

CONSIDER the LILIES of the FIELD



A Review of 18 Cancer Cures and
Their Unlawful Suppression

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This is a draft edition. The author seeks comments and/or blurbs.

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Keywords: cancer cure, electric medicine, vaccination hoax,
Gaston Naessens, William B Coley, Thomas J Glover, genocide,
Tenison Deane, George Crile

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

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 kin's 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 will increase by 75%.

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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, ever-on-his-high-horse Eustace Mullins 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 Naessens*. Midway, I got a huge emotional boost from finding the works of Charles Creighton, Edward Rosenow, and George Crile, 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, enough said. Elissa of post-polio fame bucked me up. *Shukran*.

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!)

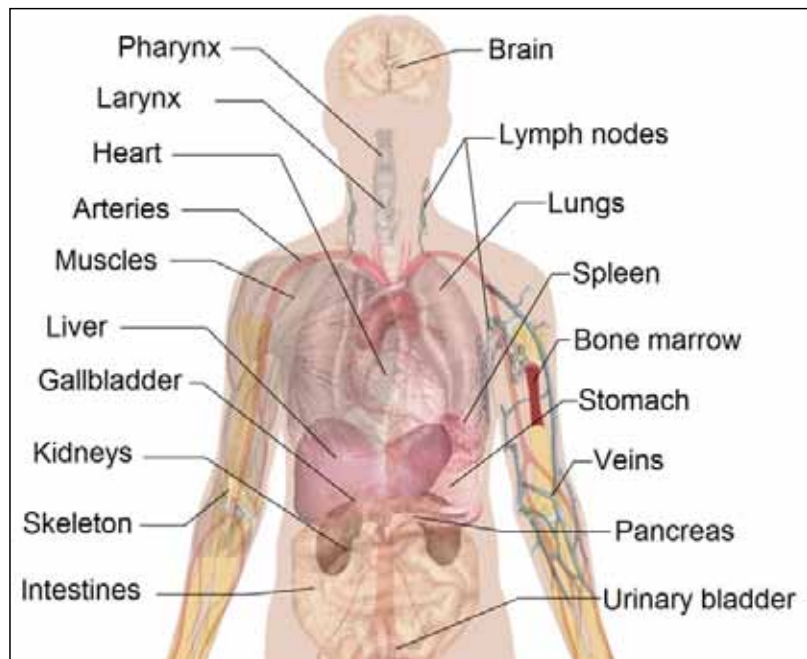


Illustration compliments of Nib.gov

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). “Darn! I cut my finger and my erythrocytes are going all over the table cloth.”

Lymph nodes are part of the all-important immune system, which carries the fluid **lymph** around the body (see Exhibit R). The word comes from Latin *lymph*a, 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 *lysis* 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 *kebronikus*, “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

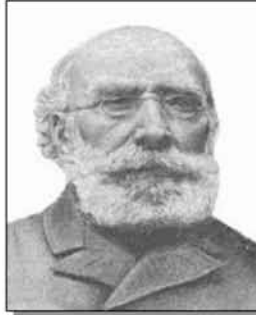
...Tell of his love who sends the dew
The rain and sunshine too,
To nourish one small seed.

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

Welcome to Part One
Upbeat beyond Belief



Virginia Livingston MD



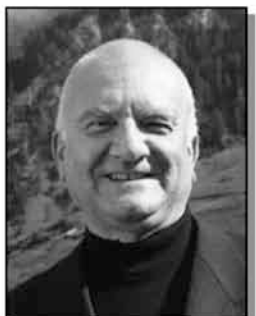
Antoine Bechamp MD



Alan Cantwell MD



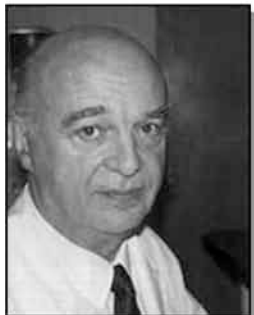
Gen. George Crile MD



Gerald Domingue PhD



Stan Burzynski MD



Gaston Naessens



Royal Rife



Philippa Uwins PhD

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.*





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. Many cancer cures -- at least 18 -- 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. After all, 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.

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, horses, 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 called Gram. As for *acid-fast*, that simply means colorfast! (Cancer bacteria stain at a fuschia-red color.) I trust you'll find the Exhibits readable in plain English (except N, which has a touch of gobbledegook).

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 JM Scott, MD, a surgeon.)*



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 reported the following 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 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.

* * *

In 1983, Livingston concluded, based on 62 randomly-chosen cases, that her success rate was 82 percent. She says, in *The Conquest of Cancer*, "Now compare our figures with the official American Cancer Society figure of 15 percent of patients who are helped by radiation and chemotherapy."

You ask how it is that she came to be so clever at curing cancer and why you haven't heard of her before? Easy. Suppression of her work was so complete that even fellow MD's never heard of her. This book inventories the tactics involved.

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. She had been given a diagnosis of scleroderma by her own doctor. Virginia associated the symptoms with leprosy (polite name: Hansen's disease), as the patient reported that she could not feel hot or cold on the affected skin.

Virginia 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 chorio-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 believes 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 Raymond 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 person, 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.

Her 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 blood transfusion, from a family member.

Note: Edmond Addeo is interviewed on YouTube about his new book, *The Woman Who Cured Cancer*. It traces the users of Livingston’s methods today!



Edmond Addeo



Paul Cézanne, The Corner of the Table

Disclaimer. Dear Reader, a short interruption here in which I tell you that you won't find health advice in this book. True, I did post a nice picture of fruits there, and 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 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.”

Please see Exhibit U, in which Saul Green, PhD, a biochemist, evaluates Livingston's work – negatively – without ever making mention of the cures she had wrought for 20 years! He mentions 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.

Eleanor endured a radical mastectomy and Virginia got got polio, but recovered.” All four women went to their graves without receiving a thank-you.

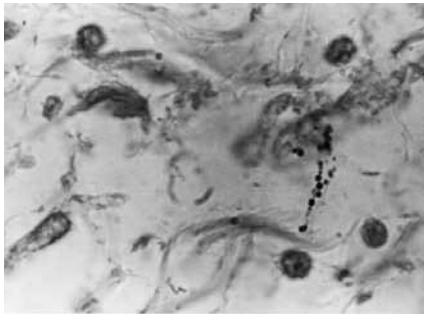
ALAN CANTWELL AND THE TAXONOMY OF MICROBES

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, putting *Homo sapiens*, for example 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 siphilis 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 (coccoïd, 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-coccoïd 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 microbes have the 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 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. Taboo City, USA.

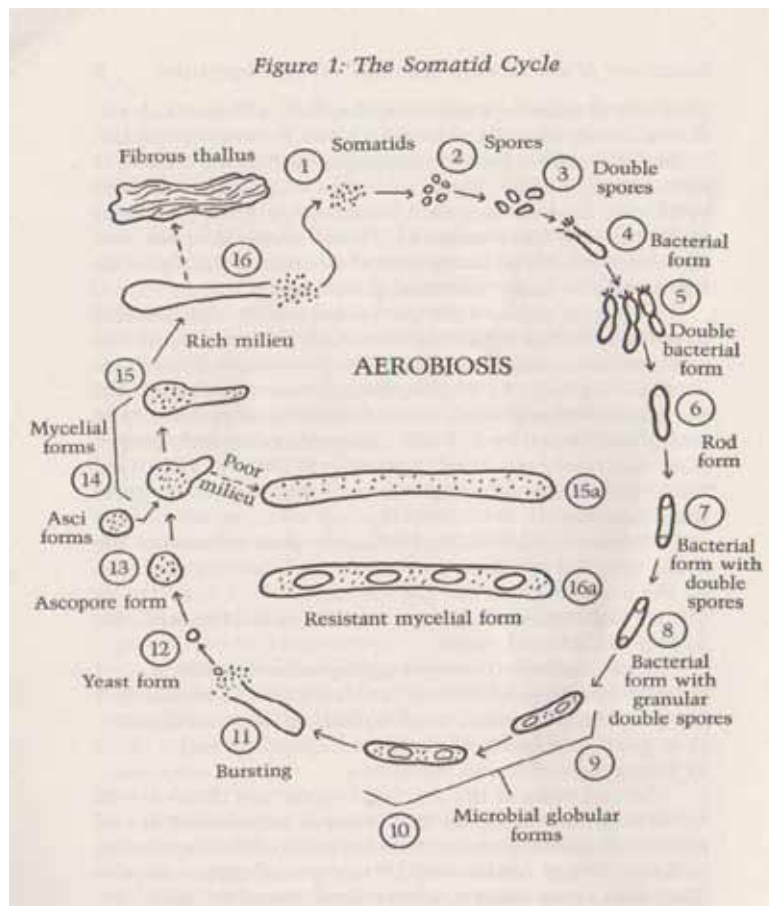
INTRODUCING NAESSENS AND THE SOMATIDS

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 Quebec 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 there are but three stages of the life cycle of these cell-wall deficient thingies. But in the context of the host's illness they may go through sixteen stages. Antoine Bechamp, MD, using minimal equipment, had already come up with a very similar hypothesis. Naessens says he never heard of Bechamp. (But, as David Hess points out, such ideas were probably in the air. (Hess 1992: 45)



This is Gaston Naessens' sketch of the somatids, as reprinted in Christopher Bird's excellent book, *The Trial and Persecution of Gaston Naessens*, published by H.L. Kramer in 1990, page 6.

Think how influenced we are by a word. The word "somatid" does not match up with any item or idea that we are familiar with, so, naturally, we tend to dismiss it as false or silly. But check the other words in this sketch – bacteria, yeast, rod forms, spores. Also, compare the other "visionaries" who saw morphing, notably Russell, Béchamp, Rosenow, Rife, Cantwell, Domingue -- a few chapters from now you may be "sold" on somatids.

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, an American who has retired to Switzerland -- in fury, I'll bet!

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.

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. (See photos at Mississippi State University's website.)

Moreover, and this is hard to absorb, 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!)

ROBERT KOCH, HIS POSTULATES, AND LOUIS PASTEUR

Koch was the man who isolated three major pathogen bacilli – the ones for tuberculosis, anthrax, and cholera, and his assistant Richard Pfeiffer, discovered the bacillus of flu. (Around 1933, flu was reclassified as viral, and not without a little hanky panky.

Some fur may fly below when I suggest that Koch was “sent in” to establish the postulates *to control our perceptions about cancer*.

Robert Koch taught that, for a scientist to determine a disease microbe, she must see it under the microscope in a sample she took from an ill person; she must culture it in the lab and inject it into a test animal and see if it comes down with the same illness; and she must find, in a pathology specimen from that sick animal, the same gizmo that she saw under the microscope on the first go-round. These are revered as “Koch’s postulates.” Koch was only 39 when he delivered the paper that gave him a sort of infallibility in cancer etiology. That paper is Exhibit A of this book.

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



*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.**

And 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)

US Patent #4692412, Issued September 8, 1987; Expires March 11, 2006. Inventors: Virginia W. Livingston, Eleanor Alexander-Jackson, and Afton Livingston. [The following is only an excerpt]:

Cultures made from animal tumors and fluid have great similarities with cultures derived from many types of fresh uncontaminated human tumors, from blood and other body fluids of patients who have advanced cancer.

The L-forms are bacterial forms without cell walls. They resemble pleuro-pneumonilike organisms (PPLO), also known as mycoplasma. However, the mycoplasma appear to reproduce continuously under some conditions in the same stage, with the absence of cell walls, while other organisms have a tendency to revert more quickly to the more stable bacillary or coccal forms of origin. The L-forms are the link between bacteria and the virus-like minute bodies that are a stage in the life cycle of certain microorganism. Many viruses may actually be L-forms of microbes, which, under certain conditions may be induced to return to their original forms.

Previously the appearance of the both adult and L-forms led to the erroneous conclusion that there was a mixture of microorganisms, a contamination of pure strains with other non-relevant microorganisms, but this was shown to be erroneous. Some true contaminants are readily recognized by their growth pattern but the *Cryptocides* is a great simulator of other organisms. It requires infinite patience to observe its growth pattern and to recognize its transition from one form into another.

The microorganism involved requires definitive bacteriologic media for its primary isolation, differential staining techniques for its identification, high power microscopic resolution, and the electron microscope to reveal its most minute forms. Specific cultures can be obtained on solid media used for the isolation of the tubercle bacillus. This mycobacterium-like organism is believed to be a primary etiologic agent in proliferative and degenerative diseases such as cancer and perhaps many other so-called autoimmune diseases. *Cryptocides* is believed to be the causative or infectious agent (microbial) of cancer, in all of its forms *Cryptocides* would therefore be called an antigen. More specifically, the filterable forms of *P. Cryptocides* which are of virus size are the causative agents in human and animal cancers.

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 150 years!*



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 Stanley Burzynski, MD, of Texas, and another by Gaston Naessens of Quebec. Which of the two is more correct? And does either of them win out over Livingston's treatment program? You may not need to pick only one. It seems there are several ways (18 in this book alone!) to stop the cell division from continuing, once it has begun.

STANISLAW BURZYNSKI, MD AND PHD

Burzynski's nickname is Stash. I'll sometimes refer to him as that, or as "Dr B." He invented a cancer treatment called "antineoplastons." It had some curative effect but he did not exactly know why. He had a treatment but not a theory, so to speak. However, by the 1990s, when much was learned about genes, he understood that gene-suppressors played a role in cancer cure. (This is not unusual: insulin was used for diabetes for decades before the relevant theory was worked out.)

Note: the word antineoplastons is awkward, but if you take off the prefix *anti* meaning "against," you get neoplastons. Doctors routinely refer to cancerous growth of cells as "neoplasia" -- new growth. Since Burzynski endeavors to stop that new growth, it was reasonable for him to identify the substance that helps cure cancer as "antineoplastons."

This substance occurs naturally in the body; it is an amino acid. When Burzynski was but a medical student in Poland he noted that this particular amino acid was found in the blood and urine of healthy people, but not cancer patients. Bing! The bell went off for young Stash. It was not long until he discovered that by

giving the cancer 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! Note: Stash was lucky to receive a validation of his work when it was found that a gene, 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 ones are known as regulator genes, or in the case at hand, suppressor genes.

Interruption: I promised I would not speak when out of my depth. 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 suppressor gene now is, not to mention amino acids, I shall prattle away. If I fail to give a faithful rendition of the particular physician’s theory, I hope I will be told off and can correct it in future.

Burzynski was lucky to find a layperson, Thomas D. Elias, to be his biographer. Elias wrote *The Burzynski Breakthrough* (2001), which has been made into a movie, and which is the source for this chapter. The section below draws out only the story of how government went about blocking Dr. B’s clinical work. You may wish to read the entire book for its heartwarming tales of cure.

Chronology of the Career of “Dr B”

(This is a paraphrasing of Elias’ *Burzynski Breakthrough*. Any comment in parentheses is mine – MM.)

1943 Stash is born in Lublin Poland, before the Communist takeover. Later, in 1948, his older brother gets killed in the anti-Communist Resistance.

1960s He 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 Viet Cong (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 "Antineoplaston L." He cannot put time into it, as he had found another one "A," that works on a broad range of cancer cells. (Note to med students: L may be awaiting your creativity.)

1973 Stash qualifies for Texas medical license.

1976 With Dr. Carleton Hazelwood, he tries "A10," a subtype of his Antineoplaston 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.

1976 Dr B gives a paper at the Anaheim conference of Federation of Associations for Experimental Biology, announcing some of his findings. Associated Press (apparently not fully "under control" at that point?) covers the story, thus patients seek him out.

1976 Baylor offers him a position at the Baylor Cancer Research Center, on the condition that he give up his private practice.

Saying “No, thank you,” he has to leave Baylor. 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 antiplas- tons 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. I think it will pay to check the legislative history of that bill!)

THE TROUBLE BEGINS (AND STILL CONTINUES!)

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.

1982 Canadian magazine *Maclean’s* gives anti/neoplastons favora- ble publicity, causing the Canadian drug-approval agency to come to inspect, but they make no complaints. Then the Ontario Health Ministry sends two doctors to snoop. They write a bad report. Then 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 credi- tors 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 responds by applying to the FDA for an Investigational New Drug permit. They give him the run-around for 6 years, always demanding more paperwork, 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 the antineoplastons across state lines.

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

1985 FDA raids his clinic while patients are there being treated, seizing eleven filing cabinets of documents. (Note: It is believed that trauma can trigger cancer.)

1985 Burzynski is then called before a grand jury and has to give oodles of information.

1986 Another grand jury with more time-consuming requests. (Note: a judge can see this as harassment and order it stopped, under the rubric of “abuse of process.”)

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.” (R U outraged?)

1992 In its June issue, the *Journal of the American Medical Association* publishes a pure, unadulterated no-holds-barred hatchet job about Burzynski, authored by Saul Green (See its twin in Exhibit E). It could be useful in an English writing course to teach “innuendo.”

1993 State Health authorities in Austin tell Dr B 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 National Institute of Health who calls his successes “amazing.”

1994 The plan Dr B had entered into many years before, for his work to be subjected to Clinical Trial by the National Cancer Institute, disintegrates. The rules are changed unfavorably by the directors of the trial at Sloan-Kettering; Stash says they would not be giving large enough doses; NCI feigns indignation and goes home. Then it issues a public letter, making him look bad.

1995 Grand jury, followed by a raid, ends with an indictment against Stash on 75 counts: interstate shipment of a non-approved drug (That’s rich if you know about “certain persons” who pass

drugs over all borders everyday), insurance fraud, and contempt of court regarding the aforementioned court order.

1995 In order to be freed, Burzynski must agree to bail conditions. He must not take any new patient unless that person meets certain criteria. One criterion, which guarantees he will have a poor success rate, is that the patient must have already exhausted other treatments such as radiation and chemo. (R U furious yet?)

1995 Funnily enough, as he approaches criminal trial for sending A's interstate, he is now permitted to do just that. Because his work has been accepted into a clinical trial he can mail the A's to any patient in that trial.

1995 Cured patients show up at his courtroom trial in droves. Despite the fact that they are not allowed to speak on behalf of the antineoplastons ("efficacy of a cancer cure" is not on trial here, alas!), they create a scene outside on the street.

1995 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.

1995 On the matter of insurance fraud there is a hung jury, hence the judge dismisses those charges. (I tend to think some jurors were "got at," else why did they not acquit?)

1995 Sometimes patients from out-of-state go home after treatment and then ask friends to fetch the drug from Dr B's office and courier it to them. In court the government dramatically shows how its detectives followed the cars of the miscreants from pillar to post office.

1995 Jury is 6-6. Thus Judge Lake calls for a new trial, this time on only one count of contempt of court. Patients yell that if Burzynski is jailed they will have no one to save them from the tortures of cancer. (Q. Do they have "standing"?)

1995 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 \$50,000 "costs."



Outside the Courthouse. As this event occurred before “9/11,” there were not yet police “holding pens” for protesters. Thomas Elias, author of *Burzynski Breakthrough*, believes this outpouring of patient support led to Dr B’s success in this 1995 case. (The lady with the white fur collar is Mrs Burzynski.)

See movie on Youtube.com

GASTON NAESENS OF SHERBROOKE, QUEBEC

Chapter 2 introduced the discoverer of the somatid, a multi-stage microbe. As far as I know, Naessens has never published anything, so it is a bit hard to judge his thought processes. Later I will describe his cure, which he named 714-X (that is a code for his date of birth. X is the 24th letter of the alphabet, and 7-14 means he was born on Bastille Day. (Could this be a trick?))

Please begin by reading the piece, on the next page, by Norman Allan. After that, I present some facts from a beautiful book by bilingual journalist Christopher Bird, *The Trial and Persecution of Gaston Naessens*. When Gaston was age 65, he was charged with being accessory to a murder. A widower claimed that his late wife, Mme Langlais (!) had been pressured by Naessens to forsake her standard treatment.

As we will see, this trial dramatically demonstrated the value of letting people present relevant facts to a judge!

A Comment on Naessens

Norman Allan, a former Naessens enthusiast who eventually “walked away,” has generously stated some of his early recollections:

Somatids

The somatids are symbiotic - they’ve always been with us, and we need them. However, when the body is under stress the somatids elaborate into a more complicated macrocycle, a sixteen stage cycle. The macrocycle is parasitic and is associated with the development of immune compromised diseases such as cancer.

Naessens’ theory is that there are inhibitors in the blood that keep the somatids in the healthy symbiotic microcycle. Under stress these inhibitors may be lost and our friends, the somatids, turn into opportunistic parasites. So, in the 16 stage macrocycle bacteria-like and fungus-like forms grow from the somatids. The somatid pattern can function as an indicator of serious disease. With cancer it’s usually observed in the blood up to two years before the disease is manifest.

Pleomorphism is a natural adaptive response of microorganisms. When the environment allows they are virus-like, bacteria-like, or fungus-like: they metamorphose to suit their conditions. When we are healthy they help us. However, when we are unhealthy our friends, the somatids, turn on us and become parasitic. The parasitism is a process that can be recognised by darkfield microscopy and can often be reversed. We must find out what stressors caused the problem.

714-X

Gaston Naessens’ next invention was the development of a treatment. 714-X is a nitrogenized camphor derivative (trimethyl-bicyclo-nitraminoheptane). As I [Allan] understand it **the rationale behind this treatment is as follows: tumours are nitrogen traps. They steal nitrogen from the body and this inhibits the immune system. By supplying nitrogen to the tumour and the body, the immune system is disinhibited**, and the body begins to heal itself. (Camphor has a natural affinity for tumours and, as it is not toxic at pharmacological doses, it proved to be the perfect vehicle to carry the nitrogen to the tumour.) “Para-nodular” means it is injected next to the lymph nodes.

While I was learning to use the darkfield technique I helped initiate a wonderful collaborative effort with some of the brightest lights in the oncology and academic community and Naessens stepsons (who were wonderfully open, bright, and competent) to study 714-X, say in lung cancer, but Naessens said “Non”. Norman Allan, Ph.D., a research scientist and practitioner of alternative therapies, is based in Toronto.

PATIENTS AS WITNESSES AT NAESENS' TRIAL
 (These 3 pages paraphrase Christopher Bird's book)



*Christopher
Bird*

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 was a local, Jacques Viens, a mechanic. Journalist Jacques Lemoine of the local the Sherbrooke Tribune wrote:

"Viens, aged only thirty-nine, told how, on 6 June last, he had had seven-eighths of his stomach surgically removed because it had become infected with cancer, which had also affected his lymph nodes.... Since his doctor could no longer do anything for him, and he didn't want to die so prematurely, he began the 714-X treatment. "Monsieur Viens said he had taken that treatment from a person within the medical corps whose name he preferred not to disclose. In the late autumn, he went hunting for deer and moose and, five weeks ago, returned to work."

Bird notes: "Throughout today's testimony, it was obvious that the jurors were on the edge of their seats. Here were patients, or doctors, offering solid testimony that someone, somewhere, had come up with something that had put an end to cancerous pain and suffering."

Emotion in the courtroom was just as high, the following Monday morning, when Chapdelaine called to the stand another Quebecker.... Marcel Caron. This man recounted how he had contracted intestinal problems in 1981. Polyps discovered in his intestine and surgically removed were determined as cancerous. Luckily, Caron's wife had been successfully treated for breast cancer with 714-X as administered by Stephen Zalac. So, she guided Marcel to Naessens's Rock Forest laboratory.

Upon examining Caron's blood at the microscope, Naessens, who had not been told of the subject's condition, told him that he had a "deteriorated blood picture" (he did not mention the word "cancer") that suggested a serious weakening of his immune defense system, which could be reinforced by 714-X. The defense's important point here was to counteract the plaintiff's suggestion that his late wife had been both pressured by Naessens and deceived by him as to the prospects of her health.

At the defense attorney's request, Caron emphasized that Naessens had never once promised him any cure and that he had never dissuaded him from taking any other treatment. Caron then had a series of twenty-one injections, repeated three times running, for an overall total of sixty-three. [He later] asked specialists to perform on him every conceivable test to see whether there was any cancer left in his body. He was told that he was completely free of the disease. Bird writes:

"While offering his file for inspection, Caron said that he was pleased to do so if only because the file had been requested in a 'polite and civil' manner, in contrast to the way it had been earlier sought for by agents from the Medical Corporation who had ransacked his house, in an attempt to find it, as if they were not appointed 'police' officials, but just 'thugs.' This aroused the ire of the prosecutor, who retorted 'They weren't really police, were they, now? Did they wear badges?' ... Shooting the prosecutor a withering look, the disgusted Caron said quietly, 'What does it matter? Up to then, as a free law-abiding citizen, I'd never had anyone break into my house to search it!'"

Witness 3

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.”

After a second set of injections, the color became lighter still. “Varent also reported in court that, subjectively speaking, after 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 4

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 5

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’s criminality.”

THE VERDICT

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 Naessens 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 came 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.”

Question: IS THIS WHAT WE DO TO OUR FRIENDS?

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 ultimately must form a judgment. (And if the curer was arrested for curing, that's worth an extra forty points, right?)

Note: The only curers who have made it into this book are ones with a scientific rationale for the etiology of cancer, and a program of cure. Naessens passed the gatekeeper on the basis of his pleomorph theory. It was only later that I noticed that his cure is unconnected to that theory!

(Another note: Bird spent years meeting with pleomorphist researchers in US and Europe. And he states that Willhelm Reich's daughter helped him track down Rife's microscope! – see next chapter.)

UPDATE ON BURZYNSKI

A new trial began in January 2012. Not a prosecution by Texas, but a civil action by a person who says Dr B charges too much.

Well, it might be nice to have fair market prices. Dear Reader, you may think that is an impossible concept, as (for Americans) the market price means “all that the traffic will bear.” Fairness isn't supposed to come into it. Oh, how brainwashed we are! It's easy to establish fair business. (See Meir Tamari's book.)

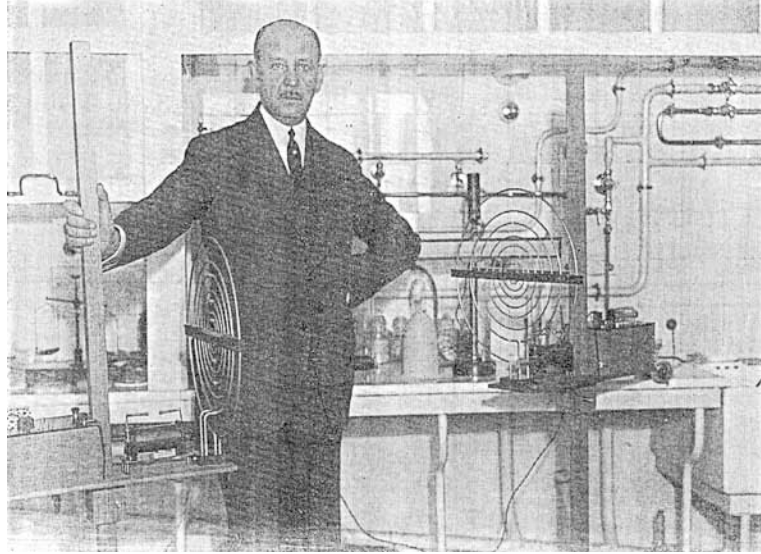
That said, the correct way to deal with a financial complaint about a persecuted cancer curer is to assume it is persecution in a new guise. This happened to Virginia Livingston: her progress was held up when the press started a “scandal” about her friend Irene Diller, saying Diller used research funds to pay spouse's airfare, or something like that. The public always falls for it.

Allow me to state again the mission of my book. It is not to show you how to cure your cancer (although I will be delighted and honored if it has the effect of making you able to find a cure). It is about bringing forth the story of the curers and the slings and arrows they have encountered. Of course it's a celebration, too, of the discoveries they made – some are thrilling.

Mostly, however, the book's mission has nothing to do with medicine at all. It has to do with our current ridiculous habit of allowing the powerful to get away with cruel tactics and a veritable shutting down of learning. Surely the best way to deal with the financial accusations against Burzynski is to steadfastly ignore them. Who cares what goes on in his accounting department?

We don't have to get sucked into a distraction like this.

The Multiple Wave Oscillator, invented by Georges Lakhovsky



Georges Lakhovsky (1869-1942)

Mark Clement reported in "The Waves That Heal" that a geranium plant with cancer was treated by Lakhovsky, using a circle of metal (see in picture) and was cured.

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)*





The cure of many diseases remains unknown to the physicians of Hellos because they do not study the whole person -- Socrates (470-399 BC)

This chapter alone could justify Part One's title "Upbeat beyond Belief!" Moreover, any one of scientists to be discussed here could justify it. This is a thrilling chapter. (Don't you hate it when an author says "You are going to be thrilled?" I hate it, too, but you've been warned!)

So far this book has covered three cancer curers: Livingston, Burzynski, and Naessens. Here we'll look at three more: Rife, the inventor of the Universal Microscope, Lakhovsky, inventor of the multiple wave oscillator, and Crile, a surgeon who saw the whole world in terms of positive and negative polarity.

ROYAL RAYMOND RIFE (1888-1971)

Reference to bioelectricity or radio frequencies may cause eyes to roll to the ceiling, so it is important to emphasize that Rife is not an "urban legend." On the next page you can see a report of his work published by the Smithsonian Institution in 1944. It's about his bacteriology and his microscope, not about curing cancer, but at least it anchors him in history. Moreover, two top-notch scientists, Arthur Kendall, MD, and Edward Rosenow, MD, published their agreement with Rife. Please see Exhibit K for a sworn statement that Rife made for John Crane's lawsuit.

Rife achieved many things: 1. He invented a now-suppressed microscope that uses an array of prisms to make microbes visible. 2. He discerned the E-frequencies characteristic of several species. 3. In 1937, he used a zapper to kill "cancer microbes" in fourteen patients. They walked away cured. This project was run by Milbank Johnson, MD, at the Scripps estate, California.

For me, Rife's greatest achievement is his pleomorphic theory of cancer. I imagine he picked it up from Rosenow, who had published in the 1910s, concerning illnesses other than cancer.

SMITHSONIAN Institution REPORT, 1944, ON RIFE'S WORK

Then, in 1932, the reactions in growth of bacterial cultures to light from the rare gasses was observed.... the cultures were then examined where very much animated, purplish-red, filterable forms, measuring less than one-twentieth of a micron in dimension, were seen. Carried through 14 transplants from K Medium to K Medium, this B. X. virus remained constant; inoculated into 426 Albino rats, tumors "with all the true pathology of neoplastic tissue" were developed. ...[T]he virus of cancer, like the viruses of other diseases, can be changed from one form to another by means of altering the media upon which it is grown. With the first change in media, the B. X. virus becomes considerably enlarged its purplish-red color remains unchanged.

...A third change is undergone upon asparagus base media where the B. X. virus is transformed from its filterable state into cryptomyces pleomorphia fungi, these fungi being identical morphologically both microscopically to that of the orchid and of the mushroom. And yet a fourth change may be said to take place when this cryptomyces pleomorphia, permitted to stand as a stock culture for the period of metastasis, becomes the well-known mahogany-colored Bacillus coli.

It is Dr. Rife's belief that all micro-organisms fall into 1 of not more than 10 individual groups (Dr. Rosenow has stated that some of the viruses belong to the group of the streptococcus), and that any alteration of artificial media of slight metabolic variation in tissues will induce an organism of one group to change over into any other organism included in that same group, by altering the media - 4 parts per million per volume - the pure culture of mahogany-colored Bacillus coli becomes the turquoise-blue Bacillus typhosus. [Rife says]:

"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."

In other words, the human body itself is chemical in nature, being comprised of many chemical elements which provide the media upon which the wealth of bacteria normally present in the human system feed. These bacteria are able to reproduce. They, too, are composed of chemicals. Therefore, if the media upon which they feed, in this instance the chemicals or some portion of the chemicals of the human body, become changed from the normal, it stands to reason that these same bacteria, or at least certain numbers of them, will also undergo a change chemically since they are now feeding upon media which are not normal to them, perhaps being supplied with too much or too little of what they need to maintain a normal existence.

BECKER – WHY IT PAYS TO BE AN ORTHOPEDIC SURGEON

Instead of jumping in at the deep end with Rife's cancer cure, it may pay to look at "electric medicine." Most physicians don't cogitate on how something as basic to life as the electro-magnetic field can influence health, but the late Bob Becker orthopedic surgeon at a VA hospital in Syracuse, NY, did.

When you go to get an electrocardiogram (ECG), you "admit" to the fact that the body is electric. But have you heard of the "current of injury"? And did you know that in at least one vertebrate, the salamander, an amputated limb can be regenerated? Bob Becker had been fascinated by this as a student, and later asked "Why just salamander? Why not all vertebrates?"

"I went to the library and delved back into the history of neurophysiology and found Matteucci's [1811-1868] superb series of observations. Not only had he proved that the current of injury was real, he'd shown that it varied in proportion to the severity of the wound. Now I had enough pieces to start in on the puzzle. [I devised this matrix]:

- Extent of injury is proportional to regeneration
- Amount of nerve is proportional to regeneration
- Extent of injury is proportional to current of injury
- Amount of nerve is proportional to current of injury
- Ergo [thus]: current of injury is proportional to regeneration.

I was pretty sure now that, contemporary "knowledge" to the contrary, the current of injury was no side effect and was the first place to look for clues to the growth-control and dedifferentiation-stimulating factors. I planned my first experiment." -- *The Body Electric* (1985: 67)

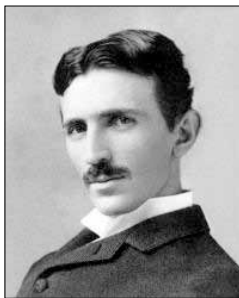
By 1961, Becker had published "Bioelectric Factors in Amphibian Limb Regeneration." By 1971, he and colleagues brought about regeneration of a mammal's limb, for the very first time. A huge event, right? Hugely huge. Right up there with the garden of Eden. Yes, but the media have been silent on it for 40 years.

Now listen to Becker about a wonderful anesthetic:

"It seemed to us that we'd discovered the best possible anesthetic, allowing prompt recovery with no side effects. 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).



James Clerk Maxwell
(1831-1879)



Nicola Tesla
(1856-1943)



Robert O Becker, MD
(1923-2008)

Becker lost his job (as they all do) when he was 56. Patients at VA could no longer enjoy his devoted care. The role of the NIH in this tragedy has been reported in a most entertaining style by Becker's "accomplice," Andrew Marino, who had to get a law degree, on top of a PhD in Physics, to cope with the onslaught. Marino's book is subtitled *Truth about a Life in Science*. S'truth.

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 electromagnetics. Another important person, Nicola Tesla, had amazing insights into the nature of the universe and the method by which lightning could be induced.

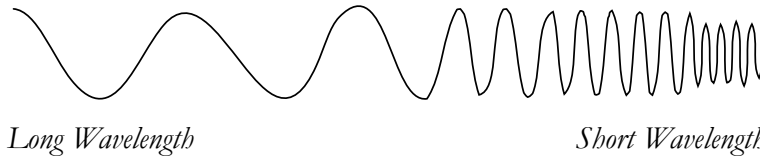
It's urgent that we quit making the woo-woo noise when anyone mentions "rays." On the next page, an article written by Bernie Hobbes of Australian Broadcasting Corporation, with advice from physics professor David Jamieson of Melbourne, is the most user-friendly piece I have found on the subject of rays.

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.

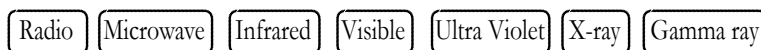
Electromagnetic radiation is just waves of moving energy. When we tune into TV stations, we don't talk about their energy but about frequency. Your microwave oven has got a particular frequency (see the label on back). **Frequency is just how often something happens.**

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.



THE ELECTROMAGNETIC SPECTRUM

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



-- Bernie Hobbes, Australian Broadcasting Corporation.

+BEGIN RIFE REPORT. I felt that the start of malignancy would be originated by some type of micro-organism. ...

After the isolation of the filtered virus and other pathogenic organisms, 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 or virus, and to devitalize with said frequency, the organism or virus in question.

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 successful treatment for cancer and other diseases by actual observation of the universal microscope [his invention] while applying the frequency instrument.

With the frequency instrument, 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 of the virus and or bacteria.

The viruses were stained with a frequency of light that coordinates with the chemical constituents of the particle or micro-organism under observation. The variation of the light frequency is accomplished by use of a variable monochromatic beam of light... Rotation of the light beams in the quartz prisms controls the increase or decrease of the light frequency.

With complete control of the illuminating unit, a frequency is created that is in coordination with the chemical constituents of the virus under observation and thus it is possible to observe the virus in its chemical refractive index.

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 methods and principles that were used in this procedure were: An un ulcerated breast mass that was checked for malignancy by their laboratory and ourselves came to our laboratory from the Paradise Valley Sanitarium. The experiments of 1931 and 1932 were conducted in our Point Loma Laboratory Ten millimeter blocks of this tumor were placed in "K" media and incubated at 37.5 degrees C [i.e., body temperature, 98.6 on the Fahrenheit scale] with

no results. After many attempts to grow the cancer virus had failed, the discovery of 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 produced a decided change of ionized cloudiness in the media. (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 BX or cancer viruses refracted a purplish red color with the monochromatic beam. That proved that the virus was pathological. These experiments were carried through no less than one hundred times with the same methods with the same end results. We sincerely believe that this leaves no doubt as to the fact ... that BX is the primary cause of cancer.

THE TREATMENT OF "BX" OR CANCER

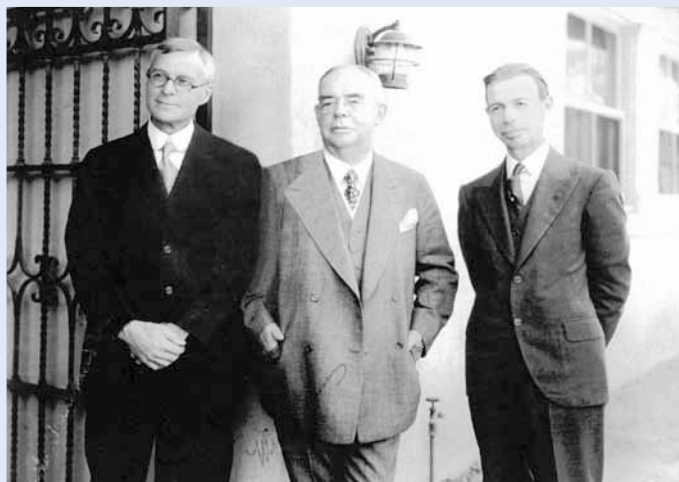
The actual cure of cancer in experimental animals occurs with the use of our frequency instrument. To attain these astounding results, a long and tedious process is started to determine the precise setting of the frequency instrument that is the mortal oscillatory rate of the virus. [See amazing chart in Exhibit C]

When the setting is found, it is repeated 10 consecutive times after the frequency instrument has been placed back to the same setting before a specific frequency is recorded. These results are observed under the high power of the universal microscope and when the mortal oscillatory rate is reached, the "BX" forms appear to "blow up" or disintegrate in the field....

The first clinical work on cancer was completed under the supervision of Dr. Milbank Johnson, M.D. which was set up under the special medical Research Committee of the University of Southern California. Sixteen cases were treated at the clinic for many types of malignancy. After 3 months, 14 of these so-called hopeless cases were signed off as clinically cured by the staff of five medical doctors and Dr. Alvin G. Foord, M.D., pathologist for the group.

The treatment consisted of 3 minutes duration using the frequency instrument which was set on the mortal oscillatory rate for "BX"

or cancer (at 3 day intervals). It was found that the elapsed time between treatments attains better results than cases treated daily. This gives the lymphatic system an opportunity to absorb and cast off a toxic condition which is produced by the devitalized dead particles of ...the cancer virus.



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

THE DETERMINATION AND DIAGNOSIS OF CANCER

We can determine in over 90% of the cases of persons having carcinoma by the examination of a blood smear (with the technic heretofore explained) in 30 minutes. We have also found that in many types of epithelioma that the carcinoma tissue carries no conductivity with a pendulum galvanometer which enables us to outline and determine the location of a tumor....

By stop motion photography, it was found that the "BX" virus had many changes and cycles as so with other micro-organisms. The virus can be readily changed to other forms or cycles of themselves by the media upon which they are grown. By altering the "K" media slightly acid, we no longer have a "BX" as we have classified this cancer virus, but we have what we term a "BY".

In this stage or form, it is still a virus, but considerably enlarged from the initial "BX". Still retaining a purple red refractive index, but will no longer pass the porosity of the ...porcelain or diatomaceous earth filter. In this stage, the "BY" requires a much coarser "N" filter.

The next stage finds this micro-organism, now known as the monococoid form in the monocytes of the blood of over 90% of carcinomatous individuals. This form can be readily seen when properly stained with a combination of a silver nitrate and gentian violet with the standard research microscope.

As we change the media again and this time going from a fluid to a hard base media (using asparagus or tomato agar), we no longer have a “BX”, or “BY”, or monococoid micro-organism, but we have a cryptomyces pleomorphia fungi. Any of these forms can be changed back to “BX” within a period of 36 hours and will produce in the experimental animal a typical tumor with all the pathology of true neoplastic tissue, from which we can again recover the “BX” micro-organism.

After one year, we take this same stock culture of dormant cryptomyces pleomorphia fungi and plant it back on its own asparagus base media; there is no longer a monococoid organism ...but there is, from the initial virus isolated directly from an un ulcerated human breast mass, a BACILLUS COLI, that will pass any known laboratory methods of analysis. We are positive from our careful work and technic, that the causative agent of malignancy can be definitely identified as bacillus coli as the basic form. “BX” is a bipolar virus, that is, retraction occurs to both positive and negative poles, but both the positive and negative forms of this virus are required to produce tumors in experimental animals. [Glory be to God]

We have never publicly announced that “BX” is the cause of cancer, but we have succeeded in producing from its inoculation the tumors as stated before with all the true characteristics and pathology of neoplastic tissue from which we have repeatedly recovered the “BX” virus. Many researchers have attempted to malignancy can be definitely identified as bacillus coli as the basic form. “BX” is a bipolar virus, that is, retraction occurs to both positive and negative poles, but both the positive and negative forms of this virus are required to produce tumors in experimental animals. [Glory be to God]

We have never publicly announced that “BX” is the cause of cancer, but we have succeeded in producing from its inoculation the tumors as stated before with all the true characteristics and pathology of neoplastic tissue from which we have repeatedly recovered the “BX” virus. Many researchers have attempted to repeat this technic but have failed for the prime reason of the lack of an adequate microscope. -- End quote of *The Rife Report*

GEORGES LAKHOVSKY (1869-1942), RUSSIAN ENGINEER

Dear Reader, in the summer of 1963 I took a Physics course at Jeremiah Burke High School in Boston and got a C. That must have been an early case of grade-inflation (a practice that is now the norm!), as my grasp of physics is more like D-minus. So you can trust me to be cautious in reporting; I know my limits.

That said, I confidently tell of Georges Lakhovsky, who cured cancer only in plants, and George Crile, MD, who fiddled with cancer in rats. Both men were born in the 1860s. I see cross references in their bibliographies; they knew of each other. (Becker, born 1923, was apparently unaware of either!) In the end of this book, I give a bibliography of Crile's references.

