise to consider here the most desperate measures available for legal redress, before looking at the calmer ones. First, the law of self defense. Centuries ago, Sir Edward Coke identified the right of the person to repel any threat against himself or against another whom he chose to defend. Sounds pretty reasonable, eh? His *Institutes of the Laws of England* was a best-seller in the American Colonies! Coke's work is now entwined in common law in 49 states. (The excepted state is Louisiana; it follows the Code Napoleon rather than common law.) If you harm someone in self-defense

you do not commit a crime. Obviously. This is to be distinguished from instances in which you have committed a crime but then try to offer the exculpating excuse that you were provoked. The right is protected by common law in countries, such as the US, of which Britain was the mother country. In Australia, a 1986 High Court ruling in *Zecevic vs DPP* confirmed:

“The question to be asked... is quite simple. It is whether the accused believed upon reasonable grounds that it was necessary in self-defence to do what he did. If he had that belief and there were reasonable grounds for it ... he is entitled to an acquittal.”

But what about the fact that the police have been granted the exclusive authority to wield violence against baddies? Didn't that close the door on the old (“wild west”) behavior known as self-help? No. Self-help is a basic instinct and is everywhere accepted as a right. The opposite would be to “Just lie there and take it.”

The 1894 case *Starr v US* is an American precedent that use of force against an attacker is your right even if it turns out that the attacker is a law enforcer who did not properly identify himself. Isn't law a marvelous little invention of *H. sapiens*?

Well, yes, but the cleverness of those who would thwart law is pretty impressive also. In pre-civilized society, it was expressed, in basic terms, that one could engage in payback. *Leviticus 24:20* says: “Fracture for fracture, eye for eye, tooth for tooth. As he has injured the other, so he is to be injured.” But as law became more advanced, folks naturally began to think there was something *in law itself* that contained knowledge of what is best.

This is really the heart of the matter. I am saying that we are too easily impressed by, and overwhelmed by, legalisms.

THE LAW OF TREASON

There is also the fact that government wrongdoing, on the scale of murder, is just not part of our vocabulary. Thus we have to make it part of our vocabulary. That is the message of my book *Prosecution for Treason* (2011).

To harm an enemy is not a crime. It is considered a virtuous, nay glorious, thing to do. But harming one's own people is seen as repulsive. There may be a question as to who is “one's own people” but no one has, so far, challenged the designation that co-nationals are one's own people. Hence for Americans to harm

Americans is repulsive. And luckily, the law proscribes it:

“Whoever, owing allegiance to the United States, levies war against them or adheres to their enemies, giving them aid and comfort within the United States or elsewhere, is guilty of treason and shall suffer death, or shall be imprisoned not less than five years and fined under this title but not less than \$10,000....” [18 USC 2381]

There is very little case law on this but in an early episode, the so-called Whiskey Rebellion in Pennsylvania, in 1798, men who had attacked the tax collectors were tried for treason and were found guilty. President George Washington later pardoned them.

If it is government personnel who are committing treason, this adds a distracting notion. Many people seem to have the impression that prosecutions cannot happen owing to “sovereign immunity.” No, that’s incorrect. All officers of the state or federal government are vulnerable to prosecution. (And my advice is, Don’t go for “malfeasance in office” or “acting *ultra vires*.” That’s too wussy – indict them for the plain crimes they committed.)

THE ACS IS PRIVATE; THE USPS AND DHSS ARE PUBLIC.

What if a crime is committed by such entities as the FDA and the CDC? How would justice get done? Actually, it cannot be an abstract entity that commits a crime. It is the office holder. And what if she were following orders? Or being bullied by a mafia? Is that sufficient to relieve her of liability? No way in hell.

Ah, but in the case of personnel working for the executive branch of government, can we expect that the very same branch will come out with a warrant for the arrest of its own people? Yes *of course we can*. If they hold back, we set up a grand jury of citizens (within a state) to lay appropriate charges. At the same time, we charge the holders-back with the crime of obstruction of justice. Not to mention misprision of felony. *Etc.*

CHARLES PIXLEY WENT TO JAIL FOR YOUR CANCER.

In Canada, Gaston Naessens has been legally distributing his 714-X cancer cure since 1989, thanks to a certain “compassionate” clause. The US forbids its importation. A US citizen named Charles Pixley, son of the Minutemen so to speak, defied FDA’s law: he distributed 714-X with gay abandon. Furthermore, he accused those who made the law, of genocide, in regard to the reign

of cancer (as I call it).

Where were we when Pixley needed us? He lost, and appealed unavailingly to the Second Circuit. He then did jail time. (Interestingly, Pixley later blogged that Harris Coulter found that the FDA rule had never been gazetted in the federal Register and so was unenforceable!)

Charles Pixley has opined that he got off with a light sentence because he had invoked the word genocide in his defense. That is, he referred to the suppression of Naessens' cure in the US as having an intent to make people die of cancer. That is also what I have been arguing. It means that rather than seeing ourselves in the role of defendant we should be the prosecutor. Here is the US law against genocide:

(a) **Basic Offense.** Whoever, whether in time of peace or in time of war and with the specific intent to destroy, in whole or in substantial part, a national, ethnic, racial, or religious group as such --

- (1) kills members of that group;
 - (2) causes serious bodily injury to members of that group;
 - (3) causes the permanent impairment of the mental faculties of members ... through drugs, torture, or similar techniques;
 - (4) subjects the group to conditions of life that are intended to cause the physical destruction of the group in whole or in part;
 - (5) imposes measures intended to prevent births within the group;
 - or (6) transfers by force children of the group to another group;
- shall be punished as provided in subsection (b).

(b) **Punishment for Basic Offense** (1) in the case of an offense under subsection (a)(1), where death results, -- by death or imprisonment for life and a fine of not more than \$1,000,000, or both; and (2) a fine of not more than \$1,000,000 or imprisonment for not more than twenty years, or both, in any other case.

(c) **Incitement Offense.** Whoever directly and publicly incites another to violate subsection (a) shall be fined not more than \$500,000 or imprisoned not more than five years, or both.

(d) **Attempt and Conspiracy** Any person who attempts or conspires to commit an offense under this section shall be punished in the same manner as a person who completes the offense. [!!!]

(f) **Nonapplicability of Certain Limitations...** an indictment may be found, or information instituted, at any time without limitation. [Yeah, man.] -- 18 USC 1091

HOW TO BE CREATIVE IN FILING A LAWSUIT

As noted, Pixley was the defendant in a criminal case rather than the prosecutor in a genocide case. But it is possible for you to think up ways to sue when the government harms you. A main way has to do with the law codified at 42 USC 1983, which gives all citizens a way to bring suit for “deprivations of any rights, privileges, or immunities secured by the Constitution and laws....” Recently a Vermont man brought suit for the spraying of the skies with chemtrails. (These are said to involve barium and aluminum that can harm humans.)

Here is the order in which his suit was dismissed:

LOUIS W. THABAULT, PLAINTIFF v WILLIAM SORRELL, ATTORNEY GENERAL, STATE OF VT, DEFENDANT.

[Here is the opinion and order of the court, as delivered by J. Garvan Murtha, United States District Judge August 13, 2008]:

Plaintiff Louis Thabault, proceeding pro se, brings this action claiming that Vermont Army National Guard (“Guard”) airplanes spray harmful chemicals in a “deliberate assault on the people below.” For relief, he seeks an injunction barring the Guard from “any spraying of chemicals” The defendant has moved to dismiss, arguing . . . that Thabault has, at most, alleged a state common law assault or nuisance claim that does not arise under federal law. The Court turns first to the question of whether the FAA creates a private cause of action. A plaintiff alleging violations of a federal statute does not state a claim “arising under the Constitution, laws, or treaties of the United States” . . . when Congress has determined that there should be no private, federal cause of action for the violation.” *Merrell Dow Pharm. Inc. v. Thompson*, U.S. (1986) If the FAA does not create a private cause of action, this Court has no subject matter jurisdiction over Thabault’s claim. In *Vorhees v. Naper Aero Club* (2001), the Seventh Circuit noted that “the Federal Aviation Act has no civil enforcement provision or any provision allowing a private resident to sue for the property torts of an airline pilot or airline operator.” Similarly, the DC Circuit Court concluded that the FAA’s “extensive and detailed scheme of administrative enforcement complete with civil and criminal penalties” belied any claim that Congress intended to create a private cause of action.

Thabault cites 49 U.S.C. § 40103(a), which provides that “the US Government has exclusive sovereignty of airspace of the US.” There is no provision in this portion of the statute creating a private right of action for violations of either the FAA or related regulations.

DANCING THE KNOCKBACK POLKA

In Australia, one speaks of a knockback, such as having one's job application knocked back. "How many knockbacks can you withstand?" I am here to suggest that we prepare to take a lot of knockbacks from the judiciary without losing hope.

Pixley must have been disheartened when his clever scheme to overcome the FDA ban on Naessens 714-X did not work. Thabault must have felt frustrated when his chemtrails case was dismissed. If you are a law student, how about running a website in which you collect the lawsuits filed by amateurs who are trying to deal legally with one of the cabal's tricks.

We still have functioning courts, and the history of law is marvelously replete with ways to bring the principles of society to bear. There are legal maxims you can use (as explained in my *Prosecution for Treason*). For example, a very general maxim holds that "A good judge enlarges his jurisdiction." This need not be seen as an incursion into the legislature's prerogative of law-making. It really means the judge can expand her brain.

Note that in the Thabault case, Judge Murtha was concerned to get rid of the matter by showing that his court lacked subject-matter jurisdiction. OK, but he could have reached into his quiver and brought out an unexpected arrow. Any judge can use the power of the court to identify, and issue a warrant for the arrest of, any miscreants that he sees in a case. Spraying the sky with metals sounds pretty assault-like to me.

Note, too, that many states have Proceeds of Crimes Acts, as well as Asset Forfeiture Acts. Although I personally am leery of the constitutionality of them, they are currently used against citizens to seize property of persons merely suspected of crime. Recently an Aussie had to yield up \$12 million in gold bullion!

Almost forgotten is the law of equity that says a person can be made to disgorge himself of ill-gotten gains. The creative potential for a good lawyer here is immense.

Naturally, you won't start out with a bunch of wins. You will see your case dismissed and your effort ridiculed. But instead of crying, feeling rejected and quitting in defeat, why not turn up the music and dance the knockback polka?

TROY AND PAT: THIS IS NOT OFF-TOPIC.

My hope for the American judiciary was devastated on September 21, 2011. That is when the state of Georgia killed a good fellow, Troy Davis, whom it had already “killed” for the preceding 20 years by way of incarcerating him on false charges of murder. The US Supreme Court played the top role in this. Hence, we are in trouble, the more so as hardly anyone understands that our court has effectively disappeared. People still think the structure – as it is written on paper – will save us.

You are unprotected – except by Society. My husband, who was a man of few words, used to say “Society protects.” He meant that outsiders are expected to step in where they see cruelty to children. But social protection is a fact of life in all settings.

The Orwellian cabal brilliantly figured out how to take away the various cues that tell us we’re part of something, and have obligations to it, and can rely on its protection. People born after 1990 have had it drummed into them that society *does not exist*, and only their local friends will grant succour. Frightening!

I say we can recreate what we had. Actually I *know* we can, as we, made up of the *H. sapiens* genome, created it once before -- maybe hundreds of times before! We therefore have the biological makings for it. Nothing material stands in the way. People are longing for it, even if they don’t consciously realize that.

Troy knew he was going to be killed and he said “Please don’t forget me.” We must remember him. And Pat Tillman must not be forgotten. The death of the football star, who was serving in the US Army in Afghanistan was not by “friendly” fire. Rather, a sharpshooter gave him 3 bullets to the forehead at close range. His mother, writing in *Boots on the Ground at Dusk*, provides every detail of this remarkable (or maybe not so remarkable?) event.

Congress, ever happy to aid a coverup, held hearings about the so-called friendly fire. A soldier, Bryan O’Neal, testified:

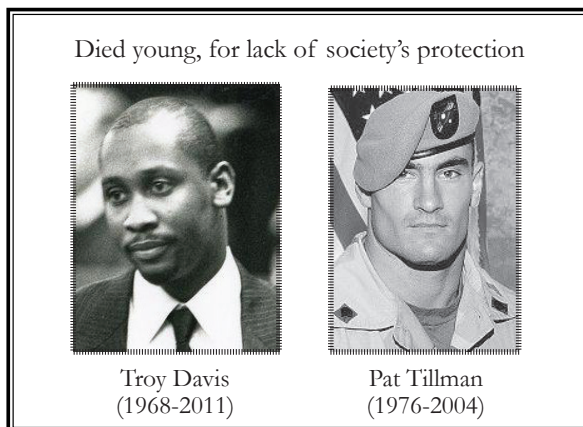
It didn’t take long before those in the GMV... open[ed] up on us with the 50-caliber machine gun basically shot at us in waves, or bursts of rounds. [We were]... yelling, screaming. ... [Then] sir, they moved into a better position, and started shooting at us again. And at that time, I could hear Pat calling, “Stop shooting. I’m Pat f-ing Tillman. Stop shooting,” you know ... And

it abruptly stopped, with him calling for help... But when our medic came up to come assist us, he asked what happened, and I tried to let him know. CHAIRMAN WAXMAN: Who is he? Could you identify the name? O'NEAL That would be Sergeant Anderson. I tried to let him know, but our squad leader told me basically just don't say anything...

That is where the matter rests. Although the lad said the above in front of a live audience, and although his sworn testimony is now in the Congressional Record (August 1, 2007), there was no follow-through! That does not mean we have to throw up our hands. There's no statute of limitations on murder (or treason).

In 1935, world-class journalist George Seldes showed how the Italian public was ready to “enforce the law” against its leader Mussolini for arranging the killing of a beloved citizen. They had all the evidence they needed -- with eyewitnesses to the killing, just as for Tillman, but they let it slip away. They nattered on, in Parliament, about all the “difficulties” that could arise if they took action -- instead of the fantastic difficulties that could -- and did -- arise if everyone did nothing!

I label that a “Mussolini moment.” For Troy and Pat we should not now be having a Mussolini moment. Agree?



WHY WOULD FDA WISH TO STAMP OUT CANCER CURES?

In the Pure Food and Drug Act of 1906, Congress gave the executive branch of government the power to police the manufacture of certain goods. Right then and there Congress erred, as it is not in the federal government's power to intervene in manufacture. That is a state power.

At first, the Pure Food and Drug Act limited interventions to those cases where the goods crossed state borders. In Burzynski's earlier career, the FDA forbade him to mail any of his antineoplastons to Americans outside Texas, but "allowed him" – as some might put it -- to sell them in Texas. What then changed? The FDA didn't change; Texas did! It re-legislated. (I mean the guy was curing cancer; we can't have that, can we?)

Permit me a cynical moment regarding the actual founding of the FDA. Were you taught in school that in early 20th century we had muckrakers, such as Ida Tarbell and Upton Sinclair? These whistle-blower types and left-leaning persons allegedly led the move toward "social reform" via law. I had suspected that the muckraker movement was done by You-Know-Whom, and just now when I googled to find the beginning date of the FDA, look what popped up on the fda.gov homepage: a sepia-colored poster that was used in 1913 to advertise the movie version of Upton Sinclair's book *The Jungle* ("an exposé of the beef-packing industry"). There ya go! Who had the money to make a movie?

The same website tells us that the 1906 Act "prohibited the interstate transport of unlawful food and drugs under penalty of seizure of the questionable products and/or prosecution of the responsible parties. The ... law rested on *regulation of product labeling* rather than *pre-market approval*." "Premarket approval" was snuck in later by Congress, as it be crucial for medical tyranny.

Please go to 21 USC 355 if you want to see the drug-approval process. (What do you bet the big drug companies have permission to bypass its more Kafkaesque points?) Note: For any federal law you need only google the letters "USC" plus the subject, e.g., FDA.

Delmonte Fruits recently turned the tables by suing FDA, as the agency had ordered a recall of cantaloupes. I suppose the Constitution does allow such policing. Article I, section 8, clause 3, grants Congress the power to regulate interstate commerce. (Please read that commerce clause now, in the frontispiece of this chapter.) "Trafficking" in tainted products could – perhaps, but

I'm not enthusiastic – fall into that clause's legitimate authority. Nah, come to think of it, I reject it.

Granted, Clause 3 permits federal overseeing of commerce, but “commerce” means trade; it is something above and beyond the manufacture or the sale of particular items. To ask “Should regulation apply to interstate traffic in anti-cancer serums?” should be the same as asking “Is there constitutional authority to regulate interstate traffic in washing machines?” When talking about washing machines we have no trouble seeing that the provision for regulating commerce has to do with *commerce* itself. The reason the states surrendered that power to the feds, back at the Constitutional Convention in 1787, was so that no one state would be able to harm the trade of others.

Please don't give serums a sacred aura! Their safety is, constitutionally, only on a par with that of washing machines. And please ride hard on the fact that the **feds must not be involved in health**. Montana must decide if it wants to inspect serums. Will the state legislature of Montana act irresponsibly and allow harmful serums? It might. In that case, Montanans will suffer, and that's sad. But it's a lot sadder to burn the Constitution. (Let's see, who was that Montana patriot who said “Give me bad serums or give me death”?)

SEE WHAT CAME IN WITH THE CAT?

It's not just the FDA's ability to monitor commerce or product-labeling that thwarts our ability to get cancers cured. It is also the federal government's wholly unconstitutional build-up of the so-called National Institutes of Health, which fund the majority of medical research in America.

The Constitution was written in 1787, and came into effect in '89. The first Congress (1789-91) was hardly seated when it passed “An Act for the Relief of Sick and Disabled Seamen,” establishing a Marine Hospital Service for merchant seamen.

Stop right there! Is that legal? No. Can't the US spend its national treasure on charitable efforts, if it sees fit? Absolutely not. The legislature can pass laws only on the subject matters for which it was given a grant of power by the states. The 13 sovereign *states* granted the powers listed in Article I, section 8 of the Constitution to tell federal legislators what they could legislate about. It's really quite restrictive! Go to the frontispiece once again, and memorize it if you can. Perhaps set it to music?

WHY THE US HAS A SURGEON GENERAL

Do you see any hint, in Article I, section 8, of a federal prerogative to legislate in matters of health? No. Then how is it that we have a US Surgeon General? As mentioned, we started a hospital for seamen. From there it took only one more flick of the pen to say that the hospital would have a boss, to be called “the surgeon general.” Yes, that’s how he got his start; federal “health authority” came in with the cat, so to speak.



*Regina Benjamin, MD,
US Surgeon General*

Congress does this all the time. It lets very unconstitutional things in with the cat. I’ll now inventory some things that came in over the years thanks to that charitable seaman’s hospital. (Alarm bells! Always be wary

about large institutions performing charity... They know you won’t criticize, as “nice people” would never say a negative thing about charity.) “March of Dimes” a scam? Wash your mouth out! Die!

In its first century, the nation had many people on the lookout for breaches of the Constitution and they would put up quite a shout. Hence, law stayed fairly proper. A century later however, Congress gave the Marine Hospital the authority to perform quarantine, “interstate.” In 1878, it had passed a Quarantine Act “to prevent the introduction of contagious or infectious diseases into the United States.” That was a set-up for the 1890 move in which Congress strengthened quarantine, on the pretext of concern about the outbreak of cholera in Europe. Ah, the pretext of emergency, the route for many a foul law. Caveat!

In 1899, Congress ordered the Marine Hospital Service, which would soon be renamed the US Public Health Service, to study leprosy. That initiated a trend, which we see in the National Cancer Institute of our day, of the feds “owning” a particular disease. Do you recall a First Lady helping to federalize mental health?

Soon the USPHS had a “reserve corps” to act in emergency, thanks to the 1918 flu pandemic. (What did I tell you?) In 1930, the Surgeon General was tasked by Congress to investigate narcotics and –“relatedly” – the cause and treatment of mental disorders. Any worries there? The Soviet Union was adept at using the psychiatric profession for social control, but we knew such a thing could never happen in the land of apple pie...

CONCLUSION OF FIRST HALF OF BOOK

1. Cancer is the uncontrolled replication of cells. There are several different causes (things that get it going).
2. As cancer is a constitutional disease, rather than a local one, the remedy is likely to be a systemic one.
3. When a tumor blocks a function (such as breathing or urinating), surgery may help, but can't prevent a recurrence.
4. There are many proper, scientific medical cures for cancer. Ones with documented success include: Coley's hypothermia, Livingston's autogenous vaccine, Naessens' 714-X, Gerson's diet, Burzynski's antineoplastons, Beard's pancreatic enzymes.
5. There was massive propaganda in 20th century for Big Three.
6. Radiation and chemo are acknowledged causes of cancer!
7. On average, patients live longer by refusing those treatments.
8. ACS was formed in 1913 to control research, treatment, and public perceptions about "this terrible scourge of mankind."
9. Doctors are unaware of medical cures that were normal before 1920s. Those were cut out of textbooks, and doctors who persisted were made examples of, via sacking, smearing, death.
10. FDA unconstitutionally decides which drugs are marketable, as health is a state power -- and so is business, unless inter-state.
11. By funding, Congress gave control of research to the NIH.
12. Medical persons control each other by silencing heretics who dare to utter that microorganisms can be pleomorphic.
13. Crimes are committed with impunity against errant doctors, and, when this happens, medical associations do not protect victims!
14. Citizens shrink from the happy news that cancer is curable, perhaps because it's a threat to beliefs ("Hyde Park hypothesis").
15. False cures are often touted, perhaps to muddy the waters.
16. Worldwide, there were ten million new cancer cases in the year 2000.
17. Medical education was reformed by Rockefeller circa 1910.
18. Medical schools do not teach nutrition. They teach students to treat symptoms not causes, and to rely on pharmaceuticals.
19. It's kept secret that the immune system can deal with cancer!
20. Congress, when told of murder of Pat Tillman, looked away.
21. State medical licensing boards collude with malpractice insurers to create an arbitrary standard-of-practice re treatment.
22. Doctors find it safe to obey the AMA and the ACS blindly.
23. Medical journals won't publish articles that challenge the party line. Fathom it!

PART THREE

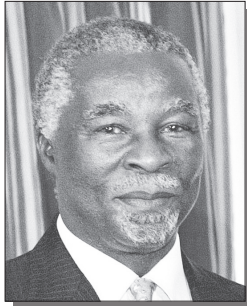
... Fare thee well, thou first and fairest!
Fare thee well, thou best and dearest!
A fond kiss, and then we sever;
A farewell, alas, forever!
-- Robert Burns, *A Fond Kiss*

Welcome to Part Three

Confirming Some Proven Cures and Looking at
Other Illnesses



Robert Strecker MD



Thabo Mbecki MA



John Robin Warren MD



Barry Marshall MD



William Kelley DDS



Nicholas Gonzalez MD



Temple Grandin PhD



John Walker-Smith MD



Judy Mikovits PhD

The Ebers Papyrus,
held at United States National Library of Medicine



This papyrus from ancient Egypt mentions a tumor
and recommends:
“Do thou nothing there against.”



Revisci Used Lipids To Fix Both Cancer and AIDS!

And why take ye thought for raiment? Consider the lilies of the field, how they grow; they toil not, neither do they spin: And yet I say unto you, that even Solomon in all his glory was not arrayed like one of these. Wherefore, if God so clothe the grass of the field, shall he not much more clothe you, O ye of little faith? -- Matthew 6: 28-30

Welcome to Part Three: Confirming Some Proven Cures and Looking at Other Illnesses. So far we have established that good cures abound. Here you'll find elaborations of ones we already mentioned: Revisci's lipids, Glover's serum, Lincoln's phages, Beard's pancreatic enzymes, and Lakhovsky's thingamajig. Plus surprising additional revelations from Ott and Crile.

All is not good news, however. I must warn of shocking revelations to come. They knocked me over when I first heard them, but at least I received them in small doses over a period of years. Possibly you are hearing all of it in one hit, Dear Reader. You may wish to have a support person nearby.

Revisci's Fabulous Discoveries about Cancer Pain



In 1961 Revisci published a 772-page book: *Research in Physiopathology as Basis for Guided Chemotherapy: with Special Application to Cancer.*

As Wm Eidem reports (1997: 35-45), Revisci observed that some cancer patients with morning pain could get relief by eating. Those who experienced most of their pain in the second half of the day found that eating would intensify the level of their pain. "Many whose pain increased with the intake of food refused to eat." Next, he applied acid and alkaline compounds directly to tumors, if the patient had easily accessible, superficial

lesions. As expected, Revici **found the pH of cancerous tissue to change** with the application of different substances. The patients experienced a dramatic drop in the intensity of pain. He believed the source of the disturbance in urine pH comes from the aberrant pH of the tumor itself.

Learning pH is easy. It means “potence Hydrogen,” a measurement of the H (hydrogen) ions in a liquid. The range of pH is numbered 1 to 14. At 7, there is equilibrium, between acidity and alkalinity (a.k.a. *baseness*). Should you care if your pH is under 7 or over 7? At least one fluid in the body is supposed to be acidic: our gastric juices register a pH of 2 or 3.

Revici found that healthy folk have a cycle in which the urine pH levels predictably change every 12 hours. At around 4am, he says, a person’s pH is around 6.2. Then it starts to go up. By 4 o’clock in the afternoon it falls to less than 6.2, and remains that way until the next 4am. (I remember by saying “We sleep on an alkaline pillow,” as the alkaline phase runs through the night.)

We find corroboration in “George Crile: Autobiography”:

“Upon my return from service in 1915, [we observed] that the hydrogen-ion concentration of the blood steadily increased during anesthesia and at the exact time that all the buffer substances in the blood were overcome and the blood became acid, death would occur. [This] disclosed that **protoplasm ceases to function when it becomes preponderantly acid or preponderantly alkaline**. In other words ... the energy of the cell is lost and the cell breaks down. The maintenance of the acid-alkali balance between the nucleus and the cytoplasm of the cells – the electric potential – is essential to life.” [Emphasis added] -- Crile 1947, page 269

Mary’s Simplification. Revici had many a Eureka moment working with the periodic table, as developed by Dmitri Mendeleev in 1869. (See “Mendeleev Song” on Youtube. If it doesn’t give you goose bumps you’re a party pooper.) Revici told us:

One can trace down the workings of a whole system to lower levels -- such as a particular organ, then the cell, then the nucleus of the cell. We find that, if a low level of organization screws up this may hurt the level above it. So we must repair the problem, using basic chemistry. Every cell wall is made of a not-very-soluble substance, a lipid. When the lipid is troubled, some routine

compounds in the body – say, ones involving potassium – can't hold themselves together as they should and the “upshot” (as in “the problem gets shot up to the next level”) is that one's body may deviate from its normal balance and become acidic or too alkaline. So we cure that with chemicals! Which elements in particular? Just ask Uncle Dmitri.

Other Illnesses. Since this book is about cancer, it glosses over the interesting fact that many of the 18 curers could fix other illnesses. Revici and Naessens cured AIDS, Gerson cured TB, Finsen cured lupus, Ott cured his own arthritis, and Revici found that **putting the pH back into the right balance relieved the pain of arthritis sufferers, as well as of his cancer patients.** My reaction to this is one of outrage. What in God's name is going on if these cures were once known? How can they be secret now?

MED SCHOOL “ACCREDITATION”. ANGER PAYS!

I was so mad about Revici and Gerson losing their NY medical license that I just looked up the rules in NY. I found that accreditation of medical schools is NOT a state matter! A wholly private group, called Liaison Committee, I kid you not, calls itself “the national recognized authority.” (Like whose authority, Bub?) Its logo says “Tomorrow's Doctors, Tomorrow's Cures.” Oh-oh.

Two students members serve on the Liaison Committee: Shady Heinlein and Laura Ostapenko. Laura says her campus concern is student wellness; Shady ran for undergraduate office on the strength of being a Christian. Excellent. He must be on terms with *John 2:13*, Jesus' “cleansing of the temple.” *You go, students.*



*El Greco, Christ
Drives the Money
Changers from the
Temple*

Cancer Cure – You Can Offer This Page to your GP!

“One common characteristic [of most chemical activity in the body] is water solubility. So Revici theorized that water-soluble reactions play a much lesser role in cancer metabolism. He theorized that there must be a substance providing the stability tumors manifest. That idea of a stable, non-water soluble substance led him to look at lipids as a likely place to find some answers... He learned that some lipids would promote an acid reaction.... With this new information, Revici [concentrated on] two categories of lipids with antagonistic properties: fatty acids and sterols. He found **acid pain patterns could be controlled with the highly unsaturated fatty acid lipids almost immediately**, while the sterol lipids did the same for alkaline pain patterns. “In both cases, the effect occurred in a few minutes.” **Tumor shrinkage would often follow in days or weeks.**

Revici encountered a problem with most of his patients in that during the course of treatment their lab results would switch to the opposite side. That is, acid pain patterns would switch to alkaline pain patterns, with their corresponding lab results, and vice versa. Although treatment would be stopped, the patient would die. ...With the ability to monitor pH levels, specific gravity and other indicators, Revici started to modify the choice of lipids used, based on the patient’s lab tests. The first case ... occurred in 1942, in Mexico. A woman in her seventies had a liver tumor. After more than a month of steady improvement from the treatment, she took a sudden turn for the worse. Revici wrote, “Analysis at this time showed the opposite off-balance present.” At that time her treatment was changed, and she continued to improve once again. This adjusting back and forth to his patients’ “off-balance” was implemented time and time again.

Revici found that sterols and fatty acids had many different properties including opposite effects on urinary specific gravity, urinary calcium and blood potassium. He [used] the results from tests on urinary calcium and total blood potassium to isolate imbalances at the cytoplasmic level. For conditions affecting the extracellular compartment, blood serum and lymph, he found that he could isolate imbalances by applying a dualistic interpretation on urinary pH, urinary surface tension, pain patterns and eosinophiles. To detect imbalances occurring at the organ level, he applied the principles in interpreting urinary specific gravity and body temperature. [Emphasis added]

W Eidem, *The Doctor Who Cures Cancer*, (1997, pp 43-50)

(Note: There’s an easy guide to the urotensiometer on Youtube. And the patent for it has expired.)

WHAT CONSTITUTES PROOF OF A CURE?

Can a medical treatment be “a proven success?” Say you have a headache, you take a pill, your headache stops. It happened to you four times this year, and on no occasion did it fail. You’d call that a proven success. The pill cured your headache. Amen. Who “allowed” you to make the decision? Nobody, you just made it.

Joe may challenge you by saying 1. That your sample was not big enough, 2. That correlation is not causation (maybe another factor made the headache disappear), or 3. That a textbook shows that there is no connection between the ingredients of that pill and the relief of pain. You might then decide that Joe is right and that your judgment was faulty. Still, that is your decision, too – not his.

Can we please stop believing, on the basis of court dramas on TV, that there is a moment at which something gets “proven,” without an ordinary person having called it? Such can never happen, as there is no non-human entity available! Of course we can attribute great authority to a particular individual -- in other words, assign the job to him. But he, too, will only be making a decision out of his own experience. There is no “there” out there.

Granted, society can stipulate criteria of proof. “To get welfare benefits you have to submit official proof of age. It must be a school record or testimony by grandparents.” The guy “proves” his age and we are pleased to give that decision finality, as uncertainty is annoying. But I could have “proved” his age by different means.

Did Livingston cure cancer? I believe she did. She claims 90% success but even a much lower rate can be called a “proven” cure.

Still, she may be a liar. Or the whole thing could be a set-up of disinformation. (I have a hunch Pixley’s case in Chapter 8 is a fake; many court cases are!) So there’s no point waiting till we can determine that there was no deceit. We can never finalize that!

Always in this book I indicate the basis of my judgment, even if it is “prejudice.” I feel sure Revici got it right. Perhaps half of the 18 “cures” I mentioned deserve to be called “proven.” But that’s for you to decide. You can’t count on a “source.” Fathom our designating the ACS as the font of wisdom. Doesn’t that take the cake?

The Super-big AIDS Discovery. On the next two pages I print a rather technical report. I hope you will give it a squiz. Though I’m no bacteriologist I am pretty sure we see here an astonishing discovery. Happily, it is one that could affect all our lives, apart from the particulars of the wicked human immuno-deficiency virus.

PARADISE REGAINED ON THE LIPID FRONT (REVICI'S AIDS CURE)

Dear Reader, for a quarter century this extremely basic and extremely happy news has been doing time in somebody's filing cabinet. Enjoy!

Revici described AIDS as a condition with 4 major components. An individual might manifest only one or all four. It begins with a virus that, if left unchecked, contributes to a generalized susceptibility to localized bacterial infections. Those proceed into secondary infections sometimes accompanied by certain types of malignancies. [Hello?]

In its final stages there is a systemic condition characterized by an "intensive" lipidic imbalance. About 50% of his AIDS patients [had] improvement according to indicators such as the elevation of the Helper/Suppressor Ratio (H/S Ratio) or an increase in T 4 cell count.

The first of the four characteristics of AIDS occurs at the viral level. Viruses correspond to the subnuclear compartment in Revici's system of Hierarchic Organization. Viruses can be controlled by special fatty acids. To prove his hypothesis, Revici injected rabbits with either fatty acid lipids or with sterol lipids given just under the skin. Twenty-four hours later, the "prepared skin" sites were exposed to a virus. The sterols "exerted a promoting (enhancing) effect on viral replication," but the fatty acids, "showed a profound inhibitory effect, suggesting a role for these substances in anti-viral activity." So his hypothesis about the relationship between viruses and bacteria was correct: the fatty acids exhibited a natural defense activity to control viruses. The sterols -- which are the antagonists of fatty acids -- promoted viral activity.

Armed with that knowledge, Revici began treating his AIDS patients with fatty acids for the purpose of stopping the activity of the virus.

The second part of the quadruple pathology occurs at the bacterial level. Bacteria correspond to the nuclear compartment. When the AIDS virus is left unchecked, it will induce an attack on the lipidic defense system [making one] susceptible to infections. Revici identified a class of lipids he suspected to be anti-bacterial -- phospholipids.

When administered orally, these provided astounding protection to infant mice that were exposed to the tuberculin bacteria, anthrax or E-coli bacteria. The death rate for the untreated mice was 100% for both tuberculosis and anthrax. For the mice infected with E-coli, the death rate was 86%. But mice treated with phospholipids had protection. Of that group, only 8 to 12% of the mice infected with the tuberculin bacteria died. None of the mice exposed to either the anthrax or E-coli bacteria died after treatment with phospholipids. [Hello! Hello!]

In patients with pneumocystis pneumonia, favorable changes were often obtained in 24 hours. Dr. Revici concluded that the loss of certain specific phospholipids, "represent the missing factor in the special

pathogenesis of AIDS.” As we have seen, abnormal lipids can play a direct role in cancer formation as well as in primary viral infections. The third component [is] marked by secondary opportunistic infections and a tendency to develop lymph cancer and/or Kaposi’s sarcoma. To combat the effects of a disease that has reached this stage, patients are treated with a combination of lipidic medicines: fatty acids for their viral infection, and one of the phospho-lipidic agents for their bacterial infections. For the third level of the disease, either anabolic or catabolic lipids incorporated with a chemical element are provided to combat the more generalized breakdown of the lipidic defense system. It is at this stage of the disease that the encapsulated elements such as potassium, copper, selenium, or zinc are needed to help stabilize the condition.

The fourth level of pathology is seen only in the sickest AIDS patients, who manifest an extreme systemic lipid imbalance.

By the mid-1980’s Revici found that AIDS patients often had intra-cellular deficiencies of either copper or potassium. The copper deficiency was common in acid imbalances, and potassium deficiencies were common in the alkaline imbalances. The intracellular deficiency was caused by abnormal lipid formations that dump the unused potassium or copper into the blood. (In fact, a blood serum test might indicate an excessive level of the element.) Revici predicted that adding either a potassium or a copper compound would have little effect in correcting the deficiency because the abnormal lipid formations wouldn’t be able to hold onto the needed element.

To correct the lipid imbalance while providing the needed missing element, he took a two-fold approach by incorporating the needed element into the middle of a lipidic substance. The central location of these lipid-attached elements prevented them from separating from the compound prior to reaching the intracellular compartment.

In this way, the intracellular lipidic imbalance would be corrected and the necessary element would then be available for use within the cell. Revici found in a number of AIDS cases that excess copper in the blood serum is caused by an inability of the cytoplasm to use the element properly due to a malfunction of an anabolic lipid in the intracellular compartment. Similarly, an excess of potassium in the blood serum was usually due to a catabolic lipid malformation within the intracellular compartment, which causes the potassium to be sloughed off into the extracellular compartment. In that situation an anabolic lipid containing the potassium element would be administered, which would then allow the potassium to be properly utilized.

[sarcastic comment: “Fort Detrick, we have a problem.”]

The above is from a 1987 Townsend Letter to Doctor and Patients.

THE AIDS GENOCIDE OF GAY MEN IN THE 1980s

My gay cousin Frank Quirk of Long Island died of AIDS; so did my gay friend Bernard Lamote in Manhattan. Also, a neighbor of mine who had hemophilia, died of AIDS from a blood transfusion. I have never until this moment put 2 and 2 together to say “They were killed.” But surely they were. They were undeservedly deprived of life because the idiotic cabal decided to use, in New York, a new bioweapon.

In respect to the “gay AIDS outbreak” of the 1980s, Alan Cantwell, MD, has proved that the first batch of decedents had received the virus – or whatever it was – during an official trial for a new Hepatitis-B vaccine. (See his book, *Queer Blood*.) A Soviet-trained doctor, Wolf Smuzness, was in charge of that Hep-B trial. The subjects were 1,000 men in excellent health.

A physician, Robert Strecker, had a lawyer brother, Ted, who was projecting vital statistics for insurance companies. Ted saw that AIDS was spreading in a way that defied the rules of epidemiology. He told Robert, and they both made a public fuss. (See Robert on Youtube.) Ted was then found dead. Suicide? I don’t know. Was the HIV genocidal? I say yes. A typical bioweapon.

At a hearing in the House on July 1, 1969, Dr MacArthur said: **“Within the next 10 years it may be possible to make a new infective organism which would differ from any known disease-causing organism... it might be refractory to immunological and therapeutic processes...”**

NCI. Leonard Horowitz, DMD, makes a strong case for geno-



On left, Robert Gallo, MD. (b. 1937)
Right, Albert Sabin, MD (1906-1993).



Steven Lewis, Canada’s
“Ambassador for AIDS.”
He’s got 32 honorary doctor of law degrees. Why?

cide in regard to the HIV that has killed millions of Africans. He accuses Litton Industries in Africa of producing some relevant viruses. Horowitz quotes Robert Strecker, MD:

“I think the viruses were growing in the basement of the National Cancer Institute all along ... Anyway, a year or two ago, and this is documented in *Science* or somewhere, Gallo, Montagnier, and Salk met in San Diego to write up the history -- the official history -- of their discoveries. ... They met down there and made up a story ... And I personally believe that virtually everything they wrote was bull... [T]hey used to meet like two or three times a week and decide what to tell next -- how to package it, how to discuss it” (*Emerging viruses*, 1996).

AFRICA

An extra scandal is that Burroughs-Wellcome came up with an expensive AIDS medicine, AZT, later seen to be often lethal. Luckily, Thabo Mbeeki, president of South Africa, took a stance against the use of AZT in Africa. The world media then went on a rampage against him for being out of touch with science. Ha!

Elsewhere in Africa, five Bulgarian nurses were tried and convicted of having infected 400 children with AIDS, in a hospital in Libya. One nurse confessed to having injected the children, but believed she was taking part in a harmless vaccine experiment. Later, she said this confession was obtained under duress. Nurse Kristiana Vulcheva was said to be the paymaster, and indeed she did transfer large sums from her bank account to the others.

The court found that all the children who died were only in the rooms where those nurses worked. Luc Montaigner testified for the defense, saying that the disease could have come from re-used oxygen masks. (Hello?) In any case, “the West” was not going to let the conviction stand. The European Assembly put on an anti-Libya meeting, with none of the trappings of justice, saying: “The Assembly thus concludes that the Bulgarian nurses... should be regarded as completely innocent.” My Lord. (I lived in a Muslim country for 5 years and found the law to be applied meticulously.)

Then an appeal was made by Nobel laureates, to have the convicted personnel transferred to Europe. Does this mean the laureates consider an action against hospital personnel to be a threat to “science”? The convicts were indeed moved to France, and walked free. On Youtube you can see Nurse Vulcheva addressing the UN Assembly -- as to Libya’s *human rights violations!*

ROUNDING UP SOME PERSONS OF INTEREST

If I am wrong and there was no genocide, persons who have been involved in AIDS science should be willing, nay, eager, to answer questions about the AIDS affair. One is Steven Lewis of Canada who I saw give a tear-jerking address about the orphans of AIDS in Africa. He claims to know heaps about the matter.

June Goodfield of BBC wrote a book celebrating the heroism of a private club called The Order of the Bifucated Needle. Its members were so devoted to public health that they went bush to eradicate smallpox in the 1970s. So why don't we hear them remonstrate against the fact that stocks of it were kept? Hmm?

Do you wish to ask retired basketball player Magic Johnson if anyone pushed him into endorsing AZT? A party that owes us major answers is RAND corporation. They keep records of every AIDS patient. Your science group could start to mirror RAND by keeping records of AIDS. Call it an epidemiological project. Do you know there is a website called genome.gov? (Be still, my Republican heart.) Of course you can host an event at the school hall or wherever and invite Robert Strecker to speak. His brother Ted died, probably because he spoke out. But we know that a bereavement does not always make a man shut up.

Speaking of my Republican heart, let's read a few salient, not to say juicy, items from NH's Bill of Rights of 1784, still in force:

- 3.** When men enter into a state of society, they surrender up some of their natural rights to that society, in order to ensure the protection of others; and, without such an equivalent, the surrender is void.
- 7.** The people of this state have the sole and exclusive right of governing themselves as a free, sovereign, and independent state; and do, and forever hereafter shall, exercise and enjoy every power, jurisdiction, and right, pertaining thereto, which is not, expressly delegated to the United States of America in congress assembled.
- 10.** Government being instituted for the common benefit, protection, and security, of the whole community, and not for the private interest or emolument of any one man, family, or class of men... the doctrine of nonresistance against arbitrary power, and oppression, is absurd, slavish, and destructive of the good and happiness of mankind. [Well, son of a gun!]

THE IMPORTANCE OF “TRUTH” IN SCIENCE AND LAW

We are a thoroughly deceitful species. Lying and cheating either for individual gain or for our group’s advantage is important and is indeed pleasurable. Still, in the course of history, we created institutions – such as science and law -- that have truth-seeking as their function. They’re not allowed to lie.

Do I see you smirking? You think it can’t be done? Ah, but it has been done – in living memory. I distinctly remember it. A court could really get to the bottom of things. It has nice tools for that, not least the threat of punishment for perjurers. It also has the ability to cut through bull by applying high principles, in spite of lawyers pushing the interests of powerful clients.

As for science, this was something that the intelligentsia worshipped as a kind of deity that must be protected from blasphemers. This gets honored in the breach nowadays. For example, many scientists lie fabulously about autism (they could hardly do anything more vicious than that) – but, watch -- the tone they use is the tone of old. “They” are guardians of truth!

It’s time to call it off. Both science and the law will again have to buckle down to (actual) truth-dealing. Why do I think that will occur? Not because we are goody-goodies; we’ve never been goody-goodies. I think we will buckle down, soon, for the same reason we created those institutions the first time around, namely, we need them. The alternative is unbearable chaos.

Note: The words “truth” and “trust,” both come from the Old English *treowian*, meaning “to believe.” Trust is a biological thing: an animal trusts its mother. No rational thought need be used in the calculation of trust. I imagine we are having a truth crisis today because the trust calculation cannot be made: we don’t know who is working with us or against us. It’s like when the fellow asked Jesus, in *Luke 10:29*, “Who is my neighbor?”

The Avenue. In Boston, near my *alma mater*, Emmanuel College, there’s an Avenue Louis Pasteur. How about some students ask the City Council to change the name to “Avenue of the Great French Scientists.” The French embassy could hardly object. This would honor Claude Bernard of terrain theory, Béchamp the pleomorphist, and René Dubos. (Note: Dubos wrote a sympathetic biography of Pasteur.) Did you know Revici did some of his work in Paris? Oui. So did Lakhovsky. Gerson, too! By the way, Bernard was a writer for vaudeville. Who knew?

STRICTLY AN ASIDE, ABOUT LEUKEMIA AND LYMPHOMAS

I think there's something dodgy about cancers of the lymphatic system. Those includes leukemia, which is a disease of the white blood cells, and B-cell and T-cell lymphomas (also called non-Hodgkin's lymphomas). (Heavens, I've just learned that the letter T simply means a cell originating in the thymus, while a B-cell is one originating in bone marrow.) These cancers are really cancers of the immune system, which seems peculiar to me.

I have zero evidence of sin here, but a gut feeling. It strikes me as odd that the FDA approved extracorporeal photopheresis (similar to Olney's UV treatment) only for T-cell lymphoma.

Also, I read at the website leukemiafoundation.org.au:

People with a weakened immune system have an increased chance of developing lymphoma. Certain **viruses** such as the Epstein Barr virus may be involved. The **bacteria** *helicobacter pylori* is associated with a rare type, MALT lymphoma, affecting the lining of the stomach wall.

The fact that HIV is a lab creation means that science knows a lot about how to *break* a person's immune system. That knowledge would provide insight into leukemia, wouldn't it?

Anyway, HIV is quite the secret. Per virusmyth.com:

Dr. Kary Mullis, 1993 Nobel Prize, Chemistry: "If there is evidence that HIV causes AIDS, there should be scientific documents which either singly or collectively demonstrate that fact, at least with a high probability. There is no such document." (*Sunday Times* 28 Nov 1993)

Prof Emeritus Heinz Ludwig Sanger, Molecular Biology and Virology, Max-Planck Institut, Munchen. "For the existence of HIV. Not even once such a retrovirus has been isolated and purified by the methods of classical virology." (Letter to *Suddutsche Zeitung*, 2000)

From Lida Mattman, in *Stealth Pathogens* (1993), we hear:

"Does a carcinogenic bacterium or fungus prevent a normal antibody response? Some cancer viruses such as the Gross leukemia agent leave antibody formation intact but **prevent cellular defense.**"

Mattman also said "*Leukemia may be the result of dual infection with the Rauscher murine virus and mycoplasma laidlawii.*" Boy, did I get a jolt from the name Laidlaw, as Broxmeyer has shown the hanky-panky that went on in the 1930s, regarding the flu that killed millions. Sir Patrick Laidlaw was a naughty boy in that episode.

CITIZEN’S ARREST AND A VACCINATOR AT THE DOOR

It is perfectly legal in all of the 50 sates for a citizen to arrest someone who has committed a felony or is about to do so. That makes sense doesn’t it? We saw in Chapter 8 that the law of self-defense is ALWAYS in effect. By the way, security guards have no authority on which to act, except as makers of a “citizen’s” arrest. FBI personnel, when making an arrest, are also doing so *as citizens*. That’s because there is no federal police power.

There are some Youtube videos where a person attempts an arrest and then gets arrested himself (perfectly illegally!). Better not to work alone. Get some friends and make noisy advance announcement of what you are going to do. Did you see the Summons form at the end of Chapter 5? It’s wise to be seen to have exhausted the ordinary before you indulge in the extraordinary. I discuss this in *Prosecution for Treason*.

Today we have to act preemptorily before “they” come around with the mandatory shots. The following is as recent as 2003:

I, Tommy G. Thompson, Secretary of HHS **have concluded**, in accordance with authority vested in me under section 224(p)(2)(A) of the [completely nullifiable] Public Health Service Act, that a potential **bioterrorist** incident [I’ll say!] makes it advisable to administer ... covered countermeasures. [Thus] the President announced the smallpox vaccination program... [Didn’t pox go out with long johns?] Section 304 of the Homeland Security Act is intended to **alleviate liability**. [!!] Based upon scientific data from animal model studies examining Cidofivir’s effectiveness in treating **lethal** pox virus infections Cidofivir may be useful in treating smallpox...

Of course I am hoping to get people’s attention by showing the truly hazardous position we are in, but even an ordinary sense of duty should make citizens see that if the cops are out to lunch – or are in fact working with the crims – somebody has to act.

You also have every right to be a volunteer investigator of crime (and you and others can form a volunteer grand jury if you wish). If AIDS is man-made, the makers of it are murderers. When you aren’t sure who has committed a crime, you can give the name “John Doe” to the prosecutor; this is a standard convention. Regarding leukemia, you need not feel that only an MD can see if it’s dodgy. Jurors can make any decision re crime.

Is Rockefeller God, or What?

In 1969, Richard Day, MD, of Planned Parenthood, a Rockefeller organization, spoke to a large audience of doctors in Philadelphia, forecasting the future. One doctor, Lawrence Dunegan, took notes. In 1989, he gave his recollection of the speech, claiming that Day said:

“No longer would the doctor be seen as an individual professional. He’d be gradually recognized as a highly skilled technician. The solo practitioner would become a thing of the past.... Most doctors would be employed by an institution. As the corporate image of medical care became more and more acceptable, doctors would become employees. Along with that, is [the idea that] the employee serves his employer, not his patient.”

Day said: “We can cure almost every cancer right now. Information is on file in the Rockefeller Institute, if it’s ever decided that it should be released.”



*Left: David Rockefeller, b 1915. Right: his son David.
Middle: William Gates, father of Bill.
(These men actually have less freedom than the rest of us!)*



Get the Cancer Microbe! – Glover and Lincoln

*Ha! whare ye gaun, ye crawlin ferlie! Your impudence protects you sairlie...
Ye ugly, creepin, blastit wonner, Detested, shunn'd, by saunt an' sinner
How daur ye set your fit upon her, Sae fine a Lady! -- Robert Burns,
To a Louse: on Seeing One on a Lady's Bonnet at Church.*

Just as Chapter 9 expanded on one curer, Revici, this chapter delves into the little-known works of Glover and Lincoln. As we shall see, Glover successfully cured cancer by giving the patient a serum that would attack microbes. Lincoln ordered the body to do its normal bacteriophaging job.

Recall that Livingston, Burton, Naessens, and Gerson all aimed at fixing the immune system. Even two of our “electric” curers, were going after microbes: Rife hit them with radiofrequencies; Olney put them out of business by using UV light on the blood.

I shall first tell the Glover story because it is entertaining, and then offer you some real surprises, nay shocks, about Lincoln's phages. (Or you can cut to the chase by going to Exhibit J.)

Solid, Unassailable Cures Wrought by Glover's Serum

J. M. Scott, MD, FACS, “**Clinical Experiences with Carcinoma Antitoxin** 12 (*Journal of Cancer*, Vol. III, No. 9, January, 1926, Dublin.

Case 2 - M.F., female, age 50. Pathologic diagnosis, St. James Hospital, Butte, squamous cell carcinoma. Part of face, entire nose, septum, roof of mouth with middle half upper lip completely destroyed by carcinoma; left cervical glands enlarged. Patient was very emaciated and weak; weight 125 lbs. (normal 180 lbs); case considered hopeless. First antitoxin treatment October 22, 1923, last treatment Dec., 1924. By April, 1924, **all evidences of carcinoma had disappeared**, and by two months later all ulcerated and eroded surfaces had completely healed. Present weight 190 lbs; colour good, patient appears to be in perfect health; and says she never felt better. (Total Treatment Period – 14 Mo.)

.Case 6 - S.W., female, age 43, July 7, 1920, at St. Peter's Hospital, Albany, N. Y. Pathologic report by Bender Laboratory, Albany, adenocarcinoma of breast, July 22, 1921. Right breast, with pectoral muscles and axillary contents, was removed at St. Joseph's Hospital, Troy, N. Y., by Dr. Marcus D. Cronin. Diagnosis, November 14, 1922, secondary carcinoma left axilla and supraclavicular region with involvement of lung and liver.

There was a marked swelling and soreness of left hand, forearm and arm. General condition poor; patient weak and emaciated; weight 81 lbs. (normal 104 lbs.); case inoperable; prognosis bad. First antitoxin treatment Nov 15, 1922; last regular series of treatments July, 1923; since then has been given one treatment on average of every two months when she reported for observation. At present **no evidence of any carcinoma** involvement can be found; swelling and soreness have disappeared from hand, forearm and arm. Colour good; looks well and says she feels well; weight 105 lbs.; is in full charge of all class work of unusually large fourth-grade enrollment. (Total Treatment Period - 8 Mo.)

Case 9 - J. A., female, age 43, April 13, 1923, a diagnosis of carcinoma of rectum made by Drs. Leyda and Dean, Denver, Colo. Pathologic report St. Lukes's Hospital, Denver adenocarcinoma of rectum. Three applications of radium were made with no discernible improvement. Last radium treatment January 11, 1924. May 2, 1924; patient complained of feeling of pressure with dull pains in rectum; always had feeling that bowels were about to move; had not had normal bowel movement in several weeks, and following each defecation had very severe pains lasting for several hours.

Patient weak, emaciated; weight 65 lbs. (normal 142 lbs.). Wasserman test negative. Examination by Drs. Craig and Johnson revealed a large, nodular, irregular mass involving rectal wall and adjacent tissues; bled freely on examination. Prognosis bad; condition considered hopeless. First antitoxin treatment May 30, 1924, last treatment April 28, 1925. Proctoscopic examination on July 1, 1925, by Dr. J. Chisholm showed that **carcinomatous mass and ulceration have entirely disappeared**; pain has disappeared; bowel movements are regular; stools well formed; some cicatricial tissue present; appetite good; patient looks and feels well; weight 106 lbs. (Total Treatment Period - 11 Mo.)

[Emphasis added]

WHAT HAPPENED, PER HISTORIAN MARK BOESCH

Mark Boesch
(1917-2000)
ex-Marine

Thank God for historians. The strange tale of the surgeon Scott would have been lost, except for Mark Boesch's book *The Long Search for the Truth about Cancer*. (Dear Reader, you should maybe put the billy on, this is a long story). Please note, I will be freely speculating about the CIA here. Those who can't stand the heat, get out of the *küche, bitte*. First, about the real inventor of Glover's serum. It was not Glover but a lowly lab assistant, Tom Deaken, born around 1870. He may have got the idea of a cancer serum from French pleomorphist E. Doyen, whose lecture *Lancet* published in 1902.

Anyway, Tom's regular job was to produce media for culturing bacteria. He secretly made a medium and grew microbes taken from patients' excised tumors. Then he went out to Scarsdale and injected small doses into healthy horses. The horses thus made antibodies to cancer (sort of). Deaken drew their blood about three months later to make the serum. *Voilà*: "Glover's serum!"

Deaken had been unable to get anyone to listen to him until this new doctor, Glover, showed up at his hospital around 1910. The two then made a secret contract. As for the surgeon MJ Scott, whose cases are listed above, he had developed cancer of the hand, as did many doctors, from using X-ray machines. He proceeded to have his middle finger amputated, but having heard about Glover's serum, he used it on himself and passed it to other doctors.

I'll now paraphrase, from Boesch's book, the recipe for Deaken's culture medium: Use all the parts of a Red Geranium except the roots, and some Chondrus (seaweed) and Cetraria (lichen) – plus peptone and agar. Boil each of the first three in a litre of water for an hour. Then mix and sterilize. Boesch comments that it's important that this base is all plant, no animal material.

Boesch reports that Deaken told Scott he was the true inventor. After this, a Jesuit priest, Fr Charles Moulinier, the founder of the Catholic Hospital Association, tried to get members to use Glover's serum in their animal labs. The Reverend implored nuns at a big meeting. "Sisters, don't go home without signing up for 3 tubes of Deaken's stuff for experimentation" -- yet none took it! (As a Catholic I can say that's just about unheard of). Note: Father Moulinier was also friends with George Crile, but Crile ignored this cure.

Back in January 5, 1921, JAMA (*Journal of the American Medical Association*) had published a disparaging report. The ACS, which had existed for only 8 years at that point, managed to conclude from it: “After careful study of the literature and other information available [whatever that means] we found no evidence that treatment with the Glover serum results in any objective benefit.” Ah! I see - maybe survival isn’t all that “objective...”

SUSPICIOUS MINDS (E.G., MINE)

I deduce that Glover was CIA. I think he went to the hospital where Deaken was a lab worker in order to get a hold of the item, and make sure it did not get released to the public. Maybe it was OK to let Scott try it out, as that meant free guinea pigs. I note that Glover subsequently worked at Bethesda Hygienic Laboratory, NIH’s predecessor, from 1929 to 1938. Wink, wink. Also, Scott’s younger brother, a doctor, and his sister Mary who was his office and lab assistant, died before time.

I use the term “CIA” sloppily. I really mean the cabal, but the cabal hires much of its staff via the taxpayer’s tab; these are known as Intelligence officers. Huge numbers of citizens are also on the covert payroll. I often wonder if they double dip in full. For example, if you are a professor of medicine, do you get your professorial salary plus a check from NI? (i.e., National Intelligence. It took over US Central Intelligence under Bush II. Not that it really matters, since it is run by World Government.)

When Scott had demanded that Glover publicize the serum, Glover said “No, I plan to make big money on it.” That was a lie, in that Glover never applied for a patent. So there must be another explanation for his secrecy. I think a major clue is given in a 1961 report published by the ACS. That report must have come about as a damage-control reaction to Boesch’s book.

Glover’s cure had been a dead issue for 40 years until Scott asked Boesch, a fellow resident of Montana, to do the honors, bookwise. Putnam published it. (Can a big press have been free of cabal-control at that late date? Gosh.) When citizens started to read Boesch, “the thought police,” ACS, had to slam down. It sent out the usual letter to doctors decreeing an “Unapproved Method,” but it included favorable remarks, and details of the cure. I take that to be ACS’s way of tipping off “elite doctors” who could make use of it. The cabal often communicates “in plain view.”

ROBERT LINCOLN, MD, OF MEDFORD, MASSACHUSETTS

Perhaps we can get off the CIA topic, in order to discuss Lincoln. But here, too, it will be seen, that “the hidden hand” was busily at work to prevent patients finding the doctor who had the cancer cure. Astonishingly, even in that post-war time, when returned soldiers, sailors, and airmen had quite a grip on the public’s emotions, they could not get proper help. Senator Charles Tobey had insisted on holding hearings on Lincoln’s cure (bacteriophaging) in 1953. The result, called the FitzGerald Report, is now Exhibit I in this book. It will knock you dead.

The senator’s son, who had traveled the 60 miles from Concord, NH to Medford, MA, to be cured of cancer by Lincoln, says:

[Dr Lincoln] went into the sinus cavities and took what they call a “culture”; that was a cluster of millions of staphylococcus germs. The virus and hoemeplitic *Staphylococcus aureous* germs were taken to his old professor, Dr. Hooker, Chief of the Department of Immunology of Boston University and there they were made into what was called bacteria, which consisted of a virus but without the germ.

In other words, in the laboratory by rapid transplanting of these germs in which the virus grew from... rabbit blood to another, they increased the vitality, you might say, of the virus and then they’d feed that back in with a nebulizer in the form of a substance.

