

VACCINE
and
SERUM
EVILS

By
HERBERT
M.
SHELTON

VACCINE AND SERUM EVILS
BY
HERBERT M. SHELTON

Vaccinia

CHAPTER I

Vaccinia is an acute infectious disease caused by *vaccination*. *Vaccination* is the inoculation of child or adult, well or sick, with septic matter (pus) derived from suppurating (festering) sores on the abdomen of a previously infected cow. I think this definition is incomplete in an important respect—I should have said that it is a criminal operation.

The disease dates from about the year 1774 when an ignorant and superstitious English farmer, Benjamin Jesty, vaccinated his wife and three children with matter taken from sores on cows suffering with cow-pox," using a darning needle with which to make the incisions. Jesty believed a superstition, then prevalent among the milk-maids, that, one who had had cowpox was immune to small-pox.

Notes of this daring experiment were made by a doctor Nash who died in 1785. At his death these notes passed into the hands of Mr. Thomas Nash who was acquainted with Edward Jenner, a notorious charlatan, who is credited with having "discovered" vaccination. In 1789 Jenner inoculated his eighteen

month's old son with swine-pox matter. He followed this with other inoculations of other children and the filthy practice of vaccination was definitely launched.

An English writer, Arthur Wollaston Hutton, M. A., says of Jenner's framing and qualifications: "But his professional acquirements were but slender; *his* medical degree was the outcome of no examination or scientific work, but merely of a fee of fifteen guineas paid to the University of St. Andrews; while his other and more important distinction, his Fellowship in the Royal Society, was obtained by what even Dr. Norman Moore, his latest biographer and apologist, is constrained to admit was little else than a fraud."

Thus we have a filthy practice, born out of the ignorance and superstition of the past and fathered by an ignorant imposter and fraud, palmed off on the world today as a scientific procedure. It is really remarkable, the number of instances in the history of medicine, of practices and theories now in vogue, that owe their origin to ancient customs, traditions and superstitions.

It is not known how remote was the belief among the cow hands and dairy maids of England in the immunizing potency of cow-pox; but it is thought to have come out of the practice of inoculation which was introduced into England from the East, by Lady Mary Wortley Montague, wife of the British

Ambassador to the Ottoman Court, in 1717. The practice was abolished by act of Parliament in 1840, due to its evils. In 1754 the Royal College of Physicians issued the following manifesto, which reads strangely like the statements made by physicians today about vaccination:

‘The College, having been informed that false reports concerning the success of inoculation in England have been published in foreign countries, think proper to declare their sentiments in the following manner, *viz.*: That the arguments which at the commencement of this practice were urged against it have been refuted by experience, that it is now held by the English in greater esteem, and practiced among them more extensively than ever it was before, and that the college thinks it to be highly salutary to the human race."

Despite this evident lie by this august body, the practice was not successful; it was not highly salutary; and experience did not refute the arguments used against it. It was a very damaging practice which caused an increase in small-pox in England and was finally abolished by law. Edward Jenner, following Benjamin Jesty, grafted the old inoculation practice onto the milk-maid's creed and vaccination (from vacca—cow) was born.

I mentioned that the inoculation practice was introduced from the east. The date of the origin of this

superstitious practice is hidden in the darkness of pre-history. Savage and barbaric peoples, in various parts of the world, practiced inoculation. It is thought to have started in India. where so many of our superstitions originated, and spread from there to Africa and Europe.

From time immemorial the Negroes and Arabs of Nubia practiced inoculation against smallpox. The Ashantees and the Moorish and Arab tribes in Northern Africa practiced arm to arm inoculation from ancient times. Savage tribes of the Upper Congo practiced it to prevent "syphilis." The Baris of Lado inoculated themselves over the left breast. The Negroes in Senegal inoculated their children on the arms. The Moors and Pouls of Senegambia practiced inoculation against pleuro-pneumonia. A practice of this kind was in vogue in Berne, Switzerland in the 18th century.

The first record of smallpox seems to be in India, where also is the first record of inoculation, where the practice was in vogue over three thousand years ago. Dhanwantari, the Vedic father of medicine, and the earliest known Hindu physician, supposed to have lived 1500 B. C., is said to have been the first to practice inoculation and it is also stated that the Hindus employed a vaccine. For over a thousand years inoculation has been practiced in China.

The practice is so mixed up with the religious superstitions of various peoples that its origin may not be difficult for students of religious history to guess. In India, in Malaba and in other sections of the world, inoculation was mixed up with the worship of the smallpox goddess. Inoculation seems to have been nothing more than a superstitious rite designed to placate and appease the wrath of an irascible deity. People who imagined all their sufferings were sent upon them because they had offended some of their gods or goddesses originated the filthy rite to get the goddess into a good humor again.

According to a Mr. Porter, who was English Ambassador at Constantinople in 1755 (*Gentleman's Magazine*, Oct. 1755): "It is the tradition and opinion of the country that a certain angel presides over this disease. That it is to bespeak his favor and evidence their confidence that the Georgians take a small portion of variolous matter, and, by means of scarification, introduce it between the thumb and fore finger of a sound person. The operation is supposed to never miss its effect. To secure beyond all uncertainty, the good will of the angel, they hang up scarlet clothes about the bed, that being the favorite color of the celestial inhabitant they wish to propitiate.'

I cannot imagine St. Paul, who refused to eat meat that had been offered up to idols, baring his arm for pus that is being offered up to the goddess of smallpox. I cannot imagine Moses, whose Kosher

laws, in most of their essential particulars, are excellent, commanding the Jews to have this trefe stuff inoculated into their bodies.

Symptoms: Vaccinia begins after inoculation with slight *irritation* at the site of vaccination. On the third or fourth day the *eruption* appears in the form of a red papule, surrounded by a red areola. On the fifth or sixth day the papule becomes a vesicle, being filled with a watery substance or a clear substance, with a distinct central depression (umbilication). By the eighth day the vesicle is perfected and is then surrounded by a wide reddened zone of *inflammatory edema*, which is the seat of *intense itching*. By the tenth day the contents are purulent (pus) and the vesicle has become a *pustule*. The surrounding skin is now much *inflamed* and *painful*. About this time the reddened areola begins to fade and *dessication* sets in with the gradual formation of a thick brown *crust* or *scab*, which becomes detached and falls off about the twenty-first to twenty-fifth day, leaving an ugly *scar*. The scar is at first red but gradually becomes paler than the surrounding skin having a *punched-out* appearance and is *pitted*. The evolution of this pathology is accompanied with *fever* and *constitutional symptoms*, *malaise*, and *enlargement of the adjacent lymph nodes or glands*.

Notice the symptoms above described (and this description is gathered from standard medical works)

and you will at once realize that we have been describing an acute disease—really the acute symptoms of septic infection. Vaccinia will be found classified in medical books as an acute infectious disease. The infectious matter is pus taken from pustules on a cow which has previously had pus from the pustules of a smallpox patient rubbed into incisions in her skin. it is a morbid product, a virus, and is not and never was "lymph from the calf". Vaccine is pus—it is the fluid product of suppuration. To vaccinate a person is to produce disease in that person. It is an effort to prevent disease by producing disease. It does not always "run true to form." The above description of the disease does not fit all cases.

Complications and Sequelae: Irregular and atypical pocks may form; several vesicles may coalesce, a general pustular rash, covering the whole arm or large parts of the body, and called *generalized vaccinia*, may develop, about the eighth to tenth day.

Abscess, sloughing. cellulitis, erysipelas, general septic infection, urticarial eruptions, syphilis, leprosy. tuberculosis, actinomycosis (big jaw), mental disease, tetanus (lock jaw), paralysis, meningitis, sleeping sickness, etc, may follow. In rare cases the pock may reappear in the same place after it is apparently healed. In some instances the abscess that may form refuses to heal. I saw one case of this kind where the abscess continued to discharge pus after fourteen

years. Speaking of generalized vaccinia, Sir Wm. Osler says: "In children the disease may prove fatal." Osler quotes Ackland's arrangements of the dates on which possible eruptions and complications may be looked for as follows:

"1. During the first three days: Erythema; urticaria; vesicular and bullous eruptions; invaccinated erysipelas.

"2. After the third day and until the pock reaches maturity: Urticaria, linchen urticatus; erythema multikormae; accidental erysipelas.

"3. About the end of the first week: Generalized vaccitha; impetigo; vaccinal ulceration; glandular abscesses; septic infections, gangrene.

"4. After the involution of the pocks: In vaccinated diseases, for example syphilis."

Under the heading "Transmission of Disease by Vaccination," Osler says: "Syphilis has undoubtedly been transmitted by vaccination." Under the heading, "Influence of Vaccination upon other Diseases," he says: "A quiescent malady may be lighted into activity by vaccination. This happens with congenital syphilis, occasionally with tuberculosis . . . At the height of the vaccination convulsions may occur and be followed by hemiplegia." (Paralysis of one side of the body.)

Norway suspended vaccination because of hoof and mouth disease being spread by the practice. In this

country our Department of Agriculture traced the epidemics of foot and mouth disease in 1902, 1908 and 1914 to smallpox vaccine.