Neither Georges Lakhovsky nor George Crile was trying to kill the cancer microbe, as did Rife, but they were interested in the electric properties of all living cells. Among those properties are capacity, potential, and conductance. (Look it up!) 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, that 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 one of his MWO's 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 I had particular disinformation in mind. The only book I had then tracked down by Lakhovsky, *The Waves that Heal* (1925), was translated by Mark Clement. I wondered if this may have been Tesla's pal Samuel Clemens, known to the literary world as Mark Twain. Since Twain almost certainly worked for British Intelligence, I cannot trust him.

Eventually, however, I got a copy of Lakhovsky's *Secret of Life* (1941), also translated by Mark Clement, but with a Preface by the great physicist-physician D'Arsonval. It was reported to the French Academy of Science in 1928, so you can verify it.

**GEORGE CRILE, MD (1864-1943)**

Crile was born in Ohio during the so-called War Between the States. If his childhood photo is any guide, he got an early start on research! You will soon find that he is the star of this book. The frontispiece of this chapter described his horse-back trips, and Exhibit B gives his 1924 article on cancer, unabridged.

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. In my search for cancer curers I discovered George Crile. Thus I have the honor and pleasure of telling you about his fabulous work, the concealing of which, for the last 80 years or so, so is a wonder in itself. Yes, Ma'am, it's amazing.

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?

OK. You get my drift. The man was Aristotle's equal. Here he is on cancer, as stated on page 430 of his 1947 *Autobiography*:

"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. [Holy Christmas!]

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 a 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 note that Crile limited his cancer-curing to rats, he did no human experiments on cancer. (See more in Chapter 7.)

DISAMBIGUATION: BECK IS NOT OUR BECKER

Recently, Bob Beck passed away. While I have known the work of BECKER for years, and will stake my reputation on it, I know BECK only by seeing him on Youtube. He seems OK. His degree is DSc, doctor of science, not doctor of medicine. Beck tells a plausible tale that I now wish to share with you:

Beck heard from a friend, that *Science News* had carried an item on March 30, 1991, entitled “Biocompatible Electric Current Attenuates HIV-1...” a paper read at a conference. (HIV is human immuno-deficiency disease). It said:

“...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. Lastly, because the virus is being attenuated, electric current may also render treated HIV-1 suitable for vaccine development.”

The four scientists are: William D. Lyman, Irwin R. Merkatz, William C. Hatch, and Steven C. Kaali, all from the department of pathology and the department of obstetrics and gynecology at the Albert Einstein College of Medicine in Bronx, NY.

Now comes the fun part. When Beck tried to get in touch with them he discovered that they were under some kind of gag order. They would not play ball at all. Then he went to the publishers of the periodical that had broken the news -- when these guys read their paper at a conference -- and was similarly stymied. The publisher pretended the item had never existed!

We are now free to infer that they discovered a fabulous technique, or perhaps just stumbled upon some hidden truth about the human body. Eventually Beck found the paper and learned that a patent had been obtained, U.S. patent #5,188,738 – “a cure for incurable diseases including AIDS, **cancer**, gulf war syn-

drome, biological warfare plagues plus emerging viruses.” Beck writes: “It consists of passing microcurrents (50-100 microamps) through flowing blood, which is now proven to eliminate all infections...” Sorry, but that is ALL I CAN TELL YOU.

ELECTRONIC BEAMS ARE WELL-ESTABLISHED AS WEAPONS

Finally, to the report on electronic harassment, by Mary Efrosini Gregory, a retired US Customs Officer. It’s in Exhibit X. This is not about cancer, but it is pertinent to the REAL theme of this book, which is “Why are we putting up with all this mistreatment?”

Consider how badly our doctors have been treated – Becker, Naessens, Livingston, etc. Why don’t their colleagues show solidarity? Have they been in some way mesmerized? Don’t rule it out. Hypnosis is used “above-board” today to train sales clerks! Problem: once a message is sent directly to the sub-rational part of the brain, you can’t use your rationality to root it out.

Mary Efrosini Gregory is being electronically turned into a docile slave, but can’t stop it. That is, she knows she has something like “Stockholm syndrome,” in which a prisoner begins to cooperate with his tormentor. She was ordered to walk through the subway cars shouting “Bush is a Nazi” and did so obediently, even though, shall we say, that’s not her style! (In fact she is a Classics scholar.)

Together, she and I present the photos in the Mary-Mary Centerfold. According to the photos I took, here in Australia, someone is dumping stuff into the sky. (In Germany there is a lawsuit about this “poisoning.”) When I raise the matter politely with neighbors they immediately tune out.

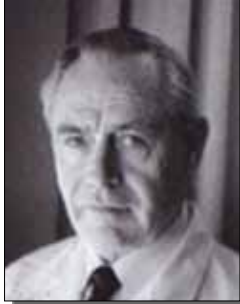
Darned if I know why. If any other issue arose in my neighborhood – say a truck started to dump its waste on my street, there would be no awkwardness if a resident called others to his front yard for a meeting about “What to do?” We’d gather, have a good chat, and resolve the issue. Heck, we would even be uplifted by the camaraderie. But if you discuss sky-dumping, you may be ostracized.

Do I, personally, think the cabal would poison us? Sure. That’s on a par with the suppression of cancer cures. Kindly reserve judgment till the next chapter, wherein meet ten more curers.

PART TWO

Desdamona: 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*

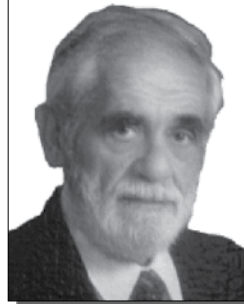
Welcome to Part Two
Discoveries, “American Cancer Society,”
and Criminal Law



Bjorn Nordenstrom MD



John Holt MD



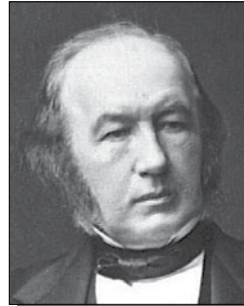
Lawrence Burton PhD



E Alexander-Jackson PhD



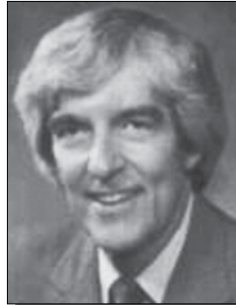
Max Gerson MD



Claude Bernard MD



John Robin Warren MD



William Kelley DDS



Senator C Tobey

“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 his cure is a “Non-Proven Method.”
5. Offers 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 and give it 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.



Ten Curers: An Embarrassment of Riches

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)

Welcome to Part Two, which undertakes two tasks. First, to continue with the 20th century history of cancerology, by contrasting the various cures and theories of cancer. Second, to “not take lying down” what has been occurring. Thus, there will be criticism of the persons who’ve been suppressing the cures.

Not criticism of their skill, mind you! They really deserve Olympic gold for their athleticism at covering all bases. Just think back to the attempt they made to purge the record of the Albert Einstein College paper (as was discussed in Chapter 4), even though it was already out there on Internet. And but for Bob Beck, DSc, they would have succeeded. Still, enough is enough and this must come to an end. Do you agree?

And on that note, a word to any cancer sufferers who are reading this book. Please know that I respect your desire to find here some hot tips for cure. I didn’t let you down in Part One, did I? There I put forth some of the most sensational cures. Granted they are difficult to get. But that only means that your salvation depends on political power. You will have to persuade your neighbor to take sides with you on this outrageous matter.

That, of course, is the hardest job going! People don’t want to hear that government or “the medical establishment” are being naughty. Instead of even giving you a hearing on that subject, they will sidestep it by pretending that the only issue in contention is the “provability” of the alleged treatment. Your neighbor does not mean to be mean: it’s just human nature to shut down the old noodle when an undesirable emotion – such as criticism of the authorities – looks like bubbling up.

The plan of the present chapter is as follows: I will introduce ten men, now deceased, who put into practice their own can-

cer cure. (Eight physicians plus a zoologist, John Beard, and a biochemist, Lawrence Burton. Those last two had a doctor willing to write out the prescriptions.) To spare you a lot of detail, the “ghosts” will address you in a conversational style. (Note: your humble scriptwriter may have taken a few liberties....)

Then, we’ll see how they got punished -- *deju vu* the Burzynski episode, with a few twists. Then I’ll pick apart the actual mistreatment they received, so as to identify any crimes committed by their harassers. That will be “my object all sublime.”

FOUR WORDS WITH JARGON DEFINITIONS

It will pay, before hearing the curers speak, to quickly define four of the words they use, to wit: serum, isolate, factor, and lipid.

Serum (plural, serums or sera), is the yellowish, watery part of the blood that remains liquid after clotting.

The verb *to isolate* has special meaning in laboratory science. A layperson may say “I isolated the Christmas cards from the other mail.” But the microbiology definition, according to TheFreeDictionary is: “To separate (a pure strain) from a mixed bacterial or fungal culture.” Recall Robert Koch getting in there to be the first isolator of the TB bacillus. Incidentally that got him the 1905 Nobel Prize.

As for *factor*, this is the ordinary word factor, but jargonized. *The Farlex Medical Dictionary* tells us that a factor is: “Any of several substances necessary to produce a result or activity in the body. The term is used when the chemical nature of the substance is unknown. In endocrinology, when the chemical nature is known, factors are renamed hormones.” Fascinating!

For a definition of *lipid*, we can consult lipidlibrary.osc.org. It says “General textbooks usually describe lipids in woolly terms as a group of naturally occurring compounds, which have in common a ready solubility in such organic solvents as hydrocarbons, chloroform, benzene, [etc].” Whew! I’m glad there is a “lipid library,” to judge that wooliness.

TEN GHOSTS ARE PLEASED TO ADDRESS YOU

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; that 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 this and they have cured the patient's cancer thereby.)

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. 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 additives, no processed foods. Coffee enemas are a must. The emphasis is on removing toxic substances from the body.

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. I then, in a carefully controlled clinical study, cured 446 out of 450 patients who had skin tuberculosis.

Later, I found that diet worked well on cancer, arthritis, and diabetes. I cured Dr Albert Schweitzer of his diabetes, and his wife of lung tuberculosis. The Gerson diet aims to raise one's level of potassium and lower one's level of sodium. Also, I forbid patients to cook in aluminum pots.



Hi. I'm **Robert E Lincoln**, MD, of Medford, 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 aurelius*. Each of these, which I call Alpha and Beta, has one and only one strain of virus as a partner. The virus treats the germ as a refuge in which it can live and grow; then they go out and harm the tissue of their choice. I believe that the nasal passage is a natural

chamber of bacteriophages (eaters of bacteria), but the obstruction by swollen mucous membranes hinders their work.

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! I note that Alpha germs 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.

I also noticed that changes in weather bring a change of symptoms. 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 senate action against those who were holding back such cures.

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. For a while I had other successful cases, but to improve the rate of success I mixed the strep with *Bacillus prodigiosus*, which can intensify other microbes. Breast cancer, Hodgkins, and melanoma thus enjoyed almost a two-thirds success rate. I don't know why the other third failed.

After my death, my son showed no interest in my work, though he was high up in New York cancer circles. My daughter, Helen Coley Nauts, has made a lifetime of trying to get my cures accepted.

Hi. I'm **Stefan Durovic**, MD, born in Yugoslavia. I believe that every living cell contains something that regulates its replicating activity, and that such activity is also dependent on the cell's surrounding environment. I give the name "krebiozen" to that which regulates normal growth, as it does for the repairing of injury. A prestigious professor, Andrew Ivy, believed in me and wrote a

book about the method, naming the book “K.”

I believe krebiozen also controls the permeability of the cell, or the enzyme systems of the cells, and that this has something to do with the body’s response to injury. When krebiozen is missing or deficient, both the acidity of the cells and anaerobic oxidation increases. The result is uncontrolled growth. One place where we find krebiozen naturally occurring in the body is in the reticuloendothelial cells. When these cells are stimulated, krebiozen is released into the blood and can be extracted from blood plasma. We can use a horse serum and inject it into you.

Your malignant cells will be destroyed and then are removed by phagocytosis (pronounced fah-jo-sy-to-sis). I think krebiozen is like a hormone and has some sulfur in it. By the way, the ACS 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. By the way, I don’t speak much English.



Hi. I’m **Emanuel Revici**, MD, a Romanian Jew. I died in 1998, at age a hundred and one. 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 a lipid substance (now called butanol) that could instantly stop the bleeding of soldiers. In fact I patented it and many other inventions; this brought me a fortune so that I did not have to charge patients any fee for my services. Mostly I worked in Mexico, lacking a command of the English language.

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 also stay up till all hours studying the structure of the molecule, and its electron charge as it affects adjacent molecules.

Should a person suffer nuclear radiation I can help his tissue damage recover, with lipids. For cancer you need to understand abnormal lipid metabolism, OK? I prescribe selenium and Omega-3 fatty acids. I’m not afraid to put sulfur into lipids. My main success has been in relieving the pain of cancer. If you have time later I’ll tell you about the bioactivity of prostaglandins.

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. Each was registered in Toronto. My 1940 book reports heaps of cases.

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. During my lifetime I did something that was a bit dishonorable, by the way. I made use of the brilliant experiments created by my lab technician Tom Deaken without giving him credit. Possibly he had seen Doyen's 1901 *Lancet* article that discussed a cancer microbe.

Hi. I'm **Henry Wachtel**, MD, born 1890 in Poland. I was pleased when the journal *Nature* published my Letter to the Editor, in 1949, which said,

"The acetone extract from posterior pituitary lobes of cattle includes a number of substances of special interest. One of these substances decreases the growth-rate of young animals, plant seedlings, and transplantable mouse carcinoma. Another substance, when injected into white mice of a practically cancer-free strain, causes the appearance of malignant tumours in about 25 per cent of the animals treated."

I called the former a "cancer checking lipide." After 1950, I was able to crystallize the fraction I took from cattle pituitary and patented it under the name Antineols, an abbreviation of antineoplastons (Ring a bell? Great Poles think alike, you know.)

I imagine cancer occurs only when the body has undergone pathological changes in metabolism. That includes such disturbances as hyperalkalinity, hyperglycemia, changes in fatty substances, and destruction of proteins. Nitrogen equilibrium is also upset: cancer patients excrete more nitrogen than they ingest. Probably enzyme metabolism is disturbed in cancer.

As these are like pituitary disorders, the endocrine system is involved. When I prepared an acetone extract from the posterior lobe of the pituitary and injected it, it inhibited the growth of

tumors in mice. Yet an acetone extract from the anterior lobe had the opposite effect – it stimulated tumor growth. It may be that cancer is caused by some normally innocuous factors that have the opportunity to act on the body that has a predisposition to cancer.

Hi, I'm **William Koch**, of Illinois, both MD and PhD. I died in 1967 at age 82. (Please don't confuse me with the Robert Koch who designed "Koch's postulates" -- that's my Uncle.)



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 toxic substances accumulated.

In 1926 I published *Cancer and Allied Diseases*, and, 35 years later, I wrote *An Introduction to Carbonyl and Free Radical Therapy*. This concerned the hydrogen atom. I heeded Otto Warburg's idea that cancer cannot thrive amidst oxygen and so we should bring oxygen to the cancer. I also knew that sugar was a key.

I don't see much difference between cancer and viral diseases; it's always a question of poisons and the need to chase them out. In 1944, British Columbia's Minister of Agriculture spoke up for the fact that dairy herds were helped by my medications!

In humans, my main success was with stomach cancer. I have gotten rid of tumors as large as grapefruits. At first I imitated Coley's fever method, but later I created Glyoxilide. Doctors used it, and testified to its value as a cancer therapy. The Federal Trade Commission got an injunction against my publishing claims that it worked. Prior restraint! Nowadays I impose the restraint: when I died I took the Glyoxilide recipe with me. Hi.

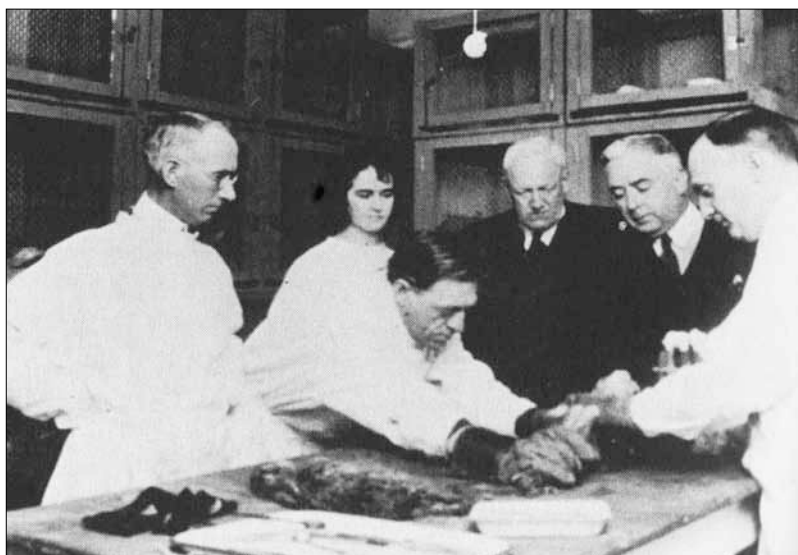
I'm the late **Lawrence Burton**, of the Bahamas, previously of the United States. I got my PhD in zoology in 1955. I invented Immuno-Augmentation Therapy and it has worked well on thousands of patients. The drill is to get the immune system to do the work of shrinking the tumors. Many people aren't 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. Yet in a way it tries 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, called blocking protein and de-blocking protein are what I just described. 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).

Earlier in my career I startled colleagues at a conference by injecting mice whose tumors then shrunk instantly as they watched.

* * *

Very nice. Thank you, Gentlemen. I note that three of you supported the cancer microbe idea – Glover, Coley, and Lincoln. And three came in on the hunt for mechanisms the body possesses for the turning on and turning off of growth, namely, Beard, Durovic, and Wachtel. The other four of you have one-off ideas: Burton referring to immune augmentation, Gerson to the chemical balance of potassium and sodium, Revic holding forth on lipids (which is over my head) and Koch on oxidation (ditto). 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? They all 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. One of Emanuel Revici’s patients wrote:

“He published an 800 page book in 1961. Of 10,000 copies, the government burned 7,000 saying they were ‘dangerous’ It is a superb book in which, 30 years before a Nobel prize went to someone else, he discovered Leukotrienes. Also the oncogene. Also prostaglandins. Also Pleomorphic bacteria.” -- quoted in Barry Lynes’ *The Healing of Cancer* 1989, pp 161-2.

Revici was lured away from his practice in Mexico to come to the US for an arrangement that then fell through, according to W. Eidem’s biography *The Doctor Who Cures Cancer* (1997).

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 and through pressures, used to prevent the truth about Krebiozen reaching the American people.”

Professor Ivy said himself, about his book: “An ad for the book was placed in the Times ...the freest of the large circulation newspapers...The Times categorically refused a second ad...The Time’s medical counselors had advised against accepting an ad...” The librarian-in-charge advised me that...the author ‘went against’ the AMA (and) it was decided that this book (*K-Krebiozen*) was to be ‘taboo’.”



Andrew Ivy MD

Wachtel. Nat Morris, author of *The Cancer Blackout*, writes:

“Dr. (Henry K.) Wachtel...after escaping the Hitler regime resumed work in New York City, aided by Columbia University. He served nine years as professor of physiology, and director of the Cancer Research Council at Fordham U. But when he began to test his pituitary substance, he was removed from both posts, [and] no other funds could be secured. Dr. Wachtel is outspoken in identifying ...an international drug cartel.... controlling every phase of cancer research and therapy, including the allocation of grants from private foundations and government....to maintain its monopoly, strangl(ing) every independent approach to cancer.”

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 such an awful fate as 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.”

PUT A STOP TO THE PERSECUTION OF CANCER CURERS

We can stop this persecution. There is only one way to do so, the way that every parent knows. You must punish the wrongdoer. All these years that we have been putting up with this outrageous behavior, we have been sending the message that we condone it!

Please refer now to the frontispiece of this chapter, the “power list.” The top group, that is, Items 1 through 4, occur normally in

a competitive academic setting, such as to deny a research grant and the next group of four (Items 5-8) are things that occur regularly in business – such as poaching your rival’s employees. Hence I’ll ignore these as not being worth our special concern.

The next five are naughty behaviors (Items 9-13), but I vote we overlook them for now, except the one about arranging for a harassing lawsuit. It is within the power of a judge to sanction “abuse of process.” Shame on judges for not doing that on a regular basis. Why in the world should judges allow the legal system to be itself, a harasser of ordinary citizens? Good heavens.

And where are the smart jurists (a word that means anyone who publishes critiques of law and recommendations of reform)? Can’t they write something about the suitability of anti-trust law? Or the ever-creative RICO ACT (Racketeer Influenced and Corrupt Organizations Act)? How about the civil right laws to protect these doctors? The law has given us everything we need. How lovely.

Finally, to items 14-18. These are undeniably crimes. Threatening, burglarizing, threatening, and attacking. If you did those things you would be listening for the police siren, would you not?

YOUR TURN

I recommend that some law student society, perhaps The Federalist Society, open its office to act as collector of complaints from any harassed cancer researchers. Alternatively, any state legislature could simply resolve to investigate the matter, and advertise a hearing at which citizens can come forward as witnesses. Perhaps the psychology or theology department could try to explain why this calamity has gone on for so long -- and show how to end it.

Just think, Dear Reader, although you may have only found out about the ten ghosts, from me, today (and I only heard about them in 2011), plenty of people knew each of the ghosts and were aware of their plight at the time. Why didn’t they do what humans have been doing since ancient times? Societies always set up punishments to help people stop doing what they would otherwise want to do.

Please note that harsh punishments are typically invented if the sin is one that is likely to occur and will, predictably, cause a lot of harm. Where the community depends on livestock, and with theft of livestock being very easy to accomplish, you can expect harsh laws. Guess what they did to hog thieves in colonial Virginia?

I got this from a high school History website:

“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.”

Interestingly, in addition to the fine to be paid to the town, the thief had to pay a fine of 400 pounds of tobacco to be shared between the victim and the informant. Great. I’m doing a pretty decent job of informing in this book, am I not?

Perhaps the problem is that “liberals” think we’ve advanced from a time in history when corporal punishment was acceptable. That view can only be held by persons willing to block out information about what goes on in jails! The way prisoners are treated in some of the 50 states is fantastically violent.

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, a conservative figure. So the suppressors killed 125,000 folks. Do you want them to be pilloried?



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

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.]*



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

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! 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."

This chapter covers some specific matters, none of which will provide counsel on whether a person should take the standard treatment or not. Had I imagined I could be useful as a counselor, I would have done very different research than I have done.

Please note that I cannot be cajoled into saying how I think you should proceed if you have cancer. Excuse me if that sounds callous, but honestly I have no real advice to give. I am an ignoramus when it comes to understanding why, say, the prognosis for leukemia is different from that for brain cancer, or whether there are drugs with only mild side effects. I am not your man. I do politics.

“Dr Owen Wheeler’s Story” in *The Conquest of Cancer*, 1984, pp 48-51.
(coauthored by Edmond Addeo and V. Livingston)

[There was] a lump on the side and to the rear of my neck. I knew what it was but I didn’t want to admit it to myself. That afternoon I went to a surgeon friend. He took a biopsy....

The report said exactly what I feared it would – cancer. My friend the surgeon advised me that radiation and the standard chemotherapy techniques were my only hope since no one would operate. (It was surrounding so many nerves and blood vessels.)

What should I do? What should I do? was all I could say. I was afraid. I wondered whether if I were alive in a year I would be a skeleton in a hospital bed.

A physician sees cancer all the time. And we always advise the orthodox treatments. We have to, of course. A physician could lose his licence if he ordered a cancer treatment other than surgery, radiation, or chemotherapy.

I had been referring cancer patients to several oncologists for many years, and it suddenly occurred to me that I hadn’t ever seen many of those patients again. I called the various specialists and discovered that most of my patients had died. I was only 62 at the time and wanted to live a few more years. A friend finally said “There’s the Livingston Clinic here in San Diego and they’re doing something with cancer patients.” I called and made an appointment.

Dr Virginia explained to me her work and gave me some of her published papers to read. I finally saw the microbe in my own blood sample under the dark-field microscope. A lot of what she was telling me went totally against my professional training. I, and almost every other doctor in the land always stated that it was impossible to have such a bug in one’s blood and still live. Dr Virginia said cancer was a do-it-yourself treatment disease that my own body could fight, but only if my own immune system could be strengthened.

I decided that it made good scientific sense and underwent the program. Within five months my tumor was completely gone. There has never been any recurrence and it has now been more than ten years.

In 1975 Dr Virginia’s husband, Dr Afton Livingston, died. My wife had died six months previously of heart disease. I went to work at the Livingston clinic. Dr Virginia and I worked side-by-side ... continually seeing cancer patients getting well. I also saw her unexcelled compassion and concern for her patients.

A year later we were married.

WHAT SHOULD DOCTORS DO NOW?

Actress Suzanne Somers, unhappy with some of her cancer doctors, wrote *Knockout* in 2009. That book was featured on *Oprah*, and on *Larry King Live*. As a result of that, plus other reasons, folks are starting to doubt their doctors. My approach here will be to give doctors an out. I believe they did not cause the problem of cancer-cure suppression, but they had better stop maintaining it, or they will indeed be to blame.

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

-- 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?

-- 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.

-- 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."

-- 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!)

The Pressure of Club Loyalty. Some of the miserable behavior outlined in this book is done by doctors, and thus we might expect another doctor to blow the whistle. No way, José! The rule is deeply ingrained in medical professionals: you don't dob. (That's Australian for tattle). Presumably you can carry information to the head of the local AMA, but not to the public. One famous exception to this club mentality: doctors are

positively encouraged to do a colleagues who writes prescriptions for himself for narcotics, or who shows up at work inebriated.

Maybe the reasoning here is that a drunken doctor will dash the prestige of all of them. But it could just be that as soon as they were inducted into medicine, the young doctors were told that this particular dobbing was OK. In many occupations, new recruits get told on their first day what the relevant “traditions” are, and that suffices to lock in those traditions. Like magic, really.

Anyway, loyalty within the medical profession is normal and natural. Loyalty is a strong moral force, often a crucial one -- members of an army platoon are trained to think of their buddy on the battlefield as part of themselves. Family loyalty, which is what this evolved instinct is built on, is a trait of our species that begets altruism and sacrifice even up to the level of clan or tribe.

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. 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.” I think that's a correct statement, and it sheds much light on the subject of this book! Do you agree that doctors would blast that etiquette rule if they gave it some thought?

Getting Liberated. So, Docs, you can see that I don't consider you a bad bunch. And I think that we patients want desperately to re-acquire the doctor-patient relationship that used to be one of the really fine things in life (as was the nurse-patient relationship for folks in hospital). So please do what you can. Starting yet another organization is not advisable. Just buddy up with a few like-minded souls and map out a way to go.

Here, take a look at some quotes being read by your patients, at on the Internet. You cannot blame folks if they lose trust in you. *Not because they see you personally subscribing to these things, but because they see you being silent about them.* Perhaps you should jot down your responses to each of these, privately.

1. “Taking a biopsy often aggravates and stimulates growth - and does not indicate how many secondary tumors have developed.” -- Dr. Charles Mayo (quoted in Lynn Dallin, *Cancer Causes and Natural Controls*, 1983).

2. "... No studies have established the much talked about relationship between early detection and favorable survival after treatment (by surgery, radiation, etc.)"

-- Prof Hardin B. Jones, University of California Berkeley, in *Cancer Control Journal*.

3. "There seems to be little doubt that cancer can be spread from the primary site to distant tissues through ... [There are] numerous ways that surgical manipulations (e.g. biopsy, therapy) could be responsible for this phenomenon."

-- Vincent Vita, Director, NCI, and Steven Rosenberg, MD, Chief Surgeon, NCI, and S. Hellman, MD, Director of Radiation, Harvard Medical School, *Cancer: Principles and Practice of Oncology* (1982).

4. "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 a higher risk of developing a second breast neoplasm (RR=3.9) than non-irradiated women (RR=2.8)."

-- E B Harvey, "Second Breast Cancer," National Cancer Institute Monograph . 1995, 68: 99-112

5. "We found that radiation increases the risk of developing a second cancer in a very similar way to how it is related to risk of a first cancer," said Dr. Christopher Li who led the study published in the journal *Cancer Research*. "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, September 15, 2010.

6. "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; while the median survival time for lung cancer was increased from 5 to 6 months."

-- Bernard Windham, "German Magazine Spiegel Tells Truth about Chemo" (referring to U. Abel's study, "Chemotherapy: a critical review," in *Biomedicine and Pharmacotherapy*, 1992; 46: 439-452).

HAVE A TALK ABOUT THE WORD “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.” Geez. Aren't aren't you supposed to be big boys and girls who can make medical decisions with out approval from on high? Can't you come out and say that?

In researching this book I was startled to see the generalized way in which the ACS described every case to you. Actually, they were almost identical. Outrageously, while they say the work was investigated they omit the names of the investigators! Let me supply you right now with a fine example. It's by Wallace Janssen, the man who started the National Congresses on Quackery. He also worked for the FDA. Poor chap.

Doctors, please note my italicizations, these highlight where I see Janssen using tactics on you. Pray tell, would you now agree that you got lulled by his psychological tactics, to the point where you really believed the doctors were quacks?

Begin quote, Wallace Janssen 1977 article (abridged) “Cancer Quackery: Past And Present.” In *FDA Consumer*:

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

“One of these was the treatment promoted in the 1940's by Dr. William F. Koch of Detroit ... Koch's treatment was one of the greatest medical hoaxes of all time. Analysis showed it to be distilled water of extraordinary purity, but Koch claimed his medicine contained 1 part of a chemical called glyoxylyde. *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 glyoxylyde 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 in the treatment of cancer or any other disease.* 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, which deliberated eight days without reaching a verdict, and was dismissed. 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.

“[Then] another very different cancer drug was beginning to make headlines and converts. This was Krebiozen, an alleged investigational drug said to have been 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 announcement and 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 Ivy’s prestige gained widespread confidence and credibility among cancer patients. To many he became a hero battling for science against the “medical trust.”

“Thousands of cancer victims eagerly sought Krebiozen, and thousands of doctors prescribed it as an investigational drug at \$9 per ampule. *But the cancer experts who suspected Krebiozen from the beginning were vindicated in 1963 when a team of FDA chemists found it to be creatine monohydrate, an amino acid present in all animal tissue without value in the treatment of cancer.*

“Krebiozen inspired an emotionally charged following of people who were convinced that the scientific establishment was suppressing the use of a drug which could save lives. Nevertheless, *when FDA found that the law had been violated, Ivy, the Durovics, and their Krebiozen Research Foundation were prosecuted.* A special Federal grand jury indicted them on 49 counts of fraud and conspiracy, but on January 31, 1966, after a nine-month jury trial in the Federal Court at Chicago, all were found not guilty.

“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. The drug remained unapproved and its interstate distribution continued to be illegal.

“HEW officials held a public meeting with the group to hear [patients’] protest *and explain the Government’s position, but to no avail.* Eleven U.S. Senators called for another start [to see if] the drug had any value for cancer. FDA refused to back down. Dr. James L. Goddard of the Agency [said]: “I know there are several hundred people *who believe in*

their hearts that Krebiozen will cure them. And I have deep sympathy for these people. *But there are 198 million people whose health and safety depend in some measure on the integrity of FDA.* . . . Commissioner of Food and Drugs has neither the moral nor the legal right to disregard the laws of Congress and the evidence of science. *We cannot and will not permit the introduction of Krebiozen into interstate commerce.*

End quote of Janssen on Quackery

WHERE DOES THE AMA GET ITS LEGAL POWER?

Even since the New Deal, federal power is 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.

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 the selection of drugs or 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 one particular “school” of medicine. I suspect that practitioners think they are bound by stronger rules than is actually the case!

OFF-LABEL PRESCRIBING

It also seems that 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. That is, she may prescribe for her cancer patient a drug that has never been approved for cancer but is approved for something else.

The Independent Institute published an article "Off-Label Prescribing" by Alexander Tabarrok. (*The Independent Review*, v.V, n.1, Summer 2000, pp. 25–53) from which I quote:

"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, called "off-label prescribing," is widespread.

A number of studies have documented the extent of non-FDA-approved (off-label) prescribing in a variety of medical fields. According to a study by the U.S. 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 (General Accounting Office 1991).

"Experts have estimated that nearly all pediatric patients (80 to 90 percent) are prescribed drugs off-label (Jaffe 1994; Kauffman 1996; Goldberg 1996). 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

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"

"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. 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. 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." - L. Dunegan R. 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? So, you are the problem.

“IN LIEU OF FLOWERS, SEND MONEY TO THE POOR DEAR ACS”

The American Cancer Society was founded in New York at the Harvard Club in 1913, the year the Federal Reserve Bank began. Talk about ominous! And with some of the same players.

The ACS claims it is dedicated “to eliminating cancer ... and diminishing suffering from cancer.” Rubbish! Why would we believe that? None of its founders would have dared show a real sympathy with suffering folks: that subject is taboo for them!

ACS head, James Ewing, whose 1919 textbook put paid to the pleomorphists’ research, co-founded Memorial Sloan-Kettering. (Sloan ran Ford Motors!) Ewing joined mining engineer James Douglas in the lucrative radium business, and pushed radiation for cancer, making it almost the exclusive treatment at MSK.

As for another ACS head, Cornelius Rhoads, Wikipedia notes:

“It has been claimed than in 1931, while working for the Rockefeller Institute for Medical Research (now Rockefeller University), Rhoads deliberately infected several Puerto Ricans patients with cancer cells. Accusations against him are based on a letter he wrote, which states in part: *The Porto Ricans are the dirtiest, laziest, most degenerate.... I have done my best to further the process of extermination by killing off eight and transplanting cancer into several more... 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 [Hello?] -- and did not reflect anything he had actually done. ...According to San Juan doctor Hector Pesquera, “At least 13 people died as a result of these experiments.”

So why would American Cancer Society appoint Rhoads as its head? What made Time magazine give this creep a nice place on a 1949 cover? ACS and Time are more or less a unity, along with Wall Street. OK, but why is Wikipedia revealing bad stuff now about Rhoads? (Note: Wikipedia is managed by the CIA, as is CBS, *National Geographic*, *People*, *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 presenting it repeatedly. 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!**

Interview. Conducted February 29, 2012, at Adelaide Writer's Week, by Ms Clara Fye, who is good at clarifying things.

Clara: I like your manuscript. Fancy a local girl finding 18 cancer cures.

Mary: For me it was an enormous privilege.

Clara: People may reckon you're a disinformation artist. You show the life of an honest scientist to be so scary they should stay away.

Mary: Wow, Clara, I didn't know you were so into it! Sure, maybe I'm "on the payroll." Do you know when East Germany collapsed in 1989, it came out that 30% of the citizens were spies for Stasi?

Clara: I notice that your three recent books emphasize punishment. Doesn't the Bill of Rights forbid cruel and unusual punishment?

Mary: The Court has never pinned down a definition of "cruel." Ever seen a cancer patient with cachexia? That's pretty cruel.

Clara: But we needs must stick with the law we have, for certainty.

Mary: Where else but here in the Pioneer Women's Garden would I hear someone say "needs must"? Anyway, I think it's good that courts leaves the definition of cruelty open, to suit circumstance.

Clara: So whom would you indict first, regarding cancer?

Mary: Promise you'll believe me when I tell you?

Clara: OK.

Mary: Anyone. It simply doesn't matter. Arrest a nurse. She'll say she was obeying orders, but at least we'll learn what the orders are!

Clara: I note your Treason book invites the guilty to step forward.

Mary: Everything could change overnight. The fear could recede.

Clara: Crikey. Wouldn't that be fabulous. The future could reopen.

Mary: It'd better happen soon. You know how I say "Consider the lilies"? Well, there won't be any lilies. Fathom it. And no birdsong!

Clara: Now that you say it, I haven't heard kookaburras in a while.

Mary: Uh-oh. Me neither. And on my balcony, when I photograph the clouds, I expect to see bees or flies, but they've gone AWOL.

Clara: Why don't the big bosses understand that by ruining the environment, they harm themselves along with everyone else?

Mary: They have the same "make" of brain as us. We all live in denial. And they're not really bosses, you know. They're slaves.

Clara: They're trapped. It's sad. Can you recall the word *he-man*?

Mary: My kingdom for a he-man.

Clara: How about that one over there?

Mary: Wow, he's nice-looking. Great shoulders. But why isn't he out arresting someone?

Clara: Maybe he will, after he reads your book. It could start a trend!

I'm Like "Huh?"

In Kansas in 1895 eighth-graders 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?
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.

-- Source: JenniferMarosey.com



Meta-Theories of Cancer: Five or Six Intellectual Thrills

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!)

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, metabolic, electric, and infectious. We already discussed them (except John Holt makes a debut here), but now the emphasis is less on cure, and more on the science of why a cancer appears in the human body. Note: It will pay to jump to the Exhibits when indicated.

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?

We used to learn “metaphysics.” This was fairly capricious stuff, sometimes connected with sacred scripture, in which one declared how the universe works. Greek philosophers of the Golden Age really went to town in this area. Perhaps it’s fair that “empiricism” has higher standing today. But children who are not given a metaphysical structure to contemplate while their intellect is forming may be at a disadvantage later!

I. PLACENTAL THEORY (A.K.A. CHORIONIC, OR ASEXUAL THEORY)

(The supporting exhibit is Exhibit E, by John Beard.)

The asexual method of reproduction of primitive animals, via budding, has carried over a bit into mam-mals? Yes, even into that grrrrreat mammal -- us. That is not something that a practicing physician ever thinks about, much less is it something that would twig him to see a cancer cure. But if there is a zoologist around, a good theory might pop up!

John Beard, a zoologist, knew Mother Nature. His first research animal happened to be a fish, and in 1888, by luck, 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 sperms and eggs.

As far as I understand 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. Beard looked for the *transition* from asexual to sexual reproduction.

In many fish species, the female lays eggs in the water and “walks away.” These eggs may get fertilized by any passing male. Since there is no uterus and no placenta involved, how do the waiting eggs survive? Beard cogitated until he figured out how the eggs nourish themselves. (I won’t go into it here).

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 some 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.

In Beard's 1911 speech, he noted bitterly (recall his more-than-one-way-to-burn-a-scientist-at-the-stake remark) that it may take a hundred years before this cancer cure will be widely in use. Looks like we missed that deadline last year – drat!

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. I note that he chooses to call his cancer treatment "alternative medicine." Alternative to what? It is based on well-established science! (When the dentist was prescribing Beard's cure, I guess the patient would be doing something alternative by going to a dentist.)

You can watch Gonzales chatting with Dr Mercola on Youtube, about the deaths of celebrities Michael Landon, Patrick Swayze, and Steve Jobs. (Don't worry about patient privacy; their oncologists gave regular press conferences!) Gonzales thinks the pancreatic enzyme cure would have been the ticket, and that a liver transplant for those men was uncalled for, especially as any transplant taxes the immune system to the limit.

2. METABOLIC THEORY (A.K.A. NUTRIENT, OR ENERGY THEORY)

Our main man here is Emanuel Revici, MD. He actually had *several* meta-theories in his nog, but this one is about basic chemistry. (His famous therapy, selenium, is an element on the atomic chart: #34 – see photo.) Two of his cancer treatment ideas were: the measuring of alkalinity and the fact of diurnal rhythms.



Dr Revici, 1980s

Atomic chart, from chemtutor.com

Note the pile of books! Revici did not invent the basic-chemistry approach to medicine. Indeed, Claude Bernard (1813 -1878) spoke of the importance of alkalinity for human health.

Revici died in 1998, at the age of one hundred and one. He had graduated from the University of Bucharest in 1920. In 1961 he published a 772-page book: *Research in Physiopathology as Basis for Guided Chemotherapy: with Special Application to Cancer*. In later years he found ways to treat asthma, rheumatoid arthritis, schizophrenia and AIDS. He was especially good at relieving pain, as will be discussed in Chapter 9. Marcus A Cohen, MD, tells us:

“Emanuel Revici was the first to develop selenium compounds low enough on toxicity to give cancer patients. He [treated] cancer with naturally derived Omega fatty acids. Teaching himself advanced chemistry he became absorbed in exploring the relationship between lipids and cellular metabolism. In 1942 Dr Revici converted a modern hotel in the Mexican capital into a medical institute. With over a hundred rooms, it specialized in cancer, treating patients free. The idea and money came from a friend, Gaston Merry, former representative of I.E. DuPont.”

That is from reviimedical.com. Cohen also writes:

“During his European years [pre-1942], Revici launched onto a systematic study of the effects of different elements on bodily function...[Each] induces an anabolic or catabolic metabolism.”

Dear Reader you may want to have a support person nearby as you read this next bit. Personally I consider it colossal:

“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.**”

No Textbook Here!

Note: Metabolism appears to me to be a big clue to cancer, but I lack what it takes to argue for it. Having found that Walter Guy, MD, offered potassium as a cancer cure, I have put his 1935 paper in the Exhibits. If you wish to see H Sartori's report that cesium chloride had “had an impressive recovery of cancers,” go to *Pharmacol and Biochem*, 1984: 21. Max Gerson's work is also “metabolic,” and the fact that Gerson was persecuted probably indicates that his cancer cure has merit. (God help us, what reasoning!)

The hot new metabolism cure is DCA, di-chloro-acetate, as proposed by Evangelos Michelakis, MD, at the University of Alberta. DCA involves the new finding that mitochondria have a role in apoptosis (“cell suicide”). Our cells die every day, as is necessary for new growth, but cancer cells are apoptosis-poor. The trick is to get the “Die, please” message to the mitochondria of cancer cells. Myself, I'd put money on this one, in spite of Michelakis being persecution-free. For an up-to-the-minute bibliography, go to: theDCAsite.com.

3. ELECTRIC THEORY (A.K.A. RADIOBIOLOGY OR BIOELECTRICS)

(The three relevant exhibits are G: Crile, M: Holt, O: Becker.)

First, to introduce John **Holt**, MD of Australia. Strictly speaking he isn't a meta-theorist; he credits someone else with the theory he applied. However, I list him as our 18th curer as he made it happen. (The 17 we've met so far are the 7 from Part One: Livingston, Burzynski, Naessens, Becker, Rife, Crile, Lakhovsky, and the 10 “ghosts” of Chapter 6.) Since John Holt is alive and kicking in Australia, he is no ghost. Please see Exhibit M for a paper he wrote in 1974. The main point is that instead of using heavy radiation, as

is the common practice, he uses microwave-strength radiation. A website, smile.org.au, explains his method.

Holt has perhaps endured many frustrations, but he “missed out” on getting jailed or sued. This was because he was lucky to find a friend in the premier (state governor) of Western Australia. The premier, John Tonkin, even arranged for patients to get reimbursement for their expense of traveling to Holt’s clinic!

Next we turn to Lakhovsky, a Russian engineer who became a citizen of France. He has 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 [have been] 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.

Recall that the only cancer cure Lakhovsky claimed credit for is that of plants. Yet he made a comment on fever that may cause a penny to drop regarding Coley’s use of fever as curative:

.... On feverish patients a rise of temperature is invariably observed... at sunset, when the sudden reduction of atmospheric ionization due to sunlight causes a great influx of cosmic waves as well as short wireless waves. -- *The Secret of Life* 1925: 103-4, trans by Mark Clement.