You breathe back trillions of these viruses which are germ killers. [Dr Lincoln] was only trying to find the answer to sinusitis. He was treating sinus patients but, as was inevitable, in would come patients who had collateral diseases and he would find **as the sinus infection would disappear, so would the collateral diseases.** [Emphasis added] -- Charles W Tobey, Jr. [reprinted at website whale.to]

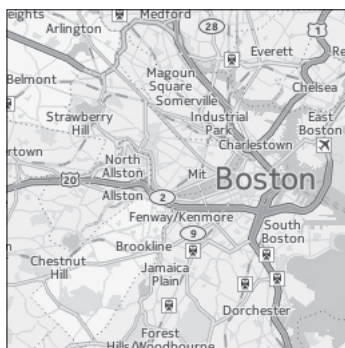
Many a veteran will feel hurt, even today, when they hear how VA hospitals were still using mustard gas as treatment, in 1950s, when such miracles as Lincolns were available. One vet said:

“I came to Dr Lincoln’s clinic. Here I found a doctor eager to help me. Here I have seen and experienced scientific marvels, both with my own progress and those that I have observed in others ... considered hopeless by other doctors. They carry a look of great hope and confidence. In my personal case, visible enlarged lymph glands have been reduced approximately 70 % in a six weeks. [I’ve had] almost complete disappearance of a hand rash which has been present since my Navy discharge of 1946. All clear fluid drainage from this rash has been

arrested. Most of the nervous tension associated with Hodgkin's has been relieved and instead of sleeping [all day] I'm working 10 hours a day, 6 days a week. I have experienced my first feeling of reserve energy in many years...

Come with me and speak to a man [R. Lincoln] who has been using this antibiotic with success for 5 years in the handling of cancer and tuberculosis cases. Ask him about the utter futility of trying to secure the cooperation of even his own state medical society [Massachusetts!] until it was forced by the pressure of public opinion. He admits he has nothing but a means of bolstering the body's defenses..." -- The Arlin Brown Information Center, Ft Belvoir, VA

[Note: Arlin Brown was an early sharer of cure data, by mimeograph!]



Going then to see what Boston University's Sanford Hooker was doing, I found a 1942 abstract at Jimmunolog.org:

Antigenic proteins having a molecular weight of about 35,000 seem to have a minimal functional valence of 5, ... larger molecules can have much higher valences, plausibly in proportion to their surface.

Well, you know me, suspicious mind. I wonder if Lincoln was used by Hooker to do research. If so, then Hooker himself was being used. (Aren't most scientists being used these days?)

MASSIVE HOPKINS RELIEF ON THE BACTERIOPHAGE FRONT

Dear Reader, I am shocked. I have just found out that if you want phage therapy you are welcome to rock up at the Eliava Institute in Tblisi, Georgia, and that (per phage.org), the Polish Academy of Sciences have had 92% success, over many years, phaging with *Staphylococci*, *Pseudomonas*, *Escherichia*, and *Salmonella*.

I also learned from the article quoted on the next page, that the Pasteur Institute of Lyon stopped making "therapeutic cocktails" in the mid 1990s" and that, according to a 2002 study by Henri de Montclos "successful treatment was typically achieved in a few weeks." (This is general, not about cancer.). Does the following article validate Lincoln, or what?

Bacteriophage. “**Phage treatment of human infections**” by Stephen T Abedon, et al [Hot off the press], 2011 March 1(2): 66–85:

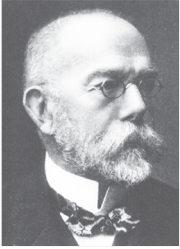
Phage therapy involves the targeted application of bacteriophages that, upon encounter with specific pathogenic bacteria, can infect and kill them. As typically practiced, phages then lyse those bacteria, releasing virion progeny that can continue the cycle, including migrating to other sites of infection anywhere in the body. Of similar importance, phages only minimally impact non-target bacteria or body tissues. **The viruses of bacteria were discovered in 1915** by Frederick Twort. The seminal publication demonstrating “un bactériophage obligatoire” is by Félix d’Hérelle in 1917.¹³ Microbiologists subsequently began to incorporate the idea of phages into their worldview, **with phage therapy almost immediately coming to play a central role** in the development of the field. [I’m like Huh?] This was followed by a period of declining enthusiasm in much of the western world, [with] displacement of its use after World War II by antibiotics....At the same time, phage therapy and its active application continued to increase within the Soviet Union and eastern Europe, where it was well supported until the fall of the Soviet Union [1990]. **In the West, the golden age of phage-based development of molecular biology involved intense work with just a few phages infecting one** avirulent lab host (*E. coli* B) rather than broad exploration of phages targeting a range of key pathogens. ...

Phage therapy was “rediscovered” by the English-language literature starting with Smith and Huggins in the 1980s. Human phage therapy has been practiced in France since 1919, when d’Hérelle first successfully treated several children at the Hospital des Enfants Malades in Paris who were suffering from severe dysentery, using the phage he had first isolated from the stools of soldiers. [He] carried out very extensive studies of the properties of phages, with work especially in fowl typhoid and in cholera.

His methods for the preparation of therapeutic phages were particularly well laid out in an appendix accompanying one of his later works, the **first** English translation of which is found elsewhere in this issue. [Quod videt pronto!] Research in Belgium by Bruynoghe and Maisin in 1921 reported that injecting phages targeting *Staphylococcus* near the base of cutaneous boils (in six patients), led to improvement within 48 hours: **reduction in pain**.

D’Hérelle describes the first use of intravenous bacteriophage, which was used in the treatment of cholera by Asheshov in India. [Hello?] ... Henri de Montclos, in his 2002 review, described how several European laboratories maintained an individualized, essentially artisan-like production of phages by classical methods until the 1980s. [Amen.]

The Speech That Did Not Launch a Thousand Cures



Robert Koch, MD
(1843-1910)

As adumbrated in Chapter 2, I suspect that both Louis Pasteur and Robert Koch were assigned to set a stage for 20th century medicine of a kind that would not lead to easy cures. (The point of that was apparently to keep people weak.) Here are the famous “Koch Postulates.” Koch read this to the Physiological Society of Berlin in 1892, in a speech called “The Aetiology of Tuberculosis.” This is the germ theory of disease.

Up until recently it has not been possible to state for certain whether tuberculosis is an infectious disease. The goal of study must be the demonstration of a foreign parasitic structure in the body which can possibly be indicted as the causal agent. This proof was possible through a certain staining procedure. ... In all locations where the tuberculosis process has recently developed and is progressing most rapidly, these bacilli can be found in large numbers. They ordinarily form small groups of cells which are pressed together and arranged in bundles, and frequently are lying within tissue cells. Many times the bacteria occur in large numbers outside of cells as well. Especially at the edges of large, cheesy masses, the bacilli occur almost exclusively in large numbers free of the tissue cells. As soon as the peak of the tubercle eruption has passed, the bacilli become rarer, but occur still in small groups or singly at the edge of the tubercle probably in the process of dying or are ... dead.

After this, the isolated bacilli must bring about the transfer of the disease to other animals, and cause the same disease picture that can be brought about through the inoculation of healthy animals with naturally developing tubercle materials. On the basis of my extensive observations I consider it as proven* that in all tuberculosis conditions of man and animals there exists a characteristic bacterium which I have designated as the tubercle bacillus which has specific properties which allow it to be distinguished from all other microorganisms.

From this correlation between the presence of tuberculous conditions and bacilli, it does not necessarily follow that these phenomena are causally related. However, a high degree of probability for this causal relationship might be inferred from the observation that the bacilli are generally most frequent when the tuberculosis is developing or progressing, and that they disappear when the disease becomes quiescent.

*See? That’s all it takes. Authority comes from chutzpah. Create some today!

MICROBIAL CAUSE OF CANCER?

For 45 years Alan Cantwell has been looking down microscopes and shouting “I see the cancer microbe. Here, look at it, please!”



*L to R:
Eleanor Alexander-Jackson
PhD, Alan Cantwell MD,
Irene Diller PhD*

I entitled this chapter “Get the Microbe” so as to place the work of Glover and Lincoln in the context of cancer-as-infection. (Note: infection does not imply contagion.) Personally I have a hard time getting my brain around this idea. I just cannot see a microbe causing cancer. But the evidence is against me. Recall Rife: when he applied his zapper to Milbank’s 16 patients, it was *Veni, vidi, vici* all over the place. And although Orthodoxy insists cancer is not infectious, I came across this journal article:

Regression of lung lesions in Hodgkin’s disease by antibiotics by C Sauter and S Blum. *American Journal of Clinical Oncology*, Feb 2003.
Abstract. We propose that the pathogenesis of Hodgkin’s disease is similar to the one of crown gall tumors in plants. **Here a natural exchange of genetic material from (oncogenic plasmids) to plant cells induces malignant tumors in dicotyledons....** The clinical consequence of this hypothesis is that antibiotic treatments of very early Hodgkin’s disease may be successful before the genetic exchange between prokaryotic and eukaryotic cells has taken place.

Don’t forget that clues may be found in pleomorphism. Cantwell, at rense.com, reports a 1931 article by N Busni on an: “organism in 5 cases of mycosis fungoides (“T cell lymphoma of the skin”) and 140 cases of “lymphogranulo-matosis” (the older synonym for Hodgkin’s). The bacteria showed TB-like rod forms, but after 24 hours the rods transformed to cocci, resembling staphylococci.”

Note: Cantwell gets the woo-woo look when he talks “pleo,” but in “Biological Warfare; Its Cutaneous Manifestations,” military officer T McGovern unabashedly states “The cause of tularemia is a Gram-negative, pleomorphic coccobacillus.”

Next we turn to the great equalizer (in these matters): *H pylori*.

HELICOBACTER PYLORI MICROBE BRINGS NOBEL PRIZE TO OZ

John Robin Warren, a pathologist, noticed that a bacterium, *Helicobacter pylori*, was growing on a specimen taken from a person whose diagnosis was stomach ulcer. An ulcer is a break in the lining of the stomach or the duodenum. Doctors were taught that stress and/or smoking caused ulcers, and that anti-acid treatment was appropriate. Warren could see that it was an infection, and therefore the treatment should be antibiotics.

Don't ask me how, but after 25 years of frustrating effort to get the point across, he did get it across. The infectious cause of most stomach cancers is now listed in the textbooks as bacterial. Warren even snagged the Nobel Prize for this, in 2007.

Furthermore – are you sitting down? – the textbooks now say *H. pylori* may also cause cancer! And it is becoming fashionable to blame some cancers on viruses, especially the papilloma virus.

SOME DOCTORS WILL DO ANYTHING FOR YOU.

Note: Warren shared the Nobel Prize with Perth academic Barry Marshall, MD. The two men produced many publications that properly supported their case, but Marshall knew definitive proof could come only from naughty human experimentation. So he went ahead and did it, not informing his wife or UWA's dean.

He swallowed some *Helicobacter pylori*. Barry Marshall expected that it would be two years before he'd get a stomach ulcer. But in fact he got ill right away. Naturally, he was delighted.

Doctors often try new things on themselves. George Maxwell had lovely scars on his arm from where he sent catheters up to his heart when he helped George Rowe pioneer this technique in Wisconsin in the 1950s. Rowe had a matching scar on his arm.



*Charles
Campbell, MD*

On the next page, see how Charles Campbell discovered that smallpox can be vectored by bedbugs! Since we never hear about that today, I guess Campbell's idea was rejected, just as Warren's was. Well, that's just not acceptable. My stance is that these things are controlled from the top, and are criminal. How many people suffered stomach ulcers while Warren's cure was suppressed? Please sue! We needn't be a bunch of gutless wonders.

Cachexia: Campbell's 1903 Speech to Bexter County Medical Society

"I learned that Mexican mothers of the lower classes find a great deal of consolation when their children have had the small pox. They regard it as inevitable; and, in order to get through with this trouble as soon as possible, they place the well children upon the same bed as the one having the smallpox, so that they may become infected.

Having followed very closely the current literature concerning the brilliant work done by Drs. Reed, Carroll, and Agramonte in yellow fever, the above peculiarities caused me hypothetically to ascribe to the bedbug the quality of being the diffusing agent of [smallpox].

Assuming that bedbugs are the only [vectors] of this disease, then our present knowledge of its being "air-borne," or of its being transmitted by fomites [e.g., blankets, rugs], must be all wrong. I then began to experiment with this disease directly by contact and to expose some person to it who had not had it. I selected as this person one whose movements I could at all times control.

I therefore chose myself. I exposed myself with impunity as going from house to house where the disease was. I have never conveyed this disease to my family, or patients.

Another one of my experiments was thoroughly to beat a rug in a room, only eight or ten feet square, from which had just been removed a smallpox patient. ...I beat this rug in the room until the air was stifling, and remained therein for thirty minutes. This represented the respiratory as well as the digestive systems as accepted avenues of infection. While I was inhaling particles of organic, as well as micro-organic, matter, I never lost sight of the fact that I was engaged in trifling with the system of knowledge which had been handed down from generation to generation, each one accepting as true what the preceding one had written. [I'll say!]

The most important observation is the cachexia with which [pox] is associated and which is actually the soil requisite for its different degrees of virulence. I refer to the scorbutic cachexia. Among the lower classes this [i.e., scurvy] is most prevalent, as they care little for fruits or vegetables. [Smallpox] is most prevalent among the poor; it is more prevalent in winter, when the anti-scorbutics are scarce; and, finally, that the removal of this perversion of nutrition will so mitigate the virulence of this malady as positively to prevent the pitting or pocking of smallpox. [Astonishing!] A failure of the fruit crop in any particularly large area is always followed the succeeding winter by the presence of smallpox." -- *Charles Campbell, MD*

IS IT SAFE TO GO THE AMATEUR ROUTE?

This chapter has shown that Glover and Lincoln had viable cures for cancer, but their work is lost. My mission is to get doctors to “cross the Rubicon” and start to use the science that has (outrageously) been ILLEGAL. As far as I know, I am the only one who takes this approach. No doubt I do so because my late husband imbued me with respect for the medical profession, and because I am in the legal profession.

Still, the more obvious approach to take, especially if you are ill and in need of help, is to look for home remedies or backyard curers. There are many “offerings” on Youtube. In the cancer line, there are folks urging you to use baking soda, peach pits, prayer, hydrogen peroxide, or fasting. I cannot comment on any of them; my judgment of these would have no value.

There is one person I feel able to comment on, Bob Beck, as he fits this book’s parade of curers. He manufactured a blood electrifier. Let’s recap our “bioelectric” curers of Chapter 4:

1. **Rife** zapped the cancer microbe by using electronic frequencies. Per the Smithsonian Report (1944) : “Disease organisms may be observed to succumb when exposed to certain lethal frequencies ...directed on them by rays covering a wide range of rays.”
2. **Becker** (not to be confused with BECK) “We found that as human fibroblast cells were exposed to the electrically generated silver ions they dedifferentiated.” Re cancer: “What probably happens is that the silver ion is shaped so as to connect with some receptor group on the surface of the cancer-cell membrane, [then a signal goes] to the nucleus of the cancer cell that activates the primitive-type genes, and the cell dedifferentiates.” (See Meryl Rose’s work on salamanders.)
3. **Lakhovsky** “The coli bacillus, has no harmful effect on [our cells] as it does not modify their wavelength. But the typhoid bacillus vibrates with another frequency and modifies the cell’s oscillatory equilibrium.” [Where can I donate to this cause?]
4. **Crile** “A cancer cell is a bipolar mechanism within which the nucleus is the positive, the cytoplasm the negative pole. Bacteria, like cancer, attack best the negative tissues...”
5. **Olney**: Subject the blood to UV light; she’ll be right, Mate.
6. **Ott**: Every creature needs the spectrum of light with which its species originally evolved. If I’m deprived of my normal exposure to UV light I may get cancer.

On Youtube, Bob Beck offers a Protocol consisting of colloidal silver, blood ozonator, a magnetic pulser, and a blood electrifier. I'll discuss only the last. Beck's friend told him that *Science News* had carried an item on March 30, 1991, entitled "Biocompatible Electric Current Attenuates HIV-1..." (human immunodeficiency disease). Scientists had said at a conference that:

"because biocompatible direct electric current attenuates the infectivity of cell-free virus, this treatment may allow development of new strategies to prevent transmission of HIV-1 ...

Additionally, biocompatible electric current may be applicable for the direct treatment of AIDS patients by utilizing either extracorporeal systems or self contained indwelling electrodes."

The four scientists are: William D. Lyman, Irwin R. Merkatz, William C. Hatch, and Steven C. Kaali, all doctors on the faculty of the Albert Einstein College of Medicine in Bronx, NY. But when Beck tried to get in touch with them he discovered that they were under some kind of gag order. Then he went to the publishers of the periodical that had broken the news, and was similarly stymied. The publisher pretended the item had never existed! Eventually Beck found patent #5,188,738 – "a cure for incurable diseases including AIDS, cancer, **gulf war syndrome**, biological warfare plagues plus **emerging viruses**." Fathom it!



*Bob Beck,
DSc, Physics
(1925-2002)*

Maybe Kaali should be listed as a curer but he won't give us his theory. I chose not to list Beck as he acknowledges he's just using the Kaali plan (Kaali's patent expires in 2013). Anyway, I think it unfair of doctors to force patients to take the risk of believing a man (Beck) based on Internet. I purchased one of the Beck machines just to see what it's like, but I dare not share it. How would I know if it, say, causes heart attacks?

The lawyer in me says the way to proceed is to ask the court for an injunction, restraining Kaali et al from hiding their work. I suppose an AIDS patient could file a civil RICO against Pharma. In order to call the defendant a racketeer, he could allege that the Kaali cure harms the profits of the "AIDS industry." He could ask what is being done about gulf war syndrome. *Theoretically*, the court route could uncover some facts.



*Cuckoo birds, in
Naumann's "Vogel," 1905*



*Edward Jenner (1749-
1823) on an African
postage stamp*

***Jenner's article that led to his election to the
Royal Society:***

"The nest was placed so near the extremity of a hedge that I could distinctly see ... the young cuckoo in the act of turning out the young hedge-sparrow. ... [It] contrived to get the bird upon its back, and clambered backward with it up the side of the nest, till it reached the top, where, resting for a moment, it threw off its load with a jerk It remained in this situation a short time, feeling about with the extremities of its wings as if to be convinced whether the business was properly executed, and then dropped into the nest again. With these (the extremities of its wings) I have often [how often?] seen it examine, as it were, an egg and nestling before it began its operations."

**Charles Creighton wrote, in "Jenner and Vaccination; A
Strange Chapter in Medical History":**

He afterwards tried the experiment of putting in an egg beside this heartless young creature, when, "by a similar process, it was conveyed to the edge of the nest, and thrown out." These experiments he had since repeated several times in different nests, and always found the young cuckoo "disposed to act in the same manner."

The "often" in a former sentence, and the "several times in different nests" in the last sentence, must not be taken too literally, inasmuch as this whole behaviour of the young cuckoo was, on his own admission, new to him on the 19th of June, 1787, by which time the hatching season was about over for that year, and his paper was sent in.



Is Cancer Weaponized?

*O beautiful for pilgrim feet/ Whose stern impassion'd stress/
A thoroughfare for freedom beat/ Across the wilderness.*

-- Katherine Lee Bates (1859-1929), *America the Beautiful*

The Pentagon openly acknowledges that it has weaponized various diseases such as anthrax, cholera, tularemia, and Q fever. It is reasonable to surmise that the advanced militaries of the world have weaponized any possible disease, even cancer. In 2011, a former CIA employee, Judyth Baker, publicly confessed that she had been involved in weaponizing cancer back in 1963. You may say she is making it up, but she has documentation. At the young age of 17 she received this colleague-like correspondence:

Walter Reed Army Medical Center 2 September 1960
To Miss Judyth A Vary....Bradenton, Florida [PRE- ZIPCODE!!!!]
Dear Miss Vary,
I am arranging for two chemicals to be sent to you. [One is] mercaptoethylamine as the hydrochloride. This material is to be administered to mice intraperitoneally in a concentration of 13 milligrams.... The aminoethylisothiurea is somewhat more useful in protecting mice against radiation. I am interested in your studies of hypothermia and in the work you are doing with the stearates....
Very sincerely yours, David Jacobus, MD...

That letter, declassified, contains 2 redacted lines. You could use Freedom of Information law to demand those 2 lines or an explanation as to why they must remain secret after 50 years! (Note: the fact that she was only high-school age suggests she was CIA-trained in childhood, as were many offspring of military men, as Carol Rutz has revealed in *A Nation Betrayed*.)

This chapter will first look at the 1913 writings of Tenison Deane, MD, on how vaccination can be used to spread disease, then go into Baker's 1963 story, and then argue that the polio epidemic of the 1950s was not as we American believed it to be. I apologize in advance for saying terrible things, but hey, would it be to anyone's advantage for me to be stay mum?

Tenison Deane, *The Crime of Vaccination* (1913)

“The farmer had a wife and seven children. The foreman, a negro, had a wife and five children. [16 people total] None had ever been vaccinated. Six of them were selected and vaccinated by the author: The farmer’s wife, age 43; the farmer’s daughter, 6, the farmer’s son, 8, and the farmer’s son, age 25 years. The negro foreman, age 46; his son, 12. All the rest [ten people] were not vaccinated. August 1st, 1890, the farmer, his wife, and five of his seven children [not the oldest ones, apparently, thus not the 25-year-old son] went to the mountain ranch forty miles away, taking with them the foreman, his wife, and five children. **There had been no diphtheria in the town.**

“The mountain ranch was an uninhabited virgin pine forest district with pure water, where they took up their camp. August 24th an epidemic of sore throat and canker sores developed among the children. Farmer’s two children, now 7 and 9, and the foreman’s son, now 13 [all of whom had been vaccinated], developed serious throat and constitutional symptoms and were taken to the home ranch, from where a doctor was sent for. Diphtheria was the diagnosis.

“The farmer’s wife also developed diphtheria. All the rest who had not been vaccinated cured rapidly of their sore throats. **The farmer’s seven-year-old daughter died.** The farmer’s son did not recuperate for one year. The farmer’s wife, age 44, had paralysis and sequelae [subsequent developments] that lasted over one year. The foreman’s son **became very weak** and did not return to normal health.

For the next 12 lines, I’ll paraphrase Deane because his wording in the original requires too much unpacking -- MM:

To repeat: there were 16 individuals, of whom I vaccinated only 6. Those 6 came to a bad end, years later, while the other 10 did not.

- Of the six vaccinated individuals, the son who was 25 at time of vaccination **died of tubercular intestinal** trouble at age 29;
- The son who had got sick for a year when he was 9 **died of tubercular meningitis** at age 30.
- Recall that his sister had **died of diphtheria** at age 7.
- The farmer’s wife **died of cancer** at age 63.
- The foreman died of **tubercle or cancer** of larynx at age 57.
- The foreman’s son **died of tuberculosis** at age 25.

Of the ten unvaccinated persons, the farmer died of old age. All the rest are living and in perfect health, they have never been vaccinated.

Note: I checked that Library of Congress does have this 1913 book. Also, it is referred to by Annie Riley in her 1935 book, *Medical Voodoo*.

JENNER AND DEANE -- DON'T MISS THIS!

In 1796, Edward Jenner gave the first vaccine injection in history, to his gardener's son. The idea is that it contained a bit of smallpox and so would protect the child against getting a real bout of it. As far as I know, our immune systems are set up to deal in this way with incoming little bits of trouble. We make antibodies. (Whether or not a person is carrying an antibody to this or that is measured by "titration." As in How are your titres for Lyme today?)

But what was in Jenner's vaccina? One didn't order from Merck in those days. Jenner claimed it was made from the lymph of a cow named Blossom. Please read the wonderful Exhibit A, by Charles Creighton, MD, who tried to trace down, for years, the actual contents of the thing and got nowhere. (Creighton goes in for understatement, as in his barb about the cuckoo research.)

I suggest that vaccina was untraceable because it was nasty stuff, made by the cabal. Fewster's original theory, in 1765, was that milkmaids passed their smallpox disease from their hands onto the cows' udders and the cows then got "cowpox." If so, Jenner would have been right to use cow lymph, to protect a person from smallpox. Tenison Deane proudly offers a new interpretation. He says the milkmaids had syphilis (which they got from sailors) and they gave the cow "bovine syphilis." Thus, by using calf lymph, Jenner inadvertently spread *syphilis*, and its biological cousins diphtheria, TB, and cancer, to the population.

Deane does not imply that anything sinister took place. (He is no Mary Maxwell.) He refers to the whole business as a tragedy.

Note: I chanced upon a similar item in National Library, Canberra. Its author is untraceable as he/she used a pseudonym:

"Cancer – A Result of Vaccination, by Aesculapius Peripateticus. Vaccination, performed with vaccine from a calf infected with latent hereditary 'Cancer' ...may lurk 40 years and then spring into sudden activity. See Makna Vaccination inquiry, page 31, London, 1883. Dr. Dennis Turnbull, author of "The New Cancer Treatment" says, "in my judgment, the most frequent predisposing condition for cancerous development is infused into the blood via Vaccination ..." The works of Drs Creighton, Edgar Crookshank, and Scott Tebb [show this]. Where the so-called human lymph is employed, Syphilis, Leprosy, and Tuberculosis follow in its train; and wherever calf lymph is used Tuberculosis and Cancer spread like a conflagration." -- [circa 1890]

JUDYTH, THE RIDICULOUSLY YOUNG SCIENTIST



*Judyth Vary Baker
MA, born 1941*

Dear Reader, we must put Deane aside for now, and switch to Judyth Vary Baker. By the age of 17, she was doing cancer research with top scientists. At 19, she was at Tulane University working with Dr Mary Sherman, being told that it was for an urgent project to develop a fast-acting cancer in order to secretly kill Fidel Castro. An abstract from a 1962 conference shows Judyth as first author of “Studies on the Increase *in vitro* of the Mitotic Activity in the Strain Melano.” (Session Chair: Gordon Mallett of Eli Lilly):

“A 73rd generation unpigmented melanoma, derived from a metastatic lesion in a human host and cultured in the Syrian hamster, was used in attempts to accelerate the proliferation of the melanoma *in vitro*. Several hundred variations of amino acid concentrations were tested. ... dopa revealed an increase in melanogenic activity in some cases.”

Baker says (in *Me and Lee*, 2011, pages 208-211):

“[We were] all united by a common goal to develop a cancer weapon and kill Fidel Castro.... With each lap around the loop of laboratories, the cancer-causing viruses would become more aggressive Originally these **viruses came from monkeys but they had been enhanced with radiation**. Each specimen was macerated, strained, mixed with RPMI medium...**Our goal was to find aggressive cancers that produced fast-growing tumors....** The training I had received at Roswell Park and the melanoma experiments I had quietly conducted for Dr Ochsner at St Francis and UF gave me the right credentials.”

The cover story is plainly incorrect. We were never trying to kill Cuba’s leader. He is on the payroll of the cabal, same as every leader. It suited “Cold War” purposes for the US to have an enemy 90 miles offshore. The stories the CIA has put out about its clumsy attempts to kill Castro are garboodge. “*Blown cover is good cover.*”



Bill Donovan of OSS; Ochsner on the right

The Polio Genocide. Recall that Rosenow discovered the cure for polio in 1917 but it got suppressed. Again, in 1944, Miley cured people of polio, with Ultraviolet blood irradiation. I believe the polio epidemic of the early 1950s was *deliberately seeded into our nation in order create a demand for vaccinations*. Then the people could be given Simian Virus 40. Perhaps the very existence of this simian virus was not natural; we could have seeded it into the monkeys.

The Tulane project -- called Project Freedom, wouldn't you know it -- was to make a "galloping cancer." I don't see why it was needed. The cabal has had ways for centuries to bring about a death that looks like "natural causes" if that is what's required. And it can arrange for a person to be in a plane crash or get hit by a car.

From **the confession** made by Judyth Vary Baker in *Me and Lee*, 2011.

[Note: The volunteer was killed. He was a Cuban man, prisoner at Angola State Prison, LA. She saw him writhing with a fever, 8/1963.]

Page 470: Our bioweapon ...could be kept frozen for years and **used by anyone who had access** to it at some point in the future. But here was the problem: I was originally told that the prisoner was terminally ill and had "volunteered" to be injected with cancerous cells knowing his days were numbered. [Now I hear] "He's healthy"... I was participating in what could only be called **premeditated murder**.

Page 477: The plan to kill Castro depended on two or three people. First a doctor to influence diagnostics for the required x-rays, then a technician to rig the machine to deliver a dangerous dose (creating symptoms of an infection and **pulling down** the immune system) and someone to contaminate the penicillin shots given to overcome the presumed "infection" with the deadly cancer cocktail. ...It had killed the African green monkeys in only two weeks. [Emphasis added]

Fancy us having control of that many medicos in Cuba!

I note that a blogger has said Judyth acted criminally. Perhaps he wants to dissuade others from coming forth. Note: Judyth has already said she acted criminally. We ought to thank her for telling us, and welcome confessions from the lot. What about all the students who were invited, as she was, to a summer course at Roswell Park? Each of them can step forward now -- provided we offer them protection -- and tell what they did in regard to cancer research. What career did they end up in?

PAUSE TO CONTEMPLATE THIS BUSINESS OF KILLING

Let's downtool for a minute. Earlier, this book provided mucho evidence of persons and organizations standing in the way of our using the cancer cures. Now we are into the story of cancer being deliberately spread. Jenner's vaccine did it (apparently at the behest of the UK leaders), then polio was used to spread cancer in the US. Numerous doctors must have OK'd this plan!

Surely I must be nuts. How could I say such a thing? Don't we all agree that 1. Americans are good; 2. Docs obey a Hippocratic oath; 3. If any large crime like that were being committed, some journalists would find out and the law would come down hard?

All that I agree to in the preceding paragraph is that *believing* those things is standard in our culture (so, not believing makes me look insane), but as far as it being true, come on, get real.

My dissertation, written 25 years ago (later published as *Morality among Nations*) is about the fact that one society cannot be moral toward another. Morality is at-home stuff. It pays to be honest, generous, etc, with one's immediate group, as the good you do will result in something good for you.

Instinctively we do not reach out to take care of other groups. Rather the opposite. We effortlessly fall for any story about their willingness to harm us and then feel justified in wanting to kill them. ("Atrocity stories" get used before each war, but perhaps they are not needed. As soon as we are informed that we are going to war with Group X we automatically dehumanize them.)

BUT WE ARE NOT FOREIGNERS TO OURSELVES, ARE WE?

How can there be a genocide carried out by Americans against Americans? Note: challengers and economic rivals do get killed and we ignore it. Check the lack of indignation by the *NY Times* when describing a 1914 massacre of unionists by Rockefellers:

"Forty-five dead... 20 missing and 20 wounded is the known result of the 14-hour battle which raged between state troops and coal miners in the Ludlow district, on the property of Colorado Fuel and Iron, the Rockefeller holding. The Ludlow is a mass of charred debris... a story of horror unparalleled in the history of industrial warfare [*warfare?*]. In the holes that had been dug for their protection, the women and children died like trapped rats as the flames swept over them."

The next page is about New Yorkers who can't get our attention.

APARTMENT BUILDING IN REGO PARK, NEW YORK CITY, IN 2011

Dear Reader, the 16 chapters of this book are only two-thirds of your reading burden. Some terrific exhibits follow. My fave is “X.” That exhibit is written by my fellow author at TrineDay, Mary Efrosini Gregory. She is a classics scholar who, along with neighbors, is hit by microwave as a government experiment.



When residents complain, they are told it is their imagination! Gregory is unable to get help, as no one believes her. The photos make the point that even when you have proof of something, that may not do the trick. As we saw in Chapter 8, even when official proof was in, regarding the murder of Pat Tillman, nobody reacted in any way! So it *is* possible that the cancer cures could be proven to a high standard and yet the disbelief would continue.



WE ARE ON INSTINCT 365 DAYS A YEAR

My best guess as to “how they get away with it” is that we are befuddled by our evolutionary programming. If something is called “government,” then it has the quality of “dear parents.” I personally know some educated people who take deep offense at any suggestion that the government is doing bad things. It can’t be that they are ignorant; I am talking about persons who could win a debate on other issues! Their brain just shuts down.

Consider the fact that Ochsner was engaged in evil-doing with Bill Donovan, the founder of the OSS (Office of Strategic Services) in 1940. That entire organization, like its successor, the CIA, was formed to do bad things. Congress passed a law to “authorize” the CIA, but the OSS was out of FDR’s office.

I noticed on Wikipedia that Donovan received honors from this, that, and the other nation. You would think this might tip people off to the fact that he was not patriotic, but, there again, his mission was semi-military -- so anything he did in office would have assumed a patriotic hue in our eyes. This is truly a source of confusion and we need to teach it in the schools.

Eustace Mullin’s book, cryptically named *World Order*, says:

“On May 24, 1979, a 14 ft. bronze statue of General [?] William J. Donovan was dedicated in front of Columbia University’s Law School. The dedication speech was delivered by John J. McCloy [oh dear]. When Donovan died in 1959, Allen W. Dulles [oh dear, oh dear] sent a message to all CIA stations around the world: “Bill Donovan was the father of central intelligence. He was a great leader.” International intelligence, or, as it was formerly known, espionage, was not founded by either Donovan or Dulles, who were mere employees of the World Order. The Order founded international espionage to protect their far reaching investments and dealings in slaves, drugs and gold, the commodities on which their wealth was built.” (Mullins, 1964)

Needless to say, it’s not *only* our being “on instinct” 24/7 that gives these guys free rein. It is that they know our instincts in detail, and play on them. Brice Taylor wrote, in *Thanks for the Memories*, “My experience was that the Council [cabal] was publicly nameless and unknown, and this anonymity is what made it possible for them to wield power over the masses.” (1995: 281) Yes, but Internet is making a dent. Without leaving my living room I was able to locate the following little beauty:

Human Susceptibility to a Simian Tumor Virus

James T. Grace, Jr. and Edwin A. Mirand, **Roswell Park Memorial Institute, New York State Department of Health, Buffalo. 1963**

Annals of the NY Academy of Sciences

In 1957 Bearcroft and Jamieson noted an outbreak of subcutaneous tumors in a rhesus monkey colony in Yaba, Nigeria. [Why were they in Nigeria?] The initial tumor was detected on the face of a rhesus monkey which was housed in an open air pen. Subsequently, similar tumors appeared in 20 rhesus monkeys in the same colony. No tumors developed in African monkeys housed there. The tumors were composed of large pleomorphic cells [eh?], some of which contained cytoplasmic inclusion bodies, thus strengthening the suspicion that these lesions might be of viral etiology. Subsequently, Andrewes and co-workers **demonstrated** cell-free **transmission** of the tumors and identified the etiologic agent as a virus which morphologically resembled members of the pox virus group [pox? Did u say pox?] Niven *et al.* in a study of the histopathology of the tumors concluded that the cell of origin was probably the fibroblast or fibrocyte.⁸ ...Susceptibility to this virus appears to be limited to primates.

Extensive studies involving inoculation of newborn and adult rabbits, guinea pigs, hamsters, rats, mice, and dogs by a variety of routes failed to produce proliferative lesions or evidence of virus replication. [Why go to the bother?] The virus produced no lesions in the embryonated egg. Subsequent inoculation of the egg passage material into monkeys revealed no evidence of virus ["unfortunately"]. Similarly extensive attempts to **propagate the virus** in tissue culture were unsuccessful. ...TABLE 2 shows the susceptibility of various monkeys to the virus. Generally the rhesus and cynomolgus are most susceptible.

Six human volunteers [names, please] with far advanced cancer were inoculated with virus obtained from monkey tumors. These tumor filtrates were cell-free, and ...free of extraneous simian viruses. The humans developed lesions quite similar to those of the monkeys although the proliferative responses were not as marked and the lesions regressed earlier than those of monkeys. A healthy young male laboratory worker accidentally punctured the web space of his hand with a contaminated needle. [Name, please. Did he get compo?]

Within one week, viral complement-fixing antibody appeared in his serum. The level rose progressively for three weeks and then remained at that level for four months at which time he developed a nodule at the site of needle puncture. The nodule grew rapidly for a period of seven days when it reached the diameter of about two centimeters. At this time the nodule was surgically excised. ... Emphasis added]

Wikipedia: Ludwik Gross (1904-1999) was a Polish-American. He joined other scientists (notably Rosalyn Yalow) in the “Golden Age” of research at the Bronx VA Hospital, becoming director of Cancer Research Division. Gross was a major proponent of the possibility that some cancers can be caused by viruses and began a long search. He isolated the “Gross murine leukemia virus strain,” whose counterpart in humans is human T cell lymphotropic virus I (HTLV-I). He also found the first poly-oma virus, so named for its proclivity to cause cancers in multiple tissue types. He wrote the encyclopedic textbook “Oncogenic Viruses.” Ironically, he died of stomach cancer, a major cancer caused by infection with *Helicobacter pylori*.

If you can read the above and not think Grace, Mirand, and Gross were involved with bioweapons, you’re a better man than I am, Gunga Din.

Make Love, Not Prosecution. While it is necessary to talk jail, in order to make people realize that crims are crims, it’s by no means my wish to identify only the bad in the perpetrators. They must be ordinary humans -- all *H sapiens* are! We all have some urge to do harm but we’ve all gotta lotta love in us as well.

Fascinatingly, a woman named Svali, who claims to have been in the MK-Ultra program, recently stated that when slaves like her are allowed to state what they want, as a reward for doing a special task for the masters, they often ask for the favor of being given time off from hurting people. Wow. That’s good to hear.

No amount of wishing that the secrets of the 20th century will go away is going to make them go away. It is a waste of effort to suppress, and it tars the suppressors with the crime of cover-up. Let’s deduce from Gross’s position at a VA hospital that the cabal may have had free rein in any VA hospital. Personnel will please come forward to explain what he hell was going on. At the very least you could say we owe this to our soldiers.

YOU CAN’T ALWAYS INVOKE THE FIFTH AMENDMENT.

It has been a fixture of English law since the Middle Ages that a man cannot be forced to incriminate himself. When the colonists of the New World broke away from Mother England in 1776 they took much of English law with them. The Framers of the Constitution did not put such protections into the Constitution – although, thanks to George Mason, the right of habeas corpus did make it into Article I of the Constitution. Shortly

after that document became the law of the land, people used the amendment procedure of the Constitution, to add a Bill of Rights. Thus the Fifth Amendment of the Constitution says:

No person shall be held to answer for a capital, or otherwise infamous crime, unless on a presentment or indictment of a Grand Jury... nor shall any person be subject for the same offence to be twice put in jeopardy of life or limb; nor shall be compelled in any criminal case to be a witness against himself

Note the phrase “in any criminal case.” So that’s when you have a right to remain silent. You have no such right when you are a witness. If the court asks for your testimony, or demands it by subpoena, you must reply. Same if Congress or state legislature demands your testimony at a hearing. Did you wish to say mum you can be held to be in contempt of court or contempt of Congress. That means jail until you decide to cooperate. Or you can lie, and that means perjury, which is a felony.

Most Americans don’t know how wonderful is society’s right to get information. Most people also believe, incorrectly, that if you don’t have a watertight case against a criminal, you can’t start proceedings against him. Nonsense. As long as there is reasonable cause to charge someone, a trial can take place. It is then up to the jury to determine guilt beyond reasonable doubt.

In the foregoing pages I intimated some pretty bad things about some individuals. Did the reader say “Great, let’s call the police”? Probably not. But if you double-park your car for 10 minutes you are not surprised when someone calls the police. So what is it that we need to do? We need to correct that mentality. The most essential message of this book isn’t “You can be saved from cancer.” It is “Please don’t be in a stupor about what’s happening. These miscreants are ordinary persons (there is no other kind, is there?) and they want a really good whooping.”

Singing. We have a nice federal law, that permits the jailing of a person who is thought to have vital information. The Material Witness law. We also have, since the 2002 memo written by Jay Bybee, a sort of sanctioning of water-boarding as a means of coercing testimony. Although I don’t approve of the way it has been used (basically as disguised torture), I am in favor of it. After all, the witness need never undergo it -- he can “sing.”

A CONCLUDING COMMENT ON DEANE AND THE BIOWEAPON

Back to Tenison Deane, MD. In 1913 he made intriguing suggestions that can be followed up. Recall that he took the contents of Jenner's vaccina to be "cow syphilis." He claims, in his book:

1. A person who has syphilis (uncured) will not get smallpox.
2. When a person who has had syphilis is given a smallpox shot, it does not "take."
3. A person who is exposed to syphilis nevertheless fails to contract it, if he has recently been vaccinated for smallpox.
4. When half the children of a family have been vaccinated with vaccina [the Jenner stuff, the alleged cowpox, sometimes called "vaccinia"], only those who were vaccinated develop diphtheria when an epidemic of tonsillitis attacks the family.
5. The Wasserman tests and the Noguchi test show positive for syphilis in persons who have never had syphilis, nor are heirs of syphilis, but who were recently vaccinated for smallpox.

The late Stephen Caiazza, MD, held that many men diagnosed with AIDS have actually got syphilis (see Exhibit Q), and the late Salvatore Catapano won a patent for a typhoid medicine that he claimed cured AIDS. I suppose there could be a bioweapon involved. It seems to tie in with Deane's notion.

Deane evaluated the damage appropriately. He says the vaccination affair "makes Shakespeare's Hamlet a tame tale." He notes:

"For 125 years the human race has inoculated itself and babes in arms with syphilis...the enormity of which can never be equaled nor half appreciated And the correction should be made without delay, for every hour places a black mark against those who are the keepers of the people's health."

A black mark? We ought to change that phrase to "acting as accessories after the fact," which is, of course, a crime.

That said, I don't trust Deane. He never mentions the 1885 *Encyclopedia Britannica* article by Creighton (our Exhibit A) that would support his idea of the vaccina being dodgy. Oddly, he gives a very complicated pleomorphist interpretation of disease, speaking as though he invented it. Possibly he was assigned to muddy the waters? I don't know. His book, which is online, has a lengthy list of pathogenic bacilli that may have some special significance. If you crack the Deane code, please let me know.

IF CANCER IS WEAPONIZED, WHO MAKES THOSE DECISIONS?

Dear Reader, This book takes as a premise that there is a world government that acts behind the scenes to control everyone. If you think back to the USSR or Mao's China, you'll agree that the state tried to control every inch of people's lives.

The reigning Alpha has got to do that, or he risks overthrow. Such is now the position *globally*: there is a global alpha (the cabal). I'll bet they are unhappy campers. What a strain to have to run around closing up all possible chinks in the armor, 24/7.



*Not happy campers -- the "leaders" of Communist states, pre-1990.
L-R: Bulgaria, E Germany, USSR, Romania, Poland, Hungary, 1987.*

When it's a foreign society, it's easy to see the operating power structure, even if a quite different one is alleged. (A "dictatorship of the people" ran the communist state, so the story went!) Are Americans the great exception? Do we *not* have overlords who plan, and run, our lives? Ha! If people *firmly believe* that, it makes it extra-easy for the bosses to control them.

I claimed Castro wasn't our enemy. The Cold War was never more than a psy-op. "Divide and rule" is just social psychology. We fall for it. Presumably we *sapiens* are so wired up from the old days, that we still carry out instinctive reactions even when we should know better. For *documented* truth about the Cold War, see Antony Sutton's books. The US was always in bed with the USSR! Sutton was unable to find a press in 2000, so Kris Millegan started a publishing house just for him: TrineDay. It now publishes my books.

Your Little List

Suspect's name.....("John Doe" if you're not sure)

Occupation (i.e., his day job).....

Groups with which he probably associates.....

His likely protectors within government.....

Tick the crimes he may have committed:

- Treason
- Genocide
- Murder
- Assault
- Theft
- Toture
- Fraud
- Racketeering
- Extortion
- Blackmail
- Obstruction of Justice
- Misprision of Felony
- Human Trafficking
- False Imprisonment (kidnapping)
- Enslavement
- Child Endangerment
- Child Molestation
- Misappropriation of Funds
- Perjury
- Mail Fraud
- Revealing State Secrets
- Trading with the Enemy
- Profiteering (on weapons)
- Jury Tampering
- Witness Tampering
- Drug Trafficking
- Conspiracy to commit any of the above
- Acting as accessory to any of the above
- Cover-up of any of the above
- For courts of equity:* does he possess any ill-gotten gains?

WHAT'S THE CABAL UP TO THIS WEEK?

In *Camelot*, there is a song “I Wonder What the King Is Doing Tonight.” How quaint! The implication is that an actual person runs the kingdom. If so we could chat with him, influence him.

Today, none of the visible national leaders have the slightest ability to run their kingdom. They all serve the top masters. If they deviate from their assigned script they get removed pronto.

Dwight Eisenhower (1890-1969) was no exception, yet the cabal apparently got his goat. A few days before leaving the White House, he seized the chance to warn us as about a handful of defense corporations that now represent the cabal:

Farewell Speech of US President Eisenhower, January 17, 1961

But threats, new in kind or degree, constantly arise. ...Our military organization today bears little relation to that known by any of my predecessors ...we have been **compelled** to create a permanent armaments industry of vast proportions.

This conjunction of an immense military establishment and a large arms industry is new in the American experience. The total influence – economic, political, even spiritual – is felt in **every city, every State-house**, every office of the Federal government. We recognize the imperative need for this development. Yet we must **not fail to comprehend its grave implications**. Our toil, resources and livelihood are all involved; so is the very **structure of our society**.

In the councils of government, we must guard against the acquisition of unwarranted influence, whether sought or unsought, by the military-industrial complex. **The potential for the disastrous rise of misplaced power exists and will persist**. ...We should take nothing for granted. [We need] an alert and knowledgeable citizenry...

Akin to, and largely responsible for the sweeping changes in our industrial-military posture, has been **the technological revolution** during recent decades. In this revolution, research has become central, it also becomes more formalized, complex, and costly. ...Today, the **solitary inventor, tinkering in his shop**, has been overshadowed by task forces of scientists in laboratories and testing fields. In the same fashion, **the free university, historically the fountainhead of free ideas and scientific discovery**, has experienced a revolution in the conduct of research. ...**a government contract becomes virtually a substitute for intellectual curiosity**. ...

It is the task of statesmanship to mold, to balance, and to integrate these and other forces, new and old,... ever aiming toward the supreme goals of our free society. [Emphasis added]

I'm Like "Huh?"

In 1895, students in Kansas were able to answer these questions on a final exam:



Grammar

1. Name the parts of speech; define those that have no modifications.

Arithmetic

1. A wagon box is 2 ft. deep, 10 feet long, and 3 ft. wide. How many bushels of wheat will it hold?
2. District No 33 has a valuation of \$35,000. What is the necessary levy to carry on a school seven months at \$50 per month, and have \$104 for incidentals?

United States History

1. Give the epochs into which U.S. History is divided.
2. Give an account of the discovery of America by Columbus.
3. Relate the causes and results of the Revolutionary War.
4. Tell what you can of the history of Kansas.
5. Describe three of the most prominent battles of the Rebellion.
6. Who were: Morse, Whitney, Fulton, Bell, Penn, and Howe?
7. Name events connected with these dates: 1607, 1620, 1800, 1849.

Orthography

1. What are elementary sounds? How classified?
2. What are the following, and give examples of each: trigraph, subvocals, diphthong, cognate letters, linguals.
3. Give two rules for spelling words with final 'e.' Name two exceptions under each rule.
4. Mark diacritically the following, and name the sign that indicates the sound: card, ball, mercy, sir, odd, cell, rise, blood, fare, last.

Geography

1. What is climate? Upon what does climate depend? [woo-ee!]
2. Describe the mountains of North America.
3. Name and describe: Monrovia, Odessa, Denver, Manitoba, Hecla, Yukon, St. Helena, Juan Fernandez, Aspinwall and Orinoco.
4. Describe the movements of the earth. Give the inclination of the earth.

-- My Source: JenniferMarosey.com (Original at Smoking Valley Genealogical Society and Library, Salina KS.)



For the evil man has no future; the lamp of the wicked will be put out.
-- Proverbs 24: 20

The search for truth is exhilarating. Therefore, even though our doctors suffered suppression of their work, and even persecution, they did not give up. “Pure knowledge” makes you ignore some of the mundane things. I have a friend, age 84, who goes to the museum every day, unpaid, to catalogue the insects of Australia. Did you wish to get him out of the building for a cup of coffee you’d probably have to call in a bomb scare.

(See Jaak Panksepp explaining, on Youtube, that the motivator for any kind of search, is the brain’s hunting or seeking instinct!)

Dear Young Reader, how much effort is expended on trying to keep you from thinking! As George Orwell exposed in his *1984*, the way to do that is to erase history by putting facts about the past down the Memory Hole. “The past was erased, the erasure was forgotten, the lie became truth.” Is that pathetic or what?

I nominate four meta-theories of cancer. What qualifies them as meta (Greek for “above”) is that the theorists had in mind a big picture. Rather than looking at particulars, they consider whole systems. The names I give the theories are: placental, electric, metabolic, and infectious.

I. PLACENTAL THEORY (A.K.A. CHORIONIC, OR ASEXUAL THEORY)

The evolutionary “purpose” of sexual reproduction, as opposed to asexual budding, it is to produce diversity, fast. Every new individual is unique. That is, since you have two parents, you can’t be an exact copy of either. John Beard, a zoologist, looked for the transition from asexual to sexual reproduction. First he studied fish. Then, in 1888, he found something in fish nerves that helped him figure out how life on earth passed from asexual reproduction to the plan we all know and love: sexual reproduction, featuring sperm and egg.

He then had an urge to look at marsupial mammals, the ones in Australia that evolved separately from the placental mammals. The kangaroo “joey” is born while still in an early stage of embryonic development. It has to crawl to the pouch and start getting milk from the nipple, at an age when the corresponding *placental* embryo is having life easy with nourishment supplied internally.

Beard’s cancer cure, you recall, has something to do with substances produced by the pancreas. He was aware that the pancreas develops from the *seventh week* of pregnancy. It is at that point that the pancreatic enzymes *cancel* the unique task of the “trophoblast” cell, which had been enabling the placenta to dig into the wall of the uterus for support.

“If a certain thing happen at the critical period of a fish, or a marsupial, I know from experience that something corresponding to it will take place at the like period in a higher mammal or a man. [For instance] a fish forms its anus at this period, so does a marsupial, while in the act of being born, and so does a man, although he does not need it for seven months more. Under the action of the pancreatic ferments, the asexual structures of a fish development begin to degenerate, and, as represented by the trophoblast, they do the like in man.”

Beard contends that even though we get rid of our asexual apparatus at this point, we keep bits of it; these lie dormant. He said that cancer cells appear very similar to trophoblast cells and that they probably are precisely that! If a few of them got left in the body, an event later in life (he mentioned “an electrical event”), or aging, could bring these wild cells out.

If this did happen, what is needed as a cure is injection of the appropriate pancreatic enzymes. See? Beard calculated the right amount of trypsin plus amylopsin. (I remember this chemical name by saying “Ms Amy Lopsin.”) Not being a physician, he had to urge doctors to prescribe it. Some prescribed only the trypsin portion and then Beard got bawled out for mishaps. It is indeed dangerous to give trypsin by itself, and anyway it is Ms Amy Lopsin that works the cure.

Beard’s work did not die on the vine. William Kelley, a Texas dentist, cured thousands of people by using the pancreatic enzymes, along with a Gerson-like nutritional regime. Then, a young medical student, Nicholas Gonzales, saw it and has been using the cure for 25 years. He is a proper MD.

You can watch Gonzales chatting with Dr Mercola on YouTube, discussing the unfortunate death of Steve Jobs.

2. ELECTRIC THEORY (OR RADIOBIOLOGY, ELECTRO-MAGNETISM)

Lakhovsky more than proved his “meta” leanings by absorbing the research about how birds, insects, and bats are oriented to earth via cosmic rays. He discusses this marvelously in *The Secret of Life* (1925). A cosmic ray, it seems, is not exactly a spiritual affair; it is the load of would-be atoms in the air. We see experimentally that homing pigeons are deprived of their sense of direction if local cosmic rays are messed up. (Bees, too?)

Jacques d’Arsonval, MD (1851-1940), inventor of the moving coil galvanometer, says, in a preface to Lakhovsky’s *Secret of Life*:

According to Lakhovsky, the geological nature of the soil modifies the field of cosmic radiation at the earth’s surface, and this gives rise to secondary radiations which must be taken into account in biological phenomena.... Lakhovsky devised a special type of oscillating circuit which, by creating an auxiliary electromagnetic field, acts as a “filter” of cosmic rays. Spectacular results [are] obtained with these oscillating circuits by many medical men on a wide range of diseases...

There’s a 1941 addendum to that book, with reports of clinical successes from use of the Multi-wave Oscillator. For example:

Arthritis in both knees, 14 treatments, good improvement.

Periarthritis of shoulder, marked improvement after 1 treatment

Fracture of both ulnae, 5 treatments, no pain

Congenital hip dislocation, 3 treatments, marked improvement.

Now to George Crile. Talk about *meta!* His 1926 book, *A Bipolar Theory of Life Processes*, looks at the solar system and asks what effects electrics have on species. Allow me to paraphrase:

Atoms and man have positive and negative charges in them. In man, each cell has a positive nucleus surrounded by a cyto-plasm that is negative. A helium atom is perfectly balanced and goes on through time being neutral (read: boring). But H, the hydrogen atom, has a positive nucleus, only partially balanced by its one negative electron, so it’s always looking for action.

The disturbance in the carbon atom, C, caused by the sun, is what endows the C atom with the energy that, in combination with H, it carries into the cells of animals. There it’s released in the process of oxidation, which is thus really an electric process!

The nucleus of the original unicellular organism (e.g., amoeba) -- being the positive pole -- was the prototype of brain and CNS

of multicellular organisms. The nucleus is the control center. So in the nucleus of the ovum reside the potential qualities that will govern later activities. Crile says, “As soon, however, as the nucleus of the ovum is reinforced by the nucleus of the spermatozoon, a difference for potential [between nucleus and cytoplasm] is established...[leading to cell] division and differentiation.” (1926: 157)

Note to students: Take Crile’s Exhibit F out to the shed and get busy. No doubt the cure that he didn’t get around to developing is right smack there. I think Crile participated in suppressing his own work. Luckily, his widow, Grace, was having none of that; she gives the following update of his 1926 ideas in *George Crile An Autobiography*, which she edited in 1947. This is page 431:

A cancer cannot grow unless a difference in potential is maintained between the cancer mass and the surrounding tissue. The finding that the electric potential of a cancer has an opposite sign of charge to that of the tissue in which it is growing. In a series of experiments on rats, direct observations were made of the electric sign of charge of cancer. ...A measured current of electricity and a solution of sodium chloride were so manipulated that, by ionization, **the potential of the cancer became the same** as that of the normal tissue surrounding it. The cancer diminished in size during the course of treatments with the electrodes placed in one position; by reversing the position of the electrodes, we could cause the cancer to grow; when the electrodes were again **reversed the cancer would again diminish**. When **the cancer potential was brought to, and maintained at, the level of the potential of the normal tissue, the cancer disappeared**. To what extent these findings would be applicable to human cancer remains to be determined. [As if we couldn’t guess!] [Emphasis added]

As for Lakhovsky, who died in 1942 when hit by a limousine, it is pleasing to hear d’Arsonval’s sum up the man’s career and character: “Such are the outstanding achievements of a solitary research worker, struggling in the face of formidable handicaps aggravated by the antagonism of witless reactionaries.”

I don’t believe they were witless! Some went to great effort to prevent you and me, educated moderns, from realizing that there are easy cures for arthritis, and other pains. By the way, from a prosecutorial view, may I point out that “diminished responsibility” can be pleaded as a defense by doctors, editors, etc, if they were coerced into carrying out these suppressions.

JOHN OTT: THE ENDOCRINE SYSTEM IS GUIDED BY LIGHT

Come with me now up to the sky and look down at the plants and animals on earth. We see a lot of activity, especially growth, movement, and grabbing of resources. How do the living systems get their power? From outside energy – just as you power your car with gasoline, or your toaster with electricity.

What is the source of power for life? The sun. How does it connect to earth? The sun radiates, that is, sends out rays. What was on earth before life? The elements. What is an element? A piece of matter that has a lot of energy in it, a lot of force tied up in the “charge” of the electrons that whirl around in it.

John Ott’s work was entirely based on simple experiments he carried out in his greenhouse, and his cellar. He figured out that the light of the sun plays a specific role in physiology. If he experimentally changed the part of the light spectrum received by a plant, he could cause it to stop or start blooming.

He was not referring to the total amount of light, but whether the plant got a sufficiency of, say, the ultraviolet (UV) portion of the spectrum. The EM spectrum is wide and only a narrow part in the middle is “visible light.” That part extends from red to violet. Radiation less than red (infrared) can’t be seen by humans, nor can that which is greater than violet (ultraviolet).

Among his experimental findings: mice getting too much pink light develop more tumors than controls. Human adults getting too much pink light get irritable. Men who work under UV light seldom get the flu even when others in their city get it. Children in a closed electromagnetic field behave badly. You can see on Youtube how he took 4 mice from a colony, put 2 in a cage and another 2 in a nearby cage with a different amount of radiation. Immediately one set of mice gets aggressive and hyperactive.

Ott preached against sunglasses for cancer and arthritis patients (see Exhibit M, if you dare). Also, he demonstrated how the pineal gland in some animals is the controller of hormones. He noted that it is usually the eye that receives light, yet in some species even if the eyes be removed, light comes in OK.

Ott has been granted the title Father of “Photobiology.” I typed that word into Pubmed and got a Korean study that says “Phototherapy is an effective treatment for allergic rhinitis,” as well as an article on how light therapy stimulates angiogenesis. So there.

3. METABOLIC THEORY (NUTRIENTS AND ENERGY, AND LIGHT)

What it Metabolism? -- from Bodyandsoul.com.au

Metabolism refers to the physical and chemical processes. When we eat, digestive enzymes break down carbohydrates, fats and proteins into a form the body can use for growth or energy.

Anabolism (build up) Energy is used to support the growth of new cells and to maintain our body tissues, and energy is stored as fat.

Catabolism (break down) The energy-releasing provides fuel for processes such as heating the body and moving muscles. The thyroid gland releases hormones that regulate many metabolic processes.

Revisi is a meta-theorist of cancer in this metabolic section. I quote Marcus A Cohen (in *Townsend Letter* August 2004):

“Pre-1942, Revisi launched a systematic study of the effects of different elements on bodily function...[Each] induces an anabolic or catabolic metabolism. Later, he discovered that *within a vertical series of the Periodic Table*, elements acted similarly – their valency shell partly determined their bioactivity, and the concentration of an element in different organizational levels of the body was both precisely regulated and **a key determinant of normal and pathological states.**”
[Recall that Revisi also cured arthritis, asthma, and addictions -- MM]

I confess to not really understanding valency. But the general picture suggests that Revisi had a purchase on the situation.

Now to Max Gerson, MD. He’s not a meta-theorist, in that he did not start with theory. He had migraine headaches, for which someone recommended a diet -- and it worked. He then used it in his clinical practice and took careful notes of what effect different foods had on patients, mainly at first tuberculosis patients. He was very successful with skin TB.



*Charlotte Gerson,
Max’s daughter*

His daughter, and grandson Howard Straus, run the Gerson Clinic in Mexico. They also publish the diet for all to see. It requires a huge effort to do it at home, as 13 glasses of carrot juice per day must be consumed. When Dr Gerson learned about the work of his compatriot Johanna Budwig, he began to incorporate the Omega 3 fatty acids. Max died of arsenic poisoning, which his family thinks was murder. A

1946 Congressional hearing that lauded him later did the disappearing act.

AN ASIDE: COVENANT TO NOT SUE THE AUTHOR

Dear Readers, I hope nobody is under the impression that I am promoting any of the 18 cures in this book. I don't wanna hear that someone is suing me for leading him/her astray. Even though I am enthusiastic about some of the 18, occasionally to the point of hysteria, I have assiduously avoided saying "Go get this cure." Really and truly, I do not advise *any* of the cures.

Come to think of it, there are two that I can sensibly endorse: Ott's cure, sunshine, and Hamer's cure, tranquility. (Go on, try to rouse a jury to award damages for my promoting those!)

That said, I wish to recommend a new book: *Never Fear Cancer Again*, by Raymond Francis, MSc. On every page it tells you what to do, especially in the kitchen and the supermarket. I normally am very wary of such books, but this one passes the No Bull test, at least to the extent that my Bull detector works. Mr Francis asks you to take supplements galore. His reasoning is persuasive. I think it would behoove any cancer patient to read it.