It is the medical alibi, when these evils follow vaccination, and they are far more common than the uninformed may imagine, that they are due to "carelessness" or to "secondary infections." Dr. Richard C. Cabot says: "The other thing that bothers people is the fact that vaccination sores get septic, sometimes when the vaccination is clumsily done, and sometimes when it is correctly done. We need not necessarily blame the doctor because the patient has a bad arm. In spite of all precautions, if the patient is in a bad condition, the break in the skin may become septic."

This is only a half truth. The vaccine sore is septic from the start. Vaccine is septic matter. Vaccination is deliberate and forcible septic infection. We do blame the physician, because he introduced the septic matter into the arm.

This picture of vaccination is a black one, but it is by no means the whole picture. It is almost impossible to exaggerate the evils of this filthy, superstitious practice and any physician or vaccine propagandist who asserts that vaccination is harmless is either an ignoramus or a liar. I shall make this quite clear before I am done with this subject.

"I wish we had known sooner what an awful thing vaccination is," wrote Mrs A. Kyles, in a letter to the editor of the *St. Louis Times*, of Nov 1926, after her boy had died of lockjaw following vaccination. He was vaccinated Oct. 15 and died Nov. 8. 1926; the lockjaw developing about Oct. 31. Thousands of other fond mothers have cried. "I wish we had known sooner what an awful thing vaccination is." Why be so willing to believe the sales talks of those who make money out of vaccines?

On Oct. 7, 1926, little Elmer Perry, four-years-old son of Mr. and Mrs. John Perry. of 35 Schalk St., Newark. N. J. was vaccinated by order of the Health Authorities. Fifteen days later he become sick, and on Oct. 27 they carried him to the hospital suffering with lockjaw. A few hours later he died. "They killed my boy, they killed him," cried the grief stricken father. "They have taken the sunshine from my life," wailed the frantic mother. This was but one more of thousands of such tragic scenes. Medical men kill them to save them.

The authorities in this case hastily denied all responsibility for the boy's death. They blamed the boy. It is a fair sample of the cowardly manner in which physicians always disclaim responsibility for their deeds. They are the only class of criminals of which I know who can escape the penalties for their crimes by placing the blame on their victims.

On June 20, 1926 little Geraldine Creamer, age 4, 611 John St., Peekskill, N. Y.. died of lockjaw, following vaccination during a cooked up smallpox scare—a case of ivy poisoning having been diagnosed as smallpox. The culprits in this case explained that the girl, who had been vaccinated on the leg, received the lockjaw infection from garden soil, while playing in the garden. In a full page article in the *New York Evening Graphic*, I challenged them to give me lockjaw by wounding me in a dozen places and rubbing the soil from the garden in every wound, The Commissioner of Health made a weak reply in the local paper, but ignored my challenge. He did not want his alibi exposed by a test,

Lockjaw is a comparatively rare disease except where a vaccination epidemic rages. In his *Principles and Practice of Medicine*, Sir Wm. Osler says of tetanus as a disease transmitted by vaccination: McFarland collected 95 cases practically all American. Sixty-three occurred in 1901, in which R. W. Wilson demonstrated the tetanus bacillus. Most of these cases occurred about Philadelphia."

The States Public Health Report, March 20, 1925 says that several fatal cases of tetanus in vaccinated individuals has recently occurred in the United States" The *Report* for June 26, 1925, contains accounts, in its first six pages, of eleven cases of tetanus following vaccination. Boys are more susceptible than girls to post-vaccinal tetanus.

In a letter dated Aug. 9. 1929, and addressed to Senator Robt. F. Wagner, Dr. Hugh S. Cummings, Surgeon General of the U.S. Public Health Service, says the figures which his letter shows are incomplete, for deaths due to post-vaccinal tetanus are as follows:

1925---29; 1926---15; 1927---17, 1929---1. As most of these deaths occur after school opens in September, at which time the great orgy of vaccination begins, the apparent reduction in 1929 is probably very deceptive.

In the early part of 1925, while the whole of the East was in the throes of a vaccination epidemic, the *New York Evening Graphic* uncovered at least two deaths from post-vaccinal tetanus, and many other cases of vaccinal injury in Baltimore. After they published the accounts of these cases, the hospitals in Baltimore established a rigid censorship and suppressed the horrid truth about this criminal practice. But a truce with tetanus; the newspapers carry frequent reports of such deaths and I can only touch the high spots here. Everyone can know of these cases who cares to investigate.

Within recent years other troubles have been definitely traced to vaccination. I have already quoted Dr. Osler's statement that "at the height of vaccination convulsions may occur and be followed by hemiplegia." Paralysis is a more frequent result of vaccination than has heretofore been suspected. Dr. Osler says: "Cerebro-spinal meningitis has a curious

predilection for soldiers." Captain Sheffield Neave, of England, says, "meningitis is a disease of soldiers and babies." During World War I there was a great mortality and invalidism among soldiers due to cerebro-spinal meningitis. Anti—vaccinationists declared it to be due to vaccination. This brought vigorous protests and loud denunciations from the devotees of pus and the smallpox goddess.

In the "Lancet" the leading British medical Journal, of September 4, 1926, is set forth accounts of seven cases of encephalo-myelitis (inflammation of the brain and spinal cord and their membranes), following vaccination in two London hospitals within recent years. Prof. H. M. Turnbull and Prof. Jas. McIntosh who painfully and carefully investigated these cases stated in the *British Journal of Experimental Pathology*, from which the "Lancet" quotes, that: "*There can be no doubt that vaccination was a definite causal factor.*"

The *Lancet* declares that the account in the Journal: "includes summaries of clinical histories and necropsies and descriptions of the pathological changes, gross and minute in the central nervous system as well as in the vaccinated areas, regional lymphatic glands, and other tissues. Beautifully clear drawings illustrate the histological lesions found in the spinal cord at lower levels. The evidence of aetiology (the science of cause) derived from clinical and histological manifestations is shown to be strong,

and is confirmed by the results of biological experiments (experiments on animals made independently by Dr. Paul Fildes and Prof. McIntosh). Inoculation of material from the brain and spinal cord of three of these cases showed the presence of vaccinia virus, no other virus being obtained."

The suspicions of these physicians were first aroused in 1912 when a post-mortem on a recently vaccinated boy of 15 years revealed encephalo-myelitis. In December, 1922, a 9 year old girl came to necropsy with a diagnosis of tubercular meningitis. However the microscope revealed no lesions except recent vaccination scabs, glandular inflammation, in the region of vaccination and slight changes in the central nervous system. Brain and cord presented the same peculiar changes as those found in the boy ten years previously.

"Other cases," says the *Lancet*, "were now quickly recognized one in a man of 21, and 'the rest in girls of 7, 12, 15, and 22 respectively. All these patients except one girl died in the course of an acute attack of encephalo-myelitis complicated by broncho pneumonia."

As an example of how these seven cases proceeded the case of the woman 22 years of age will suffice. She was vaccinated while an infant and again on November 29, 1922. Seven days thereafter she developed a severe headache and other symptoms. On

the 10th and 12th days she was drowsy and had high fever, On the 13th day she became semi-comatose and on the 14th day she died.

The *Lancet* for October 9, 1926, states that in Holland, during the period from January 1, 1924, to July 1, 1925: "35 cases, of which 15 were fatal, occurred of Encephalitis following vaccination after an interval of 10 to 30 days," had elapsed.

he *Lancet* further declares in the article previously quoted from: "Investigation of the possible path of infection gave negative results—Close examination of the vaccinal areas and regional glands yielded but little information, since the histological changes appeared to be essentially similar to those in a control case, a recently vaccinated boy killed in an accident."

This means that the ordinary and regular course of mischief pursued by vaccination may easily result in the production of these diseases. The *Lancet* further says: "Though the path of infection cannot be traced, the authors would appear to have ample justification for concluding, in view of the close resemblance between the clinical histories, the uniformity of the pathological findings, and the *absence of similar cases independent of vaccination that vaccination was a definite causal factor and no chance coincidence.*" (Italics mine).

In the year 1927 when Mr. Marky and Senator Love debated on vaccination, we exhibited on the platform,

a little girl whose body was frightfully twisted, greatly emaciated and paralyzed as a result of vaccination. With the smooth sagacity of the suave politician and with resort to the ancient medical subterfuges of "secondary infection" and "intercurrent malady," Dr. Love attempted to make the audience believe the child's troubles were due to something other than vaccination. But an "intercurrent affection" is mere bunk. It never existed outside the medical mind. The *Lancet* had formerly held to the same theory with regard to such cases as cited above. Referring in its issue of August 1, 1925, to the numerous cases on the continent, it declares: "Experiment and pathological research have shown that this form of the disease is not due to the virus of Jenners vaccine"...."There was latent infection" and "vaccination merely hatched it out."