Now to George **Crile**. Talk about *meta*, he must be the most meta person that ever walked among us. In his day he did have great eminence among surgeons, but those colleagues knew only of his discoveries in surgical shock, transfusions, tracheotomy, etc.

His bipolar theory refers to the fact that things have a north and south pole. In his 1926 book, Crile looks at the solar system and asks what effects electricities have on species. I'll paraphrase:

Atoms and man have positive and negative charges in them. In man, each cell has a positive nucleus surrounded by a cytoplasm 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 cell 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, in his 1926 *Bipolar* book:

“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” (p 157).

“Unicellular organisms are organized by the energy of the sun's rays... Surely then the sun's energy released within an animal may be capable of organizing energy systems” (p 167).

“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” (p 219).

As I will explain later, 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 Autobiography*, which she edited in 1947. This is from page 431:

A cancer cannot grow unless a difference in potential is maintained

between the cancer mass and the surrounding tissue. 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. [Emphasis added]

As for Lakhovsky, who died in 1942 when hit by a limousine, it is pleasing to hear how d'Arsonval's sums 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.

4. INFECTIOUS THEORY (A.K.A. MICROBIAL OR PLEOMORPHIC)

(Exhibits are: D: Coley/ J: Rosenow/ K: Rife/ P: Mattman)

First to define *infection*. It means contamination. Don't confuse it with *contagion*, which means person-to-person transmission. If a pathogenic microbe infects you, you'll develop symptoms of illness. Where did the word pathogenic come from? From the Greek *pathos*, for suffering and *gen*, to make. So what makes a microbe pathogenic? Nothing, really. It's just how we designate their effect on us. "Non-pathogenic" microbes are the ones that live in symbiosis with us (many of which we need for survival!)

Recall the pleomorphists, such as Livingston and Rife, who've identified a cancer microbe. I judge them to be correct, on the basis of their curing cancer by giving that microbe the heave-ho.

But do they have an “infectious meta-theory”? Do they say why Mr Jones is healthy one year but cancerous the next? Livingston claims we always have the cancer microbe in us (a bit like Beard says we carry the trophoblast beyond its use-by date). Rife and Rosenow are *soo* pleomorph-happy that they think we have bacilli, and viruses, that can transmute into the cancer microbe.

It’s wrong for me to pretend to teach this, as it is over my head! I advise students to see Exhibit P for the musings of Lida Mattman. She was at the cutting edge (and don’t hesitate to emulate her; there’s always room at the top). But I can say that if a bacillus or virus is going to infect you, it has to take action that is more than just “create the symptoms.” Per a medical textbook

[We] are continually subjected to influences that disturb the process of normal cell division and may lead to the formation of abnormal cells. For example, a virus may enter a cell and alter its genetic structure by becoming incorporated into the nucleoprotein of the cell chromosomes. Radiation and various chemical *carcinogens* may also induce mutation by altering chromosome structure.

-- Leonard Crowley, *Human Disease* (1986)

So, the offending object makes its way into the nucleus of the cell and messes it up. (Chemo does this! Radiation, too. Weird!)

Of our curers, Glover and Coley both attacked cancer microbes with a toxin. How’s that for confusing? The word means poison, but sometimes we use a poison therapeutically. Botox, which FDA allows for dystonia and also for “beauty,” is short for “botulinin toxin.” Yes, as in botulism (which, if served to you in food, might inspire you to sue the restaurant). So, does Coley think that when he gives you a toxin for cancer, it will change the DNA, as mentioned by Crowley? Well, DNA wasn’t discovered until 1954, and Coley was writing in 1909. He said:

“In my view the mechanism of the cure in question is quite simple. I have already stated that the nucleus of every cell consists of a certain number of substances. Some of these act as conductors (mineral salts), while others act as insulators (resins, fats, cholesterol, etc.)”

5. ORGONIC THEORY (NO EXHIBITS)

The title of this chapter promises “five or six meta-theories.” I believe Wilhelm Reich’s orgonic theory of disease constitutes a meta-theory but I can’t manage to present it today. It differs a lot from what we have been discussing. (His *Cancer Biopathy* is exciting and exhausting!) So I hereby *reserve a place for it*.



Wilhelm Reich, MD

I do not reject Reich, as many do, on the grounds that he had a flawed character or was a nutter. Regarding the first, mote alert! As for the second, I actually do consider him a nutter, but so what? (Reich asserted, embarrassingly, that the life energy has something to do with orgasm. No, not a misprint of “organism” there; he is referring to the sex act. But that’s silly. What about mosquitoes? They have energy and are part of life and, far as I know, all skeeters – “mozzies” in Australia -- are anorgasmic.)

A possible cause for the vigor with which the US government harassed Reich is that he, like George Orwell, was originally an insider who broke away in disgust. I am particularly suspicious of the fact that Reich was a close buddy of Freud in Vienna. In any case, he was punished. To the nth degree.

Alan Cantwell has this to say about our “sixth meta-theorist”:

“The famous psychoanalyst Wilhelm Reich (1897-1957) spent years studying ‘orgone energy’ and its effects on the body. His cancer research showed that cancerous cells are poorer in orgone energy than are normal, healthy cells. When cancer cells broke down and degenerated, he always observed toxic microbes arising out of the cancerous tissue. ...Reich’s two most revolutionary books, *The Bion Experiments on the Origin of Life* (1938) and *The Cancer Biopathy* (1948) contain details of his highly controversial biologic experiments and scientific theories, as well as fascinating insights into the origin of the cancer cell...

In the late 1950s, Reich got into serious legal trouble with the FDA [for selling] orgone accumulators. He was jailed and died while imprisoned. Six tons of his books, journals, and papers were burned by FDA officials.”

My oh my. And there I was that day, probably attending a ballet lesson, safe in the “knowledge” that the US never burns a book.

And that brings us full circle to metabolic **and** electric theory!

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 quite 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?”

A NOTE ON THE PARLOUS STATE OF EDUCATION

In 1992, John Gatto wrote *Dumbing Us Down*. Charlotte Iserbyt wrote *The Deliberate Dumbing Down of America* (free on Internet). Dear Reader, the situation is fierce. Did you see the pedagogical standards of 1895 Kansas, on this chapter’s frontispiece? Kids today are not taught any of those things. But that isn’t the worst

Slow Torture?

Side Effects of Radiation Treatment (from cancervic.org.au)

Cancer Council of Victoria, Australia, published this in 2012.

“Most side effects are short-term but some can be long-term or permanent.”

FATIGUE During radiotherapy, your body uses a lot of energy dealing with the effects of radiation on normal cells. Some people carry on as usual. However, many people find that they can't do as much and feel tired during and after treatment.

LOSS OF APPETITE Some people lose interest in food during a course of radiotherapy. This can depend on where on the body the radiotherapy is targeted. There may be days when you cannot eat much. Try to catch up on days when you do feel like eating. ... If your treatment is likely to cause problems with swallowing, nausea, vomiting or diarrhoea, a dietitian will see you. If you have radiotherapy in the head and neck area, chewing or swallowing might be difficult or painful.

SKIN PROBLEMS Sometimes radiotherapy causes your skin to become dry and itchy in the treatment area. The skin may become bright red or even peel. If this occurs, you'll be given special dressings. ... You should keep all treated areas out of the sun during treatment. After treatment, you may be left with a sunburnt look in the treated area, skin may also become more sensitive to the sun.

HAIR LOSS If you have hair in the area being treated (scalp, face or body), you may lose some or all of it during radiotherapy. Depending on the dose, it may or may not grow back after the treatments are finished.

NAUSEA If you are having radiotherapy to your stomach or some part of your lower abdomen, you may have to cope with an upset stomach, soreness or diarrhoea. Your radiation oncologist can prescribe medicines to relieve these problems. If you do feel ill, try to keep eating or drinking as well as you can so that your body gets the calories and nutrients it needs. -- cancervic.org.au

[Note: not mentioned here is the worst side effect, namely a second cancer caused by the radiation. (Google “radiation + second cancer.”) – MM]

“GERM THEORY” -- FUR WILL FLY BUT SO WHAT?

Robert Koch needs explaining. He isolated the bacilli of anthrax (1877), tuberculosis (1882), and cholera (1883) It was the anthrax that tipped me off. Just around the time he needed to discover the bacillus for anthrax, there was an outbreak of sheep anthrax right in his neighborhood. Let me say that again in case anybody missed it: Just when Koch needed to study anthrax in sheep, there was a local outbreak of it. Handy, eh?

Now then, to the germ theory. In 1890, William Russell gave his talk on the cancer microbe. Many doctors assumed a bacter-ial cancer would be found, as we see in *The Lancet's* editorials. Then suddenly there was a reign of silence. John Beard fulmin-ated about it in 1911. How did this come about? We still did not have James Ewing's no-microbes textbook – that came in 1919. We had Koch's dogmatic postulates. Scientists proudly obeyed the Postulates. It proved that you were cut from the right cloth

We, the public, were given a good fear of germs. I took germ theory to be correct. (Also, I thought certain diseases were given to man *by* the offending insect. That is, I thought African sleeping sickness came from the tsetse fly. Little did I know the fly had to get it from a human victim in order to pass it to another human. Same deal with malaria and the mozzie!)

My present belief is that the postulates were “handed down” from the cabal. I think Koch's trip to India to deal with the cholera crisis was part of a plan to keep us unhealthy. Creighton went to India independently and deduced that the plague there was not vectored by rats! I wager Pasteur was “in” with Koch, despite their alleged nationalistic clash in the wake of the 1870 Franco-Prussian war. (As Greg Hallett says of the spy world, “blown cover” is good cover.)

In Boston, near my *alma mater*, Emmanuel College, there's an Avenue Louis Pasteur. Students could ask the City Council to rename it “The Avenue of the Great French Scientists.” That would honor Claude Bernard, of Terrain Theory fame, Felix d'Herelle, co-discoverer of bacteriophages, and Bechamp. And LP. Did you know Revici did his 1936-1941 work in Paris? *Oui*. Naessens was born in France; Lakhovsky immigrated thither.

By the way, Bernard was a writer for vaudeville.

Who knew?

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 5. 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.

Ah, that was way back in Chapter 5. Subsequently, in Chapter 6, 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.

In his *Institutes of the Lawes of England* (a best-seller in the New World!), Coke identified the right of the person to repel any threat against himself, or against another whom he chose to defend. Coke's work is entwined in the Common Law. With the exception of Louisiana, which follows the Code Napoleon, the Common Law is basic to State Law.

If you harm someone in self-defense you have not committed 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 the 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 was sentenced to jail and did time. After he got out of jail, he blogged something of great interest. He said that the late Harris Coulter, a medical historian of the first rank, had ascertained that the rule related to Pixley's "crime" had never been gazetted in the Federal Register, and so was unenforceable. I have not checked it out, but it may thus have been a false arrest. There are all sorts of penalties for that! His conviction was affirmed at Circuit Court level. (As for Coulter's brilliance, and his stalwart efforts to help us all, please see our Exhibit S, in which he speaks of Type-1 diabetes.)

Consider how easily we assume that government is within its rights to chase after doctors who try a new medicine. Sure, there's a law stating that the FDA must okay a new drug. But why do they go after violators? Is it so patients won't receive bad medicine? Almost certainly that is not the reason. Several of the scientists we have discussed were persecuted. What is really going on? I stated my opinion at the end of chapter 6, namely that "they" are against "us." They want us to suffer cancer.

DANCING THE KNOCKBACK POLKA

Law students may be coaxed to do something about the fact that plaintiffs are at a great disadvantage when seeking restraining orders against governmental incursions, for example, the spraying of harmful chemicals. Recently, in Vermont, a citizen named Thabault brought an action regarding chemtrails. These are allegedly trails of barium and aluminum being placed in the sky. (Not the same as Centerfold, which does not use aircraft.)

The plaintiff's case was dismissed without the defendant ever having to "defend" himself. So much for Americans' belief that if you are willing to pay for a fight in court you can at least be heard. It doesn't happen that way. First, you may find that no lawyer will take the case! Then, if you file on your own (as a "pro se litigant"), you may get gobbledideegook from the judge.

On the next page you see the easy dismissal of Thabault's case. I do not know if Judge Murtha was too afraid to listen, or too set in the ways of court precedent, but he sure did disappoint. The "highest law" for him was the fact that the Federal Aviation Act

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 Act 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 Act 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 Act’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 Act or related regulations. In the absence of any such provision, some plaintiffs have tried to bring suit under 42 U.S.C. § 1983, which authorizes private actions for “deprivations of any rights, privileges, or immunities secured by the Constitution and laws” The Second Circuit, however, has expressly rejected this approach, holding that “the comprehensive enforcement scheme provided in The Act manifests congressional intent to foreclose an action under § 1983.” In light of this unequivocal language from the Circuit, and based upon the absence of any express provision in the FAA Act providing a private cause of action, the Court finds that the complaint has failed to set forth a valid federal claim. Consequently, Thabault’s suit is ripe for dismissal due to the Court’s lack of subject matter jurisdiction. [Also] the Attorney General has no legal authority over the Guard. See 3 V.S.A. §§ 151-53. . . IT IS SO ORDERED.

did not provide for private suing. He even managed to deploy the civil rights law against the plaintiff. Amazing. (Of course, the judge can always reach into his quiver and pull out a bench warrant to arrest relevant criminals.) Do they even do this?

Anyway, if you get knocked back, don't quit. Please don't quit. Naturally you will get hurt and feel humiliated. But so what? Just turn up the music and play the knockback polka.

LAW OF GENOCIDE

Pixley opined that he got off with a lenient jail sentence because he had raised the word "genocide" regarding cancer-cure suppression. Genocide is a domestically punishable crime. This is at 18 USC 1091:

- (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

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 (or 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:

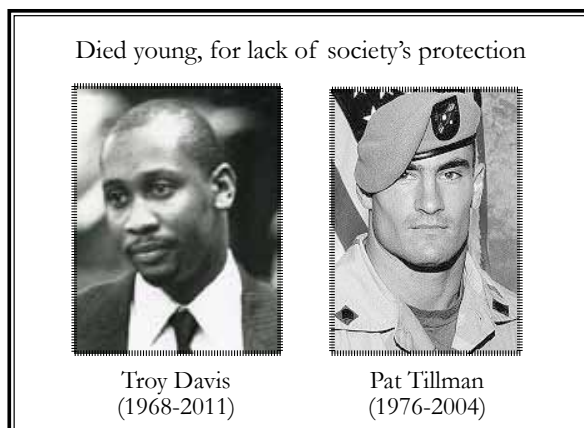
It didn’t take long before those in the GMV... open[ed] up on us with the 50-caliber machine gun basically shot at us in waves, or bursts of rounds. [We were]... yelling, screaming. ... [Then] sir, they moved into a better position, and started shooting at us again. And at that time, I could hear Pat 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 QUASH 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 anti-neoplastons 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*." "Pre-market 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 serums?” should be the same as asking “Is there constitutional authority to regulate interstate traffic in washing machines?” The answer is No. 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 telling federal legislators what they could legislate about. It's really quite restrictive! Go to frontispiece once again, and memo-

rize it if you can. Perhaps set it to music?

Do you see any hint in Art 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.

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. You may recall a First Lady helping the US make Mental Health matters “federal”(!)

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” – (let the cat in quick!) the cause and treatment of mental disorders. Sure, the Soviet Union was adept at



*Regina Benjamin, MD,
US Surgeon General*

using the psychiatric profession for social control, but we knew it couldn't happen in the land of apple pie. So why not let the feds wield syringes on mental wards?

By 1937 we had the National Cancer Institute, “to conduct and support research” relating to the cause, diagnosis, and treatment of cancer. In 1944, when everybody's attention was focused on World War II, a new law empowered the Surgeon General to treat at Public Health medical facilities, *for purposes of study*, persons not otherwise eligible for such treatment. Big orange alert!

Moving now to 1946, we got the Hill-Burton Act – a device to buy off the sovereignty of the states by offering “funding” for things that the feds could thus control. Further legislation, in 1956, offered federal matching grants not only to public entities, but to non-profit hospitals! I was but a nine-year old at the time and probably did not hear of it, but if I had heard of it, I would likely have thought it was very sweet.

Many a year would pass before I would wonder if all these “Christmas gifts in July” were aimed at giving the feds a positive image. If so, **why was there any need for an image?**

Enough. As anyone who made it past freshman-year political science can see, the purpose of the cat (Marine Hospital), and all that followed, was the illegal takeover of America. The ones who organized this have today got control of the 535 members of Congress. Wham. That's one of government's three branches taken care of. Note: they need only control 51 senators, no reps – see? They think *mathematically*.

As for judiciary, no problem. Judges haven't any power, really, since the nine Justices at the top have final say. (How many of the 9 need to be on the payroll? Very good, you are into the swing of this.) And the executive? Cakewalk: the bosses direct the media to present two presidential candidates for us – two obedient ones.

Trust me. The way to deal with the enemy's excellent knowledge of how to handle us, is to start talking to your neighbors about it. Our dogged efforts to escape hearing such worrying news is DEFINITELY going to bring us huge grief. Use any “civil society” venue, such as a library group or a music club. A meeting of three or four in your kitchen is actually the most effective thing.

Silence being the problem, talking is the answer!!

End Part Two

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

Other Areas Shed Light on Cancer
Trust Me on This.



Temple Grandin PhD



John Walker-Smith MD



SH Shakman, PhD



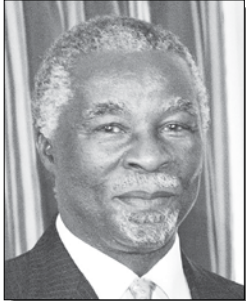
Barry Marshall MD



Robert Strecker MD



Lawrence Broxmeyer MD



Thabo Mbecki MA



Beth Maloney JD



Wm Engdahl MA

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.”



Good Health: Why Were You Born So Beautiful?

Helen, thy beauty is to me

Like those Nicean barks of yore... -- Edgar Allan Poe (1809-1849)

We also believe if the metabolism of the human body is perfectly balanced or poised, it is susceptible to no disease. – Royal Rife (1888-1971)

Welcome to Part Three. If you are searching this book only for cancer cures, you're invited to jump straight to Part Four – but first grab five pages from the present chapter about Revici's nifty work, and a clue on the "Cats page" in Chapter 10 showing how vets agree that vaccinating a cat can cause it to get sarcoma.

For those who remain here to see how "other areas shed light on cancer" there will be a general introduction to the "lilies" of good health, then a chapter on the vaccine hoax, followed by a chapter about Tenison Deane. He was a GP a hundred years ago, who figured out how the smallpox vaccine could cause an illness to be "installed" in the body, remain latent for 20 years and then give rise to cancer. Part Three ends with "the virus question," partly about AIDS and what I call Medical Jambalaya.

GOOD NEWS GALORE

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."

For more good news, see the celebration of Edward Rosenow. He started his work in the 19th century but is slated to become a hero of the 21st. Wait till you hear how he put rabbits in patient's beds (or something like that). There is also a cheerful section on death (yes!), and an eye-opening tale of how medical schools acquire accreditation. Plus the adventures of an Eagle Scout!

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. He/she may have 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

Bad things happen to mammals, including humans, but Mother Nature comes to the rescue. 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 main 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 of your own 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. It also includes **neutrophils**, which engulf the bad pieces, and **macrophages** --“big eaters” -- to consume undesirable bacteria. Abracadabra, **histamine** is produced to stimulate a widening of your capillaries to make transport quicker! Bewdy.

THREE CHEERS FOR EDWARD CARL ROSENOW (1875-1966)

Please see the amazing collection of data, on the next page, 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 searching for clues as to what illnesses are “viral” and which are “bacterial.” Edward Rosenow did likewise. See his 1950 article on polio in Exhibit J. Bet you never knew that he cured polio. Here’s an astonishing item from the *New York Times Magazine* of November 18, 1917 (yes, 95 years ago), penned by Mary Mullett whom no one was keeping an eye on, apparently, that day:

“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.”

Edward C Rosenow (I am not referring to his grandson of the same name who retired from the Mayo Clinic in 1996) was a collaborator of Rife, you may recall. Listen to what Leonard Rowntree, MD, said in 1958 in a book chronicling the lives of greats:

“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.” *Amid Masters of 20th Century Medicine*, (1958) page 318.

I believe he got it right. If I’m wrong so are the docs who feted Rosenow at that banquet. With meticulous work he was able to find and culture the bacilli of many illnesses, including schizophrenia and arthritis! (See SH Shakman 1996 for a good review.)

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

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

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

LILIES 9, CARCINOGENS 5

As this book does not deal with cancer *prevention*, I've avoided using the word "carcinogen." (Lida Mattman uses it in Exhibit P.) One can speak of smoking or asbestos as causes of cancer. Perhaps what this actually means is that such "carcinogens" act as irritants on some tissue (the lungs). Then, once irritated, the area is susceptible to microbes. I do not pretend to know.

This section suggests that if you are going to celebrate God's lily-making talent, you should mourn our carcinogen-making talent. We are certainly putting the planet under siege with our modern chemicals (most compounds in use today did not exist naturally), our genetically-modified food, and the modifying of the energy waves in the air by means of electronic inventions.

I recently heard the head of the South Australian museum (a great museum!) say that it will soon be made child-friendly by the installation of wi-fi throughout the halls. That is the opposite of child friendly! See Devra Davis' and Marino's books on this.

PROBLEM: MASS SOCIETY

In the 20th century we went from the kind of social arrangement humans had had from the beginning of civilization, to a new set-up: mass society. Two of its features are the standardization, (almost the assembly-line aspect) of daily behaviors, and the remoteness of leaders. "Standardization" describes the way a researcher must apply for grants, does it not? As for "remote-ness of leaders," think of how the AMA acts!

I can see how President FD Roosevelt, during the 1930s and '40s (he was elected four times as president) enjoyed the support of the people every time he raised a local issue to the heights of "Washington." Since he described it in a fatherly way, the listener's brain would have taken it in on the Daddy channel, so to speak. ("The medium is the message," said Marshall McLuhan.)

Still, it won't do. Our future does *not* lie in an ever-increasing distance between the leaders and the led. How does one predict the future? Easy. Can you predict the future behavior of a species of horse, or species of fish? Sure. Its future will be pretty much like the past. The behavior is what its wiring instructs it to do, and that wiring can't change. Humans, too, do what their wiring calls for, mostly. For good health, we need to return to smaller communities, to make best use of our wiring.

INTERNAL TERRAIN? THERE'S AN EXTERNAL TERRAIN, TOO

Claude Bernard preached that illnesses aren't "caused by" bacilli; rather, the person's *milieu interieur* has to have been in trouble first, or the bacillus won't gain a hold. This became known as the Terrain Theory, in contrast with the Germ Theory.

I'm here to say that our internal terrain is affected by what is going on outside, in the community. Let's face it, "good health" is possible either for a hermit (who, by definition, has no need to worry about relationships) or for persons living in a group where love and friendship abound. Any other arrangement is liable to generate *bad* health in the form of stress, irritation, disappointment, and discouragement.

Social support is vital. Societies create it via art, religion, and articulation of high ideas and goals. Because of the way our brain is built, even a rather vague connection with our "tribe" is enough to act as a strengthener.

The book *Daughter of Persia*, by Sattereh Farmaian, can serve as a baseline to compare one's own society. Farmaian grew up in Iran in a transitional period. In her youth "the household" was the only venue for loyalty. When a larger society came about, with the 1979 Revolution, folks had no basis for trusting others!

Dear Youngies, the way to deal with that is to create new understandings about mutual responsibilities. The resources within human nature are just plain massive. Motivation to work for the group can be elicited by rewards. We all seek praise. Even infants need praise, and they hate disapproval. When you praise someone, you aid his or her ability to release endorphins.

Also, the male of the species is team-oriented by nature. He is ready to work for the group like mad. And, I assure you, the "fathered family" is not going out of style. Why accept the garbage the cover of "popular" magazines? They tell you, for instance, that spouses abandoning each other is the norm. Truly, it's embarrassing. It's written by paid propagandists. They know we enthusiastically like whatever the trend is. Hey, there's *your* cue to start any new trend you like! Are you still in high school? Why not grab two friends and form The Committee for the ___ of _____ (Fill in the blanks.) Later, the very same day, you'll be seen as a font of authority! That's how it works. Amen.

You heard it here first.

UNTO DUST SHALT THOU RETURN -- GENESIS 3: 14

We all must die. Consider a feisty approach, as penned by the great sociobiologist Bill Hamilton before his untimely death in 2009:

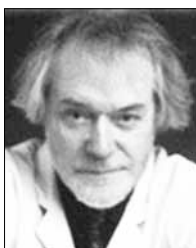
I will [ask in my] last will for my body to be carried to Brazil and to these forests, to be laid out in a manner secure against the possums ... and this great *Coprophanaeus* beetle will bury me. They will enter, will bury, will live on my flesh; and in the shape of their children and mine, I will escape 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

Decomposition is not to be despised. "We come and we go." 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 this 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. All was natural.

I hear you ask: Where is Boss Cocky in all this? Who organizes the decomposing work of the trillion zillion microbes? Lakhovsky notes that certain beetles travel miles to work on a corpse; he says they get there under direction of cosmic rays!

The spokesperson for putrefaction today is Erik Enby, MD, of Sweden, who learned it from Gunther Enderlein, his mentor at



Erik Enby, MD
Born 1937

Heidelberg, who, in turn, credited Antoine Bechamp. Enderlein saw 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 Enby's website: enby.se)



Enderlein Gunther
(1872-1968)

JACKPOT! PSYCHEDELIC! REVICI, THE GREAT MAN

Dear Reader, if you are afraid of science, don't go away. I will hold your hand. Learning pH is easy. It means "potence Hydrogen," a measurement of the H (hydrogen) ions in a liquid.

Someone decided that the range would be numbered from 1 to 14. At 7 there is equilibrium, balance, between acidity and baseness. Baseness is also called *alkalinity*. 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 normally register a pH of 2 or 3.

Revici found that we all have a cycle in which the urine pH levels predictably change every 12 hours. At approximately 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 which is which by saying: "We sleep on an alkaline pillow," as the alkaline phase is the one that begins near tea-time and continues through the night.)

Starting in the 1930s, Revici observed that cancer patients reported an intensity of pain *either* in the morning or the evening. Being a born scientist, he asked Why? Revici decided to keep records of patients' pH, obtained by urine test. He could see that some patients had an "acid pain pattern" – their pH was too low, or an "alkaline pain pattern" – pH too high. Indeed he made the discovery that cancer patients do not do the 24-hour cycle that the rest of us do. They are stuck at one pH all day!

Humans need to have an ongoing balance between the two metabolic tasks: anabolic, building up, and catabolic breaking down. If you in an imbalanced state, you are like to have an illness, such as arthritis. Pain of most cancer patients AND ARTHRITIS PATIENTS can usually be relieved by putting the pH back into the right balance. How amazing is that?

REVICI, THE MAN WHO LOVES LIPIDS

I already confessed that my grade in high school physics was D, at least *de facto*. In college chemistry I managed a *de jure* D. You ask why didn't take music appreciation instead? The course in chemistry was "music appreciation" enough. To me, the atomic chart is better than sex. So was I ever gobsmacked to find that Revici has calculated a tie-in between horizontal rows on the atomic chart and the working of the body at various levels from the cellular to the organ level to the systemic level. I shall now paraphrase

Eidem's *The Doctor Who Cures Cancer* (1997 35-44):

Revici observed that some cancer patients with morning pain were provided a measure of relief by eating (p 35). Those who experienced most of their pain in the second half of the day (alkaline pillow time) found that eating would intensify the level of their pain. He noted: "Many whose pain increased with the intake of food refused to eat." Next, he applied the 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 that corresponded to the changes in pH.

Non-cancerous tissue in the same patients showed very little or no change in the surface pH when the tissue was subjected to the same acidic or alkaline substances. This provides further evidence that the source of the disturbance in urine pH comes from the aberrant pH of the tumor itself. (**Think** about that!)

By 1938, Revici treated patients with two categories of lipids: fatty acids and sterols. Acid pain patterns could be controlled with the **highly unsaturated fatty acid** lipids, while the sterol lipids did the same for alkaline pain patterns. The effect (page 45) occurred in a few minutes. "**Tumor shrinkage would often follow within a matter of days or weeks.**" (Of course what gets me, amateur though I be, is that the phenomenon of pH involves ion-shedding and so is ...*drumroll*.....electrical!)

I guess this is the reason German physicist Johanna Budwig's cancer cure (not covered here) works. By 1951 she learned how fatty acids help cell respiration. Per healingcancer.naturally.com: "Dr. Budwig was able to help a great many cancer patients with the diet of flaxoil plus cottage cheese as it allows cancer cells to start "breathing" again. A few physicians followed in her footsteps, such as Dan C Roehm and Robert Willner." (Willner's YouTube video impressed me.

QUICK REVIEW OF SOME OF OUR CURERS:

What is one trying to cure when one cures cancer? [Burzynski](#), says things go wrong when the suppressor gene that ought to turn off growth (such as the growth of new skin over a cut finger), isn't working. [Beard](#) says cancer is a kind of madly busy growth that worked that way appropriately, for the embryo's sake,

and got turned off, but later popped back on. Livingston says *Progenitor cryptocides* is always in us but can go astray. Rife emphatically says that the microbe starts to act up because the cancer is already happening. Naessens held that tumors are nitrogen traps that steal N from the body inhibiting the immune system. His 714-X cure thus contains nitrogen. Lakhovsky had the idea that a cell's vibrations were wrong in plant cancer, and could be fixed by applying external waves to restore equilibrium.

More Detail on Revici's Theory

And now, Dear Reader, have I got a Chrissie pressie for you! I happily discovered that, although Revici never drew the pieces of his theory together succinctly, someone has done it for him: At revicimedical.com we find the following:

Proto-oncogenes exist in all cells. When these genes undergo damage from toxins or free radicals they may become onco-genes and promote unregulated cell growth. This focus on cancer being caused by cellular damage to the genetic code has led to the use of therapies that kill abnormal cells (chemo and radiation).

The fact is that everyday it is estimated that the genetic code is damaged thousands of times, any one of which could lead to cancerous changes. It is also been observed that cancer exist in the prostates of many older men and the breast of many older women who die of causes other than cancer. It is thus thought that the development **of cancerous changes at the cellular level is common and even normal** and not sufficient in and of themselves to produce the clinical syndrome of cancer.

The cause is a complex interaction of the cancer cells and the environment that these cells exist in. It is this critical factor of the environment or **terrain that has not been adequately addressed**. Chemotherapy and radiation are capable of shrinking tumors to the point that they are no longer clinically apparent. In spite of this, they do not prolong life for any significant period.

It is not cancer cells that are the primary abnormality but the interaction of these cells with the body's immune system and metabolism. In order for cancer to become lethal it must progress through various stages. These stages are **initiation, proliferation, invasion, metastases, and finally shock**.

Many years ago, Dr. Revici recognized that the development of cancer required the successive breakdown of the body's defenses such

that each level of organization in the body needed to be impaired in order for the cancer to progress from one stage to the next. Each of these levels of organization had some independence from each other being separated by a barrier. For example the cell maintains its identity because the cell membrane separates it from the rest of the body.

Initiation is what transforms the cell from a normal cell to one that can potentially lead to cancer. This occurs when the DNA is damaged. Free radicals, chemical carcinogens, radiation or viruses can cause this process. Now the stage is set so that other metabolic and immune factors can cause the cell to grow in an abnormal fashion. In the **growth** phase is that cancer cells do not die in a timely fashion and therefore cell growth will out pace cell death. Dr. Revici spoke in terms of anabolic and catabolic metabolism being out of balance. **He recognized that metabolic function needed to be in balance in order for health to exist.** In the case of cancer, he showed that the anabolic factors were out of proportion.

The invasive phase involves a break down of the connective tissue that separates groups of cells. When this occurs, cancer cells secrete chemicals known as proteases, which are enzymes that can break down the proteins in connective tissue. In addition, the tissue being invaded seems to be deficient in its ability to produce protease inhibitors. The local environment in the area of invasion becomes more acidic causing pain. In Dr. Revici's view, **the onset of pain is characteristic of imbalance at the tissue level.**

The release of cells into the body is not in itself sufficient to allow new tumors to develop in other organs. When the cell invades, the new organ conditions must allow for the cancer cell to divide and establish a blood supply. If anyone of these steps is interfered with, cancer will not become metastatic. **In this metastatic phase biochemical changes occur in organs that may not actually have tumors themselves. As the cancer progresses, metabolic function becomes increasingly deranged.**

When the **systemic level** is reached, the metabolism is so out of balance that the tumors become of secondary importance in the overall condition. The predominant symptoms consist of fatigue, anorexia, weight loss and increasing withdrawal from daily activities.

Finally, **a state of shock ensues in which the patient is primarily catabolic even though the cancerous tissue is anabolic.** We need to increase our efforts to alter the metabolism and physiology of the organism so that it is not supportive of the anabolic metabolism of cancer. **If cancer remains in the nuclear or even cellular phase it**

will not present a problem to the individual. Therefore the goals of treatment may not be to eradicate every cancer cell at all cost, but to **establish a physiology that allows the rest of the body to co-exist with the cancerous cells.** [End of quote from revicimedical.com]

“Accreditation.” What ho! I just googled for “medical school accreditation,” to see why NY would accredit any school that fails to teach Revici’s theory. I assumed accreditation to be a state matter. No, t’ain’t. A wholly private group, called Liaison Committee (I kid you not) calls itself “the nationally recognized authority.” Trust me, the word “authority” there is a misnomer. Its logo says “Tomorrow’s Doctors, Tomorrows Cures.” Oh *my*.

More: the website of Harvard Medical says its mission is “to alleviate” human suffering caused by disease.” Just what we want! Let’s see if we can put these items together. *Gotta be practical.* We have a “major university” wanting its med students to graduate with love in their hearts, and we have an accreditation board that tell schools what to teach. Two student members serve on that Liaison Committee, Shady Henein and Laura Ostapenko. Shady ran for school president as an undergrad on the strength of helping freshman adjust. Laura’s concern is: student wellness. Shady is a Christian and so is on terms with *Matthew 21:12*. Y’all medical students can ask your reps to turn over some tables!

THERE IS NOTHING LIKE HAVING A MENTOR

Note to Young Intellectuals: It may surprise you to know that your teachers are dying to have you show up in their office, to act as your mentor. I was lucky to get instant comradeship from Edward O Wilson. I then had fun following his books, such as *Biophilia*, from which I now quote (1984: 27-37):

“To my delight I found that I could roll out of my hammock in the morning, take twenty steps, and be in virgin rain forest. I savored the cathedral feeling expressed by Darwin in 1832 (“wonder, astonishment and sublime devotion”). ... An insect I most wanted to find was the leaf-cutter ant ... At dusk on the first night, as the light failed, the first worker ants came scurrying out purposefully. They ran in a nearly straight line across the clearing, their paired antennae scanning right and left as though drawn by some directional beam.

Within an hour the trickle expanded to tens of thousands. ... Their target [was] a tall tree... the ants scurried up the trunk, scissored out

pieces of leaves and petals, and headed home carrying their fragments over their heads like little parasols....

It is known that the ants are guided by a secretion paid onto the soil through the sting... The ants do not follow a liquid trace on the soil; it comes up to them as a cloud of molecules diffusing through still air. The foragers sweep their paired antennae back and forth to catch the odorant molecules. The antennae are furred with thousands of nearly invisible hairs. Each of the sense organs is serviced by cells that carry electrical impulses into the central nerve of the antenna. When a forager takes wrong a turn to the left and starts to run away from the track, its left antenna breaks out of the odor space first and is no longer stimulated by the guiding substance. In a few thousandths of a second the ant perceives the change and pulls back to the right.

[When it bumps into another ant] it is actually sweeping the tips of the antennae over parts of the other ant's body to smell it. If the surface does not present the colony's unique odor signature, the ant attacks at once. It may simultaneously spray an alarm chemical, causing others in the vicinity to rush to the site...

People often ask me whether I see any human qualities in an ant colony, any form of behavior that even remotely mimics human thought or feeling. The answer is that I open an ant colony as I would the back of a Swiss watch. I am enchanted by the intricacy of its parts. I never see the colony as anything more than an organic machine.

Let me qualify that metaphor. The leaf 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 social masterplan is partitioned into the brains of the all-female workers whose separate programs fit together to make a balanced whole. Each ant automatically performs certain tasks and avoids other according to its size and age. 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."

Ed, Eagle Scout, age 15, Brewton, Alabama, 1944



*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.



Every one should be his own physician. We ought to assist, and not to force nature. Eat with moderation...Nothing is good for the body but what we can digest. What medicine can procure digestion? Exercise. What will recruit strength? Sleep. -- Voltaire (1694-1778)

Since 1963 I've had a friend who drags crutches, canes, or leg braces around to make walking-after-polio possible. Being thus aware of her bad luck, I was appalled when I read, a few years ago, that India was getting slack about immunization. How could they possibly make such a foolish mistake!

Dear Reader, that is no longer my attitude.. Almost the contrary. I am now anti-vax. Needless to say, this resonates with the cancer story. We're now in Part Three: Other Areas Shed Light on Cancer. This chapter has no new cures to offer. The "light" is the light that comes of recognizing a pattern.

WE ARE NOT THE GOODY-GOODY SPECIES.

Let's be big boys and girls. No nonsense about people in high office wringing their hands with worry about our wellbeing, or even believing that every person has a right to survive. Hell, no. Humans are a hierarchical species. A fraction of all mammal species have hierarchies and no zoologist in her right tree would conceive of the top dogs doing anything other than watch their backsides and take "the necessary" steps to eliminate rivals.

That being the case, we shall start with the hypothesis that our world government (which has been in place for ages) *wages a sort of quiet war on us all the time, simply as a means of preventing challenges from below.* One way they might do this would be to ask a Pasteur to keep people in a state of fear by making an image of disease as an external enemy waiting to attack us. Or just announce that oh-so-many people will acquire cancer. Nothing like picturing *that* in your future, to make you refrain doing any planning, eh? To say nothing of revolting against the status quo!

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 cat 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](#). **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 *Spirocercia 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 Situation

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 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 connected me to Laura Wallingford conducting an interview for *Wolf Clan* magazine, 1995, with veterinarian Dr Robert Pitcairn, author of *Complete Guide to Natural Health for Dogs & Cats*. Pitcairn said:

“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,** [Hello, hello, hello?] an obstacle that must be dealt with before cure can be underway.” [Emphasis added]

The US Vaccine Injury Table, as at July 2011 (abridged by MM)

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) ²	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

Declaration of Independence, at ThinkingMoms.org -- adapted 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, reinforcing the notion that very few may become ill and die for the good of all.

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.

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, the purpose of the penning of dissenting opinions is to prevent the public from noticing the majority opinion’s illegitimacy, IMHO.]

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 Andy Wakefield, 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.



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 S, 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.

Not only did Lisa Goes say it all in 2012; Charles Higgins said it all in his letter (Exhibit F) to President Woodrow Wilson: 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 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.

The Author Be Depressed

Mary: Clara, I'm depressed. I hate to tell folks such bad stuff.

Clara: Pretend I am a reader who wants to hear it, and tell me all.

Mary: I want to say that we need to deal criminally with vax hoax.

Clara: Is hoaxing a crime?

Mary: The First Amendment gives us the right to tell lies. But hoaxers are committing real crimes that they try to hide with lies.

Clara: You mean if they put bad stuff into babies?

Mary: Well, yes. That's assault and battery. It batters the child.

Clara: Whom to sue? the doctor or nurse or vaccine manufacturer?

Mary: Suing is not what we do in criminal law; we prosecute.

Clara: I learned from you that Congress made Pharma non-liable.

Mary: That's tort liability. Anyone can be indicted for crime. In Australia the monarch isn't indictable, but all others can face gaol.

Clara: How can people find evidence of the crime?

Mary: Wallace found lots on the Royal Commission Report's face!

Clara: But going all the way back to smallpox vax is too historical.

Mary: You wish it were historical! Have a squiz at January 28, 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 Public Health Service Act, that a potential bioterrorist incident makes it advisable to administer ...covered countermeasures. [Thus] the President announced the smallpox vaccination program... Section 304 of the Homeland Security Act is intended to alleviate liability. (12) Based upon scientific data from animal model studies examining Cidofivir's effectiveness in treating lethal pox virus infections that are similar to smallpox, Cidofivir may be useful in treating smallpox...

Clara: Well, I never.

Mary: I never, either. Anyway, delving into old paperwork is not our best way to get evidence. We can interview key people. Wayne Madsen always suggests that we start quite low on the food chain.

Clara: How about interviewing the United States Surgeon General?

Mary: Best to avoid current office holders, as it's unfair to citizens to have their leaders raked over the coals. Recently-retired ones are OK. Steven Galson, born 1956, was acting surgeon general from 2007 to 2009 and also held high office in FDA and DHHS.

Clara: Gosh, he must know where all the bodies are buried.

Mary: Yes and I'll bet he wants to tell! He's had no venue for that.

DEAR DOCS, PLEASE DO A SAINT CHRISTOPHER

Any doctor who has read this book, especially the exhibits, has got an eyeful as to the way he or she has been used. These physicians cannot now close their eyes, hold their breath, and wait for the problem to go away. It's 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-o-fer (to bear). Well, it was a fairy tale, and the Church 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. Naturally that would have eroded the church's authority in other areas. Indeed seeing the nonsense about Blossom the Cow on the website of its medical school, has made me unable to feel respect for the University of London (sgul.ac.uk), at least "until further notice."

I recommend you 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.

It does not follow logically that others are like that. Maybe they are fine. But of course they haven't ever been be so fine that a state can be within its rights to force them on people.

Have you seen Dr Nancy Snyderman on Youtube preaching that those who don't get vaccinated spoil the 'herd immunity' for us all? It is disgusting.

Doctors, I realize you have no one to turn to. All the rarified institutes, 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 6 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.

HOW CAN ONE DISCERN AN AGENCY'S MISSION?

The way in which a federal agency has been able to affect our health comes from Congress's decisions, and is therefore published. The website of the Centers for Disease Control says:

“CDC is now focusing on becoming 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.”

(I think a little less impactfulness would be nice.) Note 21 USC 355 concerning clinical trials for new pharmaceutical products:

(5) (A) The Secretary shall issue guidance ...which shall relate to promptness in conducting the review, technical excellence, **lack of bias and conflict of interest** which shall apply equally to all individuals who review such applications.... (1) The Secretary shall establish panels of experts ... (5) Panel members while attending conferences of a panel or otherwise engaged in its business, shall be entitled to compensation but not to exceed the daily equivalent of the rate in effect for positions **above** grade GS-15 (\$102,000) [plus expenses].

MORE, ON MEASLES, FROM VETERINARIAN DR PITCAIRN

“[Human] measles is an especially interesting disease to look at because of its close similarity to canine distemper. The measles vaccine was introduced in 1963, even though a greater than 95% decline in the measles death rate had already occurred between 1915 and 1958. Also, the death rate from measles in the mid-1970s (post-vaccine) was exactly the same as it was in the early 1960s (pre-vaccine). A study by WHO concludes that chances are 14 times greater that measles will be contracted by those vaccinated against the disease than by those not vaccinated.