4. INFECTIOUS THEORY

One infectious theories of cancer is about **viruses**, which I cast as being bioweapon-related. Another holds **fungi** responsible - see Doug Kaufmann's website KnowThecause.com.

There's also Naessens' pleomorphist claim of a 16-stage life-cycle of the microbe. As for Rife's cancer cure, I accept it as valid, as I think he fronted for Rosenow, whose work (see Exhibit H) is great. Yet I have some questions about Rife's presentation, as follows:

"I felt that the start of malignancy would be originated by some kind of microorganism." Hmm. The subject of that sentence is *start* and the predicate is *originate*. Can a start originate? No.

Rife gives the impression that this thingie is causing the cancer: "We have proven to our satisfaction that the so-called virus is in reality the premodal cell of a micro-organism." Oh, wait. Is he now saying that there isn't at first a micro-organism, but only the promise of one? If so, is that spontaneous generation? Do critters materialize simply when they be needed?

He invokes Bernard on terrain: "We also have proven that it is the chemical constituents and chemical radicals of the virus under observation which enacts upon the unbalanced cell metabolism of the body to produce any disease that may occur."

Rife claims:

“A test tube containing a sample from the un ulcerated breast mass was sealed and placed in an argon gas filled loop with 15 mm vacuum and activated with 5000 volts. This produced a decided change of ionized cloudiness in the media. This test tube was then checked for cancer virus, but at this point none were visible. Then the test tube was subjected to a 2-inch water vacuum and incubated for 24 hours. [Then] the solution in the test tube was teeming with cancer virus which were the most highly motile and the smallest of any of the viruses previously isolated.” -- the Rife Report

Boy is that annoying! No mention of why they used that method to “birth” the BX, and no theorizing its real origin! Recall Bèchamp: “An extravagant role has been assigned to the airborne germs. The air may bring them, it is true, but it is not necessary that they do.” Whoops, where *do* they come from? Note: Alan Cartwell, MD, paces the floor all day over this stuff. Get in touch with him if you’ve got ideas.

STUDENT CONTEST: EXPLAIN WHAT’S BETWEEN THE TOES

Dear Denizen of the Shed, To get your attention, I hereby promise a trophy, of \$0. value, to one person who sends me, in 2013, an interesting answer to the following question: If there’s a special pathogenic bacterium whose only lodgment is between the toes of man (“man” in the gender-blind sense of those halcyon days before 1970), what are its provisions for its offspring?



There is, in fact, such a species. But you needn’t look it up. I only ask: What is its *raison d’être*? Sure, every species has a niche, often one “designed” by food resources. You could try telling me that its *raison d’être* reflects the fact that it can have a good life between the toes of some bloke who happens to live rough.

Fine, but one day that “host” may take a bath. Then what? Are we to throw out the bacillus with the bath water? Tch, tch, that would be a poor way for it to protect its progeny. Ask Richard Dawkins: he proved in *The Selfish Gene* that individuals have to do as their genes wish, and the genes of these bacteria must want a future.

Terms: max length 4 pages. Basis of my judgment: whim. Restrictions on your publishing: none – you don’t even have to tell me you’ve taken up this idea (unless you are trophy hungry). Will the judge enter into correspondence? Absolutely.

Furniture. Let's identify some pieces of mental furniture, regarding the concept of infection:

Infect The word comes from the Latin *inficere*, to imbue or tinge.

Vector: delivers the goods from one to another. "Assuming that bedbugs are the only [vectors] of this disease [smallpox], our present knowledge of its being "airborne," or transmitted by fomites [e.g., blankets] must be all wrong." – Charles Campbell, Bextar Co speech

CWD "Cancer bacteria are capable of producing tiny sub-microscopic virus-like and mycoplasma-like forms, as well as large fungal-like forms known as 'large bodies.' Cancer microbes can assume different forms because they are 'cell wall deficient forms.' The absence of a bacterial cell wall causes a loss of rigidity [so] organisms assume a variety of shapes and size." – Alan Cantwell, "Bacteria Cause Cancer: The Microscopic Evidence," September 12, 2012, rense.com

Viruses "are smaller than bacteria and biologically much simpler. They have no enzyme system to generate energy and cannot reproduce except within a living cell whose activities can be controlled by the virus. Each virus particle is made up of protein with RNA or DNA." (George Maxwell, *Principles of Paediatrics*, 1977, page 154) (fave)

Filterable: small enough to go through a filter "Epidemic polio is due to infection by a specific streptococcus which in the virus phase becomes minute and filterable and perhaps thus penetrates the blood-brain barrier to invade the CNS. [It later] reverts to streptococcal size in which it is cultivatable." -- Edward Rosenow, "Polio," Exhibit H.

Lymph "a fluid that originates in spaces between cells. Lymph drains into networks of tiny capillaries that unite to form larger vessels called lymphatics. Nodes scattered along the lymphatics filter and store the lymph. This involves thyroid and spleen that contain white blood cells." -- Steve Parker, *Concise Human Body Book* (2009, page 192).

Disease "It is obvious that the "normal" existence and performance of any living organism demand a state of subtle equilibrium between its different component parts, as well as between them and the factors of the environment. Any change is likely to disturb the balance of forces upon which depend the maintenance of the normal state. 'Disease,' said Virchow, 'is life under altered conditions.'"

-- Rene Dubos, "The Gold-Headed Cane," NIH Lecture, 1953

This is the book's centerfold.

A reminder: This book is not about cancer.
It is about "where we're at" these days.
We are living in a very strange, almost
unbelievable historic moment, in which
everybody is pretending a reality.

You can end that situation. It will take almost no effort. Certainly no new values or principles are needed, as the old ones are competent for the task. Just think of which reality you would prefer to have prevail, and start to insist on it.

Many people are longing for you to do this.

Infection! Ott's TOMATO VIRUS. DON'T MISS THIS!

The tomato virus is one of the biggest problems growers have to contend with. It usually appears following long periods of cloudy weather and low sunlight intensity [hint, hint]It breaks out even under the most sterile and carefully guarded conditions. Nevertheless, it is generally agreed that the low light level also weakens the plants so they become more susceptible to attack from the virus.

During the course of making the film, I brought some virus-ridden tomatoes from the glass greenhouse into my plastic greenhouse. **With just a few days of sunlight in my greenhouse, and a light foliar feeding of the leaves, the tomato plants quickly came to life,** started new healthy growth and began producing normal tomatoes.

[Why has] no consideration has been given to the possibility of a **virus originating within the living cells of the plant itself** It's generally accepted that the virus must be introduced from... outside.

The metabolism, or life itself, that goes on within a living cell is the utilization of the nutritional factors present by the energy of light. ...A comparison would be the gasoline used in an automobile engine and the spark that ignites it. If the draft in the boiler is not adjusted right, or the carburetor is giving too rich a mixture, there will be incomplete combustion. This can result in both the boiler and engine giving off not only obnoxious smoke and fumes but also partially consumed fuel. In a similar way, **it seems quite possible that a chemical substance of a poisonous nature could result as a by-product from an incomplete or unbalanced metabolism within the cells of a leaf.**If so, then this chemical by-product would fit all the various descriptions of a virus. It would not be capable of reproducing itself, but if injected into the cells of other leaves, it might throw the metabolism of these cells off balance so that they would in turn **produce more of the same chemical substance of a poisonous nature.** ...It could fit all the various descriptions of a virus and still originate within the affected plant itself. By now, a new theory was boiling within me and I determined to attack the virus problem through time-lapse. [I built a new unit] to take microscopic time-lapse pictures of the streaming of the protoplasm within the cell of a leaf as stimulated by direct unfiltered sunlight, [and] various types of artificial light illumination. It would show precisely the effect of different sources of light and variations of temperature on the photochemistry. It would then be possible to study the effect [of light] on the germination of spores, **mitosis of cells** and other growth processes. [Emphasis added]

– *Light and Health* (1973) [note: See Ott's videos on Youtube.]

TRYING FOR A “COLLAPSE THEORY”; PUT ALL THREE TOGETHER

If John Beard is right, with his trophoblast idea as to the origin of cancer, we should consider his placental theory unique. But the other three meta-theories discussed in this chapter -- electric, metabolic, and infectious – could possibly be unified.

In his tomato-virus study, on the previous page, John Ott floated the idea of a metabolic explanation for viral infection. I am not aware that anyone has followed up on his insight but it looks pretty exciting to me. I looked at the website of the Royal Horticultural Society, 40 years on. It does not indicate that Ott had any influence. The entry on “tomato virus” says:

“Stunting, distortion and fern leaf may also be caused by exposure to hormone weedkillers... Providing the source is removed, plants usually recover, but they do not usually recover from virus infection.”

Ott sees the “virus” as an internal change of chemicals, rather than a visitor from outside. Wow. Maybe he will re-open the “spontaneous generation” debate. (Yes i realize Louis pasteur put paid to spontaneous generation but it was never fully dealt with.) Let me now list out a few other amazing statements from our theorists in which they show some cross-border interest.

A Parade of Quotes. Here are some pertinent items that you could scissors up and arrange into whatever patterns suits you. (Um, if it’s not a library book, ok?)

George Crile said, in *Bipolar Theory of Life Processes*, 1926 (p 219): “Bipolar theory explains the primary importance of the **acid-alkali** balance. It shows that the living organism is a mechanism **adapted to electric** control hence susceptible of being driven by trigger action by such minute forces as **a beam of light**.”

[All emphasis added by MM for the rest of this chapter.]

Lakhovsky, working around the same time as Crile but independently of him (possibly influenced by Tesla) said:

“The coli bacillus becomes harmful only because it is capable of **modifying the characteristics of the cell**: capacity, self-inductance and conductivity. The coli bacillus, vibrating with the same frequency as the living cells, has no harmful effect on them

as it **does not modify their wavelength**. But the typhoid bacillus vibrates with another frequency and modifies the oscillatory equilibrium of the cell.”

Max Gerson is “metabolic,” right? But listen to him now:

“I am convinced that the problem of chronic disease is not one of biochemistry; rather, it is produced by deeper forces which cause the **deficiencies of energies**. It is the electrical forces that hold matter together. If the **electrical forces become disorganized**, matter will disintegrate. **Disease is the result of disorganized electrical forces**. Health results in the organization of electrical forces; therefore, we must discover how to organize these forces,” website of Pythagorean Center for Natural Healing

Rife, in the Rife Report came forth with this:

“We are positive that the causative agent of malignancy [is] bacillus coli...BX is a **bipolar** virus, but both the positive and negative forms of this virus are required to produce tumors...”

To quote another of Crile’s gems, “Surely then the **sun’s energy** released within an animal may be capable of **organizing** energy systems.” (1926: 167) S’truth!

Cautionary note for high schoolers. Perchance you may think you now know a lot about cancer. Oops, not from me! Peruse a textbook in your library -- I’m not even in the ballpark. But any soul can play with ideas.

Oh, and don’t forget Judyth Baker disgorging the big secret: Ochsner **radiated viruses to cause mutations**.

And Crile said this: “The effect of radiation is to interfere with the mechanism in the cell for the creation and storage of **electric charges**, an interference which as effectively prevents growth and function.”

Rife, again: “...it would be possible to create an electronic frequency that was in the correct **coordination or resonance of the chemical constituents** of a given organism and devitalize it.”

(If you can *devitalize* something it must have been alive. Was it formed by natural selection? I realize Darwin does not have to have the last word, but I haven’t heard another explanation for

species evolution. How can Darwin deal with pleomorphism? That would present a moving target to the forces of evolution!)

Another quote. Remember Beck's nemesis, Steven Kaali, the man who is sitting on secrets? Kaali's patent application says: "Electric current flow through the blood [can be done]... at a magnitude that is ...sufficient to render the bacteria, virus, parasites and/or fungus **ineffective to infect** healthy cells [!!]

And now this:

"The US started an offensive biological warfare program at Camp Detrick. By 1969, it had weaponized the agents causing anthrax, botulism, tularemia, brucellosis, Venezuelan equine encephalitis, and Q fever. In 1978, Bulgarian dissident Georgi Markov was assassinated using an 'umbrella gun' that shot ricin into his thigh. BW agents **are typically invisible in aerosol clouds and may not be detected until humans become ill**. Panic would result as medical capabilities are quickly overwhelmedBW attacks would most likely occur **late at night** or early in the morning.... At these times, atmospheric temperature inversions would allow an agent cloud to travel at low altitude to cover its target. More unusual methods of dispersion could include releasing agents in their natural arthropod vectors.

Person-to-person transmission **of several agents** ... could perpetuate an epidemic...." [Tularemia] starts with sudden onset of fever, chills, headache, and generalized myalgias and arthralgias after an incubation period of 3-6 days. An ulcer is generally seen at the bite site and may persist several months as organisms spread to local lymph nodes." -- Thomas W. McGovern, MD, MAJ, MC, and George Christopher, LTC, USAF, MC, "Biological Warfare: Its Cutaneous Manifestations"

Dear Reader, you just knew I would revert to type and start mentioning "baddy" stuff again, right? You see, that is really all I personally bring to the table. Cancer research is not by any stretch of the imagination the story of a search for good health. It is an enormous political-power thing, as any political scientist can see at a glance. McGovern and Christopher, whom I just quoted, are likely innocent of crime, in that they have probably persuaded themselves not to notice what is going on. But I say YOU are now responsible if you can see what is going on.

PART FOUR

So when the long drought-winds, sandpaper-harsh,
were still, and the air changed, and the clouds came,
and other birds were quiet in prayer or fear,
these knew their hour.

-- Judith Wright, *Black Cockatoos*

Welcome to Part Four

We Could Turn This Thing Around in a Jiff.



John Gatto MA
Teacher



Mary Efrosini Gregory
Customs Officer



Andrew Marino PhD JD
Physicist



Aung San Suu Kyi PhD
Politician

Your photo,
please



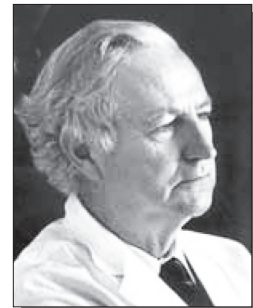
Mary Tillman
Mother



Micha Kurz
Society Builder



Trish Fotheringham
Playwright



William McBride MD
Obstetrician

Retrieved from Whitehouse.gov

“President George W. Bush signs S.15-Project Bioshield Act of 2004, in the Rose Garden Wednesday, July 21, 2004.... [The new law] provides new tools to improve medical counter-measures protecting Americans ...

[Note the word: “countermeasure” means vaccine.]

The President first proposed Project BioShield in his 2003 State of the Union address and Congress approved it last week.

Project BioShield is a comprehensive effort overseen jointly by Secretary Thompson [of Department of Health and Human services] and Secretary Ridge [Homeland Security] ...

[It will] give FDA the ability to make promising treatments quickly available in emergency situations – this [relaxation of the rule that clinical trials precede use of a new drug] will enable access to the best available treatments in the event of a crisis.

[It will] ensure that resources are available to pay for “next-generation” medical countermeasures. Project BioShield will allow the government to buy improved vaccines or drugs. The fiscal year 2004 appropriation for the Department of Homeland Security included \$5.6 billion over 10 years....

As the result of the Project BioShield legislation, the Administration has already begun the process of acquiring:

- **75 million doses of a second-generation anthrax vaccine**
- new medical treatments for anthrax ...
- **safer second-generation smallpox.**

Today, based on the new BioShield authorities, Secretary Thompson will launch multi-year initiatives to develop advanced treatments and **therapeutics for exposure to biological agents and radiation poisoning.** [Emphasis added]



Note: The president’s seal contains the nation’s symbol, the eagle. One claw holds arrows, and the other holds an olive branch. The nation’s motto is on the banner: E pluribus unum
-- *Out of many, one.*



Vaccination Is a Big, Fat Hoax: Wallace Saw It in 1898!

Finally, be strong in the Lord and in his mighty power. Put on the full armor of God, so that you can take your stand against the devil's schemes. For our struggle... is against the rulers, against the authorities, against the powers of this dark world

Therefore put on the full armor of God, so that when the day of evil comes, you may be able to stand your ground.... Stand firm then, with the belt of truth buckled around your waist.... -- Ephesians 6:10-14

Welcome to Part Four. There's no more new information about cancer here, but plenty to help us get on the right road. If ever our society had a fixable problem, this is the one! I'm referring to the problem laid out earlier. It can be turned around in a jiff.

We shouldn't spend another precious minute looking for cancer cures. What is the point? We already have good ones. What is needed is for doctors to become aware of them. How will that happen? Probably society will have to get out of the state of acceptance it is in.

If you're now feeling desperate, with a loved one suffering cancer, the best move for you to make (I honestly believe) is to talk to your friends, and your GP, about the crime that is going on. Surely that's what you would do if you discovered that your loved one's lupus, say, were being caused deliberately by a mean or mentally disturbed neighbor. As soon as you frame the issue this way, everything will change. Eschew embarrassment, *please*.

VACCINATION – THE WORD “HOAX” DOES NOT DO JUSTICE.

Since 1963 I've had a dear friend who has to drag crutches, canes, or leg braces around to make walking-after-polio possible. Being aware of her bad luck, I was appalled when I read, a few years ago, that India was getting slack about polio immunization. How stupid! How reprehensible!! How dare they toy with a child's fate!

Dear Reader, those are no longer my sentiments. *Au contraire*, I am now a severe critic of vax. Please try the next few pages....

CATS MAY GET CANCER BECAUSE OF A VACCINATION.

In 1991, a scientist at University of Pennsylvania School of Veterinary Medicine identified an association between aggressive fibrosarcomas and the location where vax are typically given to cats, namely, between the shoulder blades. They called this VAS: vaccine associated sarcoma.

I quote Wikipedia:

“Two possible factors for the increase of VAS were:

1. the introduction in 1985 of vaccines for rabies and **feline leukemia virus** that contained aluminum adjuvant, and
2. a law in 1987 requiring rabies vaccination in cats in Pennsylvania.

Inflammation in the subcutis following vaccination is considered to be a risk factor in the development of VAS, and vaccines containing aluminum were found to produce more inflammation. Furthermore, particles of aluminum adjuvant have been discovered in tumor macrophages. [Holy Moley!] **The time from vaccination to tumor formation varies from three months to eleven years.**



Similar examples of sarcomas developing secondary to inflammation include tumors associated with metallic implants and foreign body material in humans, and sarcomas of the esophagus associated with *Spirocerca lupi* infection in dogs and ocular **sarcomas in cats following trauma.**

Cats may be the predominant species to develop VAS because they have an increased susceptibility to **oxidative injury.**

VAS appears as a rapidly growing firm mass in and under the skin. The mass is often quite large when first detected and can become ulcerated or **infected.** Diagnosis of VAS is by biopsy. The biopsy will show the presence of a sarcoma, but information like location and the presence of inflammation or necrosis increases the suspicion of VAS.

It is possible for cats to have a granuloma form after vaccination, so it is important to differentiate between the two before radical surgery is performed. ... X-rays are taken prior to surgery because **about one in five cases of VAS will develop metastasis, usually to the lungs but possibly to the lymph nodes or skin.**”

[Emphasis added]

THE DOG DEPARTMENT

I have no pets. Checking on “Inflammatory” is what brought me to the veterinarian part of the Internet. It appears that it’s acceptable to mention some iatrogenic illnesses (ones caused by medical treatment) in connection with cats and dogs. Lori Long, author of *Siberian Huskie*, wrote this in *Whole Dog Journal* in 1995:



Stella

“Holistic [vet] practitioners suspected a link between vaccines and immune disorders. There may be a connection between agents designed to provoke an immune response and the dog’s inappropriate immune responses. ...The *inflammatory*

nature of the animals’ reaction [made] researchers suspect that reactions to vaccinations, or the combined effects of multiple vaccines, could be risk factors for chronic diseases.”

Jean Dodds, DVM, a veterinary hematologist [says]:

“Evidence implicating vaccines in triggering immune-mediated and chronic disorders (vaccinosis) is compelling.” Lorie Long notes:

Adverse reactions [in dogs] to conventional vaccines can be the same as to any chemicals, drugs, or infectious agents. Immediate (anaphylactic) reactions can occur in 24-48 hrs. Delayed reactions can occur in 10-45 days. Symptoms include fever, stiffness, sore joints, abdominal tenderness, nervous system disorders, susceptibility to infections, and hemorrhages or bruising. Transient seizures appear in puppies and adults....”

That sent me to Laura Wallingford who conducted an interview for *Wolf Clan* magazine, 1995, with veterinarian Robert Pitcairn, author of *Complete Guide to Natural Health for Dogs & Cats*. Listen:

“The remedy Thuja has proven to be a [good] remedy for vaccine related disease. My understanding of the [relevance] of vaccination in animal diseases gradually developed over several years. In case after case, progress was dependent on the use of Thuja, the anti-vaccine remedy.... It is as if vaccinations have the ability to block response to a constitutional remedy, an obstacle that must be dealt with before cure can be underway.”

“block response to a remedy?” What the Sam Hill is going on here?

Declaration of Independence, at ThinkingMoms.org

-- by Lisa Goes, May 7, 2012

When in the course of human healthcare it becomes necessary for one people to dissolve the political bands... and to assume the separate and equal station to which the Laws of Science entitle them, We hold these truths to be self-evident, that all children ... are endowed [with] certain unalienable Rights, that among these are the right to a healthy life free from the tyranny of untested preventative medicine and a life free from chronic inflammatory illness caused by a pharmaceutical oligarchy that receives government endorsement and protection. To secure these rights, Governments and Institutions are created deriving their just powers from THE CONSENT OF THE GOVERNED. It is the parents' right, it is their duty, to throw off ... the rigorous and untested pseudo-scientific assertions of the CDC... . To prove this, let facts be submitted in a candid world. Medical Institutions have repeatedly refused the most wholesome and necessary policies required for the public good....

Over half of our precious children will become ill and several will die, for the fallacious notion of the good of all. These are the principles of a corrupt, immoral, and bankrupt nation. The American Government has repeatedly discredited organizations, research studies, physicians, and citizens opposing the notion that they, and they alone, know what is best. At present, over 55 studies exist demonstrating a strong link between vaccines and autism (also known as vaccine encephalopathy).

They are not permitted publication in medical or scientific periodicals as those journals are funded by the very industry those studies indict. The censorship of intellectual property that pertains directly to the health and welfare of all children is a crime against humanity. Furthermore, imperative data, pertaining to the health of all American children that was obtained in 2000 at a clandestine meeting ... has been embargoed. This data from the Simpsonwood Conference and the sealed court documents pertaining to the Hannah Poling Case contain valuable medical information that is pertinent to EVERY PARENT. This is suppression of medical data that could save the lives of countless children. We have petitioned for redress in the most humble terms and HAVE BEEN ANSWERED ONLY BY REPEATED INJURY.

A TYRANT is unfit to determine healthcare policy. Free and Independent Thinking Parents have the full power to levy CIVIL DISOBEDIENCE and protect their children from these systems that proclaim health. Consider this a new way of life. An Official Declaration of Independence. Our rules, for our children, for thinking people, are now THE RULES.



Richard
Halvorsen, MD

HALVORSEN'S OFFER OF A COMPROMISE

In the UK, Richard Halvorsen, MD, runs a clinic called Babyjabs. We know he's not an anti-vaxxer, right? But he asks for a more reasonable approach. I'll quote, verbatim, his four suggestions:

1. Start vaccinating later. This would allow the developing nervous and immune systems to mature, as there is evidence that they may be more susceptible to harmful effects of vaccines at a very early age. (There is also an increased risk of allergy and atopy when vaccines are given at an early age.)

2. Polio has been eradicated from the UK, Europe, and most of the world so a delay in protection would be perfectly safe for the majority of children. Children are not exposed to **tetanus** until they're crawling around in the dirt; there is little benefit in vaccinating an infant. **Diphtheria** is extremely rare (less than 10 cases a year in the UK). It could be argued that the increase in risk from delaying vaccination against diphtheria is negligible.

3. Leave out some vaccines altogether. It is unnecessary to give the three vaccines contained in the triple MMR vaccine together. These can quite easily be given in separate single vaccines. However the case for vaccinating against **mumps** is extremely weak as mumps is nearly always a mild and harmless illness. **Rubella** is a relatively harmless illness except in pregnant women who are not immune; for this reason it could be argued that rubella vaccination is unnecessary in boys.

4. Give fewer vaccines at once. This will result in less immunological load, as well as less toxic material such as aluminium and formaldehyde, to be given at any one time.

THE THICKNESS TEST

Pediatrician Moskowitz, Exhibit V, shows the inestimable value of natural immunity – God's gift that is messed up when we get vaccinated. May I suggest that you have your friends read it, along with the page on cat vaccination, and the testimony by the wonderfully sober and reliable Harris Coulter in Exhibit R, and then you administer "the Thickness Test" to them? If they score low on understanding the vaccination issue, it must mean that: 1. They are actually with the baddies, 2. They have been bribed or have undergone mind-control, or 3. They are just plain thick.

MARTIAL LAW HAS BEEN READY FOR A LONG TIME.

Can an American adult citizen be vaccinated against his will? Yes. Here are some facts, published in official sources:

1. Emergency Acts passed by Congress have declared that the president can declare an emergency and this “authorizes” the federal government to seize food from homes, commandeer all communications, force citizens to perform labor, etc.

2. One such Emergency began in 1942 and did not get cancelled until 1972. On September 14, 2001 in response to the World Trade Center event known as 9/11, the US president declared a new emergency for one year. Congress has agreed to a renewal of that every year since. Hence we are currently under emergency. (Your food can be seized today – legally.)

3. The Homeland Security Act of 2002 mandates “covered countermeasures.” This is a codeword for vaccination. (Hmm. Why the need for a codeword?)

4. In *Jacobsen v Massachusetts* (1905), the US Supreme Court ruled that a state law requiring vaccination for all adults was not unconstitutional. No subsequent Supreme Court decision has altered this ruling. So, lower courts won’t help you today.

5. Congress legislated, as part of Homeland Security, that manufacturers of vaccines, and personnel involved in vaccinating, won’t be held liable for adverse consequences. An individual would have to sue the US Government (really, the taxpayer -- me and thee) for compensation. *“The remedy provided by sections 1346(b) and 2672 of title 28... for damage for personal injury, including death, resulting from the performance of medical... or related functions, including the conduct of clinical studies or investigation, by any ... employee of the Public Health Service while acting within the scope of his office... shall be exclusive of [i.e., it excludes] any other civil action....”*

6. There already was a National Vaccine Injury Act (1986), in which Congress dictated that any child who suffered from vaccine could not sue in court without first exhausting an administrative route to compensation. That is, the child had first to go to “vaccine court.” That entity, however, is not really a court. The decision maker is not a judge but a government-paid attorney

with the title Special Master. He or she must decide the claim based on rules made by the Secretary of Health. Kind of makes you wonder about the separation of powers. The Act says:

“The Secretary may only identify such covered injuries, for purpose of inclusion on the table, where the Secretary determines, based on compelling, reliable, valid, medical and scientific evidence that administration or use of the covered countermeasure directly caused such covered injury.”

7. On February 26, 2011 in *Brueswitz v Wyeth*, the United States Supreme Court held, 6-2, that the injured child could not bring a tort action against the manufacturer. Stunningly, this went beyond what our elected representatives had legislated! In dissent, Justice Sonia Sotomayor wrote that the Court’s majority *“imposes its own bare policy preference over the considered judgment of Congress. Its decision leaves a regulatory vacuum in which no one ensures that vaccine manufacturers adequately take account of scientific and technological advancements when designing or distributing their products.”* [Note: IMHO, the purpose of the penning of dissenting opinions is to prevent the public from noticing the majority opinion’s illegitimacy.]

8. The federal CDC publishes a recommended schedule for childhood vaccinations (which now includes 24 shots), and calls for aggressive distribution by the providers. Many of the 50 states make laws for religious or “philosophical” exemption, whereby citizens can decline vaccination, but these are getting narrower all the time, and most can be overridden.

9. When a parent refuses the state’s mandate, he or she can be arrested for negligence and the child removed to foster care. This happens frequently today!! *Waging War on the Autistic Child*, by Andrew Wakefield, MD, tells of five autistic kids taken from their parents that way.

10. The Public Readiness and Emergency Preparedness (PREP) passed in 2006 allows the HHS Secretary to be the one to decide if an epidemic or national emergency calls for mandatory vaccinations. There are no guidelines in the Act. He can declare either an epidemic or an emergency *based on* nothing at all.

Dear Readers, are you going to keep your blindfolds on? You’ll be kicking yourself later. Worse, you’ll be kicking me for not coming on stronger.

HOW THE HANDLING OF WAKEFIELD ILLUMINATES EVERYTHING

In 1998, Andrew Wakefield and other gastroenterologists shared with fellow doctors their initial findings on the GI-autism connection. It was not a rallying cry against the MMR jab. I quote below the *Lancet* article that subsequently led to a full UK media circus. Wakefield got “struck off the register.” He has replied in a very poignant book, *Callous Disregard*. Simon Murch, MD, one of the twelve, escaped punishment by “apologizing.” (I venture that that was the right thing for him to do, as cancellation of his licence would have deprived all the kids of their treatment.)



Andrew Wakefield, MD

Lancet “retracted” the offending article, a decade on, saying it was based on fraudulent research. **There was no fraud at all.**

Here are the ending words of the 1998 article – verbatim:

“If there is a causal link between measles, mumps, and rubella vaccine and this [bowel] syndrome, a rising incidence might be anticipated after the introduction of this vaccine [MMR] in the UK in 1988. Published evidence is inadequate to show whether there is a change in incidence or a link with measles, mumps, and rubella vaccine. A genetic predisposition to autistic-spectrum disorders is suggested by over-representation in boys and a greater concordance rate in monozygotic than in dizygotic twins. Urinary methylmalonic-acid concentrations were raised in most of the children, a finding indicative of a functional vitamin B12 deficiency. B12 deficiency may, therefore, be a contributory factor in the developmental regression.” [It concludes]:

“We have identified a chronic enterocolitis in children that may be related to neuro-psychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunisation. Further investigations are needed to examine this syndrome and its possible relation to this vaccine.”

AUTISM IS NOT MENTAL

Beginning around 1996, autism, hitherto seen as a psychological condition, is recognized to be a medical problem. Pediatric gastroenterologist John Walker-Smith, MD, an Australian-Brit, observed that many autistic kids have yellow diarrhea, abdominal pain -- sometimes all day, everyday. The godsend of a discovery he made, is that **medicating the child for gastro disease can relieve the autism.**

WHEN IS A PROFESSOR NOT A PROFESSOR?

A professor is one who professes to be have expert knowledge. She can't get sacked -- she has tenure, a privilege intended not for her benefit but for society's benefit. Job tenure encourages her to speak freely, to debate even a very controversial topic..

The University of Wisconsin's Distinguished Lecture Series gave UK journalist, Brian Deer, a venue for speaking on "An Elaborate Fraud: The MMR Vaccine & Autism." (Deer is tasked by his masters to smear Wakefield and persons who doubt vax.)

"It was truly a sad day for education when the University made their position clear in the opening remarks of professor of immunology, Bernadette Taylor, before an audience of hundreds of UWL students. *"There is no debate... This University did not invite a debate on that issue."* Case closed: the University would not allow for a free exchange of ideas so intelligent students could make up their own minds. Deer expressed no concern over why autism is now affecting one in every 88 children, one in every 54 boys in the U.S." -- AnneDachel.com

How could Bernadette Taylor possibly think – how could she dream in her wildest dreams – that it was her job to get up there and announce that a propagandist would speak on a medical topic? Johns Hopkins, too, hosted Brian Deer. No professor at Hopkins objected. I can recall a time when every professor at Hopkins would have objected and not stopped until Deer's invitation was rescinded. Today, would it take grenades and machetes for them to win? No. It only ever takes word of mouth.

Exiting Muddleville. When we finally start working on getting out of the muddle we are in, we will find that some of the task involves thinking new, and much thinking old. It's pathetic that the Air Force recently asked for advice from Alvin Toffler, "as he is a futurist." The only futurist is someone with sober ideas as to where we can go with the DNA we're in. *H. sapiens* will have a future predictably like its past, as is true of all species!

We will have something like a university. Therefore colleges today should not be shifting into the "new mode" of acting like a business. Neither should doctors. Both are disgusting when they behave according to business principles.



Protesting New Zealand Law Society

CASH REGISTER.

Not only did Lisa Goes say it all in 2012; Charles Higgins said it all in his letter (Exhibit E) to President Woodrow Wilson in 1925: Compulsory vax is an outrage. Yet nothing changes. Just for a moment, let's try a different tack:

As it's always easier for the public to get riled up about the theft of money than about medical genocide, let's expose this swindle. In 1938, FDR, on no authority at all, set up the National Foundation for Infantile Paralysis -- as polio was then called. This "national foundation" was later rebranded the March of Dimes.

In 2012 its website boasts that it has collected \$1.5 billion over the years, for the aim of preventing birth defects. Liars. Many birth defects today are caused by the army's depleted uranium.

Thanks to the Internet, we learn that a "reluctant poster child" of the 1950s, Bostonian Elaine Burns, was asked, but she refused, to appear in an iron lung at a train station to raise money. Note: she was not an iron lung patient. Swindle, swindle, swindle.

I think I recall my Mom wearing that Collector's hat. I certainly recall every retail shop placing, near the cash register, a cardboard thingie in which we could insert dimes for "the cause." This made us feel we had taken action. That's a brain-wired reaction that the cabal has been capitalizing on forever. Con men.

In 1951, Mothers wore paper hats while collecting for March of Dimes on their street.



We must examine our willingness to suck up to our tormentors!

DEAR DOCS, PLEASE DO A SAINT CHRISTOPHER

Docs, did you know that back in '87, an eminent physician in London said “Nothing would more redound to the credit of the medical profession than to give up their faith in vaccination?” Yes. The year was 1887; Professor Edgar Crookshank said it.

Any doctor who has read this book’s exhibits, has got an eyeful as to the way he or she has been used re vaccination. These physicians cannot now close their eyes, hold their breath, and wait for the problem to go away. It is not going to go away.

What to do, Dear Docs? I suggest you “do a St Christopher.” A few decades ago, Roman Catholicism took the unusual step of de-canonizing one of its saints. There had been a legend that a man named Christopher had carried the Christ Child across a body of water. In fact that is the meaning of his name: Christ-*offer* (to bear). Well, it was a fairy tale, and the hierarchy decided to acknowledge that, so now we don’t have a St. Christopher.

The other option was to hang onto the status quo, let him stay in the saint-collection, causing embarrassment. I note that the website of the U of London Medical School features a bunch of propaganda about Blossom the Cow. (sgul.ac.uk). Can anyone feel respect for that school? Or for Nancy Snyderman selling “herd immunity” on Youtube? You can only feel sorry for her.

I recommend docs bite the bullet. At least some of the immunizations of the past were hoaxes, and worse. DEFINITELY the smallpox one, the polio one, and the soldiers’ anthrax one.

Doctors, I realize you have no one to turn to. All the rarified journals, medical schools, guilds, and even the clinics have been taken over by either government or business. You’re on your own. Luckily, though, you have a swag of adoring patients, and it appears that we-all could get together on this issue.

The book at hand does not say “doctors did it.” It says the cabal did it. And it also says everybody did it and is still doing it!

Anyway, please make a copy of the page near end of Chapter 5 about Dr Day’s horrific 1969 speech, and send it to colleagues. It took 20 years for Dr Dunegan to deal with it, following which no medico has taken it any further. How’ll you explain that to your grandchildren? Go on, you can do this.

THANK YOU.



Gobbledeegook. “Press Briefing on Vaccine Safety” from the Centers for Disease Control and Prevention, March 6, 2008. cdc.gov.

OPERATOR: Welcome, and thank you for standing by. During the question-and-answer session today you can press star one. At this time, we'll turn the call over to Glen Nowak. You may begin, sir.

GLEN NOWAK: Thank you. This is on the science of vaccines and autism. I do want to note, we are not here to discuss the vaccine injury compensation case that has received a lot of media interest.

I realize, this is related to that case, but we are unable to talk about the specifics of that case. We do, however, recognize that, you know, many media stories have likely prompted new questions, caused some ... greater awareness of mitochondrial diseases and disorders. And so, given the range of questions and interests that we've been getting the last day or so, we have a number of people here today to help answer your questions. As many of you have been calling us about mitochondrial diseases we also have Dr. Edwin Trevathan, Director of CDC's National Center for Birth Defects and Development Disabilities with us today. Edwin is a pediatric neurologist [God help us.] And then, Dr. Norman Baylor, who is the Director of the Office of Vaccines Research and Review in the Center at the FDA. And Dr. Anne Schuchat, Center for Immunization and Respiratory Diseases.

DR. JULIE GERBERDING: Today is, again, a very kind of sad reminder of how difficult autism is for so many families. And while we can talk about lots of different aspects of this I want to be real clear from the beginning that probably the most important aspect of this is the fact that autism is a very serious and challenging disease for many families and each of these families has to struggle to understand and cope with the condition and we wish we could be more helpful in supporting all of that. [You could be, actually.] We also recognize that some of the information being promulgated about this particular situation is not accurately characterizing what we understand to be the true situation. So let me just be very clear that while we recognize and have recognized for a long time that mitochondrial disorders can be associated with nervous tissue degeneration ... there's nothing about the particulars of this situation that should be generalized to an understanding of the risks associated with vaccines for normal [?] children and certainly nothing in any of this is going to change any of our recommendations about the childhood immunization for every child for whom these immunizations are otherwise indicated. I want to say that again. Our message to parents is that immunization is lifesaving. And we are very committed to the interagency research but in the meantime

we need to disassociate [!] the issue of autism with the very important public health and health protection intervention...

DR. THOMAS INSEL: Thank you. I'm happy to be with you. ... For most cases, we actually don't have a cause. There are some forms of autism that will occur as part of other – part of genetic diseases fragile X, tuberous sclerosis ... And there are some cases of autism in which we find genetic lesions. But, in fact, most cases are probably likely due to both genetic and environmental factors. ... So there's lots of interest in trying to think about what those environmental factors may be but we have a long way to go before we've been able to pin down the most important ones. [!] As Dr. Gerberding mentioned, there's a lot of research in the diagnosis to causes, trying to find some new treatment. There's funding.. And so it's a very active area of science.

DR. ED TREVATHAN: Thanks, Glen. It's good to be here today. When we talk about mitochondrial disorders, what we're really discussing are a group of rather heterogeneous genetic disorders. They are disorders of function of the mitochondria. And we often remember mitochondria from grade school or high school science as the powerhouse of the cells. And, in fact, that is a key thing to remember, because the children who have mitochondrial disorders or these genetic disorders can appear normal initially. But when placed under severe stress due to infections or vomiting, diarrhea, fever, other sorts of stress like perhaps severe sleep deprivation or malnutrition they're not able to make enough injury [?] to compensate for their severe energy needs. And because the brain [etc, etc, etc].

Comment from MM: This is what autism parents have to put up with all the time from cdc. My recommendation would be to **call the police**.

This book, which is mainly about the suppression of cancer cures, comes to the unavoidable conclusion that the proper response to crime is enforcement of the law. If you laugh at that idea, think what you are letting yourself in for. To say that certain persons have to be allowed to get away with murder because they hold impressive titles, or are so wealthy that they can corrupt all institutions (including the law), is to ask for violence, and a complete loss of society. We will soon be *up the creek*.

For space reasons, I relegated the vital argument about vaccination hoax to the Exhibits. For the moment, take my word: there is a two-century history of vaccinations being used deliberately to harm people. Never mind that there are some good vaccines, or that the majority of physicians are innocent. Some people are very guilty. This hoax must stop. It can't be stopped until you face up to the need to stop it. The CDC and FDA are obviously carrying out serious crimes. Please act.

Chapter Fouteen

The Canary Party was formed in 2011 to deal with health decline in the United States. Named after the bird whose song, in the coal mines, gave assurance that there was not (yet) a dangerous gas leak into the mine.



The Canary Party worries about steep increase in illness of the American population:

- * Autism now disables 1 in 100 American children, 1 in 60 boys
- * Peanut allergies put the lives of nearly 2% of children at risk
- * Asthma affects over 10% of American children, putting lives at risk
- * New experimental vaccines such as Gardasil (many reported deaths)
- * Thousands of serious adverse events and disability, many of them unreported, uninvestigated and suppressed
- * Countless deaths and disabled among soldiers and military families
- * Deaths and disabilities from the use of experimental vaccine adjuvants
- * Epidemic of suicides (blamed on post-traumatic stress disorder) in the army occurring among those never deployed in combat
- * Adults and children suffering from the epidemic of auto-immune diseases, where the body's own immune system turns against itself
- * Rising rates of celiac disease, Crohn's disease, irritable bowel syndrome, and colitis
- * Epidemic rates of ALS, Lupus, Multiple Sclerosis, Addison's Disease, Guillain-Barré, Graves' and other disabling conditions



Malice and the Deliciousness of Honesty

*Grow old along with me, the best is yet to be....
 I, who saw power, see now love perfect too:
 Perfect I call Thy plan: Thanks that I was a man!
 Maker, remake, complete, -- I trust what Thou shalt do!"*
 -- Robert Browning -- Rabbi Ben Ezra

Good heavens, where did Robert Browning get his inspirations? "I, who saw power, see now love perfect too." Fabulous.

HOUSTON, WE HAVE A MALICE PROBLEM

Not yet so sick of this book as to toss it out? R U some sort of ghoul? All I have been nattering on about is horrible stuff. How can you stand it? And it gets worse. The current chapter carries an important reminder from George Orwell as to exactly where we are headed, and a claim by me that the following three horrors were not accidental but malicious: the bubonic plague, the thalidomide disaster, and all outbreaks of hoof-and-mouth.

My evidence on that last one is paltry and my evidence on two bubonic plagues -- in 17th century England and in *fin de siècle* Australia -- is just about non-existent. But that won't stop me.

The second half of this chapter discusses the food supply, fertility, and also tries to account for human malice. And of course tried to show how to punish crime.

Generally I see all events reported in the newspaper as having originated in The Planning Room somewhere. If you are a Youngie, please try to answer these questions:

- Who decided what this year's fashion colors would be?
- The posters on your campus encouraging girls to get a Gardisil vaccine -- who paid for them and posted them? Why?
- The obesity epidemic, and the gym craze. What's that about?

My guess is that obesity is engineered, to cause bad health (which keep the diabetes industry thriving), and to harm the beauty and sex appeal of the female half of the population. Who gains from that? The cabal wants us to have no secure relationships!

HOOF AND MOUTH DISEASE

There are many ways to harm an economic rival. Set his barn on fire. Manipulate the currency of his nation. I reckon hoof and mouth is “beautiful” in that it sounds so natural it won’t raise suspicions. (Drought used to sound natural, too, but now we know that it can be a weapon.) The following statement, written by an academic, gives no hint whatsoever that the destruction of livestock could be anything other than natural, but, sorry, I say that is just not realistic.

That is really all I’ve got. It just looks to me that HMD is such a temptingly easy way to harm your economic rival that it would be likely to be used. Similarly, when I hear that a poor country has some such, I am suspicious. Similarly when I hear that a health food shop has been closed because of poor hygiene....

“Hoof and Mouth Disease (HMD) is an acute infectious disease of cloven-hoofed animals. ... This disease primarily has severe economic implications for the livestock industries.... Cattle, swine, sheep, and goats are all susceptible. The disease is enzootic in many areas of the world, including most of Asia, Africa, and South America. [Yet] North and Central America, Australia, New Zealand, and Japan are free of infection. ...The Pan Asia strain of HMD has been isolated as the cause of the disease in Britain.

Last year [2000] it caused Japan’s first outbreak in 90 years and South Korea’s first in 60 years.... The virus probably entered Britain in food products.... The disease first appeared in pigs at Burnside Farm in Heddon-on-the-Wall, Northumberland.

The most common means of infection is by the inhalation of virus-containing aerosols [Gee]... or entry of the virus into the eye, nose, udder. Direct contamination of abraded epithelial surfaces, especially in the oral cavity is **an extremely efficient means of introducing the virus.**” [Emphasis added]

“Two important aspects of the pathogenesis of HMD lead to control problems. One is the ability of the virus to multiply in the pharyngeal region of vaccinated or even recovered cattle.... [Ahem]. Much circumstantial evidence shows that the persistently infected animals, referred to as carriers, can transmit virus to other animals and thereby cause new outbreaks of disease, but such transmission has not been shown under controlled laboratory conditions.... [Why not, I wonder.] In those countries where the disease is enzootic, losses result from time and expense of vaccination campaigns, from the production and culling losses during the periodic outbreaks, and loss of foreign markets.”

-- Dr Richard Wallace, livestocktrail.illinois.edu

BUBONIC PLAGUE

In London, around 1666, people started to get lumps on their skin, known as bubos. It has to do with swollen glands. Plague, reportedly, is spread by rats that tend to have the disease even when there are no humans around. (BTW, Charles Creighton, whom I adore, thinks the plague was not vectored by rats.) I claim this illness was spread in order to cause panic.

The fact that 1666 was also the time of London's great fire is, for me, the tip-off. In those days some men from Amsterdam were planning to move into London to form a national bank, which indeed they did in 1694, The Bank of England. Did you know it is located on soil that is not the UK? (Like Vatican City).

The same men had arranged the Glorious Revolution of 1688, putting the Dutch Prince of Orange onto the British throne as King William. (William and Mary, a couple, co-reigned.)

One more bit o' dirt. In 1900, Sydney got its one and only bubonic plague. More that 1700 people were quarantined. The year 1901 was when the Australian nation was formed -- the six colonies teamed up. Were opponents of federation locked up in quarantine to prevent their trying to prevent this political event?

I don't know but there's no reason to rule it out. As theologian Reinhold Niebuhr said in 1932 (in *Moral Man and Immoral Society*), a group can behave much more selfishly than an individual.



City of Sydney ratcatchers during plague. sydney.edu.au

Thalidomide Disaster. In June 1961, two Sydney women gave birth to babies missing the upper arm bone. They were patients of obstetrician William McBride. When he delivered a third baby that looked just like those other two, he realized it must have been the morning-sickness pill he had prescribed: thalidomide.

By June 13, 1961 he told the Australian distributor of the drug, Distillers Biochemical, about his suspicions. *They took no action.* On the same day McBride mailed a short article to *The Lancet*. To his amazement, a full MONTH later he got a rejection -- as there was a large number of important (!) papers awaiting publication, said deputy editor, Dr I Douglas-Wilson.

By September 4, McBride had delivered a fourth baby that was missing its radius. Two weeks later he told Wellcome pharmacologist Roland Thorp his theory: that deformities were produced by thalidomide competing with glutamic acid, which is important in the metabolism of nervous tissue. Thorp disagreed, *and continued to disagree after a fifth baby was born on 26 September.*

On September 20, 1961, *The Lancet*, perhaps tipped off by Thorp, wrote an editorial saying that drugs taken by pregnant women may enter and upset the fetus. "It behooves all who care to be on the alert for it." [Do I detect sarcastic language?] However, *the specific name "thalidomide" was not mentioned!* Many children in Germany were born without arms. As of November 28, 1961 the drug was taken off the market. I don't think the drug went out for sale with no one foreseeing its consequences. I say it was intentional.

That made seem paranoid, however, if you read McBride's book, *Killing the Messenger*, and Harold Evans' book, *The Paper Chase*, you may agree that the behavior of the manufacturer is a give-away. Pharma does not normally ignore complaints, for fear of lawsuits. But here, silence was resolutely maintained. I say this was done in order to make time for more mothers to take thalidomide.

FDA director Kelsey prohibited import of thalidomide into the US, allegedly because she had read in an article that it may cause peripheral neuropathy. Oh? Then why did 46 other countries allow it? I think this item from PBS.org tells all:

"In the wake of the Thalidomide disaster, Congress passed the Kefauver-Harris Drug Amendment in 1962, mandating stricter controls on drug testing, marketing and advertising, by FDA."



Frances Kelsey, MD, receiving award from President JFK in 1962

I confess that this alone could make me believe that it was a set-up from the beginning, (just as, say the Oklahoma bombing of 1995 gave the overlords many new “rights” to restrict us, and just as the Port Arthur massacre led to the gun buyback). The subsequent persecution of Bill McBride, however, should clinch it for anyone. This doctor was subjected to exactly the same, (probably scripted by the exact same person) routine as was Andy Wakefield in regard to autism, or our various ghosts in regard to cancer. A combination of the New South Wales medical licencing board and Australian Broadcasting Corp did it. (For Wakefield, it was media plus General Medical Council.)

An irrelevant matter was brought up against McBride – that he had performed 44 unnecessary Caesarians. A lengthy court case ensued during which no patient had anything bad to say about him. Norman Swan of ABC accused McBride of fraud in research, having to do with rabbit’s drinking water. The only doctor who could vouch for McBride in this matter had just died, young. Luckily, Douglas Keeping, MD, said, in the witness box, that the case was “without substance” and was a persecution.

Update: a lawsuit in Australia has just been settled (mid-2012) with Distillers (manufacturer of the drug) paying out to a victim. That has nothing to do with what is being said about malice in this chapter. The suit treated the event as a tragic accident. It was not an accident. Some commentators mention mammon. No. Humans are greedy, but that is not what caused this affair. It was a power move. As is the suppression of cancer cures. A word, on the next page, from Orwell, will clarify the issue.

O'Brien speaks to Winston, in Orwell's *Nineteen Eighty Four*

"The proletarians will never revolt, not in a thousand years or a million. You understand well enough how the Party maintains itself in power. What is our motive? The Party seeks power entirely for its own sake.

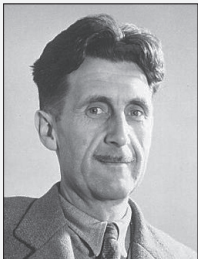
The object of persecution is persecution. The object of torture is torture. The object of power is power. Power is power over human beings. Over the body but, above all, over the mind. ... How does one man assert his power over another, Winston? Winston thought. By making him suffer, he said. [Ahem. Didn't I tell you?].

Exactly. By making him suffer. Obedience is not enough. Unless he is suffering, how can you be sure that he is obeying your will and not his own? Power is in inflicting pain and humiliation. Power is in tearing human minds to pieces and putting them together again in new shapes of your own choosing.

Do you begin to see, then, what kind of world we are creating? ... A world of fear and treachery, a world which will grow not less but more merciless as it refines itself. Progress in our world will be progress towards more pain. The old civilizations claimed that they were founded on love or justice. Ours is founded upon hatred.

In our world there will be no emotions except fear, rage, triumph, and self-abasement. Everything else we shall destroy, everything. Already we are breaking down the habits of thought which have survived from before the Revolution.

We have cut the links between child and parent, and between man and man, and between man and woman. But in the future



*Eric Blair,
a.k.a. Orwell
(1903-1950)*

there will be no wives [See?] and no friends. There will be no love, except the love of Big Brother. ... If you want a picture of the future, imagine a boot stamping on a human face -- for ever. The arrests, the tortures, the executions, the disappearances will never cease. ... That is the world that we are preparing, Winston."

Note: George Orwell, who died at 47, was not writing a "satire." He was surely an insider, who, can like HG Wells in *The Open Conspiracy*, tried to tell us exactly what would happen!

Solid Honesty. It means the world to me that Douglas Keeping, MD, in the witness box, said that the trial of Bill McBride was “a vicious persecution.” Just think: if only another three or four colleagues had banded with him, the persecution mission would have fallen flat on its face.

Dr Keeping is an Aberdonian, like Creighton. I have found in my dealings with Scots, that when a Scot thinks he’s got it right, you won’t be able to break him down. Isn’t that nice? I presume it is a cultural rather than a genetic trait. If it’s cultural, any society could fasten on to the value of dead honesty, and I wish they would. I wish everybody would scream that we are sick and tired of deception.

Speaking of screaming, do you remember the movie where some people leaned out their windows and said “I’m mad as hell and I’m not going to take it anymore”? Betcha the purpose of that movie was to somehow keep us from realizing that such “sticking out” will never happen. We are not built to show emotion when everyone around us is being silent. But we can do what Douglas Keeping did. We can say “Excuse me, but it looks to me as if, ahem, the emperor is, not, ahem, clad at this time.”

McBride measured the rabbit’s drinking water slightly wrongly and this was drummed into the full language of “scientific fraud.” The cabal uses that sort of trick to hurt us, but we’d be less vulnerable to it if we could call it when we see it. I propose to call it a Swanno, after Norman Swan who led the charge against McBride. “Excuse me but that looks, ahem, like a bit of a Swanno.”

A word from Dubos on the way we take up unhealthy practices:

“Admittedly, human beings are so adaptable that they can survive, function, and multiply despite malnutrition, environmental pollution, excessive sensory stimulation, ugliness and boredom, high population density and its attendant regimentation.

But while biological adaptation is an asset for the survival of *Homo sapiens* considered as a biological species, **it can undermine the attributes that make human life different from animal life.** From the human point of view the success of adaptation must be judged in **terms of values** peculiar to humanity.” [Emphasis added] -- René Dubos, “The Fitness of the Environment,” *The Rockefeller University Review*, July 1968, pp 2-11. – Never stop, Dubos!

SURREALISM IN OUR TIME

[This is from Rockefeller Foundation website, April 12, 2012]:

Assets: \$3 billion in 2009, Grants awarded \$145 million in 2009

The Rockefeller Foundation (RF) was established in 1913 by John D. Rockefeller, Sr., who amassed a vast fortune as the founder and developer of the Standard Oil Company. According to RF's current President, Gordon Conway, "Mr. Rockefeller gave us a broad mandate to further the well-being of mankind throughout the world."

RF's philanthropy is directed toward five main program areas: (a) *Creativity and Culture*: This program seeks "to give full expression to the creative impulses of individuals and communities..."

(b) *Food Security*: [DEAR GOD!] This program works to "improve the food security of the rural poor through the generation of agricultural technologies, institutions and policies that sustain livelihoods in areas of sub-Saharan Africa and Asia ... According to RF, a root cause of food shortages worldwide is the "corporate dominance" that "limits access to agricultural technologies." In September 2006, RF collaborated with the [Bill and Melinda Gates Foundation](#) in Africa, aiming to "dramatically increase the productivity of small farms, ... and significantly reduce hunger.

Dissociation. 24 yes-men at a 1970s Rockefeller meeting:



*I got this photo from *Thy Will Be Done*, by Colby and Bennett, a book that shocked unshockable me, re the collusion between Nelson Rockefeller and evangelical clergy in the "conquest" of Latin America, mid-20th century.*

The Connection between Impudence and Impunity

You can't get much more Orwellian than the previous page. Imagine having the impudence to say on your website that your aim is to help the rural poor. Ah, impudence! That word calls to mind the law maxim *Impunitas semper ad deteriora invitat*. ("Letting them get away with it invites worse.")

Note the word impunity. I just looked it up. "He did so with impunity" means he did it and they *let him do it*. So it incriminates us. And by Jove, we do have a crime on the books that can be used to charge the person who lets the major criminal get away with it. It is called "misprision of felony." I learned it from Rodney Stich and went to town with it in my book *Prosecution for Treason*. Just about everybody is committing that felony today.

Wait. The word "impudence" also caused me to look up Bobbie Burns' *To a Louse*. Burns says (and was he ever wrong?) "Your impudence protects you, sorely." Sooo true. A person who acts like he is unarrestable is ... unarrestable. Why? Because we won't arrest him. A bit circular? Think about it.

Food. In the past, most people had access to the fruits of the earth and the sea. Today we depend on remote sources, namely the five companies that control most of the world's agriculture. Recipe for disaster! We can all be starved into submission. It's sort of like having a *droit du seigneur* night, every night.

I recently attended a lecture by an economist who works for Bill Gates. His power-point presentation included remarkable maps of the world's agriculture. He told us that Gates has data on every 10-square-mile unit of the earth's surface, as to what is grown there.

No one in the audience got antsie. Why? First, the speaker was an invited guest and you don't offend a guest. That's a deep human instinct. Second, he did not say "We do terrible things with the data." So we assume it's fine. This chapter opened with "We're done in by our hierarchy-forming mammal instincts." Add: and our innate tendency to believe that the boss (the king, upper class, etc) is – wait for it – *good*. Talk about slave morality!

Another reason the Gates lecture went along smoothly is "the Kitty Genovese thing." That is, no one got antsie because no one else got antsie! We take our cue from each other. Ever see a flock of birds fly off? They get a cue.

BABY STEPS: HOW TO GET YOUR LEGAL FEET WET

Was I ever surprised when us recent law grads were told that there's a lot of depression among new lawyers. We were handed a list of psychologists we could turn to. Hey, wait! Nobody said let's make the job more upbeat! That would be easy to do!

Who will take responsibility for our world? A good answer is: The Responsible. We are not ants, with built-in social solutions. It takes human individuals, of various types, to get down to it. If you join the legal profession, this is your veritable bailiwick!

If you're a bit wary of getting involved in prosecuting heavy stuff like genocide (and who wouldn't be?), note two ways to use law that wouldn't knock the average person out emotionally:

1. Child endangerment law. Not long ago legislators came up with this. It's very flexible: persons who leave a child locked in a car, or who overdo corporal punishment, can be charged with endangering a child. Why not apply the law to "leaving a cancer-stricken child uncured when a cure is available?" The penalty differs by state. In CA, one can be sentenced to prison for up to 6 years. In IL it's 10 years; NY one year; TX up to 20 years!

2. Guardianship. A second gentle law, that can be used to put crims out of business, is guardianship law. If an adult looks unable to act in his own best interest, a guardian can legally be forced on hm. Typically, the appointed individual (or bank) will hold the person's wealth in trust, pay his electric bill, remind him to see a dentist, and hand him a spending allowance.

What of the cabal members, who are so messing up the world that there will be nothing for their own grandchildren to enjoy? "Acting in one's own best interest" includes one's family's best interest. Your state can initiate testing the person's competence, with an eye to taking money out of his control. (I had a dream once about Delaware putting the Duponts under guardianship.)

Law students, does your law school have a moot court? Then you could put on a skit of a case – I don't mean an actual one. Have a go at prosecuting. Use moot names. Do NOT be afraid!

Get into the swing of throwing a few law maxims around, like "A good judge enlarges his jurisdiction." That needn't call for a Scalia treatise on judicial activism. (Poor Scalia, if only he knew). It means judges can apply the great legal principles expansively!

The maxim for the ---- mentioned earlier is: *Impoonitas dayteri-ora inveetat.*

DENIAL AND DISSOCIATION

If a Martian visited us today, I think he would be fascinated by our dissociation, our ability to not-see certain things that we should see. We dissociate on a personal level and a cultural level. Trish Fotheringham has woven these two together in a play called *One Simple Truth*. It makes a strong case that we started to be dissociative ages ago, before the Roman Empire.

When my spouse died, I went into denial and stayed there for nine years solid. I had heard of people doing that, and thought they were doing it deliberately. But I was surprised to see myself doing it, and realized it was not the least bit a voluntary choice.

Still, good news can make a person snap out of denial. How about the news that we don't have to fear cancer anymore? We probably can dump autoimmune diseases, too -- lupus, MS, rheumatoid arthritis, Lyme, diabetes, and autism. Hooray! Yippie!

Another way people start to accept reality is if they see trusted friends accepting it. We can form a quorum of citizen activists (or "yellivists") yelling that all that is needed is a return to the rule of law. I felt secure growing up in the US, thinking we had a magic agreement about law. I later realized we must work at this magic. Other arrangements of legal power are often nightmares:



Time and Life Getty Image. See Tony Rennells' article "Justifiability" in *Mail Online*, April 12, 2011. Suspected members of the Mau Mau imprisoned by the British in the 1950s, awaiting their fate (daily beatings and some castrations, according to a current lawsuit).