"Latent infection" is another subterfuge that has long served the blundering medical profession when tuberculosis, syphilis and leprosy follow vaccination. But the end of this subterfuge is drawing near. The *Lancet* has unsaid what it declared in the quotation above. It declares: "Similar cases independent of vaccination were not observed at the same time nor any other time. The authors give cogent reasons against the assumption that the post-vaccinal cases described by them and by workers abroad are merely examples of poliomyelitis, (inflammation of the gray matter of the spinal cord) or encephalitis

lethargic a (sleeping sickness), in which vaccination was an immaterial accident." It declares that encephalo-myelitis following vaccination always exhibits more extensive lesions than those of sleeping sickness and that "histologically, the inflammation in ordinary cases of poliomyelitis (infantile paralysis) differs conspicuously from that following vaccination." In 1923, 1924 and 1925 great efforts were made in England to have everybody vaccinated. Thousands of vaccinations were performed. There occurred a great increase in the cases of Encephalitis-Lethargica. In 1924, there were 6,296 cases of this and similar affections reported in England and Wales, with a population of 38,746,000; or 162 cases per million of population. In Liverpool, with a population of 836,000 there were reported 257 such cases; or 306 cases per million of population. Liverpool was fifty per cent better vaccinated than the average of England and Wales, and had almost 100% more Encephalitis. I presume this was due to an "intercurrent affection," or a "latent infection," or to a "secondary infection."

The New York State Journal of Medicine, May 15, 1926, carried two articles from foreign Journals discussing similar cases on the European continent. In one of these Carl Leiner, (Vienna) is said to have discussed encaphilitis and meningitis developing in nine to fifteen days after vaccination. He admits that in a generalized infection, like generalized vaccinia, there may be intracranial complications. The article

also states that Dr. Lucksch saw three cases and knew of four more and of the seven children, five died. In two autopsies, which he obtained, he was able to show beyond doubt that "death had been due to encephalitis." Bastianse, of the Hague, collected notes of 34 similar cases which occurred in Holland during 18 months of 1924-25, with a mortality of forty per cent—"deadlier if anything than ordinary epidemic encephalitis." "In addition several cases of serious meningitis have been reported."

Three cases reported,, by the author of the article, in Austria, showed that "not only the encephalon but the cord and peripheral nerves may be involved, s that the affection may be spoken of broadly as a meningoencephalitis polyneuntis."

The other article is a brief of an article by Dr. W. F. Winkler, chief of the University Cline of Rostock. It says: "Quite recently isolated cases of cerebral symptoms, suggesting encephalitis, following vaccination have been reported from Holland, Czechoslovakia, and Germany and from Switzerland there have been reported two cases of serious meningitis."

The Netherlands, and other countries, for instance, France, have also reported cases of this kind. *In the Journal of the American Medical Association*, July 3, 1926, p. 45, is an article by its Berlin correspondent discussing "Nervous disturbances and Smallpox

Vaccination." In it are these words: "In regions in which there is no organized vaccination of the population, general paralysis is rare. In patients with general paralysis he (Dr. Daraskiewicz), has never seen smallpox scars, but vaccination scars were always present." Physicians of Holland declared: "It is impossible to deny a connection between vaccination and the encephalitis which follows it." It is noted that, whereas, boys are most susceptible to post-vaccinal tetanus, girls are most susceptible to post-vaccinal encephalitis.

It would be idle to assert that all cases of local or general paralysis are due to vaccination. There are cases due to other causes also. But these other cases must not be made a basis for denying the evil influence of vaccination, as some vaccine apologists attempt.

How new is the phenomenon? Who knows? Dr. Pierre Baron, Ancien Intern of the Hospitiaux of Paris, prefaces his work on post-vaccinal encephalitis (1929), in which his conclusions are based on his own observations, with a case he found after searching through medical annals and unearthed a report of a case in the "*Archives de Medicine des Enfants*," in 1907. Dr. Combay of the Medical Society of the Hospitals of Paris, reported a case which had occurred in his practice in 1905. Dr. Comby tells of a baby girl, in excellent health when vaccinated at four months of age, who developed convulsions on the eighth day,

followed by strabismus and other troubles. She did not die but was left with an "important sequel." She no longer recognized her surroundings; almost forgot how to nurse; had a vague look; "veritable intellectual obnubilation," developed idiocy with progressive cerebral sclerosis (hardening of the brain), and nearing her eighteenth month died. Her death went into medical "statistics" as due to pneumonia—an old trick in hiding their crimes.

Dr. Baron's book discusses 255 cases of post-vaccinal encephalitis, avowedly discussed as such in medical works. His list is far from complete, for he credits the United States with only four cases, all of these before 1927.

Great Britain appointed two committees to investigate this matter—the Andrews Committee, appointed Nov. 1923, which made its report May 1925; and the Rolleston Committee appointed Feb. 1926, which made its report Feb. 1928. These two committees were composed of eminent medical men all of whom supported vaccination.

The Andrews Committee reported 62 cases of post-vaccinal encephalitis with 36 deaths—40 females and 22 males; average age 10 1/2 years. Four cases were under one year, one case fifty years, and forty-eight cases were from six to sixteen years. Government vaccine had been used in 53 of these cases, of which 30 were fatal. The Rolleston Committee reported 30

cases with 16 fatalities. Government vaccine was used in 18 of these with 8 deaths. This committee also reported the subsequent history of 10 non-fatal cases under 15 years, showing that 4 were permanently injured in some way—in mind, memory, temper, vigor, relapse.

Since vaccination was made compulsory in England and Wales one million infants have died (to 1930) of convulsions, tetanus, encephalitis, meningitis, and other nervous ailments. How many of these were due to vaccination there is now no means of knowing, but in the light of present facts, we are safe in assuming that a large proportion of them died from this cause.

In 1924 there were recorded in England and Wales 5,039 cases of encephalitis lethargica, 397 of cerebrospinal fever, 777 acute poliomyelitis, 83 of polio-encephalitis—a total of 6,296 cases, with 2,200 deaths, 2,520 permanently injured brains (insane), and 1,575 complete recoveries. The cases in 1924 were three times as great as the yearly average for the nine preceding years. In 1922-23-24 the physicians of England and Wales cooked up a number of smallpox scares causing 288,000 revaccinations. "Extra vaccination was followed by this extra crop of sleepy sickness."

A case of post-vaccinal encephalitis was reported in Ireland in 1930 in a baby boy of 10 pounds. He was vaccinated on May 3 and became ill on May 10,

"being cross and very restless with vomiting. Next day he was quiet and apathetic and on admission to the hospital his condition resembled tetanus."

The League of Nations in its Report of Aug. 27, 1928 mentions 139 cases and 41 deaths in Holland. This resulted in Holland stopping compulsory vaccination during 1928-29. The total number of vaccinations in Holland in the first half of 1928 was less than one-third of those for the first half of 1927 and the deaths from encephalitis were reduced to less than one-third.

Germany modified her compulsory vaccination law. She adopted an optional clause, such as the one England had. *The International News Service*, Feb. 27, 1930 informs us: "The change of attitude of some medical experts towards vaccination in favor of a less rigid enforcement of the law has been brought about mainly through a considerable number of post-vaccinal diseases observed in Holland and England and in sporadic cases in Germany.

"Vaccinated people developed a sort of cerebral inflammation (encephalitis post-vaccinalis) which resulted in a number of deaths and in several cases of a mild form of mental derangement."

Here is part of an item which appeared in the *Journal of the American Medical Association* for April 5, 1930: "Reisch reports that following the vaccination of 233 children aged between 5 and 10 years, several cases with encephalitic symptoms were observed.

Two were especially severe and ended fatally. The necropsy revealed the changes characteristic of encephalomyelitis. Six other children also developed encephalitic symptoms from six to twelve days after the vaccination."

The Report of the Commission of Smallpox and Vaccination of the Health Organization of the League of Nations, Geneva, Aug, 27, 1928, says: "The post-vaccinal encephalitis with which we are dealing has become a problem in itself mainly in consequence of the events of the last few years in the Netherlands and England and Wales. In each of these countries the cases which have occurred have been sufficiently numerous and similar to require them to be considered collectively. Their occurrence has led to the realization that a new, or at least a previously unsuspected or unrecognized, risk attaches to the practice of vaccination."

Now what of America? Do such cases ever occur here? They do. But they are seldom reported and, it seems, are never investigated. In 1930 Julia Motley, age 12, of Irisburg, Va., died of acute infantile paralysis which "seized" her 3 weeks after she had been vaccinated. Her parents attributed her death to vaccination, whereupon the State Health authorities came to the rescue of vaccination. The *News Leader*, Richmond, March 28, 1930 says: "While the parents gave vaccination as the cause of death, Dr. J. V. Shackleford, the physician, states that the death

certificate (made out by him, of course), shows that the little girl died of acute infantile paralysis, with which she was seized three weeks after she had been vaccinated."

And that's that! The physician who vaccinated the girl makes out the death certificate to shield himself and the vaccine and the matter is settled. The girl is now immune to smallpox and the smallpox goddess has been appeased. This reminds me very much of a statement contained in the memorandum, of Professor Jorge, to the Committee of the International Office of Public Hygiene (published in the monthly bulletin of that organization, for Jan. 1927) where he refers to *"the motives which weighed with us not to noise abroad in the great press the news of this complication of a prophylactic operation hitherto looked upon (sic) as innocuous . . ."* (Italics mine.)