The US government reported in 1985 that 80% of the 1,984 cases of measles occurred in people who had been properly vaccinated ... Before the vaccine was introduced, it was extremely rare for an infant to contract measles. However, by 1993 more than 25% of all measles cases were occurring in babies under one year of age.” [Emphasis added] -- Robert Pitcairn in *Wolf Clan*, 1995, interviewed by Laura Wallingford.

If There Be an Impasse, What To Do?

As far as I can glean, the various government agencies are acting criminally. The reason the public does not understand the import of this, is that we have the wrong “mental furniture.” Consider these pieces of furniture in the minds of most citizens:

There is a democratic government; thus we will always be safe.
 Aggrieved persons can ultimately get satisfaction in court.
 Going to a newspaper with a hot story will result in publication.
 Publication will result in reform of the problem
 Medical science has disagreements, but each opinion is worthy.

When mental furniture is the problem, the necessary remedy is: change the mental furniture. I agree with everything Lisa Goes said in her Declaration, a few pages back. For instance, data from the Simpsonwood conference must not be kept secret, and the philosophy of risking a child’s life in order to save it from measles is totally nuts. Ms Goes has done a perfect job of drawing a parallel with the Declaration of Independence. However, taking up guns will not be as effective as it was in 1776. Whom would you shoot?

I will argue in a later chapter that the essence of the problem is that, since we are a mammalian species, the the males instinctively form a hierarchy, and the ones at the top must put a lot into maintaining their position. We used to read in the 1970s about Third World dictators who had to perform torture because if they relaxed their tyranny, others, on the rise, would kill them.

Same thing for us today. We have nice laws on the books, but Desperados at the top have – for the moment – got plenty of ability to see that the law never gets enforced against their dear selves. A strong majority of people support that, as it usually is too frightening to take a chance at resistance, and it has been so easy to deny that there is any problem going on anyway!

I think a crucial feature of modern society is that hardly any of us procure our own food. A top-down chain of command enables the few to control the resources of the many. (Five or six companies arrange most of the world’s food trade.) Such a radical situation calls for academic debate. Yet no one at The Academy dares mention it. In other words, the institution that used to help us get our mental furniture right is silent. *Eeegads!*

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: Wm Gates, father of Bill.

(These men actually have less freedom than the rest of us!)



Deane: Cancer Illuminated by Fresh Look at “Pallidum”

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*

Cancer-sufferers, there is possibly an additional cure in this chapter but it is not very usable today. Hence, you are invited to jump over to Chapter 13, which is hot, hot, hot! Oops, wait! Not everybody! Budding scientists should stay on this page, which is hot, hot, hot for those who want to solve a big puzzle.

In a biography of James Clerk Maxwell (1831-1879), the discoverer of the electromagnetic field, it's mentioned that from age six he pestered his mother with “Show me how it does.” I think it is reasonable to say that the accomplished scientist was already present in that little boy. He couldn't stop inquiring.

One can say that all the great inventions came from “folks.” (Ann Moyal has shown how this worked in 19th century Australia, a pioneer country.) To quote Donald Rumsfeld, “You go with the army you have.” If we had logistics for it, we could run three platoons: those who agree with Tenison Deane's theory, those who can show that he got it wrong, and those who hear the penny drop, re the cancer issue, by learning of his work.

THE VACCINATED DIE OF CANCER, DIPHTHERIA, TUBERCULOSIS

I was led to buy a 1913 pamphlet, *The Crime of Vaccination*, by a GP in California named Tenison Deane. I read it while on the busstop. Nearly fainted. He lines up the evidence impressively.

His claim is bold. It has to do with Jenner's original vaccine. I have to say, at the outset, that Smarty-pants Me has got a piece of information that Dr Deane probably did not have. I refer to the *Encyclopedia Britannica* article of 1885 on “Vaccination” (in Appendix B of this book). There it is suggested that the stuff Jenner distributed for smallpox immunizations was not what he claimed it was. Charles Creighton, MD, who lost his position at

Cambridge University for unknown reasons, does not rush to judgment, but lets us know that his efforts to find the vaccinia were thwarted. I *do* rush to judgment: I say “foul play bigtime.” My reason: why else would it be hard to trace the stuff?

Deane, not knowing that the substance was questionable, took up the standard view, at first. That view is that a predecessor of Jenner saw that milkmaids in the UK west-coast area, seemed to be immune to smallpox. Ah, said the man, their cut hands must have pulled in some germs from the cow, conferring immunity. It was figured that the cows must have “cowpox.” So let’s take their lymph and make from it a vaccine. This was 1700s. We had never had vaccine, so they named it for the cow: *vacca*, in Latin.)

Now for our man Tenison Deane, MD, of California. In his early 20th century practice, he noted that when he vaccinated a patient, that person might come down with syphilis. These led to his hypothesizing that the milkmaids in fact had syphilis (from fraternizing with sailors). They *gave* their disease to the cows by touching the udders with infected hands. So, says Deane, the lymph obtained from the sick cow (Deane thought it was from the cow; I don’t) is a sort of bovine syphilis.

Dear Reader, if you do not have a heart condition, proceed to read this. I quote Deane (he uses 3rd person to mean himself):

“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 nor any in their neighborhood.

“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 very 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, 44 years old, 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.

"The treatment used by the doctor [Deane] who was in constant attendance was: Tr. Ferri Chloride, Insufflations of Sulphur and Calomel; afterward Syr. Ferri Iodidi and Kali Iodidi."

[Now, for the next 14 lines I'll paraphrase Deane because his wording in the original requires too much unpacking. - MM]

To repeat: the six vaccinated individuals were the farmer's wife, small girl and boy, and adult son, plus the foreman and one son.

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 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 unvaccinated ten persons, the farmer died of old age. All the rest are living and in perfect health, nor have they ever been vaccinated. **No tuberculosis has shown in any of those living,** nor is there any family history of TB.

-- Resuming verbatim quote of Deane:

"Mrs. A. of Mendocino County had 12 children. In 1888 was in Ukiah with her children. Had six of the younger ones vaccinated. In 1889 her whole family developed sore throats. **The six who were vaccinated all died within one week of diphtheria.** After sufficient observations, the author when called to a case of sore throat, tonsillitis, pharyngitis, laryngitis, croup, or quinsy, made it

a rule to ask if the patient had been vaccinated and examined the scar. The rule that he adopted in his practice was **“diphtheria cannot be diagnosed or found in the patient who has not been previously vaccinated”.**”

Right now even a freshman student of Public Health should be thinking “Hmm, if one doctor can be so aware of correlations, others must have made reports, so why doesn’t the government of California compile a master chart revealing all this data?”

DEANE HAS AN EYE FOR INDIRECT EVIDENCE

An amazing thing about Deane’s report is that he does not let the matter rest with these compelling connections. He goes on to note indirect logical evidence, as follows. (Deane lists these 8 items as *questions* but I’ll turn them into *statements* here, as this is surely what he means):

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 [Jennerian] vaccina, 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.
6. The antitoxin that is used for diphtheria also controls for syphilitic lesions. [That is not a discovery of Deane particularly.]
7. Leprosy is a plague in Hawaii, where sailors have recently started to land, probably bringing syphilis with them. Deane notes that leprosy has been called syphilis in its 4th stage.

He has a bacteriological theory for what he saw happening. I will present it below but first, please note his two conclusions:

- I. “Vaccina is **syphilis of the cow**” [i.e., bovine syphilis, having nothing to do with smallpox] and II. “**Diphtheria** and tuberculosis are stages of modified or **bovine syphilis**.”

Deane makes no reference to the fact that Alfred Russel Wallace discovered, in the very pages of the Royal Commission report, that people who are vaccinated with “cowpox” *do in fact succumb*

later to *smallpox*, more than do the unvaccinated. This might upset Deane's hypothesis. Shouldn't the pathogen spread by the vaccination squad (which allegedly makes the vaccinated get syphilis) *protect* them from smallpox?

Wait! I think I see an answer! If the syringe contains syphilis, the reason the unvaccinated would do better than the vaccinated is that they have nicely functioning immune systems and can thus fight off a visitation of smallpox, while the other poor blokes can't. (Moskowitz argues immunity in Exhibit V, *q.v.*)

DEANE CAN HOLD HIS OWN WITH BECHAMP, RIFE, NAESSENS
Deane's 1913 pamphlet is all we've got – there are no auxiliary comments. I realize that the whole publication could be a fake (though that's unlikely) or that Deane is incorrect in some aspect of his theorizing, even if in good faith.

Are you ready for this century-old theory of the spread of syphilis via vax, Dear Reader? Seatbelt fastened? Here we go:

Begin quote from Tension Deane, *Crime of Vaccination*, 1913:
"From notes, researches, and experiments made since 1889, facts have been elucidated, that will at first excite wonder, and which must then certainly stimulate deeper and more thorough investigation in the bacteriological field. With more than twenty years of experiment and study in general practice and in the laboratory, the author has satisfied himself of facts, that may seem astounding. He has not made known his discoveries up to the present time for fear that a half-proven theory would only bring ridicule from the profession ... But he is ready and here gives his findings to the scientific world...."

BACILLI are the product and not the cause of any disease.

The specific bacteria that cause the diseases, which up to the present time are not discovered, will be found when bacteriological technic is improved and the magnifying power of microscopes is increased, so that germs that cannot now be seen will be plainly discerned and classified. Sections will then be made of the bacilli, and the specific bacteria that they carry and propagate within their bodies will be individually studied and properly classified.

What is a bacillus? A rod-shaped organism found only where there is dead tissue and decomposition. To claim that a bacillus is the cause of a disease, that it is the specific bacteria producing

disease, is preposterous. [How anti-Koch can you get?]

Bacilli can be grown in cultures, and if taken from a particular disease, will at the same time that they are propagated breed the particular undiscovered bacteria, with which their bodies are infected and which is the true cause of the disease; and this is why, if these **cultures** are inoculated, the original disease will be reproduced in healthy tissue. Bacilli are found everywhere in every kind of dead and decomposed organic matter.

(The diseases that are claimed up to the present time to be produced by a bacillus are only the pathological conditions that develop dead tissue)... [They] cannot be absorbed or eliminated, with the result of decomposition and the presence of bacilli. The true bacteria undiscovered, this microscopical maggot was naturally accepted as the cause. Bacilli are only found in the manifestations of a disease, and if they appear to cause a condition, it is only that their bodies [he means the bacilli's bodies!] are infected with the true bacteria. [Can Lida Mattman be far behind?]

[Let us] limit ourselves to **that pathological branch of which syphilis is the parent.** When the head waters are found, it will be easy drifting down the stream, picking up the true classification and treatment. "Exact knowledge of the truth," is the boat we can all be carried in. It can safely be accepted that where we have a bacillus that is thought to be the specific bacterium of a disease, we can be sure that the true bacterium has not been found. ...

[B]acilli are only products found in decayed organic matter. Are they not the flies and maggots of bacteriology **and no more the cause of a disease than is a fly?** They undoubtedly carry the true causative germ on and in their bodies, and are really the scavengers of diseased tissue. [Bechamp, Enderlein, take a bow.]

Taking up separately the conditions that descend from the parent cause, we see now how the microscopist has up to the present time, **unnoticed and unknowingly, really classified this disease, compelled by the bacilli found,** into the group of diseases and sequelae, as follows:

****SYPHILIS.** Lustgarten's Bacillus of Syphilis: **Similar in all respects with the Tubercular Bacillus,** discovered in 1884. Van Niessen's Bacillus of Syphilis: **Resembled** in every way the **Klebs-Loeffler Bacillus of Diphtheria and vaccina,** discovered in 1899.

****VACCINA.** Klein in 1892 discovered a bacillus for vaccina, and in 1899 Van Niessen discovered his bacillus of syphilis, which was **identical**.

****DIPHTHERIA.** Klebs and Loeffler discovered the bacillus of diphtheria; in 1899 Van Niessen discovered that the Klebs-Loeffler bacillus **was identical with his bacillus of syphilis and Klein's bacillus of vaccina**.

TUBERCULOSIS. Koch in 1882 discovered the bacillus of Tuberculosis. **It was found to resemble Hansen's bacillus of leprosy**, discovered in 1871; it resembled the Klebs-Loeffler bacillus of diphtheria [as well as] Lustgarten's bacillus of syphilis.

****LEPROSY.** Hansen in 1871 discovered a bacillus of leprosy, and when Koch discovered the tubercular bacillus, it was similar.

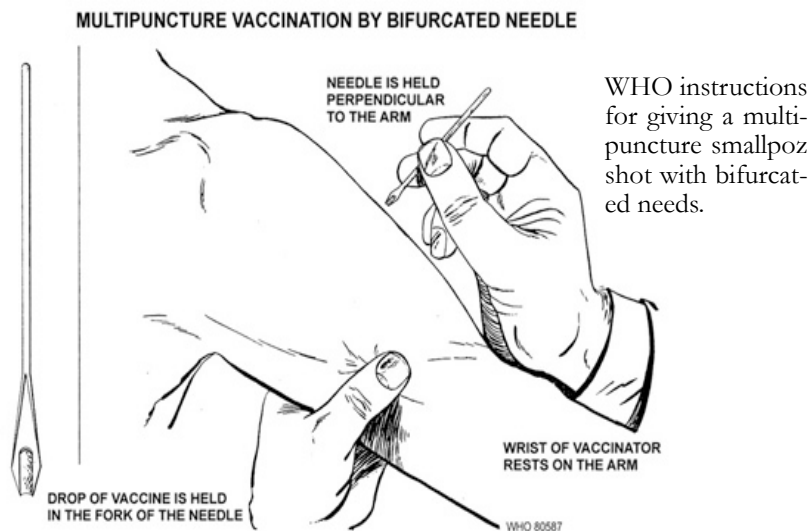
****CANCER.** No one claims a bacillus for cancer in any of its forms, but just the same, **the true germ, not a bacillus, is present, as in all of the stages** of this pathological disorder. The reason why a bacillus has not been found in this malady is because **this stage** takes on a different form than death and decay of tissue, as it shows itself **in increased circulation and growth and rapid proliferation of cells**. ... [emphasis added]

A WORD FROM PERSONS WITH WEIGHTY CEREBRA

Note: there are two aspects to Deane's revolutionary work. One, already covered, is his personal clinical experimentation. The other is his bacteriology. Recall that he said: "Where we have a bacillus that is thought to be the specific bacterium of a disease, we can be sure that the true bacterium has not been found." Also:

"Bacilli encompass the true bacteria when found in the pathological manifestation. Therefore cultures of the bacilli do produce unobserved cultures of the specific bacteria, and **hence antitox-in serums and vaccine bacterins possess the specific power that is claimed for them** [including] typhoid vaccine."

Dear Reader, your tour guide wishes to mention that two great scientist held that the TB bacillus is not the cause of tuberculosis. One is Charles Creighton, about whom Exhibit I is written. The other is Claude Bernard. I suggest that their brilliance in many other medical matters is cause for you to attend to their TB ideas. NIH's MedlinePlus website, on Syphilis (February 1, 2012):



The spirochete *Treponema pallidum* causes infection when it gets into broken skin or mucus membranes, usually of the genitals.

Syphilis has three stages: Primary syphilis symptoms include: chancre -- a small, painless open sore or ulcer on the genitals, mouth, skin, or rectum that heals by itself in 3 - 6 weeks and enlarged lymph nodes in the area containing the chancre

The bacteria continue to multiply in the body, but there are few symptoms until the second stage. Secondary syphilis symptoms include: A skin rash which often involves the palms of the hands and soles of the feet. Sores called mucous patches may develop in or around the mouth, vagina, or penis. Other symptoms: fever, general ill feeling, loss of appetite, muscle aches, joint pain, enlarged lymph node, vision changes, hair loss.

Symptoms of tertiary syphilis depend on which organs have been affected. Symptoms of tertiary syphilis include: Cardiovascular syphilis, which affects the aorta of the heart and causes aneurysms or valve disease; Central nervous system disorders; Neurosyphilis; Tumors of skin, bones, or liver ("gumma"). Syphilis can be treated with antibiotics, such as penicillin G benzathine, doxycycline, or tetracycline. Syphilis is extremely contagious in primary and secondary stages....

-- NIH's MedlinePlus website (February 1, 2012)

TENISON DEANE'S GHOST WILL NOW ADDRESS US INFORMALLY
 (This is a rough paraphrase my MM in the fashion of Chapter 5)

.Good morning. I am a GP in California a hundred years ago. I am thrilled to tell you, that after many years' concentration, I have found the "basic disease." I can explain to you why the results, which I call "sequellae," are so diverse -- why some folks get TB or leprosy or cancer, all from one germ -- syphilis.

First Deane "Postulate" (I may as well use the Kochian lingo to assert that I am on an equal footing!): Bacilli aren't nasty beasts that give us disease. On the contrary, bacilli are there to help us. Sure, the doctor see them running around in diseased areas of the body, but that's because that is where duty takes them -- to help clean up, by decomposition, any decaying tissue.

Second Deane Postulate: A harmful creature lives *inside* the bacteria, and can bring forth all these illnesses: diphtheria, TB, scrofula, cancer, psoriasis (possibly), stillbirths, and leprosy. Whatever else we may say about it, that creature must have been hiding within Jenner's vaccina. (I've told you the fate of my patients.)

I, Tenison Deane, call the harmful bacterium "X.Y.Z." This sort of segmented name implies that the critter goes through many stages, sort of a caterpillar-butterfly situation. At some point it is more of an X than a Y. Each of the mentioned human diseases represents a different stage. I call Cancer "Z."

Third Deane Postulate: In my "shed" I have a lab. Some bacilli can't be cultured. I think that's because, once removed from the sick person or animal, the bacillus is deprived of its necessary food, namely, debris! But if the culture medium itself becomes decomposed, we may be able to cultivate what we want. Oh, the varying colors of the bacteria have to do with the fact that the harmful bacteria **INSIDE** the bacilli are variable.

Fourth Deane Postulate. The above three ideas have one heck of a bottom line: **Ladies and Gentlemen, listen up; this is the Biggie!** Now that we understand that Koch was wrong (that is, right now, in 1913), we can see that the bacillus that he associates with disease is not the harm-doer. A bacillus is a kindly, disease-gobbling entity. Nevertheless, we can use it to catch the harm doer!

Watch: a certain bacillus, carrying a secret harmful bacterium, is visible. If we can pull it out we can use its innards to make the appropriate antitoxin or bacterin, right? This can then be used as a curative and also as a preventative.

Even with diseases for which we can't spot the relevant bacillus – for instance, nobody has isolated the smallpox bacillus – we can play a trick. When the patient is at the height of a fever, we can throw into his bloodstream a lot of good bacilli (I mean non-pathogenic ones such as *Prodigiosus*). They want to eat the baddy. Immediately after they feed, we pull the bacillus out again. Now it's carrying the baddy; we'll use it to make antitoxin!

This has already been done: an antitoxin for typhoid is artificially made this way in the patient's intestines. Cultures of these will grow and we can put our smallpox vaccine on the market.

-- END OF PARAPHRASE OF DEANE'S "TALK"

CAVEAT! CAVEAT!

It is possible that I am misinterpreting Deane, so please see his full 59-page booklet that someone generously uploaded to John Scudmore's website whale.to. Also, recall that I don't believe that a cow provided the material, and thus I don't follow Deane down the path of the vaccines being bovine syphilis. It's my guess that whatever got passed around in 1803 for purposes of compulsory vaccination against smallpox, was phony. That doesn't destroy Deane's major discovery. His discovery is that healthy unvaccinated babies, once they receive the shot, get sick.

LET'S GIVE SYPHILIS A NEW NAME: *PALLIDUM'S AILMENT*

The social stigma surrounding syphilis, and jokes about it, make it a candidate for rebranding. I recommend we call syphilis "pallidum's ailment." In 1905 Schaudinn and Hoffmann found the spirochete (the spiral-shaped bacteria) responsible for syphilis. Subsequently it was labelled *Treponema pallidum*. We can feel more neutral discussing Pallidum's. Indeed the name is neutrality itself – T. *pallidum* means colorless, as in "pallid."

Have you got Pallidum's? I think maybe I do, judging by a shiny mark on the flesh over my left radius. Don't worry I am referring only to the famous smallpox vaccination scar, worn by all members of my generation and my parents' generation. The doc was supposed to make 15 rapid-succession pricks on the skin, so later in life we could be identified as the vaccinated.

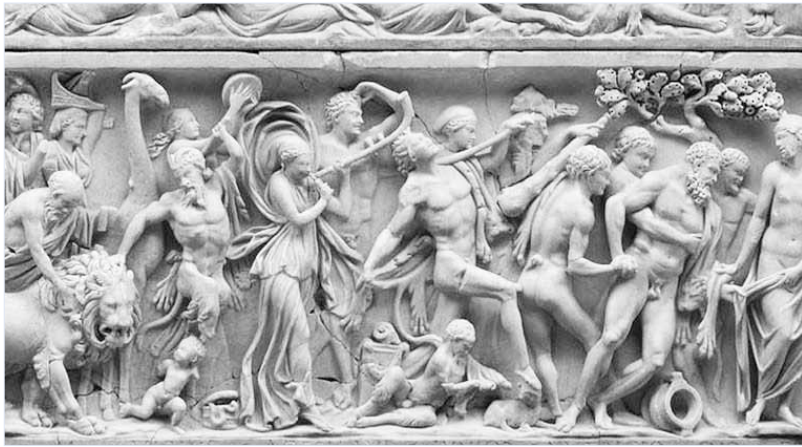
TRAGEDY, AND PUNISHMENT

A black mark? Now that we know the affair was deliberate, we ought to change that phrase to “acting as accessories after the fact,” which is, of course, a crime.

Another crime should be briefly mentioned here, especially as not only the “accessories” are still alive but so are a few of the principals. Judyth Vary Baker has recently blown the whistle on this, in her book *Me and Lee* (2001). She claims (and has loads of documentation) that in 1963 she worked in New Orleans in for Dr Alton Oschner of Tulane Medical School along with Dr Mary Sherman, on a covert CIA project that created fast-acting cancer. The pretext was to send the concoction to Cuba to kill Fidel Castro. (Probably all our alleged “attempts on the life of Castro” were fake.)

- “Over a hundred million doses of sv-40 [simian virus 40] were given to the public. Sherman said they tackled the world of cancer-causing monkey viruses to see if they could figure out how to defuse them. ... Sherman says we were sad about sv-40 so we tried to radiate it to make it BENIGN.” [pp 281-282]
- “Oscher and Moore were researching melanoma... I had only learned about the possibility of triggering cancer-causing viruses [via radiation] the day before.” [pp 46-47]
- “Mirand was the nation’s leading expert on cancer-causing viruses. He co-authored 1963 “Human Susceptibility to Simian Tumor Viruses” [p 59]
- Ferrie [said]: We’re using various chemicals in combination with radiation to see what happens with fast-growing cancers – we are using it to mutate monkey viruses, too. [p 140]
- “Mouse viruses altered by radiation at Roswell; I saw a way to cure cancer with bacteriophages.” [p 390]
- “He has a staph infection, then you genetically alter the bacteriophage to target the staph. If they injected it into you, it would kill the staph. It would stay in your system forever. Would it help typhus? Yes just alter it for the specific.” [p 283]

I hypothesize that the polio vaccine of the 1950s was used as a way of spreading disease surreptitiously, in this case, cancer.



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

JOIE DE VIVRE – SERIOUSLY!

It doesn't have to be like that. Maybe the 20th century bombed out, 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.

I tend to think of the persons who did the Jenner fiasco not as monsters but as pathetic jerks. While it's true that I am pushing for us to take the crimes seriously and show a little muscle in the punishment department, the fastest way for us to get on top of our problems today is to imagine a marvelous mañana. Or at least a mañana less ludicrous than the one being planned for us.

A great bacteriologist, René Dubos, inspired my generation with his "Think globally, act locally" motto. At the entrance to "The Land" at the EPCOT Center in Orlando is this inscription:

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)

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 of my brother and sister physicians are more selfless than they get credit for.”

-- Gregory White, MD, “Hospital Births – a Dissenting View” in Robert Mendelsohn, ed, *Dissent in Medicine... Nine Doctors Speak Out*, 1984:158.

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 as he had lived, a man of few words and careful thinking, 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.

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 soap-box. 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.

“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, “Recollections and Reflections on the Medical Life, Student and Doctor, 1954 to 2000,” *Journal of Pediatric Gastroenterology & Nutrition*, May, 2002. See his *Enduring Memories*, 2010.

Grace’s letter to son Barney on the death of George Crile in 1943:

“As the various friends, patients, colleagues speak of what he meant to them, it is the same wonderful characteristics [that we knew]: his consideration of others, his talent for correlation of scientific data, his appreciation of nonsense, his hearty laugh, his great tolerance, his drive, his skill. I am proud of the legacy he has left to you children, proud of his immortality in science. *Autobiography*, 1947, p 606.

“If my life has been given to the faculty and the university, it has been enriched by the experience.” – George M Maxwell, MD, retirement speech, University of Adelaide, May, 1988.

Microbiologists Assassinated?

From Charlene Fassa, at rene.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.



The Virus Question: Any Answers Out There?

In 1543, Vesalius, a young Belgian anatomist, published his “Structure of the Human Body,” a volume rich in facts ascertained by dissection. Some of these facts were held to contradict the teaching of Galen [1st century physician]. Vesalius was driven by the hostility of the medical profession to burn his manuscripts and relinquish original work; he was not yet thirty years of age. -- L. C. Miall, “History of Biology,” 1911

In 1918 my father was enlisted in the US Navy. Had he been sent to Europe that year he may have died of the flu, which reportedly wiped out one-third of the population there. Dad remained stateside where “the Spanish flu” also killed millions. According to Lawrence Broxmeyer, MD, “the flu” was not really a flu. It was TB! (Just to prepare you, Broxmeyer thinks everything is TB. Sort of the way I think everything is genocide.)

Why are we talking about flu and TB? Isn't this a book on cancer? Yes, and if you need to get straight to that, please jump to Chapter 13. Here I am following the plan of Part Three “Other Areas Shed light on Cancer.” Sadly, the main light shed in the preceding two chapters was the realization that vaccination is a deliberate means of harming people. (A large German study, just published in 2012, shows that the vaccinated have worse health than the unvaccinated. I did not make it up!)

In this chapter's title, “The Virus Question,” the word to concentrate on is “question.” When doctors say something is a virus, it may be that they heard of it being so, yet it is really something else. Here's a passage from Broxmeyer's article on Influenza, published in 2011 in the Australian magazine *Nexus*.

“Wakley and Wakley, in the *Lancet* in 1899, said, regarding an epidemic of infectious fever raging in New York: “Every headache, every coryza [nasal congestion, common cold], every sore-throat, every attack of gastroenteritis, from whatever cause, is promptly

self-diagnosed as ‘influenza’, and when the practitioner arrives upon the scene he will be expected to fall in with this view, and there is a great temptation to do so.

Hendrickson, who practised during the Great Pandemic of 1918–19, spoke bluntly: “No doubt there were many cases of tuberculosis whose death certificates were labeled influenza during the pandemic owing to lack of time to make a diagnosis by the overworked physician.”

Paterson, writing in 1920: “When a person is taken ill, the patient’s friends demand to know at once what is the ailment: hence it must be given a name, and ‘influenza’ is a good enough term for the moment.” Paterson stated that he knew of no physician who could differentiate clinically between tuberculosis and influenza! “ -- end of Broxmeyer quote.

MEDICAL JAMBALAYA

In 1921, Frenchmen Albert Calmette and Camille Guerin made a vaccine for tuberculosis. It was based on a bacillus, to which they proudly gave the name *Bacille Calmette Guerin*, later acronym’d to “BCG.” Virginia Livingston used injections of BCG to cure cancer. A bacillus that cures tuberculosis, and/or immunizes against it, works for cancer patients? Huh?

Please allow me to confuse you: that’s the whole point here. I give the name “medical jambalaya” to al the cross-talk that is going on, which includes deliberate lies and obfuscations, as well as well-meaning over-specialization and good-natured stupidity.

Recall Cantwell describing the silence that greets him when he clearly spots a cancer microbe? He blames the indoctrination medical students receive, but the need to save face is an ever-increasing contributor. Many fancy medico’s assume it’s a bad idea to man up to how little we still know of God’s lilies. *Dumb*.

So please prepare for this chapter’s intentional messiness.

Let’s start with a look at tuberculosis. The ending of that word – *osis* means condition of, as in cirrhosis. *Tuber* is Latin for lump. A tubercle is a swelling and is not necessarily a mistake; some bones, such as our upper arm, have a tuber to help the muscle hang on to it. We don’t want tubercles in the lung, but a mycobacterium may create them. Usually it’s a disease of the lung but one can also have skin tuberculosis, called scrofula, or TB of the spine (Pott’s disease) or of the meninges.

TB OR NOT TB ... YOU CAN COUNT ON BROXMEYER HERE

Broxmeyer is an internist in New York. Let me portray, in an exaggerated way, his interest in TB. Pretend Dr Broxmeyer walks into the room, looking “standard doctorish” with white coat and stethoscope. The first patient states her symptoms as coughing, vomiting, and lack of energy. She says “I’ve got the flu, right, Doc?” Broxmeyer says “No, you’ve got TB.” The next person has brought her elderly Dad, who clearly has the tremor of Parkinsonism. The doctor instantly diagnoses tuberculosis! Then the lady says “As long as I’m here, please check me for diabetes.” Broxmeyer applies that cute little instrument to her finger, gets a high reading of blood sugar, and pronounces “You’ve got TB.”

Have I made my point? One more thing. His secretary hands him a list of three male patients with AIDS; the doctor annotates it “TB, TB, TB.” Yes, it is true; Broxmeyer peers into the microscope and sees that the TB bacillus, or similar, is present in people with *flu, Parkinson’s, diabetes, and AIDS*. (Recall the Parkinson’s list, Chapter 9). There are major insights here.

VIRUS, THE SEARCH FOR A DEFINITION

As we saw, diagnoses of flu can get made incorrectly when doctors are in a hurry, or are being sensitive to the family. But where does the ordinary GP get his ability, anyway, to know if what he is looking at is flu or TB? Paterson’s friend allegedly knew of no physician who could differentiate *clinically* between tuberculosis and influenza. Gee. And what about pathologists? Can they differentiate the goods in the lab?

Note that Koch’s Man Friday, Richard Pfeiffer, had isolated the bacillus for flu in 1879, calling it *Mycobacterium*, meaning a fungus-like bacterium. It was later renamed *Haemophilus (a genus of virus) influenzae*. This change of designation was made at the behest of Andrew Laidlaw, an official of British government, and Richard Shope, a Rockefeller minion. (I got that from Broxmeyer.) So it was a policy decision. Surely we must ask *why*.

This chapter throws open the question of virus, and microbes too. Lately it has been revealed that we each carry a pound or two of little critters in our healthy bodies. Did you know that there’s a website called genome.gov? (Be still, my Republican heart.) Students, the world is waiting for you to sort this out!

WAS THERE GENOCIDAL INTENT IN THE AIDS EPIDEMIC?

In respect to the “gay AIDS outbreak” of the 1980s, Alan Cantwell, MD, has proved that at least 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.

Law. Perhaps this is the moment to ask How is it possible that a terrible crime can get revealed and yet the public does not respond? Naturally I think that question is of far greater import than any medical matter discussed in this book. (Oops, maybe it *is* a medical matter, if it’s due to our brains being paralysed....)

Let me put some blame on the legal profession. If there is crime there should be prosecution. But for a case to start up there must be a complainer. Each state attorney general has the responsibility to place a complaint when she sees crime. But an aggrieved member of the public, such as an American who is ill with AIDS, can file a lawsuit for damages. However, if lawyers smell government wrongdoing, they may refuse to take the case!

Leonard Horowitz, DMD, makes a strong case for genocide in regard to the HIV that has killed millions of Africans. He finds that Litton Industries in Africa was producing some relevant viruses. In his 1997 book *Emerging Viruses*, Horowitz quotes the aforementioned 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.”

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)

Dr. Bernard Forscher, former editor of the U.S. *Proceeding of the National Academy of Sciences*: “The HIV hypothesis ... is a hoax that became a scam.” (*Sunday Times*, London, 3 April 1994)

Prof Emeritus R Strohman, Cell Biology, Berkeley: “In the old days it was required that a scientist address the possibilities of proving his hypothesis wrong as well as right. Now there’s none of that in HIV-AIDS program with its billions of dollars.” (*Penthouse*, April 1994)

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udddeutsche Zeitung*, 2000)

BIFURCATED NEEDLE, AZT, AND AIDS IN AFRICA

It may be that the 1979 Hep-B experiment that caused death to gay men in NY was an entirely different operation from the one that has caused tens of millions of death in Africa. Many Africans think the disease came with the WHO smallpox shots.

I would wish to call in for questioning all 800 members of The Order of the Bifurcated Needle, whom June Goodfield admires for their hard work in wiping out smallpox. I would ask them why they have not thrown a fit over the production of that very bacillus in large quantities after eradication had been declared!

To repeat, I am not trying to resolve AIDS puzzles, as I don’t have the facts. But if females in Europe seem unable to be transmitters of the disease, shouldn’t we query if HIV in Africa, which involves millions of women, is quite a different disease?

If you wish to look into it, track down the cures. For a while, around 1990, the only approved drug was the amazingly expensive AZT. (It had been developed by the National Cancer Institute as an anti-cancer drug. Good heavens, there must be a lot of open-source information there, O Taxpayers!). G Krupey noted in *Steamshovel Press #5*: “In 1986, AZT was rushed through the FDA’s approval procedure faster than any drug before. Burroughs-Wellcome made a killing.” Basketballer Magic Johnson said AZT helped keep his HIV under control. Luckily, Thabo

Mbecki, 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!

In another African matter, five nurses from Bulgaria who were working in Libya, were tried and convicted of having infected 400 children with AIDS, in a hospital in Benghazi. They, and a Palestinian doctor, were sentenced to death. This case should be looked into as it could provide the key to how AIDS is "given."

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 the five nurses worked.

Luc Montaigner testified for the defense, however, that the spread of AIDS could be blamed on the re-use of oxygen masks! Why would a medical scientist say that, when they always say AIDS can only be transmitted through blood? If he lied, that is perjury. It would be recognized by a court as indicating "guilty knowledge"

Amnesty International said "We are shocked at the death sentence." Hmm. How about being shocked at the death of the Libyan children? Many Nobel laureates signed a letter asking for fairness, and France did a deal so that the accused were transferred to jail in Europe. They then walked free.



On left, Robert Gallo, MD. Right, Albert Sabin, MD (1906-1993).



Steven Lewis, Canadian Ambassador for AIDS. He has 32 honorary doctor of law degrees!

Next we look at “**BIOLOGICAL WARFARE AND ITS CUTANEOUS MANIFESTATIONS** by Thomas W. McGovern, MD, MAJOR IN THE MARINE CORPS and George W. Christopher, LIEUTENANT COLONEL IN THE US AIR FORCE.” Here you find authors openly discussing the disease Tularemia not as a God-sent affliction, but as one that America is trying to develop. (and note how they calmly refer to *Francisella tularensis* as “a Gram-negative, pleomorphic coccobacillus.” Howdya like that?):

[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**.

BW [biowar] agents **are typically invisible in aerosol clouds and may not be detected until humans become ill**. Panic would result as medical capabilities are quickly overwhelmed ...BW 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. Dozens of biting and blood-sucking insects serve as vectors, and ticks pass the bacilli on to offspring trans-ovarially. [!!]

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....”

In 1932, the Japanese [attacked China] with the agents of anthrax, cholera, shigellosis, salmonella, and plague. The United States started an offensive biological warfare program at Camp Detrick. By 1969, the U.S. 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. [Emphasis added]

Students, have you peeked at the Mary-Mary centerfold? I am trying to present some material that is shocking (such as the above box) while adopting a matter-of-fact-let’s-get-on-with-it tone of voice. But don’t let my calmness “condition” you. The above article is public, not classified. That suggests that its purpose is to condition us, to get us ready for horrid new reality. Gnashing of teeth, renting of garments, etc. should be liberally deployed!

A LITTLE CONTEST CONCERNING THE TWO-HIT METHOD

Dear Students, I am pretty eager to get your attention on the matter of “how to deliberately give a person an illness by using a two-hit method.” Some pathogens travel through the air, or in food, so it’s possible, to harm an enemy with illnesses. As far as we know, humans have been doing this since the Year Dot.

That, however, requires only one hit. I am trying to conjure up a method of biowarfare that creates an illness in the enemy in a way that is not easily detected. You would give him Part One, which does not cause any illness, but in some way hangs around in his body, and then you send Part Two his way. Bingo! Illness. Deane seemed to say that this happened with cowpox.

I am offering a prize to someone who sends me a good Two-Hit idea. I realize competitions can lead to fights, so this prize is going to be worth nada. (Value: \$0.0) And there is no possibility of my stealing your idea; first of all, I wouldn’t dare, and second of all, if you send it to me, you can still publish it wherever. Is fairness of the judge an issue?. I do not under-take to be fair. My judgment will be as capricious as all get-out.

Frankly, I’m lonely, and this contest is so I can find out if I’ve got friends out there. When I published *Human Evolution* in 1984, I got almost no response. Then a few years later, at a meeting in Europe, some students came up to me and said “We love your book, we read it in the Polish edition.” I said, “There isn’t any Polish edition.” They smilingly replied, “Wanna bet?”

This time around I don’t want to wait years. I have an email address and invite participation in a contest. Wait! The motive is sneakier than that. Conversing about a two-hit disease is very naughty. (Especially when you realize that this author probably isn’t thinking of a *foreign* enemy as the perpetrator.) The “contest thing” is to make it feel above-board and businesslike. OK?

Keep in mind that I’m a sociobiologist, so you can’t throw in a hypothetical parasite that would be laughed out of Darwinin court. (Have you been raised on *Sabrina the Teenage Witch*? Do you believe in magic? That won’t do.) Each animalcule is as selfish as man and has to cater to its survival and reproductive needs. So when you lay out a program for your bacillus you have to think “What’s in it for the bacillus?” Not that I’m saying your prize-winning entry has to involve a bacillus. Anything will do.

IS AIDS REALLY SYPHILIS? OR EXACTLY WHAT IS IT?

I'm on record saying the Smuzness vaccine was "laced," and I imagine the WHO smallpox campaign caused AIDS in Africa. Many bereaved people can prove that it's all quite real. But why did the HI-virus wait thousands to appear? And what is it?

One contingent says HIV is syphilis in disguise. As Steven Cai-azza, MD says, the old Wasserman test is worthless in persons who have had so many venereal diseases that their immune system is caput. So it is hard to know, without taking a history. Savatore Catapano invented a syphilis cure **that works well on AIDS patients.** (It's almost identical to a typhoid vaccine – chew upon that!) See his Patent, #4, 711, 876.

Revici was a legend for his successful treatment of AIDS. He identified a class of lipids, the "phosolipids" that seem to be anti-bacterial! Revici concluded (says Eidem 1997: 86) that the loss of photolipids "is the missing factor in the pathogenesis of AIDS." Hmm. OK. But then, why do we lose our photolipids?

Don't forget Tenison Deane's theory that Jenner's vaccina contained something like syphilis. Would that Edward Rosenow were alive to interpret that! Now here's a list of diseases that Doctors must report to the CDC or a state health department:

AIDS, anthrax, arboviruses, botulism, chancroid, chickenpox, Chlamydia, cholera, diphtheria, giardiasis, gonorrhea, Heb A, B, C, influenza-related infant deaths, lyme, malaria, measles, meningococcal, pertussis, plague, Q fever, rabies, salmonellosis, syphilis, typhoid yellow fever -- and others.

Makes you wonder why they need to know. And why isn't SARS listed? Ha! Someone forgot to keep pretending that SARS exists. .

IS THERE A LAWYER IN THE HOUSE?

This chapter ends Part Three's discussion as to how other areas shed light on cancer. The general idea is that areas such as HIV buttress the claim of widespread deceit in medical research.

I know of no lawsuits in which patients seek damages over these matters. One can use the tort of trespass to sue regarding acts that are also crimes, notably assault and battery. Any group of citizens can form a "grand jury" and present indictments for treason, genocide, and racketeering. Coke's law of self-defense remains good law as of today. Every law school has a "Student Society," and a moot court. What are we waiting for?

BUMPS IN THE ROAD. BEWARE JEWISH MOTHERS!

Antony Sutton, the first major chronicler of the cabal, was asked how the cabal would someday meet its downfall. He said “There will be bumps in the road.” The biggest bump they are hitting is the Internet, but let’s not forget the power of a determined Mom.

Beth Maloney is a Jewish mother, in the sense in which all mothers, in fact 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. He is now 20. Mom has written a riveting book. 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 would not get satisfaction, 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! They may have been a heightened view of reality. This would accord with the theory of Robert O Becker.

Please note: 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 schoolteacher John Gatto on that, as well as Beverly Eakman and Charlotte Iserbyt. No paranoiacs, they.

Someday it may be a source of great satisfaction to the parents of autistic children to know that their persistence played a major part in connecting various diseases. Recall from Chapter 10, Lisa Goes’ flawless parental declaration. She demands that CDC-type information be released, as her child’s health depends on it.

Now what about the four professors from Albert Einstein College who are sitting on some health-giving secrets. 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. And these men, Kaali et al, probably want you to extract the data from them!

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's 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*. He 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, please read 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? Would someone please sue?

Cachexia: Charles Campbell, MD, 1903 Texas Speech

“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”.

WE (SHEEPLE) SHAN'T OVERCOME!

What could be more off-putting today than the civil-rights song from the 1960s “We Shall Overcome”? To ask people to sing it today would be asking them to knowingly lie. By contrast, think how salubrious it would be to sing, “We shan’t overcome.”

If Malcolm X were here today, that’s what he’d be singing. IMHO Malcolm was the best leader we ever had – he saw right through the cabal. He saw how they trick us culturally by setting up signals that appeal to our sentiments, which it can then use.

I recommend we outlaw the habit of saying we are nice guys.

I’d like every Catholic hospital in the US (there are thousands of them) to have a sign in the lobby “We participate in the squelching of some perfectly good cancer cures. It is our policy to obey AMA, Big Pharma, the mafia, and FDA -- not God.” I also wish every schoolroom would hang a banner with George Orwell’s prophecy from *Nineteen Eighty Four* written on it:

“If you want a picture of the future, just think of a boot stamping on the human face – forever.”

GET PRACTICAL

See? If we said what is really happening, then we might have the thought “Hey that’s unacceptable,” and then the further thought “So what shall we do about it?” Right away someone would see that one of the main things to do about it is to hand in our old business card that says “We Americans [or Aussies] do great things.” The business card replacement would say “I’m looking for ways to do great things in a practical way today.”

Let’s teach kids that the cultural story is an ideal. We HOPE to be free beings. That’s quite different from saying “You can count on us to act, routinely, in a high manner.” The baseline of human behavior is the species repertoire of particular instincts. It includes all the silly things the cabal is doing. Their behavior is so human it’s comical. How is it that tyrants, over the ages, look so alike? They just do what persons “at the top” do.