THERE JUST MIGHT BE A FUTURE FOR CIVILIZATION, YOU KNOW.

Homo sapiens emerged from the primates. Good-oh to that! An essential trait is *language*. It allows two persons to exchange data. It involves encoding of information that is based on what the senses have received, plus a further mechanism to manipulate this data into categories, principles, visions, theories, whatnot.

Before you know it, you have dear old *sapiens* claiming he can remake the world into a more desirable arrangement. Aha, but desirable for whom? And who was to bring about the change?

Art plays an important role. By *art*, I mean “making up something not already there,” such as by stories and drama. The writer can present an undesirable picture, for all to shy away from, or a picture of something wonderful, to light the way. We desperately need the insight and inspiration of art today.

It’s nonsense that we are told everything is so advanced and complicated that people can no longer contribute. *Quel* crock! Folks had better start contributing ideas on how we can get away from that “advanced stuff” and revive human nature. If we are busy sending drones (now miniaturized to the size of a fingernail) all around the world to kill people, that’s no sign that this is “what we are destined to do.” How puerile can you get?

Dear Reader, if you want a really wild turn-on, please get to the bibliography and acquire a familiarity with the works of Meir Tamari and Philip Allott. Tamari says we are not destined to make a mess of capitalism. He shows how rabbinic law has applied wisdom to the need of a community to carry on businesses, while still showing respect for all the players. He makes total sense. Note the word “wisdom” there – a major gift of culture.

Allott calls himself a Social Idealist, and with good reason. Having served as a British diplomat, Allott must be aware of the ability of power to crush the human spirit, but his riposte is (this is not his phraseology): “Oh yeah, so what? It could just as easily go the other way. Humans can invent a system of love, like mad.” Law students, please take note: Allott was a delegate to the Law of the Seas Conference and has undaunted faith in law.

Just think how easily you could talk the majority of folks into being enthusiastic about some new plan for society, provided it met basic requirements for survival and for joy. Just *think!*

THE MURDER SITUATION: BURK AND MERCOLA ON FLUORIDE

Stop press! HuffingtonPost.com has just published a Harvard study that proves correlation between fluoridated water and lowered IQ. A Jan 28, 2013 article by Dr Mercola contains a reference to Dean Burk, MD, who said the practice of fluoridating amounts to murder, as Burk had found a rise in cancer deaths as soon as a city put F in the H₂O.

It's astounding that HuffPost would carry such material (and it links to Dean Burk's speech on Youtube). Dean published his proof in 1937. No typo there; I said 1937; that's 85 years ago. Many scientists have known since then that the practice was harmful. It seems that merely by placing a happy slogan on the deal ("Fluoride helps teeth"), the murderers have been able to escape all blame. This is marvelous.

Please, pleezie-pleeze, turn your attention to this aspect of the case. I do not mean to introduce, into the present book, any information about fluoride. Rather I ask you to look at physician Burk speaking on Youtube. He so simply and soberly says what I have been trying to convey. The "giving" of cancer is no accident; it was well-planned. That being so, we should be acting as we do when we see any crime.

Also, I just happened to see on Youtube a lengthy documentary called **"Resonance – Beings of Frequency."** It's partly about the discovery by German physicist W Schumann that the earth has a pulse, with the frequency of 7.83 Herz. (A herz is the number of oscillations made per second). The human brain has the same resonance – 7.83 Herz. We evolved to expect a certain pulse in the atmosphere. Today, the die-off of bees is apparently due to waves from cell phone towers. The bee can't find the electromagnetic paths that it uses to navigate.

Humans also need to pick up EMF data to make the circadian rhythms of the body function. David Weaver, PhD asked student volunteers to live in a bunker that shut out the earth pulse. He found that they complained of emotional distress. When he secretly put the 7.83 pulse back into the bunker, by a magnetic pulse generator, the "patients" got better. Experiments show that our melatonin helps us deal with light vs dark. (Recall John Ott's flowers.)

I hear you retort that the "cabal" wouldn't do something as harmful to itself as causing a mess-up of the planet. Actually, its members have become reckless. I can't see any of those idiots saying "Hey, we must protect the bees that pollinate the crops." All they must concentrate on nowadays is how to prevent our punishing them one day soon.

Being human, just like us, they also dissociate! When reality is hard to bear, they run from it. It does seem that they did a brilliant job of controlling us, secretly, for centuries but now the jig is up. By the way, I hear they go in for crazy religions, and make a real intellectual effort to prove that evil is good. Poor souls. Don't you feel sorry for them?

Chapter Fifteen

Microbiologists -- Were They Assassinated?

From Charlene Fassa, at rense.com (2005):

June 24, 2003 -- Dr. Leland Rickman, a UC San Diego expert on infectious diseases

November 12 2002 -- Dr. Benito Que, 52, an expert in infectious diseases and cellular biology at the Miami Medical School

March 25, 2002 -- Steven Mostow, 63

March 24, 2002 -- David Wynn-Williams, 55

February 28, 2002 -- In San Francisco, Tanya Holzmayer, 46, is shot and killed by a colleague, Guyang Huang, 38, who then apparently shot himself.

February 11, 2002 -- Dr. Ian Langford, 40

February 9, 2002 -- Victor Korshunov, 56

January 2002 -- Two in one day: Ivan Glebov and Alexi Brushlinski

December 14, 2001 -- Nguyen Van Set, 44

December 10, 2001 -- Dr. Robert Schwartz, 57

November 24, 2001 -- Three microbiologists died in Israel:

Dr. Yaakov Matzner, 54, dean of the Hebrew University school of medicine; Amiramp Eldor, 59, head of the haematology department at Ichilov Hospital in Tel Aviv, world-recognized expert in blood clotting; and Avishai Berkman, 50, director of the Tel Aviv public health

November 21, 2001 -- Russian defector Dr. Vladimir Pasechnik, 64

November 16, 2001 -- Dr. Don Wiley, 57

July 18, 2003 -- Dr. David Kelly, a British biological weapons expert



UK policeman guards area where David Kelly was suicided. See Hutton Inquiry.



Autism: Would God Order Torture for Toddlers?

Lay thee down now and rest. May thy slumber be blessed.

-- English lyrics to Johannes Brahms's lullaby, "Wiegenlied," 1868

I have been told multiple times that in major institutions, if you want to study developmental or genetics, you will likely be funded but if you want to study immune or viral, not only should you not expect funding, but you may be reprimanded or even let go. Somehow, that does not resemble the medical or academic world I was exposed to

-- Michael Goldberg, MD, *The Myth of Autism*, 2008

There are tragedies and there are tragedies. There is no tragedy to compare with the autism tragedy. Your child is healthy until about 15 months of age and then something happens. He loses the ability to speak, stops being affectionate with family, acts as if he is in great distress. His future may be one of non-stop pain.

QUICK DISCLAIMER, APOLOGY, AND CONFESSION

Disclaimer: As before, the reader should remember whom the reader is dealing with: Mary Maxwell has no neuroscience background.

Apology: The above statement about tragedy refers to children in obvious pain. Older persons who are happy to find themselves autistic should not be labeled "tragic" by the likes of me. (Judy Endow, a great "autie," would say: "Mary, you lack autism." Fine.)

Confession: I am going to favor Michael Goldberg, MD in this chapter for the simple reason that he boasts a standard pediatric background (he boasts *of* it, too!), and that reassures me.

Boring Is Beautiful. Goldberg, having been properly trained in science, makes "boring" statements such as the following:

1. The rules of physiology have not changed.
2. It can't be meaningless that auties show high viral titres.
3. There has never been, and never could be, an epidemic whose basis is genetic. (Didn't I say this would be boring? *Snore...*)
4. Logically we can see that children who were fine until they regressed at 18 months weren't born with a mis-wired brain.

Goldberg makes non-boring statements, too, in Exhibit U.

COULD THIS MAN EVEN CONCEIVABLY BE A PEDIATRICIAN?

Poor Dr Paul Offitt. He was the president of the American Academy of Pediatrics (whatever that means) during “the Wakefield affair.” When Offitt went to George Washington University recently to give his standard “Vaccines Are Beautiful” talk, there in the audience was a student, Jake Crosby, who has Asperger’s (the mild end of the autism spectrum). Jake challenged the pediatrician in a very polite way, on point. In no time at all the security guard removed Jake from the room. Isn’t that awful?

Paul Offitt, MD, specialist in ridiculing concerned parents. Shown here after a polite question from the audience. The hand under his hand is that of a lady who protects him from such incursions. He was recently named to the Institute of Medicine. Keep in mind that the IOM is unconstitutional.



Anne Dachel, BA

ANNE DACHEL’S STRATEGY: PERSISTENCE

There are many autie parents who are not willing to fall under. The website AgeofAutism.com carries their work, such as that of former schoolteacher Anne Dachel. She writes replies every day of the week to any newspapers that “do the wrong thing.” She doggedly exposes their fixed formula. She shows that:

1. They write stories about autism being “not so bad” – (it’s true that a few kids will become exceptionally gifted adults).
2. They keep repeating, with no basis, that autism’s cause has been settled: “It’s genetic and vaccines had nothing to do with it.”
3. They attribute the numbers to over-diagnosing, not ‘epidemic.’
4. They emphasise the financial burden on schools.

Anne warns us of the “tsunami” of autistic adults our society will soon have to care for. Right now in the US there are 750,000 victims of the autism epidemic, mostly under age 20. Where can they go? Google for “Natalie Palumbo” to get a feel for this issue from the perspective of a loyal sister. And think of the half-million autistic kids in China who have no siblings to help them!

Bernard Rimland's Autism Questionnaire, as sent to Grandin's Mom

Did he have a normal change from crawling to walking or was it a sudden start to walking with no crawling? Respiratory infections? Does the child look through, or walk through people? Does he refuse to drink from a transparent container? Does he take an adult by the wrist to use the adult's hand to open the door, get cookies, etc?

Did the child ever imitate anyone (like wave "byebye")? When he spoke his first sentences, did he surprise you by using words he had not used previously? Can he understand you, judging by the way he follows instructions?

Does he hide his skill or knowledge so you are surprised later on? Has he ever used the word "yes"? Does he have an unusually good memory for songs, rhymes, or TV commercials? How well did he pronounce his first words – unusually good?

Does the baby rock in his crib? Does he hold his hands in strange postures? Is the child deaf to some sounds but hears others? Does he react to bright lights? Does he want to be on a rocking-horse, jump-chair, or swing? Would you describe him as being 'in a shell'?

Does he like to spin a jar lid? Does he whirl himself like a top? Does he deliberately hit his head? Is he very good at jigsaw puzzle, arithmetic, has perfect musical pitch or can tell the day of the week a certain date will fall on?

Does he line things up precisely in even spaced rows and insist that they not be disturbed? Is he upset by certain things that are not right, like a crack in the wall? Does he resist new clothes?

Does he react badly to being interrupted?

Does he adopt complicated rituals like putting dolls to bed in a certain order or insisting that only certain words be used in a given situation?

Does he get upset if furniture or toys rearranged?

Is there a problem that makes him hit, pinch, and bite himself?

Does the child repeat sentences he heard which are irrelevant now, and does he use a hollow or parrot-like voice?

Note: I found the above list in *Emergence* written by Temple Grandin and Margaret Scariano (1986). Grandin's books are extremely helpful to us NT's (neurotypicals), not just regarding autism but neuroscience and our humanity. See her *Thinking in Pictures* and *Animals in Translation*.

SO WHAT IS AUTISM, REALLY?

As you can see from the Rimland questionnaire on the previous page, autism has many very peculiar symptoms. Psychologist Bernard Rimland, PhD, was an autism Dad. His son Mark was born with it in 1956. Based on replies he received to that survey, Rimland published an article in 1964 and later founded the Autism Research Institute. He helped jettison the hypothesis, offered by Leo Kanner, MD, in the 1940s, that the “cause” of the child’s mental malfunctioning was cold mothering!

Today, as mentioned in Chapter 13, autism is understood to be a medical problem. For one thing, it has a tie-in with GI issues. This has led the Wakefield group to put new lyrics to an old song: “The brain bone connected to the bowel bone....”

We now also have Michael Goldberg’s discovery that blood tests of these children yield a picture like that of the blood from patients with CFS – chronic fatigue syndrome. Moreover, he works with a Chilean radiologist, Israel Mena, MD, who invented a scanning machine to watches blood flow in the brain. (You can, of course, see that procedure on Youtube!)

Goldberg’s deduction is that a shut-off of blood to the brain is causing the trouble. Also, he finds high viral titres in autistic kids, so is certain that infection plays a role. His theory that autism is an autoimmune problem will be discussed below.

Goldberg, by the way resolutely avoids the word *autism* as he knows it conjures up a non-medical behavioral problem. He won’t even agree to refer to autism as a developmental disorder, since there is no scientifically known pathway that makes a child do well on development until 18 months, and then lose skills.

Other contributors to real scientific research include some parents, such as Teresa Conrick and Kent Heckenlively, who, though not medically trained, were forced into studying autism.

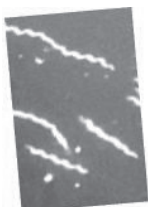


*Atty. Kent
Heckenlively*

Heckenlively thinks an XMRV explanation for autism could help treatment. Scientists find that this retrovirus increases (gets replicated) when any of 3 things is in the body: stress hormones, sex hormones, and inflammation. Autistic children suffer greatly under stress (the stress of ordinary stimuli) and their pain increases during puberty. Maybe they thus encourage the virus! As for inflammation, Heckenlively wonders if

the act of receiving a vaccination, which by its nature causes inflammation, could be the thing that starts a child down the road to autism. He also believes that understanding the role of inflammation may shed light on why the gluten-free diet helps some auties.

LYME DISEASE SEEMS CONNECTED IN SOME WAY TO AUTISM



Borrelia burgdorferi,
Lyme's
spirochete

The awful symptoms of Lyme: are fatigue, mental confusion, swollen joints, numbness in hands and feet, tachycardia (fast heartbeat), constipation, night sweats, migraines, mood swings, food intolerances, motor tics. In 2004, Kathy Blanco collected data about this, and in 2007 Robert Bransfield, MD published on Lyme. In 2008, Bryan Rosner, with Tami Duncan wrote a persuasive book, *The Lyme-Autism Connection*. It observes:

- Some states that have high incidence of Lyme disease are the same ones that have high autism rates, namely CT, RI, NJ, ME.
- (But, they note, OR and IN have high autism and no Lyme.)
- Many mothers of autistic children have Lyme disease.
- Lyme is called, as syphilis used to be called, “The Great Imitator” -- its symptoms are similar to that of other diseases.
- Although a tick is known to be a vector for Lyme, many Lymeers say they do not recall a bite, and many did not have the post-bite “bullseye” rash that is diagnostic for Lyme.
- Some families have reported that their autistic child improved when given the antibiotics used to fight Lyme.

AUTOIMMUNITY

Many diseases today – such as lupus, MS, diabetes, and autism, are said to be the result of one’s own immune system carrying out its “fight” duties on the self. *Auto* being the Greek word for self, if you are autoimmune you are immune to yourself!

We healthy folk have the beautiful immune system turning out all the right pieces like lymphocytes and antibodies to tackle the enemy. But those pieces could attack one’s own organs if the whole biochemistry of the immune system has gone awry. And what would make it go awry? Some external stresses, added up. As to why that begins, the answer must be that some combination of triggers from the environment upset one’s biochemistry.

Rhymes with Alice. Would I dare to suggest that the disease was “caused”? Yes. After all, I said so regarding cancer and AIDS (both in NY and Libya). And thalidomide. And polio.

I assume that autism is “weaponized” just as we know cancer is. I speculate that the weapon is causing all the autoimmune diseases. Recall the 1969 request to Congress to fund a weapon that would cause immuno-deficiency?

Just read Exhibit Z, many reports written by parents. Even if Joan Campbell had not collected them so well, we could judge by the way NIH says, without proper argument and with loads of ridicule, that it is “*definitely not the vax.*” It’s absolutely forbidden by science to talk like that! And recall Beth Maloney showing how NIH impeded her search for an OCD remedy.

We are also assisted by Creighton’s 19th century effort to track down Jenner’s vaccina. (Exhibit A). Had it been legit, he would have been able to get his mitts on it. In Australia I’m assisted by the McBride case. His persecution was just like Wakefield’s yet there was no doubt that the was harm done by thalidomide.

How about the fact that our Gulf War Syndrome men came down with autoimmune-like symptoms after anthrax shots? See Alison Johnson for details. In Exhibit R, Harris Coulter, shows that military personnel get more diabetes than the rest of us. Huh? Listen to this. I just came across, in the book *Cancer Cures Crucified* by Suzanne Caum (1968: 501), a letter written to her by an air corps medical technician re his World War II days:

“One of [my] jobs was to administer shots and vaccinations. Many thousands of our men were shifted about from base to base and as no shot records were given then, they were obliged to take all of their shots over and over again. They [faced] court martial if they refused.”

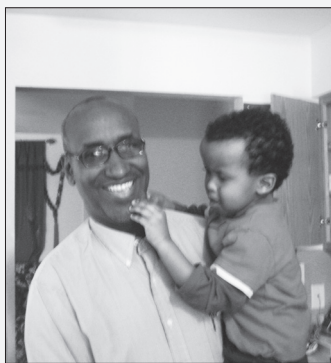
A real stunner is the following, posted at AgeofAutism.com:

“Our son, who was diagnosed on the autism spectrum at 2.5 years, just turned 10. My husband and I still can vividly remember the day when he was 3 years old and received antibiotics for the first time, for an ear infection. After the first dose he had an incredible reaction. **He was engaged, verbal and connected in a way we had never seen.** That response lasted about 24 hours, then faded.”– Linyom 5-21-12

Say, for now, that I’m nuts and there is no malice. It may *still* pay some researcher to toy with the idea of autism as a planned attack, as it could make him go Bing! as to how the thing works.

Be Patriotic

I am a Somali parent, resident in Minneapolis and a father of a 6-year old. He is still non-verbal and horribly dysfunctional. My son grew up a healthy and bouncing baby, started speaking a few words by the time he was about 15 months. He waited for me at the door everyday as I got back home from work and welcomed me. He raced down the stairs and hugged me, then held my hand and led me inside. I looked forward to those moments, and they were perfect moments as they relieved me of the day's tensions and workplace frustrations. Then one day, I came home and he did not welcome me as was his wont.



The Khalifs, father and son

A few days earlier, Abdimalik got his 18 months MMR vaccine as scheduled. On all subsequent days after that, Abdimalik went from one extreme behavioural problem to another, like tantrums, biting, sleeplessness. We spent the entire next winter virtually awake at night, relieving each other and trying everything possible to calm him down. It was not until we withdrew dairy from his diet that he started sleeping. This simple advice came to us from another parent, and not from our medical caregivers.

.... We are even ready to forgive those who damaged our kids if they promise not to damage any more kids. We can even sign such pledges just in case they are afraid of lawsuits ... But whatever the motive of the powers that be, the autism community will remain steadfast and united against a superior force of big business and coward science. We have made America our home and enjoy the full benefits of American citizenship. My firstborn son is now serving in Afghanistan, and I am not apologetic about speaking my mind or demanding my rights.

Autism should be viewed as a threat to our National Security. At the rate it is increasing, it is a fundamental threat to our very existence as a Nation and a negative influence on our role in the world. So, hiding from the truth and continuing to ignore a fast approaching disaster is a very unpatriotic disposition towards our country. I tell you, sir, that whether one child or 10 children die of measles, I would rather have my child suffer for a few days and recover than have him mentally damaged for life and be a burden on society. I would rather have one child die in infancy than to have thousands disabled and dehumanized for life. I will never accept the notion that a doctor who doesn't know what causes autism can still tell me what does not cause it.

-- Abdulkadir Khalif is a Contributing Editor at Age of Autism.com

CAN THE CONSTITUTION OFFER ANY GUIDANCE?

When anything goes wrong in the US, people can seek the friendship of our long-gone forefathers. I am not sure what their motives were but undoubtedly they gave us a tool for the distribution of power. (They were powerful men, why share it?)

In regard to autism, two constitutional protections come to mind. The first is simply the limited grants of power that the states made to the federation, in 1787 (Chapter 8's frontispiece). Congress's 18 area of legislative power do not include health; therefore only the states can pass laws on health. Perforce, the CDC is an unconstitutional entity. Its website says it is trying to:

“be a more efficient and impactful agency by focusing on five strategic areas: supporting state and local health departments, improving global health, implementing measures to decrease leading causes of death, strengthening surveillance, and reforming health policies.”

A little less impactfulness would be appreciated, O Agency. The fault, however, lies with the individual states for not resisting it.

The second protection comes from the Bill of Rights' seventh amendment: *“In suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved....”*

If any person or organization has harmed you, you can ask a court to rule on damages owed. In other words, you may sue.

In 1986, Congress passed the National Childhood Vaccine Injury Act. It offends the Constitution in two ways. Firstly, it declares that no one can sue the manufacturer, the doctor, nurse, or anyone for injuries received as a result of vaccination. In my opinion it was treasonous of Congress to pass that law. It makes killing liability-free – who ever heard of such nonsense?

Secondly, the Act sets up a “court” but it does not fulfill the due process rules that we take to be basic. The defendant is the federal government! If damages are awarded the taxpayer foots the bill! See Exhibit W for a sample. An average payout is \$822,000. Plaintiffs lack a right of discovery, to subpoena evidence.

By 2008, 5000 autism families had filed for compensation for their vaccine-injured child. Mysteriously, all their cases were lumped into two Omnibus cases. Both cases lost. One appealed and lost. Neither had cited anything other than mercury or thimerosal as the culprit. What of all the other possible causes?

GUILTY KNOWLEDGE

I have said, in Chapter 8, that there are laws covering even the most unthinkable crimes. I do realize, however, that people shy away from thinking in those terms. It may help to go for smaller concepts. Let's polish up the concept of "guilty knowledge." In UK, it was invoked by the High Court during a lawsuit against British Coal. The judges chose a date, 1954, as the time from when the coal company should have known (in other words, did know) how the miners were being injured. (Note: lie detector tests are usually seeking to establish guilty knowledge of a crime.)

So let's look for some guilty knowledge about what I allege to have occurred, that is, autism was intentionally given to children.

I think these categories tend to evince guilty knowledge:

1. anyone who says John Walker-Smith et al acted unethically,
2. anyone who ridicules mothers who say their baby got injured,
3. anyone who says it's proven that vaccines do *not* cause autism.

Am I an enemy of free speech? Shouldn't anyone be allowed to say that any doctor at any time acted unethically? Sure. They can. I am not stopping them. It's just that they raise a suspicion. If you want to slam Walker-Smith, it must be, logically, because you've got the goods on him, right? So, then, we want you to show us the goods. If you don't have 'em, we will wonder why you made the effort to badmouth him. ("I bet I know why.")

As for ridiculing Moms, it just isn't done. Society respects mothers. In the rare case where it appears that a woman is deluded, we would speak in sympathetic tones, not harsh tones.

In his book *False Profits* (2008: 188), Dr Offit notes how Elana O'Brien testified, back when the tobacco companies were being sued -- she said "I know Camels are mild." Offit says "Hill and Knowlton used personal testimonials to trump epidemiological studies." (H&K is a public relations firm.) Similarly, he said, the parents of autistic kids gave "personal testimony" at Rep Dan Burton's hearings, "science be damned." Hey, hold everything! How does Offit know that obscure detail about the tobacco suit? Hmm. H&K is considered a CIA company. They probably gave Elana her lines. Oh! They probably wrote Offit's book for him, too. *False Profits*. Why is the CIA interested in squelching publicity about a vaccine-autism connection? Tum-te-dum-dum.

What Is Autoimmunity? [Website of Johns Hopkins Medical Institute.]

Autoimmunity [means] misdirected immune responses. These can be [re-searched], for example: Idiopathic thrombocytopenic purpura (in which deliberate human experimentation in the early 1950s [Hello?] showed that the platelet destruction is directly caused by an autoantibody), Graves' disease and myasthenia gravis (in which there are signs of disease in the infant due to transplacental transfer).

... Another, more feasible, way to demonstrate pathologic effect of autoantibody is to reproduce the functional defects characteristic of the disease *in vitro*. For example, inhibition of the fixation of vitamin B12 by intrinsic factor can be produced by autoantibodies from certain patients with pernicious anemia, and overproduction of thyroid hormones can be produced by autoantibodies from patients with Graves' disease....

[Or try] re-creation of the human disease in an animal model. The majority of autoimmune diseases fit in this category. E.g, the autoimmune basis of systemic lupus erythematosus is well accepted because of the availability of several genetically determined mouse models which, while not simulating lupus as seen in the clinic, do very closely replicate the serological features and some pathological features.

Hashimoto's thyroiditis and multiple sclerosis can be reproduced by immunizing the animal with an antigen analogous to the putative autoantigen of the human disease. Neonatal thymectomy of mice can produce excellent analogs of autoimmune gastritis. [!] Investigators are [sometimes] left with circumstantial evidence, that is, listing "markers" descriptive of autoimmune disease. Examples of markers:

1. positive family history for the same disease, or for other diseases known to be autoimmune
2. presence in the same patient of other known autoimmune diseases
3. presence of infiltrating mononuclear cells in the affected organ or tissue
4. preferential usage of certain MHC class II allele
5. high serum levels of IgG autoantibodies
6. improvement of symptom by use of immunosuppressive drugs (such as corticosteroids).

Autoimmune diseases can strike any part of the body, and thus symptoms vary widely and diagnosis and treatment are often difficult. The broad spectrum of autoimmune diseases includes multiple sclerosis and the severe type 1 diabetes mellitus..... Diseases such as scleroderma require skillful, lifelong treatment. Still other autoimmune diseases, including Graves' disease and chronic thyroiditis, can be successfully treated if correctly diagnosed ...

The presence of an autoimmune response [may be] based on cumulative genetic risk factors, combined with an environmental contribution (infectious, chemical, physical, or other)."

-- autoimmune.pathology.jhmi.edu. Retrieved Nov 9, 2012.

The previous page contains my initial experience of Hopkins relief. I should now admit that the relief is not simply one of finding that the big boys and I are somewhere in the same hymnbook. It's also – sorry – about Guilty Knowledge, “GK.” I mean I get a sort of Perry Mason buzz on finding that labs traffic in something whose existence they've doggedly denied.

Perry Mason, Period. Now allow me, please, to claim that I've developed many ways of recognizing GK. These work for me. I don't mean they *prove* that the person is harboring guilty knowledge; cross examination or confession would be needed. I mean I see patterns that look very revealing. Simple example: a well-known pediatrician stated that vaccinations are so safe that “a child could have a thousand of them.” No doctor who did not have an agenda would ever make such a bonkers remark.

Here is another example. *National Geographic* recently wrote up a story about the new cancer that is harming a marsupial mammal called the Tasmanian devil. It's being looked at in a well-funded study of the transmissibility of cancer. (Oh? Don't they say cancer is never contagious?) To me it seems clear that the “study” is an experiment. Someone is using the poor old devils to learn **how to make cancer transmissible**. (God help us.)

Why doesn't the writer (*NG* is CIA) ask the obvious question: how is it that this cancer was not manifest for centuries? No, that is not interesting. Anyway, why would this study get big official money, while a doctor who wanted a grant to study the infectious aspects of cancer would be declared “certifiable”?

Next, to the matter of XMRV, mentioned by Heckenlively. Vincent Lombardi, in *Science*, showed that this retrovirus (i.e., it changes the DNA) may cause ME (myalgic encephalomyelitis, better known as chronic fatigue syndrome). Two doctors, Alter and Lo, also wrote a paper but it was pulled! Among the sequellae was jail time for a researcher, Judy Mikovits, in a civil action!

The *Wall Street Journal* announced that all is well: XMRV does not cause chronic fatigue syndrome. Just the fact that WSJ would get involved tells me all I need to know! Anyway the virus in question is related to HIV, so... well ... ya know....

Law students, if you want some Perry Mason work, ask Anne Dachel for her interviews with Minnesota school authorities re the fact that Somali immigrants have top incidence of autism.

RECAP OF SOME CRIMES NARRATED IN THIS BOOK

Our curers and other scientists were made to suffer in many ways. William Koch and Lawrence Burton were *effectively exiled from their country* (as was Judyth Baker, a witness). The following *lost their job*: Livingston, Revici, Lincoln, Creighton, Rife, Ivy, Becker, Enby, and Kelley. Burzynski *was arrested*; Naessens, William Koch, and W Reich all *went to jail*. Many *were sued*, including Rife's associate, John Crane. I think the following were persuaded to shut up and who knows with what violence they were threatened: Rosenow, Crile, Coley, and Kaali.

Suppression of cures and good treatments caused deaths. Recall autogenous vaccine for cancer, electrification of blood for Gulf War syndrome, phospholipids for AIDS, and many more

Out-and-Out Crimes. The mind of the citizen fogs up when asked to think about retributive justice for those things – However district attorneys could no doubt identify a charge for each of them. For a moment let's look at really obvious crimes, ones that citizens understand to be punishable:

1. *Deaths that were probably murder*: Wilhelm Reich, Max Gerson, Robert Lincoln, Senator Tobey, Georges Lakhovsky.
2. *Diseases that were probably deliberately spread*: cancer, polio, bubonic plague, AIDS, and thalidomide's deprivation of limbs.
3. *Bereavements that look malicious*: MJ Scott (of siblings), Rife (of wife), Baker (of grandmother), Strecker (of brother).
4. *Attacked electronically at home*: Mary Gregory (Fathom it!)
5. *Burning down of his home*: Wm Kelley (The mind boggles.)

Some of the principals are still alive; so are some accessories. It is vital to bring them to book. Inevitably that makes the crims hesitant to continue. In 2011, Kevin Annett was beaten up and his Dad bothered to make a public fuss. What if he hadn't? Everybody would be quietly calculating that "no one does anything when we suffer." That's a problem we can so easily fix!

Note: there is a slight consolation in all this, if you have a sense of humor. Drastic actions against curers who are clearly doing no harm strongly suggest the cure works! If you read Dinshah's book, you'll find yourself believing in color-light therapy, given the enormous effort directed against Ghadiali for four decades.

Recap of Clues That the Autism Epidemic Is Suspicious

1. When there is an epidemic, the cause can never be genetic.
2. Can't be a "development disorder" if child was earlier OK.
3. Scientists ruling out a cause without checking is unheard of.
4. Gastroenterologists stripped of licence for their autism work.
5. Mainstream media discusses autism from "talking points."
6. A recent talking point is "Let's get used to autism."
7. Michael Goldberg finds clues on brain scans, can't win grant.
8. Nowadays, families are not allowed to say No to vaccination.
9. Leo Kanner, first diagnosing autism, blamed cold mothering.
10. Security guard removes student from Offit lecture at GWU.
11. In NCVI Court, two Omnibus cases represent 5,000 injured.
12. The one paid-out vaccine case (Hannah Polling) is secret.
13. Journalist Brian Deer allowed to give medical lecture at JHU.
14. Congressional hearings by Rep Dan Burton spin wheels.
15. *Lancet* "retracts" a 1998 article in which there are no errors.
16. CDC sells database to private company to avoid FOIA.
17. American kids now get 24 vaccinations by age 2.
18. Most babies receive Hepatitis B shot within hours of birth.
19. Homeland Security Act freed vaccine makers from liability.
20. Some states take kids away from "noncompliant" parents.
21. Somali kids in Minnesota have unexplained rates of autism.
22. No university offers to compare various treatment responses.
23. Doctors studying "immune/viral" may be reprimanded.
24. None of the 50 states queries why 2% of boys get autism.
25. Connection to Lyme and infectious diseases fails to fascinate.
26. See Gobbledeegook speech by CDC (at end of Chapter 13).

Surgeon on Horseback Makes House Calls.

It was in the horse and buggy days, and always during cold and snow that the unchecked ravages of diphtheria occurred. My horse, Lucy, played her role, too, as we always drove fast.

As if death of any promising child were not enough, one night Lucy and I went to the suburb of Brooklyn [Ohio] where, in a family of six children, five of whom were mentally defective, I found the only normal one -- a beautiful curly-haired child -- in the last stage of asphyxia from diphtheria.

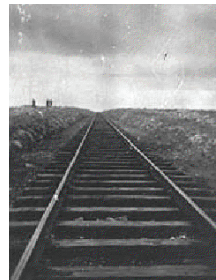
In spite of every effort to add oxygen to the flickering light of life of the beautiful little blond-haired girl, we failed. I could think of nothing to say to the parents as I left to drive the shivering Lucy home.

One day many years later while sitting in a Pullman car, a fine energetic-looking young man paused, saying, "Are you Dr Crile?" Giving me his name, he said, "I was your intubation and tracheotomy case when six months old. You see, I recovered from the diphtheria and the pneumonia." To prove his identity he called my attention to his tracheotomy scar.

This case had followed soon after the preceding disaster of the only hope in a family of six. I recall staying with that child all night. From the chill of early dawn when I left knowing the child would live, to meeting the grown man on the train, a period of more than forty years, I knew nothing of that patient.

From *George Crile: An Autobiography*,
edited by Grace Crile. (1947: 60)

*Note: We have had
railroads for only 160 years!*





Conclusion

Do not go gentle into that good night. Waterboard somebody.

-- Mary W Maxwell, Musings on Cancer and the Law

Came straight to the Conclusion without reading the chapters did we? Well, that's fine. Welcome! If you need answers about cancer you may be surprised at the ones you find here. I am not a doctor. I am an ambulance chaser. I want to chase after cancer and find all I can about the apparently malicious plan to keep us sick.

I'm particularly interested in the problem of our pitiful willingness to take what they're dishing out to us. They? Is there a "they" there? Yes. Some people have been indefatigable in their efforts to suppress good cancer cures -- for over a century!

You may be curious as to their names. No need for me to mention their names. Those creepy individuals are not the problem. *We* are. Pardon me, Newly Arrived Reader, but that's the way it is. If you live in a free enough country, such that you were able to obtain this book, you ought to be a leader of your community. Perhaps you could start in the next week or so.

Here are two stories that I heard just yesterday. First, in Australia, a 14 year-old boy, who was running from the police, crawled under a trailer truck in fear. The cop then tased him. I repeat his age: 14, and his location: under a truck. There is no excuse in the world for that boy to be hurt like that. But it is not the cop's fault; it is society's fault. If you are an Aussie, it is *your* fault.

Second, I happened to hear that Judy Mikovits, PhD (who wrote a scientific paper linking the XMRV virus to chronic fatigue syndrome) was treated like a criminal. Her employer filed charges against her for "stealing" and so she went to jail. The worst thing is that no one has said to the "authorities" You can't abuse the law like that. So, if you're American, it is *your* fault!

Just so you won't hate me too much for preaching, let me say, that since I am both a Yank and an Aussie, both incidents were entirely my fault. Sorry, 14-yr-old boy! Sorry, Judy Mikovits!

THE 18 CURES – WHERE ARE THEY NOW?

Of the 18 curers listed in this book, five are still alive and so you can ask them directly about their work. Three of these are in the phonebook: **G Naessens**, **S Burzynski** and **E Michelakis**. Reportedly, **R Hamer** is in hiding in Spain. **R Olney**'s Providence Hospital no longer stands. His UBI has an elaborate imitator in extracorporeal photopheresis at Yale – see R Edelson.

The work of some curers lives on through others. Elana Avram, who was **E Revici**'s office manager, minds the shop (AIM center) in Paramus, NJ. Edmond Addeo's website says that the man who made **V Livingston**'s vaccines is still making them. Your GP can use his services. To enjoy **R Lincoln**-phaging you can rock up at a clinic in Tblisi. **M Gerson**'s family runs a clinic, and they publish books for doing their cure at home. **J Budwig**'s cure is also written in her book. This doesn't mean I am recommending that anyone go the non-doctor route. Fact is, I recommend the doctor route.

G Crile has no following. Alas, few libraries carry his books. The devices made by **G Lakhovsky** and **R Rife** are ostensibly on the market but who can know if they are fair replicas? Nick Gonzales, MD, in New York does the **J Beard** cure. He got it from dentist William Kelley who claimed to have cured thousands of people of cancer. (You'll recall Kelley's house was burned down – always a good sign.) I know of no one using “the Father Moulinier special” -- **T Glover**'s serum.

As for **W Coley**, “hypothermia” is used by some doctors as a cancer treatment, but perhaps not by injecting erysipelas to engender fever. Pfizer's website says it has bought Coley's work. Ha! It's in the public domain. (Twenty year max on patents.) I guess you could say that **J Ott**'s cure, sunshine, is so hard to suppress that it's available “above board.” It won't break the bank either! What about the miraculous work of **R Becker**? Ask his former assistant, Professor Andrew Marino.

Note: Also dipped me lid to others who have contributed to the curing of cancer: Babbitt, Beck, Broxmeyer, Burton, Cantwell, Domingue, Durovic, Enderlein, Enby, Finsen, Ghadiali, Holt, W Koch, Mattman, Nordenstrom, Reich, and general theorists Béchamp, Bernard, Creighton, Dubos, and Rosenow.

Again I say there are many others who could have been involved, but this book's not a contest for the best medical cure.

HOW TO SCHMOOZE IT TO YOUR DOCTOR

Dear Reader, if you have enjoyed this book and intend to share it, you may get a rude shock. Friends may react angrily, strange as that may seem. If so, there is NO point trying to argue the case rationally. But if somebody looks educable and asks for more info, it may be wise to start with the MJ Scott cases.

In fact, if you can give a sample of this book to your GP, let it be the first few pages of Chapter 10, as those include the unimpeachable reports of surgeon Scott. He cited the names of doctors, hospitals, and test results of a few once-hopeless patients (whom he then cured with Glover's serum). We can assume those doctors would have complained if he was lying.

No doubt someone will ask you which of the 18 curers had the best track record. Allow me to show that it doesn't matter. To begin with some humble figures: Lakhovsky cured one plant, Crile a few rats, and Becker two humans. Olney's score is five. Michelakis didn't cure anyone in vivo, just in vitro. Ott said 14 people who tried his method "showed improvement." Still, all of those methods may have great success today; we don't know.

Rife cured 14 out of 16 patients. Hamer says he cured all who requested it. Livingston, Burzynski, Naessens, and Gerson had at least hundreds of successes, and I think it likely that Revic and Budwig cured thousands, as they were doing it for decades. Glover left a book, which I have not seen, recording 3,000 cases, we are told the Beard method cured thousands via Kelley.

Even if only one hopeless case found a medical cure, that tells us that there is such a thing as curing cancer medically, right?

As for my seemingly wild tales about Rockefeller influence in medicine, I bet your doctor would be surprised at the following, which is not speculation but documented fact. Wikipedia says:

"Rockefeller researchers were the first to culture the infectious agent associated with syphilis, showed that viruses can be oncogenic and enabled the field of tumor biology, developed the practice [!] of travel vaccination, identified the phenomenon of autoimmune disease[!], developed virology as an independent field, resolved that virus particles are protein crystals, helped develop the field of cell biology, resolved antibody structure, developed methadone treatment of heroin addiction [!], devised the AIDS drug cocktail, etc."

I rest my case.

Do a Double-take As you Read This Critique of Radiation Risks. “Early-Stage Hodgkin’s Lymphoma,” by James Armitage, MD, *New England Journal of Medicine*, 363: 653-662 August 12, 2010 [All emphasis added]:

Some of the most serious toxic effects of treatment tend to occur late. ... the risk of treatment failure is calculated with the use of the International Prognostic Score ... defined in selected clinical trials.

Cumulative Risk of Recurrent Hodgkin’s Lymphoma, Second Malignant Conditions, and Cardiovascular Events among Patients Receiving Both Radiotherapy and Chemotherapy for Early-Stage Hodgkin’s Lymphoma....

The frequency of late complications is dependent on the particular treatment used. The late treatment-related complications of radio-therapy have been studied extensively. ... there is an increased incidence of several potentially lethal events after radiotherapy.

Second malignant conditions occur at an average rate of approximately 1% per year for at least 30 years after treatment. The risk is particularly high among women younger than 30 years of age who receive thoracic radiotherapy; **breast cancer develops in 30 to 40% of these patients in the 25 years after treatment.** Radiation-related cardiac disease can be manifested as coronary artery disease, myocardial injury, valvular disease, or pericardial fibrosis.

The risk of death from myocardial infarction is increased after thoracic radiotherapy, and that increased risk persists for more than 25 years. Diastolic dysfunction after radiotherapy seems to be a marker for an increased risk of cardiac events. The incidence of stroke also rises in patients who receive radiotherapy in the neck and mediastinum. The risk of late complications after chemotherapy appears to be dependent on the type of drugs prescribed. For example, patients prescribed regimens that include mechlorethamine **have a significantly increased risk of myelodysplasia, acute myeloid leukemia, and lung cancer.** ... Bleomycin, which is also included in the ABVD regimen, is associated with pulmonary fibrosis. The acute pulmonary injury associated with bleomycin can be fatal [Emphasis added]

[Who knew? And when did they know it?]

“MEDICAL MALPRACTICE” – THE WRONG CATEGORY

So there. Radiation causes a “second cancer.” We are not referring to metastases, but to a separate cancer. Chemotherapy also is carcinogenic, as is officially admitted to by the NIH. Am I mentioning these things to get your dander up? Yes.

Not so you will sue your doctor. Just so you will believe me when I say that the average person’s sense of the value of the official cures is a bit off. (My husband’s sense of the value was similarly off. I mention that again to underscore how innocent a doctor can be. When a doc becomes a patient you find that out!)

I am all for legal action but I wish they had never made up the category “medical malpractice.” Probably the cabal cooked it up (it’s a fairly recent invention). It causes over-servicing and much other CYA behavior by doctors and ruins the sense of trust.

I guess it also causes doctors to want to use the “approved” treatments. They will be seen to have done what was required. By whom? By juries? By the brilliant physicians we discussed? No. By insurance companies (tied in with state medical associations) that send a legal team to defend them if sued.

THE MARY MAXWELL CANCER CURE: \$350 PLUS \$5.75 POSTAGE

You know that the Powers That Be are holding any and all cancer cures that work. You know Dr Richard Day in 1969 said the Rockefeller Institute has one under lock and key. No doubt it’s what the elite use when they find themselves cancer-stricken.

How can us battlers get it? There have been unsatisfactory Congressional hearings on cancer, so don’t bother with the federal legislature. But for \$350 you can be a “pro se litigant” in any US district court. The clerk of court gives you a summons to send to defendants, which you must send by Certified Mail. In 2012, that would set you back five and three-quarter clams. Pro se means for himself, without benefit of lawyer. In fact you cannot be represented by someone else when you are pro se. That does not mean you can’t take legal advice on it – you can.

The drill is to ask for an injunction, i.e., you ask the Court to order the defendant to stop doing what he’s doing, namely, hiding the cure. You will not have to pay the other side if you lose, except if your suit be frivolous. I’ve made a rough draft on the next page. Don’t forget Chapter 5’s Summons form. It leads to prosecution by authorities, which is even better.

A format for a **Pro Se** filing in federal court (rough draft, fictional case):

In the UNITED STATES DISTRICT COURT for the District of Utah

John Smith and Mary Brown, PLAINTIFFS

v.

The American Cancer Society (ACS), The American Medical Association (AMA), and the State of Utah, DEFENDANTS

CV number [to be supplied by the Court]

Jury Trial Demanded

John Smith, filing pro se, states the following:

Statement

JURISDICTION

1. This Court has subject matter jurisdiction per 28 U.S.C. section 1331.
2. This is a civil rights action under 42 U.S.C. section 1983.

FACTS

3. John Smith, of 42 Main Drag, Townsville, Utah, is a cancer patient.
4. Mary Brown of 53 Main Drag, Townsville, Utah, is a nurse in good health with a 40% statistical chance of getting cancer in her lifetime.
5. The American Cancer Society is a charity, based in Atlanta, California.
6. The American Medical Association is a professional association.
7. Plaintiff Smith needs urgently to have his cancer treated, using methods that defendants have prevented doctors from using.
8. When scientists find cancer cures, ACS publishes its “unapproval.”
9. The AMA bows to ACS’s judgments regarding cancer treatment.
10. Utah, like other states, makes its medical licenses contingent upon a doctor’s conformity to the “standard of care” dictated by the AMA.
11. Defendants are violating the plaintiffs’ rights by that arrangement.
12. Nicholas Gonzales documents in detail in his book *What Went Wrong* (2012), that the plan to suppress cancer cure is in bad faith; that it is across-the-board, and involves industry-state collusion. It is possible that Defendants hold cancer cures under lock and key.
13. The granting of an injunction may save the life of Plaintiff Smith.
14. Such an injunction will not cause irreparable harm to the Defendants.

PRAYER FOR RELIEF

Plaintiffs ask for an injunction enjoining the Defendants to cease their efforts to prevent doctors from using scientific cancer cures, and seek an order for the Defendants to release any cures it is hiding, such as Royal Rife’s electronic-frequency method of destroying cancer microbes. Plaintiff asks the Court for any other relief that may be just and proper.

Respectfully submitted by [signature]____ Witnessed by [signature]____

[Note: Unable to afford the \$350 filing fee? File “*in forma pauperis*.”]

Chuck Pfarrer, in *Warrior Soul* (2004) said this:

“The doctor placed the clipboard on my bed and opened it briefly before he spoke. ‘You have cancer,’ he said. ‘We found a malignancy about the size of a golf ball. I’ve scheduled you for surgery tonight.’

Chemo. I took my chemotherapy on the eighth floor of St Vincent’s. The oncology unit looks out over the river and patients are seated in Naugahyde recliners facing the river. I’d lay motionless while an IV machine pumped me full of Leucovorin, steroids, and 5-FU. Sometimes the treatment took four hours. Orderlies brought me ice chips for the painful hard-edged sores that blossomed under my tongue. I and the other patients were bloated, emaciated, hairless, or all three. The steroids did not help my temper. The smallest frustration would throw me into a rage. The chemo had many side effects: chronic nausea, confusion, fatigue and ulcerating mouth sores. My sense of smell became extremely acute. I doused myself with cologne and stank of it. My abdomen swelled and my eyes became puffy slits. I was always exhausted and I whined like a child. The treatment was every bit as virulent as the disease. It even caused leukemia in some patients.”

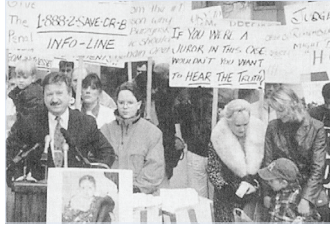
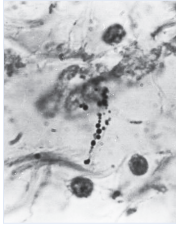
RICO.

I am here to say that the US has a Racketeer Influenced and Corrupt Organizations Act, for catching hard-to-pin baddies. One hopes prosecutors would use it, but Department of Justice is itself a Corrupt Organization. You can use it in civil actions! Google “RICO.” Also there is the wide-ranging Civil Rights Act that makes it possible for you to sue in federal court for nonfederal things. (I know I should be sad about that, as a Republican, but it’s an ill wind that blows nobody any good...)

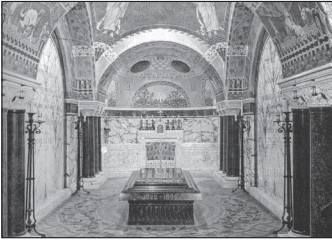
Pardon me for a moment if I get a sales pitch in. Men of the covert squad, I’m talkin’ to you. Don’t you get sick and tired of playing the game of those jerks who enslave you? Isn’t it bad for your health to have to live a lie all the time? In US there is clear criminal law re enslavement. At 18 USC 1595, in addition to prosecution of slave owners, we see the following provision for civil action as well, with ten-year statute of limitations. Get rich!

(a) An individual who is a victim of a violation of this chapter may bring a civil action against the perpetrator (or whoever knowingly benefits, financially or by receiving anything of value from participation in a venture which that person knew or should have known has engaged in an act in violation of this chapter) in an appropriate district court of the United States and may recover damages and reasonable attorneys fees.

Cancer research suppressed:



Propaganda, psy-ops:



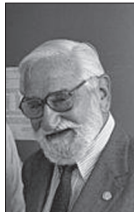
Bioelectrics:



Levels of government:



The crime of vaccination:



New Study on Patients' Unawareness of the Fact That Chemo Can't Cure Them in Stage IV Cancer

In this surprisingly frank article from *The New England Journal of Medicine* of October 25, 2012, entitled "Patients' expectations about effects of chemotherapy for advanced cancer," Jane C Weeks et al show how a person who has just been told that he is in Stage Four cancer does not typically understand that any further chemo offered to him has no value. (The authors do not, as such, raise the ethical question of whether a patient should be disabused of his mistaken idea.)

Source: Dana-Farber Cancer Institute:

BACKGROUND: Chemotherapy for metastatic lung or colorectal cancer can prolong life by weeks or months and may provide palliation, but it is not curative.

METHODS: We studied 1193 patients participating in Cancer Care Outcomes Research and Surveillance study (a national, prospective, observational cohort study) who were alive 4 months after diagnosis and received chemotherapy for newly diagnosed metastases.

We sought to characterize the prevalence of the expectation that chemotherapy might be curative and to identify the clinical, sociodemographic, and health-system factors associated with this expectation. Data were obtained from a patient survey by professional interviewers and comprehensive review of medical records.

RESULTS: Overall, 69% of patients with lung cancer and 81% of those with colorectal cancer did not report understanding that chemotherapy was not at all likely to cure their cancer. ... The risk of reporting inaccurate beliefs about chemotherapy was higher among patients with colorectal cancer, as compared with those with lung ... and among patients who rated their communication with their physician very favorably, as compared with less favorably ... Educational level, functional status, and the patient's role in decision-making were not associated with such inaccurate beliefs about chemotherapy.

CONCLUSIONS:

Many patients receiving chemotherapy for incurable cancers may not understand that chemotherapy is unlikely to be curative, which could compromise their ability to make informed treatment decisions that are consonant with their preferences. Physicians may be able to improve patients' understanding, but this may come at the cost of patients' satisfaction with them.

– Co-authors: JC Weeks, PJ Catalano, A Cronin, M Finkelman, JW Mack, NL Keating, D Schrag.

WHY ARE THEY SILENT? THIS SILENCE SPEAKS VOLUMES

You can ask disbelievers to try to answer these queries:

1. Sloan-Kettering send its biochemist Saul Green to do a thorough inspection of Virginia Livingston's clinic. He never mentions *any* of the patients she cured. Thus, how could he reach a conclusion, even a properly negative one if warranted?
2. Michelakis comes up with a reasonable theory in 2007 that the mitochondria sometimes fails to stop growth and that this is remedied by DCA – Yet insurance companies don't celebrate this money-saving news; scientists don't send congratulations, the Canadian government doesn't rush to support its son. Why?
3. Soldier gives sworn testimony to Congress about the direct killing of Pat Tillman. No one at the hearing then asks him any questions or makes any reaction to this stunning news. Why?
4. Obstetrician in Sydney reports the birth of two, then three, babies with deformities. The manufacturer of thalidomide and the leading medical journal both ignore him. How is this possible? Doesn't a manufacturer want to avoid huge lawsuits?
5. Nobel Prize winner Neils Finsen cures lupus by the simple means of light (now jazzed up with the name photopheresis). That was 1904, but in 2002 my friend died after agonizing lupus. Why was her specialist, in a Boston hospital, unaware of a cure?
8. Nobel Prize winner Kary Mullis points out that there is no documentation of HIV-ADS connection. Don't people listen? Aren't researchers curious about this gap? Are they scared?
10. As soon as Senator Tobey died, Senator Bricker ("the AMA's man") replaced him as head-of-committee and offered FitzGerald money to douse the Report, the one that showed Navy and other men raving about Lincoln's phaging cure for many ailments. Why? Is there something wrong with phaging, and if so why aren't there any medical articles arguing against it?
7. NIH.gov says: "Taking a daily 200 mcg of selenium significantly *reduced the occurrence* and death from total cancers. Breakdown products of selenium are believed to prevent tumor growth by enhancing immune cell activity and suppressing development of blood vessels to the tumor." Do doctors know?

THE THIRD BALL

I've been trying to keep three balls in the air: 1. cancer cures, 2. the tale of the criminal cabal, and 3. a pitch to the young. This is of that last type. Oldies, cover your eyes (peekaboo permitted)

Youngies, when I ranted about prosecuting the baddies, did you wonder what might be next if we actually started to do that? It won't be a pretty sight. The cabal doesn't just run the bad stuff in our lives -- they also run our survival. They control the money supply, which is like an amazing central nervous system. They make the buses run on schedule. "They grow the food."

If you have any talent at all, your services are urgently needed. I'm not any longer referring to the work of opening up the medical secrets. I mean you have to think up some ways for populations to cope. As an indication of how **new** our circumstances are, please note that in 1899, when my Dad was born, the number of humans stood at 1.8 billion. It has tripled. This means problems!

So the main thing is to start believing that there is work galore for your brain. The next thing is to doubt all that you hear in the media. The other day I read that a polling of Scots, regarding the planned 2014 vote for independence, "shows most against it." A lie, of course, but that lie will now lessen the Yes vote! Yucko.

Surely you have to practice, on however small a scale, some way of getting together with others. The paralysis of real communication is stunning, never mind all the praise for Twitter and Facebook. I mean face-to-face stuff.

Are you on the East Coast of America? How about meeting to deal with Mary Gregory's claim, in Exhibit X, that NY citizens (especially disabled, Jewish, widowed) are being tortured? You could go to 63rd drive and look for the Duane Reade store. It's an easy subway stop. Your role could be that of "investigator." You could ask local police, politely, about the driverless cars that she says killed someone. The US Defense department has officially sponsored "the Grand Challenge" to race such cars, so don't let yourself get woo-wooded down. Of course, if you don't live near New York, you can easily think of a different task.



Joyful Doctoring: For Students Considering a Medical Career

“There’s been a lot of criticism of the medical profession at this conference, all of it richly deserved, but I would like to state that I am proud and happy to be a member of the medical profession. ... I’m proud to be a brother of other doctors. We do spend our lives caring for others. Most are more selfless than they get credit for.”

-- Gregory White, MD, “Hospital Births – a Dissenting View” in Robert Mendelsohn, ed, *Dissent... Nine Doctors Speak Out*, 1984.

As I sat by Phillip’s side and witnessed the quiet end, I reflected that in all the vicissitudes...he possessed complete mastery of himself. He died a learned, and great physician. He had never known an interest, a diversion, a hobby outside of his profession.

-- George Crile, MD, in his *Autobiography*, Vol 2 , 1947, p 435.

“I had come from Sydney Church of England Grammar School, closely linked with Shrewsbury School in England, whose motto was Manners Makyth Man. Our motto was Vitai Lampada Tradunt (they hand on the torch of life).” -- John Walker-Smith, MD, *Journal of Pediatric Gastroenterology & Nutrition*, May, 2002.

“I went to Melbourne to sit for the College of Surgeons exam. I had heard tales from Melbourne graduates that Sir Sydney Sunderland was a tough examiner, which was an understatement. I had never had an examiner who, when you gave the wrong answers, smilingly encouraged you to go on.”

– William McBride, MD, *Killing the Messenger*, 1994 p 28

“Sherwin Nuland is hands down the best professor I had at Yale. He forced us to think critically and examine our beliefs. He’s so knowledgeable. Has an incredible collection of medical books that he’ll bring in to class!” -- anonymous at RateMyProfessors.com

Dr Charlie [Mayo] helped his father and brother Will with surgery. He gave anesthetics when he was so small that he had to stand on a soapbox. Will was his friend, his idol, and remained so throughout his life. I wondered on many occasions how Dr and Mrs Charlie could do so many kind things for so many different people.

-- L. Rowntree, MD, *Amid Masters of the 20th Century*, 1958, p 274.

“If my life has been given to the faculty and the university, it has been much enriched by the experience.” – George M Maxwell, MD, retirement speech, University of Adelaide, May 1988.

RECAP OF POLITICAL AND LEGAL RECOMMENDATIONS

Parents, go to your kids' dean and fulminate about the curriculum.
 Youngies, imagine a marvelous tomorrow. That's how you'll get one.
 Grasp the Hyde Park hypothesis, about our irrational barrier to ideas.
 Judges, see a harassing lawsuit? Get them for "abuse of process."
 Grand Juries, indict cure suppressors for burglary, assault, treason, etc.
 Get the local woodworker to build a pillory. Gaze at the pillory daily.
 Docs, jot down your own beliefs about chemotherapy and radiation.
 Ohio, don't let your state delegate its legislative power to the AMA!
 Be wary of large institutions performing charity, and large "charities."
 Invoke the law of self-defense; it includes your right to protect others.
 Don't take the wussy option of accusing Congresspersons of *ultra vires*.
 There is domestic law in USC to cover treason and genocide. Use it.
 Charge holders-back with the federal felony of obstruction of justice.
 Anticipate humiliation – prepare to dance "the knockback polka."
 Silence being the problem, talking is the solution. So talk.
 Set up a grand jury, with or without official "permission." It's legal.
 Think *Leviticus 24:20*: "fracture for fracture."
 Prestigious old scientists, take your blinkers off, please. Scan the skies.
 Be a Jewish mother. Religion, no bar. Ethnicity, age, gender no bar.
 Don't have a Mussolini moment over the Tillman and Davis murders.
 Query anything that came in with the cat (*especially* NIH, FDA, CDC).
 Everybody's lying as the cultural norm? Call it off! This is chaos.
 Bostonians, ask the City Council to rename the Avenue Louis Pasteur.
 Accreditation Committee Members, consider temple-cleansing.
 Return to smaller communities, for which our emotions are attuned!
 Determine what your values are. Love them. Flaunt them. Kiss them.
 Doctors, copy out the Dr Day speech and send it to your colleagues.
 In regard to compulsory vaccination, administer the thickness test.
 Academics, stop letting your salary be a bribe for silence. That sucks.
 Aussies, you know what to do. "Life -- be in it."
 Docs, do a St Christopher over your mistakes in the vaccine hoax.
 Catholic hospitals, post a notice that you answer to CDC, not God.
 Understand that Orwell's warning are all coming true, and why.
 Look for the guilty party in the Minnesota Somali autism thing, *now*.
 Track down who stopped the career of Robert O Becker in 1984.
 Look into the RICO Act, for punishment of racketeers.
 Ponder the summons-complaint form; list some suspects and charges.
 Realize it's still easy to do these things. Later it'll be nearly impossible.
 Be happy about the cancer cures. "Consider the lilies of the field..."
 Rejoice! Yes, I said rejoice. Why not? The only obstacle is ourselves!

My Dear Reader,

Thanks a mil for reading my book. But now get ready for a hundred pages of the best stuff. You'll find excerpts from magnificent works, many of which have (ridiculously) fallen by the wayside.

If you are keen to come up with “the answer” to cancer, how about sitting down with a butcher-size piece of paper and plot the clues you will find herein?

There are three very intense pieces: Coley (1909), Crile (1924), and Becker (1985), directly on the nature of cancer. Thomas's recap of Issels' protocol is helpful, too.

However, in a more abstract way, we have scientists commenting on what might really be going on with microorganisms. See Rosenow (1950), Rife (1961), Ott (1973), Mattman (1993), and Moskowitz (2005).

I don't think there has ever been a book that pulls these thinkers together. Try reading the above nine over and over. You are certain to make big discoveries!

Or, if ye be politically inclined, you could, instead, chart the following events on butcher paper: Wallace's devastating line-up of UK parliament's dishonesty (1898), the amazing letter Higgins sent to Woodrow Wilson (1920), FitzGerald's report, which encapsulates the whole effort to keep good medicine unavailable (1953), Dole's acerbic putdown of Pasteur and BBC (1965), a walk through our new culture by Caton (1994), and discussions of secrets of government by Emery (1998) and Gregory (2011).

I've included exhibits on autism and vaccination to buttress the chapters on those subjects.