The press probably would not have published the news had they given it out, for, it always protects the medical profession. The press is as good about suppressing the truth as Professor Jorge and his coworkers. The mediums of intelligence (?), our newspapers, magazines, movies, churches and schools, play a vast part in the continual bunking of our more or less brainy public, while every subsidized press or scientist, professor or preacher, is entirely a political organ, at the beck and call of the exploiters. Of course, when it is all said and done, the class of nincom-poops who take any stock in the stuff dished

out, do not really count. They are like the defenders of any kind of "it-works-one-day-a-week" philosophy: in that when the tide rises, they will be found to be without a bathing suit.

Surgeon Chas. Armstrong, in *Public Health Reports*, Aug. 23, 1929, says in an article on post-vaccinal encephalitis: "In so far as the age factor is concerned, the custom in this country of performing primary vaccinations at the sixth or seventh year would seem to predispose our population to the complication. Cases have, moreover, occurred. Wilson and Ford, and Fulgham and Beykirk have reported 3 cases in this country which were confirmed by pathological studies. Other possible cases based on clinical and epidemiological grounds have been reported from Connecticut, Rhode Island, New York, Maryland, Illinois, California, Washington, and the District of Columbia."

The *Weekly Bulletin* of the Dept. of Health, of New York City, Sept. 7, 1929 devotes several pages to a discussion of post-vaccinal encephalitis and says: "Although only a few cases have been reported in the United State, it seems advisable to call physicians' attention to this complication so that any cases in which persons recently vaccinated show symptoms pointing to the central nervous system can be carefully investigated."

It may be interesting enough for physicians to study symptoms pointing to the central nervous system but it will not be interesting to you or your afflicted child. Since the medical profession is determined not to abandon this filthy and deadly practice, no matter how many children are sickened, maimed and killed, it is up to you to prevent post-vaccinal encephalitis, and all the other troubles discussed in this chapter, by not permitting your child to be infected with this dirty cow pus.

It is your child. It does not belong to the state. It was not born into this world to furnish money to the medical profession. You are responsible for its care and training. If you betray your child by giving it over to this modern moloch, you deserve a worse fate than any Dante ever pictured. Parents owe certain responsibilities to their children. One of these is certainly to guard these children against attack from all foes, including the foes of their health. It is the duty of every parent to "refuse and resist" vaccination for his or her children, wherever such a parent may live and whatever the circumstances under which the vaccination is demanded. Fight, go to jail, resist in every possible manner the cow-pox bullies and their putrescent points. In Italy some years ago, when a group of physicians invaded the homes of Italian mountaineers to forcibly vaccinate the children, the mountaineers simply stripped the pus-punchers of their clothes, gave them a liberal dose of their own

"medicine," and sent them scurrying home. I recommend this measure for immediate adoption in this country. Let the rascals suffer as they make others suffer. It will teach them a much needed lesson.

In reply to an inquiry, addressed to the United States Public Health Service, by Senator Robt. F. Wagner, New York, Surgeon General Hugh S. Cumming says: "One case (of encephalitis following vaccination) in the United States was published in 1929 and two in 1927. These three cases seem to be definitely established as sequelae of vaccination. Several other cases less well established have come to our attention but need not be considered here."

That these and all figures given in this reply are not complete is evident from the closing paragraph of his letter. He says: "Although a search has been made of the literature since 1925, we cannot be sure that this is a complete list. While the Public Health Service endeavors to learn of and in many instances to investigate untoward cases suspected of being caused by biologic products, there is no legal mechanism requiring the reporting of such cases to the Public Health Service."

The Report of the Surgeon General of the U. S. Army, 1918, shows that during 1917 there were admitted to the army hospitals 19,608 men suffering from anti-typhoid inoculation and vaccinia. The Report for 1919 covering the year 1918 shows the total admissions

suffering from typhoid vaccination to be 23,191, and 10,830 suffering from vaccinia. Assuming that the proportions of those suffering from these two inoculations were about the same for the two years it means that approximately 20,000 were in the army hospitals admittedly suffering from smallpox vaccination. This takes no account of those whose sufferings were attributed to something else, nor of those whose sufferings; though great, were not great enough to cause them to be sent to the hospitals.

The *Chicago Tribune*, June 6, 1926, carried the account of the death of Kasmir Jeskey, 10-year-old son of Mrs. Anna Jesky, 1523 17th Ave., Meirose Park. The *Tribune* stated: "Blood poisoning believed to have resulted from vaccination yesterday claimed the life of Kasmir Jesky."

The Report of *The Register General*, England, from 1875 to 1923 recorded 1,464 deaths officially admitted to have been caused by vaccination. These figures give but a small part of the picture for most such deaths are covered up. For instance, in one series of deaths caused by vaccination, Public Enquiry revealed that vaccination had been mentioned as a cause in only one case. In another series of seventeen deaths following vaccination, investigated by a medical man, who published the details, only one death had been attributed to vaccination. One British physician said: "In certificates given by us voluntarily and to which the public have access, it is scarcely to

be expected that a medical man will give opinions which may tell against or reflect upon himself in any way, or which are likely to cause annoyance or injury to the survivors. In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom as the cause of death. As instances of cases which may tell against the medical man himself, I will mention erysipelas after vaccination and puerperal fever. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death."

Vaccination must be saved from reproach at all costs. Who cares how many children are killed if only vaccination may be saved from dishonor. It is up to parents to put an end to this crippling and maiming of children. It is the sacred duty of all parents to protect their children from all harm. If the medical profession is not honorable enough to abandon this highly remunerative, though evil and deadly practice, it behooves parents to cut their professional throats.

Will it be urged that while vaccination is often productive of harm and death, it produces less of these than it prevents? If so, I shall show that this is not true. But, grant for a moment the truth of the assertion, it is still true that to force such a dangerous process upon one is unjustifiable. It is a danger and

we each have a right to choose between two dangers. Compulsory vaccination is a crime.

The Christian Herald, England, July 7, 1927, carries an account of a smallpox epidemic, of a very serious type, in 15 departments (counties) in France, with a death rate of nearly 50 per cent in women and about 33 per cent in men. All of these cases were vaccinated people—many of the victims having been vaccinated as many as three times. If vaccination protects, why did it fail in these cases?

In our army during the Spanish American War and in the Philippines the soldiers had been vaccinated, not only annually, but every six weeks. Chief Surgeon Lippincott said: "Vaccination is carried on as regularly as post drill." Yet the official report shows 276 cases of smallpox in 1899 with 78 deaths; 246 cases in 1900 with 113 deaths; and 125 cases with 37 deaths in 1901; the case fatality of nearly fifty per cent, in 1900 being the highest ever recorded for this disease in the army a well vaccinated army, if ever there was one.

In 1872 Japan passed a compulsory vaccination law which was rigidly enforced. But smallpox continued to "ravage" that country. In 1885 another law was passed requiring revaccination every seven years. From 1886 to 1892 there were 25,474,370 vaccinations, revaccinations and re-re-vaccinations recorded in Japan. During these same seven years, 1886 to 1892, Japan had 156,175 cases of smallpox,

with 38,979 deaths, or a case fatality of nearly twenty-five per cent which exceeds the smallpox death-rate of the pre-vaccination period when nobody was vaccinated. In a single year (1893) Japan had 41,898 cases of smallpox with 11,852 deaths.

In 1896 the Japanese Parliament passed an act, which was immediately signed by the Mikado, requiring every resident of Japan, whatever his or her station in life, to be vaccinated and revaccinated every five years. The act was rigidly enforced under severe penalties. Baron Takalira boasted in London in 1906, at the Jubilee Dinner of the Society of Medical Officers of Health of England that:

"There are no anti-vaccinationists in Japan. Every child is vaccinated before it is six months old, revaccinated when it enters school at six years and again re-vaccinated at fourteen years of age when going to the middle school, and the men are re-vaccinated before entering the army, while a further re-vaccination is enforced whenever an outbreak of smallpox occurs."

Notice the last part of this statement. If vaccination prevents smallpox, how do "outbreaks of smallpox" occur in such a thoroughly vaccinated country? There can be but one answer; namely, *Vaccination does not protect.*

This compulsory vaccination law became effective in Japan in 1896. In 1897 there were 49,946 cases of

smallpox in Japan, with 2,276 deaths from this cause. In 1908 there were 10,067 cases with 5,837 deaths officially recorded. From 1889 to 1908 Japan had 171,611 cases of smallpox with 47,919 deaths. If anybody thinks that vaccination, re-vaccination, and re-re-vaccination prevents or mitigates smallpox, let him look at these figures. Here is a case fatality of nearly 30 per cent. It would be interesting to know to what extent the disease was *mitigated* by vaccination in those 47,919 fatal cases of post-vaccinal smallpox.

The *New York Medical Journal*, July 22, 1899, contains an article on "Vaccination in Italy," by Chas. Rauta, M.D., Prof. of Hygiene and Materia Medica in the University of Perugia, Italy. In this he points out that "Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove that mathematically." He says further: "For twenty years before 1885, our Nation was vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics of smallpox that we have had have been something so frightful that nothing before the invention of vaccination could equal them." "During 1887, we had 16,249 deaths from smallpox; in 1888, 18,110; and in 1889, 13,413."