The 99% of us who are not at the top need to psychologize about how to deal with them. You could start a club for this. Call it the “World-Bank Counseling Service,” or something like that. “The Pentagon Transition Team”? Just make a Youtube video offering your services. Dear Reader, **it can be done.**

This is the Mary-Mary Centerfold! Photos on this page were taken by Mary Efrosini Gregory outside her home in Rego Park, New York (See Exhibit X in this book).



Residents who complain about these “beams” are told that they are imagining things.



Note: Both Mary’s waive copyright of these photos.

Page 2 of The Mary-Mary Centerfold. These photos were taken by Mary Maxwell in Adelaide, Australia in 2012.



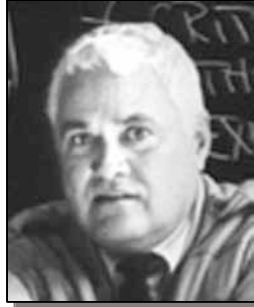
The issue in this centerfold is our very peculiar docility. *We enable.*
Tons of chemicals poured into the sky almost every day?
Nobody seems to notice. Lawyers won't take the case.

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
**The Enemy Within Is Tired, Scared,
and Outpersonned!**



John Gatto MA
Teacher



Mary Efrosini Gregory
Customs Officer



Andrew Marino PhD JD
Physicist



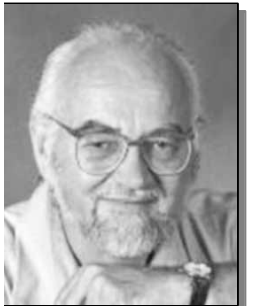
Suu Kyi PhD
Politician



Kent Heckenlively JD
Attorney



Mary Tillman
Mother



Jaak Panksepp PhD
Neuroscientist



Trish Fotheringham
Playwright



William McBride MD
Obstetrician

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

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.

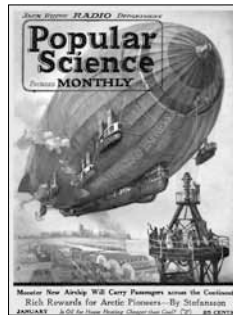
In it I read, with an interest unfelt before, a series of essays on
various departments of science—on anatomy and physiology, on
geology, on mechanics, on arithmetic, and on
natural philosophy and chemistry. ...

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.





Stiff upper lip - NOT! -- Mary W Maxwell

Welcome to Part Four, for Mature Audiences only. It will cover some awful things, but starts out with a very pleasant chapter.

This book gave at least a modicum of attention to 18 cancer curers: Beard (pancreatic enzymes), Becker (silver ions), Burton (immune augmentation), Burzynski (antineoplastons), Coley (toxins), Crile (electrodes), Durovic (krebiozen), Gerson (diet), Glover (serum), Holt (radiotherapy), Wm Koch (glyoxylyde), Lakhovsky (equilibrium), Lincoln (bacteriophages), Livingston (autogenous vaccine), Naessens (nitrogen/camphor), Revici (selenium, alkalinity), Rife (frequencies), Wachtel (pituitary extract). Others contributed importantly but didn't offer a cure.

I have been amazed to find out that there is such a thing as multiple cures for cancer. I had always held an unarticulated belief that there could only ever be "One Final Discovery" that would resolve the cancer problem. I now see that cancer is a constitutional disease, meaning something is amiss with the body. The tumor is not the enemy; the unwell constitution is what needs to be dealt with, to make the tumor recede.

I've read that if you want to test yourself for cancer, you can start by testing your urine for chorionic gonadotropin. Just pay 8 bucks for a pregnancy test kit, be you male or female. A positive result is bad news. (I'm not sure how reliable a negative is.)

Now we zero in on two cures, Toxins and Electrics, starting with a discussion of magnets, as part of Electrics. Then we move to infectious theory, with a jaw-dropping quote from Lakhovsky, followed by the main item of this chapter: Glover's serum, a.k.a. toxin. You can't tell me that patients, including hopeless cases, were not cured by it. I can read English and I know facts when I see them. Finally we'll discuss the "CIA."

Keep in mind the ever-pertinent insight from Orwell's *1984: The past was erased, the erasure was forgotten, the lie became truth.*

MAGNETS -- BIGGIE BIGGIE DISCLAIMER/ALERT

As every apprentice electrician knows, electric power can give painful shocks. It also can harm living beings slowly over the course of time: Nancy Wertheimer showed higher incidence of leukemia in children whose schools were near power plants. (This has been belatedly acknowledged by the NIH.) On Youtube you can see how supermagnets, each only about two cubic inches, can attract each other so forcefully that your fingers get squished bad. Magnets can also denude e-files. Note: pregnancy and pacemakers are reasons to avoid magnets 100%.

That said, I have a hunch magnets are important. Crile started to use them for anesthesia, so did Becker, and then were nudged off that endeavor. I'm reluctant to mention bracelets or mattress pads that are sold online as magnetic-cures, partly because the pricing (in one case \$150, in another \$6,000) smacks of rip-off. In any case I have not done sufficient research on magnets.

INTRODUCING BJORN NORDENSTROM; RECALLING MAX GERSON

When writing Chapter 4 Bioelectrics, I did not know of Bjorn Nordenstrom, MD, a Swedish radiologist. I can't list him as a curer without doing more investigation but he has reportedly saved lives of lung cancer patients by putting electrodes directly into tumors. See his *Biologically Closed Electrical Circuits* (1983) (Note: He's well received in China, partly because he can explain Yin-Yang electrically!)

Max Gerson also has an electric side that I neglected. The Pythagorean Center for Natural Healing reckons that Gerson believed "nutrition may not heal us if I does not also address the organizing field within us." Back in the 1950s Gerson said:

"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."

A Word about Mammon. Please suffer me a toot about financial motives. Becker says he did not patent his low-current silver

treatment as he understood the rule to be that “medical devices made from research done throughout the scientific community,” are not patentable. Crile said that, too. Do you agree? I do, but that rule is no longer honored! As Engdahl points out, in *Seeds of Destruction*, something as God-made as seeds are now patented. This is causing real horror in our world.

I’m not here to say that health should not be purchasable. But a cash nexus sure does confuse things. We all worry about falling for a scam. Example: I signed up for Revici-related news, so I get many emails from William Eidem (e.g., he recommends a capsaicin nasal spray for the pain of cancer). I find myself turning off those suggestions, yet maybe they are worthwhile!

As for doctors selling things, I preach unequivocally that they should not make money on medicine other than by their fees. How dare any physician own shares in a for-profit hospital or testing laboratory! Patients who put up with this must be idiots.

Beck, Becker, and Colloidal Silver. In the same vein, one puts up one’s guard if something sounds too good to be true. On Youtube I’ve seen Bob Beck, DSc, claim that small amounts of silver can do away with all pathogens. Sounds ridiculous, right? But it may be correct. Apparently, silver was recognized for centuries as “antiseptic.” Funnily enough, it’s legal to buy colloidal silver now, as the FDA had to grandfather it in as an approved remedy because it was marketed pre-1937. But isn’t it expensive? No. You buy a silver generator for about \$150, and use it to make silver ions. These ions get put into water in a tiny proportion, such as 3 parts per million. People drink it in hopes of curing various ailments. As you will see in Exhibit O, I made a latter-day decision to include Robert O Becker, MD, as a cancer curer when I learned that he did in fact use silver for cancer. (Note: Chapter 4 mainly stressed his insights about bone regeneration, which has to do with God-sent current of injury.) Becker offers a CAVEAT though: he has also seen silver cause an *increase* of cancer cells, as well as seeing it halt growth.

Again, recall that Bob Beck (*not Becker*) outed Kaali et al about their new patent. He is a scholar, even if his couture runs to lumberman’s shirts. Beck has invented a way of electrifying the blood by passing it outside the body (like a dialysis machine).

G Lakhovsky, *The Secret of Life*. (1925) translated by Mark Clement. "These experiments were the subject of a communication addressed to the *Société de Biologie*, on July 26th, 1924."

Some people may express astonishment that an electrical theory of life and of the living cell should be extended to microbes. The microbe of typhoid (*Bacillus typhosus*) and the *Bacillus coli* are extraordinarily alike. The typhoid bacillus **causes typhoid fever** in man. It is shaped in the form of a rod and measures 2 to 3 x 0.7 microns. This form of the bacillus **may undergo modification**. It is very motile, possesses vibratile cilia.

As regards the *Bacillus coli*, **in man it is invariably present in the intestine. It is generally harmless, but it may become pathogenic**. This latter variation **resembles the typhoid bacillus**, but is less motile and shows but few cilia. A mixture of these two bacilli (*B. Coli* and *B. typhosus*) was put in a liquid of slight electrical conductivity into which two electrodes were introduced and connected respectively with the positive and negative poles of an electric battery.... The typhoid bacilli were attracted to one of the poles while the coli bacilli were attracted to the other pole.

In my opinion the coli bacillus becomes harmful only because it is capable of modifying, in general, the characteristics of the cell: capacity, self-inductance and conductivity. It follows that 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.

On the other hand, **the typhoid bacillus, whose electrical properties are different, as the result of the differentiation of its chemical components, vibrates with another frequency, and modifies, by forced induction, the oscillatory equilibrium of the cell**. The problem is, not to aim at killing the microbes in the living organism, **but to activate normal cellular oscillation by bringing a direct action to bear upon the cells by means of radiations**.

With **ultra-short wireless waves** or with oscillating circuits in the form of collars and belts, it is possible **to establish equilibrium of cellular oscillations and to overcome the effect of microbic oscillations**. It is only when living entities, such as the cell and the microbe, are in contact, that the rays given off by the *radio-cellulo-oscillator* are brought into action so that the oscillatory equilibrium of the cell may be re-established. **It is the cell itself which, by recovering its vitality, succeeds in destroying the microbe**. Per experiments I carried out at the Salpetriere Hospital with Prof Gosset, Dr. Gutmann, and M. Magrou, on cancerous plants.

INFECTIOUS THEORY – ME NO CAPISCE

Lakhovsky's role in this book was as curer of plant cancer and inventor of the multiple wave oscillator. Yet he has “an infectious side,” as seen on opposite page. I checked the 1932 publications of Rosenow and Kendall and they make me feel safe about the Rife pleomorphist view. This Lakhovsky quote adds further ballast to infectious theory.

That said, I wish to make clear that I have still not come to an understanding of infection. Part of the blame can be put on “Medical Jambalaya.” Recall the hopeless state of confusion and ignorance on something you would think simple: HIV – human immunodeficiency virus. I'm also unable to put together the many snippets about viruses morphing into bacteria. It does sound extremely important, though. (Frankly, I am beginning to have an open mind about spontaneous generation! But don't tell anyone, please, or that's all that will be mentioned in reviews.)

I further confess to not understanding Lincoln's cure. He practised bacteriophaging, which was quite common 60 years ago. In Chapter 5, I paraphrased his ideas as follows:

“Many of my patients had sinus infections, the germs of which I decided to culture. I believe that the nasal passage is a natural chamber of bacteriophages, but the obstruction by swollen mucous membranes hinders their work. Clinically, I inject, every 48 hours, a virus. Not only does this relieve the sinus problem, it gets rid of other ailments, such as arthritis, angina, or deafness!”

In sum, Great Leader talks a good game but she doesn't really get it. Ditto re Burton's Immuno-Augmentation. I don't actually know what he does! He did not publish it – most likely because he saw the futility of sharing cancer-cure ideas with FDA types.

TOXINS AND SERA REFER TO THE TREATMENT OF INFECTION

We have seen that Livingston had great success with autogenous vaccine. Her protocol, revealed in the cases at the opening of Chapter 2, show that she also prescribed erythromycin or mandelamine. The only other two curers who went the route of treating infection directly were William Coley (whose exciting cases get full coverage in Exhibit D) and Thomas Glover, whose cure will now be discussed by his main supporter, MJ Scott. Lend him your ear, please, and then we will sleuth out the story.

J. M. Scott, MD, FACS, “**Clinical Experiences with Carcinoma Antitoxin**,” *Journal of Cancer*, Vol. III, No. 9, January, 1926, Dublin.

These brief case references will exemplify these clinical observations.

Case 1 - B.B., female, age 39, June, 1921, at Mayo Clinic, had radical removal of right breast with skin, pectoral muscles and axillary contents for early carcinoma at base of nipple; operation followed by quite extensive radiation. Mayo Clinic pathologic diagnosis at time of operation was adenoarcinoma. Clinical diagnosis May 30, 1922, St. James Hospital, Butte, secondary carcinoma apex right axilla, with cutaneous, subcutaneous and supraclavicular involvement, swelling and soreness right hand, forearm, and arm. A gland was excised from apex of axilla. Pathologic report, St. James Hospital, Butte, adenoarcinoma of very malignant type, Weight 97 lbs, general condition fair, prognosis bad, case considered inoperable; patient opposed to further irradiation. Wasserman test negative. First antitoxin treatment July 9, 1922, last treatment May 21, 1923. By January, 1923, patient was entirely free from all evidences of carcinoma and free from all swelling and soreness of hand, forearm and arm, and has remained so to date. Since August, 1922, patient has worked regularly as stenographer, weighs 108 lbs. appears perfectly well, and states her health was never better. (Total Treatment Period - 10 Mo.)

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; eroded surfaces gave off irritating, bloody discharge with typical offensive carcinoma odour. Patient was very emaciated and weak; weight 125 lbs. (normal 180 lbs); case considered hopeless. Wasserman test negative. 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, and have remained healed to date. Present weight 190 lbs; colour good, patient appears to be in perfect health; doing own housework 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., Dr. Marcus D. Cronin did a radical removal of left breast, pectoral muscles and axillary contents. Pathologic report by Bender Laboratory, Albany, N. Y., 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 - carcinoma of breast. 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; patient was practically confined to bed, and when lying down required three pillows to support head on account of chest metastases. General condition poor; patient weak and emaciated; weight 81 lbs. (normal 104 lbs.); case inoperable; prognosis bad. Wasserman test was negative. 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. Requires but one pillow when lying down; 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. Case (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, X-ray examination by Dr. L.G. Crosby showed a filling defect at junction of sigmoid and rectum. 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.)

SCOTT'S FATE, PER HISTORIAN MARK BOESCH

As far as I can see, Scott's paper is honest. Presumably, any of the doctors listed would have stepped forward to decry misuse of their name if they had not diagnosed the patient as stated.

ACS read the above cure cases and said: "After careful study of the literature and other information available to it, the American Cancer Society has found no evidence that treatment with the Glover serum results in any objective benefit...." They made no attempt to interview Scott (Note: his younger brother, a doctor, and his helpful sister Mary *both died young.*) Scott asked historian M. Boesch to make a record of it all. I'll relay his work. Robert Netterberg also wrote it up as a PhD thesis. (Dear Reader, you should maybe put the billy on; this is a long story.)

Tom Deaken, born around 1875, worked in hospitals as a lab assistant and got the idea for a serum against cancer (maybe from reading Doyen's 1901 article). By trial and error he found that to make a good medium, you must 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. He then injected a culture into horses to make a serum for humans.

Doctors would not listen to Deaken. Then Thomas Glover arrived around 1920 and had success with this cancer cure. One surgeon who heard of it, MJ Scott, tried this toxin on his own cancer. It worked and he then passed it around to many doctors. On February 5, 1921, JAMA published a disparaging report.

Eventually Scott found out that the brains of the outfit was the lowly Tom Deaken, and in 1960 Boesch published *The Long Search for the Truth about Cancer*. ACS had to jump to counteract it! But, oddly, the ACS dared to include praise and many details:

On July 9, 1924, Dr. Glover addressed the Philadelphia Clinical Society Physicians of Toronto spoke favorably of results obtained with the serum Newspapers reported the event in detail. ...In 1920, Dr. Glover reported that he obtained from blood cultures of many cancer patients and from cancer tissues, a pleomorphic organism ... In preparing the serum, filtrates obtained by passing seven-day cultures of several strains of the microorganism through Berkefeld filters were injected into horses. The initial dose was 2 ml and gradually increasing amounts were given at intervals of two or three days, usually near the site of the neoplasm.

I deduce that Glover was CIA, that he tracked down Deaken's cure. I think ACS printed the details of the cure as a means of sharing it with the elite. Scott had asked Glover for the recipe, but Glover said "Not until I make a fortune on it." That was a lie -- he never even applied for a patent! Also, from 1929 to 1938, Glover worked at Bethesda Hygienic Laboratory, NIH's predecessor. Note: In 1940 Glover published, with E White, *The Treatment of Cancer in Man*. It is still held in a few libraries today.

DID TENISON DEANE (CIRCA 1920) HAVE A CANCER CURE?

Possibly mine is the first book to discuss the pleomorphist Tenison Deane. He held that the bacillus is not the cause of any disease but only appears at the point at which there is decomposing tissue! He hoped that once microscopes were improved, scientists could "section" the bacillus and find *inside it* the real harm doer. I call this item "Roger-the-Lodger." (Interruption. Does any reader think I am speaking *ex cathedra*? No! I speak ex kuche.) In his pamphlet *The Crime of Vaccination*, Deane noted odd effects of Jenner's "cowpox" vaccine:

1. It left a peculiar scar on the arm.
2. It did not provide any protection against smallpox.
3. It made the person *more* likely to get smallpox.
4. It disposed a person to **cancer**, TB, diphtheria, and syphilis.
5. After receiving cowpox shot, one couldn't *soon* get syphilis.
6. Persons with uncured syphilis do not contract smallpox.
7. On syphilis patients, the "cowpox" shot does not "take."

Should Deane be considered a cancer curer? Maybe. He calculated that the prospering of the "baddy" cannot occur in cold temperature. Thus, we should take heaps of bacilli (which are harboring the baddy) and throw these into a cold-blooded creature such as the sea turtle. There, these "encompassing" bacillus will get hungry. Later, we remove these, he suggests, and set them into our patient. Deane thinks they'll gobble up their favorite food, the baddy, which is killing our patient, and thus cure her. (He stated that such is already done: Antitoxins for typhoid are made this way in the patient's intestines.)

Note: Annie Hale Riley says Deane was a part-time professor at U of California, so you could perhaps find out more about him by sending Freedom of Information request to the state.

A Rather Circular Attempt at Clarification

Clara: Wait a minute. Is that it? Is that your wrap-up of the book?
Mary: It wraps only one of my two themes, the lost cancer cures.
Clara: I don't think I recall what the other theme was.
Mary: *Et tu, Brute?* How could you forget my prosecution stuff?
Clara: Sorry. Mainly I want to know what to do if I get cancer.
Mary: Prosecute.
Clara: Perhaps I should buy one of those bio-electric gadgets?
Mary: You can do as you please; I have nothing to say.
Clara: I did detect a bias on your part, towards electric cures.
Mary: Becker's book, on bone regeneration, blew my mind.
Clara: What can we do to get doctors to take Becker seriously?
Mary: I'm not going to say it again, but it begins with "p."
Clara: What about irritation as a cause of cancer? I saw on TV that a whole province of China suffered esophageal cancer because the people ate their food too hot. Is that irritation?
Mary: Yes. Check the book by J Barker Ellis from the 1920s.
Clara: A guy on Youtube says baking soda has cured his cancer.
Mary: How do we identify his share-holding in Arm and Hammer?
Clara: Come on, it's alkalinity, like Revici was preaching.
Mary: Oh? You'd better consult Revici about that. He's in Heaven.
Clara: The Hydrochoric Acid cure on Internet. It looks good, huh?
Mary: Leave me alone.
Clara: A lot of people will be turning to you, as you seem to care.
Mary: They'll be sooo disappointed! I am utterly unwilling to become an advisor on cancer. Even if people get in touch with me to ask for legal-type help I will ask them for *their* help.
Clara: I thought you were Our Lady, Queen of Approachability.
Mary: I am. They can approach me. I'll ask them for their help.
Clara: Maybe what we need is a revolution in Ways of Thinking.
Mary: Now you're cooking with gas, Clara. I see a turn-around, thanks to the popularity of conspiracy theory. This is the first time our species has found out that we are run by secret alphas.
Clara: Isn't it intrinsic to the alpha role to *not* be secret? Doesn't he want to be worshipped? Doesn't he want to be a Lothario?
Mary: I guess he feels worshipped when people obey him, for instance, when they arrest some bloke for "causing" bushfires.
Clara: Ahem, you're playing with matches there, regarding Oz.
Mary: Then onto your Lothario question. Alpha-hood requires more or less non-stop erection. But it can be, uh, sublimated.

DID RIFE UNWITTINGLY WORK FOR “THE WRONG TEAM”?

Dear Reader, if you zeroed straight in to this “Zeroing in” chapter, you may want to know what the rest of the book says. In sum I’ve said that many doctors found cures for cancer before 1913, but when the American Cancer Society arose it silenced them. So it looks like that this was the very purpose of the creation of ACS. Silencing, rather than caring, is its solemn responsibility. I feel no embarrassment saying that.

I also suggested that the entire germ-theory, associated with Pasteur and Koch, acts as a control technique. It teaches medical students what the taboo areas are (e.g., pleo-morphism, and “the terrain”), while serving nicely to spread fear in the population, and having us concentrate on illnesses.

I pointed to Glover as CIA (using that term generically), and mused that the reason ACS’s letter specified the particulars of Glover’s serum was for cabal-members to be able to use it! I know for sure that the cabal communicates by placing codes in *Wall Street Journal* and *The New Yorker*. It’s an efficient, inconspicuous way to pass secrets. Think Occam’s razor.

Royal Rife appears to have been a brilliant, hard-working scientist who was used by the cabal and then thrown away. How else account for the fact that Milbank Johnson, MD, helped Rife cure patients at Scripps estate in 1937 but Rife subsequently got no awards? He died in poverty. (Exhibit K.)

Kendall, too, has some ‘splainin’ to do. Kendall was a top bacteriologist at Northwestern who wrote that lovely book for his daughter. When Alice was in her twenties, she left Chicago to work in Rife’s lab in California. Was she spying on him, or did she want to learn to cure people of cancer? If the latter, she does not appear to have put that training to use. Why not?

It’s my guess that in his Navy years Rife was given special training in optics, and was also given his fantastic lab facilities. Many persons get used and often don’t know what it all means.

Indeed Burzynski tells us that when he was drafted into the Polish army, a man mysteriously came to his aid by giving him a passport to escape to US. The same man, Marion Mazur, also showed up in Texas, years later, to advise Burzynski at the time of a critical career decision! I’ve written two other books that report such things and now find it very tedious. It’s time to stop the exposes and get some action.

TRYING TO STAY ON THE STRAIGHT AND NARROW

Early on, I decided to report only proper medical cure-ideas. If I included non-medical, I wouldn't have the advantage of the body-of-science type criticism to present along with it. How to know which bits are valid? It would all be "he said, she said."

Anyway, my dream of providing body-of-science criticism has not worked out. Although "men of science" have sometimes condemned the works of the 18 curers, they have not done so in the long-established manner, consisting of showing point-by-point where the guy went wrong, either in concept or in the lab.

To show how new the prior-restraint censoring thing is, let me reach once again into the Maxwell family store. I recall Husband receiving a rejection notice, around 1987, of an article he wrote (based on experiments with mice) as to a relationship between shivering and brown fat. The letter said, in plain English, that his article was rejected because it went against established work.

George Maxwell was flabbergasted. The point of publishing is not to parrot what is accepted but to challenge it. Just saying: I am a dinosaur in that regard, and hope you are, too.

Now here is my dilemma about Crile. I, an amateur, think he is right. Well, whoopee for me, that's not good enough to pass on to others. But I didn't want to neglect to share it, so I went ahead and presented his theory, enthusiastically. I then looked in Google Scholar and Australian National Library for bad things to say about it. Problem is, no doctors said *anything* about it! At borderlands.com I found favorable comments about Crile's electro work, but that venue doesn't quite qualify as "science."

Finally I ordered a copy of the son's book -- George Crile, Jr, nicknamed Barney, *The Way It Was 1907-1992*. I had read his *Naturalistic View of Man*; it was so good I chided myself for having doubted him just because he was a Skull and Bones man.

Lo and behold, what do I find in the 1992 book (written 50 years after he had last seen Dad) than a very smooth hatchet job. At least that's what I think it is; please be the judge (opposite page). The remarks I quote were set in a context of praise for Dad. To me that's a standard trick, as in a new book about Rife by R Payne. The Payne book strengthened my belief in Rife (as why would someone *bother* to put Rife down?) So, too, Barney has inadvertently assured me: his Dad was a *dangerous* innovator.

My Challenge to Junior. In his 1992 memoir *The Way It Was*, Barney Crile made many subtle put-downs of Dad and his theories:

1. “[In 1930] I was still persuaded that my father’s “Bipolar Theory” was able to explain most of the phenomena of life...As time went by I was to learn that there are many electrical phenomena in the processes of life, but that my father’s theory was a vast oversimplification. Page 10.
2. I became more and more disillusioned with my father’s theories of the “kinetic drive,” or at least with his surgical approach to its control. The problem was that my father’s personality was so strong that all of his patients, while they were under his mesmerization, reported that they were cured. I was to learn that this effect rarely persisted. P 144.
3. “Then up rose Dr Heilbrun, a Jew ... [Mother wrote] who started out that he did not know why Dr Crile continued to give these papers on the autosynthetic cell when none of the biologists believe in it and that it was bunk.” Page 180.
4. “Look out, Dad, look out,” I said, “that’s the carotid artery.” “Don’t worry,” he said and continued to operate. ...Blood, about a bucket of it, squirted from her severed carotid artery. Page 186.
5. Mother wrote, “Instead of turning his cancer cases over to Tommy, Dad has been doing them himself. He has done two big cancers of the intestine with beautiful results.” The situation here reminds me of the allegedly true story of the senile surgeon who, in the course of repairing a patient’s hernia, some how managed to cut off his penis. Page 168.” – end of quotes from *The Way It Was* (1992)

I would wish to ask Barney: 1. Do you mean they are incorrect or just oversimplified? 2. When the “effect” [of what?] stopped, then what? 3. Do you have an opinion on the “autosynthetic cell”? Is it probably bunk? 4. Any particular reason why you are telling us that this surgeon did a bad job? 5. How does your father doing a beautiful job on cancer cases remind you of penile amputation?

I’d also like to ask Grace Crile if she feels sure that the plane crash that almost killed them in the Florida everglades was due to a tornado, or did she suspect foul play. What about the “Clinic disaster” of 1929 in which 123 people died; was it really caused by a light bulb being too close to some stored microfilm? Was she trying to tell us something (as editor of her husband’s 1947 *Autobiography*) when she mentioned that a big donation promised to George’s Foundation failed to come through due to the sudden death of the benefactor?

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



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.

I have a hunch that the autism code is going to be cracked any day now. Please look at the material below and see if something in it may cause you to be the one who cracks the code.

RIMLAND IDENTIFIES THE SYMPTOMS OF AUTISM

In 1943, Leo Kanner, at Johns Hopkins, identified autism in 11 patients, and his colleague Hans Asperger gave it the name autism. Today, the name Asperger's Syndrome refers to persons who are at the less-troubled end of the spectrum. All types go to make up the ASD "Autism Spectrum Disorders."

In Kanner's article, "Autistic Disturbances of Affective Contact," he suggested that cold mothering may be causal of the child's behavior. He, the "father of child psychiatry" earned his MD in Vienna in 1921, which makes me suspicious of him.

Bernard Rimland, PhD, was a psychologist who became an Autism Dad in 1956. His son Mark was "born that way," unlike the majority of instances in which autism is regressive. Rimland sent a questionnaire to thousands of people. Based on the replies he received, published, in 1964, *Infantile Autism: the Syndrome and Its Implications for A Neural Theory of Behavior*.

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?

[I found the above list in *Emergence: Labeled Autistic* by Temple Grandin and Margaret Scariano, Arena Press, 1986. Grandin's books are extremely helpful -- MM]

As you see on the list, there are very odd features, but their recurrence must surely mean that the brain is “arranged” to do these things. For example, many autistic children are obsessed with spinning a jar lid. They also walk on tiptoe, and flap their hands. The youngster may utter sophisticated sentences, out of the blue, although many “auties” remain non-verbal.

One thing to ponder about all this is that autistic children were born with the same brain as any other member of the species. Or, to put it the other way, each of us has a brain that could – with some provocation – “go autistic.” If you have not already been introduced to the “inner workings of the autistic mind” please see any of the many marvelous books by Temple Grandin, a girl who somehow escaped from it during high school.

For the mother’s point of view, don’t miss Exhibit Z. Although it is strictly about the vaccine issue, it is a quick introduction to the devastating problems involved. I recommend a book by a mother of three autistic girls, Kim Stagliano, aptly entitled *All I Can Handle*.

Most autistic children are boys. The “incidence” of autism in the United States has just been announced by the CDC as “one in every 88 children born in 2002.” The count is not taken until age 8 has been reached, hence the delay. If we had the figure for babies who are under one year today but who will soon be “coming down” with symptoms, it may be far worse than 1/88. Of course, 1/88 is a terribly large number anyway.

A HYPOTHESIS INVOLVING MALICE

Would I dare hypothesize that the epidemic of autism has a malicious explanation, that is, that the disease has been deliberately spread? Yes. That is indeed why a chapter on autism is appearing here in a book about the suppression of the cures for cancer. I think I have successfully argued that the “reign of cancer” was deliberately engineered these last hundred years, at least to the extent that cancer patients in America, millions of them, were prevented from obtaining medical help.

We saw all the shenanigans in which somebody sent out letters about each good theory being “unproven.” We saw the legislative chicanery that caused all doctors to be prohibited (*fathom it, prohibited!*) from trying their hand with these methods. We saw how cure-discoverers got smeared and bullied. So we know the score. It probably explains why we have an autism epidemic!

WALKER-SMITH, WAKEFIELD, GOLDBERG: “IT’S NOT MENTAL”

I shall return to the malice theme later, but first here is some good news. Beginning around 1996, there’s been a change from looking at autism as a psychological condition to looking at it as a medical problem. One of the heroes of this is the eminent pediatric gastroenterologist John Walker Smith, MD, an Australian-Brit. He observed that many autistic kids have yellow diarrhea, abdominal pain -- sometimes all day, everyday. The godsend of a discovery that he made, with physician colleagues including Andrew Wakefield and Simon Murch, is that **medicating the child for gastro disease can relieve the autism.**

Another physician, Michael Goldberg, also insists that autism is a medical, not a “behavioral” condition. Goldberg, who has been a pediatrician for 30 years, says autism is caused by an inflammatory process. His book is *The Myth of Autism: How a Misunderstood Epidemic Is Destroying Our Children*. You go, Goldberg!

Don’t miss the latest from Nobel laureate Mario Capecchi, in the same vein. He identifies microglia as part of the immune system’s control of mishaps in the central nervous system. Hot dog!

FLAGRANTLY TRIVIAL RESEARCH OF THE BARONCOHEN KIND.

Perhaps it is true that much of the money NIH hands out for cancer research is intended to keep good researchers occupied in meaningless lab work. (After all, the grant-application guidelines make clear that the work cannot break protocol.)

In autism research, there can’t be the slightest doubt that someone is arranging for the money to be spent going down strictly blind alleys. For example, much effort is being expended on learning the genetics of autism.

Granted there is a predisposition to, or a vulnerability for, autism that is heritable. Valid statistics, based on gene studies, show that families with particular traits (including red hair!) get autism more than families without those traits. But genetics can never eliminate the cause of an epidemic.

It certainly looks like emphasis is being placed on genes IN ORDER to distract from what else might be discovered, no? To me, the champion of Let’s-study-an-aspect-of-autism-that-has-no-bearing-on-a-cure is a UK medico, Professor Simon Baron-Cohen. The research topics he comes up with are absolutely not in the ballpark (and I hereby challenge him to a debate on that).

THE HANDLING OF WAKEFIELD TELLS US EVERYTHING*A. Wakefield, MD*

In 1998, Andrew Wakefield, MD, and twelve other gastro-enterologists in London decided to publish a “case series,” to share with other 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 circus. Wakefield got “struck off the register.” He has replied in a very poignant book, *Callous Disregard*.

Simon Murch, MD, another 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.

The Lancet retracted the 1998 article (a decade on), saying it was based on fraudulent research. **There was no fraud at all.** Anyone who can read English can see that the article ended properly:

“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 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.

“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.** [Emphasis added]

TOTAL STUNNER. All hands on deck! Listen to this clue!

“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.” From: Liny-mom, posted by Liny-mom at Age of Autism.com, on May 21, 2012.

MINNESOTA'S SOMALI IMMIGRANTS

Ahem. There's strangely high incidence of autism among the American-born children of Somalis in the state of Minnesota. Please attend once more to words attributed to Richard Day, MD: "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."

Day knew that clever researchers may outwit those who are holding secret cancer-cures. No doubt the code for autism may get cracked as well. But wouldn't it be more efficient to make the bad guys cough up the information right now? I presume a few minutes of waterboarding would do the trick. What say?

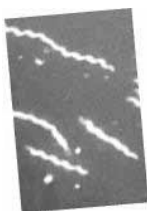
May I suggest to law students that guilt could be illuminated if some scientist came up with evidence that autism was "planted" in at least one instance? Think of it, one revealed "murder" could expose all the others. Somali children in Minnesota have four times the autism of other kids. (Back in Somalia, kids of the same age are *not* coming down with autism.) Note:

1. These individuals were not going to get autism if born in Somalia. (I am hinting that the problem does not lie in these kids' anatomy, though maybe they have the predisposing factor.)
 2. Whatever hit them, after their birth in Minnesota, did not hit boys and girls in Minnesota of non-Somali descent. (Granted, some Minnesotans are autistic, but not in these great numbers.)
- Isn't it obvious that we need to discover *what did hit these kids?*

I imagine some readers will worry that parents of "auties" may be hurt by my insensitive suggestion that someone could do such a thing to their beloved baby. But bad things do happen and wishing it were not so has no effect on making it stop.

The other day I watched a Youtube video about Gulf War Syndrome – an "autoimmune disease" that 100,000 troops came home with in 1991. One of the middle-age veterans interviewed said "We're waiting for the government to please do something."

Wow, what a crazy statement. Granted it's a perfectly normal thing for Americans to believe the government will help, but if GWI was brought about by the anthrax shots – and the evidence for that is compelling – then government has *caused* the illness. We need to get out of our old-fashioned mindset, pronto.

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 published, on the Internet, the information she had collected about this, and in 2008, Bryan Rosner, with Tami Duncan (both of whom are Lyme sufferers) wrote a persuasive book, *The Lyme-Autism Connection*, in which they note:

- Many mothers of autistic children have Lyme disease.
- Some states that have high incidence of Lyme disease are the same ones that have high autism rates, namely CT, RI, NJ, ME. (But OR and IN have high autism and no Lyme.)
- Lyme is called, “The Great Imitator,” (as syphilis used to be called) as its symptoms are so similar to that of other diseases.
- Although a tick is known to be a vector for Lyme, many Lymers say they do not recall a bite, and many did not have the post-bite “bullseye” rash that is diagnostic for Lyme.
- Some families report that their autistic child improved when given the antibiotics used to fight Lyme.

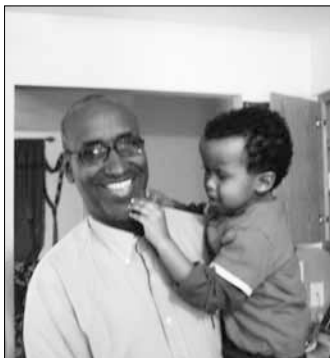
In 2007, the open-minded journal *Medical Hypotheses* published an article by Robert C Bransfield, MD, et al, entitled “The Association between Tick-borne Infections, Lyme Borreliosis, and Autism Spectrum Disorders.” Its abstract states:

“Chronic infectious diseases, including tick-borne infections such as *Borrelia burgdorferi*, may have direct effects, promote other infections and create a weakened, sensitized and immunologically vulnerable state during fetal development and infancy leading to increased vulnerability for developing autism...

[This could] cause and perpetuate effects in susceptible individuals that result in inflammation, molecular mimicry, increased quinolinic acid and decreased serotonin, oxidative stress, mitochondrial dysfunction and excitotoxicity that impair the development of the amygdala and other neural structures and neural networks.”

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

THE PLETHORA OF SO-CALLED AUTOIMMUNE DISEASES

It has been suggested that autism is one of the “autoimmune” diseases, resulting not from an invading pathogen but from a perversion of one’s own immune system. I do not understand this myself, but I offer Exhibit R by Sherwin Nuland, MD, as a quick introduction to God’s amazing handiwork of immunity in the lymphatic system. (It’s lily city, believe you me.)

I also offer Exhibit N by George Maxwell (“the said husband”) which gives the conventional view, as of 1984. (It is not original; he was commissioned by Oxford U Press to write a textbook.) I wonder how George would react today to the said wife’s view that political subterfuge was so extensive in the 20th medicine that perhaps even his “knowledge” of autoimmunity was wrong.

My chapters 11 and 12 (about TB, smallpox, AIDS, flu, etc.) hint that the old view is up for grabs. The standard view cannot be trusted. If, say, the “gay plague” of the 1980s (when so many died of AIDS) is traceable to the Hep B vaccine trial, and if the fall in Filipina fertility is traceable to a tetanus campaign, then some folks must know a lot more than their prayers about immune system manipulation, and, hence, about autoimmunity.

Among the many diseases today labeled *autoimmune* we find: rheumatoid arthritis, MS, diabetes, scleroderma, dystonia (video of that on Youtube will shock you), lupus, Graves disease of the thyroid, and Chronic Fatigue Syndrome (CFS). But also on the list are illnesses for which we know the culprit – Lyme, caused by *B burgdorferi*, and Herpes which is always attributed to a virus! Even “attention deficit disorder” is being called autoimmune.

I remind the reader that at the same moment the American Cancer Society lowers the boom on theorists who talk about bacteria in cancer, orthodox science quietly attributes many cases of stomach cancer to bacteria. Several other cancers are chalked up to a virus. This sort of inconsistency is totally unscientific – and is wrecking the trustworthiness of science.

Is it possible for a university scientist to pose the simplest of questions, such as “What the hell is Tenison Deane saying about the disbursing of syphilis to babies through a “cowpox” shot?” No, because it is taboo to speak of ...um...er... sin. Medical sin.

That said, it is an autism Dad, Kent Heckenlively, and an autism Mom, Teresa Conrick, who are forging ahead with creditable

research into the real causes of autism. I suggest they take a hint from this remark on the website of Johns Hopkins University: “This concept of autoimmunity as the cause of human illness is relatively new [since] the 1950s and 1960s.”

I have a secret to share. I once saw “the baddies” give a man Chronic Fatigue Syndrome (lately rebranded ME, myalgic encephalomyelitis). I also saw them give a woman one of the other autoimmune illnesses, which I shan’t name, as that could identify her. In the man’s case I’m sure they specifically picked CFS to give him. But in the other case, since this lady happens to be a regular victim of harassment -- no, it’s not Mary Efrosini Gregory -- they may have just given her “Classified Ingredient Such-and-Such,” and waited to see what form it took.

As for my willingness to sing about this in court, I am ready, ready, ready! (Hello, Court, are you there?)

THE ANNE DACHEL STRATEGY: PERSISTENCE



Anne Dachel, BA

Help is on the way, as far as “not putting up with it” is concerned. You might think autism families are so grief stricken (imagine your child being in pain 24/7, and you not even being able to communicate your love to him!) that they have fallen under. But no, many of the parents are remarkably able to stay on top of the political problem. E.g., Anne Dachel.

A former schoolteacher, Anne lets out daily fury at the media. Her case is that, with today’s epidemic level of autism, TV and newspapers feel a mission to downplay it. They do so by using the following techniques: 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. 4. They publish upteen Baraoncohenisms.

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!

LAYING A HAND ON AMERICAN ACADEMY OF PEDIATRICS MAN

Poor Dr Paul Offit, who was president of the APA during “the Wakefield affair.” The Anne Dachel (in this case, Jake Crosby) are not letting up. When Offit went to George Washington University recently to give his “Vaccines Are Beautiful” talk, there in the audience was a student who has Aspergers and who 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 Offit, MD, recent president of American Pediatric Association, 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.

Get a load of this item from Offit’s book *Autism’s False Prophets*:

“Hill and Knowlton [H&K] also used personal testimonials to trump epidemiological studies. Ads by the makers of Camel cigarettes featured people who had taken their own test to determine if cigarettes were harmful. Elana O’Brien, a real estate broker, said: “I don’t need my doctor’s report to know Camels are mild.” Dan Burton used the same strategy during his congressional hearings in which parent after parent testified that MMR caused autism, science be damned.” (2008: 188)

In other words, Offit implies that a Mom telling, under oath, what happened to her baby, is like Elana O’Brien (who probably was hired by H&K anyway, from a drama school), telling lies.

We need to call Offit in for questioning – it would reveal a lot! I am certain that Offit is not the real author of the *False Prophets* book. It reads exactly like a public relations thing. Eureka! Follow my logic. Who would know that Elana O’Brien even testified in a tobacco case? Hill & Knowlton! So they probably “authored” this doctor’s book.

It is no secret that the taxpayer-contracted Hill and Knowlton is the CIA. The CIA is more or less world government. Hmm. Why does it need to attack challengers from “autie” families?

Tum-te-dum-dum.

PERSONS WITH AUTISM NOT ALLOWED JUDICIAL PROCESS

A cynic says: the rule is to withhold compensation from any vaccine-injured children who develop autism. So even though judges are given a fixed term (“to let them be honest without fear or favor etc.”), every one of them will rule, in every case, always, against the paying of compensation to an autistic child.

Suprise, suprise. In 1986, Congress passed the National Childhood Vaccine Injury Act, which set up a new court to keep the lid on things. (See 42 USC 300.) The act itself is unconstitutional. For centuries, aggrieved citizens could “bring an action” against the private party that hurt them, but now they’re forbidden to sue one particular party, viz, Mr Pharma. Even if Mr Pharma hurt them, and even if money is ultimately going to be paid, it will be paid by... the taxpayer! Bill of Rights promises “In suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved...”

Hence Congress is behaving *ultra vires* in overriding that right. May I ask: What are you gonna do about it? Same as you’ve done all these years, i.e. nothing? Very bad choice, that. You’ll regret it.

THE RULES AND PROCEDURES OF THIS SPECIAL COURT

In “The Vaccine Injury Court” plaintiffs are called petitioners, not litigants. The injury must have occurred shortly after the jab (but up to 30 days if paralytic polio). The claim must be filed within 36 months of injury. “Discovery” is not allowed, i.e., you cannot subpoena the defendant’s records. But then the real defendant, Mr Pharma, is not even in court, is he? The defendant seems to be Uncle Sam.

In what looks like a cooptation of the legal profession, Congress ruled that the petitioner’s attorney would be awarded costs whether or not he won the case. Payments are as follows: average award is \$822,000, the top award was \$4.9 million. The ‘pain and suffering’ component of the calculation is capped at \$250,000, as is the death award. (See Mary Holland, JD, on Youtube, remonstrating about this. She has a good mouth on her, as we used to say.)

Since autism isn’t on the Vaccine Table, there’s no assured payment; you must prove a causal link between the vaccination and the illness. By 2008, nearly 5000 families were saying that the MMR vaccine caused their child’s autism. The court combined all these cases into two “Omnibus Autism Proceedings,” letting a handful of kids represent all. One group alleged thimerosal (a preservative) as the culprit, the other said it was specifically the mercury, within the thimerosal, that was doing the damage. Both groups lost. One group appealed, unsuccessfully.