-- MM

Welcome to the Exhibits

These exhibits proffer a specific cure for cancer:

C. 1909	Coley: use toxins to make fever (2 pages).....	265
D. 1911	Beard: augment pancreatic enzymes (3 pages).....	267
F. 1924	Crile: equalize cancer and nearby cells (8 pages)....	275
L. 1970	Olney: treat the blood with UV light (2 pages) ..	312
M. 1973	Ott: consider full-spectrum light (3 pages)...	314
O. 1985	Becker: the use of silver ions (2 pages)	320

Other cancer-related exhibits:

I. 1953	FitzGerald: Senate stymies Lincoln cure (6 pages) ...	252
J. 1961	Rife: find the microbe and zap it (6 pages)	256
N. 1975	Thomas: Issels' whole-body method (4 pages)..	317
P. 1993	Mattman: look at the virus and DNA (3 pages).....	323

These expose the subterfuge that surrounds vaccination:

A. 1885	Creighton: vaccina of Jenner is spurious (4 pages)...	252
B. 1898	Wallace: Royal Commission cooks books (9 pages)..	256
E. 1920	Higgins: Army less healthy than civilians! (5 pages).	270
K. 1965	Dole: pro-vax BBC silences anti-vaxxers (4 pages)...	308
	(includes 1 page by Eleanor McBean on polio)	

Strong statements on immunity, autoimmunity, and autism:

U. 1999	Goldberg: neuroimmunity and autism (3 pages).....	338
	(includes 1 page by George Maxwell on autoimmunity)	
R. 1997	Coulter: pertussis shot causes diabetes (3 pages).....	330
S. 1997	Panksepp: the brain in autism (3 pages).....	333
V. 2005	Moskowitz: natural immunity is superior (3 pages)...	341
Z. 2011	Campbell: a mother can see the damage (3 pages)...	351

Extremely interesting pieces on miscellaneous topics:

G. 1947	Underwood: medical history of British (7 pages)....	283
H. 1950	Rosenow: ubiquity of pleomorphism (6 pages).....	290
Q. 1994	Caton: the ease of culture-creation (4 pages).....	326
T. 1998	Emery: hypnosis used for enslavement (2 pages)...	336
X. 2011	Gregory: our tormentors in New York (5 pages)....	345

Exhibit A. 1885 C. Creighton, "Vaccination," *Encyclopedia Britannica*



*Charles Creighton MD
(1847-1927)*

VACCINATION (from Lat. *vacca*, a cow), the name given in France to the Jennerian practice of cowpoxing, shortly after the practice began in England (1799). To replace smallpox inoculation by cowpox inoculation under certain specified circumstances was Jenner's tentative project. The history of the introduction of cowpoxing, given in the article JENNER, is here supplemented from the point of view of historical criticism. It is right to say that the views expressed in the present article diverge in many points from the opinions generally received among medical men, and

must be regarded not as the exposition of established and undisputed doctrine, but as the outcome of an independent and laborious research. Jenner's originality consisted in boldly designating cow-pox as *variola vaccinae* or smallpox of the cow, and in tracing cowpox itself back to the grease of the horse's hocks. The latter contention was at length set aside by practical men as a crude fancy; the former designation is just as arbitrary and untenable. It was elaborately shown by Pearson in 1802, and has often been confirmed by subsequent writers, that the vesicle of inoculated cow-pox, even while it remains a vesicle, is quite unlike a single pustule of smallpox.

Jenner's originality in starting vaccination in practice is for the most part misunderstood. When he published his *Inquiry* in June 1798, he had twice succeeded in raising vaccine vesicles by experiment, -- the first time in 1796 with matter from a milker's accidental sore, and the second time in March 1798 with matter direct from the cow. The first experiment was not carried beyond one remove from the cow; the second was carried to the fifth remove, when the succession failed. A third experiment, in the summer of 1798, failed from the outset; and his fourth and last experiment, in November-December 1798, led to nothing but extensive phagedenic ulceration in two cases out of six.

Historical sources of vaccine lymph:

In this posture of affairs Woodville of the inoculation hospital, London, succeeded in January 1799 in starting a succession of arm-to-arm vaccinations from a London cow, which were exceptionally free from the ulcerative termination. From that source Jenner himself was supplied with lymph in February, while more than two hundred practitioners both at home and abroad were supplied some three weeks later. There was a quarrel with Woodville in due course, and an attempt to set

up as authentic Jennerian lymph independent of the London stock. But the merits of this claim (which otherwise rests on the vague evidence of Marshall) may be judged of by the fact that Ring's application to Jenner in September 1799 for genuine lymph was answered by the latter with a supply of matter which was none other than Woodville's own stock, after six months' use in the country. Woodville's stock was used all over the world down to 1836.

By that time there were numerous complaints that the lymph was degenerating, and a widespread feeling that it was necessary to "go back to the cow." Apart from the numerous original cases of cowpox alleged to have been found in Wurtemberg, the first new authentic source was the Passy cow of 1836. From the accidental vesicles on the milker's hand Bousquet, the director of vaccination in Paris, started a new stock, which partly superseded Woodville's lymph hitherto in use in France.... Estlin's new geniture is one of the most fully recorded in the history of vaccination....

In the same year, and the two following years (1838-41), Ceely of Aylesbury found some half-dozen distinct occurrences of cowpox in the dairy-farms of his district, and cultivated lymph from them. His account of the natural history of cowpox in the cow, and of the effects of primary lymph when inoculated on the human arm, is by far the most comprehensive and candid that has ever been given; without it we should hardly have understood the real nature of cowpox. ...

In England the editors of the *Veterinarian* inserted a notice in the number for August 1879, making a request to their readers for lymph "from vesicles on the teats of cows in cases of so-called natural cowpox." The only answer to it hitherto has been an intimation in June 1880 that there was a case of cowpox at Halstead in Essex, which was visited by Ceely and others and pronounced by the former to be of the nature of eczema. In 1876 the disease was found at a farm near Reykjavik in Iceland, where it had never been seen before; it was of the old type, producing sores on the milkers' hands, and causing much alarm by its unfamiliar character... The so-called calf lymph is as remote from the cow as ordinary humanized lymph; it differs from the latter merely in the circumstance that the calf (on its shaven belly) becomes the vaccinifer, instead of the child, and that the cycle of the disease is very much abbreviated or contracted in the calf: the vesicles are distended with lymph about the fourth or fifth day... Under the influence of theory, "vaccine" lymph has been got from two sources that have absolutely nothing to do with cowpox; and, oddly enough, the matter from these sources has been so managed [*managed?*] as to produce correct vesicles on the child's arm. One source is the

grease of the horse's hocks and the other is smallpox itself.

The grease of the horse was known to produce vesicles and subsequent ulcers on the hands almost indistinguishable from those of accidental cowpox. There was also the tradition (which breaks down when tested by facts) that infection with the grease protected from smallpox. ... Sacco of Milan actually used the equine matter on a large scale, instead of cowpox matter; and De Cairo of Vienna "equinated" many persons in that city with lymph sent him by Sacco. Baron prints a memorandum of Jenner, dated 23d July 1813, relating to "equine virus which I have been using from arm to arm for these two months past, without observing the smallest deviation in the progress and appearance of the pustules from those produced by vaccine," and a second note, dated 17th May 1817, in which Jenner says he "took matter from Jane King (equine direct) for the National Vaccine Establishment. The pustules beautifully correct."

Human smallpox

The other anomalous source of "vaccine" is human smallpox. Jenner having succeeded in passing off his doctrine that cowpox is smallpox of the cow, it occurred to some persons about forty years after to prove the doctrine by experiment, the proof being to variolate the cow on the udder. This was accomplished in 1838, after much trouble, by Thiele in Kazan (Russia), who inoculated several thousands of persons with the variolous matter "passed through the system of the cow." Within a few months of that experiment, the same thing was attempted by Ceely of Aylesbury, who succeeded, after many failures, in raising a large variolous pock, not on the udder of the cow, but on the mucous membrane of the vulva. The first experiment with the matter of this pock was undesigned; his assistant pricked his hand with the lancet which had just been dipped into the large pustule, and in due course had an attack of smallpox. Ceely persevered with his experiments (having meanwhile variolated another heifer at five places on the vulva), and in due time so "managed" his matter as to produce vesicles on the human arm (without general eruption on the skin), which were regarded at Cheltenham and other places as on the whole better than the cowpox vesicle of the period. But the real practical application of this idea was reserved for Badcock, a dispensing chemist at Brighton. It does not appear that any authentic or fully detailed account of Badcock's experiments has been published; (See Hodgson, *Brit. Med. Journ.*, 26th November 1881) but he thus summarized the results some forty years later (*Pall Mall Gazette*, Jan. 23, 1880):—"By careful and repeated experiments I produced, by the inoculation of the cow with smallpox, a benign lymph of a non-infectious and highly protective character. My lymph has now been in use

at Brighton for forty years, and is at the present time the principal stock of lymph employed there, being that exclusively used by the public vaccinators.” At Boston, U.S., the same kind of lymph was raised and put in use in 1852. But at Attleborough, Mass., the same experiment had in 1836 led to disaster. Smallpox was inoculated on a cow’s udder, and the product used to vaccinate about fifty persons. The result was an epidemic of smallpox, a panic, and the suspension of business. (*Bost. Med. and Surg. Journ.*, 1860, p. 77). On the face of it this method was simply variolating the cow (on a mucous membrane if the hairless or shaven skin failed) and inoculating the human subject with that curiously disguised smallpox matter. ...A negative result was come to by Klein in 1879, in an inquiry for the Local Government Board, wherein he had Ceely’s cooperation. In 1879 the Irish Local Government Board prevented the use of similar variolous lymph by threatening to prosecute under the Act making the inoculation of smallpox penal.

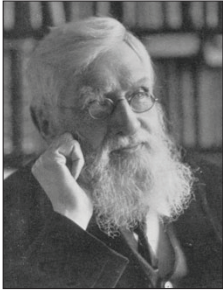
Legislation

State-Supported facilities for vaccination began in England in 1803 with the National Vaccine Establishment. In 1840 vaccination fees were made payable out of the rates. The guardians also appoint; a public vaccinator, who must be duly qualified to practise medicine, and whose duty it is to vaccinate (for a fee of not less than eighteen pence) any child resident within his district brought to him for that purpose.... The Board awards a considerable sum in premiums for totals of successful vaccination, at a higher scale of one shilling for each case, and a lower scale of sixpence. The vaccination officer sees that all infants are vaccinated, either publicly or privately, before they are three months old (in Scotland six months), unless there is reason for postponing the operation. He acts also as registrar of vaccinations. Parents refusing to obey the summons taken out by the vaccination officer are liable to a penalty of twenty shillings for each offence. In 1880 the president of the Local Government Hoard brought in a bill to repeal the part of the Act re cumulative penalties; but the bill was withdrawn owing to protests from the medical profession. ...

In 1999 a UK postage stamp commemorated Jenner’s cowpox fandangle.



Exhibit B. 1898 Alfred Russel Wallace, LLD, DCL, FRS, “Vaccination a Delusion, Its Penal Enforcement a Crime. Proved by the Official Evidence in the Reports of the ROYAL COMMISSION.”



Alfred Wallace
(1823-1913)

[Wallace published the theory of evolution in 1858, a year before Charles Darwin's *Origin of Species*.]

I have put before [Parliament] the essential facts... taken from the Reports of the Royal Commission or of the Registrar-General.... I thus abundantly prove ... that similar misstatements have characterised the whole official advocacy of Vaccination from the time of Jenner down to this day.

LEICESTER AND THE ARMY AND NAVY

... [I]wo cases that afford most conclusive tests of the absolute uselessness of vaccination [are that of] Leicester and our Army and Navy. Up to 1872 Leicester was a fairly well vaccinated town, yet for thirty-four years its small-pox mortality, in periodical epidemics, remained very high.

But immediately after the great epidemic of 1872, which was much worse than in London, the people began to reject vaccination, at first slowly, then more rapidly, till for the last eight years less than 5 per cent. of the births have been vaccinated. During the whole of the last twenty-four years small-pox deaths have been very few, and during twelve consecutive years, 1878-89, there was a total of only eleven small-pox deaths in this populous town. GRAPH 9. is equally important as showing a remarkable correspondence ... between vaccination and disease.

From 1848 to 1862 there was a considerable decrease of both general and infant mortality, and also in infant mortality from small-pox. This, Mr. Biggs tells us, was when important sanitary improvements were in progress. Then the more thorough enforcement of vaccination set in (as shown by the dotted line), and was accompanied by an increase of all these mortalities. But so soon as the revolt against vaccination began, till the present time, when it has diminished to about 2 or 3 per cent of births, all mortalities have steadily decreased, and that decrease has been especially marked in infant lives..... I venture to declare that in the whole history of vaccination there is no such clear and satisfactory proof ... as these Leicester statistics afford of its having been the cause of death to many hundreds of infants. I next discuss in some detail what is undoubtedly the most complete and crucial test of the value

or uselessness of vaccination to be found anywhere in the world. Since 1860 in the Army, and 1872 in the Navy, every man without exception has been vaccinated on entering the service.

[T]he circular of the National Health Society states that “soldiers who have been revaccinated can live in cities intensely affected by small-pox without themselves suffering to any appreciable degree from the disease.” Let us see how far these official statements are true

In their *Final Report* the Commissioners give the statistics of small-pox mortality in the Army and Navy from 1860 to 1894 (It was introduced into the Navy in 1801, and in that year the medical officers of the fleet presented Jenner with a special gold medal!) Brigade-Surgeon Wm Nash, M.D., informed the Commission that ...the revaccination of the Army was “as perfect as endeavours can make it,”

Turning now to the diagram (No. XI) which represents the official statistics, the two lower solid lines show the small-pox death-rate per 100,000 of the force of the Army and Navy for each year, from 1860 to 1894.

This dotted line shows us that, with the exception of the great epidemic of 1871, when for the bulk of the Irish patients there was neither isolation nor proper treatment, the small-pox mortality of the Irish population of similar ages has been on the average below that of either the Army or the Navy; while if we take the mean mortality of the three for the same period (1864—1894: Army, mean of the annual small-pox death rate, 58 per million. Navy mean of the annual small-pox death rate, 90. Ireland (ages 15—45) mean of the annual small-pox death rate 65.8. If we combine the Army and Navy, the death-rate is 64.3 per million, or almost exactly the same as that of Ireland.

Now if there were no other evidence which gave similar results, this great test case of large populations compared over a long series of years, is alone almost conclusive; and we ask with amazement,—Why did not the Commissioners make some such comparison as this, and not allow the public to be deceived by the grossly misleading statements of the medical witnesses and official apologists for a huge imposture?

It is thus completely demonstrated that all the statements by which the public has been gulled for so many years, as to the almost complete immunity of the revaccinated Army and Navy, are absolutely false. It is all what Americans call “bluff.” There is *no* immunity. They have *no* protection. When exposed to infection, they *do* suffer just as much as other populations, or even more.

This slurring over the damning evidence of the absolute inutility of the most thorough vaccination possible, afforded by the Army and Navy, is sufficient of itself to condemn the whole *Final Report* of the

majority of the Commissioners. It proves that they were either unable or unwilling to analyse carefully the vast mass of evidence brought before them, to separate mere beliefs and opinions from facts, and to discriminate between the statistics which represented those great “masses of national experience” to which Sir John Simon himself has appealed for a final verdict....

That they have not done this, but without any careful examination or comparison have declared that revaccinated communities have “exceptional advantages” which, as a matter of fact, the Report itself show they have *not*, utterly discredits all their conclusions, and renders this *Final Report* not only valueless but misleading.

VACCINATION AND THE MEDICAL PROFESSION

Among the greatest self-created scourges of civilized humanity are the group of zymotic [i.e., infectious] disease and are believed to be due to the agency of minute organisms which rapidly increase in bodies offering favourable conditions, and often cause death. The exact mode by which these diseases spread is not known; but with all of them there must be conditions favouring their reception and increase...If the whole population of a country lived under thoroughly healthy conditions as regards pure air, pure water, and wholesome food, none of them could ever obtain a footing, and they would die out as completely as the plague and leprosy have died out, though both were once so prevalent in England.

Only four years after the discovery had been first announced... this testimony caused Parliament to vote Jenner £10,000 in 1802. Ample proof now exists of the fallacy of this belief, since vaccination gives no protection whatever...; and had it not been for the unscientific haste of the medical witnesses to declare that vaccination protected against small-pox during a whole lifetime -- a fact of which they (minus a crystal ball) could not possibly have any evidence. When therefore the flood of evidence poured in, showing that it did not protect, it was already too late to remedy the mischief that had been done, since the profession would not so soon acknowledge its mistake, nor would the legislature admit having hastily voted away the public money without adequate reason. The vaccinators went on vaccinating, the House of Commons gave Jenner £20,000 more in 1807, made the operation compulsory in 1855, and enforced it by penalties in 1867.

A few preliminary misconceptions must be dealt with. One of these is, that as vaccination is a surgical operation to guard against a special disease, medical men can alone judge of its value. But the fact is the very reverse, for several reasons. In the first place, they are interested

Exhibit B: Wallace on Royal Commission

parties, not merely in a pecuniary sense, but as affecting the prestige of the whole profession. In no other case should we allow interested persons to decide an important matter. Whether iron ships are safer than wooden ones is not decided by ironmasters or by shipbuilders, but by the experience of sailors and by the statistics of loss.

The Board of the National Vaccine Establishment consisted of the President and four Censors of the Royal College of Physicians, and the Master and two senior Wardens of the College of Surgeons. We cannot possibly suppose that they knew or believed that they were publishing untruths and grossly deceiving the public. [???

Smallpox was always present in London, while Sir Gilbert Blane tells us that in many parts of the country it was quite unknown for periods of twenty, thirty, or forty years. In 1782 Mr. Connah, a surgeon at Seaford, in Sussex, only knew of one small-pox death in eleven years among a population of 700. The late Mr. Ernest Hart, a medical man, editor of the British Medical Journal, ... states that in the forty years 1728-1757 and 1771-1780, the average annual small-pox mortality of London was about 18,000 per million living. ... This great authority, [the Royal Commission] therefore, has multiplied the real number by six!

An average of 52 children officially murdered every year, and officially acknowledged, is termed "alleged injury," which need not be feared! And these cruel falsehoods are spread broadcast over the country and the tract [has] upon its title-page... Revised by the Local Government Board, and issued with their sanction. No one has been punished, and no compensation or even official apology has been given to the thousand sorrowing families.



Left: Elvis helps us get our polio shots.

Below: 1999 stamp celebrates vaccine.



MUCH OF THE EVIDENCE ADDUCED IS WORTHLESS

Now such figures as these... are a perfect farce, and are totally useless for any statistical purpose. Yet every vaccination is officially recorded. As the medical advisers of the Government give us instead partial and local statistics... often demonstrably incorrect, every rule of evidence and every dictate of common sense entitle us to reject the fragmentary and unverified statements....

Again, it is admitted by many pro-vaccinist authorities that the unvaccinated, as a rule, belong to the poorer classes, while they also include most of the criminal classes, tramps, and generally the nomad population. They also include all those children whose vaccination has been deferred on account of weakness, or of their suffering from other diseases, as well as all those under vaccination age.

The unvaccinated as a class are therefore especially liable to zymotic disease of any kind, small-pox included; and when, in addition to these causes of a higher death-rate from small-pox, we take account of the proved untrustworthiness of the statistics, wholly furnished by men who are prejudiced in favour of vaccination. We have already seen that the total case-mortality of these hospitals agrees closely with that of the last century; the two classes of facts taken together thus render it almost certain that vaccination has never saved a single human life.

In the first place the decline in the first quarter of the century is a clear continuation of a decline which had been going on during the preceding forty years.... In 1845 began the great development of our railway system, and with it the rapid growth of London, from a population of two millions in 1844 to four millions in 1884. This rapid growth of population was at first accompanied with over-crowding, and as no adequate measures of sanitation were then provided the conditions were prepared for that increase of zymotic disease which constitutes so remarkable a feature of the London death-rates between 1848 and 1866. But at the latter date commenced a considerable decline both in the total mortality and in that from all the zymotic diseases, except measles and small-pox, but more especially in fevers and diphtheria, and this decrease is equally well explained by the completion, in 1865, of that gigantic work, the main drainage of London.

Every statistician knows the enormous value of the representation of tabular statistics by means of diagrammatic curves. It is the only way by which in many cases the real teaching of statistics can be detected. An enormous number of such diagrams, more or less instructive and complete, were presented to them, and, at great cost, are printed in the Reports; but I cannot find that, in their Final Report, they ... have once referred to them.

It is one of the most certain of facts relating to sanitation that comparative density of population affects disease, and especially the zymotic diseases, more than any other factor that can be ascertained... It is mainly a case of purity of the air, and consequent purification of the blood; and when we consider that breathing is the most vital and most continuous of all organic functions, that the air we breathe is taken into the lungs, one of the largest and most delicate organs of the body, and that the air so taken in acts directly upon the blood, and thus affects the whole organism, we see at once how vitally important it is that the air around us should be as free as possible from contamination.

It will now be clear to my readers that these conclusions, set forth as the final outcome of their seven years' labours, are the very reverse of the true ones, and that they have arrived at them by neglecting altogether to consider, in their mutual relations, "those great masses of national statistics" which alone can be depended on to point out true causes...

SMALL-POX AND VACCINATION ON THE CONTINENT

We will first take Sweden, which has had fairly complete national statistics longer than any other country, and we are now fortunately able to give the facts on the most recent official testimony—the Report furnished by the Swedish Board of Health to the Royal Commission... Looking at diagram V, we see that it absolutely negatives the idea of vaccination having had anything to do with the great reduction of small-pox mortality, which was almost all effected before the first successful vaccination 17th December, 1810!

And this becomes still more clear when we see that as vaccination increased... small-pox epidemics increased in virulence, especially in the capital (shown in the diagram by the dotted peaks). This case of Sweden alone affords complete proof of the uselessness of vaccination... My next diagram (No. VI.) shows the course of small-pox in Prussia since 1816, the general medical opinion was expressed thus in an article in the *Pall Mall Gazette* (May 24, 1871): "Prussia is the country where revaccination is most generally practised, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result, cases of small-pox are rare." Never was there a more glaring untruth than this last statement. It is true that revaccination was enforced in public schools and other institutions, and most rigidly in the Army, but, instead of cases of small-pox being rare, there had been for the twenty-four years preceding 1871 a much greater small-pox mortality in Prussia than in England.

This most misleading, unscientific, and unfair proceeding, of giving certain figures of small-pox mortality among the well vaccinated, and

then, without any adequate comparison, asserting that they afford a proof of the value of vaccination, may be here illustrated by another example. When we make the comparison, which both Dr. Balfour and Sir John Simon failed to make, we find that these ... if they prove anything at all, prove not only the uselessness but the evil of vaccination, and that it really tends to increase small-pox mortality. And this conclusion is also reached by Professor Adolf Vogt.

We had better therefore be content with our own Army and Navy statistics, though even here there is some concealment. In 1860 Mr Duncombe, M.P., moved for a return of the disaster at Shorncliffe Camp, where, it was alleged, 30 recruits were vaccinated, and six died of the results, but the return was refused. A letter in the *Lancet* of July 7, 1860, from a "Military Surgeon" stated that numbers of soldiers have had their arms amputated in consequence of mortification after vaccination ... Eighteen out of the twenty men vaccinated at the same time suffered; some were months in hospital and in a much worse condition than himself (6th Report, p. 207). In the same volume is the evidence of twenty medical men, all of whom have witnessed serious effects produced by vaccination, some being of a most terrible and distressing character.

At the end of the main inquiry, as to the effect of vaccination on small-pox (pp. 98, 99) the Commissioners adopt a very hesitating tone. They say that - "where vaccination has been most thorough the protection appears to have been greatest," and that "the revaccination of adults appears to place them in so favourable a condition as compared with the unvaccinated." But why say "appears" in both these cases?

It is a question of fact, founded on ample statistics, which show us clearly and unmistakably - as in comparing Leicester with other towns - that vaccination gives no protection whatever, and that the best and most thorough revaccination, as in the Army and Navy, does not protect at all. It is no question of "appearing" to protect. As a fact, it does not protect, and does not appear to do so.

Their conclusions [are based] not upon the statistical evidence at all, but upon the impressions and beliefs of the various medical officials they examined, who almost all assumed the protection as an already established fact. Such was the case of the army-surgeon who declared that the deaths were much fewer than they would have been without revaccination; and who, on being asked why he believed so, answered that it was from reading of the smallpox mortality in prevaccination times! He had made no comparisons, and had no figures to adduce. It was his opinion, and that of the other medical officers, that it was so. I trust that I have now convinced my readers that the best evidence -- the

evidence to which Sir John Simon and Dr. Guy have appealed -- DEMONSTRATES complete INUTILITY, as against what "appears" to the Commissioners and what they "think."

One other matter must be referred to... I have already shown how completely they ignore the elaborate and valuable evidence, furnished by those who oppose vaccination, such as were brought before them by Mr. Biggs of Leicester, Mr. A. Wheeler, and Mr. William Tebb, who, though all were examined and cross-examined on the minutest details, might as well never have appeared so far as any notice in the Final Report is concerned.

But there is also a very elaborate paper contributed by Dr. Adolf Vogt, Professor of Hygiene and Sanitary Statistics in the University of Berne, who offered to come to London and submit to cross-examination upon it, which, however, the Commission did not consider necessary. This paper, a translation of which is printed in the Appendix, p. 689, is especially valuable as the work of a thorough statistician, who, from his position, has access to the whole body of European official statistics, and his discussion goes to the very root of the whole question.

SUMMARY AND CONCLUSION

But the heads of the medical profession had accepted the operation as of proved value, and the legislature, on their recommendation, endowed a National Vaccine Establishment with about £3,000 a year. Reputations and vested interests were henceforth at stake, and those who adduced evidence of the failure or the dangers of vaccination were treated as fanatics, and have been so treated by the medical world.

With this example [from a Sydney ship] of officially quoted facts (!) in support of vaccination, coming at the end of the long series we have given or referred to in the first part of this work, it is not too much to ask that all such unverified statements be, once and for ever, ruled out of court...

It is an absolute law of evidence, of statistics, and of common sense that when two kinds of evidence contradict each other, that which can be proved to be even partially incorrect or untrustworthy must be rejected. It will be found that all the evidence that seems to prove the value of vaccination is of this untrustworthy character.

"The fact that revaccination of adults appears to place them in so favourable a condition as compared with the unvaccinated," etc. (Final Report, p. 98, Sec. 375). What can be said of such statements as these, but simply that they are wholly untrue. This is a matter upon which it is necessary to speak plainly. [Men are being imprisoned] for refusing

to allow their children's health, or even their lives, to be endangered by the inoculation into their system of disease-produced matter, miscalled "lymph" [a colourless fluid in animal bodies]. How misleading to apply this term to a product of disease, used to produce another disease, and now admitted to be capable of transmitting some of the most horrible diseases which afflict mankind -- syphilis and leprosy!

Hundreds and probably thousands of English parents have been fined or imprisoned and treated as criminals, while certainly thousands of infants have been officially done to death, and other thousands injured for life. And all these horrors on account of what Dr. Creighton has well termed a "grotesque superstition," which has never had a rational foundation either of physiological doctrine or of carefully tested observations, and is now found to be disproved by a century's dearly bought experience. ...

I venture to think that I have here so presented the best of these statistical facts as to satisfy my readers of the certain and absolute uselessness of vaccination as a preventive of small-pox; while these same facts render it in the highest degree probable that it has actually increased susceptibility to the disease. The teaching of the whole of the evidence is in one direction. Whether we examine the long-continued records of London mortality [or the] crucial test afforded by unvaccinated Leicester, or the still more rigid test in the other direction, of the absolutely revaccinated Army and Navy, the conclusion is in every case the same: that vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation [Hello?] among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century.

To talk of amending such legislation is a mockery. Absolute and immediate abolition is the only rational course open to us. Every day the vaccination laws remain in force parents are being punished, infants are being killed. An Act of a single clause will repeal these vile laws; and I call upon every one of our legislators to consider their responsibilities as the guardians of the liberties of the English people, and to insist that this repeal be effected without a day's unnecessary delay.

UPDATE: More whooping cough among the vaccinated than the unvaccinated in California, says NaturalNews.com on April 12, 2011, from a study by (HMO) Kaiser Permanente's Dr David Witt.

Exhibit C. 1909 William B Coley, MD, "The Treatment of Inoperable Sarcoma by Bacterial Toxins." Full article (much longer) at archive.org. Proceedings of the Royal Society of Medicine, Surgical Section.

...My own belief, expressed sixteen years ago and **held more firmly** with increasing clinical experience, is that all varieties of malignant tumours are of extrinsic or microbic origin. **Just what type of organism this may be -- whether bacterium, protozoan, or spirocheote, or what not -- is of little consequence.**

Assuming such origin, we have **but to follow the analogy of other diseases** of known germ origin. We know that in all such diseases there is a natural immunity and an acquired immunity. In the case of malignant tumours there is probably a natural immunity which is very great, but **in certain cases it is absent** or becomes lowered, and the germ finds a favourable site and here starts the primary malignant tumour.

The important role that trauma or injury plays in the development of malignant tumours, now accepted by all authorities, can, to my mind, but be explained on the theory of microbic origin, some writers e.g., Tillmanns -- going so far as to state that most cases of bone tuberculosis follow an antecedent injury, the bacilli, of course, being present in the circulation prior to the injury; but a **naturally existing immunity** or resisting power of the tissues **had been sufficient, up to this time, to prevent any local infection.** The injury, lowering this local resistance of the tissues, furnishes precisely the conditions favourable for the growth and development of the bacilli. Hence the origin of the tuberculous lesion.

If time permitted, I could cite many striking cases of sarcoma of the **most virulent type** that followed immediately upon a **blow or an injury to the bone** in previously perfectly healthy individuals. The etiology of tumours is a problem far too difficult and complicated to do more than touch upon here. Assuming such extrinsic origin, the action of the toxins appears to me to produce certain changes in the blood or serum **that restore the weakened or lost immunity or natural resisting** power of the tissues, and the sarcoma-cell, no longer finding conditions favourable for further growth and development, undergoes a process of degeneration, with absorption in some cases and the formation of a slough in others.

The reason why a cure results in some cases is that in these the antagonistic action of **the toxins is sufficient to destroy the cancer-cell and render the soil unfavourable for further growth;** whereas in other cases the tumour-cells, by reason of greater vigour or better

nourishment, are more resistant and, although receiving a temporary setback by reason of the changes in the blood produced by the toxins, soon accommodate themselves to the new environment and continue to grow as before. To quote a recent and unpublished paper of Dr. Jones [?] Ewing, “**Apparent slight differences in the food supply sufficed to render the soil unfavourable to the tumour-cell.** These remarkably delicate nutritional requirements of the cancer-cell suggest that some means may be found to **render the human patient’s tissue unfavourable for cancer growth.**” And this is exactly what, in my opinion, the **toxins do in sarcoma.** [Emphasis added]



William Coley MD
(1862-1936)



Helen Coley Nauts
(1907-2011)

Note: Glover, Crile, and Coley all seem to have agreed to the suppression of their work. When Coley died, his daughter Helen was age 29. Eight years later, she looked through his papers and saw how many cancers had been cured. She then put her all into reviving Dad’s cure. A search of worldcat.org for her book *A Review of the Influence of [Coley’s Toxins]* reveals only one copy, in Denmark. However, she wrote other reports that are held by many libraries.

A *New York Times* obituary of Mrs Nauts, January 9, 2001, says:
In the years that followed, Mrs. Nauts wrote thousands of letters to doctors and patients who had used Coley’s methods, seeking specifics about their cases. Her efforts were not always welcomed by the medical establishment. “At times the response to her could be described as vitriolic,” said Dr. Alan M. Houghton at Sloan-Kettering. But Mrs. Nauts was unyielding.... Even some admirers say she may have lost perspective at times. And family members -- “We felt she spent much too much time,” [her daughter] said. “I remember once saying to her, ‘Mommy, let’s play.’ And she said, “I can’t play, because people are dying when I’m not working.” [Goodonya, Helen!]

Exhibit D. 1911 John Beard, *The Enzyme Treatment of Cancer.*
London: Chatto and Windus.

...This is not the place to write a history of a quarter of a century's researches in embryology. Suffice it to say that the chain of researches is now a complete one, every link has been tested, and no flaw discovered. As one outcome of this systematic investigation, a single case of successful cure of malignant disease, quite apart from others recorded in the literature, is brought before the whole work, and the invitation is given that any test of its truth be applied to it. All the methods employed are published in full. The remedies suggested and the modes of using them may be rejected or ignored; but the truth, if scientific truth have any place at all in this world, must be admitted.

The facts are: that in a case of malignant disease, termed by the pathologists a "round-celled sarcoma"—named by me, scientifically, irresponsible trophoblast or asexual generation—which was recurrent and inoperable after two extensive surgical operations upon it; the remains of the tumour, under the influence of the all-powerful ferments, trypsin and amylopsin, finally shelled out, leaving the patient free from all trace of malignant disease, and, in fact, "cured." I ask that these scientific facts, which cannot be denied, be admitted, and that with this the tardy acknowledgment be made, that when, on January 20, 1905, a scientific man, whose sole object was the revelation of the truths of Nature, stated publicly that "in the secretion of that important digestive gland, the pancreas," Nature had provided a potent remedy for cancer: what he then said was nothing more than scientific truth, which is greatest of all truth.

This, Nature's remedy, may be taken or left; but the truth may be denied no longer. It is beyond my power to prevent mankind, in happy ignorance of what the cycle of life really is, from awaiting some other solution of the problems. In doing this futile thing mankind may watch, and hope, and pray, until the crack of doom; but all in vain. Even if the scientific solution were to dawn upon official research, it could—in this universe, at all events, and as it is constituted—be none other than that offered by Nature! No denial can any longer have the smallest value against the supreme truth, that when properly—that is scientifically-applied, the pancreatic ferments, trypsin and amylopsin, being the most powerful things in the whole range of organic nature, are efficacious agents against cancer.

Cancer is a natural phenomenon, not a disease; although it may bring disease in its train. Its treatment -- that of a natural phenomenon -- has

been committed legally, logically, rationally, and scientifically not to the hands of the scientific observer, who has discovered its origin and nature. It is the business of the scientific observer, not that of the medical man or surgeon, to study and elucidate natural phenomena. Let the truth be acknowledged for its own sake. As the writer is "not even a medical practitioner," the adoption of the treatment in all or any cases of cancer is not compulsory; but it may not for a moment be imagined that scientifically it is intended to make good the failures of surgery.

The statement made in this book that cancer is a natural phenomenon, not a disease is unassailable. It rests upon scientific evidences, which are impregnable against all attacks; but it may be questioned whether civilized mankind as a whole has any real conceptions of the nature of natural phenomena in general. Some are beneficent. The sun rises, and its heat and light render this earth habitable to man. Owing to natural phenomena, the seasons return in orderly fashion, bringing, among other things, spring, with its fresh, new green; summer, with its wealth of flower; and autumn, with its harvest of fruit and grain. Other natural phenomena are maleficent -- malignant. The volcano, also a natural phenomenon, has in the past buried or destroyed countless cities; and even in our own day this has happened. Some naturalists have been of opinion that the fossil remains of innumerable animals, now extinct -- often found in great multitudes heaped together -- owed their present existence, as imperfect records of past events, to catastrophes which were also natural phenomena.

Last, cancer, with all its malignancy -- a thing which laughs to scorn the impotence of the surgeon's knife, which yearly claims its thousands upon thousands of human victims -- is at its scientific basis only a maleficent natural phenomenon, such as these. We come into being and exist as human beings because of beneficent natural phenomena, and as human beings we continue, for a span of time, to subsist, in spite of maleficent natural phenomena.

The course of some natural phenomena is unalterable by human agency; others, again, by a knowledge of the working of Nature ... can have their maleficent action stemmed and averted; and, as a scientific man, I affirm that cancer belongs to the category of these.

To those, surgeons and others, who have not, like the writer, foolishly devoted their lives to scientific research and experiment, but wisely to more mundane pursuits -- such as the acquirement of wealth -- let the following warnings be uttered: "If you wish to set up what you term 'test cases,' pray let them be such as shall fulfil in every way the requirements of science. Do not vitiate your experiments from the very start,

Exhibit D: Beard on Pancreatic Enzymes

as has happened, by choosing some 66 per cent of the cases, in which there lay the pernicious ‘error of experiment’ of previous surgical operation, once or several times over. Remember also that if your cases be chosen rightly -- that is, scientifically -- even then there remain the reagents employed, and how used. Do not forget that in this, as in every scientific chemical experiment, the observer must not only satisfy himself regarding his reagents, but be prepared, if called upon to do so, to produce scientific evidences concerning their nature and composition.

Above all, do not for a moment imagine that you ‘have tried trypsin in cancer, and have found it useless,’ when to all intents and purposes you might just as well have been testing the effects of a solution of glycerine and water. Do not think it is ‘science’ to perform mere elementary qualitative experiments upon your injections, showing that they have some action upon starch and upon white of egg. Lastly, under the erroneous idea that it thereby makes the thing a scientific document, do not publish any account of your negative experiments with trypsin and amylopsin with the sub-title, “A Scientific Report,” unless the document in question fulfil, like my scientific memoirs and like this book, in all respects the requirements of science. *Note: For a very readable discussion of Beard’s protocol, see C. Saleeby, Conquest of Cancer (1906), free at archive.org.*

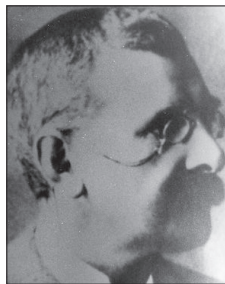
UPDATE: Nicholas Gonzales, MD, who uses Beard’s cure, has just had his “clinical trial” sabotaged. See his book *What Went Wrong*.



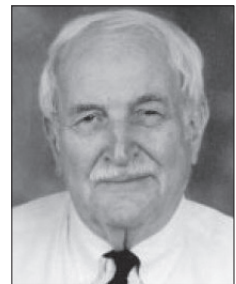
Some University of Edinburgh men:



Wm Russell, MD
FRCPE



John Beard, DSc



George Maxwell, MD
FRCPE

Exhibit E. 1920 Charles Higgins, Letter to President Woodrow Wilson, A Plea To Abolish Compulsory Army/Navy Vaccination

The President is Commander-in-Chief of the Army and Navy and is thus invested with supreme commanding and pardoning power, through which he can bring about an immediate reform in the evil practice of compulsory vaccination by pardoning, at his discretion, all men in the Army or Navy now unjustly condemned by Court Martial for refusing vaccination. This enlarged work has required nearly twelve months to complete and make ready for the consideration of the President after his return from the Peace Conference, and its publication has been much delayed by several unavoidable conditions, including the recent great strike in the printing trades.

I might further state that I have spent a lifetime and a fortune in the investigation of this subject and in efforts for the repeal. [It] can, I think, leave no doubt in the mind of any reasonable man or woman... that all Compulsory Vaccination should be abolished.

In this medical malpractice of to-day doctors inject [into the blood] various more or less virulent diseases, blood poisons, or disease germs, cultures or products, either living or dead. In some fatal cases, death finally occurs from lockjaw, paralysis, meningitis, or pneumonia.... These fatal results of vaccination are commonly denied and concealed in death certificates by recording the terminal disease of lockjaw, paralysis, meningitis, or pneumonia only as the sole and original cause of death without any record of the inflicted disease, vaccination, as the primary cause of the death. See the "Manual of Causes of Death," by U. S. Census Bureau, page 56, No. 20, in which vaccination is recorded as a form of septicemia.

I have now in hand a memorial pamphlet written by an aggrieved father, Mr. James A. Loyster, of Cazenovia, New York, which shows the death of his own son and about thirty other children from vaccination in New York State in 1914. This child slaughter was the result of a general vaccination raid made upon the school proof that about thirty, and probable proof that about twice that number, were killed by vaccine infection, *while only three persons died from smallpox in the whole State for the same year!*

I would like to call your careful attention to a news item in the *New York Times* of May 2, 1918, as follows: Elmer N. Olson, of Goodrich, Minn., a soldier in training here, refused to submit to vaccination. He was tried by general court-martial and sentenced to fifteen years in the disciplinary barracks at Fort Leavenworth. In answer to a special request for information on this point, I have been informed by the office of

the Judge Advocate General, in a letter dated January 14, 1919, ...that this was held to be a violation of the 96th Article of War, and that the offender in this case was sentenced to be "*Dishonorably discharged from the service, to forfeit all pay and allowances due or to become due, and to be confined at hard labor at such place as the convening authority may direct for twenty-five years.*"

Now I respectfully submit, Mr. President

Article IV. "The right of the people to be secure in their persons... against unreasonable searches and seizures shall not be violated."

Article VIII. "Excessive bail shall not be required, nor excessive fine's imposed..."

To thus degrade a loyal and honorable soldier and condemn him like a felonious criminal to the long term of fifteen or twenty-five years' imprisonment, merely for the act of refusing to have a dangerous medical operation and an inflicted disease forced upon his body against his will and consent, is clearly an "unreasonable seizure"



President Woodrow Wilson, elected 1912. BA Princeton 1879, PhD Hopkins 1886

of the person. Mr. President, I want to remind you of the rich American thought you expressed in your address to the American soldiers on the battlefield in France, at Chaumont, on Christmas Day, 1918. You were reported to have there said: . . . "this is not a war in which the soldiers of the free nations have obeyed masters. You have commanders, but you have no masters." I might cite for a second example the advice from one of the highest medical authorities of to-day, viz., Osier's "Modern Medicine," new edition, 1913, p. 848, "it is unwise for the physician to force the operation upon those who are unwilling, or to give assurances of absolute harmlessness..."

...Another shocking fact is that vaccination has been proved to be the cause of several great epidemics of deadly disease among mankind and domestic animals.... I may first refer on this point to one of the strongest pro-vaccination works now published, viz., "Acute Contagious Diseases," by Drs. Welch and Schamberg, Lea Brothers & Co., Philadelphia, 1905. On page 65: "Several appalling epidemics of septicemia after vaccination are on record; one occurred in the United States, one in Germany, and one in France." And "In October, November, and December, 1901, there was a small epidemic of tetanus after vaccination in Philadelphia..."

From the rapidity, severity, and mortality of this disease, it would seem not to be a true influenza, as heretofore known, and as its worst

cases are characterized by a rapid and fatal ending, with a few days' sickness, in malignant or septic pneumonia, with abscesses in the lungs, it seems more related to the very fatal '*Pneumonic Plague*' which raged in Manchuria after the Japanese war. [How interesting,] General Shiro of Japan is credited with half a million Chinese deaths by cholera for which he used an insect vector, in 1934.

This suspicion is strengthened by the fact that the chief germ found in the fatal cases is the streptococcus, which is found in the worst forms of "septicemia," and also in vaccination...Therefore, as the act of vaccination is simply the impregnation of the body and blood with a pus infection identical with "septicemia" or "pyemia," ...

It has been further suggested that this disease should not be called a true influenza or pneumonia at all, but is essentially a most virulent form of general septicemia, and that it originated from the frightfully infected soil of the battlefields, which, in addition to the ordinary deadly soil infections, contains virulent septicemic and cadaveric infections from the great mass of buried and unburied bodies. And as the soldiers in camp and field were already impregnated with several septicemic infections in the multiple vaccinations of five or six kinds to which they have been almost universally subjected, their systems thus became "sensitized" or highly susceptible to further infection. See U. S. Naval Medical Bulletin, Oct., 1914, page 591, Smallpox on Battleship *Ohio* confounded with Influenza.

A hard fact is proved by the frightful epidemics of "foot and mouth disease" in the United States in 1902, 1908, and 1914, some of which originated from two of the largest vaccine factories in this country, one in Philadelphia and the other in Detroit, and were widely distributed to cattle and mankind. See reports of U. S. Bureau of Animal Industry, 1902 and 1908. Also Year Book of U. S. Department of Agriculture, 1914, page 20. It is clearly shown in these reports that vaccine infection was the direct cause of these epidemics.

This foot and mouth disease is a horrible eruptive fever ... something like a mongrel smallpox and diphtheria combined, with successive crops of vesicles, blisters or blotches, something like cold sores, large and small, breaking out all over the body, but chiefly on the hoofs, or hands and feet, lips and nostrils, also inside the mouth and throat as is common in smallpox. ...Now here we see that at least two and probably three great epidemics of fatal disease have originated from vaccine factories and this raises the serious question as to how far other epidemics, or even the recent epidemic of influenza and pneumonia, may have originated from some vaccine factory or from some of their products extensively or carelessly used.

...And let us here ask, what is the use of having soldiers forced to submit to a whole series of disease infections, if these infections, at best, give immunity only for a little while from such diseases as smallpox and typhoid and make the system more susceptible to the far worse diseases of measles, pneumonia and meningitis, which seems to be the possible effects of vaccination from the recurring epidemics of these dangerous diseases in our heavily vaccinated camps?

As a matter of fact, my studies of deaths from vaccination for many years past show that meningitis and pneumonia are some of the most frequent complications... See also Osier's "Principles and Practice of Medicine," 8th edition, 1918, page 330, on the "Influence of Vaccination on Other Diseases." On page 18 in the Report of the Secretary of War for 1918 the death rate of the Army in the United States from disease for the year ending August 30, 1918, is given as 6.4. The age-groups composing the Army are, of course, on the general average, between twenty and forty. In the same Report it is admitted that the male civilian death rate for the same ages as in the Army (twenty to forty) was about 4.7, which is a difference of 1.7 or nearly 2 per 1000 in favor of the civil population.

Now what is that cause? The army population is made up of "hand-picked" men selected for their nearly perfect health and physique and the absence of all serious constitutional diseases such as tuberculosis and others, which are all excluded from the army group. On the other hand, the civil population of the same age-group of twenty to forty includes the healthy and diseased; those afflicted with tuberculosis constitute a big fraction.



What is the cause of this difference if it is not that extraordinary medical practice, which deliberately impregnates the bodies of these exceptionally healthy and "hand-picked" men with a whole series of the worst type of disease infections known? And should anyone wonder, therefore, if the death lists of the army should show plainly in the blood poi-

*World War 1
Aussie Diggers en route to
Gallipoli 1915. Poor things.*

soning diseases of pneumonia, meningitis, etc., which are known to follow frequently after vaccination?

Japan has been perhaps the most extensively vaccinated country. Now I believe that there is no country in modern times, whether vaccinated or unvaccinated, which has shown worse epidemics of smallpox than much-vaccinated Japan... What is perhaps still more damning, it is proved by U. S. Government Reports, that Japanese vaccination was the source of the deadly epidemics of Cattle Plague, known as "Foot and Mouth Disease," which afflicted both animals and mankind in the United States in 1902 and 1908, this dangerous infection being imported in vaccine virus from Japan....

At this point I am sure it will be readily admitted that even if an alleged medical remedy were absolutely effective and sure, it would not be ethically or legally proper to force it upon any patient against free will and consent. But when an alleged remedy is very uncertain... surely the forcing of such a doubtful and dangerous remedy on any person under pretense of its necessity and harmlessness [may be] a gross act of sheer criminal malpractice.

When, therefore, any doctor forces such a doubtful and dangerous remedy as vaccination upon any patient under the pretense that it is necessary for public health and is perfectly safe and harmless, the doctor is obviously under a most vicious moral and professional bias to conceal, deny or falsify any unfavorable facts that may arise.

To this dangerously dominating vaccine sect of medicine, which sees the faults of other men but not its own great errors, we may therefore now apply the crushing words of Christ in His great parable of the beam and the mote: "And why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thine own eye?"

* * *

UPDATE: Since the 1991 Gulf War, 36 percent of American veterans have filed for disability benefits, often blaming the anthrax vaccine for devastating health problems. In spite of that, the military website anthrax.osd.mil, retrieved May 8, 2012, states: "People vaccinated against anthrax are as healthy as unvaccinated people.... Vaccines have kept troops healthy since the days of George Washington...."

Also see 2012 Congressional Testimony of Remington Nevin about the high number of suicide of soldiers apparently caused by Lariam (mefloquine), an anti-malarial drug.

Exhibit F. 1924 -- George W. Crile, M.D., "A Bipolar Theory of The Nature of Cancer" Annals of Surgery, Vol Lxxx September, No 3 Presidential Address, American Surgical Association.

I have decided to offer a discussion of a theory as to the nature of cancer which is suggested by a new line of investigation. Our problem is concerned with the struggle for survival between the cancer cell and the normal cell, [Let us] search the normal and cancer cells for such physical differences as may explain the superior ability of the cancer cell to multiply at the expense of other tissues in which it grows.

The best-known example of growth energy is that initiated by fertilization in reproduction. The outstanding facts regarding fertilization which may throw light on the cancer problem are: 1. The spermatozoon has the properties of the nucleus of the ovum with which it unites, 2. The spermatozoon may be said to reinforce the nucleus and as a consequence, 3. **The quiescent negative ovum flares up in active metabolism** and growth and in consequence shows a striking change in its internal-structure and assumes electrical properties; i.e., electricity is a constant phenomenon from the moment of fertilization, so long as the life of the new individual lasts.

This comparison of the processes of the multiplication of cancer cells with that of fertilized cells is no new conception ... Moreover the cyclic variations in the growth of tumors correspond **to the cyclic changes in nuclear and mitotic activities which have been observed in protozoons.** The whole histologic picture of malignancy indicates that it is primarily **nuclear in origin** as is suggested ... by nuclear hyperchromatism in the active stages; and by the **shrinkage of the nuclei in the degenerating or necrosed areas.**

... Certain analogies between cancer and the pyogenic [pus-producing] infections may aid in this interpretation. Cancer cells multiply, **bacteria multiply**, each finds restraint in certain tissue. Neither cancer nor the pyogenic infections commonly attack **tissues of high oxidative capacity**; thus neither cancer nor pyogenic infections primarily attack the heart muscle, the voluntary muscles, the cortex of the brain ... etc. **No enzyme, no specific chemical property has been found to account for this fact.** These are tissues of high chemical activities; these organs are homogeneous in structure and their unit cells are closely approximated and bathed in fluid; in other words, **these organs are concentrated cell suspensions.** Neither infection nor cancer attack successfully the anatomically and physiologically **intact surface layers of cells like the skin and mucous membranes**, the latter in turn being electrically charged cell suspension systems; they attack rather the

less cellular structures which normally are protected by cellular layers. Our first generalization then is that cancer originates not in the midst of a cell suspension such as the cellular organs, **but at the boundary points** between highly cellular and less cellular structures. These less cellular structures -- subcutaneous, submucous -- **are successfully attacked by cancer or infection only when the cellular defense is broken down**; in the case of a pyogenic invasion a single break in the line of defense may be sufficient for entrance; **cancer depends rather upon the gradual lessening of the defense which results from the frequent breaking down and building up.**

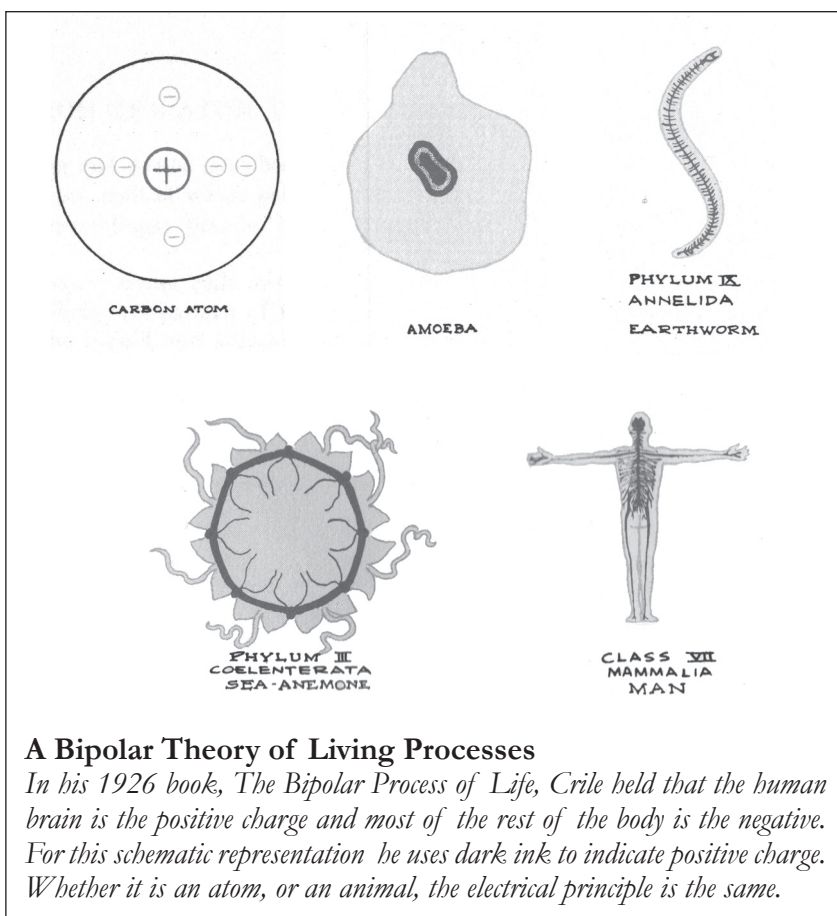
Once the rapid infection or the slower cancer has passed this first line of defense, each **follows the path of least resistance** -- namely, the lymphatic channels and the connective tissue, rather than attacking the solid cellular organs. ... **Both cancer and infection are repulsed by vigorous metabolic activity within the defending structures**; thus, as we have already noted, the heart muscle, the voluntary muscles, the normal thyroid, are relatively immune. To this fact, we may add the significant fact **that bacteria do not attack** the most active part of the cell itself; that is, the **nucleus of the cell is immune** to pyogenic invasion. [Also] the cell nucleus and bacteria **show a similar stain** reaction. Finally, unlike the normal cells of animals, cancer cells and **bacteria have no specific function**; they possess only growth energy. ...The conclusions drawn ... are (1) that the difference between the living and the non-living depends upon the accumulation of free energy on the dielectric **lipoid films** which surround the nucleus and the cytoplasm and the numerous spherules within the cells; (2) that the **charges on these films are derived from oxidation**; (3) that oxidation within the cells is governed by the difference in energy potential **between the nucleus** and the cytoplasm; and (4) that therefore both the growth and the special function of **cells are dependent on their structure and their energy potential.**

...As we have stated above, in cancer cells the nucleus plasma relation resembles that of fertilized cells. Before fertilization the ovum in itself is so **lacking in organization and hence in oxidative capacity** that there is apparently little or **no difference in potential** between its nucleus and its cytoplasm -- it carries no electric charge, it is inactive, **negative**. But when the nucleus of the ovum is reinforced by the nucleus-like spermatozoon there is at once established a difference in energy potential within the cell, **oxidation becomes rapid, nutrition is demanded, the size of nucleus increases, mitosis is inaugurated, cell division occurs.** ...

If the foregoing biophysical interpretation be correct, then **cancer tissue must meet the following biophysical requirements:** (1) the

Exhibit F: Crile's Theory of Bipolarity in Cancer

cancer cells must have a high capacity for the storage of electric charges and (2) the conductivity of cancer tissue must show specific **variations from the conductivity** of normal tissues. That is, if our assumption is correct, then the lipoid films of cancer cells of normal cells and of fertilized cells would take electric charges in a direct ratio to the combined surface area of their lipoid films. For instance, though in its external appearance a fertilized fish egg is apparently the same as an unfertilized egg, one would expect the former to show a higher capacity than the latter; one would expect that the capacity of cancer cells would be higher than that of normal cells. One would expect that radiation would lower the capacity of cells....



.... All of the carcinomata have had a relatively high capacity... in the actively growing portions of the growths. The degenerated portions of the growths had a lower capacity and the capacity of radiated tissues

has been much lower, the tissue in one radiated case showing as low a capacity as three. **Thus far in every case studied the tissue in which the cancer had developed had a lower capacity than the cancer itself.** This difference has been particularly marked in carcinomata of the breast in which the capacity of the adjacent glandular connective or fatty tissue has often been **less than one-tenth** that of the malignant tissue.

Among the goitres, colloid goitres have shown the highest capacity of any tissues studied, as much as 76 in one case, the average being in the neighborhood of 40. This finding is of prime significance in view of the fact that cancer of the thyroid never develops in a colloid goitre. Adenomas and hyperplastic thyroids have, as a rule, had a low capacity **for glandular tissue**, which in general seemed to show a somewhat higher capacity than other tissue. **Connective tissue has usually a very low value, between one and three, and the capacity of fatty tissue may be as low as 0.47, while an active inflammatory process may show a capacity of 20.**

The findings in these researches suggested at once that the whole story of cancer may ultimately be derived from conductivity and capacity measurements. These findings moreover are in accord with the histologic picture presented by the microscope. The microscope **indicates the general structure, which in turn indicates the capacity of the cell for work**, multiplication, function, etc. A further striking parallel between the cytologic picture and biophysical findings, is found in the fact that **Ewing and Wood have shown that cells which have been subjected to lethal X-ray or radium radiation, show loss of differential stainability**, and in our laboratory Morse has shown that heavily radiated tissue almost wholly loses its capacity. Armed with these physical facts, let us see to what extent some of the well-known facts regarding cancer may be harmonized. First of all, on the basis of electric potential, **implying as it does oxidative capacity**, if two cells are side by side competing for food, the one having the higher potential, such as the fertilized cell or the cancer cell starves out, and if the higher potential -- higher oxidative capacity -- persists long enough, **destroys the ordinary tissue....**

...Again, let us consider one of the most common sites of cancer origin, the breast. Here is an organ whose structure contains epithelial cells, the capacity of which is low. It follows that when some circumstances bring cells with a relatively high potential into contact with these low capacity epithelial cells, the former multiply at the expense of the other breast tissue. The capacity of cancer of the breast is from two to ten times higher than the capacity of normal breast tissue. Capacity of the tissue **near** the cancer mass is somewhat higher than that of normal tissue. [Consider] the tables of Voit, **which show that in starvation**

the weight of the brain and of the heart muscle does not change, the reason being that these tissues, the metabolism of which is at a higher rate than that of other tissues, consume nutrition at the expense of the others.....

This conception explains the higher incidence of cancer in old age when the generally falling metabolism would diminish the already low defense of the tissues of low capacity and **lead to an inequality** in an already wavering balance between the capacities of neighboring cells. Moreover the older and the feebler the subject, the slower the growth of cancer and the better the prognosis; and per contra the younger and more vigorous the subject, the shorter the course, the more fatal the cancer. But youth has fewer cancers than old age. Our theory interprets this antithesis as follows: In the general activity of all tissues in youth it would be **unusual** to find the potential of any one cell raised above that of its equally vigorous neighbors, but once so phenomenal a cell has been produced, its growth energy would be enormous, rapid and fatal. [But] cancer in the aged and feeble inevitably would appear just above the low level of low vitality, in youth just above the high level of general vitality. In youth the cancer must be virile; in age it must be feebler. Thus, in **experimental** studies, cancers are not transplanted to the muscles, nor to the liver, nor to the heart, nor to the brain, but to the more negative tissues; it is the subcutaneous quiescent breast tissue that is generally selected as the site...

If one could plant a self-limited bacterium in the nucleus of a cell, its **added oxidation** might augment the nucleus in a manner analogous to the augmentation of the nucleus of the ovum by the spermatozoon so that in consequence cell division would be **forced**. Or if one could draw the nucleus out of one cell and insert it into a sister cell, thus reinforcing its nucleus, the energy potential of the latter cell would be increased, its nutrition intake increased and cell division would follow, **i.e., a cancer would be produced.**

The interpretation of another fact is made possible by the bipolar theory, namely, **the like action of X-ray and radium on cancer and on fertilization.** The effect of radiation is to interfere with the mechanism in the cell for the creation and storage of electric charges, an interference which as effectively prevents growth and function as does the permanent injury to the plates of a battery.