Referring to the Italian army, in which "vaccination had been performed twice a year in the most satisfactory manner for many years past" he says that, "now we see that soldiers not protected because vaccination did not 'take' were less attacked by

smallpox than those 'duly protected,' by the good results of their re-vaccination; and that the death-rate in those vaccinated with good results was greater than among those in whom the vaccination did not take."

We have forced vaccination on the Philippines since we took over the Islands. Spain had done the same thing previously. In 1905-06; 1907-08 and in 1918-19 these Islands experienced severe smallpox epidemics, the 1918-19 one being the worst of all. There were 47,887 cases of smallpox with 16,578 deaths officially reported in 1918. In Manila alone, the best vaccinated part of the Islands, there were 1,326 cases and 869 deaths, or a case mortality of 65.3 per cent. The lowest mortality, 11.4 per cent was in Mindanao, the least vaccinated portion of the islands.

The Health Service got busy and vaccinated thousands and thousands, performing about four vaccinations for each inhabitant in Manila. This was followed in 1919 with 99,300 cases of smallpox, with 47,395 deaths. In two years time in a population of less than 11,000,000 there were 147,187 cases of smallpox and 63,973 deaths.

The 1920 Report of the Philippine Health Service, (see pages 141 and 142), makes the following very brief comment: *"From the time in which smallpox was practically eradicated in the city of Manila to the year 1918 (about 9 years) in which the epidemic appeared certainly in one of its severest forms,*

hundreds after hundreds of thousands of people were yearly vaccinated with the most unfortunate result that the 1918 epidemic looks prima facie as a flagrant failure of the classic immunization towards future epidemics." (Italics mine.)

Alibies were offered for the failure, however, and the dirty work continues. No matter how great the evil, those who profit from it will not correct it—not so long as profits are still to be made therefrom.

There is an unvaccinated country in this world without smallpox. Australia is the great unvaccinated country and despite dire predictions of disaster from vaccine advocates, Australia remains free from smallpox. Three-fourths of her population have always been in the never-vaccinated class. Under the modern theory that vaccinal immunity lasts only five years (Italy vaccinated twice a year and failed) 21/2% of her population are "protected."

In the whole of Australian history less than one person a year has died of smallpox. Many of these were from the outside and were simply quarantined there. In Queensland where the official figures show 1 vaccination for every 1,500 births the state has had but one "outbreak." In 1892 a well-vaccinated quarantine official "contracted" the disease on ship. There were no other cases. The "epidemic" had no show among an unvaccinated people. In Victoria in 21 years there were 5 deaths from smallpox and 14

deaths from vaccination—these are only those deaths that are honestly attributed to this cause. This coincides with the reports of the Register General of England covering a period of years in which there were, in England, 42 deaths from smallpox under five years of age and 157 deaths officially admitted to have been due to vaccination. There are also the official figures which show that "only 109 children (under five) in England and Wales died of smallpox in the twenty-nine years ending December, 1933, but 270 died of vaccination" in the same period in these two countries.

In England and Scotland the decline of vaccination has been accompanied by the practical disappearance of smallpox. Here are the figures, briefly England, 1871-75 percentage of vaccination 97.6%; smallpox deaths per million people, 228; 1910-20 percentage of vaccination 43.9; smallpox deaths per million people 0.4.

Scotland, 1855-1874 one of the best vaccinated countries of the world, "not an unvaccinated child in Scotland;" 9,087 children under five years old died of smallpox; 1907-1919 with about one-third of the children vaccinated only 7 deaths under five years from smallpox.

I would not go so far as to say that vaccination has never saved a single person from smallpox. It is a matter of record that thousands of the victims of this

superstitious rite have been saved by the *immunizing potency of death*. But it is a fact that the official statistics of England and Wales show unmistakably that, while vaccination has killed ten times more people than smallpox, there has been a decrease in smallpox concomitant with the decrease in vaccination. The following table of official statistics from England and Wales giving the average annual percentage of births vaccinated and the number of smallpox deaths registered will prove instructive to all intelligent readers:.

| Period | Percentage Vaccinated | of births Smallpox deaths |
|-------------|--------------------------|---------------------------------|
| 1872-1881 | 85.5 | 3,708.2 |
| 1882-1891 . | 82.1 | 923.0 |
| 1892-1901 | 67.9 | 436.5 |
| 1892-1911.. | 67.6 | 395.3 |
| 1912-1921 | 43.3 | 12.2 |
| 1922-1931 | 43.1 | 25.0 |
| 1932-1941 | 34.9 | 1.4 |

During the period when 85.5 percent of all babies born were vaccinated and another ten per cent of them died before they were old enough for vaccination, these two countries had an average annual number of

3,708 deaths from smallpox. When vaccination had declined until only about one-third of the infants born were vaccinated the average annual death rate in smallpox had dropped to less than two a year. It may be appropriately asked, in the words of the *Vaccination Inquirer* (London), Feb. 1947: "How could an operation that was declining be responsible for the extermination of smallpox?"

In 1942 a case of smallpox at Swindon (Britain) resulted in the vaccination of large numbers of people. Only three cases of smallpox occurred and these all recovered, but twelve vaccinated individuals died from inflammation of the brain. In the same year near Edinburg, Scotland eight people died of smallpox (six of these had been vaccinated) while ten died from the effects of vaccination.

In Britain during the years 1939 to 1944 there were 60 cases of post-vaccinal encephalitis, 31 of whom died. This is a fatality rate of slightly more than fifty percent. During this same period, there were but 21 cases of confirmed smallpox with but three deaths. There were, in other words, in Britain during this period, three times as many cases of post-vaccinal encephalitis as of smallpox and ten times as many deaths from post-vaccinal encephalitis as from smallpox. As these figures are official and are supplied by the British medical profession itself, as they make the diagnoses and report the cases and deaths, they constitute damaging admissions by the

profession that, while vaccination does not prevent smallpox, vaccinia is a much more dangerous disease than smallpox.

Since the first edition of this book was published, England, the first nation in the world to pass a compulsory vaccination law, has repealed her law and no one in the British Empire, not even in her armed forces, is forced to submit to vaccination. Since 1907 nobody among her citizens or in her armed forces was compelled to be vaccinated if he conscientiously objected to it. On the same ground parents could avoid vaccination for their children. In this land of the craven and home of the slave, a land that proudly boasts that it gained its freedom in 1776 from this same British Empire, vaccination is still compulsory in several of our states and in many cities outside these states, as well as in the armed forces of the country. Civil service employees are also compelled to submit or lose their jobs.

Smallpox is always worse where vaccination abounds. The scratch of vaccination is the "scratch of death." Yet our medically controlled Health Boards cook up fake epidemics, create panics for profit, such as the ones in Kansas City in 1921, Pittsburgh in 1924, Philadelphia, Baltimore, Washington in 1925. An effort was also made to create a panic in New York in 1925, but due to the open fight against it by the *New York Evening Graphic*, the Commissioner of Health called it off.

Surgeon J. P. Leake, says in *Public Health Reports*, Jan. 28, 1927, the weekly bulletin of the U. S. Public Health Service: "Will a nonimmunized person contract smallpox if exposed to the disease? By no means uniformly. Exposure to smallpox, especially to the milder forms, without contracting the disease frequently occurs and is no definite evidence of immunity. The number of cases of smallpox among the unprotected persons in contact with patients suffering from the disease is very much less than 100 per cent

"Though smallpox is unquestionably many times more frequent in the unvaccinated than in those who have had even a single vaccination, it is believed that neither the vaccination history nor the presence of scars should be given diagnostic weight. The unreliability of such a criterion is especially evident in virulent outbreaks of the disease

"The purpuric, uniformly fatal form of smallpox , is the most difficult to prevent by vaccination, and cases of this form, without a true smallpox eruption, may occur in persons with a fairly good vaccination history
..

"The mildness of the form of smallpox commonest at present is one reason for endeavoring to make preventive vaccination as harmless and as mild as possible

"Cases and even fatalities, occur in every severe epidemic among persons who were vaccinated in good time but with vaccine found, too late, to be of insufficient potency; such cases and fatalities also occur among persons thought to be protected by successful vaccination performed years previously."

You are vaccinated and have smallpox. The vaccine was of "insufficient potency," although this was discovered too late—that is, after you have the smallpox. You are vaccinated and do not develop smallpox—it is assumed that the vaccine was potent. It is like the old test for mushrooms—eat them and live they are mushrooms; eat them and die, they are toad stools.

In 1926, 130 members of the Dallas (Tex.) Chamber of Commerce cancelled their trip to Mexico because vaccination was required as a precedent to entrance. Nearly a 100 medical men, at a conference in Dallas, went to Mexico, after they obtained permission to enter without being vaccinated. Think this over before you submit your child to this evil and superstitious rite.