Did the Butler Do It? Or Was It the Vax?

There is supposedly a “great question” as to whether Moms are right in their claim that vaccination made their child go autistic. The question can now be easily answered – by you. I’ll lay out the circumstantial evidence for a “Yes.” Please evaluate it.

1. In 1796, Jenner, a proven liar, gives the first cowpox shot.
2. UK Parliament awards him money, makes vax mandatory.
3. Many doctors rise up against it, as do citizens who see shot failing to provide pox- immunity, in fact causing the disease.
4. So in 1890, a Royal Commission is created to “find the truth.”
5. Its report, like similar ones today, is a fraud on its very face.
6. Real men like Wallace, Higgins, Deane, step in to protect us.
7. Such is human willingness to believe authority, and such is the brain’s readiness to accept any “broadcast” information as authoritative, that media can easily get us to trust Jenner again!
8. Edward Rosenow finds the cure for polio, is hailed a hero.
9. 1918 flu starts in NY army barracks, kills a fourth of Europe.
10. Flu seen as bacterial, but Rockefeller changes this to “viral.”
11. Japan’s Shiro kills Chinese by insect-vectored cholera in 1934.
12. Outbreak of polio in 1954 cripples many American children.
13. Salk and March of Dimes hyped as saviors.
14. V. Livingston is given a vial from Cutter batch for her child.
15. Medical journals publish no discussion of Rosenow’s cure (!!!)
16. CIA instructs Vary Baker, age 22, to make fast-acting cancer.
17. President Gerald Ford pushes flu vaccine urgently in 1976.
18. Coulter tells Congress child vaccines cause Type-1 diabetes.
19. Bernard Rimland tells Congress vaccinations lead to autism.
20. CDC jacks up number of shots from 3 to 22 by age 2.
21. Autism goes from being extremely rare to being “ordinary.”
22. John Walker-Smith harrassed by GMC for curing auties.
23. NVIC Omnibus cases “prove” no autism-vax connection.
24. Court: soldier can refuse vax, so Congress rules emergency.
25. Olmstead’s study of autism-free Amish people hidden.
26. Doctors told to “fire” from their practice any families that resist vaccination.

All right, thats enough. Now let’s hear a defense.

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.**



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.



*Canst thou, O partial sleep, give thy repose
To the wet sea-boy in an hour so rude,
And in the calmest and most stillest night,
With all appliances and means to boot,
Deny it to a king? Then happy low, lie down!
Uneasy lies the head that wears a crown.*

– William Shakespeare, Henry IV

*What infinite heart's ease Must kings neglect,
that private men enjoy!*

– William Shakespeare, Henry V

Yipee! I can now cast away the disclaimers that I wrote in the Preface. They were meant to ward off the FDA. Fie on that! But a fresh caveat doth apply. Some of the data here may truly shock, and shock is harmful to health. Please take precautions.

YOUR GENES ARE AS MALICIOUS AS THOSE OF THE WORST KING

“The fault, dear Brutus, lies not in our stars but in ourselves.” Well, maybe. The fault always lies in the individual, but where the “stars” have placed you is relevant to whether or not you’ll be cruel. If the stars have dropped you onto a royal throne you may feel a “duty” to perform cruel acts. Yet, in making those cruel decisions, the brain you employ is the same one you’d be using if the stars had dropped you elsewhere, *nicht wahr?*

This chapter may shed light on the lousy way we treat cancer-curers. My hypothesis is this: The outrages that are taking place today result from the structure of mammal society in which the top males have, as their first priority, staying at the top. In social species such as the fur seal, the alpha may have to be straightforwardly cruel, but he can’t go in for the contortions that the top humans go in for, because he’s limited to what’s in his own body. Alpha humans have resources developed over the historical ages, such as the subtle weapons shown in the centerfold of this book. And they’ve got use of “the media,” a giant megaphone with which they order you to act (smilingly) against your own interest. Fab!

START WITH A SIMPLE EXAMPLE: FILPINAS' FERTILITY

Say you are one of the alphas, now burdened with the job of keeping the whole world (7 billion of your conspecifics) from taking away your goods, your throne, or your life. It sure is complicated, but you have thousands of henchmen to help carry out any scheme you can come up with. Ask them to try to lower the fertility of a population, experimentally. Choose Catholics.

Fine. It's known that women in the Philippines have lots of babies. Ask the "World Health Organization" to help you. (You created the WHO in the first place, so its staff is "dependable.") They will run a campaign to give free tetanus shots to women.

Be sure to lace the vaccine with chorionic gonadotropin. That makes it unlikely that a conceptus will be able to implant in the uterine wall. (As J Beard showed, implantation requires hCG.)

It appears that WHO put chorion into the tetanus in such a way that the body would identify chorion as bad. Later, when the woman produces her own chorion at the crucial moment of procreating, her immune system thinks this is an invader! So it destroys her chorion, and she spontaneously aborts.

Some locals, noting that Filipina fertility was falling, asked a leading question: why were the tetanus shots offered only to women and not men? They pilfered a vial of the stuff, had it tested, and discovered that it contained hCG. Ohio State University had participated on this tetanus campaign, as did the NIH.

I am never sure, when I read an exposé of such things, if the exposé is part of the game, too. No punishment has resulted, so the exposing of malice did not cost the baddies anything. It's possible that the very exposing is another type of control! When you constantly hear of bad things and see the guilty go scot free you develop the notion that it's normal.

Indeed that is how the subconscious brain makes up its mind as to what *is* normal: anything that happens a lot is normal. At the same time, the ten percent (say) of folks who really are upset, get a grand lesson in "learned helplessness."

THE DELIBERATE SHRINKING OF AMERICAN BABIES' THYMUS

Never assume that people hurt only foreigners, such as Filipinas. The alphas have as their enemy "everyone." Perhaps the correct analogy is class warfare. It is obvious that each social class looks upon its opposite class the way a tribe looks upon a foreign tribe:

as a potential enemy and as never worthy of consideration. This is what I mean when I say we are all malicious. It's in our repertoire to be cruel to enemies. We award medals for it.

In the 1950s it was popular to have a tonsillectomy. In the 1930s it was the fashion for doctors to put a baby in front of an x-ray machine to shrink its thymus – supposedly as a prophylactic against colds. Quite a few of the children later died of thyroid cancer.

Hmm. Didn't the average physician see through this? I venture to guess that the whole affair was experimental (with genocidal intent), and it included a test of doctors' compliance.

They tested how much a GP could be persuaded, unthinkingly, to do. I learned of it in *The Greatest Battle*, a cancer book by Ronald Glasser, MD. On page 11 he says, "Who it was that made the error will never be known." Is he kidding? Every researcher who comes up with a brilliant idea (in this case avoiding colds by shrinking the thymus gland) wants credit. If her name was kept secret, that shows guilty knowledge (GK). GK is usable in prosecuting criminals. We can get her now. Trust me, we can. Trust me, there is *domestic* law against genocide.

MAKE SOME SWEEPING PRESUMPTIONS. WHY NOT?

As you see I made a presumption in the thymus case for which I have no physical evidence. Maybe there's evidence out there in the form of incriminating correspondence between the boss and her servants who would urge doctors to try this new technique.

All I offer is logic, instead of evidence. I have done no research on this and you should not take it as fact that there was malicious intent in the baby-thymus affair! But that does not mean no one should listen to me. It is never the case that people have to shut up on a subject owing to their lack of proof. We all make judgements about things all the time. We have to.

I'll now state some other sweeping presumptions. I believe (but of course will modify my beliefs if appropriate) that:

1. All cases of hoof-and-mouth disease are economic sabotage.
2. The thalidomide-caused birth defects were no accident.
3. The bubonic plague of 1666 in London was not from rats.
4. Obesity today has been engineered, both to cause bad health (which keeps the diabetes industry thriving) and to harm the beauty and sex appeal of the female half of the population. (Who gains from that? Alpha - he wants us to have no secure relationships.)

Cancer Research at Former Bioweapons Site, Ft Detrick, MD

(in Norman Covert's The Cutting Edge, The History of Fort Detrick, 1997)

“On October 19, 1971, President Richard Nixon’s helicopter touched down on Fort Detrick’s parade field. Nixon announced he was creating the Frederick Cancer Research to be the leading facility in the fight against America’s No. 1 enemy -- Cancer! Nixon proclaimed that the utilization of former biological warfare buildings was a clear message.... [How much clearer could it be?]

“National Cancer Institute-Frederick [is for] basic research into the fundamental biologic nature of cancer; cancer genetics; how tumors form, progress, and metastasize; and how they can be prevented and treated; ... and development, evaluation, and production of natural products as chemotherapies for human cancer and HIV/AIDS.

“Lt Colonel Lucien Winegar, then deputy commander of Fort Detrick, said it would “be fair to assume” the installation would continue to work with dangerous organisms ...

“Biological weapons are silent, deadly, and inhumane. **Much was learned at Fort Detrick about the life cycle of infectious organisms and toxins** and their effects on the human body. Had the research not been done, American scientists agree they might still be struggling with diseases long since brought under control, like polio and measles In one such test, travellers at Washington National Airport were subjected to a harmless bacterium. In the NY Subway, a light bulb filled with the same harmless bacterium was dropped on the tracks. The organism spread throughout the system within 20 minutes.

“Vaccines, toxoids, and antibacterial and antiviral drugs are a direct outgrowth of the 53 years of work. Detrick pioneered the study of microbial aerosols and **experimentally induced airborne infection**.



Under the leadership of Edgar Larson, achievements included: generation of microbial aerosols of controlled concentration and particle size; sampling of air for its microbial content at rates up to 10,000 liters per minute; exposure of experimental animals or humans to microbial aerosols ... and study of such hosts subsequent to their experimental exposure.” [Emphasis added]

Hoof and Mouth Disease

Dr. Richard Wallace at the University of Illinois website (2001) says:

“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.”

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 been ordered to kill millions of chickens due to “avian flu” or some such, I am suspicious. Similarly when I hear that a health-food shop has been closed because of poor hygiene...

Not that you can’t just as easily wreck a nation’s crops and livestock via drought, but HMD was apparently available earlier.



Frances Kelsey, MD, receiving award from President JFK in 1962

“The public outcry caused by the Thalidomide tragedy quickly led to the passage of new regulations... 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 the FDA.**” [Emphasis added]

I confess that this alone could make me believe that it was a set-up from the beginning. There have been many set-up tragedies (e.g., the Oklahoma City Bombing) that result in new laws that restrict our rights. However, the persecution of Bill McBride -- by a combination of the New South Wales licencing board and ABC (Australian Broadcasting Corporation) – should clinch it for anyone. Norman Swan, MD, played played Persecutor-in-Chief.

McBride was subjected to exactly the same (no doubt scripted by the exact same person) routine as was Wakefield in regard to autism, or our various ghosts in regard to cancer. For one thing, a completely irrelevant matter was brought up against him – that he had performed 44 unnecessary Caesarians.

A very lengthy court case, in which none of the 44 patients had anything bad to say about him, bankrupted him. As for the “scientific fraud” he allegedly committed, it borders on the hilarious. It involved the drinking water of a few rabbits. As for the one doctor who could have vouched for him about the rabbit’s water, he had recently died, wouldn’t you know it.

McBride’s colleagues, scared off by the smears, did not come to his aid. I believe the baddies have got the whole thing down pat; they know how to destroy even our most basic relationships

Dear Reader, don’t let Thalidomidegate fade away.

Thalidomide Disaster. In June 1961, two Sydney women gave birth to deformed children. Obstetrician William McBride was the doctor. When McBride delivered a third baby that looked just like those other two, he realized it must have been from a morning-sickness pill he had prescribed: thalidomide.

By June 13, 1961 he told this to the Australian distributor of the drug, Distillers Biochemical. They took no action. On the same day he mailed a short article to the *Lancet*. The deputy editor, Dr I Douglas-Wilson, rejected it – one month later -- saying that a large number of important (!) papers was awaiting publication.

By September 4, McBride had delivered a fourth baby that was missing its radius (upper arm bone). 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. Surely this was criminal.

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! Thousands of children, many in Germany, were born without arms. The drug was taken off the market November 28, 1961.

Let me be clear. I do not think the drug went out for sale with no one foreseeing its consequences. I say it was intentional. That may at first glance seem crazy. However, having read McBride’s book *Killing the Messenger*, and Harold Evans’ book *The Paper Chase*, I deduce that the behavior of the manufacturer is a give-away. When a doctor reports that his patients are having awful symptoms after taking a drug, the manufacturer would never ignore that. But here, silence was maintained **so that more mothers could take thalidomide.**

I now add a piece of the puzzle that is speculation on my part. When reading McBride’s book I learned that the US government had not allowed thalidomide into the country. The alleged reason is that FDA director Dr Frances Kelsey had read an article about peripheral neuropathy being a possible sequella (consequence) of taking the drug. Then I happened to see, on website pbg.org:

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. I won't bother to try to get better data because my story is flimsy anyway. 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 epidemic (sydney.edu.au)

Clara Has Another Go

Clara: Hoof and Mouth, Thalidomide, Bubos. What about obesity?

Mary: I shan't discuss that subject. I'm too fat. I might burst.

Clara: Dear, your assumption about foul play in 1666 sounds absurd.

Mary: I'm Tertullian. *Credo quia absurdum*. I believe because it's absurd.

Clara: I guess you are right sometimes. The Pentagon recently said they're going to put an experimental germ in the Boston subway soon.

Mary: That calls for a new song: "Charlie on the MycobacteriaTA."

Clara: I wonder why they announced it. Won't Bostonians do a '76?

Mary: They check our reactions. The announcement itself is a psy-op. No germs will be let loose, but the story will demoralize people. See?

Clara: Maybe we should try to rescue folks like Mary Efrosini Gregory

Mary: Sure, try it. She lives near Duane Read Pharmacy in Rego Park.

Clara: I'd be willing to do a leaflet-drop in her neighborhood.

Mary: You could ask the local police about that driverless car that killed someone. I know of two similar events in South Australia.

Clara: Police? Eeks, they might disappear me!

Mary: Agreed, but if more people would talk, you'd be safer.

Clara: I heard of a case where a man distributing leaflets in front of a courthouse got arrested. The leaflets advocated jury nullification.

Mary: Nullification really threatens the cabal! The case is in appeals. But it may be fake. A fair few public-interest lawsuits are set-ups.

Clara: With 1st-amendment free speech, how is leafletting a crime?

Mary: Delighted you asked! The crime they charged him with is my fave: obstruction of justice. 18 USC 1501. Law is *soo* complete!

Clara: It's lucky you went to law school.

Mary: I learned it from Rodney Stich, whistleblower extraordinaire. He also taught me 18 USC 4, misprision of felony. It's such a hoot.

Clara: Are there any laws against malice?

Mary: Of course. Most laws are against malice. They are against what human nature is likely to get up to if we had no law at all.

Clara: What about those who suppress good cures for cancer?

Mary: They are asking for it.

Clara: But you seem to me to come across as being pro-doctor.

Mary: Can't help it. George indoctrinated me. Also, two of my step-daughters worked as LPNs. We need our good nurses. How dare the cabal try to take away the professionals we trust!

Clara: Don't you think, though, that some doctors are malicious?

Mary: How could it be otherwise? 18 cures and none of them in use.

Clara: But the way the Big Three are carried out. You wouldn't dare say they deliberately harm people, would you?

Mary: Yes I would. It's only logical. Watch me say it.

A Letter to America by Canadian Margaret Atwood

Dear America:

This is a difficult letter to write, because I'm no longer sure who you are. . . I thought I knew you: We'd become well acquainted over the past 55 years. . . You were the radio shows -- Jack Benny, Our Miss Brooks. You were the music I sang and danced to: the Andrews Sisters, Ella Fitzgerald, the Platters, Elvis. You were a ton of fun.

...Later, you were my beloved Thoreau, father of environmentalism, witness to individual conscience; and Walt Whitman, singer of the great Republic; and Emily Dickinson, keeper of the private soul. . .

You were Marlon Brando in *On The Waterfront*, you were Humphrey Bogart in *Key Largo*, you were Lillian Gish in *Night of the Hunter*. You stood up for freedom, honesty and justice; you protected the innocent. I believed most of that. I think you did, too. It seemed true at the time. You put God on the money, though, even then. You had a way of thinking that the things of Caesar were the same as the things of God: that gave you self-confidence. You have always wanted to be a city upon a hill, a light to all nations, and for a while you were. Give me your tired, your poor, you sang, and for a while you meant it.

This might be the reason for my hesitation: embarrassment. When my grandmother -- from a New England background -- was confronted with an unsavory topic, she would change the subject and gaze out the window. And that is my own inclination: Mind your own business. But I'll take the plunge, because your business is no longer merely your business. . . You're gutting the Constitution. Already your home can be entered without your knowledge or permission, you can be snatched away and incarcerated without cause, your private records searched. Why isn't this a recipe for widespread business theft, political intimidation, and fraud? I know you've been told all this is for your own safety and protection, but think about it for a minute. Anyway, when did you get so scared? You didn't used to be easily frightened. [Perhaps] you'll go the way of the USSR: lots of tanks, but no air conditioning. That will make folks very cross. They'll be even crosser when they can't take a shower because your short-sighted bulldozing of environmental protections has dirtied most of the water and dried up the rest. Then things will get hot and dirty indeed.

You're torching the American economy. How soon before the answer to that will be, not to produce anything yourselves, but to grab stuff other people produce, at gunboat-diplomacy prices? Is the world going to consist of a few mega-rich King Midases, with the rest being serfs, both inside and outside your country? Will the biggest business sector in the United States be the prison system? Let's hope not.

-- *Novelist Margaret Atwood, in the Toronto Globe and Mail, April 4, 2003*

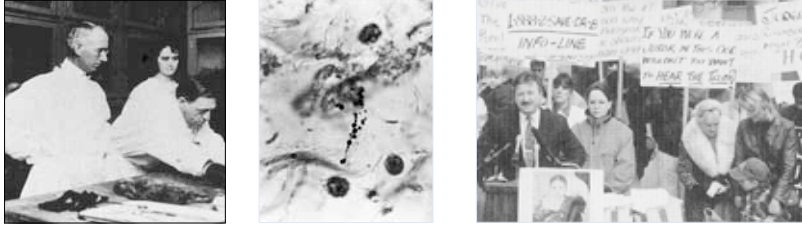
What If Mary W Maxwell Is Dead Wrong about Everything?

Readers may be wondering if they have been taken for a ride by the author, or whether, perhaps, she herself has been duped by someone. Surely both of those possibilities exist. But here, stacked up in a neat pile, is a reminder yet again of what “the other side” believes:

1. Refusal to record soldiers’ anthrax shots need not raise suspicion.
2. Private science should receive its major funding from the NIH.
3. Surgery/radiation/chemo are the most effective cancer treatments.
4. Those who promote serums or toxins are like snake-oil salesmen.
5. Livingston’s 82% cure rate is a fraud, or based on faulty diagnosis.
6. Cornelius Rhoads of ACS did right to forbid Livingston publicity.
7. Pleomorphists simply see things incorrectly under the microscope.
8. Senator Tobey and Robert Lincoln died naturally in 1953/1954.
9. A Mom who says child reacted to vax is usually imagining things.
10. NY Public Library was wise to taboo Ivy’s book on Krebiozen.
11. To say that surgical incision increases metastases is incorrect.
12. It is the cancer that doctors should attend to, not the terrain.
13. Pharma should not have to pay for any damage done by vaccines.
14. Rockefeller wants health for Americans and food for all people.
15. If you speak of electromagnetic rays, you’re into the paranormal.
16. A 1917 banquet to celebrate Rosenow’s polio cure was in error.
17. Blossom the cow gave us a better life (or something like that).
18. Hep-B shot should be given within hours of birth.
19. Revici’s licence was appropriately revoked, as he was irresponsible.
20. 1937 clinic didn’t cure cancers or cataracts with Rife’s frequencies.
21. Presence of murderer Rhoads in ACS does not tell us anything.
22. If syphilis-cure cures AIDS, that doesn’t upset the HI viral theory.
23. Deane’s unvaccinated patients’ out-surviving the others is a fluke.
24. Wakefield properly lost his licence for creating a vaccination scare.
25. US puts billions into bioweapons, but never uses them.
26. Sloan-Kettering, like the ACS, was founded to help fight cancer.
27. Radiation does not, itself, cause a second cancer..

How many of these do YOU accept?

Cancer research suppressed:



Propaganda, psy-ops:



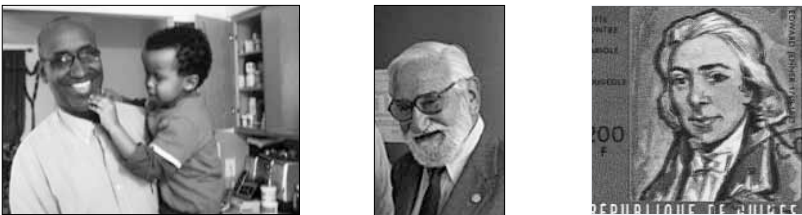
Bioelectrics:



Levels of government:



The crime of vaccination:



DIGNITY, ANYONE?

On the first page of this chapter, I opined that every person is “just waiting to do malice” if the environment calls for it. You may balk at that, believing instead that you’d stalwartly hold onto your civilized values, siren song or no. I agree that humans often do the right thing. But action to oppose the malice of the current baddies can’t begin if we don’t know of their existence.

Both of my parents died prior to 1991, and they never had an inkling of what had been going on for, say, a century. I feel very insulted on their behalf. Didn’t they have a right to know? Maybe their choice would have been: risk all to stop the malice. OK, maybe they’d have taken the couch-potato option instead. But in the dark, they made no choice at all. How undignified!

Right now, as I see it, the whole human species is behaving like the fur-seal species. All is sub-rational. Even the persons at the tip-top are not using rationality, or enlightened self-interest. Consider that photo of the rats. I am of the opinion that rats are not the vectors of plague. (Why? Because Creighton, my new crush, said so.) But assuming rats *are* the vectors, and that some high-level sponsors of federation for Australia wanted people to be in a panic about plague, wouldn’t rats bite *their* families, too?

The historic rule is for cruel tyrants to do anything to “the folks,” but to protect *themselves* very carefully. Nowadays they act with reckless abandon. They have stopped thinking. They have no time to be logical, as they’re so busy surviving (!) at the top. Here’s a good motto for our malice troubles (it’s a law maxim): *Impunitas semper ad deteriora invitat*. Leniency invites worse.

R U AN ARTIST?

Anyone reading this book can see that the author is a slogger. To make a point I have to slog my way through it. But artists can make a point indirectly, *sans* words. Musicians, playwrights, sculptors have an evolved talent for achieving an insight “out of the blue,” and also for passing that insight directly into the brain of the audience! On the opposite page I quote Margaret Atwood who got her many points across through novels. (Ooh, look, she says her Grandma dissociated, and that she was tempted to do so, too!) Please play your role if you are an artist. We need you desperately. This truly is an emergency.

Remember: **Impunitas semper ad deteriora invitat.**



*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.



Conclusion

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... Pray also for me, that whenever I speak, words may be given me so that I will fearlessly make known the mystery of the gospel, for which I am an ambassador in chains. Pray that I may declare it fearlessly, as I should. -- Ephesians 6:10

KNOW THY BRAIN: DISSOCIATION

If a Martian visited us today – and who's to say that Martians are not visiting us today (nah, kidding, kidding, don't fall for that alien stuff, it's pathetic), what would he notice? I think he would notice our dissociation. Just on the cancer issue alone, he would have to be fascinated by our ability to not-see certain things that we would normally see.

We are dissociated on a personal level and a cultural level. Canadian playwright Trish Fotheringham has woven these two together in a play called *One Simple Truth*. She makes the case brilliantly that we started to be dissociative a long time ago, perhaps before the Roman Empire.

A definition of “dissociation”? The International Society for the Study of Dissociation offers one. Let's give them the floor:

“Dissociation describes the disconnection or lack of connection between things usually associated with each other. In severe forms of dissociation, disconnection occurs in the usually integrated functions of consciousness, memory, identity, or perception.

For example, someone may think about an event that was tremendously upsetting yet have no feelings about it. Clinically, this is termed emotional numbing, one of the hallmarks of post-traumatic stress disorder....”

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. For instance, a friend of mine who lost her 17-year-old son went into denial and even refused to acknowledge that she had ever had a son!

While doing this I was fascinated to be able to see myself doing it. As mentioned on Chapter 4, Mary Efrosini Gregory can see the irrationality of her docility. For me, and for Mary, that insight seems to have no effect on fixing the problem. Let's just say that my brain's calculator made a decision that I was best off not thinking about my bereavement. And that was that.

Maybe those who are being hurt today, by the powerful, have no real prospect of changing things and so it's "best" for them to accommodate to it. Our talent for this trick is probably related to our instinctive way of adjusting to the social status we are born into, or achieve. Many mammals make an initial effort to better their position, but soon settle down. So do barnyard hens.

Hmm. I'm not sure it's the way to go. Humans have a few more tricks to work with than hens. As Fotheringham notes, however, an entire culture can practice dissociation. You will have heard that in Brazil people attend to the soap opera and sports almost as if there were no "real" reality. As regards the cancer scene in America, it looks just as bad. Individuals talk the language of the "reality" that has been scripted for them.

NOT REALLY AN OBSESSION WITH ROCKY OR THE GATES'S

A few times I have seemed to blame everything on two families, the R's & G's (Rockefellers and Gates). That was mainly just a convenient shorthand, as there isn't room in this book to argue the case about world government. Still, I post a couple of items on the opposite page to show that R and G ostentatiously say that they are the movers and shakers.

It turns my stomach. **Not that they say it but that you accept it.** Yes, you. Not just Clara – everybody! (Clara gets extra blame.) Of course I realize it's impolite of me to put it like that, but I have begun to notice that politeness is our downfall. Have you got cancer right now? Well, one of the reasons you can't find the cure is that everybody is too polite to blame the ones who are suppressing it. Isn't that unbelievable? And those who mention the blameworthiness of certain people get labeled "conspiratorial." Talk about ludicrous!

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.
(In G Colby and C Dennett, Thy Will Be Done, 1986)*

THE LAW: BABY STEPS ARE BETTER THAN NOTHING

With only a few pages left in this book, I had better chat with my law colleagues. I particularly want to tell law students that they could turn this whole thing around in a jiff, if they would only get on their high horse. Law was made for this sort of thing – don't let anybody fool you into believing otherwise.

Dear Law Students, just call a meeting and try to tackle the question: How the Hell To Throw the Book at Persons Who Prevent Cancer Sufferers from Availing Themselves of Worthy Cures. Who could object? Start by scanning the law for existing strategies. In this book I've thrown around the heavy laws, e.g., the ones against genocide and treason (both carry a death penalty!) but there are many gentler approaches. Consider two:

The first is "child endangerment law." Lately, some states are putting parents in jail for refusing to have the kids vaccinated. But this can work two ways! The website Legalmatch.com asks:

***“What are Child Endangerment Laws?** Child Endangerment laws make it a crime to endanger the health or life of a child through an adult's recklessness or indifference. Some states include child endangerment offenses in existing child abuse statutes. Other states make endangerment a separate offense. **What are Examples of Child Endangerment?** Leaving a child unattended in a motor vehicle; Driving while intoxicated with a child in the motor vehicle; Leaving a young child unsupervised or in the care of another young child; Unreasonable corporal punishment; and Failure to report suspected child abuse.”*

Wouldn't "Vaccinating a child as part of a reckless scam" be a logical entry on that list? Or "leaving a cancer-stricken child uncured when the cure is only a serum away"? The penalties for endangering a child vary by state. Examples: CA: Imprisonment up to 6 years; IL: up to 10 years; NY: 1 year; TX: up to 20 years.

Legalmatch recommends: "If you are a victim of Child Abuse, you should call the police. If there is sufficient evidence, the police will then forward your case to the District Attorney's office to prosecute the person who committed the abuse against you."

Did you notice the phrase "If there is sufficient evidence"? My book and exhibits are groaning with evidence!

Our "officials" are never going to act. It's up to you.

Guardianship Law. Here's a second gentle law, to deal with our miscreants, is Guardianship Law. If an adult looks unable to act in his own best interest, a guardian can be appointed. 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? To act in one's own best interest includes acting in one's family's best interest. Your state can initiate an action to test the person's competence, with an eye to taking money out of his control. I had a dream about Delaware putting the Duponts under guardianship. (Note: that dream can't hold a candle to one reported by Andrew Marino in *Going Somewhere*.)

Does your law school have a moot court? Then you could put on a skit of an actual case – I don't mean an actual, actual one, just one that deserves to be! Have a go at prosecuting under child endangerment law. Use moot names. Do not be afraid!

Was I ever surprised by a lecture to which recent law grads of my state (South Australia, 2011) were invited. The gist of it was that there is a lot of depression among fresh-out-of-law-school attorneys. They handed us a list of psychologists we could turn to. Hey, wait a minute! Nobody said a word about why the new-lawyer depression might be occurring!

Dear Pre-Law students, have you got an image of what you will be doing after you finally get the sheepskin? If the job you then secure has nothing to do with that image, would you be emotionally upset? If yes, what is needed here? Pills? Or an adjustment of the legal profession such that your projected image does become reality?

Who will take responsibility for our world? A good answer is: The Responsible. As an oldie I find it just plain stunning that no one even talks along these lines anymore. Man, this is ridiculous! We are not like the ants, with built in social solutions. It takes human individuals, of various personality types, to get down to it. One has to persuade the Folks to do this or that in order to reach a goal. If you are so inclined to lead, there's a lot to be done and it will take you a long time to do it. But it will be a blast. And the action is right there, up your law-career alley!

Says who? Says George Maxwell: **Society protects.**

O'Brien speaks to Winston, in Orwell's *Nineteen Eighty Four* (1949)

"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.

We are not interested in the good of others; we are interested solely in power. ... We are different from all the oligarchies of the past, in that we know what we are doing. All the others, even those who resembled ourselves, were cowards and hypocrites. They pretended, perhaps they even believed, that they had seized power unwillingly and for a limited time, and that just round the corner there lay a paradise where human beings would be free and equal.

We are not like that. We know that no one ever seizes power with the intention of relinquishing it. Power is not a means, it is an end.

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 is torment, a world of trampling and being trampled upon, 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 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.

[Talk about letting it all hang out! Orwell was not writing a "satire" but telling us what is planned. Wake up! -- MM]

WAS O'BRIEN A FLYING NUT-JOB?

Dear Reader, that Orwell quote really says it all. His book, *1984*, was required reading in high school. So it must be something the cabal wanted us to see. Why? Who knows? It could act as a trial balloon (as did Dr Day's speech about the cancer cure), to check if anybody would scream about it. But it also has its use in conditioning us. Merely telling people "how things are" causes them to accept that as reality, and thus as acceptable. Sad but true!

Know thy brain! Know that even if we be wired this way – to accept O'Brien's "philosophy," we can override it. (Our rational cerebrum overrides the lower brain every day of the week.) We 1960's high school students considered O'Brien a monster, yet we did swallow the idea that a "dedicated Party leader" could actually think that way.

No! They are pulling our leg! The claim that "the purpose of persecution is persecution" cannot be taken as a "philosophy." Granted, it's an empirical fact that, when you need to keep a people down, persecution or similar tools are required. Causing distress, instability, pain, or discouragement is "good" in the functional sense: it achieves its goal. It deters your challengers.

Still, anyone can see that it's absurd for "the people" to accept this march toward torture-as-a-way-of-life. (O'Brien's was talking to Winston while torturing him in "Room 101"). No human being, and that includes O'Brien, can want his society to be one in which "the object of torture is torture." Agree?

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 something special for the masters, they often ask for the favor of being given time off from hurting people. Wow.

We ought to have come right out and said, in 1890, that John D Rockefeller, the oilman, was a sociopath, and, far from being a philanthrope was a classic misanthrope. He passed this to his grandson David (born 1915). Extreme behavior like theirs *is* "normal" for our species, if you mean that it's what an individual might normally do if unconstrained by others. But we are a social species. We constrain. We are a thinking species, we constrain. We invented law for this purpose. **Jail that man!**

If he's too inaccessible, go for smaller players. The top guys can't do without the cooperation of the small players.

CHASING DOWN THE CURERS: WHERE ARE THE 18 NOW?

Burzynski, Holt, and Naessens are still alive, so you can turn to them for information (re antineoplastons, microwave therapy, and nitrogen). Gerson (diet) is alive through his daughter Charlotte Gerson, and Beard (pancreatic enzymes) lives on through Nick Gonzales. Burton's followers still have a clinic in Bahamas.

Robert Lincoln worked with Delmont Labs; they're in the Yellow Pages, but I don't know if they are connected to a practitioner. There is still a Livingston clinic in San Diego, and an office for Revici in New York but I cannot know if they are faithful to the original. Glover's serum (Scott's work) isn't marketed. Coley's toxin is used by Issels Clinic (which also uses autogenous vaccine). I'll mention the four electric men below. Wm Koch is ancestral to dozens of researches into mitochondria/metabolism/oxidation, culminating perhaps in Michelakis's dichloroacetate cure, DCA. On this, see a marvelous review by Eyal Gottlieb of Glasgow.

LET DOCTORS, NOT GOVERNMENT, PRESCRIBE

In the last month two friends of mine have been diagnosed with C-A; both are in complete denial. Funny how God gave us that mechanism for coping, but if cures were available, it wouldn't need to be resorted to. If your nearest and dearest is in denial, try going to his doctor with a list of what she can prescribe. We don't have to wait for the FDA or AMA to reform themselves!

Doctors can prescribe Beard's amylopsin, just as dentist Kelley did thousands of times. Doctors can supervise the Gerson diet. Doctors can get the nitrogen cure from Naessens (I think it has been in the homeopath's kit for ages). I imagine any doctor can use the anti-p53 gene suppressor that Burzynski uses. Recall that his "sin" was transporting it over state lines, not using it as such. Revici used selenium; your doctor can do likewise. (They pulled his licence not for selenium but for "bad record keeping." Ha.)

WHAT ABOUT OFF-THE-SHELF OR UNDER-THE-TABLE?

There is a really nice Youtube video by an orthopedic surgeon Lorraine Day, who cured her own cancer by diet and faith. It is a good place to start if self-help is your only option. I also think the videos by Bob Beck about blood electrification are worth viewing. But could you then apply his ideas? I myself would not have the skill, but surely there are physicists who know what Beck is talking about. There might also be physicists who can revive the

Crile-and-Becker insights about current of injury (or twig as to how these match up with the metabolic theory)

Not under the table, but literally *on* the table, you can get a “lymphatic drainage massage” from qualified physical therapists -- something I had never heard peep about until very recently.

You can buy litmus paper to test your pH, with an eye to seeking Revici’s help against cancer pain as well as cancer. You could presumably buy a multi-wave oscillator, “for your plant.”

As to other devices I am loath to recommend them, as I can’t tell if they are genuine. One sees Hulda Clark zappers, but I bought her book and found it incoherent. If she had a great cure, wouldn’t she break her back trying to explain it clearly?

I have a hunch magnets have some benefit, “if you wear the north pole facing your body.” Erik Enby, mentioned earlier, has used supermagnets. I emailed him in Sweden but shrank from asking about magnets, as I think it has got him in trouble. (Where are we, in the USSR? Yes!) It could be a scam, though. (Where are we, in the USSR? Yes!) Still, magnets could be a scam.

What about giving a dying person a fever? It worked for Coley. If I could get my George back, I’d be willing to try that (but at the end, the said husband was not dying of cancer but of kidney failure). I’d grocery-shop for “alkalinity,” I’d buy a silver-ion generator. Of course, if George and I could discuss things, now that I’ve seen through the politics of cancer-cure suppression, he’d simply apply his everyday medical brain and know what to do! Maybe he’d say, “Nip out and get me some DCA, Lovey.”

Fathom it, a perfectly sharp physician, totally fooled by the propaganda of “cutting out the demon tumor,” undergoing a radical esophagectomy (during which, there was an accidental splenectomy) -- and recommending that his wife undergo radiation therapy for breast cancer. . . . What idiots we all are!

THE REAL SOLUTION IS NOT MEDICAL; IT IS CULTURAL

The churches, the schools, the legal and medical professions, the media, the banks, Congress and Parliament, all act against us.

They seem to be gung-ho the Orwellian plan! Concentrate on making a dent into any one of those institutions, just with regard to cancer, and you may find you have ripped down the walls of a great prison. Oh, thank you, Wonderful Reader, if you do that.

STOP PRESS! Information about Johanna Budwig's Diet



Johanna Budwig, PhD (1908-2003)

As mentioned in Chapter 9, Robert Willner tipped me off to the fact that Revici's work accords with that of Budwig. I now suspect that I passed over her name, before, on an irrational basis – it made me think of “earwig.” Also her discovery, Omega-3 fatty acids, sounded unappealing. *Ain't prejudice grand?*

In any case, my brief was to include only “real medicine.” At the time I didn't realize that diet alone may qualify. (The rule for making it onto the list of 18 was that the curer had to have both a cure and a theory for it. Naessens slipped through the gate; I didn't realize his nitrogen cure is unrelated to somatids!)

At whale.to you will find Willner's book about Budwig. Willner died at 65 of a heart attack – just mentioning that. (But Johanna lived to age 95; her main publication was in 1952!)

All you have to do to court Budwig's cancer cure is eat what she tells you and don't eat what she tells you not to. One basic is cottage cheese (a.k.a. ricotta) and the other is linseed oil (a.k.a. flaxseed oil). These ingredients are legal and available in stores!

A lady on Youtube shows you how to blend the ingredients and add fresh strawberries, and walnuts or nuts that contain... wait for it... selenium! Oh, did I promise not to give advice? Fine, then I'll refer instead to a “scientific” source, -- The National Institutes of Health!

“Taking a daily supplement [with] 200 mcg of selenium ... significantly reduced the occurrence and death from total cancers. The incidence of **prostate cancer, colorectal cancer, and lung cancer was notably lower in the group given selenium supplements....** As an anti-oxidant, selenium can help protect the body from damaging effects of free radicals. Selenium may also prevent or **slow** tumor growth.... Breakdown products of selenium are believed to prevent tumor growth **by enhancing immune cell activity and suppressing development of blood vessels to the tumor.**” – NIH.gov

This just in: Charity Watch 2011 says “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.”

We ask: If ACS is a charity, how does it have authority to say that a cancer cure is “approved” or “unapproved”?

Clara's Farewell Concert

Clara: Good day, Dr Maxwell

Mary: I'd rather you didn't "doctor" me

Clara: Let me ask you, Mare, how did you pick your book's title?

Mary: "Lilies" was a must, but the darn subtitle kept morphing.

Clara: A librarian might catalogue *Lilies* in the gardening section.

Mary: I refuse to put cancer in the title; I don't honor "cancer."

Clara: Yes I did pick that up, and it's quite a big cultural point.

Mary: I wanted to convey what I really do cover here about law.

Clara: A subtitle can sometimes do that.

Mary: One morning I woke up with the subtitle "How To Cure Your Cancer with a Machete." Naturally, I stifled it, as people are allergic to violence. But it is actually this book's message.

Clara: We need to use machetes?

Mary: If I told you that the Zipi tribe was being attacked by the Yolo tribe, and that the Zipi's were huddled in a meeting to plan their reply what do you think they would be focused on?

Clara: It's hard to believe you would use the word "focused,"

but, OK, I guess they would be thinking *machete* in some way.

Mary: If there are some smart Zipi grandmothers, they'd also be looking to negotiate compromises but, yes, we need machetes.

Clara: To me, "cancer cure" and "machete" don't go together.

Mary: My book is about a paradigm shift. It's about NOT using stock phrases and categories. We have never had the notion of a cabal secretly planning to give everybody lousy health. If the cabal does exist, we have to put that into our vocabulary.

Clara: You rely on the sociobiological theory of male hierarchy?

Mary: Yes, my training makes me see that it's not spooky woo-woo kind of stuff for powerful individuals to act cruelly. How else can a mammal stay at the top? Force and fraud are key.

Clara: I think old Thomas Hobbes said "In war, fraud and force are cardinal virtues."

Mary: There you have it! The problem is that a war is going on, mainly a class war; it has gained some elements of religion too.

Clara: Are you referring to the Jewish religion?

Mary: Kee-rist, no! Abrahamic religion is our salvation, our way to make humanity happen. I was referring to the fact that the bozos have cooked up some "justifications" for what they do.

Clara: You mean they have a conscience that needs massaging?

Mary: Great point, Clara. A long-buried conscience. Just maybe!

Recap of Political and Legal Recommendations

Grand Juries, indict cure suppressors for burglary, assault, treason, etc.
 Docs, jot down your own beliefs about chemotherapy and radiation.
 Judges, see a harassing lawsuit? Get them for “abuse of process.”
 Ohio, don’t let your state delegate its legislative power to the AMA!
 Everybody’s lying as the cultural norm? Call it off! This is chaos.
 Parents, go to your kids’ dean and fulminate about the curriculum.
 Bostonians, ask the City Council to rename the Avenue Louis Pasteur.
 Invoke the law of self-defense; it includes your right to protect others.
 Get the local woodworker to build a pillory. Gaze at the pillory daily.
 Don’t take the wussy option of accusing Congress 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 hurt and humiliation, and dance “the knockback polka.”
 Don’t have a Mussolini moment over the Tillman and Davis murders.
 Be wary of large institutions performing charity, and large “charities.”
 Query all the things that came in with the cat (especially the NIH).
 Hold the ideal political meeting: three or four people in your kitchen.
 Try to create new understandings about mutual responsibilities.
 Motivate people by praise, and by asking them to be on the team. Return
 to smaller communities, for which our emotions are attuned!
 Accreditation Committee Members, check the Bible on table-turning.
 In regard to compulsory vaccination, administer the thickness test.
 Doctors, copy out the Dr Day speech and send it to your colleagues.
 Academics, go back to being helpful about our mental furniture.
 Youngies, imagine a marvelous tomorrow. That’s how you’ll get one.
 Docs, do a St Christopher over your mistakes in the vaccine hoax.
 Americans, please correct the song to: We Shan’t Overcome.
 Hang a classroom banner “a boot stamping on your face, forever.”
 Catholic hospitals, post a notice that you answer to CDC, not God.
 Form a “World Bank Counseling Service” to show ways of transition.
 Look for the guilty party in the Minnesota Somali autism thing, now.
 Make presumptions, even sweeping ones, based on species history.
 Don’t let Thalidomidegate fade away. Those children are now age 52.
 Go leafleting near Duane Read Pharmacy in Rego Park, New York.
 Track down who stopped the career of Robert O Becker in 1984.
 Look into RICO Act. Think *Leviticus 24:20*: “fracture for fracture.”
 Know thy brain. Stop dissociating. Find ways to crack dissociation.
 Law Students, apply Child Endangerment Laws to vax and cancer.
 Silence being the problem, talking is the solution. So talk. Get noisy.
 Set up a grand jury, with or without official “permission.” It’s legal.
 Copy the template on opposite page; list some suspects and charges.
 Realize it’s still easy to do these things. Later it’ll be near-impossible.