Certain everyday facts about **treatment** are also open to a biophysical interpretation. Thus **if a cancer is entirely removed, early, no return is seen**, whereas if these electro-chemical mechanisms are **stimulated by injury**, by partial operation, by inflammation, by chemical agents, by X-ray, by radium, by heat, by electricity, the resultant struggle and survival kill off the weaker cells, leaving the stronger. ...Certain further

Exhibit F: Crile's Theory of Bipolarity in Cancer

biologic principles governing infection which appear to be the same by X-ray, by radium, by heat, by electricity, the resultant struggle and survival kill off the weaker cells, leaving the stronger. ...Certain further biologic principles governing infection which appear to be the same as those governing cancer may be cited. The resemblance between cancer and infection has been noted by many observers. Pyogenic **bacteria may be regarded as free nuclei**, like the fragmented nuclei seen in many unicellular organisms. If we regard the law of universal bipolarism as a necessary condition by means of which a difference in potential is created and oxidation controlled with resultant electric charges and maintenance of potential, **we may interpret bacteria as free nuclei depending for their common negative pole on the common colloids such as mud, soil, seawater, etc., or the colloids in the tissues and fluids of animals. Bacteria then will multiply as free nuclei.**

A cancer cell is a bipolar mechanism within which the nucleus is the positive, the cytoplasm the negative pole; bacteria are positive poles with lymph and tissue juices as a common negative pole. According to this conception the **cancer cell and the bacterium are in a common class of high potential invaders**. Now the bacterium like the cancer cell must depend on its ability to compete with the cells of the organism for nutrition. It is probably a consequence of this fact that bacteria, like cancer, cannot primarily compete with the cells of the organs which have a high metabolism. [Emphasis added]



Grace Crile

UPDATE. Crile put this 1924 speech into his 1926 book, but after that did not do experiments with cancer during the remaining 17 years of his career. Possibly he was asked to shut up due to the military uses of his electric theory.-- MM

NOTE: In 1947, Crile's widow collected many of his writings that had not been published, making them into a two-volume George Crile: an Autobiography.

I now quote from that bibliography and add some bolding. -- MM:

Page 73 -- In 1897, I was appointed Professor. The teaching of applied anatomy always interested me. After my students showed curiosity about the cholera slides, I began to examine the cells of cancer... To teach I had first to prepare myself... The practical investigative work with the microscope...laid the foundation of surgical training for Ed Lower and me.

When I read the vast and long curriculum now demanded of our

students, I see there is such a thing as **crippling a mind** permanently by putting into it so many facts that it may become immobilized. ...An intensive abnormal memory mechanism may in a certain number of students merge into a pathological physiology, in others it may exhibit deficient judgment or lack of ordinary common sense.

Page 80 -- Early in the next year I applied the cocaine block on a woman age 74 who was suffering from a tumor of the arm with metastatic growth in the axilla. The patient was told that the operation would be postponed to the next day. A towel was thrown over her eyes and she was kept interested in conversation ...while I made the amputation using only one eighth of a grain of cocaine. There was no shock. The patient was not even aware that she was being touched.

Page 81 -- In '98 I reported my experiences in 62 cases of acute appendicitis, in which there were but two deaths. This paper precipitated an acrimonious debate. An old physician, Dr HJ Herrick **contended that surgical treatment was not indicated at all**. He advocated the use of **flaxseed poultices and opiates**. As the meeting broke up, Dr Herrick invited me to follow an acute case with him. ...a patient with extreme peritonitis under heavy morphinization and a flaxseed poultice. To my surprise in several days a localized abscess formed which, a few days later, perforated the large bowel and gradually evacuated itself. In due course the patient recovered.

Page 246 -- I scraped off the slime and scales on one side and put the fish back in the pool. They could swim only in circles. [Does] the swimming motion depend on preserving insulation between their nerve and muscular mechanism and the water?

NOTE: Crile invented a suit for the patient to wear during surgery. I see in a 1984 article by G Sternbach, in *Journal of Emergency Medicine*:

“Military antishock trousers (MAST) have been used in emergency care for only a little more than a decade. However, the initial report of the medical use of an inflatable compression garment appeared in 1903, when George W. Crile [made one] to augment the blood pressure of patients undergoing head and neck surgery. Technical difficulties occasionally [arose] but Crile maintained that the device was otherwise free of adverse effects. Since then, a number of complications have been ascribed to the suit. None of these have occurred with sufficient frequency to substantially restrict the use of the suit. The mechanism by which the pneumatic garment produces an elevation in blood pressure -- ascribed by Crile to elevation of peripheral resistance -- continues to be a subject for research.” [!]

Exhibit F: Crile's Theory of Bipolarity in Cancer

Page 113 – At a convention in the nineties, the hotel was crowded [so] it was necessary to share my room with another guest. When I saw my roommate for the first time I was intrigued. He looked exactly like Henry Ward Beecher. The man was AJ Ochsner [uncle of Alton]. From that evening Ochsner and I were close friends. He told me about Will Mayo and suggested I see what he was doing in Minnesota.

Page 192-- We found the most preventive influence against exhaustion and death to be one so universal, so quiet, so soothing, that its vast significance is still not understood. It is so essential that animals and man give it about one fourth of its entire life – sleep. In our laboratory **every animal kept awake continuously died**, usually before the ninetieth hour. When Dolley, Hitchings, Austin and Mosiman examined under the microscope the cells of every organ of the body of those animals that died from loss of sleep, there were found no changes in any organ except in the cells of the liver, the brain, and the adrenal glands. **Except for sleep there is inevitable death.**

Page 272 – Barney was nine years old and [excited] over fishing. As the boat turned he lost his balance and fell overboard and came up on the other side of the boat. I grasped him and hauled him in. Gathering all my philosophy I asked, “Well, what did you see down there?” “I saw a candle burning,” he replied. Then at least you have proved it is not dark when you swim under water.” **I was so anxious that not a “footprint of fear” be left in the mind of that child.**

COMMENT from MM. I think the huge number of vaccinations for children today is calculated to leave “a footprint of fear” and to create docility. Worse, the shots occur in the presence of the Mother who is supposed to be the protector. I have proven, but it's outside of this book's theme, that the cabal has gone to great effort to break the mother-child bond. Please see Blanche Chavoustie's report on Morton Prince and the Harvard mouse-trap experiment. I hereby state that I have tracked this down and will happily sing in court. Hello, Court, are you there? Or doesn't society give a damn. Must *everybody* tune out?

MAJOR INVITATION HERE:

Creighton, Coley and Crile -- Three of the exhibits so far - are crying out for you to amalgamate them - plus Rosenow's.

Exhibit G. 1947 E. Ashworth Underwood, M.A., B.Sc., M.D., D.P.H., “Charles Creighton, M.A., M.D. (1847-1927): Scholar, Historian and Epidemiologist,” Sectional Proceedings of the Royal Society of Medicine Vol. XLI [December 3]

TWENTY years ago, on July 18, 1927, there died in a little cottage in the village of Upper Boddington near Rugby a man who had for eight years been regarded by the villagers with respect and affection. He never spoke of his life before he had come at the age of 70 to reside amongst them. Few of his former friends ever visited him.

The man was Charles Creighton, described as the greatest medical scholar this country produced during the nineteenth century. Yet for nearly forty years he had been ostracized by the medical profession, not because of any crime or misdemeanour, but because he had dared to hold heterodox opinions... When he died few voices were raised to pay him homage. The Times was discreetly silent. ... In the *British Medical Journal* Professor Greenwood summed up in richly suggestive phrases the manner of Creighton's greatness.

That was twenty years ago. The object of this paper is not to review the work of Creighton in the detailed and critical manner which it undoubtedly merits. Its sole object is to point out that Creighton -- to whom many have paid service from the lip and from the heart -- is still neglected. His best work has a lasting quality which defies time. But the man is part of his work, and the circle of those who knew Creighton in his lifetime shrinks at a dangerous rate as the years pass.

Creighton had a tall, commanding presence, always meticulously dressed, with a turned-down Eton collar and a black satin tie passed through a ring. He had been a student of literature all his life, and his immense learning and wonderful memory enabled him to range profitably over a wide field. He was deeply read in the Bible and in Shakespeare. Bulloch lists the following as Creighton's major writings:

Contributions to the physiology and pathology of the breast and its lymphatic glands. 1878. *Bovine tuberculosis in man, an account of the pathology of suspected cases.* 1881./*Dr. Koch's method of cultivating microorganisms in tubercle.* 1884./*Illustrations of unconscious memory in disease including a theory of alternatives.* 1886./*Jenner and vaccination; a strange chapter of medical history.* 1886./*The natural history of cow-pox and vaccinal syphilis.* 1887./*A history of epidemics in Britain.* 1894./*Microscopic researches on the formative property of glycogen.* 1896-89./*Cancers and other tumours of the breast, researches showing their true seat and cause.* 1902. /*Plague in India.* 1905./*Some conclusions on cancer.* 1920. [**“The material cause of cancer is blood reduced to a trophic substance by a lysin or ferment.”**]

CREIGHTON'S EARLY LIFE

Charles was the son of Alexander Creighton, a saw-miller and timber merchant of Peterhead. There Creighton was born on Nov. 21, 1847. He went to the Gymnasium in Old Aberdeen, gained ninth place in the bursary competition, and from King's College he graduated in Arts in 1867. His medical course was begun at Marischal College, but he seems to have finished his training in Edinburgh. Having graduated in 1871, he set out for the Continent, where he spent most of his time with Virchow in Berlin, and with Rokitansky and Skoda in Vienna. Virchow, at that time 50 years of age, was at the height of his powers as a pathologist and was active in the political field.

Rokitansky was within four years of his retirement, and his dyscrasia theory was widely accepted. It is small wonder that, with the recollection of two such teachers in his mind, Creighton early decided to be a pathologist. ...In 1873 he began work on cancer under Burdon-Sanderson at the Brown Institution.

In 1874 there appeared in a volume of special reports a communication of eighteen pages by Creighton, entitled *Anatomical Research towards the Etiology of Cancer*. It deals with the earlier signs of cancerous invasion in the ultimate anatomical elements of the secondarily affected organs. The investigation involved a study of secondary tumours in the liver. This is the earliest paper by Creighton which I have been able to find. The *Index Medicus* was not started until five years later; there may be earlier papers. This paper seems to be a competent bit of work, bearing traces of Virchow's influence.

His first book -- *Contributions to the Physiology and Pathology of the Breast and its Lymphatic Glands* was published in 1878. He was then 31 years of age. Meanwhile, in 1877, he had been appointed Demonstrator of Anatomy at Cambridge. The next few years in Creighton's life form an interesting exercise in speculation. In 1877, the year in which he went to Cambridge, he had an article "On the Development of the Mamma" in the *Journal of Anatomy and Physiology*. Between then and 1881 Creighton had ten more articles -- a very respectable output. [Then], at the age of 32, he had become a joint editor of a leading scientific journal, in very exalted company. For the next two years he remained a joint editor, and Cambridge University had meanwhile (1880) conferred the degree of M.A. *propter merita* upon him.

He had certainly "arrived". Then, in 1881, he left Cambridge and came to London. No further papers ever appeared from his pen in the *Journal* after volume XV, and in volume XVI his name was dropped from the list of editors. A crisis had evidently occurred. Bulloch covers it with the phrase "He left Cambridge with some sort of a grievance and came to London". The crisis must have been great to warrant Creighton

sacrificing such a brilliant future, and to encourage the editors to drop such an outstanding and enthusiastic colleague.

Creighton now came to London... he became more and more a shadowy figure, until many acquaintances had forgotten him completely. At first he tried general practice in Savile Row, and later in New Cavendish Street, but his attempt was unsuccessful....Until he left it in 1917, Creighton lived in chambers in Great Ormond Street.

After his failure in practice he seems to have decided, possibly without reluctance, to devote himself to a life of literature and scholarship, and his time during this long period was divided between the British Museum, or some other great library, and his home. His last medical work during this period appeared in 1908 -- a book entitled *Contributions to the Physiological Theory of Tuberculosis*. During the next twelve years there was silence until, at the age of 73, he emerged from obscurity once again with *Some Conclusions on Cancer* -- his last work.

SUMMARY OF CREIGHTON'S LABORATORY AND LITERARY WORK IN THE MEDICAL FIELD

I now propose to group these writings (a) Pathological writings. His earliest paper (1874) was concerned with secondary growths in the liver. He reached a **hypothesis that the secretory function of mucous membranes is performed by means of a process in the epithelial cells identical with the process known as endogenous cell-formation, and he thought this theory was of significance as regards the malignant tumours of epithelial parts.** He took the mammary gland as an illustration of his theory, and his next papers were devoted to that gland. He first tackled the normal processes of development of the mammary function, involution and evolution, and then applied his results to "the grand disease of the breast."

He concluded that centres of different types of cancer cells may each infect with its own type of structure different glands in the same pocket. He admitted that this research had not taken him very far... Creighton always considered himself as a pathologist. The article on "Pathology" which he contributed to the ninth edition of the *Encyclopaedia Britannica*... appeared in 1885. The article consists of 46 pages. The preponderance of references to German pathologists, especially to Virchow, Cohnheim and their schools, is noteworthy.

The Microscopic Researches on the Formative Property of Glycogen, which he published in 1896, are of interest as illustrating one side of his character. From the preface he had obviously been refused a publication grant from some scientific body. He then turned to the Leigh Browne Endowment. This trust was founded "for the promotion of original research in the biological sciences without any recourse to experiments

upon living animals, Creighton's work was microscopic and did not involve animal experiments. Hence he had no hesitation in accepting the assistance offered.

(b) Writings on tuberculosis Creighton's early writings had dealt to a considerable extent with the pathology of bovine tuberculosis. In the tuberculosis field he was a heretic, out and out. His theories are now as dead as the dodo, but in any study of Creighton the man they are significant. ...In referring to experiments to produce tuberculosis by inoculating or feeding tuberculous matter, he says that a suggestive proportion of all such experiments have succeeded. Then he goes on: "It has been boldly alleged by Koch that the active agent in the inoculative production of tubercle is not the tuberculous matter from a previous case, but a minute rod-like living parasite belonging to the order of schizomycetes. According to this view tubercle is from first to last an affair of a parasite". **He then says that the weak point is that one cannot be assured that the inoculated parasites have been completely freed from the original tuberculous matter! This is a very good rock for a heretic to take his stand on.**

Twenty-three years later Creighton was still fighting a magnificent rearguard action -- though he would not have admitted, or even realized, that it was a rearguard action. It was a case of everyone else being out of step but himself. In 1908 he published his *Contributions to the Physiological Theory of Tuberculosis*. In this work he acknowledged the assistance of William Bulloch in obtaining for him inoculation material and brains of patients who had died from tuberculous meningitis. **He carried out a series of injections of tubercle bacilli into rabbits, and from the histological features he concluded that the resulting neoplasm was formed to get rid of the waste of disintegrated old blood corpuscles.** He thought that bovine tuberculosis was a chronic disorder of nutrition, to which breeding might predispose in very high degree. As a cause of the tuberculosis of human infants he suggested the absorption of milk from anemic cows, which produced **a state of the blood favouring the formation of minute multiple thrombi in the meningeal arterioles.**

There was nothing specifically infective common to human and bovine tuberculosis. He denied that tuberculosis was of the nature of a specific fever. Though cases of acute miliary tuberculosis often ran the course of a specific fever, it differed from other forms of tuberculosis only "in the insidiousness of the prodromata (in a scrofulous constitution) and the suddenness with which the actual crisis arises." **A man who could assert such views on experimental evidence in 1908, and have them published...must have been a very extraordinary character indeed.** [Please re-read that sentence -- MM]

(c) Cow-pox and smallpox. Creighton's first work on this subject, *The Natural History of Cow-pox and Vaccinal Syphilis*, was published in 1887. There is no preface, and it is not clear when or for what reason he first embarked on the Jennerian question. In this work Creighton discusses the origin of vaccine lymph from the first stocks. **He implied that Jenner had no justification** for calling cow-pox "smallpox of the cow", and asserted that cow-pox **had stronger relations with "the great pox" (syphilis)** than it had with smallpox.

He differentiated what he called "vaccinal syphilis" from "venereal syphilis" in the infant. In the following year Creighton's article on "Vaccination" appeared in the ninth edition of the *Encyclopedia Britannica*. Creighton re-emphasized his views on the identity of "vaccinal syphilis" with vaccinia of a severe type, and **he regarded various sequeli of vaccination -- such as erysipelas, jaundice, skin eruptions, ulcers, and "vaccinal syphilis" not as evidence of secondary infection, but as a reversion to type** of certain manifestations produced by primary inoculation from the cow.

...One reviewer stigmatized Creighton's views on the pathogenesis of cow-pox ... as "pathological transcendentalism." [Fabulous!]

In the following year (1889) Creighton returned to the attack with his book on *Jenner and Vaccination: a Strange Chapter of Medical History*. ... Creighton then discussed the history of the whole question of vaccination in this country and in Germany, France and Italy. His concluding chapter summed up his views and gave more fuel to those who had called him an anti-vaccinationist. Greenwood has reviewed the position from the modern aspect, and has shown that in respect of both the cuckoo and the fact that cow-pox is smallpox of the cow, Jenner was right and Creighton was wrong. A film has been taken of the cuckoo carrying out the ejection; and the work of Monckton Copeman ... proved the analogy of small-pox and cow-pox.

(d) Historical epidemiology: Hirsch. The *Handbuch der historisch-geographischen Pathologie* was planned by August Hirsch about 1856, and the first edition appeared five years later. ... The first volume appeared in 1881, and Creighton was asked to undertake the translation of the whole three volumes for the New Sydenham Society a Herculean task. He once told Bulloch that it occupied him for twelve hours a day for three years. If Creighton had done nothing else but this translation, he would still have placed the world of scholarship in his debt.

(e) *The History of Epidemics in Britain*. The first volume of this great work appeared in 1891, and the second volume three years later. The whole work consists of over 1,500 pages; but even this number gives only a partial idea of the depth of its contents, and of the knowledge and labour which were essential for its compilation. Bulloch said that

Creighton read and spoke every European language, alive or dead, and here we see the fruits of his remarkable ability. The first volume covers the period from 664 to 1666, and deals with: Pestilences Previous to the Black Death; Leprosy in Medieval Britain [etc]; Sickness of Early Voyages and Colonies; The Great Plague of London.

The second volume covers the period 1666-1893 [on] Typhus and Other Continued Fevers; Fever and Dysentery in Ireland; Influenzas and Epidemic Agues; Smallpox; Measles; Whooping Cough; Scarletina and Diphtheria; Infantile Diarrhea, ... and lastly Asiatic Cholera.

It should be said that Creighton's peculiar views on the aetiology of infective diseases in no way impair the value of the work as a discussion of history. We meet these views very early in the book. On page 7 of the first volume he says that the nature of the plagues of 664 can only be guessed. "They have the look of having been due to some poison in the soil, running hither and thither, as the Black Death did seven centuries after". Somewhat further on he wonders whether the so-called psychopathies of the medieval and more recent periods "may not have had a beginning, at least, in some toxic property of the staple food." [!]

These two factors keep recurring throughout the work, right up to the last outbreak of cholera. The stand which he takes sometimes leads him into a rather curious situation. For example, in discussing the plague-spots of the world, he gives six long quotations, dating between 1851-1882, from writers who had been to these places. In four out of the six there is specific mention of the mortality among rats, and even the results of post-mortems on rats. Two pages later he notes -- correctly of course -- that observations of rats leaving their holes during an outbreak are found in the plague books of London and Edinburgh during the Tudor period.

He then says this is only one of many proofs that **the virus of plague has its habitat in the soils**, although it may be carried long distances clinging to other things. But such matters are extraneous. Among the great things in Creighton's work are his descriptions of the Black Assizes, his notable account of the history of variolation, his brilliant description of the results of Black Death, and his numerous etymological references which indicate the true scholar. Among the latter is an interesting note on the derivation of the term "measles".

Of the two volumes of the work, the first volume deals with a field which was practically untilled when Creighton entered it. His opening chapter is a most learned account of the famine fevers which were rampant in medieval England, and in this chapter he embodied a mass of learning much of which had previously been available only in the original sources.

There has been little research on this material since Creighton's day.

His remarks on ergotism are especially interesting. The same may be said of his chapter on leprosy, in which he exposed a number of the misleading opinions of the day. The chapter on sweating sickness is of great importance. **It was -- and still is -- the only comprehensive discussion of this strange malady.** Although the second volume, treating of the history of fevers since 1666, dealt with material which had already been written up in various forms, there is a mastery about Creighton's handling of the data which has so far discouraged all serious competition.... His accounts of typhus fever and of influenza and epidemic agues are packed with information. The reviews of these volumes were uniformly good, but nearly all pointed out that, while Creighton's scholarship was almost beyond criticism, **his views on the etiology of infectious diseases must be disregarded....** [Why disregarded? Why not challenged?]

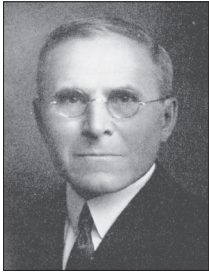
LATER LIFE AND INTERESTS

The controversy over **cow-pox and vaccination was the great tragedy of Creighton's life.** Although he must have been deeply hurt by the manner in which his professional colleagues received his views, he apparently did not show it. The years immediately following the start of the ostracism were of course full years: the great mass of historical material which he had accumulated during his years of reading in the British Museum was being arranged and the book written. He must at this time have been engaged also in writing the brilliant chapters on the history of Public Health which appeared in the volumes of *Traill's Social England*. **These chapters still merit careful study. ...**

I do not know where he had his laboratory, or where his microscopic work was carried out. Bulloch says that Creighton knew all about the latest methods of section-cutting sections cut with a razor from tissue embedded in a "penny dip", and stained with ink. It was during these years in London that he made a habit, from about 1905 onwards, of looking in at the Bacteriology Department of the London Hospital about once every two months.. Professor Greenwood tells me that Creighton was asked to give a series of lectures on the History of Medicine, and these were a great success. I have made enquiries at the London Hospital, and no record of this series is now in existence. Sir Paul Fildes also knew him at this period. He tells me that, though Creighton was a man who did not suffer fools gladly, he was in no way cantankerous. A brilliant conversationalist, he gave his juniors the impression that he was a friendly and unassuming man....

He professed great satisfaction in the fact that infectious disease was due to a miasma, and he was quite satisfied in his own mind that the tubercle bacillus, though present, was not the cause of tuberculosis. [Emphasis added]

Exhibit H. 1950 Dept. of Bacteriologic Research, Mayo Foundation, Rochester, Minn., and Longview Hospital, Vol. 76. No. 6 "Relation of a Streptococcus to Epidemic Poliomyelitis Studies in Etiology, Diagnosis and Specific Treatment," Presented before the Section on General Practice of the American Medical Association, San Francisco, June 28, 1950. EDWARD C. ROSENOW, M.D., Cincinnati.



Edward Rosneow
MD (1875-1966)

The production in 1915 of herpes zoster or "posterior" poliomyelitis in animals with a streptococcus led to further research on the etiologic importance of streptococci in "anterior" poliomyelitis. A specific streptococcus was demonstrated consistently in persons with poliomyelitis and in well persons having contact with them or merely inhabiting an area in which poliomyelitis was epidemic. That the organism was not present in areas remote from contact with the disease was likewise demonstrated.

The streptococcus has been isolated from filtrates of poliomyelitis virus and from the tissues and exudate which harbor the virus. It appears in the spinal fluid in the preparalytic stage of poliomyelitis and disappears from the spinal fluid during the severe stage of the disease. Antibody and antigen prepared from the streptococcus were used to determine the presence of antigen and antibody indicative of streptococcal infection in many patients with poliomyelitis and in well persons.

The intensity of reaction indicating specific streptococcal antigen was directly proportional to the degree of paralysis in patients; the reaction was greater in persons whose age, sex and previous isolation from the disease would normally indicate greater susceptibility. The test for antibody gave opposite results. Specific agglutinins for the streptococcus and neutralizing antibody for the virus were present consistently in the serum of persons and monkeys during recovery from poliomyelitis. Virus produced *in vitro* from the associated streptococcus caused all the clinical and pathologic features of poliomyelitis in monkeys inoculated with it, and the animals that recovered from the disease thus induced were proved to be immune thereafter to the natural virus.

Antistreptococcal serum prepared in horses was used to treat poliomyelitis. In a group of monkeys inoculated with the virus of the disease, 6 per cent of those receiving the serum before inoculation died of the disease; of the control group, 82 percent.

In a series of poliomyelitis patients treated with the serum the mortality rate was 8 per cent; in a control series, 21 per cent. In a series treated

in all stages of the disease by the author, 10 percent died; of those who did not receive the serum, 25 per cent. An antibody has been prepared from the streptococcus which appears to prevent paralysis and otherwise mitigate poliomyelitis and to provide immunization from the disease. The conclusion is reached that **the virus of poliomyelitis is a form of the specific streptococcus**, which is the agent in primary infections and in the development of the immunizing antibody.

PROOF that epidemic poliomyelitis is caused by a filtrable agent currently considered to be a virus is complete. That the clinical and pathological features of poliomyelitis occur in monkeys inoculated cerebrally with emulsions and filtrates of emulsions of the spinal cord of persons who died of poliomyelitis, and that these features can be reproduced in rhesus monkeys throughout a series of brain-to-brain transmissions is established beyond peradventure.

The influence so often exerted by current concepts in determining the nature and course of original research is strikingly illustrated in studies on the inciting agent of this disease. Bacteriologic studies prior to 1909 indicated that certain diplostreptococci that were isolated might have significance in the etiology of poliomyelitis. These studies were quite naturally dropped when in that year it was learned that the causative **agent is filtrable**; in consequence, forthright bacteriologic studies have not been generally used for more than forty years.

During studies on elective localization of streptococci in 1915,¹⁴ the author produced herpes zoster or "posterior" poliomyelitis in rabbits and dogs with a streptococcus isolated from the nasopharynx, tonsils and spinal fluid of humans. This result led to the concept that a specific type of streptococcus might have etiologic importance in "anterior" poliomyelitis regardless of the filtrability of the causative agent and **might indeed be the source of the filtrable agent**.

Poliomyelitis

[large elision here]....edema; hemorrhage and degeneration of nerve cells in the anterior horns of the spinal cord the all important occurrences in poliomyelitis were produced in high incidence. Such symptoms and lesions almost never occurred in animals inoculated with streptococci similarly isolated in studies of other diseases.

In short, the specific streptococcus, when injected intravenously into animals, tended to localize electively and to cause systemic lesions like those occurring in patients from whom the organism was taken. Mathers and also Nuzum and Herzog, using the same methods, reported similar results in studies of epidemic poliomyelitis in Chicago. The demonstration of pleomorphic cocci and diplostreptococci in....

Recognizing that no practical means for specific prevention and treatment had resulted from the purely viral studies, the author continued making further streptococcal [elision]....

Gram-staining pleomorphic diplococci, sometimes in short chains, were found consistently in the lesions of the spinal cord, medulla and brain of persons who had died of epidemic poliomyelitisbut on investigation of points remote from these lesions the diplococci were proved to be absent.²⁰ [Elision].....

During or after the filtrable phase, the organism reverts to streptococcal size in which it is cultivable, toxicogenic and causative of lesions, fever, tremors and paralysis. During the subsequent course of the disease both the viral and the coccal forms propagate in parallel in varying proportions and are virtually inseparable even in filtrates of highly potent "virus."

Immunity following the course of the disease would seem to be due mainly to the effects of the large, cultivable form of the organism in its toxicogenic-antigenic phase..... That the large cultivable streptococcus is also the form of the organism in primary infection is evidenced by the facts that (1) the "viral" form cannot propagate except in or on the susceptible living cells of a susceptible host, as has been shown in studies; (2) the virus has been produced experimentally from neurotropic streptococci; and (3) **the streptococcal flora indigenous in man and in animals tend to become neurotropic in summer in temperate climates.**

The use in adequate dosage of the non-toxic, non-sensitizing heat-produced antibody prepared from the specific type of streptococcus whose specificity was maintained **is strongly indicated for the treatment** of epidemic poliomyelitis. This material can readily be prepared, by methods previously described, from the streptococcus as isolated from the nasopharynx of persons who have the disease during epidemics. Longview Hospital, Cincinnati, Ohio. [Elision]

Of the total number of patients in these three groups, 10 per cent died and 10 per cent had severe residual paralysis. Of the control patients of those who did not receive the serum, 25 per cent died and 33 per cent had severe residual paralysis. Equally favorable results were independently obtained in 1917 by Nuzum and Willy⁹ in the treatment of epidemic poliomyelitis with antistreptococcal serum prepared in the horse.

The antistreptococcal serum is not now available; it deteriorates rapidly in storage, and outbreaks of the disease are seasonal. However, studies on the production in vitro of antibody from streptococci and other bacteria,²⁴ 25 **have resulted in the development of non-sensitizing and more stable solutions of heat-treated antibody**

from streptococci isolated in studies of a number of diseases including epidemic poliomyelitis. In such solutions the antibody prepared from the streptococcus of poliomyelitis has neutralized with significant frequency a virus potent in the mouse;²⁶ it specifically agglutinates the streptococcus in extremely high titer and notably accelerates the destruction of the streptococcus on intraperitoneal injection into mice.²⁴ Subcutaneous or intramuscular injection of this antibody in therapeutic amounts in persons with poliomyelitis causes abrupt diminution of antigen and increase in antibody (as determined by reaction to intradermal injections of antibody and antigen)²⁰; **the treatment appears to prevent paralysis** and otherwise affect favorably the clinical course of the disease ^{26, 33, 10, 12} and, prophylactically used, to prevent transmission within family groups.

Conclusions

On the basis of the facts reviewed in this presentation, it is concluded that epidemic poliomyelitis is due to infection by a specific streptococcus which in the "virus" phase becomes minute and filtrable and perhaps thus penetrates the blood-brain barrier to invade the central nervous system from the primary site of infection in the nasopharynx or the intestinal tract. During or after the filtrable phase, the organism reverts to streptococcal size in which it is cultivable, toxicogenic and causative of lesions, fever, tremors and paralysis.

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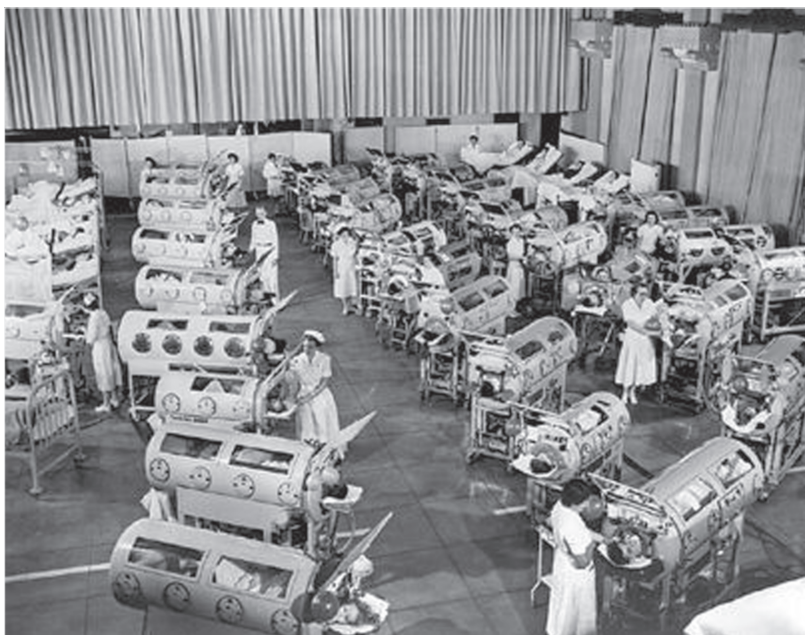
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Exhibit H: Rosenow on Polio

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Persons in iron lungs. A photo intended to horrify?

Exhibit I. 1953 The FitzGerald Report, the United States Senate

THE UNDERSIGNED [Benedict FitzGerald], as Special Counsel to the Senate Interstate and Foreign Commerce Committee, was directed to supervise a study of the following:

1. All those individuals, organizations, foundations, hospitals and clinics, throughout the United States, which have an effect upon interstate commerce and which have been conducting researches, investigations, experiments and demonstrations relating to the cause, prevention, and methods of diagnosis and treatment of the disease cancer, ... and to ascertain the extent of the therapeutic value claimed by each in the use of its particular therapy....

3. ... interstate conspiracy, if any, engaged in by any individuals, organizations, corporations, associations, and combines of any kind ...to hinder, suppress, or restrict the free flow or transmission of Krebiozen, Glyoxylyde, and Mucorhycin, and other drugs, preparations and remedies, ...

Activity Report

[We planned] a study of material covering the operations of foundations, hospitals. Thereafter, the undersigned travelled to Illinois to investigate the so-called Krebiozen controversy, and on July 2, 1953, wrote a report on his findings which is attached hereto and marked "Exhibit A." Included in this report was the evaluation:

"The controversy is involved and requires further research and development. There is reason to believe that the AMA has been hasty, capricious, arbitrary, and outright dishonest, and of course if the doctrine of 'respondeat superior' is to be observed, the alleged machinations of Dr. J. J. Moore (for the past ten years the treasurer of the AMA) could involve the AMA and others in an interstate conspiracy of alarming proportions. "The principal witnesses who tell of Dr. Moore's rascality are Alberto Barreira, Argentine cabinet member, and his secretary, Anna D. Schmidt."

[Regarding Krebiozen] Its value in the management of the cancer patient has been demonstrated in a sufficient number and percentage of cases to demand further work. "Behind and over all this is the weirdest conglomeration of corrupt motives, intrigue, selfishness, jealousy, obstruction and conspiracy that I have ever seen.

"Dr. Andrew C. Ivy, who has been conducting research upon this drug, is absolutely honest intellectually, scientifically, and in every other way. ... Dr. George G. Stoddard, President of the University of Illinois, in assisting in the cessation of Dr. Ivy's research on cancer at the University of Illinois, and in recommending the abolishment of the

latter's post as Vice President of that institution, has in my opinion shown attributes of intolerance for scientific research in general."

...Now, passing on to another institution, I have very carefully studied the court records of three cases tried in the Federal and State Courts of Dallas, Texas. A running fight has been going on between officials, especially Dr. Morris Fishbein of the American Medical Association through the Journal of that organization, and the Hoxsey Cancer Clinic. Dr. Fishbein contended that the medicines employed by the Hoxsey Cancer Clinic had no therapeutic value; that it was run by a quack and a charlatan..... It is interesting to note that in the Trial Court, before Judge Atwell, who had an opportunity to hear the witnesses in two different trials, it was held that the so-called Hoxsey method of treating cancer was in some respects superior to that of x-ray, radium and surgery and did have therapeutic value.

The Circuit Court of Appeals of the 5th Circuit decided otherwise.. ... In this litigation the Government of the United States, as well as Dr. Fishbein, brought to the Court the leading medical scientists, including Pathologists and others skilled in the treatment of cancer. They came from all parts of the country. It is significant to note that a **great number of these doctors admitted that x-ray therapy could cause cancer.** This view is supported by publications, including the magazine entitled "CANCER" published by the American Cancer Society. May 1948.

I have had access to literature by leading scientists in the field of medicine. The attention of the Committee is invited to the hearings held during the 79th Congress, in July 1946; Senate Bill 1875.. being under consideration, wherewith it appears, as follows:... "Report of Dr. Miley of a survey made by Dr. Stanley Reimann...

"Dr. Reimann's report on cancer cases in Pennsylvania over a long period of time showed that **those who received no treatment lived a longer period than those that received surgery, radium or x-ray. The exceptions were those patients who had received electro-surgery.** [??] The survey also showed that following the use of radium and x-ray **much more harm than good was done to the average cancer patient."**

"Dr. William Seaman Bainbridge, A.M., Sc.D., M.D., CM., F.I.C.S. (Hon.) was the recipient of six honorary degrees ...

"While **there are some who still believe in the efficacy of radiation as a cure,** my skepticism with regard to its value is being increasingly substantiated. But even with the best technic of today, its curative effect in real cancer is questionable. In 1939 the great British physiologist, Sir Leonard Hill, wrote: **'Large doses (of gamma and hard x-ray) produced**

destruction of normal tissues such as marrow and lymphoid tissue, leucocytes and epithelial linings, and death ensues ... The nation would, I think, be little the worse off if all the radium in the country now buried for security from bombing in deep holes, remains therein.

“A neoplasm should never be incised for diagnostic purposes, for one cannot tell at what split moment the cancer cells may be disseminated and the patient doomed. Aspirating the neoplasm to draw out the cells by suction. This, too, is a very questionable procedure, for what of the cancer cells that may be present below the puncture point and around the needle which have been set free? It must be realized that **while cancer cannot be transplanted from man to man, it can be transplanted in the same host.**” (See index)

“There is a report from another source in which Doctor Feinblatt, for six years Pathologist of the Memorial Hospital, New York, reported that the Memorial Hospital **had originally given x-ray and radium treatment before and after radical operations for breast malignancy. These patients did not long survive, so x-ray and radium were given after surgery only. These patients lived a brief time only and after omitting all radiation, patients lived the longest of all.**” (See index)

Doctors Warned To Be Wary In Use Of X-Rays In Disease Treatment, by Howard W. Blakeslee, Associated Press Science Editor.

“New York, July 6, 1948 — X-rays and gamma rays can cause bone cancer is warning issued in ‘Cancer,’ a new medical journal started by the American Cancer Society. The bone cancer warning, covering more than twenty pages, is by Doctors William G Cahan. Helen Q. Woodward, Norman L. Higginbotham. Fred W. Steward and Bradlev I. Coley, all of New York City.

“One of the most dangerous things about this kind of bone cancer, the report states, is the very long delay between the use of the rays and the appearance of the cancers. The delay time in the eleven cases ranged from six to twenty-two years.”

“Doctor Herman Joseph Muller, Nobel Prize Winner, a world renowned scientist, has stated the Medical Profession is permanently damaging the American life stream through the unwise use of x-rays. There is no dosage of x-ray so low as to be without risk of producing harmful mutations.” (See index)

The attention of the Committee is invited to the request made by Senator Elmer Thomas following an investigation made by the Senator of the Hoxsey Cancer Clinic ...In fact, **every effort was made to avoid and evade the investigation by the Surgeon General’s office.** ... Among the numerous foundations and clinics which profess to

possess a remedy for the treatment of cancer is the Lincoln Foundation of Medford, Massachusetts, which has been the particular target of the AMA. I have not had an opportunity to sufficiently explore the particular type of therapy employed by this institution. **However, I understand it involves a unique theory of inhalent therapy and the transmission of bacteria-phage. In passing it is important to note that this technique was the subject of particular interest to the late Chairman** who was a trustee of the Lincoln Foundation following a successful treatment of his son Charles W. Tobey, Jr. This remedy has been tried by hundreds of patients and it is alleged that these treatments have been proven beneficial....

Specifically with reference to cancer, it would appear that an opportunity would be afforded members of this sort of a health program to periodic checkups to determine whether they had cancer. This subject was discussed at length between Kenneth Meiklejohn, ...From a strictly legal as well as ethical approach, if one individual has the right to select his own physician or hospital, why cannot 10,000 individuals and their families determine that they intend to invest directly, or indirectly, in the construction and maintenance of a hospital, employ a staff of competent physicians, surgeons, technicians, laboratory experts, nurses, interns, et cetera, to look after their health problems? This is not so-called socialized medicine. It is purely voluntary. Here, **as elsewhere stated in this report, the jurisdiction of the Committee may be limited. It may properly belong to the States and their legislators and courts to determine this problem. ...**

Time did not permit me to ascertain the number of students or the increase thereof in the various medical schools throughout the country. It has been suggested that a studied effort has been made by certain groups to keep the number of students enrolling in medical schools at a low figure. I do not assert this to be the fact and I doubt if the Committee would have jurisdiction to go into that question. This would properly belong to the States. If this is a fact, then the various State legislatures of the country should, of course, take necessary steps, consistent with the public welfare, to see that every opportunity is given to any boy or girl who possesses the necessary qualifications to be permitted to enter medical schools.A careful study of the subject matter embraced in the direction of the late Chairman [Senator Charles Tobey] disclose the tremendous importance of the investigation undertaken and the consideration of the results by the members of this Committee.

I have approached this problem with an open mind. Recognizing the importance of men skilled in the science of medicine, who are best informed, if not qualified, on the question of cancer, its causes

and treatment, **I directed my attention to the propaganda by the American Medical Association and the American Cancer Society to the effect: namely, “that radium, x-ray therapy and surgery are the only recognized treatments for cancer.”**

Is there any dispute among recognized medical scientists in America and elsewhere in the world on the use of radium and x-ray therapy in the treatment of cancer. The answer is definitely **Yes; there is a division of opinion on the use of radium and x-ray.** Both agencies are destructive, not constructive. In the alleged destruction of the abnormal, outlaw or cancer cells both x-ray therapy and radium destroy normal tissue and normal cells. **Recognized medical authorities in America and elsewhere state positively that x-ray therapy can cause cancer in and of itself.** Documented cases are available....

Accordingly, we should determine **whether existing agencies, both public and private, are engaged and have pursued a policy of harassment, ridicule, slander and libelous attacks on others sincerely engaged** in stamping out this curse of mankind. Have medical associations, through their officers, agents, servants and employees engaged in this practice? **My investigation to date should convince this Committee that a conspiracy does exist to stop the free flow and use of drugs in interstate commerce which allegedly has solid therapeutic value.** Public and private funds have been thrown around like confetti at a country fair **to close up and destroy clinics, hospitals and scientific research laboratories which do not conform to the viewpoint of medical associations.**

How long will the American people take this? To illustrate the stranglehold of the American Medical Association on legislation which in turn affects every household in America, let us look at a small **25 cent tube of penicillin ointment. Is it dangerous to have around the house for a cut or small bruise on your body?** Rat poison can be bought without a doctor's prescription. The sale of arsenic must have a doctor's prescription. The sale of arsenic and rat poisons is small but not penicillin. Accordingly we must have a doctor's prescription in America to buy a 25 cent tube of ointment. In Canada, however, the Medical Association has not yet discovered **THE GREAT DANGER** of a small tube of penicillin ointment and, accordingly the people are able to buy it without paying a doctor for a prescription. To say that it is dangerous, is silly. **To assert, rather, that it is but another manifestation of power and privilege of a few at the expense of the many would be more consistent with truth and wholly accurate.** What is the duty of this Committee and the members thereof? **In upholding the law and enacting legislation for the people of**

America, we look first to the instrument of our creation as a representative form of Government. Those powers not specifically conferred upon the Federal Government and denied to the States, are reserved either to the States or to the people. Thus the founding fathers very wisely created an area of freedom in which free men shall function. It is in this area set aside by the fathers of our Republic that **people have the right to own property, transact business, build up a system of free enterprise without hindrance, harassment or abuse of either the Government, State or Federal, or of other citizens, however powerful,** so long as the people so engaged do not trespass upon the rights of others. This is the basic concept of liberty functioning in America. **It may be said to be a reservoir of freedom.** May I, with propriety, call your attention to the tragedy which has invaded the United States Senate. Four great Americans, all of them, Senator McMahan, Senator Wherry, Senator Vandenberg and Senator Bob Taft were all stricken down with this disease...

[Emphasis added]

Respectfully submitted,
Benedict F. Fitzgerald, Special Counsel (on record August 9, 1953)

UPDATE... The son of Senator Charles Tobey tells us [see whale.to]:

My father died in July. None of the other members of this Investigation Committee knew of this investigation going on because we didn't want the A. M. A. officials to go to work on the Senators to get Fitzgerald kicked out before he got the goods on them. About four days after my father's death, Mr. Fitzgerald was summoned to the office of Senator Bricker who succeeded my father as chairman of the committee. Mr. Fitzgerald was told to file a brief report, to lay low, not to interview the press or talk to anyone about his findings and was promised that if he did that, he would be taken care of. I got that from Mr. Fitzgerald at first hand.

Instead of that, Mr. Fitzgerald drew up this report he told the truth and named names and places. He filed that report with Senator Bricker and with every member of the Committee. About two weeks ago he got a letter from the Department of Justice saying they are sorry but they are unable to give him his Job back as an Investigator. Senator Bricker is a powerful man in Washington. He is Mr. A. M. A. in the Senate. Now follow this and try to get the reasoning behind it. About five days after Senator Bricker fired Fitzgerald and called the investigation to an immediate halt, he received a letter of congratulations and guess who wrote the letter? Mr. John Teeter, Executive Director of the Damon Runyon Fund.

Exhibit J. 1961 Deposition of Royal Raymond Rife (sworn testimony) in the case of *The People of the State of California V.s. John Marsh, Lallas Bateson, and John Crane. The Deposition of Royal R. Rife was taken in the city of Tijuana, Republic of Mexico, March 7.*

[Note: I have "highlighted," by removing the shading, passages bearing on my theme. -- MM]

Question: Please state your name? *Answer: Royal Raymond Rife.* Where do you now reside? *As a tourist in Tijuana.* Are you the same Royal R. Rife who invented the system of killing or de-activating pathogenic organisms by electronic waves or frequencies produced by instruments similar to those made by Mr. John Crane, one of the Defendants in this case? *Yes.* When did you begin your experimental work on this system? *1915.* How long a period did your work cover, in developing the device and the techniques of its use? *From 1920 to the present time — 40 years and development is still continuing.* What is the basic theory upon which you sought to find a means of killing pathogenic organisms? *The theory of coordinative resonance with frequencies which I proved would kill microorganisms by electron transfer and internal stresses of pathogenic cells owing to electromagnetic and electrostatic forces.* What kinds of pathogenic organisms did you study, in these experiments? *Tetanus, typhoid, gonorrhoea, syphilis, staphylococci, pneumonia, streptothrix, streptococci, tuberculosis, sarcoma, carcinoma, leprosy, polio, cholera, actinomycosis, glanders, bubonic plague, anthrax, influenza, herpes, cataracts, glaucoma, colitis, sinus, ulcers and many other virus bacteria and fungi.* From what sources were these organisms obtained? *The Hooper Foundation, Paradise Valley Sanitarium, from Northwestern Medical University in Chicago, from the Mayo Clinic, and from many medical doctors.* What sort of laboratory facilities did you have, for use in these experiments? *I had one of the best privately equipped laboratories in the world complete with a million volt x-ray, frequency instruments, electronic test equipment, precision lathes, mills, drill presses, shaper and all equipment necessary to make instruments... I had animals in cages in the basement with facilities for 1000 animals. The Rife Research Laboratory was air conditioned and humidity controlled to one tenth of one degree.* Were any special instruments required for your study of viruses? *Yes.* What were they? *Prismatic virus microscopes and Berkefeldt porcelain filters, a micromanipulator and electronic test instruments and frequency instruments.* Were all of these obtainable from ordinary commercial sources? *No - I could not buy them on the open market and they are still not obtainable even today.* How did you obtain them? *I had to design and build these instruments to accomplish what I wanted to attain with my research.* Who designed these? *I designed them.* Describe these special instruments for us. *The universal microscope was described and published by the journal of the Franklin Institute. Time does not permit me to describe all of the many instruments that I designed and constructed. The micromanipulator was*

used to dissect and operate on cells. The spectrometer was used to measure the angles of crystals, the frequency instruments were used to kill bacteria, virus, and fungi, the microscopes of the prismatic virus type were used to study living virus, bacteria, and fungi, a petrographical micropolariscope was used to analyze chemicals and color frequencies with polarized light, special rare gas glass contained atmospheres were used to provide ionized radiation to transmit energy to increase virulence and to devitalize all microorganisms as desired..... Describe your experiments by which you isolated these viruses. After the filtered form was obtained, a micropipette is used to place a drop of the fluid on a slide. This slide is placed on the microscope stage of any of the five virus microscopes that I designed and built. A special risely prism which works on a counter rotation principle selects a portion of the light frequency which illuminates these virus in their own characteristic chemical colors by emission of coordinative light frequency and the virus become readily identifiable by the colors revealed on observation. 8,000 to 17,000x magnification is sufficient to see them. Before building the virus prismatic microscopes, I sectioned over 15,000 slides trying all types of acid and aniline dye stains with no results over a period of ten years. How did you determine whether these viruses were pathogenic? By animal test and from known sources and by microscope examination which reveals the true identity of microorganisms to the trained observer. Describe your experiments made to prove that these viruses were pathogenic.

On one series of cancer tests, I inoculated the virus which I had isolated and filtered from an un ulcerated breast mass into an albino rat, the tumor was allowed to grow and then I surgically removed the tumor and again isolated and filtered the virus from a portion of the ground up tumor and inoculated the next rat and repeated this procedure 411 times to prove that this virus was the causative agent of cancer. Tests on many other diseases such as those previously mentioned are too numerous to even start on at this time. About how long a period of time did your work/study of these viruses, and proof of their pathogenic character, cover? 15 years on virus only. Did you also study bacterial forms of pathogenic organisms associated with these viruses? Yes. Did you find whether some bacteria were capable of releasing a form of virus?

Yes. Virus are released from bacteria just as a chicken lays an egg. How did you determine this? By virus observation and cell study and virus photographs which I made and one which John Crane made from a film of cancer virus which has been copyrighted. What are some of the bacteria which you found to be capable of releasing a form of virus? Bacillus coli, tuberculosis, typhoid, and many others. Were certain kinds of culture media better suited than others to the study of the relationship between the bacteria and virus forms? A media developed by Arthur I. Kendall known as K media proved superior to other types of bacteria media.

Why, or in what way, were some culture media superior to others for this purpose? Because of the results obtained. Were any physicians or scientists associated with you in any of these studies? Yes. Who were they? Milbank

Exhibit J: Rife's 1961 Deposition

Johnson, M.D., Arthur I. Kendall, Ph.D., E.C. Rosenow, M.D., Coolidge of General Electric, O.C. Grunner, M.D., Henry Seiner, Dr. Copp, M.D., Alvin G. Foord, M.D., Ernest Lynwood Walker, M.D., and Karl Meyer, M.D., of the Hooper Foundation of San Francisco, George Dock, M.D., Waylen Morrison, M.D., Dr. Fischer, M.D., Verne Thompson, Ben Cullen, Ray Lounsberry, M.D., James B. Couche, M.D., Charles F. Tully, D.D.S., Arthur Yale, M.D., R.T. Hammer, M.D., John Crane, David Sanyer, Don Tully, J. Heitger, M.D., Royal Lee, Ph.D., T.O. Berger, M.D., Alice Kendall, and many others. Where did they work with you? Work was conducted in various laboratories, offices, and buildings in San Diego and in the United States. I traveled all over the world and many doctors and scientists and executives visited me at my various laboratories including the Rife Research Laboratory, the Point Loma Lab set up at Dr. Tully's, the Rife Virus Microscope Institute, and another microscope and dark room facility at San Diego, and I furnished free of charge to the police crime laboratory thousands of dollars worth of chemicals, precision instruments, electronic instruments, and training in microscope techniques and laboratory diagnosis and other equipment and glassware after I closed the Rife Research Laboratory in 1946. What part did they have in any of these experiments or studies?

Initially I worked with loose couplers to get an audio oscillation and then with the use of transmitters, I tried to balance the audio and modulate the audio on a carrier wave to transmit the audio energy but I found that both the audio and the audio transmitted through a tube as an antenna worked equally as well in a painless and harmless method to human tissue. Coolidge furnished many tubes. Milbank Johnson, a multi-millionaire, set up and supervised three human research clinics. The first clinic was set up under a special medical research committee of the University of Southern California with Dr. Rufus B. Von Klein Smidt on the committee in the home of Ellen Scripps in La Jolla in 1934. Johnson selected outstanding doctors to aid us.... Walker and I studied leprosy and I isolated a virus which we jointly demonstrated was common to rat, and soil, and human leprosy and I found a frequency which would eliminate leprosy.

Dr. Gonin, M.D., visited me and I sent Henry Seiner to demonstrate a virus microscope in England to the medical profession there. Alice Kendall worked for me in the lab and so did Henry Seiner and others. From 1950 and on, John Crane has continued on with this research. The others were visitors and interested parties. Many others have aided in promotion of this research and the AMA has suppressed all effort and research knowledge of my developments. Did you grow bacteria and viruses in various culture media? Yes. How did you determine what they were? They can be readily diagnosed by their own true colors which are emitted when placed in any of the five virus microscopes that I designed and built for this virus identification and study. What study and experience did you have in the science of optics, before commencing these experiments? I studied for 6 years with Hans Luckel who was Karl Zeiss's optical scientist and researcher. I also made all the photomicrographs for the Atlas of Parasites which was done at the University of Heidelberg. I also

studied eye surgery for two years.

In what ways did they differ from the commercially available types? *In the barrel were prisms which transmitted the light. The stage had to be level and a series of condenser lenses between the patented microscope lamp of mine and the risely prism were located below the stage. Special lens spacings were important to compensate for the extra long tube length of 220 and 440 mm and a higher degree of accuracy in stage adjustment was provided. In the Universal microscope — seven turns of the dial move the object under study one micron; slit ultra illumination was also provided. ... What is necessary, in order to make bacteria and viruses visible under the microscope? First there must be high enough power to enable the observer to see them and second they must be identified by a frequency of light which coordinates with the chemical constituents of the virus or filterable form in question. ... Did you devise another method of staining or making visible bacteria and viruses? Yes. I had devised a stain with alfalfa hay and mercury for flagella on B-coli and typhoid to count their concentration. Virus were made visible for the first time with a variable light frequency controlled by a risely prism of a counter rotating nature, and iris diaphragm, condenser lenses and other features previously mentioned. Explain how it was done. By rotation and variable monochromatic beam adjustment of the Rife Prismatic Virus Microscopes. What study and experience have you had in the science of bacteriology? I studied bacteriology at John Hopkins and the University of Heidelberg . . .*

What kinds of animals were used in such experiments? *Albino rats, guinea pigs, rabbits. I had about 800 rats which were used constantly.... Did any other scientists or physicians assist you in any of these studies of inoculated laboratory animals? No, but I had men that worked for me and helped me. Did any other scientists observe, without actually assisting, any of these studies or experiments? Yes. Who were they? Dr. Kendall, Grunner, Johnson, . . . and others as stated before. What part did they take in such studies? By bringing cancer tissue, collaborating results, by using the virus microscopes and observing my results and observations, by growing virus and by conducting clinical tests on virus, bacteria and fungi on cultures and human cases or patients for their own research and knowledge. As a result of such studies, did you and Dr. Arthur I. Kendall publish a report of some of your experiments in "California and Western Medicines" the Journal of the California Medical Association, in the December, 1931, issue? Yes.? Yes.*

Did Dr. Rosenow publish a report of this study in the July, 1932, issue of the Mayo Clinic Bulletin? *Yes. How did you obtain the device or mechanism used to generate such frequencies? Some coils I wound myself. Other parts I purchased. How did you determine whether particular frequencies had any effect upon bacteria or viruses? By observation with bacteria and virus under the Rife Virus Prismatic Microscope in conjunction with the application of electronic energy.*

Were you able to kill or de-activate any bacteria or viruses by the application to them of electronic currents or rays? *Yes. Can you name some of the*

bacteria and viruses which you were able to kill or to de-activate by such means? *Tetanus, typhoid, gonorrhoea, treponema pallidum, staphylococci, pneumonia, streptothrix, bacillus coli, tuberculosis, streptococci, sarcoma, carcinoma, and many others. And it was found that by using combinations of these frequencies for the different microorganisms that many other diseases could be helped like sinus, ulcers, cataract, arthritis, poliomyelitis, etc....* Was there ever any change in the appearance of such bacteria or viruses as seen under your microscope? *Yes. Some types will explode or disintegrate and some will gather together like log jams or agglutinate.* Were you acquainted with Dr. Milbank Johnson, M.D., during this period? *Yes.* Did he participate in any of your experiments or studies on the effect of electronic frequencies upon bacteria and viruses? *Yes.* Did you furnish one of your electronic frequency-generators to Dr. Milbank Johnson for his use? *Yes.* Over about what period of time did he use it? *8 years.* Where did he make use of it? *In the Sante Fe Hospital in Los Angeles and a private clinic in Pasadena.* Was this electronic frequency-generator used by him or under his direction in the treatment of disease of human patients? *Yes.*

Did you observe the giving of any of these treatments? *Yes.* Did you observe the results of these treatments? *Yes.* What changes did you observe in the condition of any of the patients so treated by Dr. Milbank Johnson with the instrument you had furnished to him? Describe them in detail? *I observed some cataract cases, etc.* During the period of time when Dr. Milbank Johnson was so using your electronic frequency-generator, were you acquainted with Dr. James B. Couche, M.D. (now deceased)? *Yes.* Did Dr. James B. Couche participate in the work of Dr. Milbank Johnson in the treatment of human patients with the frequency-generator? *Yes... I saw cancer and tuberculosis cases that had completely recovered. I saw Dr. Couche's brother who had come over from England. He had a 30 year sinus condition with terrible drainage. Dr. Couche used the frequency instrument on him and he was well in three weeks. Dr. Couche had treated Dr. Hamer, M.D., for a sinus condition which cleared up. Dr. Couche had treated Dr. Butterfield, M.D.'s brother-in-law who had a stiff wrist a tuberculosis of the bone which cleared up. Also I saw a Mexican boy who had osteomyelitis of the bone which Dr. Couche cleared up with the frequency instrument. I saw George Lemm, being treated by Dr. Couche for tuberculosis and he had come out from Chicago to die. He was sent from the Vulclain Home. As soon as they found out that Couche was getting results, they tried to get all of their patients back but Lemm said no that he was going to finish up with Couche and he completely recovered.* Did you furnish Dr. Arthur W. Yale, M.D., (now deceased) with one of your electronic frequency-generators? If so, about when? *Yes. He had ordered an instrument from the Beam Ray Corporation in 1937...*

Did you observe the condition of any of Dr. Arthur W. Yale's patients after they had been treated by him with your electronic frequency-generator? *Yes. They completely recovered from syphilis, cancer, tuberculosis, and many other infections.* Did you perform any experiments on laboratory animals ... with your electronic frequency-generator? *Yes.* What kinds of animals did you

use? *Albino rats, rabbits, guinea pigs.* With what diseases were these animals inoculated? *Sarcoma, carcinoma, tuberculosis, typhoid, etc...*

We also did a great deal of work on tuberculosis with animals and proved that the rod form and the virus form must both be devitalized to attain results which requires two frequencies, one for each form before recovery can occur. Did you compare the subsequent condition of the animals so treated with your frequency-generator with the condition of "control" animals?... *Yes. The inoculated controls died and the controls which were not inoculated were not affected.* About how many experiments of this kind did you make? *50,000 animal tests and 400 test tubes daily on my experiments.* Over about what period of time did you conduct these experiments? *26 years.* ...Did any disease respond exactly the same to all frequencies, or a wide variety of frequencies? *No.* Were you able to determine whether each kind of bacteria or virus which you tested was affected most by some particular frequency? *Yes.* What happened when you used a different frequency on it? *It was not affected.* Did you make a moving picture showing the interior of your laboratory and some of its equipment? *Yes.* Did this moving picture also show some of your experimental work on laboratory animals? *Yes, Some cancer work is shown?* *Yes.* Did you ever explain to John F. Crane, one of the defendants in this case, the principles upon which your electronic frequency-generator is used in the treatment of disease? *Yes, in 1950.* Did you also inform him of the particular frequencies which you had found to be effective in the treatment of various diseases? *Yes. Vern Thompson and I gave the frequencies to John Crane.**

...Did you ever request any governmental department or agency to make a test of your electronic frequency-generator to determine its effect upon diseases? If so, which one or ones? *Yes. The Department of Health, Education and Welfare and the National Research Council, Committee on Growth, Washington DC, The American Cancer Society, The Damon Runyon Fund, The Sloan Kettering Institute, The International Cancer Clinic and many others. They have shown no interest in an electronic method.*

*I print here "Rife's frequencies" shown on Internet, as supposedly provided by J. Crane. I have no way to check their validity, but hope some biologists may twig when they see these comparisons. -- MM:

Actinomycosis (Streptothrix)=191,803 Hz./ Anthrax=139,200 Hz./
B. Coli (Rod form)=416,510 Hz./ B. Coli (Filterable virus)=769,035 Hz./
Bacillus X or BX (Cancer Carcinoma) = 1,607,450 Hz.
Bacillus X or BX (Cancer Sarcoma) = 1,529,520 Hz./ Gonorrhea
=233,000 Hz./ Spinal Meningitis=426,862 Hz./ Staphylococcus Pyo-
genes Aureus=477,660 Hz./Syphilis=788,700 Hz./Tetanus=234,000 Hz
/ Tuberculosis (Rod)=369,433 Hz./ Tuberculosis (Virus)=769,000 Hz.