In this country the risks from vaccination, according to official figures, which are slanted in favor of vaccination, is ten times greater than the risk of smallpox. According to the figures of the United States Public Health Service there were officially reported an average of sixteen deaths per million

vaccinations in this country in the years 1925 to 1928 inclusive. These deaths cover only those officially admitted to have been due to vaccination and do not include the deaths from encephalitis, meningitis, etc., which resulted from vaccination. Up to that time twenty cases of encephalitis had been officially reported in the United States as resulting from vaccination. The Public Health service instituted an investigation to determine the extent of such cases in this country, but I have seen no report of their findings.

During the years 1927 to 1929 inclusive there were officially reported an average of 1.18 deaths per million population from smallpox in the United States. In many of these deaths, smallpox is not given as the primary cause of death. Deaths from smallpox have almost reached the vanishing point in this country, only thirteen states of which require vaccination precedent to school attendance and none of which require vaccination of infants and adults outside the armed forces.

Due to the fact that vaccination is more dangerous than smallpox, many leading medical men refrain from vaccinating their own children. An editorial in *American Medicine*, March, 1914, says:

"The growing opposition to vaccination is a matter of grave concern. This new movement . . . is not the illogical and absurd anti-vaccinationist crusade, but is

the conviction on the part of very intelligent men, that it is useless to protect against an infection which they may never encounter . . . This attitude is not confined to laymen, but is taken by those leading men in the medical profession who postpone vaccination of their own kith and kin until the last moment. Two world renowned men have confessed to us that they have had their children vaccinated only in obedience to public opinion in and out of the profession . . . So we hear men saying that there is not one chance in a million of their children being infected with smallpox, but that there is far more chance of pus infection or tetanus from the vaccine .

This criminal practice will end as soon as parents develop sufficient interest in the welfare of their children. At present parents offer up their children on the altars of the smallpox goddess, because commercial ghouls demand it, and hope that the children will not be greatly injured. If a child is invalided for life or is killed, the parents meekly accept the lying excuses of the scoundrels who maim and murder children for money, cry a little, and return to their movies and joy rides. Reader, do you know how Judas felt after he had sold his master for a few pieces of silver? If you have surrendered your child to be vaccinated and inoculated, after you learned the truth, you know how he felt. There is one great difference between you and him—Judas had decency enough to go out and hang himself.

Serum Poisoning

CHAPTER II

Parents are frightened into having their babies and children "immunized" against a whole series of diseases, having them inoculated with vaccines, serums, anti-toxins and toxoids of all kinds. The constant stream of propaganda carried on by the pharmaceutical houses and commercial medicine to keep this profitable business alive is filled with manufactured and "doctored" statistics, lies, distortions and statements designed to frighten parents. The whole purpose of this propaganda is not to secure the health and welfare of children, but to guarantee the steady inflow of profits to the physicians and manufacturing drug houses.

In *Red Book Magazine*, Aug. 1952, Edward T. Wilkes, M.D. presents a "New Immunization Schedule for Infants." It is the schedule announced by the Michigan State Health Department and is similar to the one recommended by the American Academy of Pediatrics. Here it is:

"Injections against whooping cough, diphtheria and tetanus are to be started at three months instead of six, as formerly prescribed. The reason for this is that more than half the deaths from whooping cough occur in infants under six months of age (I wonder what this death rate under six months in whooping cough has to do with tetanus and diphtheria?)

"Smallpox vaccination should be given at five months.

"Booster shots for protection against whooping cough, diphtheria and tetanus are recommended at the age of two or three years.

"Immunization against diphtheria, tetanus and smallpox should be renewed at five or six years of age and again at nine or ten years."

Vaccines and serums are given on the theory that they "act" in the same way as one "attack" of an "infectious" disease in immunizing the patient against a second "attack." Years ago, in my *Regeneration of Life* I proved this theory, that one "attack" immunizes against a second "attack," to be illogical, unscientific and contrary to the facts. I showed that one may have smallpox, for instance, five times following immediately upon the heels of five successful vaccinations. Cases are on record of patients who had pneumonia as much as fifteen to fifty times. Think this over and answer the question: *What kind of serum will ever be found to immunize us against pneumonia?* But if not against pneumonia, how about other so-called infectious diseases? Suppose we study diphtheria.

Quain's *Dictionary of Medicine*, (1902 edition) says: "One attack of diphtheria confers no prolonged immunity upon its subject. Even during convalescence

the patient has been known to develop the disease afresh, and this may be repeated more than once."

Coodall and Washbourn, in *A Manual of Infectious Diseases*, state: "It is uncertain how far one attack of this disease (diphtheria) protects against a second. Certainly relapses and second attacks are not very rare."

It is certain from these facts that toxin-antitoxin can no more immunize a child against diphtheria than against burning by fire. In this connection, physicians tell us that babies are immune to diphtheria, inheriting their immunity from the mother, but that they lose their inherited immunity at about six to nine months. The mother must have lost hers at about that same age. Where and how did she reacquire her immunity in order that she might transmit it to her child?

A substance called, "diphtheria toxin" is mixed with antitoxin to make toxin-antitoxin. J. W. Hermetet, M.D., in an address published in the *Illinois Medical Journal*, Nov. 19, 1929, p. 368 says. of this toxin, which he refers to as a "deadly toxin," that "toxins are the most concentrated forms of poisonous material. ... One ounce of diphtheria toxin will kill 600,000 guinea pigs or 75,000 large dogs."

In the *Annals of Internal Medicine*, Jan. 1929, C. D. Mercer, M.D., says that "Toxin-antitoxin is not a harmless preparation and should not be given to school children in a haphazard way."

The United States Public Health Service gives the ideal mixture of "antitoxin" and "diphtheria toxin," (forming toxin-antitoxin), as of such a poisonous character that when five doses are inoculated into each of five guinea pigs two shall die acutely in four to ten days and the other three shall die of diphtheria paralysis in from fifteen to thirty-five days. Only a thoroughly dishonest Health Board or school physician can ever represent this poisonous mixture as harmless.

Jesse R. Gersterley, M.D., reported a case of sudden death from nephritis (inflammation of the kidneys) in a child, following inoculation with toxin-antitoxin. This report was published in *The Medical Clinics of North America*, March 1926. This report caused C. D. Mercer, M.D., F.A.C.P., of West Union, Iowa, to investigate the dangers of this serum.

He reports, *Annals of Internal Medicine*, Jan. 1929, p. 668 that, out of 125 children, between the ages of six and twenty who were inoculated 27, or 20% of them, showed albuminuria after the third toxin-antitoxin inoculation, compared to only 13, or 10%, presenting this symptom of kidney destruction prior to the inoculation. He says that "a great many apparently healthy ,children have albuminuria" and that "administration of T-A (toxin anti-toxin)' doubled that percentage in 120 school children."

E. Gatewood, M.D., and C. C. Baldrige, M.D., say in the *Journal of the American Medical Associations* April 2, 1927: "A multiplicity of untoward sequelae have been observed in patients treated with immune serum. The common symptomatology includes fever, urticaria, erythema, oedema, lymphadenoma, (malignant tumor of the lymph glands), arthralgia (pain in the joints), smothering sensations, headache, nausea and vomiting. Occasionally there are more serious and lasting manifestations such as peripheral neuritis, epididymitis (inflammation of the epididymis, a small body attached to the testicle), and orchitis." (inflammation of the testicles).

I may add that paralysis, convulsions, inflammation of the heart, heart failure, and sudden death are also more frequent results than the general public is aware of. For a convincing array of such cases, taken from standard literature of the subject, I must refer the reader to my *Serum Poisoning a Medical Crime*.

On Jan. 27, 1928, in Bundaberg, Australia, 8 children received their second inoculations of toxin-antitoxin and thirteen received their first inoculations. The Report of the Royal Commission of Inquiries into Fatalities at Bundaberg, published by the Parliament of the Commonwealth of Australia, June 13, 1928 says: "Of these twenty-one children, eighteen became ill with symptoms of significant similarity during the night of the 27th January or the early morning of the

28th January. Eleven died during the 28th January, and one on the 29th January."

"My little darlings; they are all gone" was the heart wringing cry that came from one poor mother as they lowered her 3 sons, victims of this medical slaughter, into their little graves. One father was at the burial where his two daughters were buried, while the mother was at the hospital with her two sons, who, with more than a score of others, were seriously ill. Efforts were made to whitewash this "accident," as it was called, but well-informed people are not blinded by such efforts.

At Baden, near Vienna, Austria, in an infant's home, in September 1923, seven children died as a result of toxin-antitoxin inoculations. As a result the Austrian government outlawed the use of this serum: *The British Medical Journal*, Sept. 26, 1925, page 578, says:

"On the advice of professor Piruquet, active immunization of school children against diptheria with toxin-antitoxin has been forbidden in Austria.

In 1919 a similar thing happened in Dallas, Texas. Forty "severe reactions" with ten deaths from acute myocarditis (heart disease), resulted in the H. K. Mulford Company paying damages to the extent of \$78,000 in 69 suits. This case was also white-washed as an "accident."

In 1924 at Concord and Bridgewater, Mass., other groups in schools suffered severely. The white-wash in these cases was that the serum had been allowed to freeze before using. In 1926 when the famous publicity stunt was pulled off, whereby, a dog team carried serum over land to Nome, Alaska, which did not have an epidemic of diphtheria and which knew nothing of the Herculean efforts to save it, it was explained that freezing the serum does not damage it.