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 "Florida's 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 later than the arrest.	
Execute in Minnesota only__ Nationwide__ in bordering states_____.	

Welcome to the Exhibits

Guide to Exhibits, by Topic

(For a listing in date-order, please see this book's Table of Contents.)

These exhibits proffer a specific cure for cancer:

D. 1909	Coley: toxins and fever (6 pages)	260
E. 1911	Beard: placental theory, Amylopsin (3 pages)	266
G. 1924	Crile: equalize cancer and nearby cells (8 pages)	272
H. 1935	Guy: potassium deficiency causes cancer (2 pages)	282
K. 1961	Rife: find the microbe and zap it (6 pages)	297
M. 1974	Holt: microwave is the correct radiation (3 pages)	308
O. 1990	Becker: the use of colloidal silver (2 pages)	315

These expose the subterfuge that surrounds vaccination:

B. 1885	Creighton: vaccina of Jenner is spurious (4 pages)	247
C. 1898	Wallace: Royal Commission cooks books (9 pages) ...	251
F. 1920	Higgins: Army less healthy than civilians! (5 pages) ..	269
L. 1965	Dole: Pro-vax BBC silences "anti-vaxxers" (5 pages) ..	303
S. 1997	Coulter: Pertussis shot causes diabetes (4 pages)	324
W. 2005	Moskowitz: Natural immunity is superior (3 pages) ..	340
Z. 2011	Campbell: A mother can see the damage (3 pages)	349

These cover miscellaneous topics of great interest:

J. 1950	Rosenow: ubiquity of pleomorphism (5 pages)	291
P. 1993	Mattman: microbes and cancer (3 pages)	317
Q. 1994	Caton: the ease of culture-creation (4 pages)	320
R. 1997	Nuland: religion, breast cancer, etc. (5 pages)	324
T. 1997	Panksepp: the brain in autism (3 pages)	333
U. 1998	Emery DeLong: unethical hypnosis (2 pages)	338
X. 2011	Gregory: our tormentors in New York (4 pages)	343

Others by Koch, Underwood, Maxwell, Green, and McCarthy.

Note: some exhibits appeared in the chapters: 2. Livingston
3. Allan 4. Smithsonian 6. Janssen 7. Cancer Council of Victoria
8. Thabault 9. Broxmeyer, Cohen, Wilson 10. Goes 12. Campbell
13. Lakhovsky, Scott 14. Rimland, Khalif 15. Atwood, Covert
16. Orwell.)

Exhibit A. 1882 Robert Koch, "The Aetiology of Tuberculosis," read at Physiological Society of Berlin, March 24.

Up until recently it has not been possible to state for certain whether tuberculosis is an infectious disease or not.... The goal of the study must first 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 which has allowed the discovery of characteristic, although previously undescribed bacteria, in organs which have been altered by tuberculosis.

The Germ Theory of Disease

.... Indeed, all other types of bacteria except the bacterium of leprosy assume a brown color. The color contrast between the brown colored tissues and the blue tubercle bacteria is so striking, that the latter, although often present in very small numbers, are quite easy to find and to recognize.... They are rod-shaped and belong therefore to the group of Bacilli. They are very thin and are only one-fourth to one-half as long as the diameter of a red blood cell, but can occasionally reach a [greater] length They possess a form and size which is surprisingly like that of the leprosy bacillus.



*Robert Koch, MD
(1843-1910)*



*Not best buddies:
Left, Louis Pasteur, (1822-1895)
Right, Antoine Béchamp, (1816-1908)
photograph circa 1888.*

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. They [are] similar to that in tissue which contains leprosy bacilli.

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.

Finally they can disappear completely, but this complete disappearance occurs only rarely, and then only in such sites where the tuberculosis process has stopped completely Because of the quite regular occurrence of the tubercle bacilli, it must seem surprising that they have never been seen before. This can be explained, however, by the fact that the bacilli are extremely small structures, and are generally in such small numbers, that they would elude the most attentive observer without the use of a special staining reaction.... 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. Originally I cultivated the tubercle bacilli only from lung tubercles of guinea pigs that had been infected with tubercular material. Therefore the cultures from various sources had first to pass through the intervening stage of the guinea pig before they were obtained in pure cultures. In this way there was a possibility for error...In order to avoid such errors, special precautions are necessary, which can be deduced from observations on the behavior of this spontaneous tuberculosis.

From consideration of these facts, it can be concluded that the development of tuberculosis in an experimental animal is due to the action of inoculated material..

Exhibit B. 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 variolæ 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.

Bousquet, Estlin, and Ceely are the chief writers who have authentically described the establishment of new stocks of cowpox lymph since Woodville's original report of 1799... 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 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. . . .Loy also inoculated children with the same matter, and raised vesicles on their arms, which were, of course, the same as the accidental vesicles (compared to the blister raised by a burn). 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. 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 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 Board 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 a number of populous unions of England a majority of the guardians are decided not to prosecute under the Vaccination Act; in other unions prosecutions are not infrequent, the convictions having amounted in 1885 to upwards of two thousand.

In 1999 a UK postage stamp commemorated Jenner’s cowpox fandangle.



Exhibit C. 1898 Alfred Russel Wallace, LLD, DCL, FRS, “Vaccination a Deusion, 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

... [T]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

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

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 nutritive 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.
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Exhibit D. 1909 William B Coley, MD, "The Treatment of Inoperable Sarcoma by Bacterial Toxins (the Mixed Toxins of the Streptococcus erysipelas and the Bacillus prodigiosus)." Proceedings of the Royal Society of Medicine, Surgical Section.

Roger had never used the Bacillus prodigiosus alone or with the streptococcus of erysipelas on the human being, and had never, as far as I know, suggested it as a therapeutic agent. In order to intensify the virulence of the erysipelas, I decided to use the combined toxins of erysipelas and Bacillus prodigiosus, growing the two organisms together and sterilizing them with heat. The first preparation was made for me by Dr. B. H. Buxton, then Fellow of Bacteriology of the Loomis Laboratory, and now for seven years Professor of Experimental Pathology of Cornell University. The erysipelas culture was grown alone in bouillon for ten days, then the Bacillus prodigiosus added, the two grown together for ten days, and then sterilized by heating to 580 C., and kept sterile by the addition of a little thymol.

This is the preparation that was used with little change until three years ago, when Dr. Martha Tracy, working with Dr. Buxton, suggested an important modification. Her subsequent experiments proved the truth of the opinion that I had already expressed some time before, based upon clinical observations alone -- **that the Bacillus prodigiosus had in itself a curative effect upon tumours**, independent of any action it might have in intensifying the virulence of the erysipelas.

Tracy's first experiments with the Bacillus prodigiosus alone confirmed the investigations of Vaughan, of Ann Arbor, that the Bacillus prodigiosus toxins were the most powerful known.

Further experiments with sarcoma in dogs showed that sarcoma would disappear under the injections with the prodigiosus alone, without any erysipelas, although not quite so rapidly as when the combined toxins were used. Utilizing these newly proven facts, Dr. Tracy proceeded to grow the two organisms separately and, by adding a certain definite quantity of the sterilized prodigiosus bouillon to each ounce of the streptococcus broth, was able to secure what had never been possible before -- namely, a definite standardization of dosage. This enabled us to overcome the greatest difficulty we had to contend with all along.

In the old way of growing the two organisms together, there had always been a varying amount of prodigiosus toxins in the solution, due to an exceedingly variable rate of growth. I had previously noted clinically that the highly coloured solution of the toxins, showing a large amount of prodigiosus present, were more powerful and, likewise, the **curative effect was greater**.

The first preparations which Dr. Tracy made in the way described had so large an amount of prodigiosus that very severe reactions were obtained by minute doses, and in one case, in the hands of another physician, death resulted within a few hours after an injection of 1 mm. made into a very vascular tumour in the mediastinal region. After this the addition of the prodigiosus to the toxins was immediately reduced to one half, and this amount has been continued up to the present time.

The process of preparation is as follows

To Prepare the Streptococcus Broth.

Soak lb. minced beef overnight in 1,000 cc. of cold water. Then boil for one hour and filter through coarse cotton cloth of any sort. Add of peptone (Witte's) 10 gm.; of NaCl (sodium chloride) 5 gm. Test the reaction to litmus and render slightly alkaline by addition of a sufficient quantity of 10 per cent. NaOH (sodium hydroxide) solution. Boil for one hour. Filter through filter paper. Distribute into small flasks, 25 to 50 cc. in each flask. Sterilize by boiling for one half-hour on three successive days. Sow each flask with a few cc. of a broth culture of streptococcus. 1 Allow to grow in the incubator for three weeks.

To Prepare the Prodigiosus Suspension. — Spread an ordinary 2 per cent. medium to a depth of about 1 cm. at the bottom of a large "Roux" or "antitoxin" culture flask. Sterilize as usual by boiling for one half hour on three successive days. Over the surface of the agar, with the usual precautions against contamination, pour a two-day-old broth culture of *Bacillus prodigiosus*. 2 Manipulate the flask so that the entire agar surface has been touched by the broth, and drain off the surplus fluid. Allow the prodigiosus to grow at room temperature in daylight, but protected from the direct sunlight, for ten days. Scrape off the thick red growth with glass rods and rub up with a pestle and mortar to a smooth, rather thick suspension, using physiological salt solution as diluent. Bottle and sterilize in the bottle, by heat, at 75° C., for one hour. This suspension can be diluted further at any time. The amount of diluent needed is ascertained by determining the weight of nitrogen per cubic centimetre of suspension (Kjeldahl's method). This multiplied by 6.25 gives the weight of proteid present, and this should be 12.5 mgm. per cubic centimetre of the suspension to be used for the mixture. To Prepare the Mixture. -- Take of streptococcus broth culture, three weeks' growth, 100 cc.; of prodigiosus suspension (containing 12.5 mg. of proteid per cubic centimetre or 375 mg. of proteid in all) 30 cc.; of glycerine, 20 cc. The streptococcus used during the past two years in the laboratory of the Huntington Cancer Research Fund was isolated from

a fatal case of septicemia. It is doubtful whether an organism from an actual case of erysipelas would give any better results. The stock culture of streptococci has been maintained more satisfactorily in broth than on agar. No attempt has been made in recent work to keep up the virulence by passing through animals.

2 The stock culture of prodigiosus is kept upon agar slants, a tube of broth being inoculated from the agar two days before it is needed for the large flasks.

3 It was found desirable to reduce the amount of prodigiosus proteid to one-half of the amount shown in the formula given in my paper published in the Medical Record, New York, 1907, lxxi, p. 436.

Each cubic centimetre of the mixture then contains 2.5 mg. of prodigiosus proteid. After mixing, bottle in glass-stoppered bottles. Add a small piece of thymol (size of pea to 1 oz. bottle) to each bottle, and sterilize two hours at 75° C. Keep on ice.

First, a further word upon the clinical observations of accidental erysipelas in inoperable tumours. In one of my earlier papers, "The Treatment of Malignant Tumours by Repeated Inoculation of the Living Germ of Erysipelas," I collected thirty-eight cases of malignant tumours (sarcoma and carcinoma) in which an attack of erysipelas had occurred, either by accident or by inoculation. In twenty-three cases the attack was accidental, and in fifteen the result of inoculation.

Seventeen were sarcoma, seventeen carcinoma, and in four cases the type of tumour was not stated. Of the seventeen cases of carcinoma, three were permanently cured. One, a probable carcinoma, was well five years after the attack of erysipelas. The remaining thirteen showed more or less temporary improvement. Of the seventeen cases of sarcoma, seven were well from one to seven years afterwards. In the remaining ten cases, **nearly all showed improvement**, some disappearing entirely and later recurring.

In the American Journal of Medical Sciences, 1906, I published six other cases of cancer-five epithelioma, and one sarcoma -- in which an attack of erysipelas had intervened in the course of the disease:-

- (1) Recurrent cancer of the breast. Patient well nine years.
- (2) Sarcoma of the neck (entire disappearance). Patient well eight years.
- (3) Epithelioma of the face, eighteen years' duration (entire disappearance). Local recurrence several years later. Again disappeared under one month's treatment with the toxins. Probable recurrence six months later.
- (4) Epithelioma of the face, lip, and nose. Disappeared under very severe attack of erysipelas. Patient well two years later, when he died of another trouble.

(5) Epithelioma of the face of two years' duration. Entire disappearance under attack of erysipelas. Patient well at last observation, six months later.

(6) Epithelioma of nose. Eight years' duration. Entire disappearance under attack of erysipelas. Patient well several years later.

ACTION OF MIXED TOXINS UPON INOPERABLE SARCOMA.

The macroscopic as well as the microscopic changes observed by myself and others have been precisely the same as those formerly noted in cases of sarcoma treated by inoculation of the living germ. First, the tumour becomes much paler, owing to decreased vascularity; second, it becomes much more movable and less fixed to the surrounding tissues, these changes being often noted after the first two or three injections; third, it soon begins to show areas of softening, due to caseous degeneration or necrobiosis of the tumour elements; fourth, gradual disappearance, either by absorption-which is more apt to be the case in the firmer tumours (e.g., spindle-cell or fibro-sarcomas) -- or, in other cases (especially the round-celled and vascular varieties), by breaking down and liquefaction of the tumour-tissues. In such cases incision and drainage may be sometimes advisable, provided the tumours are in accessible regions.

These changes are precisely the same, whether the toxins have been injected directly into the tumour or whether the injections have been made in remote parts of the body, proving that the action of the toxins is systemic rather than local. In a certain number of cases -- in my own experience in a little over 10 per cent. -- the degenerative progress has gone on until complete absorption of the tumours has taken place and the patients have remained cured. In other cases improvement is only temporary, and after a few weeks, in spite of continued injections and increased doses, the tumour again begins to show signs of growth and continues until a fatal issue. In a very few instances, especially in cases of very large and vascular tumours, particularly the melanotic type -- which of late many pathologists are inclined to class as carcinoma, instead of sarcoma -- no marked beneficial effects have been noted at any time.

What is the explanation for these variable results? Why should the toxins behave so differently in these cases, causing some of the very worst and most hopeless ones to become permanently cured, and in others showing little or no effect? The explanation is, I think, not so very difficult. 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.

The high temperature produced by the toxins may also be a factor in causing the improvement that follows their use. Many and repeated **blood-examinations of sarcoma patients treated with the toxins** show almost universally a marked leucocytosis as a result of the treat-

That the tumour-cell is ever in a delicately balanced state is shown by the experimental investigations upon mouse-cancer during the past four years. A certain strain of carcinoma was found to grow well in Berlin mice, but would not grow at all, or in few cases only, in Danish mice of the same breed. 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.**

INDICATIONS FOR THE USE OF THE TOXINS.

While in all my earlier papers I have practically limited the use of the toxins entirely to cases of inoperable sarcoma, further experience has convinced me that they have a much wider field of usefulness.

I would at present advocate their use, first, in all cases of inoperable sarcoma, except the melanotic, which are classed as of epithelial origin by many pathologists. [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.

Exhibit E. 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, irrespirable 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 require-

ments of science. Do not vitiate your experiments from the very start, 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.

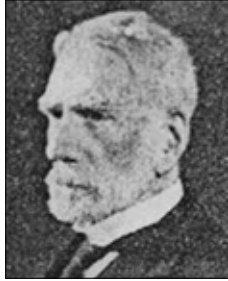
Above all, do not for a moment imagine that you 'have tried trypsin in cancer, and have found it useless,' when to all intents and purposes you might just as well have been testing the effects of a solution of glycerine and water. Do not think it is 'science' to perform mere elementary qualitative experiments 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.

UPDATE: Nicholas Gonzales, MD, who uses Beard's cure, has just had his "clinical trial" sabotaged. See his book *What Went Wrong*.



THE UNIVERSITY of EDINBURGH

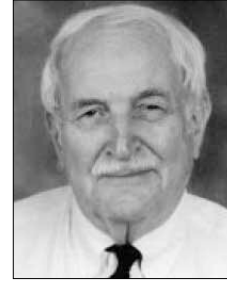
Some University of Edinburgh men:



Wm Russell, MD
FRCPE



John Beard, DSc



George Maxwell, MD
FRCPE

Exhibit F. 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 caused by Larium (mefloquine), an anti-malarial drug.

Exhibit G. 1924 George W. Crile, MD, "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; and the logical point of attack therefore is the nature and structure of the normal cell, compared with the nature and structure of the cancer 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 the following: 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....

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.

On the basis that the processes of cell division in cancer are analogous to the processes of cell division in fertilized cells, we shall report certain biophysical researches and point out certain pertinent facts tending to show that cancer falls within the domain of the electro-chemical or bipolar theory which we believe applies to normal living processes.

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, the normal thyroid gland, the liver, ... the spleen, 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 success-

fully 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... 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 lipid 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.

Thus the area of oxidating surface in the nucleus of a cell as compared with the area of oxidating surface in the cytoplasm is another way of expressing the nucleus plasma relationship and signifies that the larger the nucleus in comparison with the cytoplasm the greater the energy potential of the cell. Thus, if two cells have an identical organization, an identical energy potential, then, with respect to each other in the competition for nutrition their chances are even, but if in one of two adjacent cells the size and organization of the nucleus is such as to give it a greater capacity for oxidation, hence a greater demand for nutrition, then the cell of comparatively low oxidative capacity will suffer in the competition and will **break down in starvation**...

As stated, our interpretation of cancer assumes that the difference between the cancer cell and the neighboring cells of lower potential is analogous to the difference between the unfertilized and the fertilized ovum. The analogy ends, however, once the mechanism of cell division has been established, for cancer cells have little or no differentiation.

If the foregoing biophysical interpretation be correct, then cancer tissue **must meet the following biophysical requirements:** (1) the 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. One would expect to find a **higher capacity in such cellular tissues as the brain, liver, muscles, adrenals, thyroid, spleen, pancreas,** than in such indifferent tissues as connective tissue and fat.

Our first researches along biophysical lines were a series of conductivity measurements of normal and of pathological tissues made in collaboration with Helen Hosmer, B.S., and Amy Rowland, M.A. The clinical tissues measured included malignant and benign tumors of the breast and of the uterus, ulcer and carcinoma of the stomach, carcinoma of the rectum, malignant and benign tumors of the mouth, jaws, and neck, X-ray burns and various types of goiters -- hyperplasia, fetal adenoma, multiple adenoma, toxic adenoma, exophthalmic goitre, simple colloid goitre, thyroiditis. The following were the significant findings:

1. In all instances in which comparative measurements were made the **conductivity of the malignant growth was higher** than that of a normal portion of the same organ.
2. The outer growing parts of cancers showed a high conductivity in contrast with the conductivity of the central non-growing parts.
3. Among the goitres studied the highest conductivities were found in the degenerating adenomata and the malignant thyroids; the conductivities of the hyperplastic thyroids were lower; and the conductivities of the colloid goitres were the lowest of any of the pathological tissues studied. These measurements were made with an alternating current of 1000 cycles. This **comparatively low frequency of current** would probably

find the path of lowest resistance, in large part, undoubtedly **through the intercellular tissues.**

Extending this line of inquiry, the theoretical requirement that cancer tissue must have a high capacity for the storage of electric charges, was given to Hugo Fricke, Ph.D., and Sterne Morse, M.D., of the Biophysical Department of the Cleveland Clinic Foundation, for investigation. The versatile mathematical mind of Doctor Fricke has derived a formula and devised an apparatus whereby frequencies from 800 to four and a half million or more cycles can be applied to the cells under investigation. Up to the present time currents varying from 3000 to 125,000 cycles have been used.

The physical estimations of the capacity of normal tissue and of benign and malignant tumors thus far made are as follows: Eighty tissues from 58 cases have been investigated, including 15 carcinomata of various types, 3 sarcomata, 3 benign tumors and 16 goitres of various types. The capacity of normal tissues have ranged from 0.47 for fatty tissue, and 1 to 3 for connective tissue to 10 for the normal uterus.

All of the carcinomata have had a relatively high capacity ranging in the arbitrary units used from 660 to 1920 in the actively growing portions of the growths. The degenerated portions of the growths have 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.

Among cells with equal capacity such as those within the cancer itself or the daughter cells of the fertilized ovum, division occurs evenly, no one starves another. This fact explains **why cancer does not arise** either primarily or secondarily in that fiery furnace, **the heart muscle**, or in other muscles, or in the cortex of the brain or in the thyroid gland, etc. It also indicates why, when from some cause, the capacity of an epithelial cell resting on subcutaneous or submucous cells of low capacity has been increased until it is equal to the capacity resulting from fertilization, **that cell will easily rob the neighboring inactive tissues** of their nutrition and will supplant them, **just as the vigorous growing weed** overgrows and supplants the highly differentiated less vigorous domestic crops.

A consideration of the conditions under which cancer develops in the thyroid gland is illuminating. First, cancer almost never develops in the normal thyroid or in colloid goitres, but **over 90** per cent of cancers of the thyroid arise in fetal adenomata. Now, as has been stated above, the capacity measurements made by Morse show that both colloid goitre and the **normal** gland have a higher capacity than cancer of the thyroid while the capacity of fetal adenoma is lower than that of cancer. Now on the basis of our premise one would have predicted that that would be the case, even though he knew nothing about the actual incidence of cancer in the thyroid gland.

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. In general, benign tumors have a higher capacity than that of the organ in which they grow, e.g., the capacity of a fibroid is higher than

There is a general analogy to this conception of the law governing the incidence of cancer in the various tissues, in 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.** For the same reason a fetus thrives up to the point of starvation of the mother.

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 warring 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. 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. **When a massive treatment**

is given, any cells which survive will be the fittest, hence the return growth will be at the pace of the strongest, the fittest cancer cells, not of the less strong cells that did not survive. The combination of diminishing vigor, on the one hand, and a stepping up on the other, theoretically would bring about the unbalance required for cancer.

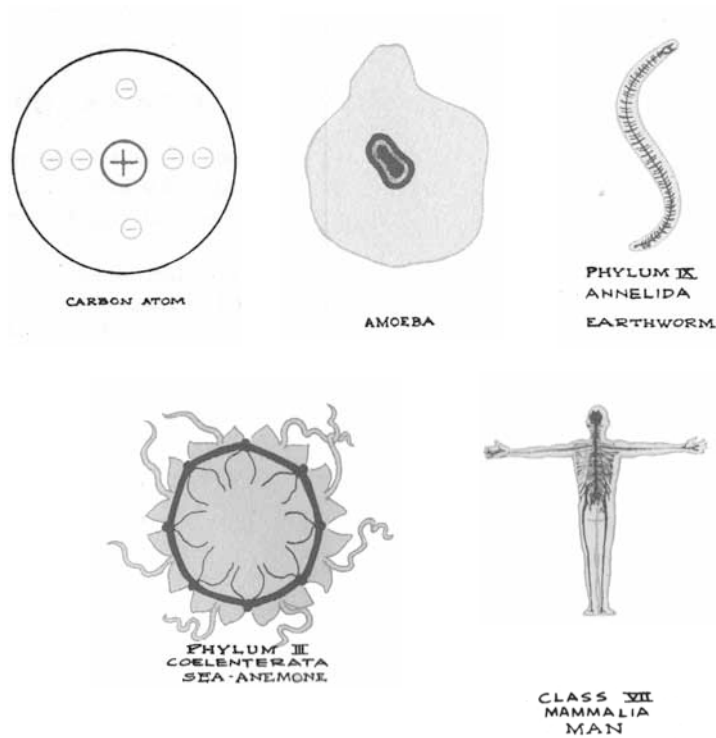
Pyogenic Infection. We have already mentioned certain analogies between cancer and pyogenic infections. Certain further biologic principles governing infection which appear to be the same as those governing cancer may be cited. The resemblance between cancer and infection has been noted by many observers. *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. **Bacteria like cancer attack best the negative tissues, the subcutaneous tendons, the fascia, the bone, surfaces that have been irritated. Bacteria stain like nuclei;** bacteria almost never attack nuclei of cells, almost never muscles, most seldom of all the heart muscle. **Bacteria tend to spread by the adynamic lymphatic system rather than by the dynamic bloodstream.** However, as in the cancer, if bacteria are potent enough, i.e., have the required potential to multiply in the blood stream those bacteria are more apt to kill and to kill early. We find then that **both bacteria and cancer cells multiply at the expense of their host; both may form tumors; both cause reactions; both interfere with function....**

As to the problems suggested by this discussion it would seem that in the capacity estimations we may have one more criterion for the diagnosis of cancer. Should this **hope be realized, the estimation of capacity will best be made on fresh unstained tissue almost instantly after its removal** or when conditions permit, in situ. Even if this should not be

come a specific method of operating room diagnosis, it will quite surely, even in its present status, supplement the microscope. We may perhaps find in this new biophysical method not only a means of diagnosis, but one of prognosis as well -- a low ratio of the capacity of the growth to that of the adjacent tissues would theoretically mean low malignancy and vice versa....

In conclusion, **one of the greatest obligations science owes to humanity is the control of cancer**, and it is hoped that the suggested theory, on the one hand, and on the other hand the new facts which have been and are being demonstrated by the more exact sciences of mathematics and physics, may contribute a new method of attack. [Emphasis added]



A Bipolar Theory of Living Processes

*In his 1926 book, *The Bipolar Process of Life*, Crile held that the human brain is the positive charge and most of the rest of the body is the negative. For this schematic representation he uses dark ink to indicate positive charge. Whether it is an atom, or an animal, the electric principle is the same.*

Exhibit H. 1935 Walter Guy, MD, The Conquest of Cancer

It is incumbent upon all physicians and surgeons who have made any improvement or discovery to report such discovery or improvement to the medical world at large.... Also it is morally obligatory upon those who gain help from such contribution to report back to the same journal their successes or even failures. The following article is to bring up to date the writer's progress in the war against cancerous disease. First of all, what are the underlying causes which allow the formation of neoplastic growths? He believes: 1st. A deficiency of potassium in animal tissues. 2d. Potassium deficiency causes loss of function in posterior spinal nerves. 3d. Hypochlorhydria is the chief cause of potassium deficiency, and causes alkalosis of tissues. 5th. When a group of cells becomes isolated from nerve control, such cells will become a parasitic entity....

Potassium salts are absolutely necessary for the sustenance of life. ... No crop can be grown without its presence in the soil, and the contrast when potassium deficiency is corrected is at times almost unbelievable. That a deficiency of potassium in the human tissues can set up great pathological disturbances is easily imagined... The writer contends that potassium deficiency in nerve tissue will bring about a slow degeneration and loss of function, attacking particularly the posterior spinal nerves, and that this malfunctioning is the cause of neoplastic growths. Deficiency of hydrochloric acid in the gastric juice is becoming, under the stress and strain of modern civilization, very common. [We see] that hypochlorhydria will bring about the condition known as alkalosis in the cells of the body... When carcinoma is fully established, this alkalosis is increased by the lactic acid excreted by the cancer cells; so, therefore, excess of lactic acid in stomach and tissues of body is but another term for alkalosis. This condition is supposed by many to favor the formation of or to precede the appearance of cancer.

In cells of the body, any cell supplied by nutritive elements, but cut off from nerve control, of necessity becomes an independent growth. This theory, therefore, can explain all the innumerable varieties of neoplastic tumors, both benign and malignant growths. It is the writer's belief that the posterior spinal nerves have a sensory function controlling and inhibiting cell growth, and that the anterior spinal nerves, as is well known, in addition to their motor control, stimulate cell production. This is well shown in progressive muscular atrophy, and in infantile paralysis, where the anterior spinal nerve centers are involved, causing destruction of tissue cells in affected muscular areas. So likewise if the posterior spinal nerves or centers are involved, a loss of control over areas affected will ensue, thus allowing the various forms of neoplastic growths. In

other words, the cells are cut off, both from sensory and inhibitory control. This also explains the lack of pain or discomfort in early cancerous growths. As all theories and hypotheses are dependent for their substantiation, finally, on clinical proof, the writer presents two cases that are uncomplicated by other diseased conditions to illustrate above claims, in addition to those already quoted in December, 1932, issue of THE MEDICAL WORLD, giving not only the remedy used internally and intravenously, but the treatment applied to local lesions. Cancerous growths, when localized on skin or in the orifices of the body, must be destroyed. At the same time, if the conditions which caused their appearance are not corrected, sooner or later their appearance at the same site will become manifest.

The formula I use by mouth and by intravenous injection in these cases is as follows: (Old apothecary measures, may be inaccurately recorded here). Sol. potass. arsenate (Fowler's) drams iss/Tr. ferri chloridi drams iv/Saturated ad. potass. sulphatis fluid ounces ij/Sol. HCl (2%) q. s. ad. fluid ounces iv/ Dose by mouth: 5 to 20 drops./Intravenously: 3 to 7 minims in 10 c.c. of sterilized distilled water.

Why should the above formula be effective? What, in other words, has to be accomplished? First, phagocytosis. This term not only implies destruction of invading germ life, for these are always present as scavengers, but also destruction and absorption of diseased tissues.

Arsenicum (arsenic is poisonous) has been known for many years to ... to increase hemoglobin and red cells of the blood; also it helps to correct toxemia, always present in cancerous affections.

Ferrum (iron) seems to have a special affinity for cancerous cells. When applied locally it is very destructive to local lesions. Ferrum, likewise, is essential to restore hemoglobin, also for cell oxidation, and with the sulphur atom present in the solution is necessary for normal metabolism of the cells. In cases of hemorrhage from cancerous growths the writer has found it necessary to add a sulphur lozenge daily to the treatment. This readily brings relief from bleeding lesions as found in stomach, bladder, rectum, etc. ...Whether potassium deficiency is responsible for the above condition can be demonstrated in spinal nerve tissue of cancer victims.... Since this metal has been added. results have been so uniformly satisfactory and curative, even in the most advanced and hopeless cases of cancer, that the writer feels justified in making this claim. No matter whether it be applied to local lesions, given by mouth or administered intravenously, the result in cancer is always favorable, and at times unbelievable.

[Note: I found Guy just as this book was going to press, hence no discussion of him in the text. Doug Ahart, "veterinarian of wild animals," expands on Guy's theme at racehorseherbal.com.]



Exhibit I. 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. / *The natural history of cow-pox and vaccinal syphilis.* 1887. / *Jenner and vaccination; a strange chapter of medical history.* 1886. / *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.

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 *Encyclopedia 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; Scarlatina 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

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 J. 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 Rosneon,
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 per cent.

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 Willy 9 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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Persons in iron lungs. A photo intended to horrify?

Exhibit K. 1961 Deposition of Royal Raymond Rife (sworn testimony) in the case of *The People of the State of California Vs. 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

Johnson, M.D., Arthur I. Kendall, Ph.D., E.C. Rosenon, M.D., Coolidge of General Electric, O.C. Grunner, M.D., Henry Seiner, Dr. Copp, M.D., Alvin G. Foord, M.D., Ernest Lynnwood 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 Sawyer, 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 be 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 the "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.
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Exhibit L. 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. It seems almost incredible that, in spite of the subsequent increase in rabies deaths, the Institute went from strength to strength financially. It is little wonder that it now makes vaccines for everything and millions of francs by selling them. The Pasteur Institute also seems to make its own laws, and, never having registered as a business firm it dodges all taxation. When the politicians have made each new vaccination compulsory, see how the prices go up! In 1935, 3 ampoules of diphtheria and tetanus toxoid were sold for 12 francs, by 1951, they cost 510 francs! The price of tuberculin also rose to over 40 times its original price.

If one reads the medical journals every week, it does not take long to discover that the supposed efficacy of a vaccine is “proved” by the antibody response of the vaccinated human or animal. This might seem to be scientific if antibodies did in fact bear any noticeable relationship to immunity, but this is much more easily disproved than proved (see Medical Research Council Report 272, May 1950).

... 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 anamed 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.

The purely commercial dogma that the whole world can be rid of smallpox by maintaining a high level of vaccination could never have survived till now if the real truth had always been told about epidemics. Modern epidemiologists know that vaccinations cannot prevent the spread of any disease whatever, but they are seldom quoted in the Press. 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).

This raises the eternal and unanswerable question: “What is vaccine lymph?” The general question of the connection between germs and viruses is a very complex one. ...It is curious to find that few of the animal viruses have been studied until fairly recently. The scientists, very naturally, were fascinated by the virus of tobacco mosaic, and by other plant viruses. Then came the bacteriophages, which infect and kill bacteria. Human and animal virus diseases were almost ignored for years.

“Whom the Gods would destroy they first make mad.” Let us get back to sanity while there is yet time and stop this commercial villainy altogether, especially the injection of blood-poisons through the skin and thus bypassing the natural defences of the body. 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, 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 and his father, of the same name, who had been a public vaccinator for 20 years and had renounced the practice, were all head-and-shoulders above their opponents, both in intellect and in integrity. They may therefore never be mentioned on the radio, nor may their history. [Wow.]

In the meantime, we have to put up with perpetual propaganda glorify-

ing Jenner and Pasteur. It would be difficult for any child to pass an examination without having absorbed most of it. In the case of the silkworm diseases, as in that of anthrax in cattle, despite all Pasteur's conjuring-tricks and salesmanship, the people professionally concerned had to solve problems for themselves, as usual. Do we hear this on radio? The best antidote to Pasteurian propaganda is the book by E. Douglas Hume, *Béchamp or Pasteur?*

The whole subject of immunity and antibodies is, however, so extremely complex and difficult, especially to the real experts, that it is a relief to be told that the gaps in their knowledge of such things are still enormous. It may be true to say that our lymphocytes and mesenchymal cells form a large part of our natural defences, and that these cells are produced in enormous numbers and stored at strategic points, the main depots in the alimentary tract being the tonsils and the appendix! How often is the appendix solemnly called "the nuisance organ" by those who, at no loss to themselves, remove thousands of appendices every year?

What Is A Virus?

The electron microscope has focused attention upon what are all-too-loosely called viruses. The word virus used to mean any kind of foul and poisonous matter; but now the notion is being encouraged that a virus particle, whether called an "intact", "living" or "whole" virus, is merely a very small kind of germ, too small to have been seen by Pasteur with the optical microscope. Dr. H. G. Pereira, a very well recognised virologist, of the National Institute for Medical Research, Mill Hill, London, said:—"The position is even more difficult now since it has been shown that the nucleic acid by itself, e.g., that of poliovirus, will infect many different tissues which are quite resistant to the whole virus."

When we know that the word "infect" means that the nucleic acid (the virus) multiplies enormously, and that "whole virus" simply means a tiny spot of virus coated with protein derived from an infected cell, we can appreciate the fact that sometimes a "whole" virus cannot infect, while a decoated, or "killed", virus always can if it is a real virus. The reason is that all cells have to feed through their walls and can absorb free virus in the same way, after which they can "replicate infectious virus". In the second lecture, given by Prof. H. R. Morgan, of Rochester, New York, the above facts were confirmed with regard to type I poliovirus, which can infect chick-embryo cells only after being deprived of its protein covering.

Most of the world must have read several times about the huge sums paid out by the Cutter Company, of California, to the victims of their Salk polio vaccine. The total amount was over \$3,000,000. Now, surely, to vaccinate with an inactivated virus is about as foolish, not to say unethical, as it is to travel with an expired season ticket. 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! As to smallpox vaccines, it has always been impossible to define them. Jenner could hardly have known that almost any foreign matter, applied with skill and an impressive air, can produce a festering sore on the skin.

WE ASSOCIATE epidemics generally with poverty-stricken and dense populations, and with insanitation, but it is noteworthy that the worst pandemic ever known, the influenza of 1918-19, which is believed to have infected half the human race and caused 25,000,000 deaths 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? They are the facts of history, and they cannot be brushed aside as “yesterday’s news”.

Disease For All

In spite of a reward of \$15,000 having been offered to anyone who will prove that the Salk polio vaccines are not fraudulent, a huge Salk Institute is now being established on 27 acres at San Diego, California, the alleged object of which is to provide ideal as well as practical opportunities for scientists—even real ones—to work without hindrance or financial worries. *The British Medical Journal*, of 1st June 1963, has mentioned varieties of the *staphylococcus aureus*, *coliform bacilli* and poor little TB germs which cannot even live without streptomycin, the antibiotic commonly used in fighting TB.

“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 *Encyclopedia Britannica*, he was asked to contribute the article on vaccination for the Ninth Edition. Its appearance, in 1888, was such a profound shock to the advocates of, and vested interests concerned in, vaccination that Creighton’s article was replaced as soon as possible by what was little more than an advertisement for glycerinated calf lymph. Creighton was virtually turned out of his profession.

Considering that almost nothing has been published about the real nature of cowpox, we may indeed wonder why it is that modern medical dictionaries tell us quite dogmatically that it is “a virus disease of cattle.” Is this definition really true? Also, what has become of the bacillus of smallpox and also that of influenza, both quite real to Prof. W. M. Crofton? Are they brushed aside as mere minor inconveniences?

In short, it is wiser to be sceptical about all opinions about bacteriology in the early part of this century, when little was really known and no one could distinguish between a virus particle and the filterable form of a bacillus.

Creighton was obviously a sceptic to the end of his life. Prof. William Bulloch, after Creighton’s death, said, “He was the most learned man I ever knew.” 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 even to capitalise their manufacture, which inflicts cruelty upon countless millions of animals every year.

As to the present, we are aware of the efforts of those in other countries --France, for example, where M. Lemaire and M. Hoffet, whose son was killed by BCG vaccine, have been leading a brave fight to get compulsion taken out of the whole vaccine trade. There are many French doctors who would make all vaccinations illegal. There is no doubt that they soon would be, if free discussion on the Radio were possible; at present it is simply not allowed.

Even that excellent broadcaster, Bernard Shaw, we recall, had to be cut off in a hurry when, in an interview, he was casually referring to Jenner and Pasteur as if they were mere mortals.

IT IS OBVIOUSLY due to the commercial profits from cowpox, to the £30,000 paid to Jenner and to the official prestige bound up with this, that a continuous deluge of vaccines began to descend upon Mankind. We now know that the cell is not the unit of life, which it was believed to be at that time by Pasteur and most others, except Béchamp and a few with greater scientific insight.

**Exhibit M. 1974 John A. Holt, "The Cure of Cancer:
A Preliminary Hypothesis," *Australian Radiology*, 18, 15**

SUMMARY: Cancer can be cured when the method of treatment specifically kills cancer cells only without damage to the normal. Microwave radiation therapy complies with both criteria and can thus cure cancer. The reasoning behind such a dogmatic forecast is briefly set out in this article. Growth of a malignant metastasising cancerous process involves the multiplication of cells by geometric reproduction progression. The numbers of malignant cells present at any one time depend upon:

(a) The doubling time. This is the time required for one cell of malignant potential to become two cells of identical malignant potential.

(b) How many cells change from active to resting and vice-versa.

(c) Alterations of the cancer doubling time: this may be reduced by hyperthermia, hype; oxygenation, etc.. and increased by hypothermia, anoxia, hypoglycaemia, hormones, etc.

(d) How many cells die spontaneously or as a result of treatment. In clinical cancer, death is inevitable when a proportion of the normal body becomes replaced by cancer cells. Only concurrent fevers, anoxia, hypoglycaemia and/or other unknown factors appear to the author to be the possible explanations of the rare spontaneous remissions in human cancer. To cure a patient with cancer demands the destruction of the cancer cells without harm to the normal. Various methods exist.

(A) Surgery. 1. 100 % excision of the cancer cells will cure the patient. 2. Removal of a lesser proportion increases the patient's survival by a length of time which can be easily calculated. For example, if a patient's cancer contains 2.10^8 cells and one half are removed then 10^8 remain. If the doubling time of this cancer is 30 days, then 30 days after the operation there are again 2.10^8 cells present. The operation by itself has only increased this patient's life by 30 days. Only surgical removal of nearly 100% significantly improves the patient's life span; the exact improvement depends upon the rate of growth of the individual's cancer. 3. Radical surgery can only be used once.

(B) X-ray radiation therapy (all forms). 1. Each dose delivered reduces the cell population. This reduction depends upon the size of the dose, the type of cancer, the presence or absence of oxygen and/or other chemicals. Most cancer populations are readily reduced. If analysed, it is obvious that such a method can rarely reduce the cancer population to zero. If reduction to fewer than 100 cells can be achieved it is possible for the body to destroy these few. Hence clinical cure is possible in favourable cases. Damage to normal tissues is so great that a dose of

x-rays sufficient to destroy all cancers cannot be given. 2. Re-treatment is very dangerous. 3. Only part of the body can be treated.

(C) Cytotoxic chemicals. These act like x-ray therapy but they treat all parts of the body. They kill normal and cancer cells. Only in female chorion carcinoma can Cytotoxic therapy reliably cure cancer. Here the cells are so readily killed by the drugs that one can use small doses and reduce the death of the normal cells to an acceptable level.

The normal cells lining the bowel, mouth, bladder, etc., and filling the bone marrow are all partly destroyed by Cytotoxic chemicals. Recovery has to be rapid and sufficient to enable safe re-treatment. Normal recovery takes 18 to 20 days after the most effective courses of drug treatment. In 18 to 20 days many cancers grow more than the next course of drugs can destroy: such cancers are untreatable by this method. After several courses of drugs damage to the normal cells is so great that these cyto-toxic drugs have to be ceased. Any cancers which grow more slowly than the bone marrow can recover and those which are killed by cyto-toxic drugs (assuming that these drugs are given in the optimum mixture) may be temporarily kept under control. Theoretical and practical cures from cytotoxic drugs are therefore rare, but possible.

(D) Microwave radiation therapy. It has been established by microscopic examination of cancers so treated that this type of radiation will kill cancer cells without harm to the surrounding normal cells. Sections examined by the author reveal 100 % necrosis of the cancer cells when treated to an adequate dosage. This method is absolutely selective of cancer cells only. There is no histological evidence of any damage to the normal cells or of any deleterious effect on the inflammatory reaction which removes the necrotic cancer remnants.... Sterility may result in male patients.

Even if one does only kill a small proportion of a cancer the specificity of action, absence of side effects and the ability to treat the whole body allow therapy to be continued until the cancer cells are killed. There is therefore no need to wait five or ten years to predict that this type of microwave radiation therapy can cure cancer. The author can predict without fear of failure that this will be found to be correct in due course. The method is all or none. If sufficient microwave energy is absorbed the cancer cells will die. If not the cell's potential remains unchanged. Because of this, biological adaptation of the cancer cell to accept such radiation and remain alive is impossible. One cannot cure: Patients in whom uptake of microwave energy does not occur. To date all patients have shown uptake and include carcinomata of tongue, pharynx, larynx, oesophagus, skin, stomach, pancreas, colon, rectum, cervix, ovary, vagina, lung and sarcomata such as fibro

sarcoma, reticulum cell sarcoma, lymphosarcoma and all the lymphoma tried. The glioma also take up energy and appear curable. Metastases are equally sensitive.

d) Patients in whom the necrosis of their cancer will cause a major calamity. Surgery prior to microwave therapy will eliminate these causes of death. Major advances in radical treatment of patients who bear a heavy load of dead malignancy are urgently needed.

The implications of this discovery are tremendous.

1. No patient will ever become a chronic cancer nursing problem again if treated correctly by microwave radiation.

2. Inpatient accommodation for microwave radiation patients will be much less than that required for all other types of therapy.