Exhibit K. 1965 Lionel Dole, *The Blood Poisoners*. Surrey: Gateway.

In his book, *Pour La Libere*, M. Marcel Lemaire reminds us of the almost forgotten fact **that the great Pasteur Institute was founded solely to sell rabies vaccines** and thus save (perhaps!) 30 lives per annum in France The radio advertising of commercial vaccines, especially with public money, is the greatest enemy we have to fight. This dishonest propaganda is incessant..... The art of lying by radio is not quite as easy to master as it may seem. Bernard Shaw said very truly that if you tell a lie the microphone gives you away hopelessly. That is why, **when the pretty legends about Jenner and Pasteur have to be pumped into immature minds**, announcers must be found who really believe these stories.

Nevertheless, the TV can sometimes fool the public by showing pictures or documents to “prove” things that no one would dare to utter. The really expert technique is to tell nothing but the truth, *but to omit part of it*. A perfect example of this occurred in a BBC TV extravaganza, “Matters of Medicine”, which was designed to boost the terrors of poliomyelitis. Is there any reason why the **BBC should not be charged with fraud** if they encourage the use of commercial vaccines by misrepresenting the facts of history? The Postmaster General would, in such an event, be perfectly justified in withdrawing its license for causing a public mischief— even, in fact, **for committing multiple murder**. By the terms of the License granted by the Postmaster General, the BBC:

“shall, whenever so requested by any Department of Her Majesty’s Government in the United Kingdom of Great Britain and Northern Ireland, at the Corporation’s own expense, send from all or any of the stations any announcement ... Provided that the Corporation when sending such an announcement or other matter may at its discretion announce or refrain from announcing that it is sent at the request of a named Department.”

When five Pakistanis brought smallpox to England and started the outbreak of 1961-2, it was known they all had valid certificates of revaccination, showing more than one dose; but this fact was published only after, instead of before, the Press and Radio had started playing the fool as usual, spreading panic.

Modern epidemiologists know that vaccinations cannot prevent the spread of any disease whatever, but they are seldom quoted in the Press. Both Press and Radio continue to preach that smallpox is a terribly infectious and deadly scourge. They never tell us that **“it is the most safe and slight of all diseases”**. (Dr. Thomas Sydenham, 1688).

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

THE EXTREME danger of a biased, monopolistic broadcasting system was well illustrated during the smallpox scare of 1961. In two consecutive

“Any Questions?” programmes, *eight popular broadcasters in a row all demanded the return of compulsory vaccination*, apparently on the grounds that “we are getting slack about it”. *Who is getting slack about what?*

Dr. Charles Creighton, Alfred Russel Wallace, William White, Prof. Edgar Crookshank, William Tebb, Dr. Scott Tebb, Dr. William J. Collins were all head-and-shoulders above their opponents, both in intellect and in integrity. **They may therefore never be mentioned on the radio, nor may their history.** In the meantime, we have to put up with perpetual propaganda glorifying Jenner and Pasteur.

WHAT IS A VIRUS?

The electron microscope has focused attention upon what are all-too-loosely called viruses. The word virus used to mean any kind of foul and poisonous matter; **but now the notion is being encouraged that a virus particle, whether called an “intact”, “living” or “whole” virus**, is merely a very small kind of germ. Dr. H. G. Pereira, a very well recognised virologist, of the National Institute for Medical Research, said: — **“The position is even more difficult now since it has been shown that the nucleic acid by itself, e.g., that of poliovirus, will infect many different tissues which are quite resistant to the whole virus.”**

When we know that the word “infect” means that the nucleic acid (the virus) multiplies enormously, and that “whole virus” simply means a tiny spot of virus coated with protein derived from an infected cell, we can appreciate the fact that sometimes a “whole” virus cannot infect, while a decoated, or “killed”, virus always can *if it is a real virus*. **The reason is that all cells have to feed through their walls** and can absorb free virus in the same way, *after which they can “replicate infectious virus”*. In the second lecture, given by Prof. H. R. Morgan, of Rochester, New York, the above facts were confirmed with regard to type I poliovirus, which can infect chick-embryo cells only after being deprived of its protein covering.

As to “modified” viruses, however, Dr. John Kendrew, F.R.S., in his BBC-TV lectures stated that it had been proved in the laboratory that a virulent virus (that of virus pneumonia), if placed side by side with a “variant”, can “take over” the variant, restoring its virulence, and make it “breed true”. Viruses can, in fact, infect one another!

The influenza pandemic of 1918-19, which... caused 25,000,000 deaths has never been fully and honestly reported. Of course, the epidemiologists tried to trace it to its source, and it seems to be generally agreed that **the virus took on its terribly virulent form in certain American army camps** on the eastern side of the U.S.A. Why, though, has this matter never been properly investigated? **Is it a medical secret?**

DISEASE FOR ALL

In spite of a reward of \$15,000 having been offered to anyone who will prove that the Salk polio vaccines are not fraudulent, a huge Salk Institute

is now being established on 27 acres at San Diego, California, the alleged object of which is to provide ideal as well as practical opportunities for scientists to work without hindrance or financial worries. *British Medical Journal*, of 1st June 1963, has mentioned varieties of the *staphylococcus aureus*, coliform bacilli and poor little TB germs which cannot even live without streptomycin, the antibiotic commonly used in fighting TB.

“AUTOIMMUNE” DISEASES

This strange name has been given recently to a number of well-known degenerative diseases of unknown origin, such as rheumatoid arthritis, Hashimoto’s disease of the thyroid, and a growing list of others. The feature common to all of them seems to be that **certain cells which are not normally in direct contact with the blood stream, become damaged or exposed**; they are attacked as strangers by the lymphocytes, plasma cells, etc., antibodies appear in the blood, a vicious circle is set up and the battle continues until the offending cells are destroyed.... We very strongly suspect that this new name, completely unintelligible to the layman, has **been adopted to obscure the fact that all these troublesome and incurable diseases really ought to be classed as “autogenous vaccinations”, but the word “vaccination” has to be kept out of it at all costs.**

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

Also, what has become **of the bacillus of smallpox and also that of influenza, both quite real to Prof. W. M. Crofton?** Creighton was obviously a sceptic to the end of his life. Prof. William Bulloch, after Creighton’s death, said, “He was the most learned man I ever knew.” These honest people could hardly have foreseen such horrible, costly follies as two World Wars, or that the Jenner-Pasteur business would become an enormously wealthy international protection-selling racket, which, in spite of its universal failure, has the power to monopolise the Press and the Radio almost completely, to use large sums of public and “charity” money to advertise its abominable wares and [which] inflicts cruelty upon countless millions of animals every year.

There are many French doctors who would make all vaccinations illegal. There is no doubt that they soon would be, if free discussion on the Radio were possible; at present it is simply not allowed. Even that excellent broadcaster, Bernard Shaw, had to be cut off in a hurry when, in an interview, he was casually referring to Jenner and Pasteur as if they were mere mortals.

ADDENDUM. Quotes from Eleanor McBean, *The Poisoned Needle* (re polio.)

Editorial in *The Lancet* April 23, 1955: “If it is found that, contrary to Salk’s hopes antibody levels cannot be maintained without a succession of booster doses, then a serious problem will arise. Will it be necessary to give injections every year; and, if so, for how long would they be given? **If injections are given regularly for several years to millions of children the risk of allergic reactions to monkey kidney tissue will become increasingly grave.**” (Emphasis mine, McBean)

Dr. J. K. Marlin, from the Guy’s Hospital reported 80 cases where children developed infantile paralysis soon after having been vaccinated.

Dr. F. H. Haines: “It is impossible to say what remote after-effects may be caused by the introduction of alien substances into the blood stream. Products which alter metabolism, cause profound change in the fluids of the body, and anaphylaxis, are the negation of nature’s own methods.

Dr. A. Bradford Hill and Dr. I. Knowelden: “This inquiry reveals an association between recent injections and paralysis . . . We must conclude that in the 1949 epidemic of poliomyelitis in this country, cases of paralysis were occurring which were associated with inoculation procedures carried out within the month preceding the record date of onset of the illness” (*British Medical Journal*, July 1, 1950)

Dr. McCloskey Australia and **Dr. Geffen** London both observed *Lancet* (April 8, 1950): “the point that struck them was that the paralysis started in the limb in which the injection had been made.” [Does not make sense, does it? McBean’s book records many doctors’ similar findings.]

SIMILARITY OF POLIO TO DEFICIENCY DISEASES [!!!]

Ralf R. Scobey, MD (*Archives of Pediatrics*, Sept. 1950) lists 170 diseases of *polio-like* symptoms and effects but with different names such as: *epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism*, etc. There are also such common **nutritional deficiency diseases as beriberi, scurvy, Asiatic plague, pellagra, prison edema, acidosis**. “Inasmuch as nerve cells react in much the same way to various poisons, further research will probably show that in these cases polio micro-organisms are not always present, but intoxication (poisoning) may be produced by faulty metabolism or by the absorption of external poisons.”

Dr. William J. McCormick: (*Archives of Pediatrics*, Feb. 1950): “The associated virus is regarded as a biochemical substance produced by the disease, which, although capable of producing paralysis in animals by catalytic chemical action in the nervous system, is not necessarily a means of spreading of the disease under ordinary circumstances.”

Dr. John Toomey: In *Journal of Pediatrics* (19:103, 1941), “No animal gets the disease from another no matter how intimately exposed.”

Exhibit L. 1969 Robert C. Olney, MD, "Blocked Oxidation"



NOTE: Olney founded Providence Hospital, Lincoln Nebraska. "to preserve the American way of medical practice and the enterprise of free men in science and medicine." Was active in the fight against fluoridation of public water supply.

Robert C Olney, MD

This presentation deals with the prevention and treatment of "blocked oxidation" which we consider the prime cause of malignant, viral, bacterial, and allergic diseases. With our present knowledge it should be possible to prevent and wipe out cancer and serious infectious diseases. We are in an era of destructive therapy, powerful poisonous insecticides, fluoride poisoning and "embalmed foods." This is an era of ignoring the principles of healthful living and then attempting to cure everything by taking an array of pills. Blocking of, or injury to the vital oxidation process (respiration) of the living cells by oxygen deficiency or various toxic substances we find to be the most important cause of malignant, viral, bacterial, and allergic diseases. Effective prevention and treatment of these diseases depends upon the **restoration and maintenance of the normal oxidation.**

In malignant disease, when the oxidation process is blocked, energy is produced by fermentation and viruses grow profusely in this condition. For many years Dr. William F. Koch and Otto Warburg have claimed that blocking of, or impairment of oxidation in the enzymes and cells allows fermentation of sugar and that fermentation in these enzymes and cells is the PRIME CAUSE OF CANCER. **Koch has also proved that blocked oxidation in micro-organisms causes them to be pathogenic and parasitic [?]**, and that when this condition is corrected these organisms become non-pathogenic, non-parasitic, and non-virulent. In so many of these conditions patients have a low blood oxygen level. Some are only 50% to 60% of normal as shown in this paper. As part of this paper are the results of studies made in 1968 which confirm studies by Dr. George Miley, MD.

Our clinical studies show that **intravenous Ultraviolet effectively increases the blood oxygen** to normal or near normal in most cases.

In the treatment the following are very important:

1. Intravenous Ultraviolet rapidly increases the oxygen absorption of the patient bringing the blood oxygen up to normal. The powerful oxidation catalyst stimulates the use of this increased oxygen or the patient's oxygen at any level to restore the normal cell respiration.
2. The diet of these patients is extremely important, using foods

grown with natural fertilizers and without poisonous fertilizers and insecticides, and eating much of it raw. Since so many patients are deficient in important **trace minerals** such as magnesium and zinc, it is important to see that these patients are supplied with sufficient trace minerals in chelated form so that they are readily absorbed.

3. Since much of the toxic substances producing these diseases comes from the colon **we use colonic irrigations....**

TREATMENT OF BLOCKED OXIDATION CASE REPORTS

January 17, 1969, D.P., 38 years old, white female, was admitted.

Past History: Eleven years ago a melanoma was removed from the right upper arm. August 1968 subcutaneous tumor mass appeared on the upper left chest just below the clavicle. Excision and biopsy of this revealed malignant melanoma. Following this she developed a tumor on the right chest at the same level, tumor in the right axilla, abdomen began to become very large, patient had marked difficulty in breathing, and constant cough. There was gradual and painful swelling of the right thigh (all at another medical center).

Present Illness: On entering the hospital, was in critical condition with marked difficulty in breathing, constant cough, cyanosis, abdomen very large and pendulous containing a large amount of fluid in which there were large tumor masses palpable throughout ... especially the entire lower abdomen and lower right quadrant.

Extremities: The right thigh from the knee to the hip was very swollen and painful, about twice normal size.

Diagnosis: **Generalized malignant melanoma.**

Treatment: Patient was immediately given ultraviolet blood irradiation (UBI) to overcome hypoxemia, the oxidation catalyst (**Koch Glyoxylide**) intermuscularly, ultra mycro-wave therapy throughout the body, diet consisting of raw vegetables and fruits eliminating all meats and fluorides, colonic irrigations to remove the toxic material from the colon, and large doses of trace minerals especially **magnesium and zinc** with natural vitamin C and natural vitamin E in addition to other natural vitamin supplements. UBI treatments given on January 17, 20, 24, and once a week following this. Koch Glyoxylide given on January 17, February 20, March 21, June 2, and July 17. **Mycro-wave** given on January 17, 27, February 3, 6, 12, 19, 26, and once a week following this.

Within three weeks the mass in the right axilla had disappeared as well as the tumor of the right chest wall, and the abdomen was becoming definitely smaller and the tumor masses much smaller. At the end of six weeks of this treatment, patient had no difficulty in breathing, the right thigh was normal size and no pain... [Emphasis added]

[Four other cured cancer cases reported by Olney are available online.]

Exhibit M. 1973 John Ott, DSc (Honorary) *Light and Health*

Mitosis. The cancer cell pictures, made during the first such project for Northwestern U were good... We quickly noticed that there were **far greater abnormal growth responses in the pigment epithelial cells depending on the color filter** used in the light source the phase-contrast microscope than to the different tranquilizing drugs that were added to the growth media. ...Exposure to **blue light**, or the shorter wavelengths, would cause **abnormal pseudopodial activity** in the pigment epithelial cells, while **red light**, or the longer wavelengths, would cause the cell walls to rupture and allow the cytoplasm to run out. ...**The process of mitosis, or cell division, would not occur when the cells had been exposed to either blue or red light** for approximately three hours or more, but only under a white light containing a more complete light spectrum.

When the feeding of the cells with fresh media was done at normal room temperature and the tissue culture slides then replaced in the incubator, greatly **accelerated mitosis** would take place in approximately **16 hours**. Toward the end of the normal daytime period, the activity of the pigment granules would noticeably slow down. Similar to the action of the chloroplasts in the plant cells, the pigment granules in the epithelial cells of the retina also **required a dark period uninterrupted by light before resuming their normal response to light energy**. This was another interesting similarity of responses in both plant and animal cells to the periodicity of light.

Sunglasses. Following my last visit [at Pfizer] as a I was offered a ride back to New York City in one of the company's chauffeur driven cars. A physician, Dr. Jane C. Wright, in charge of cancer research at Bellevue Medical Center was in the same car. We started talking about cancer research and she expressed interest in [my] suggestion that there might be a relationship between light energy and viruses and the increasing interest in the cancer virus theory. To my delight, she agreed to ask fifteen cancer patients to spend as much time as possible in natural sunlight without their glasses, and especially sunglasses. They were also instructed to avoid artificial light sources as much as possible, including television. This experiment was conducted during the summer months of 1959. At the end of the summer, Dr. Wright advised it was the consensus of all those assisting in the program that fourteen of the fifteen patients had shown no further advancement in tumor development and several showed possible improvement. The fifteenth patient had not fully understood the instructions.

Dr. Wright made arrangements for me to show the time-lapse pictures

and explain the story again to the general research staff of the M.D. Anderson Hospital in Houston, on January 27, 1960. However, as I presented my story I became aware that the atmosphere was becoming progressively colder and, in fact, the general response, even before I had completed the story, was **stone cold**. Dr. Wright started to make plans to repeat the experiment there the following summer, but shortly before the project was to be started, I received a letter stating that circumstances made it necessary to call it off. In fact, criticism of the project had been so great that it seemed advisable **not to make any further mention** of the previous year's experiment at all. The main objections were that **no patients were actually used as controls** and that any such experiments should be first proven with animals.

Color In placing a filter of any particular color in a white light source, only the wavelengths of light representing that particular color are permitted to pass through the filter. On first thought it might seem that the resulting abnormal growth responses might be caused by the wavelengths of the color involved. However, these wavelengths that do pass through the filter are a part of the total spectrum of the original source of white light, and the filter cannot add any additional energy to the spectrum of the original light source. It would therefore appear that **any altered growth responses must be due to the absence of the wavelengths blocked by the filter**, and that the lack of these wavelengths causes a bio-chemical or a hormonal deficiency in both plant and animal cells. **This might be referred to as a condition of malillumination, similar to that of malnutrition.**

Microscopic time-lapse pictures of other animal cells in tissue culture also showed similar variations in growth patterns when different colored filters were placed in the light source of the phase-contrast microscope. **It was of interest to note how a red filter consistently caused the cell walls to weaken and ultimately rupture.** This response was particularly noticeable when heart cells from a chick embryo were subjected to red light. This again raises the question of whether there may be any connection between **coronary disorders and the high red content of ordinary incandescent light bulbs.**

Virus-like On two separate occasions, following the showing of these pictures, two prominent virologists commented that some of the abnormal biological effects produced by placing a blue filter in the microscope light source closely **resembled the effects of cells being attacked by viruses.** To me, this further indicates the possible relationship between the **abnormal chemistry associated with viruses responding through the process of photosynthesis in plants, and**

the retinal hypothalamic endocrine system in animals, to an incomplete, or unbalanced, light source.

It was about this time that some were suggesting that cancer might be caused by a virus. When the pigment epithelial time-lapse pictures showing the effects of both the drug toxicity study and different colors or wavelengths of light were completed, I was invited to show them. Dr. Irving Leopold was not only director of the Wills Eye Hospital but also editor of *Survey of Ophthalmology*, one of the recognized ophthalmological journals. He asked me to write a paper on the subject as I had presented it at the seminar. He thought the full story should be published in the journal. I did, and shortly thereafter I received the following letter: July 7, 1961 Dear Mr. Ott: I have had several members of the Editorial Board read over your material in the hope that they would accept it for the *Survey* but have had no luck so far.... The following is an excerpt from ... one of the reviewers:

“I cannot see that this subject matter belongs in *Survey* at all. The first 9½ pages are pure plant physiology. The remainder has only the remotest of connections with ophthalmology. In some vertebrates having photoperiodism of their reproductive cycles, the retina may be the receptor in a quasi-reflex arc terminating in the pituitary or gonad; but the connection would be via one of the vague ‘accessory optic tracts’ and would have nothing to do with the *visual* system.

UPDATE: Get a load of new confirmation of Ott’s ideas: *Molecular Plant: 11.12*: K Kazan and JM Masters, “MYC2: the Master in Action”

Abstract: Jasmonates (JAs) are plant hormones with essential roles in plant defense and development. The basic-helix-loop-helix (bHLH) transcription factor (TF) MYC2 has recently emerged as a master regulator of most aspects of the jasmonate (JA) signaling pathway in *Arabidopsis*. MYC2 coordinates JA-mediated defense responses by antagonistically regulating two different branches of the JA signaling pathway that **determine resistance to pests and pathogens respectively.**

MYC2 is required for **induced systemic resistance** triggered by **beneficial soil** microbes while MYC2 function is targeted by pathogens during **effector-mediated suppression of innate immunity** in roots. MYC2 also regulates interactions between JA signaling and **light**, phytochrome signaling and the **circadian clock**. MYC2 is involved in JA-regulated plant development, lateral and adventitious root formation, flowering time and shade avoidance syndrome [I say!] while MYC2 orthologs act as “master switches” that regulate JA-mediated **biosynthesis of secondary metabolites.**

Exhibit N. 1975 Gordon Thomas, **Issels: The Biography of a Doctor.** London, Hodder and Stoughton.

In 1934, Issels took a locum. “A man has an ulcer. It is treated locally, but generally *cause* is not sought. That seems to me to be very wrong.”

In 1929, Huneke [used Novocaine on migraine]. Issels wrote: “I saw it myself today. An old man came in with a migraine. Huneke injected [Novocaine] into an old scar behind the ear and the old man was free of pain... He explained to me that the scar was the “**disturbance point**” of the body and could change the ‘electric field’ of the body. Novocaine **normalized the electrical field of the scar tissue.**”

On January 10, 1942, Russia launched its great counterattack. Twenty-two German divisions were decimated. Because of valour under fire, Issels was decorated with the Iron Cross.... On August 5, 1945, Josef Issels and 50 fellow prisoners were freed by the Russians.

Before the war he had observed something of the effects of *Spenglersan*. He saw the **serum brought relief** in chronic illnesses -- asthma, rheumatism, and bronchitis. Carl Spengler had worked under Robert Koch before beginning his own research into the cause of TB. In 1888 he published his theory of “masked tuberculosis.” By 1947 Issels noted, *Spenglersan* is slow-acting, 3-4 months needed for effect. Issels’ will bequeathed the entire clinic to the German Red Cross.

Peyton Rous of Rockefeller Institute showed that a virus was responsible for cancer in chickens. Ludwig Gross **discovered** that mouse leukemia was a virus disease. Leon Dmochowski proved virus-like agents were present in human leukemia. Issels postulated: “The more the antigen effect of the vaccine corresponds to the **antigen effect of the cancerous cells** the more effective will the stimulation be against cancer cells...” Issels believed immunotherapy agents already existed. Toxinal was one. **Blasto-lysin** was another. [q.v.]

Christmas Eve 1949, Issels collapsed. He was diagnosed meningitis. Karl Gischler, whose faith and money founded the clinic, [was a] shipping magnate. He told Issels “You must promise never to give up.” In 1952, 220 patients were admitted; all but a few died.

Issels knew that somewhere in the regime was a flaw. In 1953 he found it. “I had not been removing **infected tonsils**. They contained hidden abscesses.” Issels used cyclophosphamide; no toxic effect on liver and kidney. Doses up to 6,000mg, mixed with distilled water and transfused intravenously over a five-minute period.

From 1958, Issels was filled with exciting possibility – the arrival of Franz Gerlach. He’d been Austria’s delegate to League of Nations Committee on Infectious Diseases. He worked in government research

institutes in Turkey and Chile. Then Portugal appointed him director of Central Laboratory for Veterinary Pathology in Angola [wink, wink]. Gerlach had published about mycoplasma in 1937, showing all human and animal tumors contained a virus-like substance. Issels prescribed Gerlach's vaccine.

After cancer patients received the drops, many **felt pain in their tumor. Gerlach said "Perhaps these occurrences could be considered as immune reactions belonging to the field of allergy.** The vaccine follows a path to the tumor. It attacks only tumor tissue which may **allow us to suppose the presence of a specific antigen."**

Issels performed experimental work in blood chemistry to show that in cancer patients the quality of **blood corpuscles** was important.

In 1956, Issels went to Rome for a private audience [!] with Pope Pius XII, who had an abiding interest in cancer research. In 1959, Prodan Christoff came to the clinic claiming a non-toxic antidote to cancer made from alpine plant extracts. He patented it as "CH23" and Issels trialed it. In 1968 Issels published: "CH23 is a maligno-static preparation of Verbascum and Paeonia...It can significantly extend the short life-expectancy due to its immediate **tumor selective effect.**"

Frontrunner of Issels' opponents was Bavarian Medical Association. September 1960. "We have a warrant for your arrest." November 26, 1960, the Klinik closed. December 16th he was released from prison on bail. [Court case, highly publicized, ran for 4 yrs. Acquittal.] March 10, 1962 *Lancet* article by D. Smithers – ideas similar to Issels.

In 1969 the costly BBC investigation ground to a halt. In 1970 when Issels arrived in London with Isa, they were met at the airport by eminent oncologist, Mr Denis Burkitt. "**What interested him were my views on enhancing immunological competence.**" [Emphasis added]

UPDATE: Presumably Gordon Thomas, retired CIA, produced the biography of Issels back in 1975 to display new science to the elect. Below: excerpt from Issels clinic today (where the fee for treatment is \$38K), then an unusually detailed "quack report" from ACS.

From issels.com, retrieved 22 October 2012, re Issels Clinic, Mexico: "Extracorporeal Photopheresis is a leukapheresis-based immune-modulatory therapy. It is FDA-approved for cutaneous T-cell lymphoma due to research by Richard L. Edelson, Carole L. Berger et al, at Yale. [It is googleable]. During Extracorporeal Photopheresis, the blood passes through an ultraviolet light chamber, which has an enormous immune boosting effect. In the cell separator white blood cells, the cells of the immune system, such as monocytes and lymphocytes, are separated from the blood which is returned to the body in a **closed circuit.** The

separated monocytes are cultured outside the body into active dendritic cells. When these potent dendritic cells are re-injected into the body they [may] invoke an anti-tumor immune response. **Dendritic cells are key regulators** of immune responses and orchestrate innate and adoptive immunities. As the most potent antigen presenting cells they are responsible for identifying pathogens (viruses, fungi, bacteria, malignant cells) and presenting their identifying markers, antigens, to specific T-lymphocytes that then multiply and attack the disease.

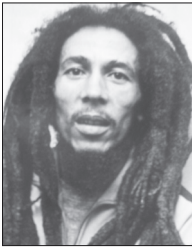
Lymphokine-Activated Killer Cells, also known as LAK Cells, are lymphocytes that in the presence of Interleukin-2 are stimulated to kill cancer cells. Stem cells are the body's master cells that can replace dying or lost cells and aid in the repair of damaged tissue. ...Natural Killer Cells (NKC), in particular, have been shown to eliminate solid tumors and metastatic cells in the circulation through their cytotoxicity and **cytokine production**. In 2009, a retrospective analysis of NKC counts included 129 cancer patients who underwent the Issels Treatment® ... an average 48% increase in absolute NKC levels per patient in approximately 3 weeks. [Note: registering the trademark of a treatment is unrelated to patenting it.]

During the past 8 years we have integrated [the above] into our comprehensive immunobiological treatment program for all types of lymphomas and solid tumors. Experience has shown that a ...treatment which brings about connective tissue inflammation with its cytokine cascade, can enhance activation, mobilization, and maturation of dendritic cells, and... the effectiveness of the vaccines.

Coley's Mixed Bacterial Vaccine. Research findings suggest that this vaccine activates the innate immune system, opens blockades in the body's connective tissues, enhances the formation of the body's own **interferons, interleukins, colony stimulating factors**, tumor necrosis factor, and other potent disease fighters.... Fever inducing Mixed Bacterial Vaccine treatment has been an integral part of the integrative Issels Treatment® since 1951. This treatment of cancer was pioneered by William B. Coley, from 1893 to 1936. (MBV) contain a combination of heat killed bacteria, e.g. *Streptococcus pyogenes* and gram negative *Bacillus prodigiosus*, now called *Serratia marcescens*.

In 1943, M.J. Shears, researcher at the National Cancer Institute, **discovered that the biologically active substance in Coley's Toxins is lipopolysaccharide (LPS) that occurs in the cell walls** of gram-negative bacteria.... Starting in 1951, Josef Issels, M.D., administered, as one part of his integrative immunotherapy, fever treatments without any adverse side effects or complications Hyperthermia has received... attention as a valuable adjunct to cancer treatment.

COMMENT from MM. Nazi medicine is excellent. Until mid 20th century, Germany was the world leader in medicine. It seems foolish to me that we are supposed to abhor any science that went on while the National Socialist Party (Nazi) ran the government (1933-1945)! The main researcher in cancer seems to have been Josef Issels who “spent the Nazi years as a prisoner in Russia.” (My foot!) I did not include him as a curer, out of bald prejudice on my part. Not because he allegedly worked with Mengele (though that would infuriate me), but because Bob Marley’s mother said in her biography of Nesta that Issels treated her son cruelly, three decades ago in West Germany.



*Singer Bob Marley
(1946-1981)*

Presently there is an Issels clinic (see Youtube testimonials), probably a CIA proprietary. I assume it does deliver the goods on curing. After all, I have been saying in this book that Livingston, Olney, Coley, etc, used vaccine, UBI, toxins, etc, to get results and that’s what Issels did. That clinic also uses Hamer’s approach. Since they try everything on each patient we don’t know what worked if they get cured. Maybe Livingston got her vaccine idea from Franz Gerlach, who also, by the way published (in 1940?) *Zur Biologie der Mykoplasmen und ueber ihre Beziehung zu malignen Tumoren*, saying, I’m told, that the mycoplasma found in tumors is carcinogenic. This validates Cantwell, whose “cancer microbe” is still an orphan as far as medical journals go.

1971 “Unapproved Method Letter” of American Cancer Society: “Issels’ whole-body treatment includes restoring regenerative powers of damaged organs by oxygen-ozone treatment, transfusions of oxygenated blood, and elimination of psychic and emotional stresses.

Dr. Issels, in an article by him in 1956, discussed the use of Novo Carcin, or Neo-Carcin, in the treatment of cancer. Prospectus put out by Pharma-Biologica S.A., Lugano, Switzerland, dated 1950 says: The preparation is a conglomeration of active anti-cancerous substances. It contains some glandular extracts, some organic and inorganic substances, some extracts from plants, some corrective substances, some polypeptides in the same way as mesothorium and thorium X ... for the treatment of malignant tumors and equally for the humoral deterioration of cancerous dyscrasie. The treatment, according to the case, will last from 32 to 62 days. Another product which Dr. Issels was reported to have used to treat cancer was CH-23, also called F-16, which was proposed by Prodan Christoff.” [Note at cancerwatch.org you’ll find a put-down of alpine extracts with *particulars*, wink, wink.]

Exhibit O. 1985 Robert O Becker, MD, and Gary Selden,
The Body Electric, NYC: Morrow. Chapter 8 “The Silver Wand”

To learn more about these astonishing changes, we studied pieces of the granulation tissue itself, taken from patients treated with the silver nylon. We placed the samples in culture dishes and observed them as they grew. Without the silver factor we would have expected a population of slowly proliferating fibroblasts. However, these cells grew fast, producing a diverse and surprising assortment of primitive forms, including fully dedifferentiated cells, rounded fibroblasts, and amoeba-like cells. Strangest of all were giant cells that looked almost like fertilized eggs, very active and with several nucleoli. ... When other cells encountered the giant cells, the smaller cells often split open and **emptied their nuclei** into the giants. After two weeks these diverse cells had coalesced into an amorphous mass of primitive cells closely resembling a **blastema**, and in another week, as the silver washed out, they'd all become staid, sober fibroblasts acting as though nothing had happened. The major difference between the two experiments was that the second one started with cells that had already been exposed to positive silver ions in the human body. Their rapid growth and unspecialized forms suggested that the fibroblasts in the first experiment had in fact been dedifferentiated. ...it's obvious that in the aggregate they profoundly stimulate soft-tissue healing in a way **unlike any known** natural process. We ran a controlled study of the healing enhancement on pigs. Positive silver nylon accelerated the healing of measured skin wounds on the animals backs by over 50 percent as compared with identical control wounds.

We saw positive silver's lifesaving potential most clearly in our experience with a patient named Tom in 1979. Tom **had had massive doses of X rays for cancer of the larynx**, and his larynx later had to be re-moved. Because of the radiation, the surrounding tissue was helpless against infection, and the skin and muscle of his entire neck literally dissolved into a horrid wound. The ear, nose, and throat doctor treating him begged me to try the nylon, and I agreed after the attending physician got a release signed by the head of his department. After one month of electrified silver treatment, the infection was gone and healing was progressing, the wound healed completely in a total of three months, although Tom soon died from tumors elsewhere in his body.

I reported this case at a small National Institutes of Health meeting that same year. One physician, who said he'd never heard of any comparable healing of such a grave wound, was moved to exclaim after seeing my slides, **“I have witnessed a miracle!”** Just before our research group was disbanded, we studied malignant fibro-sarcoma

cells (cancerous fibroblasts) and found that electrically injected silver suspended their runaway mitosis. The technique makes it possible to produce large numbers of dedifferentiated cells.... Whatever its precise mode of action may be, the electrically generated silver ion can produce enough cells for human blastemas; it has restored my belief that full regeneration of limbs, and perhaps other body parts, can be accomplished in humans. Many questions remain, however. We don't know how the changed cells speed up healing or how the silver changes them. We don't know how electrically produced silver ions differ from ordinary dissolved ions, only that they **do**. (1985: 174-175)

From page 167:

Silver at the positive pole killed or deactivated every type of bacteria without side effects, even with very low currents. We also tried the silver wires on bacteria grown in cultures of mouse connective tissue and bone marrow, and the ions wiped out the bacteria without affecting the living mouse cells. We were certain it was the silver ions that did the job, rather than the current, when we found that the silver-impregnated culture medium killed new bacteria placed in it even after the current was switched off. Electrified silver offers several advantages over previous forms, ... it's especially suited for use against several kinds of bacteria simultaneously. It kills **even antibiotic-resistant strains**, and also works on **fungus** infections. [Crikey!] Just before our research group was disbanded, **we studied malignant fibrosarcoma cells and found that electrically injected silver suspended their runaway mitosis.** ...The technique makes it possible to produce large numbers of dedifferentiated cells, overcoming the main problem of mammalian regeneration—the limited number of bone marrow cells... [Emphasis added]

From page 269:

We must ask whether the biofield can project the individual signature of a person's thoughts onto his or her surrounds, changing the electromagnetic characteristics of these objects so that the person can be sensed by others even though absent. This may well be the commonest of all paranormal experiences, and the number of crimes solved by psychics reacting to the mere scene of the crime should entitle scientists to investigate the idea [and I have just the candidates!] Over and over again biology has found that the whole is more than the sum of its parts. We should expect that the same is true of bio-electromagnetic fields. **All life on earth can be considered a unit, a glaze of sentience spread thinly over the crust.**

Exhibit P. 1993 Lida Mattman, *Cell Wall Deficient Forms*, 2nd ed. Boca Raton, FL: CRC, pp. 315-317



*Lida Mattman, PhD
(1912-2008)
She was lecturing until her 90s.
You can see her on Youtube.*

[All emphasis added. Note: I have allocated numbers, 1 through 7, for Mattmans's questions. Students are encouraged to answer the questions recklessly at first, as a way of getting familiar with the topic! - MM]

1. HOW MAY A BACTERIUM BE CARCINOGENIC? [by] ALTERING THE HOST'S ANTIBODY RESPONSE?

Does a carcinogenic bacterium or fungus prevent a normal antibody response... Some cancer viruses such as the Gross leukemia agent leave antibody formation intact but **prevent cellular defense**. Does a bacterium, fungus, or fungal product work through this approach? This subject is reviewed in an excellent article by Ebbesen.

2. DOES A CARCINOGEN-FOSTERING BACTERIUM ACT AS A HELPER VIRUS?

There are now many examples of viruses which mature only with the aid of coating supplied by another virus. Can bacteria behave like helper viruses in contributing proteins and polysaccharides to coat the oncogenic DNA? **If Mycoplasma are necessary** for the leukemogenic action of some viruses, presumably a similar contribution can be made by the protoplast stage of bacteria. Leukemia **can be the result of dual infection** with the Rauscher murine leukemia virus and *Mycoplasma laidlawii*. **Separately, neither agent induced the disease**. In contrast, a study indicates that some viruses may be oncogenic of themselves. Mice kept germ free except for their inherent leukemia virus develop malignancies at the same age and as frequently as their conventional counterparts known to be parasitized by a *Mycoplasma*.

3. DOES A CANCER BACTERIUM WORK BY IN VIVO SYNTHESIS OF A CARCINOGENIC COMPOUND?

This may occur at times, as indicated by the carcinogenesis of the glucoside cycasin only in conventional rats. Germ-free rats cannot convert the cycasin to the aglycone, which is the actual carcinogen. The Friend leukemia virus causes **leukemia only after the mice receive antigens, which may tie up complement or other immune substances.**

4. DO CARCINOGEN-STIMULATING BACTERIA CARRY A VIRUS OF MALIGNANCY?

This possibility has been little explored. A fact suggesting this is the increased tumorigenesis of *Agrobacterium tumefaciens* after exposure to UV or mitomycin C, factors known to increase the formation of mature phage particles. However, no carcinogenic phage is known, although phages have been found in malignant growths and in bacteria isolated from tumors. There are many examples now known of bacterial wall-deficient microbes hosting viruses. Spheroplasts may also at times hold virus particles firmly adsorbed to their surfaces, as shown for *Aerobacter aerogenes* and Influenza A virions. More realistic than hosting entire virions is the possibility that a bacterium can carry just the deadly **nucleic acid**, whether DNA or RNA, to act by reverse transcriptase. *Bacillus subtilis* is a bacterium which replicates the tumorigenic polyoma virus.⁷

The possibilities that may explain the reported series of oncogenic bacteria are discussed in a review by Macomber. Included is the thesis that cancer-associated bacteria could carry oncogenes. He has reviewed the extensive studies of Gregory **who found virus-like CWD bacteria in 1000 malignancy biopsies and none in 100 benign tumors.** [Students: commit that to a graphic design now!]

5. DO ONCOGENIC BACTERIA FLOOD THE HOST WITH HORMONE-LIKE SUBSTANCES?

A connection between sex hormones and malignancies has long been recognized. Some bacteria have been found to produce estradiol and estrone. **Staphylococcus haemolyticus and Streptococcus bovis carry a substance resembling human choriogonadotropin (hCG).**

6. INHERENT DIFFICULTIES IN THE RESEARCH

Why has investigation through a 60-year span failed to satisfy the scientific world that bacteria trigger the common malignancies? Much of the media has been exotic, e.g., Glover's concoction of sunflower seeds, Iceland moss, and Irish moss. Nuzum employed an unusual ratio of

3 parts of ascitic fluid to 1 part nutrient agar. Joseph Merline, in our laboratory, cultured over 200 bloods from lymphoma patients and in no instance found the bacterium of Glover, Nuzum, or of more modern descriptions. [Caveat!] Merline was not seeking a tumor-instigating bacterium, and such procedures as washing the red cells to eliminate antibody or aging the blood at room temperature to void complement were not followed. His study shows that careful standard technique to isolate aerobes, anaerobes, and CWD forms does not grow a carcinogen-fostering bacterium. [Did anyone duplicate Glover?]

7. WHAT CAN BE DONE NOW?

How can any investigator test the pros and cons of bacterial association in cancer? If the forms seen by White in ascitic fluid of malignancies are microbial, they should grow in media suitable for CWD forms. Their microbial nature can be confirmed or denied by staining with fluorescent muramidase.

Malignant cells cultured 24 to 48 h in broth, according to Glover's record, become heavily populated with "the organisms". Such infected malignant cells can serve as tools for staining and electron microscopy. A careful study in Thailand and one in Florida suggest that **malignant cells host intranuclear forms with the morphology and staining reactions of bacteria**. The study in Thailand may relate the organisms to CWD forms since they neither resist common fixatives nor grow on standard culture media.

SUMMARY:

Thanks to the work of Pollard with germ-free rats, **there is little doubt that sterile chemical agents can initiate malignancies without microbial assistance**. Injection of methylcholanthrene induces fibrosarcomas in animals which appear to be free of microbes when autopsied. Likewise, **viruses alone without bacterial accompaniment can initiate malignancies**. For example, Rous sarcoma virus produces metastasizing fibrosarcomas in rats which seem free of all other microbes.

At the other extreme, **it is clear that oncogenic bacteria and fungi exist**. The grey area is whether any of the common malignancies of vertebrates are fostered by bacteria, perhaps stimulating an associated virus. Current methods for culturing the suspected bacterium do not sound complex. The yeast-like forms which White finds omnipresent in cancerous tissue could well be the fungoidal stages of a wall-deficient bacterium. **Some have suggested that the bacteria carry DNA** which directly or indirectly activates oncogenes, as is true for viruses.

Exhibit Q. 1994 Hiram Caton, *The Aids Mirage; Debunking the aids myth; How and why the medical profession kills gays.* UNSW Press.



*Hiram Caton
PhD*

“Doctors who do not accept the official line on AIDS can find themselves in a lot of trouble.”

-- Harris L. Coulter

Institutional life today is dominated by the buzzwords of the managerial revolution: devolution, entrepreneurship, quality control, outcomes management, merit protection, cost-effectiveness, accountability, equity, client empowerment. Each is the index term for a set of instructions that employees implement when managers give the signal. In this way the activities of millions can be coordinated across institutional boundaries; and executive officers congratulate themselves that they are in control, not just muddling through.

Alas, there is evidence that the software bequeathed by the managerial revolution is the shining path to acquired helplessness. Most OECD nations are awash in institutional failures. Accountants didn't notice the missing billions when they audited the financial statements of the Bank of South Australia... We lavish funds on secondary education, but 85-90% matriculate with serious deficiencies in written English expression... Something is wrong.

[Look at] acquired helplessness in one area of our national life, the AIDS epidemic. ... On the face of it, the designation of AIDS as the most significant threat to public health is nonsense. Morbidity and mortality from AIDS is minor by comparison with other diseases. What makes it seem significant is the belief that AIDS is a viral epidemic, together with projections of HIV's spread. In that way health authorities conjure horrific mortality rates 10-20 years down the track.

This catastrophic vision is the AIDS mirage. I call it a mirage because health authorities embrace a contingent future as an incontrovertible truth. The passion invested in the viral epidemic dogma is transferred to the entire AIDS management program, so that the whole is seized by cataleptic rigidity (a panic symptom). Our AIDS management systems are incapable of reviewing evidence which shows that there have been mistakes about HIV causality, mistakes of diagnosis, mistakes about its transmission, mistakes about HIV antibody tests, mistakes about therapies.

Indeed, the whole of AIDS science is in a confused state.... But it has converted to full-blown faith. Scientists or administrators who voice doubt risk their careers. This regimentation is partly a product of the qual-

ity control mechanism of science, called “peer review”. This too is one of our failed practices, subverted by the cronyism it was meant to prevent. . . . They resist, as “dangerous” and “irresponsible”, the best health news of this century--that there is no viral epidemic.

“Wounded healers” are carers grief-stricken for patients who died because of a treatment error. Since some may doubt the existence of such people, let me introduce you to a healer conscious of his wounds. He is Stephen Caiazza, a New York physician with a large practice among gay men: “I’m a doctor, and I’ve buried all those people, and their faces came to me at 3 o’clock in the morning . . . I missed that [syphilis] diagnosis which I shouldn’t have missed . . . that’s really horrible. You have to go through your own catharsis before you can face that. We doctors in New York are all [emotionally] exhausted.” This is a rare testimony, not because of its infrequency, but because it got into print

Stephen Caiazza is unusual in another way. He noticed that the accepted description of AIDS’ clinical signs didn’t quite match what he was seeing in his surgery. He hit on the idea that AIDS was syphilis, called the “masquerade disease” because its symptoms are so varied. He guessed that his patients didn’t test positive for syphilis because their body chemistry had been distorted by a combination of syphilis, antibiotics administered to control STDs, and recreational drugs. This brought him face-to-face with the deepest cut of all. Not only had his healing art failed, but his profession had failed with him. Oedipus, when he knew the truth, put out his eyes. Dr Caiazza suffered a breakdown that forced him to withdraw from practice for several years.

The syphilis diagnosis of AIDS symptoms was hit upon independently in several countries. It has been reported in medical journals. But in his study, *AIDS and Syphilis: The Hidden Link*, Harris L. Coulter describes how attempts by Caiazza and others to bring this diagnosis to the notice of physicians were cold-shouldered by the chiefs

If AIDS is syphilis in disguise, the treatment regime requires a drastic rehabilitation of body chemistry, not merely biochemical tinkering with the immune system. To purge the body of a host of toxins, the patient must adopt a strict regimen, which for gay men means relinquishing the lifestyle that for many defines the gay identity. Doctors know this. Gay men know it as well. The long-term survivors of HIV infection have all abandoned the gay lifestyle. But one mustn’t say this. . . .

The treatment for syphilis is low-tech. The treatment for AIDS as a viral disease requires high-tech, toxic, costly drugs that are at best palliative and at worst lethal: AZT (zidovudine). Fancy drugs, high cost, and death enhance medical mystique. They also appeal to those powerful hidden persuaders in modern medicine, the pharmaceutical giants.

If AIDS is syphilis, then doctors have been in silent partnership with patients to produce the epidemic. The dramatic breakdown that came to light in 1981 was 10 years or more in the making. It means that AIDS arose from a symbiosis between patients and doctors, in which they agreed not to look to the roots of the many illnesses that gay men presented in clinics. It means, as Dr Caiazza believed to his dismay, that doctors have made a horrible mistake.

By 1981, the medical profession was already under heavy fire as being dangerous to health. Physicians had by then adopted the clinical, legal, and psychological strategies of “defensive medicine”, meaning, defence against wounded and litigious clients. To acknowledge that AIDS arises by doctor-patient collusion to evade the basic rules of good health could trigger a searching examination of the role of medicine in modern society. That agonising reappraisal could be evaded by attributing AIDS symptoms to an unknown virus.

The viral hypothesis is well adapted to postpone the moment of recognition. It reaffirms the germ theory that lies at the foundations of modern medicine. Thus it enjoys plausibility with physicians as well as the public who have been inoculated with the germ theory. It recruits the support of scientists itching for a high-tech virus hunt. It activates the “Tally Ho!” pose of medicine, featuring gallant doctors in pursuit of low and cunning pests, whose carcasses will be triumphantly exhibited to the cheering multitude and to the Nobel committee. Culturally speaking, hunting viruses and making vaccines is a diversion from reckoning with modern medical practice as a cause of illness.

Dr Caiazza’s observations converge with current thought:

1. The case definition of AIDS is based on what critics believe to be diagnostic error. The visible sign of this is that the case definition of AIDS in the OECD nations is completely different from the African case definition. [Amazing!]
2. Caiazza realised that the reliability of tests for the presence of infectious agents presupposes a background of normal blood chemistry. Evidence is now to hand that the HIV test is not specific for that virus but indicates positive for any one with a specific spectrum of antigens, such as haemophiliacs and Africans.
3. Caiazza was among the first physicians to experience the indifference of the AIDS mandarins to any ideas but their own. They remain steadfastly devoted to the viral hypothesis despite the 100% failure rate of vaccines and therapy. They dismiss unheard the alternative hypothesis currently proposed by a team at the Royal Perth Hospital. Led by biophysicist Eleni Papadopulos-Eleopulos, the team derive their explanation from a new understanding of cell metabolism, which pre-

dicts AIDS diseases as the consequence of cellular oxidative stress induced by a variety of toxins, especially medical and recreational drugs.

Although it is completely different from the syphilis hypothesis, these hypotheses have two things in common: the pathology involves toxins artificially introduced into the body; and the illness is treatable at low cost. The Perth group have also drawn together the evidence of the Western blot diagnostic test for HIV and argue that it is not HIV-specific. If this is so, one of the three definitions of AIDS, a positive antibody test, rests on the failure properly to validate the test....

If the future resembles the past, the response to these tidings is predictable. The truth managers will go into damage control. The intruder will be decried and the public browbeaten into submission so that futility may continue undisturbed.

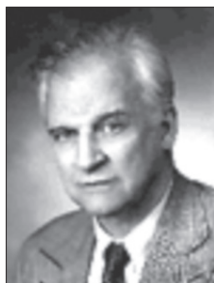
All Australians have a right to participate in policy discussions. This right is intended to empower clients vis-à-vis health providers. Each of us, whether medically qualified or not, may claim a hearing for our views. In publishing this account of AIDS, I lay claim to the status of a health care consumer who has undertaken to communicate with his fellow Australians. I call on the relevant ministers to ensure that public authority is not abused to stifle discussion.

Finally, a note on style. We humanists believe that narratives -- myth, legend, drama, yarns, stories, conversation -- are one way that we endow life with meaning. Narratives break through faceless abstraction to Exhibit Mamed human beings acting and suffering.

The basic event I contemplate here is humanity's encounter with the creature of its own making, scientific medicine. It is a sub-plot in the larger drama of humanity's encounter with science and technology. Many yarns about this encounter have been told; many more are still to come. The essential plot of the story I tell is not new. It was told by the medical scientist René Dubos in his wise book, *The Mirage of Health*. It was told again by Daniel Callahan in his courageous attempt to grapple with health care for the aged, *Setting Limits*. The story needs to be told many times, in many ways, because it is a big picture that challenges our sense of self and our sense of others. Lacking the philosopher's gift for evoking the big picture, I find safety and meaning in yarns.

UPDATE: Caton, a professor at Griffith University, Queensland, died in 2010. He was one of the few defenders of Caiazza, who died in 1990, age 46. See Harris Coulter's detailed report, *AIDS and Syphilis: Hidden Link*. 1996. Or see, free online, Robert Ben Mitchell's *Syphilis As AIDS* (1990). (But recall the nurses in Libya.)

Exhibit R. 1997 Harris Coulter, PhD, sworn testimony, Committee on Appropriations, US Congress, April 16, 1997. "Childhood Vaccinations and Juvenile-Onset (Type-1) Diabetes"



*Harris Coulter, PhD
(1932-2009)*

The very origin of diabetes is still a mystery. Since the late 19th century, diabetes has been known to be related to the pancreas and, in 1922, Canadians Frederick Banting and Charles H. Best, discovered that the missing factor was insulin -- an internal secretion of the pancreas. Why does the pancreas stop [or not start] secreting insulin?

One environmental factor -- viral infection -- has been recognized; the other factor of significance for diabetes is the presence of an autoimmune process.... In fact, several of the vaccines for the disease of childhood have been implicated in the

causation of diabetes.

I. The Pertussis Vaccine The vaccine for pertussis, or whooping cough, is part of the DPT shot (diphtheria, pertussis, tetanus). The pertussis vaccine includes "pertussis toxin," a toxin secreted by the microbe which causes whooping cough (the *Bordetella pertussis*). This toxin, which has been described as one of the most virulent poisons known to science, has several names One of the names is "islet-activating protein," signifying that this substance acts specifically and directly on the "islets of Langerhans," which are the insulin-secreting parts of the pancreas. Since the 1970s, pertussis vaccine has been known in animal experiments to stimulate over-production of insulin by the pancreas followed by exhaustion and destruction of the "islets" with consequent under-production of insulin.

Physicians as early as 1949 called attention to low blood glucose in children who had severe reactions to the pertussis vaccine. ... Gordon Stewart wrote in 1977: "More than any other vaccine in common use, pertussis vaccine is known pharmacologically to provoke ... hypoglycemia due to increase production of insulin." Hennesen and Quast, found that 59 out of 149 children with adverse reactions to the pertussis vaccine developed symptoms of hypoglycemia [in 1979].

The MMR Vaccine

Of the three vaccines making up the MMR shot, the rubella component is the major suspect because rubella (German measles) itself, like mumps, is known to be a cause of diabetes.... Rubella Virus Causes Diabetes - In 1978 Margaret Menser wrote: "Since 1968 there has been increasing interest in the possibility that viral infection may play a part in the etiology of diabetes mellitus. [We know of] the congenitally acquired rubella virus." "Congenital rubella syndrome" is the name given to the group of impairments and disabilities often seen in babies whose mothers become

infected with rubella during pregnancy. These impairments include: heart disease, mental retardation, deafness, and blindness. E.J. Rayfield and colleagues wrote in 1986: "The congenital rubella syndrome provides the best documentation in humans that a viral infection is associated with the subsequent development of insulin-dependent [Type-I] diabetes."

In the 1970's, researchers came to realize that the effect of the rubella virus does not end at the moment of birth, but that it remains in the organism of the baby and continues to exert its influence for many years Up to 20 percent of these individuals later come down with Type-I diabetes. This may take from 5 to 20 years to develop -- the rubella virus remains active in the organism for all that time.

This virus acts by forming "rubella-specific immune complexes." (An immune complex is a mixture of the rubella virus and the antibody to it.) P.K. Coyle showed in 1982 that such immune complexes are found in individuals with congenital rubella and in persons vaccinated against rubella. They were not found in persons who had never been infected with rubella nor in those who had had the disease naturally and recovered from it. Thus, rubella itself has been demonstrated to be a causal agent in Type-I diabetes. How about the vaccine?

Rubella Vaccine Virus Persists in Body. P.K. Coyle and colleagues demonstrated in 1982 that "rubella-specific immune complex formation is frequent after vaccination." In fact, the virus has been found to persist in the body of the vaccinated person for as long as seven years....Immune complexes are formed and persist in the host organism for lengthy periods. Immune complexes from a vaccination can attack the pancreas just as easily as if they were from congenital rubella syndrome. The possibility is that the immune complexes attack the islet cells of the pancreas directly; there is also the likelihood that they generate an allergic (anaphylactic, hypersensitive) or autoimmune state with subsequent autoimmune destruction of the pancreas.

Margaret Menser wrote: "Clinically it is not possible to show [if] the pathogenesis of the diabetes initiated by the rubella virus is due solely to direct viral invasion of the beta-cells of the islets of Langerhans, or whether the virus induces an immunologic reaction in the islet cells, which then leads to the development of diabetes."

E.J. Mayfield and colleagues wrote: Viruses associated with diabetes in animals may cause disease by (1) directly lysing [i.e., dissolving] the beta-cells; (2) triggering an autoimmune response; or (3) specifically impairing the secretory process of beta-cells through a persistent infection." He concluded that option (2) was the most probable one: the generation of an autoimmune state in which the body, as it were, becomes allergic to itself or to a part of itself.

The reasonableness of this explanation is enhanced by the observ-

ation that the rubella vaccine can cause an allergic reaction. (25) A Canadian survey in 1987 found “allergic reactions” in 30 children who reacted adversely to the MMR vaccine. Indeed, the possibility of an anaphylactic reaction from the MMR vaccine is specifically recognized by the Vaccine Injury. [Note: diabetes is not on the Injury Table, so is not compensated.] Diabetes after a rubella vaccination probably represents a combined effect: the virus attacks the islet cells of the pancreas in an organism which has already been weakened by an autoimmune reaction to the same virus.

B. Mumps and the Mumps Vaccine Can Cause Diabetes. - There is copious evidence of a causal relationship between clinical mumps and subsequent development of diabetes. Furthermore, mumps virus can infect human pancreatic beta cells in vitro and destroy them. The IOM Committee concluded: “There is evidence suggesting that mumps virus infection can trigger the onset of Type-I diabetes. “

III. Haemophilus Influenzae B and Hib Vaccine. A study of haemophilus influenzae B (Hib) vaccine in 114,000 Finnish children found that those who received 4 doses of the vaccine had a higher incidence of Type-I diabetes than those who received only one dose.

IV. Hepatitis B Vaccine. According to J. Barthelow Classen, M.D., a hepatitis B vaccination program in New Zealand, which commenced in 1988, led to a 60 percent increase in Type-I diabetes in the recipients..... In Classen’s view, the Hepatitis B vaccine and other vaccines can induce Type-I diabetes through the release of interferons, since interferons have already been implicated as causing autoimmunity. The package inserts for the various hepatitis B vaccines on the market note that they cause several autoimmune diseases.

V. Conclusion... Factors relating to autoimmunity are involved in the causal chain between vaccination and the emergence of Type-I diabetes. Any vaccine capable of giving rise to the autoimmune state is thus a candidate. ... Such vaccines as influenza, hepatitis A, hepatitis B, rabies, MMR, tetanus and oral polio have all been linked with autoimmune diseases such as reactive arthritis, purpura and lupus. Also, the authors note, “it seems that vaccines have a predilection to affect the nervous system: neuritis, demyelination, myasthenia gravis, and Guillain-Barre syndrome....” Furthermore, the incidence of vaccine-induced autoimmunity is twice as high as high in females as in males. In the absence of any suggestion as to other possible causative factors which could transform a healthy sailor into a diabetic, the vaccinations which these men and women receive at regular intervals during their naval service must be considered as prime suspects. The greater incidence of diabetes in the US African American population can readily be explained in terms of enhanced susceptibility to vaccine damage.

Exhibit S. 1997 Jaak Panksepp, PhD, interviewed by Stephen M. Edelson, PhD, March 11.

“Panksepp’s work on beta-endorphins and naltrexone is a major contribution to both understanding and treating individuals with autism” - SE.

JP: At the time I started, most felt confident that no one could credibly address the underlying issues in mechanistic ways, for instance, emotions as neurochemical processes of the brain. However, in 1972, three reports were published indicating that an opiate receptor had been discovered. Everyone started thinking in functional terms as to what this newly discovered neurochemical system is doing in the brain. In line with traditional medical practice, the obvious ideas were that such neural systems controlled pain, coughing/respiratory and various gastric functions. However, we decided to focus on the possibility that it was a prime mover in creating social feelings and regulating social behaviors. Many of my colleagues viewed this work rather skeptically, with a raised eyebrow, so to speak. Our guiding central idea was that there was a remarkable family resemblance between social bonding and narcotic addiction -- from the initial attachment-dependence phase to the eventual tolerance-withdrawal phases.

When we finally began studying this possibility empirically, it turned out to be a productive idea. It rapidly became clear that when we gave animals very tiny doses of opiates, they were not distressed by social isolation and they became comparatively unsocial ... When we gave them opiate antagonists, such as naltrexone, they were more disturbed by social isolation and they became more eager for gentle and friendly social contact. It was not a far step to imagine that these opiate effects on social behavior might reflect something that is happening in childhood disorders such as autism. For quite a while, we struggled with the two logical alternatives -- whether such kids might have overactive opioid systems or underactive ones. It is easy to build a compelling logic around either view; but when we focused on the data, it was clear that only the animals given opiates became unsocial and less pain sensitive. Thus, it seemed more compelling to suggest that some kids with autism might also have too much opioid activity in their brain. This was especially attractive since there were experimental drugs, such as naltrexone, that could reduce such brain activities.

Still, in the back of my mind, I thought, and still do, that some of the kids, perhaps the insecure/anxious ones, have too little opioid activity. Some have suggested that our thinking was only focussed on the β -endorphin system of the brain, but in fact we were open to any of a

large number of opioids being imbalanced in autism. At the present time, it is fairly certain that certain opioid systems are imbalanced, but the classic β -endorphin system does not appear to be one of them. In Rett Syndrome, however, high β -endorphin is present. Thus, right now we can be confident that some autistic children do have elevated opioid activities in their bodies.

SE: Do you have any guess why that might be? Did something happen during the pregnancy or might it be genetically related?