In July 1929, little ten-year-old Anna Voight, New York City, died a few hours after having received an injection of anti-lockjaw serum for a slight wound she had received. In his report, the Assistant Medical Examiner, Benjamin Vance, M.D., gave the cause of death in these words: "Sudden death following administration of antitoxin."

An article in the *Daily News* (New York), of Aug. 15, 1953, lies about the killing of Pfc. John Moccia, of New York City, when it says in an effort to shield the serum, that "it was a dog bite which got Johnny." This twenty-three year old soldier died on the morning of Aug. 14 of encephalitis caused by anti-rabies shots. It was the medical profession that "got Johnny," as they get thousands of others with their damaging and killing methods of preventing and curing disease."

Bitten on the hand by a dog on Aug. 3 anti-rabies shots were started the following day. These are said to have been followed by a "mild reaction," that is, mild

symptoms of poisoning. He was sent home and then "trouble struck hard." He was rushed to the post hospital where he died. The fact that they thought he was out of danger and sent him home reveals how little they know.

The *Daily News* story says that "an examination showed that Johnny had died of encephalitis. 'Only one person in 5,000 who takes rabies injections gets encephalitis, and only one victim in 1,000 of encephalitis dies,' an Army medical man said, shaking his head at the improbable thing which happened to Johnny."

It was not an improbable thing which had happened to Johnny, although these venders of pus and putridity always offer statistics to show that such killings are rare. John Moccia was killed as certainly as if he had been shot down in Korea. He did not die "of a dog bite" as the *Daily News* said, but of vaccine poisoning. Had he never had the anti-rabies shots he would still be alive and as sound as the Army permits its men to be. Why the shots? Is there a physician in the U.S. today who does not know that rabies is a myth? Is there a physician in the whole world who does not know that all vaccines and serums are dangerous, frequently very damaging and sometimes fatal? Do they not all know that every vaccine and serum is without value? Do they not all know that the vaccine and serum practice is as great a racket as the blood-transfusing racket that is still being farmed by the Red

Cross, "to save a fighting man's life" after the Army has discontinued using blood? Rabies! Hydrophobia! Mad dog! Myths that are kept alive for the money that is to be made out of them. How long will a misinformed and cowed public continue to permit itself to be exploited by soulless scoundrels in this manner?

Did I but have the space, I could give the reader accounts of numerous such cases, since it has become the custom to inoculate everyone with tetanus antitoxin for every pin scratch, nail prick, burn, and to do the same for parturient mothers.

Death and damage comes from all serums. On May 14, (1930) news came from Germany, of the death of 8 babies, in the Luebeck home for infants, and serious illness of 24 others, caused by inoculation with a tuberculosis serum from cows. Deaths continued to occur until on June 4, the news from Luebeck stated that: "Two infants died today, bringing the toll from administration of anti-tubercular serum to twenty-eight persons. Many others are not expected to live." On June 18, news came from Luebeck that "deaths from inoculation with anti-tuberculosis serum here have reached a total of 41, eighty-five infants are ifi." On June 26 the death-toll had reached 44 and eighty-two others were ill.

Killed them to save them! And the process goes on. Parents are indifferent or apathetic. Law makers wink

their eyes and grant licenses to more men to carry on the same practices, while aiding in persecuting Christian Scientists, Chiropractors, Naturopaths, *Hygienists* and others.

The serum employed was that concocted by the notorious Calmette, of France, the B. C. G. vaccine that is said, though falsely, to prevent tuberculosis. This vaccine has left a trail of disaster behind it wherever it has been used. It does not and, of course, cannot protect from tuberculosis. The only prevention of tuberculosis is scrupulous hygiene. Given this and no one need fear the disease. Not even children of tubercular parents, though in constant association with them, will develop tuberculosis, if they are cared for hygienically.

In St. Louis, Mo. in the Fall of 1901, eleven children were killed and scores injured, by prophylactic doses of diphtheria anti-toxin. This is the serum that is supposed to cure diphtheria. It has never saved a single case. On the contrary, as I have shown in *Serum Poisoning A Medical Crime*, it increased the death-rate; and it is only by skillful juggling of statistics that it can be made to appear to have lowered the death-rate.

When wholesale deaths follow an orgy of inoculations, it is customary to blame the deaths on faulty serum. As an example of this, there was the large number of deaths reported in Japan in

December, 1949 following inoculation with diphtheria anti-toxin. On Dec. 30, the press reported 64 deaths and 900 ill from the inoculations. The inoculations were halted, while the serum was being investigated. I do not know how many more of the 900 who were ill also died, nor how many of them were left with serious after effects. The press did not find this matter to be "news."

But all deaths from inoculations and all serious disease resulting from these inoculations are not due to "faulty serums." On the contrary, in every orgy of inoculation, as in the army, many serious troubles arise and deaths are often reported. In these instances, "faulty serum" is not blamed—only when several deaths and much serious sickness follow do they find the serum to be "faulty." But all inoculations give rise to troubles ranging all the way from slight, transient trouble to instantaneous death from *anaphylaxis*. In many instances, serious permanent organic impairment has resulted.

Despite all of this injury and danger, parents might be justified in taking a chance with the health and life of their children, did the inoculations actually prevent the diseases against which they are directed. But there is not a shred of unequivocal evidence that any vaccine or serum will or can prevent any disease or render it milder.

The *American Medical Journal*, March 16, 1929 tells us that two Chicago physicians sent out a questionnaire to 4,426 picked medical men, asking their opinions on vaccine and serum therapy. Some 1,261 physicians replied. Their replies are described as "exceedingly unfavorable," while over 90% of those replying state that they do not employ vaccines and serums. They say: "Of the 396 physicians in the list who answered as members of the Congress of American Physicians and Surgeons, not one considered the use of vaccines a superior method of treatment of infectious diseases."

In Oct. 1925 an effort was made to introduce toxin-antitoxin into the public schools of London, England, as it has been introduced over here. The London County Council referred the matter to their "Public Health and Education Committee." This Committee rejected the proposal, saying, among other things, "it is not advisable" because "these lines of investigation (of toxin-anti-toxin) should be thoroughly explored before further consideration is given to the immunization of school children."

That toxin-antitoxin does not immunize against diphtheria is certain from many facts. Sir George Newman, Chief Medical officer of the British Ministry of Health, says in his 1927 *Annual Report*, page 188: "Owing to the few months which must elapse from the time of inoculation until the child is sufficiently protected to resist an attack of

diphtheria, this type of inoculation has no immediate effect in checking an epidemic. How long immunity lasts cannot be determined. Three doses will produce full immunity in 80 or 90 per cent of the children."

Not over 15% of children ever have diphtheria, even during an epidemic. If the inoculation only "immunizes the 85% to 90% who would not have diphtheria anyway, why give it?

Dr. Peters, lecturer on infectious diseases, University of Bristol, says that one of his fever hospital nurses, who was not allowed in the diphtheria ward until six weeks after the last two or three doses of toxin-antitoxin, developed diphtheria, and two other nurses developed diphtheria while being immunized, but who' were not in contact with any known case of the disease. His opinion, based on his hospital experience, he states as follows:

"1. You can have diphtheria after you have given a negative Schick test." (Proving the test to be unreliable).

"2. You may not be particularly susceptible even if you give a positive Schick test." (Proving the test to be utterly worthless).

"3. You can have the disease even if you have been immunized." (Proving that the immunization process does not immunize.)

Dr. Joe, of Edinburgh, states that he personally knew of 33 children who had diphtheria after they had been immunized—*immunized!* Hundreds of such examples have been reported.

Compare this with the fact that the cities of Lasalle, Peru and Oglesby, Ill., were reported, in *The Illinois Medical Journal*, Nov. 1929, p. 337, by Arlington Ailes, M.D., Health Director of these three cities, aggregating 30,000 people, not to have had a case of diphtheria in two and one-half years and not a death from this disease in three and one-half years, with the use of toxin-antitoxin ‘practically nil.” Their neighboring city, Chicago, where toxin-antitoxin has been lavishly used showed a rise in both the case rate and death rate. "In 1928 it (diphtheria in Chicago) again increased over 60 percent and nearly 100 percent in mortality." Let them find an alibi for these facts if they can. But you save your children from the dangers of all serums and vaccines.

Commercial Medicine

CHAPTER III

I am an incurable idealist and a chronic optimist, but I am not able to shut my eyes to what I see going on around me. I don't believe in looking always on the "bright side" of things and refusing to examine the darker side. In the human garden there flourish some mighty foul weeds, most of them cunningly disguised, that need to be looked at and destroyed.

Ours is a system of pig-ethics. I do not mean by this merely our love of wallowing, but include also our selfishness, our game of grab and stab. Modern business of all kinds is just such a game, cleverly disguised, though it often is, under a pretense of philanthropy, service and idealism. At the root of business, and supplying its motive power is a sordid commercialism that does not hesitate to trample the most sacred things of life, even life, itself, in the mud and mire to attain its selfish ends. Idealism can make little or no headway in our world until these pig-ethics are destroyed. For our pig-ethics employs idealism, not as a working principle, nor yet as a way of life, but as a cloak to mask the ulterior motives of the fraud and the cheat.