3. Cytotoxic drug therapy is dead in its present form. Perhaps it may occasionally survive in association with other methods for some rare cancers.

4. X-ray therapy is of value for pituitary adenomata, artificial menopause, intracranial arterio-venous mal-formations, syringo-myelia, rheumatic diseases, pterygia and warts.

5. Cancer surgery will be revolutionised. It will be needed to make the diagnosis and perform such operations as are essential to prevent complications which will arise from tumour necrosis. Radical cancer surgery is therefore unnecessary. Surgery need only remove the primary and microwave therapy will be able to kill the metastases. Acknowledgements. These advances are made possible by the genius of Herr W H Guettner, who discovered and proved the effect the microwave on human cancer and the courage and determination of Mr. John Tonkin, former premier of Western Australia....



Exhibit N. 1984 George Maxwell, MD, “Immunity and Autoimmunity” *Principles of Paediatrics*, Oxford U Press.

The immune system is the ubiquitous collection of cells and mechanisms that defends the body against a legion of infecting agents, and neutralises the effects of most foreign substances. It knows and remembers the enemy, and concert the defences against them. The initial stage of response to infection is inflammation and phagocytosis. Inflammation is the increase of local blood supply mediated by various agents such as histamine, kinins and prostaglandins. The vascular endothelium swells and becomes permeable to the plasma proteins. The adjacent tissue also swells, in spite of increased lymphatic flow from it.

The neutrophils cross the vessel wall by amoeboid movement; monocytes follow, and macrophages migrate to the infected area. The neutrophils are attracted by chemostatic factors, including prostaglandins.... Phagocytosis is the process of ingesting and destroying target particles and molecules which are prepared for the process by opsonins. These are ligands binding bacteria to phagocytes; they are antibodies and complement factors which the phagocyte cells recognise and attach to. The cell pseudopods are then extruded, and the bacteria are engulfed.

In general, inflammation is closely associated with the lymphoid response, which is the major part of the immune reaction. This response is dependent upon two cell lines, the thymus-dependent T cell, and the bursa equivalent to B cell. T cells cause the cellular immune reaction - mainly defence against intracellular organisms such as mycobacteria, fungi, protozoa and some viruses.

The main T cell sub-types are the helper, suppressor, and killer cells. The helper cells aid in the initiation of the first antigen responses by collaboration with the B cells. The suppressor cells are those which can block a specific response, such as immuno-globulin (Ig) production. The killer cells are cytotoxic for other cells, and are the effector group of the thymus-dependent system.

The cellular immune response is initiated by macrophages which carry antigen to the small T lymphocytes: these are in continuous circulation and have receptor molecules for antigen recognition. The sensitised lymphocyte moves to an adjacent lymph gland, where clones of similar lymphocytes are stimulated. These are antigen-sensitive cells, with receptor sites for specific antigens. Memory cells are also formed which are long-lived and are able to respond later to an antigen encountered long before. If the sensitised cells meet the specific antigen, they liberate soluble mediators, or lymphokines. Some of these, such as the lympho-cytotoxins, kill invaders, others such as mitogenic factor, stimulate lymphocyte pro-

duction, and some, such as migration inhibitory factors, aid phagocytosis.

There are five Igs, each composed of two types of polypeptide chains, light (L) and heavy (H). The latter are subdivided into γ , U, α , ϵ and δ types, each of which has 450 amino acid units, except the U chain which has 650. The combining site of the Ig, which combines with the antigen, is the junction of H and L chains called the Fab fragment. IgA has a principal activity in the inactivation of bacteria on the mucosa of the gut and bronchi. It is also found in milk and colostrum. IgG is the smallest globulin. It can cross the placenta, and its production is stimulated by most bacteria, fungi, viruses and some bacterial toxins and pyrogens. It is divalent, with two antigen-binding sites on each molecule. . . . The B cell Igs magnify and finalise their effect by reaction with complement. This is a system of interacting proteins that function in a cascade manner to aid the immune process by enhancing phagocytosis, producing opsonins, or lysing the cells of invaders. . . . In the defence of the body each and all of these mechanisms act in concert, or individually; there are many fail-safe mechanisms within the system that aid the total defensive mode.

Active Immunisation

This is a standard paediatric practice which depends upon the premature production of the appropriate antibody by a safe method of giving an antigen without causing disease. Generally this type of immunity does not last as long as that from a pathogen, so that booster doses are necessary. The antigen may be a live, but avirulent organism, a dead organism, or a suitably modified toxin.

Precautions

In general, live agents must not be given to those with immuno-deficiency, or to children whose immune processes are reduced by steroids or other drugs. Intercurrent illness is a common, although not an absolute, contraindication to immunisation. Blood transfusion or Ig injection given close in time to active immunisation may impair the full effect. Some agents, such as measles vaccine, are prepared in chick embryos: sensitivity to this tissue, or to eggs, feathers and other chick products, requires consideration.

Transient local redness, swelling and induration are common with toxoids such as those of tetanus, diphtheria and pertussis. This is not a contraindication to further injections nor are the common general symptoms of fever, irritability and anorexia.

Passive immunization is the injection of an antibody, usually an Ig which has been prepared by active immunisation of an animal. Ig

from humans who have had an attack of the appropriate disease is also used. Passive immunisation is mainly 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, which may increase the intensity of the response. Most are used in the preparation of active immunising agents; thus the use of aluminium salts as precipitants of diphtheria toxins increases antibody titre. Giving pertussis vaccine will enhance the response to diphtheria immunisation. Levamisole is an oral antihelminthic that appears able to stimulate suppressed cellular immune response. The drug may activate macrophage function and antigen transport to the lymphocytes, as well as stimulating phagocytosis.

Immunosuppressants

Immunosuppression is a side effect of certain drugs, principally the anti-inflammatory corticosteroids and the cytotoxic agents. Both groups may be used deliberately as suppressants of the 'graft versus host' response which occurs in transplants of kidney, bone-marrow, and other tissues. The corticosteroids prevent antigen-recognition, probably by inhibition of the recognition phase which is initiated by the macrophages. Steroids also reduce the proliferative phase of T and B lymphocyte production. Lymphokine function may also be reduced or compromised. 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 and cytarabine and its congeners with that of pyrimidine. In general such drugs prevent the proliferation of the lymphocytes which respond to the antigens of transplanted tissues. All the other modes of immune response are also suppressed, and bone marrow function may also be affected.

Immune Tolerance

This is the process by which antigens produced by an individual's own cells do not produce the expected response. Thus these antigens are recognised as 'self' by the body's normal mechanisms. Such tolerance depends on exposure of the lymphocytes to the tolerated antigen before the onset of immune competence. 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 proliferation or 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 in general, and the cells of the thyroid. Release of substance from any of these sites may trigger the autoimmune reaction. A typical autoimmune disorder is systemic 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, hydralazine, guanoxan, propyl and methyl-thiouracil, phenylbutazone, heavy metals, barbiturates, troxidone, phenytoin and primidone. Other groups of drugs include: the antibiotics, penicillins, tetracyclines, aminoglycoside agents, the antifungal griseofulvin, and antitubercular drugs such as isoniazid and p-amino salicylate.

Drug Therapy of Hypersensitivity

Any of these reactions cause disease, and treatment in the child is difficult.

In most, the best treatment is to avoid the causal antigen. If this is impossible, then drugs may be used, more or less specifically, to interrupt some part of the mechanism. In most children, the use of steroids or other powerful immunosuppressants is reserved for severe, unrelenting disease, particularly Type II and III response.

Ibuprofen This is one of the propionic acid derivatives which has analgesic, anti-inflammatory, and some antipyretic properties. It may act in part by inhibition of prostaglandin function. It is readily absorbed by mouth, with delay in time, but not quantity, if taken with food. If taken fasting, peak levels appear in 45 min. It is 90 per cent protein-bound, has a volume of distribution of 0.15 l/kg, and a plasma half-life of two hours. It is metabolised to inactive methylpropyl or carbonylpropyl propionic acid derivatives which are excreted by the kidneys. The drug and its metabolites cross the placenta. It is contraindicated in patients with blood dyscrasias and gastro-intestinal bleeding. Patients sensitive to aspirin show cross-reactions with ibuprofen. There is little experience of this drug in children. Its use should be confined to those patients with rheumatoid arthritis who are in an older age group, say over 10 years.

Exhibit O. 1990 Robert O Becker, <i>Cross Currents</i>. Pp 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.

[Becker's definition of dedifferentiation is: "The process in which a mature specialized cell returns to its original, embryonic, unspecialized state.]

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. *[AMDG!]*

Electrochemical Therapy for Cancer

Actually, this circuitous pathway led us back to one of our original aims, the control of cancer growth. 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 with salamander cancers, 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 experiments, except that in this case the dedifferentiation is caused by the unexpected action of the positive silver ions.

This technique obviously requires more study before any clinical use can be made of its antitumor effect. However, it does appear to be a promising lead in an otherwise rather grim picture.

Note from MM: When I composed the section on Becker in Chapter 4, it was only to give background about electromagnetism. I was not aware of his cancer ideas. Subsequently, I found the above online, at silvergen.com, so I added, in Chapter 13, a mention of silver ions. Becker died without finishing this work, so we do not know where he would stand on it today. The following are some cautionary notes from *The Body Electric*, which he had written with Gary Selden in 1985:

P 178: I exposed standard cultures of human fibrosarcoma cells to 360 nanoamps from stainless steel electrodes. I tried it five times and each time there was a threefold increase in cell population at both electrodes. Even for cancer cells this is remarkable proliferation....

I must conclude that high-current electrodes *might* enhance the growth of any preexisting tumor cells in the electrical path -- unlike low-current silver, which when negative had no effect on, and when positive suspended mitosis of cancer cells in our lab. Bassett and Pilla claim to have found no PEMFs that accelerate malignant growth; on the contrary, Pilla and oncologist Larry Norton of Mt Sinai say they've found at least one that seems to inhibit it in lab animals. (p 178)

In my group's experiments with human fibrosarcoma cells in vitro, negative and positive currents both speeded up growth by over 300 percent. On the other hand, we found that we could suspend mitosis in the fibrosarcoma cells with silver ions injected by minute levels of positive current. During one day of exposure, the cells appeared to dedifferentiate completely, and they stopped dividing for a month without additional treatment, even though we changed the nutrient medium regularly. (p 224)

I never even tried to patent the low-current silver method, because a medical device generally isn't considered patentable if the research that went into it was conducted throughout the scientific community and published for all to read. Electrical osteogenesis could be the opening wedge into a new era of medicine. (p 179)

-- From *The Body Electric*, by R. Becker and Gary Selden.

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.'

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

“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 named 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. Or see, free online, Robert Ben Mitchell's *Syphilis As AIDS* (1990).

Exhibit R. 1997 Sherwin Nuland, *The Wisdom of the Body*. Knopf.



*Sheldon Nuland,
MD, born 1930*

“Here We Are, in S.P. Cohn’s Magic Café”

Harold Urey’s work convinced him that the earth’s primitive atmosphere was much like that now present on Jupiter, a mixture of water vapor and simple gases – hydrogen, methane, and ammonia, none of which is composed of more than four atoms. Miller recreated this atmosphere in a glass chamber and bombarded it for a week with repeated electrical charges to simulate lightning. At the end, analysis of that mixture revealed that it contained a number of complex compounds made by living things, including certain amino acids.

[Possibly] life on earth evolved from early molecules that in one way or another were formed from inert organic substances.... It would be inevitable by the laws of chance that nucleotides would be among the vast multitude of molecules generated.... It would seem only a matter of a few eons till the appearance of DNA and then of life. The stage is then set for the mutations and survival of those forms that can best adapt to the earth’s atmosphere. ...

“S.P. Cohn’s Magic Cafe”

Man is a walking hulk of atoms already made up of atoms of carbon (the chemical symbol is C), oxygen, hydrogen, nitrogen, sulphur, phosphorus, magnesium (Mg), potassium (K), calcium (Ca), iron (Fe), and a few others. In high school I learned a mnemonic for the relatively few elements that are found in living things: S.P. Cohn’s Mgk Ca Fe....

The entire basis on which a cell functions is the existence of readily available sources of energy, energy being defined as the capacity to do work. An atom can exist only because the particles of which it is made (electrons, protons, and neutrons) are held to one another by bonds of energy.... It is energy, therefore, that keeps a human being in one piece. Ultimately, virtually all energy on our earth comes from sunlight. The sun’s energy is absorbed by plants and animals and in this way becomes part of the food we eat....

Some molecules contain great deal more energy than others because of the powerful nature of the bonds required to hold them together. Adenosine triphosphate (called ATP) is the name of the most important energy-carrying molecule in all living things. The energy in ATP is supplied by glucose which is released when this simple sugar is broken down in the cell into carbon dioxide and water...releasing energy in the process. [1997: 119-126]

Morality and Rhythm

My rabbinic teachers first made me aware of the Talmudic teaching that man lives in eternal conflict between the *yetzer hatov* and the *yetzer hara*, his good and evil inclination....It is my spiritual sense that makes me human. It enables me to reason, to sublimate instinctual drives, to be of use to society and to love in the way that only members of my species can love; it enables me to do harm, to scheme against the interests of others....

As the newly discovered pathways are more frequently traveled, the passage of messages along them becomes easier and easier, until it is at last virtually automatic, while the resulting thought and behavioral patterns become the accepted characteristics of the person. The ever-enlarging set of responses is so internalized after a while that offspring can learn it from their parents during the long period of childhood....

Though it be for the most part unconscious and inaccessible to deliberate reasoning, the very awareness of our body's rhythmic and dependable physiological properties instills a certain rhythmicity of thought, a need for symmetry and order to overcome the constant threat of ruinous disorder and death. Whether in response to such an obvious sequence as the heartbeat or respiration, or to a far more subtle one like the diurnal or circadian rhythms of metabolism, we march in step, needing the predictability of a certain regularity of organization. The trillions and trillions of cellular reactions that seem at first glance uncontrolled and without governance are actually all integrated in the harmonious functioning of the entire organism, the smooth running of the engine as it were....

Think of poetry. Its most fundamental characteristic is in the line, however constructed; the line is the tissue of poetry. Like a tissue, it exhibits repetition and variation. Although any of its words, like any cell, is insignificant when taken by itself, its presence in the line is essential to the cadence and the meaning of the whole; it therefore demands attention in its own right. Every word is the precise word—every pause is the precise pause... Each depends for its significance on the entire poem, and at the same time each gives its own significance to the entire poem. The whole gives meaning to each constituent part and to the specific location of that part within it.

Is this not true of every part of the body, perhaps even of every cell? It is precisely the right kind of cell, but standing alone by itself without context, its work has no meaning. The various elements of a poem combined—are organized, are integrated, are unified—into the complex organism we behold. The poetic organism lives because each of its words and pauses and punctuations live. [1997: 360-366]

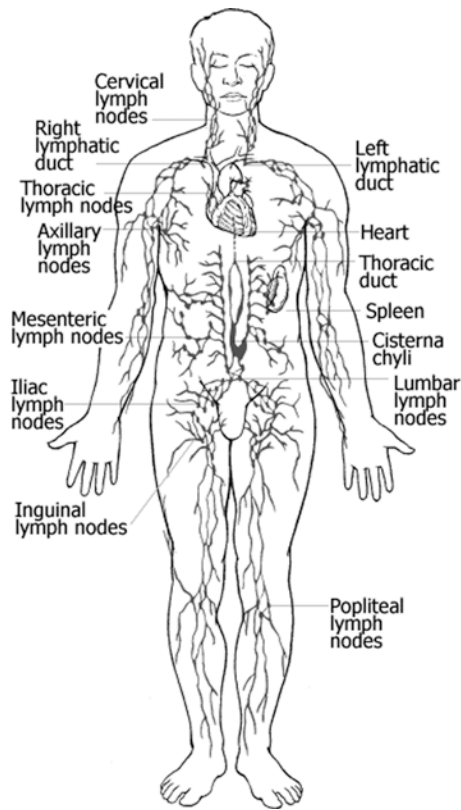


Illustration from gorbams.dk

Breast Cancer and Lymph

The larger lymphatic channels have three-layered walls similar to those of veins. Depending on their point of origin in the long journey toward their final destination in the subclavian vein, they travel inside our bodies, up our arms and legs or down our necks. Pushed along by the movements of muscles and organs, the lymph thus makes its way from the most distant part toward the center to rendezvous with the blood in the subclavian vein. Along their path the channels periodically come upon groups of spongy, nut-shaped way stations called lymph nodes... Into that spongelike network of chambers the lymph percolates as though in a filter, until it finally drains out of the node to continue on its journey back into the bloodstream. A lot goes on in that little structure – it has to do with the lymphatic system's other job – to prevent and fight disease.

The role of the lymphatic system in cases of cancer is an example of the sometimes ambiguous relationship that our bodies have with forces that would attempt to destroy them. Were a single characteristic to be chosen that most distinctively differentiates malignancies from any other tissues or growths, it is their ability to spread to sites not directly on contact with them. Such a spread is called a metastasis (From the Greek meaning “a move from one place to another.”), and is responsible for most of the mortality caused by cancer. Almost always it is the circulatory or lymphatic system that transports a metastasis... to the eventual location....

Cancers arise because DNA in the cell of some particular tissue is altered by a chemical or physical influence called a carcinogen. This [leads to] multiplication of the involved cell. The process can be stopped at any of several early developmental points.... Also, immune and other mechanisms (such as the activity of genes that suppress the multiplication of tumor cells) exist within us that, under ordinary conditions, prevent that disordered growth that is called malignancy from establishing itself.

Even when it loses its battle to keep a cancer form forming in the first place, the body does not give up. At first it does all it can to keep the growth contained. Although many malignant cells do enter the vascular or lymphatic capillaries after being shed from a tumor, only a very few ever reach another organ.

The vast majority of cells are trapped and destroyed in the capillary beds of the liver and lung. A number of lethal forces act to destroy them, ranging from something as simply mechanical as the trauma of being beaten up by the swirling circulation to a factor as complex as the immunity activated by very existence of the primary tumor....

The part played by lymph channels and nodes in malignancy is typified by their role in the metastasis of breast cancer. As the tumor grows, its cells infiltrate lymphatic channels...Some of the cells are picked up by the stream of lymph and carried along with the flow until they reach the nearest node or group of nodes. For most people with breast cancer, these are in the axilla [armpit]. The axillary nodes act much like a filter for the tumor particles coming to them from the breast. Not only that, but the presence of tumor stimulates the production in the node of immune cells that attempt to kill their cancerous antagonists....

When a woman with breast cancer is found to have what are called “positive nodes” in her axilla, it is because some of the malignant cells reaching the nodes have found a home there and have begun to multiply. The tiny lymph vessels draining the breast enter larger channels that transport their contents to nodes in the armpit. ...When the natural

defenses cannot kill off the malignant cells that have entered the lymphatic channels, some of them implant in one or several armpit nodes.

Many years ago, it was thought that the breast and other cancers spread by growing directly from the site of origin toward the nodes. [So] it logically seemed to follow that surgery to remove all surrounding tissue, including the node-bearing area, [radical mastectomy] should result in a high proportion of cures. It took many years to recognize that the presence of nodes on the axilla could be interpreted to mean no more than that the cancer cells had left the breast and were already elsewhere in the body.

The aim of surgery changed. It was now performed to excise only the original tumor, because it is the source of the shedding of cells... Chemotherapy would then be the next step, to help sterilize the blood and lymph streams and to interfere with the growth of any metastases that were forming or to kill them outright.... In order to be certain there were no other areas of hidden malignant cells in the remaining breast tissue, it would be treated with X-ray therapy. [1997: 46-51]

UPDATE: Perusing the website "Rate my Professors," one finds this: "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!"

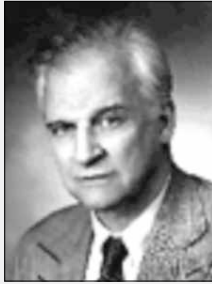
This is from one of his other books:

"To the Ishmael lying in that bed God seemed not to listen. Nor did he seem to see. Certainly He did not act, in spite of the torment He observed. In this Ishmael Garcia was like Job, in the face of whose suffering God was not only at first inactive, but silent too. If God heard Garcia's entreaties or saw his anguish, He did not change His mind. He never does in this fucking goddamn disease.

I prefer to believe that God has nothing to do with it. We are witnessing in our time one of those cataclysms of nature that have no meaning, no precedent, and, in spite of many claims to the contrary, no useful metaphor. Many churchmen, too, agree that God plays no role in such things [as AIDS]. ...The bishops of the Dutch Reformed Church have not hesitated to deal quite specifically with the age-old question of divine involvement in human suffering. "The natural order of things is not necessarily to be equated with the will of God. Their position is shared by a vast number of Christian and Jewish clergy."

From Sherwin Nuland's *How We Die*. (Chatto and Windus, 1994: 167)

Exhibit S. 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)*

In 1950 there were 1.2 million diabetics in the United States; the estimation now is that there are over **10 million**. Of these, **85-90 percent are adult onset**, which is more or less controlled by diet and exercise; the other 10-15 percent require daily injections of insulin.. **The [diabetes] death rate for blacks is 2-3 times [that of] whites.**

In 1922, Canadians Frederick Banting and Charles H. Best, discovered that diabetics' missing factor was insulin - an internal secretion of the pancreas.

But why does the pancreas stop, or fail to start, secreting insulin? Or, more specifically, why do the beta-cells of the pancreas cease to perform their functions? One environmental factor - viral infection - has been recognized; the other factor of significance for diabetes is the presence of an autoimmune process. As we will see, while there is much circumstantial and "anecdotal" evidence (meaning case histories) in favor of a diabetes/vaccination connection, this has never been officially investigated.

I. The Pertussis Vaccine. The vaccine for pertussis, or whooping cough, is part of the DPT shot (diphtheria, pertussis, tetanus) given to all children. 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. At least since the 1970s, **pertussis vaccine has been known in animal experiments to stimulate over-production of insulin** by the pancreas. f 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." The next logical step - deciding that the whooping cough vaccine could be responsible for the presently observed increase in the incidence of hypoglycemia and diabetes - **has** been inhibited by the federal government's pro-vaccination policy,

II. 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....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 mellitus."

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 and colleagues showed in 1982 that such immune complexes are found in individuals with congenital rubella and also in persons vaccinated against rubella. These immune complexes can and do act on the pancreas. In 1989, Numazaki and colleagues infected laboratory cultures of human pancreatic islet cells with rubella virus. these infected cells produced much lower levels of insulin. Thus, rubella itself has been demonstrated to be a causal agent in Type-I diabetes. How about the vaccine? - P.K. Coyle and colleagues demonstrated in 1982 that "rubella-specific immune complex formation is frequent after vaccination and could be demonstrated in two-thirds of a group of vaccinates for as long as eight months after.

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.** Aside from the possibility 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 ..." 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."**

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 [legislation].

B. Mumps and the Mumps Vaccine. Mumps virus can infect human pancreatic beta cells *in vitro* and destroy them. This is noted in Adverse Events Associated with Childhood Vaccines: National Academy of Sciences, 1993). The IOM Committee concluded: “There is evidence suggesting **that mumps virus infection can trigger the onset of Type-I diabetes in some individuals.**

...The Vaccine Safety Committee concluded that there was insufficient evidence either to accept or reject a causal relation between mumps vaccine and Type-I diabetes. [Military]:

...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. Diabetes is the seventh leading cause of death in the United States. Type-I, especially, means a shortened life with many disagreeable features such as stroke, kidney failure, cardiovascular complications, blindness and the need to amputate gangrenous limbs. The bill for treating these conditions is, as already noted earlier, in the neighborhood of \$100-\$150 billion every year.

UPDATE: Although Coulter is now deceased, his co-author of the book *A Shot in the Dark*, Barbara Loe Fisher, carries on. Recently she sued Paul Offit, and the periodical *Wired*, for defamation. It is US District Court case # 01-09-cv-1398: Arthur (her new surname) v Offit et al. The cause of the action was that Offit said of her “She lies.” Here is the judge’s ruling, dismissing the case at the request of the defendant:

This matter comes before the Court on Defendants’ Motions to Dismiss for Failure to State a Claim. For the reasons set forth, the Motions to Dismiss should be granted. This action arises out of a brief passage in a lengthy magazine article profiling Defendant Paul Offit, M.D., a Philadelphia pediatrician and infectious disease specialist.

Plaintiff Barbara Loe Arthur (also known as Fisher) is the co-founder and acting president of the National Vaccine Information Center... dedicated to the prevention of vaccine injuries and deaths through public education.... Offit is a Professor and Chief of Infectious Diseases in the Department of Pediatrics at the University of Pennsylvania School of Medicine. ...

The article's profile of Offit is placed in the larger context of the public debate over systematic vaccination of... According to the article, "Offit has become the main target of a grassroots movement that opposes the systematic vaccination of children ... claiming that vaccines can cause autism and/or otherwise injure children. ... As Plaintiff describes it in her Complaint, the article "depicts" Offit "as a lone and heroic pediatrician/scientist who is the primary public voice in favor of mandatory vaccination, a position described as rational and science-based." ...The article also examines the possibility that parents in the anti-vaccine camp, who first see evidence of autism at the same age as many vaccines are administered {18 to 24 months), are "ignor[ing] the old dictum 'correlation does not imply causation' ... The article observes that "[b]eing rational takes work, education, and a sober determination to avoid making hasty inferences, even when they appear to make perfect sense....The article characterizes Ms. Arthur as a "skilled debater," who "has long been the media's go-to interview for what some in the autism arena call 'parents rights'" ...In that speech, Plaintiff "mentioned Offit frequently" and "cast him as a man who walks in lockstep with the pharmaceutical companies and demonizes caring parents." Defendant Offit is quoted in the article as saying that "Kafloey theories' make him crazy" and that Plaintiff "makes him particularly nuts as in 'You just want to scream'" because "She lies." He goes on to say that Plaintiff "inflames people against me. And wrongly. I'm in this for the same reason she is. I care about kids."

In her Complaint, Plaintiff contends that, Defendant Offit's statement "she lies," is defamatory and that he and the Magazine Defendants have published a false statement of fact and have committed defamation per se, causing her to appear "odious, infamous, and ridiculous." However, several Fourth Circuit cases make clear that including a remark by one of the key participants in a heated public-health debate stating that his adversary "lies" is not an actionable defamation....

Because of their effect on speech about important matters of public concern, defamation claims are circumscribed by the constitution and common law of Virginia.... Here, the publication at issue indisputably involves a matter of substantial public concern - namely, the safety of vaccines and the risks and benefits of childhood immunization protocols. As a result, the constitutional and common law protections - under both Commonwealth and federal law - here are at their zenith. See *Chapin v. Knight-Ridder*. {"[T]he First Amendment's press and speech clauses greatly restrict the common law where the defendant is a member of the press, the plaintiff is a public figure, or the subject matter of the supposed libel touches on a matter of public concern.... {"[A]rticle 1, section 12 of the Constitution of Virginia protect[s] the right of the people to teach, preach, write, or speak any such opinion, however ill-founded, without inhibition by actions for libel and slander.").

Exhibit T. 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.



Stephen Edelson PhD



Bernard Rimland, PhD

Note: Edelson is head of Autism Research Institute founded by Rimland.

Exhibit U. 2004 *Secret, Don't Tell: The Encyclopedia of Hypnotism* by Carla Emery (excerpted at hypnotism.org)



Carla Emery
(1939-2005)

Anyone who acquired their information in a trance state tends to be more confident and sincere sounding as a witness than a person who is 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 large democratic society to best function, there must be complete and accurate information.

Adam had combined two methods of disguised induction. One was his typical boring, confusing monologue, a conversational induction, which would literally put Zebediah to sleep. The other technique took advantage of the natural light hypnotic state all people pass through when in transition from waking to sleeping, a sleep induction.

Dr. Kroener wrote a book about Zebediah's case, seeking to present the case to the higher court of public opinion. His manuscript would have been the first modern psychiatric study of a victim of unethical hypnosis, and the first recorded memory recovery, by rehypnotization, of a survivor of unethical hypnosis. However, nobody read it because, immediately after its printing, the German government banned it.

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

Rationalization (making up a fake reason) 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. A subject who does not remember being given a posthypnotic suggestion will always invent an imaginary reason for obeying. His rationalization will be as plausible as possible. He

will consciously believe it even though it is a lie he has told himself. Posthypnotic suggestions can be beneficial or harmful. If asked later why he did this particular thing, he will: *“rationalize his conduct by some kind of semi-reasonable explanation...To anyone acquainted with the real motive, namely, the posthypnotic suggestion, these pseudo-motives are very interesting because they are so similar to the pseudo-motives often given by people to justify actions, the real reasons for which are unconscious to themselves or, if conscious, dishonorable.”*
-- George Hoben Estabrooks

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. He has lied to himself, and perhaps also to others, and believed his lie. After obeying an amnesic posthypnotic suggestion, people do not say, “I don’t know why I did that” (which is their conscious mind’s truth). They do not say, “The hypnotist made me do it” (which is their unconsciously known truth). Instead, if you ask, “Why did you do that?” they will make up an excuse which is as believable as possible--and they will honestly believe whatever they said! 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 suggested amnesia and 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

UPDATE Carla Emery deLong was well known as an advocate of homesteading. She wrote *The Encyclopedia of Country Living*, and toured tirelessly with it. In other words, she was not a woo-woo person. In the 1990s she found out about mind control, and then wrote a very comprehensive book, *Secret, Don't Tell*, about what she aptly labels “unethical hypnotism.” 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 theme of epidemics. I could have written a further book about mind control, but luckily Carla Emery has given us what we need. I hope you read it!

Exhibit V. 2001 Saul Green, PhD, “Autogenous Vaccine: A Defense against the Bacterial Organism That Causes Cancer,”

Scientific Review of Alternative Medicine. Vol. 5 No. 2

In 1947, VIRGINIA LIVINGSTON WHEELER PROPOSED that human cancer was caused by an infectious organism.... She noticed that their skin lesions (of scleroderma patients) resembled those of a sarcoma, and since she believed scleroderma was caused by bacteria,¹ she extended that idea to the cause of cancer. The microscopic “organisms” she observed in extracts of the tumors had no cell walls ... Between 1949 and 1953, Wheeler’s co workers E.A. Jackson and I. C. Diller reported they successfully cultured PC from tumor tissue extracts and characterized it as an acid-fast organism in the order Actinomycetales. Because these “bodies” were seen in tumor tissues, Wheeler opined that the cancer-causing filterable DNA and RNA viruses were really PC without cell walls. ... Over the years, Wheeler.... added that cancer was a degenerative disease resulting from a weakened immune system that allowed the PC to grow unchecked. She postulated that a vaccine prepared against PC from the cancer patient (an “autogenous vaccine”) would inactivate the PC and effectively treat the cancer. . . .

*Treating cancer with unapproved methods outside of formal research conditions is a felony in California.—Ed.

She examined PC [*Progenitor cryptocides*] culture fluids for the presence of hCG. In 1974 Wheeler reported that PC organisms in culture were producing hCG..... Wheeler also believed there was a relationship between diet, PC, and cancer, and concluded that the source of the PC was food. Ingested PC then took up residence within the cells of the intestinal tract, lost their cell walls, and proliferated. Under these conditions they were able to share their nucleic acids with those in the human cells they inhabited and gained the ability to produce hCG. The excess hCG produced suppressed the lymphoid tissues in immune system and prevented them from producing anticancer antibodies. The result, she said, was a cancer. Wheeler states, “A number of years ago I discovered that abscisic acid has a neutralizing action on PC by diminishing the CG they produce in vitro.” She gave no reference in support of this claim. In 1980 Wheeler published a physicians’ handbook with a protocol for an outpatient treatment of the diagnosed colon cancer patient....: Collection of urine sample for culture of PC to be used in autogenous vaccine preparation. (3) Treatments: Whole blood transfusion, coffee enemas 2x/day, high colonics 2x/week. (4) Injections: Vitamin B-12, gamma globulin, BCG, and a “purified antigen” that is made from L-form PC that produce CG. Vaccine organisms are

prepared from the patient's urine and the vaccine is administered intravenously. (5) Infusions: Vitamin C (titrated upward from 15 g per day as tolerated by the patient), Vitamin B-6 (300 mg), Calcium gluconate if bone metastases are present, Compazine if there is persistent nausea from the vitamin C... (7) Diet: Eliminate all PC-infected foods; "hormone stimulators" such as milk products, sugar, white flour, processed foods, irritants, carcinogens avoid all narcotics, sedatives, steroids, chemotherapeutic agents, and radiation; eat only fresh fruits, vegetables, vegetable juices containing liver or spleen powder, nuts...

CRITIQUE:

... Wheeler offers no evidence that her patients are immune incompetent, that her treatment restores function to immune systems, or that there is an improvement in immune function that correlates with the clinical improvement.... Before a bacterial cause for disease is proved, experimental data must fulfill Koch's postulates. None of the theories proposed between 1890 and 1970 on bacterial cause of human cancer was ever tested using the criteria of Koch's postulates. ...three microbiology experts from the National Institutes of Health (NIH) found that the absence of acceptable classification procedures made it impossible for them to identify her "cancer organism." Virginia Livingston Wheeler died in her 80s in the early 1990s. This thoroughly researched and reported discussion was constructed after my experience with the State of California investigation....I had attended Wheeler's and I saw the slides depicting the PC organismsI concluded she was culturing different contaminants, and calling them the same organism in differing forms. Could any educated physician or scientist really make that simple an error? The answer, of course, was yes. Pseudomedicine advocates do so all the time. Dr. Jerry Lewis and I wrote separate analyses...

We established that her methods were not standard of care, yet the medical board would not proceed with a winnable case without an injured patient. Such patients characteristically remain loyal to errant practitioners. The question of the Wheeler vaccine's legal status required knowing whether or not the use was a commercial one or whether her methods were a matter only between her and the patient and thus for the medical board alone. We determined that the material was being processed, reinjected, and paid for by the patient. This technicality allowed the state to move in and request the court to have the clinic cease using the material, which the court finally did. Although the court ruling not to use the "vaccine" is still valid, the clinic continues to treat patients—with or without the vaccine.

[The late Saul Green was Professor of Biochemistry at Sloan-Kettering.]

Exhibit W. 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 infective droplets, and then inhaled by susceptible persons on contact with them. 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.⁶⁰

With the first signs and symptoms of illness, circulating antibodies to the virus are already detectable in the blood, in concentrations roughly proportional to its severity.⁶¹ 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, no matter how many times they are re-exposed in the future. 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, nonspecific 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 attests 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 antibodies 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 under

stand 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.”
4. a variety of tumors, both benign and malignant, such as Lymphom, Rous sarcoma virus (RSV), et al.

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, such that our immune systems are less capable of responding acutely, not only to them, but to everything else as well.

[For the footnotes, go to DoctorRMosk.com]

**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.

- 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.

- 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.

- 2006 Passenger on the subway, just back from Iraq ,shows me 8” 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.

UPDATE by MM

Do you live in New York City?
At 53rd and Lex you can pick up
the IND subway known as the
Queens Boulevard Line, and take it to



“63rd Drive” station in Rego Park. Nearby, you will find the Duane Read Pharmacy, which is also called Walgreens. It could act as the meeting place for “activists.” A badge of identification could consist of an index card, pinned to your lapel. If you want to wear a sandwich sign, you will need to buy poster paper, a magic marker, and perhaps some velcro with which to make straps for your shoulders.

I suggest you photocopy Gregory’s timeline, two-on-a-page landscape format, and make some copies to give away (or sell, why not?). I am willing to coordinate this from Australia, if you email me. Please try to reach me at: Mary. Maxwell at alumni.adelaide.edu.au

What’s this in aid of? I personally do not have much respect for marches, rallies, or petition-gathering. They may seem like a way to show that there is grassroots support for (or objection to) this or that, but they almost never influence our decision-makers. (These seem marvelously impervious to any influence! Maybe they are hypno-robots – see Emery in Exhibit U.) So, no, this is not a protest meeting but a chance for persons, who still have their marbles, to meet others.

A rather long and expensive subway ride! Meeting in front of the fountain at Lincoln Center would probably be just as good. However, the story put forth by Gregory is locale-specific and it just seems wrong to me that we’d read her book and do nada for the folks who are being “hit” by these strange petunias -- as my mother used to call people who were not the full quid. (In Australia, such persons are said to be “a few sheep short in the top paddock.”) Wait! I am not referring to the victims but to the perpetrators. Naturally the victims are the ones most likely to be labeled peculiar. (I myself have to say that Gregory’s cancelling her electric utility to save money is something one would expect to mention to a psychiatrist....)

Anyway, if you want to participate, say 2pm on the last Saturday of the month, the group would walk around and try to talk to neighbors. Gregory says the ones being hit most often, statistically, are the aged, Jews, the widowed, and the disabled. No doubt that is a profile of Rego Park in general; still, the perps apparently know better than to press their luck with any able-bodied, happily married individuals.

Will you get in trouble for doing this? Presumably yes. Will there be infiltrators galore? Of course. (Does a bear go to the dunny in the woods?) But is there enough solidarity to overcome such things? Sure.

So, see you there, if you feel like it. Could be a blast!

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. 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.

Brittney 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. Kringsman 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. Kringsman'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.

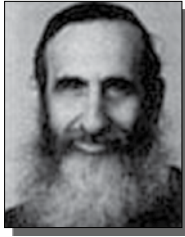
Lorna Batchelor My son had his first DPT (diphtheria, pertussis, tetanus) at 3 months in 1987 and spent two weeks in hospital after contracting meningitis from the jab. Thank God he made a full recovery. Surrey, UK.

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.

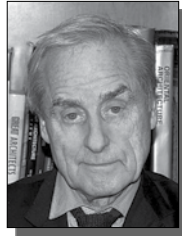
Jeannette Battistini-Gerlacher A speech therapist had mentioned the vaccine theory to me right after my son was diagnosed with Autism, and I asked to have her removed the next day. I was so appalled that people could believe our pediatricians, who we grow to love and trust, could be doing this to our 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



Judyth Vary Baker



Nicholas Gonzalez MD



Bryan Rosner



Michael Goldberg MD



Randolph Neese MD



Rodney Stich



Ursula Goodenough PhD



Shana Nichols



Ann Moyal DLitt



Grace Crile



Elizabeth Mumper MD

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Don't forget the Lancet bibliography in Chapter 6's frontispiece. And see Gen. Crile's "electric" bibliography overleaf.

Want to know which libraries hold the book? Visit worldcat.org.
To see what the person sounds like, search Youtube; he may be there!

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About the Author



Happy camper on Graduation Day, September 28, 2011

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Words of Praise for Previous Books by Mary W Maxwell

Reviews of Prosecution for Treason (2011)

“well-written, very interesting, very helpful and instructive”

- Australian barrister David Mitchel

“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 Wiegale, 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)

First, Maxwell is not afraid to force her readers to confront the fact that we are responsible for the cruel society in which we live. Second, one cannot read the book without being convinced that one has a moral obligation to be political... -- A.L.B., Ethics, 1992

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 knowledgably across an extraordinary range. She writes with tremendous enthusiasm and her humanity is plain. -- H.C. Plotkin, Psychology Teaching, December 1984

*2 June, 1953 Order of Service for The Coronation of
Her Majesty Queen Elizabeth II,*



The Queen, as soon as she enters at the west door of the Church, is to be received with this Anthem: Psalm 122, 1–3, 6, 7.

I was glad when they said unto me: We will go into the house of the Lord. Our feet shall stand in thy gates: O Jerusalem....

III. The Recognition

The Archbishop, together with the Lord Chancellor, Lord Great Chamberlain, Lord High Constable, and Earl Marshal (Garter King of Arms preceding them), shall then go to the East side of the Theatre, and after shall go to the other three sides in this order, South, West, and North, and at every of the four sides the Archbishop shall with a loud voice speak to the People: and the Queen in the meanwhile, standing up by King Edward's Chair, shall turn and show herself unto the People at every of the four sides of the Theatre as the Archbishop is at every of them, the Archbishop saying: Sirs, I here present unto you Queen ELIZABETH, your undoubted Queen: Wherefore all you who are come this day to do your homage and service, Are you willing to do the same? The People signify their willingness and joy, by loud and repeated acclamations, all with one voice crying out, GOD SAVE QUEEN ELIZABETH.

Then the trumpets shall sound.

IV. The Oath

The Queen having returned to her Chair (her Majesty having already on Tuesday, the fourth day of November, 1952, in the presence of the two Houses of Parliament, made and signed the Declaration prescribed by Act of Parliament), the Archbishop standing before her shall administer the Coronation Oath, first asking the Queen, Madam, is your Majesty willing to take the Oath?

And the Queen answering, I am willing, The Archbishop shall minister these questions; and the Queen, having a book in her hands, shall answer each question severally as follows:

Archbishop: Will you solemnly promise and swear to govern the Peoples of the United Kingdom of Great Britain and Northern Ireland, Canada, Australia, New Zealand, the Union of South Africa, Pakistan and Ceylon, according to their respective laws and customs?

Queen: I solemnly promise so to do.

Archbishop: Will you to your power cause Law and Justice, in Mercy, to be executed in all your judgements? Queen: I will.

Archbishop: Will you to the utmost of your power maintain the Laws of God and the true profession of the Gospel?

Will you to the utmost of your power maintain in the United Kingdom the Protestant Reformed Religion established by law?

Queen: All this I promise to do.

Then the Queen arising out of her Chair, supported as before, the Sword of State being carried before her, shall go to the Altar, and make her solemn Oath in the sight of all the people to observe the premisses: laying her right hand upon the Holy Gospel in the great Bible (which was before carried in the procession and is now brought from the altar by the Archbishop, and tendered to her as she kneels upon the steps), and saying these words:

The things which I have here promised, I will perform, and keep.
So help me God.

Then the Queen shall kiss the Book and sign the Oath.

The Queen having thus taken her Oath, shall return again to her Chair, and the Bible shall be delivered to the Dean of Westminster.



V. The Presenting of the Holy Bible

When the Queen is again seated, the Archbishop shall go to her Chair;

Our gracious Queen: to keep your Majesty ever mindful of the law and the Gospel of God as the Rule for the whole life and government of Christian Princes, we present you with this Book, the most valuable thing that this world affords. And the Moderator shall continue: Here is Wisdom; This is the royal Law; These are the lively Oracles of God.

Then the Lord who carries the Sword of State, delivering to the Lord Chamberlain the said Sword (which is thereupon deposited in Saint Edward's Chapel) shall receive from the Lord Chamberlain, in lieu thereof, another Sword in a scabbard which he shall deliver to the Archbishop: and the Archbishop shall lay it on the Altar and say:

Hear our prayers, O Lord, we beseech thee, and so direct and support thy servant Queen ELIZABETH,
that she may not bear the Sword in vain; but may use it as the minister of God for the terror and punishment of evildoers....

All these physicians took it on the chin for you.



--- R.I.P. ---



-- and probably many, many more whose names we do not know.

Broxmeyer, Burzynski, Cantwell, Enby, Goldberg, Gonzales, Holt, Marshall, McBride, Moskowitz, Nordstrom, Strecker, Wakefield, Walker-Smith, Warren, Bechamp, Becker, Bernard, Campbell, Creighton, Gerson, Ivy, Wm Koch, Lincoln, Livingston, Maxwell, Reich, Revici, Rosenow, Russell