JP: I will not even take a position on the underlying reason at this point. ... Also, we now know what a remarkable number of different opioids actually exist in the brain and body. Some are responsive to stress, most control pain, some create feelings of pleasure, and others have no known functions yet. Yet others are contained in dietary sources, such as the casomorphins from milk protein, and Karl Reichelt has shown that some of them enter the body, probably because of incomplete digestion and a leaky gut. Most of the hard work disentangling these influences still lies ahead, and some of the possibilities simply cannot be even tested in humans.

Perhaps different forms of autism are expressed through different opioid systems. Also, it is highly likely that some forms of autism have no major connection to the opioid systems of our bodies. I think everyone is beginning to accept the likelihood that autism is a multi-factorial disorder. Margaret Bauman's work suggests the initial problems are manifested during the second trimester of pregnancy because of the abnormal patterns of brain development. There is not going to be a single gene which causes autism, not a single brain chemical system, nor is it caused by a single environmental insult. It appears to be the result of many converging biological and stressful influences.

SE: I would assume that the body reacts differently to various types of stress.

JP: Certainly. For example, mild stress responses are typically highly adaptive, while extreme forms can be pathological, actually killing brain tissue. Also there is a distinct sympathetic nervous system response pathway and a separate pituitary-adrenal stress pathway, whereby cortisol is secreted from the adrenal gland as the brain and pituitary respond to intense emotional events. There are many physiological components to each of these distinct responses, and in different situations, and different times of life, the responses can be orchestrated in different ways. The underlying brain systems can also learn, so we still have a great deal to learn about the details of the underlying mechanisms.

SE: Do you have any thoughts regarding a link between social problems in autism and the communication problems?

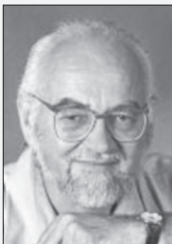
JP: I think they are closely related. There has to be a social motive

stood. If one were to select a brain area where social motivation for language originates, one reasonable candidate would be the anterior cingulate area. When this area is damaged, humans lose their motivation to speak. This is also one of the highest brain area in which social emotions are organized, and even though no one has looked closely, maybe autistic people have impaired neural connections in those brain circuits. Indeed, certain animals have wonderfully enriched anterior cingulate areas compared to human. In whales and dolphins this area is much larger than in our brains.

If we just look at their remarkable levels of social spontaneity, cooperation and group coordination, dolphins appear to have more sophisticated social emotional abilities than we do. Perhaps they can read each other's minds much better than we can. As you know, this 'theory in mind' concept is presently very popular in autism research. Many investigators believe that autistic kids simply can't manage to fathom what other people are thinking and feeling.

SE: *You were one of the first ones to speculate the importance of oxytocin and autism. What are your current thoughts on this matter?*

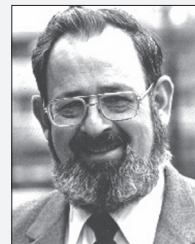
JP: It certainly appears that oxytocin is a player, but precisely how it is involved remains unknown. Clearly, oxytocin controls a lot of social processes, including loneliness, amount of social interaction, motherly feelings and sexual ones as well. However, just as with the opioids, you can play the logic in several ways. Maybe the kids have too much or too little. Maybe it is not levels of oxytocin, but brain receptor distributions and sensitivities. At several scientific meetings, Hollander has reported seeing some improvements after autistic adults received oxytocin sprayed into their noses -- a route of administration whereby some gets into the brain. On the other hand, a Japanese obstetric study has suggested that the administration of oxytocin to mothers during birth may actually contribute to autistic problems later in life.



Jaak Panksepp PhD



Stephen Edelson PhD



Bernard Rimland PhD

Note: Edelson is head of Autism Research Institute founded by Rimland.

Exhibit T. 2004 **Secret, Don't Tell: The Encyclopedia of Hypnotism**
by **Carla Emery** (excerpted at hypnotism.org)



Carla Emery
(1939-2005)

Anyone who acquired information in a trance state tends to be more confident and sincere sounding as a witness than a person relying on direct memory (p 238). The essence of mind-control is information control. You are most free when you have the most complete access to information. “Secret, don’t tell” is the beginning of enslavement, individual or social. “Classified” information makes an entire society amnesic. A lie in the “news” deceives an entire society. For either an individual or a democratic society to best function, there must be complete and accurate information.

When your mind is focused on only one thing, without other distractions, that one thing makes a strong imprint. The deeper you go, the more you have isolated a particular center of the brain from competing inputs. Hypnotic obedience results from sidelining the brain’s conscious monitors and isolating the active network of neurons from competing networks. **The hypnotic subject obeys the hypnotist’s suggestion because a competing explanation or directive is not accessible** (p 207). [Emphasis added]

Rationalization is a major defense mechanism. When we do things for reasons of which we are not consciously aware, we rationalize. The obedient enactment of posthypnotic suggestion likewise gets excused by fake explanations provided by the unconscious to the conscious. ... If a hypnotic subject is not consciously aware of an implanted posthypnotic suggestion because of suggested amnesia, then he does not know the real reason he did the posthypnotic act. In that situation, he will make up some excuse for what he did, as plausible as possible. He will honestly believe the rationalization. ... A prominent experimental hypnotist gave a young woman a posthypnotic suggestion to take off one shoe after she awakened from his hypnosis demonstration. She was to set it on the table before her. He then awakened her: ...she fidgeted for a few moments, then slipped off one of her shoes with the other foot, reached down, lifted it, and placed it on the table in front of her. Then she reached over and took the flowers from a vase on the table and placed them in her shoe. (LeCron, *The Complete Guide to Hypnosis*, p. 18) When the hypnotist asked why she had put flowers in her shoe, the subject rationalized: “I have a vase at home that looks something like a shoe. I wondered what kind of flower arrangement I could use with it.” – p 221

COMMENT from MM. Carla Emery deLong was well known as an advocate of homesteading. She wrote *The Encyclopedia of Country Living*, and toured tirelessly with it. That's a help – she had credibility before taking on the study of mind control in which it is common to doubt everyone's sincerity, IQ, or mental health! The subtitle of my book *Prosecution for Treason* (2011) is: *Epidemics, Mind Control, Weather War, and the Surrender of Sovereignty*. The book at hand, on cancer, is an extension of the “epidemics” theme. I could extend the mind control theme, too, but luckily Carla Emery's book gives us what we need.

NOTE: The CIA is now so shameless that it puts this on Wikipedia: “Project **MKUltra** is the code name for a covert research operation experimenting in the behavioral engineering of humans (mind control) through the CIA's Scientific Intelligence Division. The program began in the early 1950s, was officially sanctioned in 1953, was reduced in scope in 1964, further curtailed in 1967 and “officially halted” in 1973. The program engaged in many illegal activities; it used unwitting U.S. and Canadian citizens as its test subjects. MKUltra involved the use of many methodologies to manipulate people's individual mental states and alter brain functions, including the surreptitious administration of drugs (especially LSD) and other chemicals, hypnosis, sensory deprivation, isolation, verbal and sexual abuse, as well as various forms of torture. The scope of Project MKUltra was broad, with research undertaken at 80 institutions, including 44 colleges and universities, as well as hospitals, prisons and pharmaceutical companies. The CIA operated through these institutions using front organizations. MKUltra was allocated 6 percent of total CIA funds.

In 1977, a Freedom of Information Act request uncovered a cache of 20,000 documents relating to project MKUltra. In July 2001 some surviving information regarding MKUltra was officially declassified.”

Indeed on the government's own website, FOIA.cia.gov/doc, as of today (January 9, 2103) you can find this Doc140404, and similar:

“Suppose that while under hypnosis a subject is told that a loved one's life is in danger from a maniac and that the only means of rescue is to shoot a person designated as the maniac? Three expert practitioners (two from universities and the Agency consultant) say that there is no doubt *on the basis of their experience* [!], murder would be attempted.”

Note: An Australian victim of abuse by the CIA, David Free (who was a trained killer), cries out to the similarly situated: “You never wanted to do what they made you do. They set you up.” Gosh. Such a sensible sentiment, and so seldom articulated.

Exhibit U. 1999 Michael Goldberg, “Frontal and Temporal Lobe Dysfunction in Autism and Other Related Disorders: ADHD and OCD. *Alasbimn Journal*1(4): July 1999. (*Alasbimn Journal* es la publicación oficial de la Asociación Latinoamericana de Sociedades de Biología y Medicina Nuclear)



*Michael
Goldberg, MD*

Summary. Autism ... involves significant frontal and temporal lobe dysfunction. This conclusion is based on NeuroSPECT work now in progress on children afflicted with these disorders.

With the relatively new thinking that autism has medical origins have come several other theories. Some doctors believe autism is a result of a metabolic, enzyme, or genetic defect. Although a few children may suffer a built-in genetic or functional defect present since early gestation, our clinical observation and our rCBF findings for Autism do not support these theories for the majority of children afflicted. These theories do not fit or begin to explain the large increase in the number of children diagnosed with autism today....

UPDATE: Dr Goldberg spoke at a Congressional hearing, April 6, 2000. We finally have an understanding of how the brain interrelates with the endocrine and immune system. [See incidence] of autoimmune disorders across-the-board, from the early/mid1970s. Look at the literature -- lymphoma, multiple sclerosis, Alzheimer's, lupus, Ulcerative colitis, RA.

It has been repeatedly apparent that 4, 5, 6 yr. old children are starting over where they left off at 18 months, 2 years of age.

It was a 100 percent certainty that the process had to be immune/viral IF a child developed normally the first 12, 15, 18 months of life.

We have NeuroSPECT Scans, which show reproducible, quantifiable blood flow in the brain. Blood flow corresponds directly to function. When NeuroSPECT Scans of children diagnosed as autistic have been correlated with MRI's and CAT Scans, the combination consistently shows no pre-existing damage to the brain, but rather points toward an immune shutdown consistent with that found in adults with CFS and other adult dementias I stumbled into the field of autism somewhat by accident. My wife had had Chronic Fatigue Syndrome for over ten years. It rapidly became apparent we were dealing with an autoimmune like reaction. During that time, as I was investigating all options for my wife, a few Autistic children were referred to my practice. Much to my surprise, these children had blood work comparable to that of my wife.... I have family after family within my new practice in which there is a mother or father with Chronic Fatigue Syndrome, an older child with ADD/ADHD, and a younger child or two with Autism/PDD.

Neuro Immune Dysfunction Syndromes or NIDS. If you are an adult with an intelligent, developed brain or an older teenager, when this process attacks, you will likely end up being diagnosed with the illnesses known as Chronic Fatigue Syndrome, Adult ADHD, etc. If you are a younger child, five, six, seven, or eight years old when this process is triggered, with some cognitive, social and language capabilities already developed, you will likely develop what is called quiet ADD or mixed ADD. If you are twelve, fifteen, eighteen months old, however, when this process begins, you will have barely begun to develop cognitive, language, and social skills and you will wind up with what has been called Autism/PDD. At this time I have been using a combination of diet elimination, anti-viral therapy, anti-fungal therapy, and application of low-dose SSRI (Selective Serotonin Re-uptake Inhibitors), based on our NeuroSPECT findings, immune markers, and viral titers in these children. This may be a holding approach thus far where-in balancing the many neurological immune regulating proteins known as cytokines and chemokines may in turn rebalance behavior itself. I am horrified at how little has been done medically for these children.... Their pain, their misery, their illness, goes essentially unrecognized. I have been fortunate to work with Dr Israel Mena and Dr. Bruce Miller, who helped show through NeuroSPECT Scans, that these children had a physiological dysfunction For the majority, there was a decrease in blood flow and function of the temporal lobe of the brain. Many have a low number of Natural Killer (NK) cells, which are a more primitive immune system cell, responsible for clearing radicals in our body, clearing foreign cells, cancerous cells, and considered a strong marker for a healthy... immune system. These cells, when low in number, are now linked to viral reactivation in many auto-immune illnesses, and low NK cells has become an extremely strong marker in a subgroup of children with NIDS. Another frequent finding is the likely presence of an active HHV-6 virus (a human herpes virus) or other related Herpes viruses in these children. Similar findings are also being reported for various adult auto-immune disorders.... If we can channel the technology that we have today and employ immune modulating agents, we could begin objective testing of new therapy protocols in as little as 6 to 8 months, with one (or more) related agents. Immune modulators, will give us the tools to regulate the Neuro-immune system as has never before been possible, help to create a "normal," essentially healthy state. A healthy immune system has the potential to "normalize" brain function, enabling the brain to turn back on and begin developing again. If we can focus a unified effort to identify the specific immune markers (e.g. low natural killer cells, high alpha interferon, high or low cytokine / chemokine profiles) that will let us understand which patient is the most likely candidate for which immune agent. We need to see the urgency of this situation: we can change this now. I plead with you, Mr. Chairman and members of this Committee. We can apply good, sound science and logic to help solve this crisis NOW. [Goldberg's book is *The Myth of Autism*.]

ADDENDUM. Excerpt re autoimmunity, from George Maxwell, MD, *Principles of Paediatric Pharmacology*. Oxford U Press, 1984.

Passive immunization is to protect a patient who has already been exposed to a disease, or rapidly to neutralise the effects of a dangerous antigen such as snake-venom. Adjuvants of the immune response are agents administered with the antigen that may increase the intensity of the response. Thus the use of aluminium salts as precipitants of diphtheria toxins increases antibody titre. Giving pertussis vaccine enhances the response to diphtheria immunisation.

Levamisole ... appears able to stimulate suppressed cellular immune response. The drug may activate macrophage function. Some groups may be used deliberately as suppressants of the 'graft versus host'. The corticosteroids prevent antigen-recognition. Steroids reduce T and B lymphocyte production and lymphokine function. Most of the cytotoxic agents also act as immunosuppressants. Those which are most active are the alkylating agents cyclophosphamide, chlorambucil and mustine. Mercaptopurine and azothioprine interfere with purine metabolism. This is the process by which antigens produced by an individual's own cells do not produce the expected response. These antigens are recognised as 'self' by the body's normal mechanisms.

Tolerance also implies an absence of T cells committed to recognise the antigen in question, or the presence of T cells which cannot transmit the stimulus for the the production of killer cells. Loss of immune tolerance to self results in autoimmune disease. This may occur because a cell clone attacks the body's own cells, or because auto-antibodies are produced against the body's own antigen.

Such an antigen may have originated in a site relatively inaccessible to the lymphocytes during immunological development. Such places include the lens of the eye, the central nervous system, and the cells of the thyroid. Release of substance from any of these sites may trigger the autoimmune reaction. A typical autoimmune disorder is sytemic lupus erythematosus (SLE). These patients have an auto-antibody, or Ig which reacts with DNA/histone complex or anti-nuclear factor.

The serum contains other antibodies directed against other tissues such as kidney, skin, heart, etc. The same disease can be produced by drugs which combine with nucleoprotein to produce an hapten/auto-antigen complex. Examples are: procainamide, thiazide diuretics, hydrallazine, guanoxan, propyl and methyl-thiouracil, phenylbutazone, heavy metals, barbiturates, troxidone, phenytoin and primidone. More groups of drugs include: the antibiotics, penicillins, tetracyclines, aminoglycoside agents, the antifungal griseofulvin, and antitubercular drugs such as isoniazid and p-amino salicylate.

Exhibit V. 2005 Richard Moskowitz, MD, “Hidden in Plain Sight: The Role of Vaccines in Chronic Disease” at doctormosk.com



*Richard Moskowitz,
MD*

I wondered how vaccines really act inside the human body, what they do. The current medical system lacks and does not seem to want any broader conception of how medicines affect the organism as a whole.

Natural Immunity

I will begin by contrasting the process of coming down with and recovering from an acute disease, such as the measles, with what happens when the corresponding vaccine is administered instead.

With its marked affinity for the respiratory mucosa, the measles virus is dispersed through the air by sneezing and coughing infected droplets, and then inhaled by susceptible persons. For 10 to 14 days, the virus multiplies silently, first in the tonsils adenoids, and accessory lymphoid tissues of the nasopharynx, then in the regional lymph nodes of the head and neck, and finally in the blood, spleen, liver, thymus, and bone marrow, the major visceral organs of the immune system. Throughout this “incubation” period, the patient typically feels quite well, and has few or no symptoms.

With the first signs of illness, circulating antibodies to the virus are already detectable in the blood, in concentrations roughly proportional to its severity. **In other words, the illness we know as “the measles” is precisely the concerted effort of the immune system to clear the virus from the blood**, including inflammation of already sensitized tissues at the portal of entry, activation of B- and T-lymphocytes, macrophages, and the serum complement system.

Finally, the virus is expelled mainly by sneezing and coughing, exactly the same routes through which it entered in the first place.

.... Coming down with and recovering from acute illnesses of this kind are decisive experiences in the maturation of a healthy immune system. The immunity that results from it is specific, to be sure, in that those who recover from the measles will never again be susceptible to it. But it is also broadly non-specific, in the equally important sense of **“priming” the system to respond rapidly and effectively to other infections** it may encounter in the future.

This double-barreled natural immunity acquired through recovering from acute diseases represents an enormous [gain for all]. Centuries were required for our own ancestors to convert measles into a routine disease of childhood, such that by the time I caught it at the age of 6, non-

specific mechanisms were already in place to help me recover from this major, week-long illness with no complications or sequelæ. [It gave me] a certificate of readiness to handle whatever else might threaten me in the future, **which I credit in no small part for the good health I enjoy today.** In short, the ability to respond acutely and vigorously to infection ranks among the most fundamental requirements of general health and well-being, a truth so axiomatic **that even having to reaffirm it at-tests to how far we have strayed from a saner and more wholesome conception of life.**

Artificial or Vaccine-Induced Immunity.

On the other hand, when the live, attenuated vaccine virus is injected into the blood, a brief inflammatory reaction may be noted at the injection site, with no local sensitization at the portal of entry, no incubation period, no acute illness, and no massive outpouring of the immune system as a whole. Like a conjuror's trick, vaccination does indeed produce measurable titers of specific antibodies in the blood, but . . . without any significant improvement in the general health of the recipients, apart from lowering their statistical risk of developing the acute disease in its classic form.

But where the virus goes, how it deceives the immune system into continuing to produce antibodies against it for years at a time, and what price we have to pay for the counterfeit immunity that they represent, are the basic questions that still go unasked.

Vaccines seem almost tailor-made to accomplish what the immune system as a whole seems to have evolved in no small part to prevent, namely, to give viruses, bacteria, and other foreign antigens free and immediate access to **the visceral immune organs without any easy or obvious way to get rid of them.**

No mere side effect, the continuous production of specific anti-bodies for years at a time requires the physical presence of live viruses and other highly antigenic substances inside the cells of the immune system on a more or less permanent basis.

In the case of measles, mumps, rubella, influenza, and the other live-virus vaccines, excellent models already exist to help us understand how this chronicity might occur, and predict the kinds of pathology that would be likely to follow from it. **Many viruses are well known for their capacity to survive more or less indefinitely in latent form within the cells of the immune system** without provoking acute disease, simply by attaching their DNA or RNA as "episomes" or extra particles to the genome of the host cell and replicating along with it, allowing the cell to perform many of its normal functions, **but adding instructions for the synthesis of viral proteins as well.**

Latent viruses of this type have already been implicated in four distinct varieties of chronic disease, namely,

1) recurrent or episodic acute diseases, such as shingles, herpes simplex, genital warts, and the like;

2) “slow” viruses, longer-lasting infections, such as SSPE (subacute sclerosing pan-encephalitis, a rare complication of the measles), Guillain-Barré polyneuritis (after influenza and other viruses), chronic fatigue syndrome (CFS, after infectious mono, Epstein-Barr virus, CMV, et al.), and perhaps AIDS as well;

3) diseases associated with **“prions,” infectious proteins of viral origin** that contain no DNA or RNA, such as kuru and “mad cow,” and

4) a variety of tumors, both benign and malignant, such as Burkitt’s lymphoma, Rous sarcoma virus (RSV), et al.

For the past fifty years, most scientists have accepted the formulation of Sir Macfarlane Burnet and others, that the immune system is organized around helping the organism to distinguish “self” from “non-self,” i. e., to recognize and tolerate its own cells, on the one hand, and identify and eliminate foreign substances on the other. This is evident in the acute response to infection, and also in the rejection of transplanted tissues and organs, both of which result in complete and permanent removal of the offending substances from the body.

Latent viruses and any other foreign antigens residing within the genetic material of the host cells **would pose surely no less of a threat**, not least **because expelling them would only be possible by attacking and destroying these cells, thus sowing a rich harvest of auto-immune phenomena, which would differ only in the types of cells affected.**

By vaccinating children with live viruses and other foreign antigens and thus forcing the cells of our immune system to harbor them for years at a time, **I am afraid that we are essentially reprogramming their immune mechanism to respond chronically to other infections as well, and indeed to antigenic challenges** of every kind. Although some might call it fantasy, speculation, or wild conjecture, this conclusion is amply borne out by the alarming and mysterious explosion in the incidence and severity of chronic ear infections, asthma, allergies, eczema, ADD, autism, and other common diseases of childhood in recent years, and similarly by the case material I have just presented.

In any case, it is dangerously misleading, and indeed the exact opposite of the truth, to claim that MMR, for example, somehow “protects” us against measles, mumps, and rubella, by infecting us with these viruses in a chronic and indeed permanent fashion.... [footnotes at drrmosk.com]

NOTE: Richard Moskowitz got his MD from Harvard Medical School but subsequently became a homeopath.

Exhibit W: US Vaccine Injury Table (abridged)

ADDENDUM. US Vaccine Injury Table (abridged) July 2011

Vaccine	Illness, Disability, Injury or Condition Covered	Time period for first manifestation
I. Vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Td, TT)	A. Anaphylaxis or anaphylactic shock ¹	4 hours
	B. Brachial neuritis ⁶	2-28 days
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed. ⁴	Not applicable
II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (e.g., DTP, DTaP, P, DTP-Hib)	A. Anaphylaxis or anaphylactic shock ¹	4 hours
	B. Encephalopathy (or encephalitis) ²	72 hours
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed. ⁴	Not applicable
III. Measles, mumps and rubella vaccine or any of its components (e.g., MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock ¹	4 hours
	B. Encephalopathy (or encephalitis)	5-15 days (not less than 5 days and not more than 15 days)
V. Vaccines containing measles ...	A. Chronic arthritis ⁵ [Hello?]	7-42 days
VIII. Hepatitis B vaccines	A. Anaphylaxis or anaphylactic shock ¹	4 hours
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed. ⁴	Not applicable
IX. Hemophilus influenzae (type b polysaccharide conjugate vaccines)	A. Anaphylaxis or anaphylactic shock ¹	4 hours
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed. ⁴	Not applicable

Note: this law is codified at 42 USC 300.

Per 1986 legislation, Uncle Sam pays compensation to children injured by vaccines!

**Exhibit X. 2011 Mary Efrosini Gregory, "Timeline," in
Microwave Experiment. **Walterville, OR: TrineDay****

(RF=radio frequencies; ELF=Extremely low frequency wave)

- 1887 Tesla creates earthquake in NYC with resonance device.
1940 Resonance causes collapse of Tacoma Narrows Bridge.
1949 Guy Obolensky can deliver a blow with a sonic wave.
1951 A. Sakharov generates EMP without nuclear detonation.
1958 Flanagan invents Neurophone for the deaf. This brain en-
trainment device moves the brain into any state desired.
1962 Starfish Prime: US creates a new radiation belt 750 miles deep.
1965 Victor Sedletsy tests new weapon directing RF at the body.
1966 Operation Popeye weather control extends Vietnam's monsoon.
1968 Gordon McDonald says ELF waves impair brain performance;
entire population could be attacked and not know it.
1970 Pentagon expresses interest in race- or ethnic-specific weapons.
1971 Biaxial Shock Tester is installed to test anti-ballistic missiles.
1973 Ross Adey conditions cats by bombarding their brains with EM
and the learned behavior continues for months afterwards.
____ Rutger Wever alters natural sleep cycles in humans.
1976 At US embassy in Moscow, W Stroessel gets bleeding of eyes.
1978 I am hired as a Customs Aide at JFK Airport, transfer to WTC.
____ Deafening crackles snap against metal cabinets in empty rooms
both at JFK and WTC near where I sit, daily.
____ Several co-workers compulsively talk to themselves and smoke.
Their compulsivity makes them excellent workers as they scour
the minutia of documents to collect every last dollar in duty;
they arrive and depart with clockwork precision.
1979 Adey finds that brain tissue irradiated with EMs releases calcium
ions that interfere with brain function. EMs cause confusion.
He warns of dangers of radiation from mobile phones.
1985 Bernard Eastlund's application for patent for ionospheric heater
says it can generate the power of a N-detonation; do "weather
mod," and "a moving plume could [be] means for focusing a
vast amount of sunlight on selected portions of the earth."
____ Tornado wrecks Forest Hills -- NYC is not in a tornado belt.
1987 I go on a crash diet. Co-workers form a Weight Watchers Club.
We all become suddenly obsessed with the way we look.
1988 Montreal earthquake makes chandeliers sway in Queens, NY.
____ I start looking for food in garbage [dumpsters] to save money.
1989 ELF waves detected before Japan and California earthquakes.
1990 DARPA's HAARP is built, shoots EM waves into ionosphere.

Exhibit X: M.E.Gregory on GS-12 Targets

- 1991 Senators Tower and Heinz die in plane crashes, 24 hours apart.
1991 US Navy generates nonnuclear EMP bombs in Gulf War.
____ Martin Lenhardt: humans detect ultrasonic sound through the skin, bones, and body liquids, and the sacculle in inner ear.
1992 I terminate my electricity [service] at home to save money.
____ Co-worker [We are all GS-12s] compulsively opens and slams cabinets, collects garbage, piles it high, talks without ceasing.
1993 WTC is bombed by sheik who gets his dynamite from FBI.
1994 Bolivia earthquake originates 600 kms beneath earth's surface.
1995 Air Force project: "Put the Enemy To Sleep/Keep the Enemy from Sleeping." Acoustics, microwave, and brain wave manipulation are used to alter sleep patterns.
____ Army builds TESS, uses resonance to simulate earthquakes.
____ EMs break up single strands of DNA in brains of rats.
____ Co-worker obsessively rips paper from morning until night.
1996 "Air Force 2025" says ionospheric heaters bring ions together to do more than enhance or disrupt communication: they create torrential rains or extreme drought, wiping out populations.
____ Progressive supranuclear palsy (PSP) seen to be related to disturbances in calcium homeostasis; in 1973 Adey had found EM made changes in binding of calcium in brains.
____ Two co-workers have suffered severe personality changes since I met them in 1978... hostile, talk to themselves; one is violent.
1999 Psyop: X's are dabbed in dirty liquid all around my office walls.
2001 60,000 white box trucks come to northeastern US after 9/11.
[These are now selling cheap on Internet – MM]
2002 Senator Wellstone plane crash. [Congress never reacts -- MM]
____ DARPA announces Grand Challenge for auto teams that can get a driverless car to navigate southwestern US.
____ Planes change their descent path to Laguardia to just over my building; indication that Rego Park is now a DARPA test site.
____ I start getting pinpricks to the skin as I sit in my apartment.
____ Co-worker, 39, ages rapidly, looks and dodders like 80-yr old.
2003 Earthquake in Bam, Iran kills 26,271 people and injures 30,000.
____ Air Force spends more than \$100 million to investigate beams that can disrupt electrochemical balance of the nervous system.
____ Article: Mobile phone radiation breaks up DNA in rats' brains.
____ A soft-spoken co-worker metamorphoses into raving lunatic who throws chairs and utters strange, low gurgling sounds.
____ We move into permanent offices, but my section remains unlit for weeks. "Work" is being done in the ceiling.
____ A thud starts to drop on my comforter every night, wakes me.
____ I get the sensation of a powerful wind blowing across my face.

Exhibit X: M.E.Gregory on GS-12 Targets

- 2004 School massacre in Beslan, Russia, occurs during the week of Republican National Convention. The ratings of [incumbent] Bush go up temporarily, as is the case when Americans are scared. Putin consolidates power.
- _____ DoD offers \$1 million prize to first team that can get a driverless car to travel 143 miles from Barstow CA to Nevada.
 - _____ Roof collapses in Paris. Chirac had blocked AWC to Turkey.
 - _____ At Customs, cigarette smoke comes from the air vent directly over my head, but people in other cubicles do not get it.
- 2005 London Underground bombings occur at stations where Visor Consultants, that trains the FBI at Quantico, is staging mock drills. Visor Director Peter Powers is on the BBC that morning.
- _____ Helios Flight crashes on 31st anniversary of CIA-sponsored coup in Cyprus; all 121 people on board are killed.
 - _____ Wall collapses on the Henry Hudson Parkway. Pentagon says it can project a plasma or HPM – high powered microwave and see through barriers into buildings; this is being fitted onto unmanned aircraft; it can shut down TV or radio stations; it can stop cars; it can destroy the circuitry in any machine.
 - _____ A pedestrian is killed on Queens Blvd. Cops discover there is no one inside the car. [But doesn't someone own that car? – MM]
 - _____ I am followed by a helicopter [What does pilot think his job is?]
 - _____ All co-workers get runny nose this winter. Congestion lasts for 2 years. Doctors say it is allergies.
- 2006 There are roof collapses in Austria and Germany after they oppose Turkish admission to EU. Roof collapses in Russia.
- _____ Air Force discloses that it is building small aircraft whose hulls, called “smart skins,” delivers stunning blow from a distance.
 - _____ Ohio State announces that radar can image through walls. It distinguishes humans from inanimate objects by the motion of the heartbeat or breathing [as specifically predicted by Orwell].
 - _____ I sit at the foot of my bed and jumbo jet roars overhead; sharp piece of my cranium juts up like a toothpick. [I still have scar.]
 - _____ Radiator breaks in the unoccupied apartment above mine and water falls through my ceiling. My landlord does nothing about it. Observation: I am becoming incredibly docile, since I live with the aggravation for 3 months before making a change.
 - _____ I move the bed to living room but get electrovolts to the brain.
 - _____ Psyop: A woman takes a seat right next to me in an otherwise empty subway car, stares at me.
 - _____ I get pinpricks to the arms as white box trucks circle the block.
 - _____ A cashier says she started getting pinpricks to her arm recently.
 - _____ Deafening burst of sound explodes next to my ear.

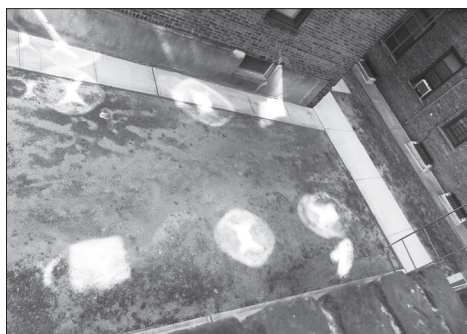
Exhibit X: M.E.Gregory on GS-12 Targets

- 2006 Passenger on the subway, just back from Iraq, shows me an 8-inch gash on the back of his neck; he was hit with friendly fire after he commented on officers having sex with recruits.
- 2007 Several hundred fires break out simultaneously in Greece between 6pm Friday and 6am Saturday September 1. [Must be] a laser beam is directed down. [Fires are on separate islands!]
- ____ VA Tech massacre originally 2 gunmen are seen; the cell phone photos that Cho send to the press are perfectly centered, [hence] he did not take them himself.
- ____ Coworker violently slams his locker and throws objects around his cubicle. People ignore him and their docility is noteworthy.
- ____ My supervisor agrees to witness cigarette smoke coming from vent but he holds cup of coffee under his nose and says he smells breakfast. [Note: we are paying him high GS-14 salary.]
- 2008 Cyclone hits breadbasket of Myanmar with surgical precision.
- ____ Suffering sleep deprivation I've suddenly begun to age rapidly.
- ____ Neighbors across street say their furniture shakes all night; one has red pin pricks all over her body; she hears a scream next to her ear. They both get a thud, wave on blanket, as plane nears.
- ____ White box trucks stand double parked in front of my building.
- ____ I hear musical notes in my head without benefit of the ear.
- ____ I wake up gasping for air. I hear pellets bouncing off window.
- ____ A reflection of an "X" in a circle appears on the brick façade of the next building between 9-10am each day. [See Centrefold.]
- ____ My aluminum tarpaulins are riddled with holes as aircraft hover.
- ____ A neighbor notices that chemtrails criss-cross the sky. She says every time she sees the chemtrails it rains the next day.
- ____ A tiny golden spark shoots across the bedroom creating a gash on the bathroom wall on other side and chipping a ceramic tile.
- 2010 I take 2,000 photos and high def movies of military planes and black helicopters circling my roof.
- ____ Cars are parked here with signs in the windows that read "ON OFFICIAL US MILITARY BUSINESS." [cf the Constitution!]
- ____ Her cat cries in middle of night, hides behind toilet. My neighbor develops a tumor in the lymph nodes of the groin.
- ____ I notice that the moving waves are targeted towards my armpits and groin.
- ____ They remove the time and date stamp from my photos.
- 2011 Wisconsin's news anchor Sarah Carlson begins talking nonsense during her broadcast; so does Judge Judy in her LA courtroom.
- ____ My sixth book, *Search for Self in Other in Cicero, Ovid, Rousseau, Diderot and Sartre* (Peter Lang) is published.

COMMENT FROM MARY W MAXWELL

Here is one more of Mary Gregory's pix, and four of mine, taken in Adelaide. Both Mary's wave copyright of these photos.

I have the same complaint as Gregory. People don't believe me when I say the skies are being filled with junk. (It's OK if I say it is from ordinary pollution, but not from HAARP or similar.) As far as I know, what I see being put up into the air everyday must eventually come down and affect the water supply and the land.



Left: Rego Park, NY

Exhibit Y. 2012 Claire McCarthy, MD, Harvard Medical School Faculty. "Unencumbered By Facts: What Upsets Me Most About the Anti-vaccine Movement," in Huffington Post. January 17.



Claire McCarthy MD

Recently I watched a clip of Andrew Wakefield being interviewed and it gave me the chills. He's the guy who ... scared thousands of parents away from the MMR vaccine with a study he published linking the vaccine with autism. The study has since been retracted by Lancet, something journals almost never do, after it was discovered that data in it was falsified. Not only that, Wakefield lost his medical license.

But is he backing down? He is still defending his findings. It was stunning to watch. George Stephanopoulos, who was interviewing him, pointed out that his colleagues who worked with him had backed away from the study. Wakefield said they hadn't. Stephanopoulos pointed out that no scientist had been able to replicate the study; Wakefield said it wasn't true, that his study had been replicated. He sat there and said none of it was true.

How do you fight someone who feels free to ignore facts? Not that I want to fight him. For me, this isn't about fighting. I'm not on a pro-vaccine crusade. My only crusade as a pediatrician is to keep my patients healthy -- and vaccines are part of what I use to do just that.

In medical school, we are taught to make decisions based on evidence, on solid science. We are taught to be aware of the risks of anything we do and weigh those risks against the benefits. Well, the science abundantly shows that immunizations are both effective and safe. Yes, side effects are possible and sometimes vaccines don't work -- that's true of any medical treatment. That's why we have a whole system for collecting information about any problems with vaccines -- it was that system that caught problems with the first rotavirus vaccine, and we stopped giving it and made a better one.

We stick to the facts. But people like Andrew Wakefield don't, and it doesn't take much to scare parents. Some guy like Wakefield gets up and says authoritatively, as he did in the interview I watched, that the vaccine [causes harm]. At the end of the interview, Wakefield encouraged parents to get educated, and to read about immunizations. He even suggested the CDC website. He said, emphatically, that there are two sides to the story. I couldn't agree more.

But just one of them is grounded in facts.

Exhibit Z. 2012 Children Whose Surname Begins with Ba



Joan Campbell

Joan Campbell made a survey. *“I am compiling a list of children who were adversely affected by any vaccine. Please if you could say in about 4-6 sentences what that vaccine was, how they reacted, how they are today and what city the vaccine was administered.”* See followingvaccinations.com.

Sofia Backlund MMR vaccine Got VERY sick after vaccine and stayed sick for 7 mos, ear infections etc got 7 rounds of antibiotics Diagnosed Autism 1.5 years later. Vaccinated in Boynton Beach, FL. Today:

after 4 years of biomedical intervention he is much better.

Stacy Kurnosoff Baghdanov TX, 7 years old, with ASD diagnosis. Regressed severely after MMR vaccine, immediately got sick 1 hour after it with explosive diarrhea, very high fever, within weeks was not saying mommy anymore, no more smiling, didn't react to his name.

Silvia Bagnasco My son, nearly five years old, was diagnosed PDD 2010. He was born absolutely normal and had grown up healthy until the MMR at 13 months. Spent 4 days in hospital vomiting and hypo-tonic. He is attending a specialized autism treatment center and on homeopathic detox. We are fortunately seeing some progress. Italy.

Stacey Verdoorn Bahr Part of me wishes I had a story like many of the others, a story of regression, but my son, looking back, showed signs from birth. I strongly suspect the Hep B vaccine, but I don't have prior behavior to compare it to. Albert Lea, MN. All I can say to the type of reaction he had, he's autistic. Enough said, I guess!

Cheryl Bailey Starting with Dpt took his physical skills, MMR blew his guts to bits and left him with failure to thrive and seizure disorder rashes, hair fell out, vomiting, leaky gut, loss of remaining physical skills including speech, eye contact, even the ability to open and close his hands, feed himself. Now 18. It's been a long 16 years. Mississippi.

Melissa Baker My son has been forever paused.

Amanda Banks My 2 kids have Autism. Very rough time during labor, They induced me, broke my water too early, and as a result, I developed a high fever. She wasn't breathing when she was born. They rushed her to NICU where a machine was helping her breathe. Then came the HepB shot. My daughter was discharged after 4 days. She seemed overly lethargic. Slept through the night literally the night we brought her home. I had to wake her to feed her. And even then she slept. She would wake up briefly, then fall back asleep. I called the doc with my concerns and was brushed off. They said “Consider yourself a blessed mother.”

Gavin Christopher Barker was born June 26, 2003. Like any parent who thinks they are doing the right thing he was vaxxed on CDC schedule.

Exhibit Z: Moms on Vaccinations

I had zero education about vaccines. Only the paper his doctors gave me seconds before he was jabbed. 17.5 hrs from his 4 mo boosters he died. ME said it was SIDS. I asked him if it could be related to the vaccines because he was so healthy till then. He told me the vaccines are safe that it couldn't be from them. I love him more than anything. Virginia Beach, VA

Cindy Bargar My son was a little behind on his shots since we missed the 12 month check up visit. At 18 months, they said it was safe to catch him up, pretty much in one day. This was in St Augustine, FL. That day, he got 5 needles, all combinations since they combined roughly 12 vaccines. The MMR was included in all of these. That night he screamed a high pitched scream all night long. He slept all the next day and seemed very lethargic. Once he came out of that, we noticed he wouldn't answer to his name anymore. He started running in circles and flapping his arms and repeating lines from TV shows but wouldn't communicate any longer. He communicates now and does a lot better but is still in special needs classes at 9 yrs old and is still considered Autistic. Palm Coast, FL.

Jo Barlow Sons both contracted eczema 2 weeks after their first DTP, whole body of each son exhibited autoimmune response.

Becky Barnes Patient Andrew Barnes My son ran a fever after his MMR. He had a hard patch on his leg where the shot was given for over 6 months. He gradually submerged into green/yellow diarrhea and autism. He was 10 pounds at birth and was ahead of every mile stone until that vaccine. The GI doctors refused to even test the stool samples. When he was 6 we discovered (through our DAN! doctor) that he had Hypogammaglobulinemia. We have to fly him to California for diagnosis and treatment. We have had two immune-ologists tell us in the office that they will help us, only to have an office staff person call later and basically asked us to go away. [DAN = Defeat Autism Now]

Kimberlyn Barnes My son Kendall developed Autoimmune Neutropenia at four months old. He wasn't diagnosed for another year, and by then it was too late. His immune system was already weak and the harsh vaccines as well as the schedule, I believe played a huge part in him developing autism. At one point he was on schedule developing and then he regressed. In front of everyone's eyes, but we (the doctors and I) were too busy trying to keep him alive and healthy to realize that he stopped talking. No babbles, no gibberish. Just humming. At the time I thought he did it to just self soothe. Ohio.

Brittny Ann Barnett My son was talking about 10 words and one day could not speak no more. He will be three on the 18th. A few weeks ago he walked up to me and said MAMA. My heart got so much bigger I felt so happy. He has not said it since then but he knows who I am and that's what keeps me going everyday. NV.

Minga Tally Barrios Patrick AFB, FL. Son got all of his 12mo. recommended shots at once, by the time the 18mo. well baby check-up came around he flunked the check-up because he wasn't doing anything he was suppose to do speech, and fine motor wise, but otherwise was healthy/happy except for a milk allergy. He then received all of the recommended shots for 18 mo. including the flu shot. Shortly after he came down with flu that turned into pneumonia, He went right into being Autistic with every symptom in the book!

Sara Barton My son Connor exhibited signs after his 2 year MMR in 1996. But through the intervention of Mont Co Public schools Maryland he is an honor student and due to graduate next year. He start school at 3 years old and has loved it ever since. Teachers love him as he is one of the few students who takes each class close to heart.

Sherry Bass Michael. My eldest grandson seemed to slip away a bit and recover after each vaccine until he received the MMR vaccine @ 16 mos. Within a few weeks he had full bore Autism. He was scoped by Dr. Krigsman and found to have bowel disease as described by Dr. Wakefield. He is in 5th grade and is doing well thanks to DAN!, Dr. Wakefield's research & Dr. Krigsman's treatment of his bowel disease and a dedicated team of professionals at our school. NY. My son Ben was born '98. After 15-mo. well-baby visit where he received DPaT, Polio, Hib and MMR he lost all skills, late diagnosed autism.

Lorna Batchelor My son had his first DPT (diphtheria, pertussis, tetanus) at 3 months in 1987 and spent two weeks in hospital after contracting meningitis from the jab. Thank God he made a full recovery. Surrey, UK.

Roxane Justice Bates Lance Seth Bates, vaccinated 14 mths old 4 shot series Oct, 1993 Dover Air Force Base. After his 4 shot series stopped talking, would not use eye contact with father, put face close to TV. At age 18 now he is almost fully recovered. (I stopped all vaccines at age 8) He developed language at age 5 in the best autistic program in US (DAP) He has a GPA 3.4 senior year H.S. this year.

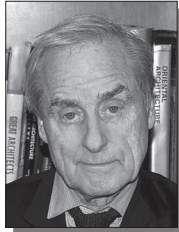
Jeannette Battistini-Gerlacher A speech therapist had mentioned the vaccine theory to me right after my son was diagnosed with Autism, and I asked to have her removed the next day. I was so appalled that people could believe our pediatricians, who we grow to love and trust, could be doing this to our children. A fellow mother suggested comparing pictures to my son's vaccine chart, and that's the moment my eyes had opened. I noticed the difference after his 14-month check up when he had quite a few vaccines.

[Note: I chose the "Ba" names because they fit onto 3 pages. You can read hundreds more -- unfortunately -- at Campbell's website. Also helpful are cryshame.org in the UK, and RegardingCaroline.com. For daily articles, see AgeofAutism.com – MM]

Welcome to the Bibliography



Meir Tamari PhD



Sir Harold Evans



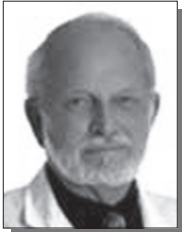
David Mayer JD



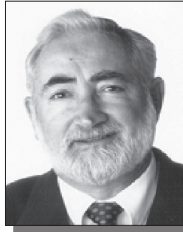
Alison Johnson



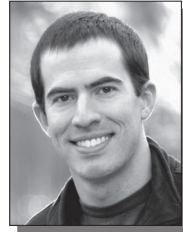
Louis Fisher PhD



Wm C Douglass MD



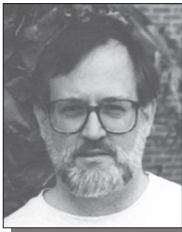
Edmond Addeo



Bryan Rosner



Greg Hallett B.Arch



Randolph Nesse MD



Rodney Stich



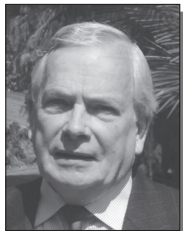
Ursula Goodenough PhD



Shana Nichols PhD



Ann Moyal DLitt



Philip Allott LLD



Elizabeth Mumper MD

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Even minor assistance will be immensely appreciated. I feel desperate.

Email: Mary.Maxwell at alumni.Adelaide.edu.au

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- Australian barrister David Mitchell

“I found your book online and just loved it. I read it in a day or so and couldn't put it down.” -- Gene Snyder, salesman and former US Marine

Reviews of Morality among Nations (1990)

On rare occasions readers find themselves confronted by an important, clear, straightforward, and elegant piece of scholarship. Mary Maxwell has given us such a work... Maxwell's book has the intellectual clarity of a single, crystal ball. Every point is argued with logic, precision, and parsimony.... Academic theorizing about international morality has long needed a well-informed critic with a clear contemporary mind. Mary Maxwell is that person -- Prof. Tomas Wiegeler, Politics and Life Sciences.

There is a great deal to rejoice about with the appearance of *Morality among Nations*. I celebrate her work, recommend it as essential to all students of politics and human relationships, and state for the record that I will not lend my copy to anyone. -- Joseph Montville, of US State Dept.

This is a very original approach to international relations, in that it employs what is scientifically known about human nature as opposed to merely intuitively understood. -- E.O. Wilson (jacket blurb).

Review of Moral Inertia (1991)

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Reviews of Human Evolution: (Columbia U Press, 1984):

Perhaps the most refreshing feature of the book is that Maxwell is far from dogmatic, pointing out the areas where the evidence is weak, where answers are unknown, and where there are disputes about interpretations. -- A.M. Lucas, Journal of Biological Education, Spring 1985

Despite the enormous ground she covers the author marshals evidence to argue well for her thesis. -- Robert Kruszynski, Primate Eye, Vol. 25

Maxwell writes very well and quite knowledgeably across an extraordinary range. She writes with tremendous enthusiasm and her humanity is plain.

– H.C. Plotkin, Psychology Teaching, December 1984

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Index

- Accreditation of medical schools 133
- Addeo, Edmond G 34, 236, 354, 355
- AIDS 136-141, in Libya 140
- Allott, Philip 101, 218, 354, 355
- American Cancer Society (ACS) 77
- AMA (American Medical Association) 76, 84, 296, 302
- Annett, Kevin 110, 112
- Armitage, James O 238
- Assumption of risk 83
- Autism 221-235
- Panksepp on 333-335
 - Goldberg on 338-340
 - Moms on 351-353
- Autogenous vaccine 32, 41, 318
- Autoimmunity 206, 224-226, 230, 330 340
- Avram, Elena, 236
- Bacteria** 26, 31, 35, 38, 61, 88, 105, 136
- Bacteriophage See phage.
- Baker, Judyth Vary 159-168
- Baldwin, Kate 21, 97
- Beach partying 213
- Beard, John 87, 94, 175-176, 236, 267-269
- Béchamp, Antoine 103, 180, 213
- Beck, Bob 66, 156-157
- Becker, Robert O 59-61, 236, 321-322
- Bernard, Claude 71, 217, 236
- Bioelectric 57-69, 177-179, 187-189, 312-316, 321-322
- Bipolar theory 64, 177-179
- Bird, Christopher 49-53
- Blanco, Kathy 225
- Blood 65, 103, 157
- Boesch, Mark J 147-148
- Broxmeyer, Lawrence 71, 104, 105, 355
- Budwig, Johanna 92, 236, 355
- Burns, Elaine 202
- Burton, Lawrence 87, 94, 96
- Burzynski, Stanislaw 43-47, 52-53, 236
- CDC** (Centers for Disease Control and Prevention) 124
- gobbledygook from 204
 - unconstitutionality of 228
- Cachexia 105, 155
- Campbell, Charles 154-155
- Campbell, Joan 351-353
- Canary Party 206
- Cantwell, Alan 16, 21, 34-36, 40, 138, 153, 182, 236, 355
- Cat vaccination reaction 194

Index

- Caton, Hiram 326-329
- Caum, Suzanne 96, 355
- Cell wall deficient (CWD) 38, 182, 323-325
- Chavoustie, Blanche 16, 282
- Chemotherapy 74, 241, 243
- Cherry, Thomas 87
- Child endangerment law 216
- CIA 52-53, 148, 162, 173, 319
- Citizen's arrest 143
- Cohen, Marcus A 137, 185-186
- Coley, William 88, 236, 265-266
- Collapse theory 185-189
- Conrick, Teresa 224
- Constitution 124, 136, 228, 359
- Coulter, Harris 119, 197, 251, 326-329, 330-332, 355
- Creighton, Charles 252-255
- on cuckoo 158
- Dole on 308-311
- memorial to 285-289
- Crile, George 21, 64, 75, 178, 186-187, 236, 275-284, 355
- Crimes 140, 173, 218, 232
- Crosby, Jake 222, 235
- Cured cancer cases 29-30, 49-50, 78, 145-146, 237, 312-313, 265, 302-307, 321-322
- Dachel, Anne 200, 222, 231
- Davis, Troy Anthony 122-123
- Day, Richard 83, 144
- DCA as new cure 54, 236
- Deaken, Tom 89, 92, 147-148
- Deane, Tenison 159-161, 170
- Decomposition 103
- Diabetes 90, 330-332
- Dissociation 65, 218, 356
- Dole, Lionel 308-311
- Domingue, Gerald 21, 38, 236
- Dubos, René 55, 142, 219, 236
- Duncan, Tami 225
- Durovic, Stevan 90, 96
- E. Coli* 26, 189
- Edelson, Stephen 236, 335
- Electrics See Bioelectrics.
- Elias, Thomas D 43-47
- Emery, Carla 336-337
- Enby, Erik 71, 103, 218, 236
- Enderlein, Gunther 103, 236
- Endow, Judy, 221
- Engels Randy radio show 79
- Evans, Harold 210, 354, 356
- FDA (Food and Drug Administration) 81, 124
- and thalidomide 210-211
- Finsen, Niels 21, 66, 236, 245

Index

- Fisher, Barbara Loe 355
Fisher, Louis 354, 356
FitzGerald Report 149-151, 296
Fotheringham, Trish 65, 191, 217
356
Gallo, Robert 138-139
Gatto, John 191
Genocide 118-120, 138-140, 163-
173, 202, 237, 242, 247
Germ theory 39, 106-107, 328
Gerson, Max 35, 51, 71, 90-93,
127, 145, 176, 180, 213, 236, 245
Ghadiali, Dinshah 21-97
Glover, Thomas J 89, 145-148,
236
Goldberg, Michael 221, 338-339
Goes, Lisa 196, 202
Gonzales, Nicholas 34, 129, 176,
236, 240, 269
Goodenough, Ursula 354, 356
Grand jury 85, 110, 118, 169, 243
Grandin Temple 129, 223
Gregory, Mary Efrosini 165, 191,
218, 243, 356, 345-349
Guardianship law 216
Hallett, Greg 106, 201, 354, 356
Halvorsen, Richard 197
Heckenlively, Kent 224
Higgins, Charles 270-274
Holt, John 71, 97
Honesty, dead 217
Hormone 31, 179, 185, 188, 224,
230, 324
Horowitz Leonard 138-140
Hyde Park Hypothesis (HPH) 65,
247
Hypnosis 336-337
Immune system 31-32, 142, 163,
195, 197, 290, 318-319
- Coulter on 330-332
- Goldberg on 338-340
- Moskowitz on 341-343. Also see
Autoimmune.
Infection 36, 41, 88, 92, 106, 132,
142, 150-154, 187, 194, 208, 224
Inflammation 102
Issels, Josef 317-320
Ivy, Andrew 81, 93, 96, 218, 296, 356
Jenner, Edward 158, 159-161, 170
- Creighton on 252-255
- Dole on 310
- Wallace on 256, 258
Johnson, Alison 226, 354, 356
Johnson, Milbank 69, 302-307
Judges 50, 85, 119, 121, 216, 229
Judge Mehnga 38
Kaali, Steven 157, 188
Keeping, Douglas 211, 217
Kelley, William D 129, 176, 218,
236, 237, 356

Index

- Kendall, Arthur 69, 102, 303-305
- Khalif, Abdulkadir 227
- Knockback polka 11
- Koch, Robert 141, 152
- Koch, William 89, 96
- Kurz, Micha 110, 191
- Lakhovsky, Georges 56, 63, 177, 236, 355
- Law 117-126, 198, 216
- of the monarch 248-249
- pro se filings 240
- Vaccine Injury Court 344
- Light 66-68, 97, 179, 312-316
- Lincoln, Robert E 90, 92, 236
- Lipids 132-137
- Little List 172. Also see Crimes.
- Livingston, Virginia 21, 29-41, 236
- Long, Lorie 194-195
- Lyme disease 225
- Lymph 19, 27, 78, 133
- Maloney, Beth Alison 71, 108
- Marino, Andrew 191, 236
- Marley, Bob 320
- Marshall, Barry 129, 154
- Martial law 198-199
- Mary Maxwell's cancer cure 239-240
- Mattman, Lida 38, 142, 236, 323
- Maxwell, George 23, 78, 112, 154, 183, 232, 246, 269, 340
- Maxwell, James Clerk 59
- Mbecki, Thabo 129, 239
- McBride, William 76, 191, 210-211, 217
- Mendeleev, Dmitri 132
- Metabolism 180-181, 186
- Meta-theories 175-189
- Michelakis, Evangelos 54, 236
- Mikovits, Judy 129, 235
- Mirand, Edwin 167-168
- Moms' view 196, 351-353
- Moskowitz, Richard 197, 341-343
- Moyal, Ann 354, 357
- Mullins, Eustace 15, 84, 357
- Multiple wave oscillator 56, 63, 177
- Mumper, Elizabeth 354, 357
- Mycobacteria 35, 105, 365
- Naessens, Gaston 48-53, 56-58, 236
- National Childhood Vaccine Injury Court 199, 344
- Nauts, Helen Coley 266, 357
- Nesse, Randolph 15, 354, 357
- Neuro-immune dysregulation, 221, 338-340
- Nordenstrom, Bjorn 97

Index

- Nuland, Sherwin 357
- O**besity 207
- Obstruction of justice 118, 172
- Off-label prescribing 81
- Offit, Paul 222, 229
- Olney, Robert C 66, 236, 312-313
- Orwell, George 175, 207, 212, 215, 247
- Ott, John 21, 68, 179, 187
- P**ancreatic enzymes 87, 175-176
- Panksepp, Jaak 174, 333-335
- Parkinson's Disease 105
- Pasteur, Louis 38, 106,
- Patents 41, 53, 63, 86, 91, 96, 148, 157, 170, 322
- pH 131-135
- phage 18, 93, 131, 149-151, 252, 296-301, 324
- Phospholipids 132, 218
- Photopheresis 66-67
- Placental theory 175-176
- Pleomorphism 35-38, 152, 170, 183, 295, 302-307,
- Polio 104, 162-163, 202
- Power list 86, 95
- Pressures on doctors 75
- Proof of a cure 1135, 244
- Prosecution 85, 143, 173, 242
- Q**uack 80
- Queen Elizabeth II coronation order of service 248-249
- R**adiation
- Baker on 162-165
 - from cell phones 108, 345
 - light 68, 97
 - microwave 345-349
 - risks of second cancer 238
 - treatment in cats 194
- Reich, Wilhelm 97
- Reivers 112
- Revici, Emanuel 82, 83, 91, 131-139, 180
- Rico actions 241
- Rife Royal 21, 57-58, 69, 183, 186, 236, 302-307
- Rimland, Bernard 223, 335
- Rockefellers 79, 82, 84, 139, 144, 164, 214, 239, 241
- Rosenow, Edward C 13, 15, 34, 37, 183, 189, 218, 236, 244, 304-305, 357
- on polio 104, 163, 232, 290-295
- Rosner, Bryan 225, 354 357
- Russell, William 31, 36, 269, 357
- Saleeby, Caleb 34, 269
- Scandals 218
- Scott, M J 145-148, 244-245
- Selenium 91, 98, 133, 235, 245
- Self-defense 116, 247

Index

- Shakman, SH 71, 104, 357
- Silver 60-61, 157, 321-322
- Somalis with autism 231, 233, 247
- Somatids 36-38, 52
- Stich, Rodney 354, 357
- Stonisfer, Patty 84
- Strecker, Robert 129, 138-139
- Summons 85, 242
- Suspicion of Autism 219
- Tabarrok, Alexander** 81
- Tamari, Meir 218, 354, 357
- Terrain 183, 213
- Thickness Test, the 197
- Thabault court case 119-120
- Thalidomide 210-211
- Thomas, Gordon 317-319
- Tillman, Pat 122-123, 127, 244
- mother of 191
- Tobey, Senator Charles 71, 149-151, 296-301
- Toxins 72, 145-146, 265-266, 320, 327
- Trauma 98, 105
- Treason 117
- Truth and trust 141
- Tuberculosis 35, 91, 153, 160, 265, 273
- Cherry's census study 82
- Creighton on bovine 283-289
- EM frequency of TB 307
- TB and Parkinson's 105
- Tumors 18-19, 31-32, 78-79
- in cats 194
- Grace and Mirand on 167
- Issels on 318
- Moskowitz on 343
- Ott on 179
- Revici on 134
- Typhoid 170, 189, 273, 302-307
- Uwins, Philippa** 21, 38
- Vaccination** 193-205
- Values 55, 83, 109-12
- Virus 136-138, 182, 187
- Wakefield, Andrew 200-201, 349
- Walker-Smith, John 76, 101, 129, 221
- Wallace, Alfred Russell 256-264
- Warren, John Robin 129, 154
- Weeks, Jane 243
- Wilson, Edward O 64, 107
- Xalabarder, Conrado** 35
- XM-VR** 230
- Yes-men** 212-214
- Zap** 58, 302-307

*Vocabulary Cribsheet
for Students (related only to
this book)*

advocate - to speak for
alienate - to make foreign
allegations - unproven claims
analogous - comparable
auspicious – favorable
autogenous – made of self
balderdash - nonsense
blacklist - to ostracize
bozos - clowns, idiots
cabal - coterie of cronies
cahoots - in league with
cede - to give up
chink - crack or hole
chutzpah - audacity
collateral - on the side
comply - to cooperate
complement - to add to
cricket - per the rule book
contagion - transmission
cull - to remove a surplus
denizen – an occupant
defy - to oppose
destiny - future, fate
dodgy - questionable, sneaky
draconian - harsh
dysfunctional - not working
effrontery - unmitigated cheek
epigraph - a relevant quotation
etiology - a disease's history
execrate – to hate or abhor
factor - to consider as part
fathom - to measure depth
fetch - to go get
forfeit - to yield something
fume - to fuss angrily
gallows - a stage for a hanging
ghoul - one who likes horrors
grassroots - community
activism

hallucinate - to visualize wildly
hanky-panky - naughty behavior
hierarchy - a ranking of status
hoax - a trick
host - the opposite of a guest
incidence - occurrence
incriminate - to blame
impede - to block
infinitesimal - very tiny
innuendo - an implication
Kafkaesque - too bureaucratic
knockback - a rejection
laud - to praise
laureate - a recipient of honor
legit - legitimate, authorized
loathe - to hate
lure - to tempt, draw
malice - wickedness
monopoly - complete control
obituary - a death notice
oscillate - to swing or vibrate
peddle - to sell
prerogative - a privilege
preponderance - a majority
prey - to exploit
poignant - very touching
principle - a guiding idea
prosecute - to start a court case
puerile – juvenile, childish
reckon - to figure or estimate
regulate - to make rules for
revoke - to take back
skewed - distorted, biased
solidarity - fellowship
spectrum - a full range
stress - a pressure
subpoena – a court's demand
suppress - to hold down
surmise - to guess
synthetic - combined
template - a reusable pattern
valor - courage
yearn - to desire