Some years ago a large drugless sanitarium, located in Battle Creek, offered stock for sale. The heads let it be known that they expected to pay dividends amounting to returns of twenty per cent, upon the investment. Think of this! A professedly humanitarian institution run on the same basis as a steel mill, or a public utilities corporation! Besides providing a fat living for the actual workers in the institution, they could pay large dividends to absentee owners. Does it not look as if the sick, with one foot in the grave, were going to keep the healthy on easy street.

This shameless exploitation of the sick and dying is carried on by every so-called school of healing on earth. Then, when a patient dies, the undertaker

comes, with the same commercial motives, the same pig-ethics, and while the grief-stricken wife or husband, mother or son feels that there is nothing that he or she would not do for the beloved deceased, takes a mean advantage of this emotional state and holds them up on a fashionable burial.

In more recent years the shameless exploiters of human life and health, not content with the profits they were deriving from their abuses of the actually sick, have found ways and means to exploit the non-sick as well. As of old, this new form of exploitation hides behind a smoke-screen of altruism; the exploiters are doing it all for the good of humanity, for the public health, for the protection of our children, etc. Medical science is a form of madness from which few medical men ever recover. Backed by commercialism, this madness runs rough-shod over, the life and health of the people.

Few of us ever stop to consider the power of slogans in their effect upon the mob mind. "To Hell with Autocracy," "Down with the Kaiser," "Berlin or Bust," "Make the World safe for Democracy," "Work or fight," "Bonds or' Bums," or "Bonds or Bread Lines," "Republicans and Prosperity," "Democrats and Disaster," "Save the Children," "Buy a Tag," "There's a reason," "A Baby in every bottle," etc., *ad infinitum*, *ad nauseam*, are only a few of the soul stirring slogans that have helped to make this republic what it now is.

We are misled by these cheap slogans and have come to "think" in slogans and act in slogans. The man or woman who has a sincere and intense feeling towards humanity, a feeling that constitutes a religion in itself, and which is too broad and deep to exist in the narrow confines of any creed and too strong to be devoured by the greeds of the time, must look on this spectacle with hatred and disgust.

Huge sums of money are collected to feed and clothe and care for the suffering and needy in foreign lands. What for? So that big business can sell its goods to these needy ones. It is a game of you pay for my goods and I'll ship them to the hungry in China. Organized charity is a cold, soulless business; a system of exploitation as much as any of our departments of big business.

Religion, whether called by one name or another, whether labeled *theism* or *atheism*, is profitably exploited by those who want to keep their hands soft and white. The exploiters in all fields prattle their idiotic platitudes about brotherhood and service, while going through the mechanical motions of their pet religion (?), where they curiously find sanction for it all, while shutting their eyes and ears to the solemn truth that they have humanity nailed to the cross.

I am not as much interested in the adults on this cross as I am in the children. If the adult population of this world allow themselves to be bullied and beaten,

deceived and cheated, maimed and killed by the exploiters, they have no one to blame but themselves. They have but to rise in their collective might and these exploiters will desert their positions like rats leaving a sinking ship. Neither are the exploiters as much interested in the adult, except as the one who pays the bills, as they are in the children. We have just about turned our children over to them, body, mind and soul.

The physicians are moving heaven and earth to increase their incomes, and they insist that there is a steady falling off in patronage due to the fact that the public, in ever increasing numbers,, is turning to the other and newer schools. Costs of living are mounting, it costs more time and money to acquire a medical education and competition from without their ranks has made them desperate. They have tried, by every foul means—persecution, prosecution, slander, misrepresentation, lies—to destroy competition, but its growth has been steady despite this effort.

The profession is honeycombed with graft and corruption and thoroughly imbued with the spirit of commercialism. Commercial surgery, compulsory medicine, lying propaganda, fear and every foul means of drumming up trade are employed to increase their incomes. The *Journal of the American Medical Association*, Nov. 4, 1922, prints an address by Dr. W. S. Rankin. Sec. of the North Carolina State Board of Health in which he says:

"Last year we inoculated 70,000 persons against typhoid fever and 1,000 children between six and twelve years of age against diphtheria. The county Commissioner paid the local practitioners 25 cents for each complete inoculation, and that was \$20,000 which went to the profession last year which otherwise would not have been received. The work of the medical profession with the State Board of Health does not stop when the \$20,000 is paid. It goes on. In the dispensaries which were conducted in Union County, North Carolina, with 35,000 people, the physicians vaccinated 10,000 people in a campaign of five weeks. That was \$2,500 paid to twenty physicians—only \$125 each, but think of the effect on the business of the profession in keeping up that work. It goes on."

Does the last statement refer to the business the physician will receive from those who are made sick by vaccination? At least, he emphasizes the doctor's business and the increased income to him through state medicine,

In a paper entitled *Medical Practice and Public Health*, read before King's County (N. Y.) Medical Society, March, 16, 1926 the Hon. Louis I. Harris Dr. P. H., M. D., Commissioner of Health of the City of New York, said: "In school work we have felt rather self-satisfied and smug. During the last eighteen years, the health department has conducted the examination of children, generally without any

competition from or by the medical profession. This indicates a lack of understanding by family physicians of the glorious opportunity for service which they are missing. It is no new thing that I mention. *You have heard it time and again.* When we, in the health department send home a physical examination blank, a very simple and rudimentary one at that, and ask the parent to take the child to a physician to be examined, then, assuming that the parent follows our instructions, the physician fails to *capitalize* the opportunity." (Italics mine.)

The reader will readily see that the Board of Health is here trying to build business for the physicians, and Harris tells these physicians that what he is saying to them has been told to them time and again. But they don't seem to be so enthusiastic about it. Evidently not all physicians are as unscrupulous as the political medicos in the Boards of Health.

Mather Pfeiffenberger, M.D., president of the Illinois State Medical Society, in a speech before the annual Conference, Illinois Health Officers, Springfield, Ill., Dec. 3-4, 1926, said: "Prevention practiced to the uttermost will create more work for the physician and not diminish it, for the full time health officer will be educating his community constantly. There will be more vaccination, more immunizing, more consulting and use of the physician. His services will be increased many fold.

"I am informed that epidemic and endemic infections cause only 12 per cent of all deaths and that this percentage is declining very rapidly. Only 15 per cent of all children would ever get diphtheria, even under epidemic conditions, while 100 per cent are prospects for toxin-antitoxin. The percentage who would ever get smallpox, under present time conditions, is even less; but 100 per cent are prospects for vaccination. Scarlet fever will soon come in for its 100 per cent also, as it may for measles, judging from the reports on that disease. Typhoid fever is disappearing, due to sanitation, but vaccination should be used when the individual travels into unknown territory and countries." Thus another medical leader tells physicians how to increase their incomes by exploiting the children and non-sick adults.

Guy L. Kiefer, M.D., Commissioner of Health of Michigan, says in the *Journal of the Michigan State Medical Society*, Aug. 1928:

"In this state there are 100,000 people born annually. They are practically all susceptible to diphtheria from the moment they are born. They are highly susceptible from the age of six months until they are immunized. If these infants were all immunized, and for this service the physicians receive from \$5.00 to \$10.00 per case, the net income would be from \$500,000 to \$1,000,000. Michigan has 5,000 cases of diphtheria annually. If the physicians received for their services, exclusive of all other costs, an average of \$50.00 per

case the income from this source would be \$250,000. *The increase in physicians income from diphtheria would be from one-quarter to three-quarters of a million dollars*, if we would immunize all children against this disease soon after they are six months of age, instead of waiting until they are stricken with the disease and then treating them.

"Some maternity hospitals are vaccinating with vaccine virus all babies born in their institutions. Babies under ten days old very seldom have any general reaction and the immunity usually lasts for the whole life-time of the individual. It is estimated that one-third of all the births in this state occur in hospitals. If all hospitals were to establish this rule as part of their regular procedure, *it would mean an addition of 30,000 immunized people in the state each year and an additional income of at least \$60,000 to the physicians or hospitals.*

"When the 100,000 people born every year in Michigan are vaccinated against smallpox at birth, the income to the physicians would approximate \$200,000. The 500 cases of smallpox that occur every year, treated at an average of \$50,000 per case, bring physicians \$25,000. *Thus the physicians, by adopting the practice of vaccination at birth, would increase their income by nearly \$200,000.*

"We have taken diphtheria and smallpox as examples of the economic advantage of immunization, but the

same conditions apply to other diseases and to other public health measures.

"With the persistent educational work by the physicians and the Michigan Department of Health, these immunization programs will succeed in reducing the number of these preventable diseases and increasing the earning of the physicians who actively sponsor this modern type of practice." (Italics mine.)

In the *Brooklyn Times*, March 21, 1929, Health Commissioner Wynne, New York, is reported to have said in an address to the Optometrical Club: "Here is the answer (to the physician's economic problem). Let them take in 20 children an hour, one hour a day, 3 days a week at a charge of \$5 for each anti-diphtheria inoculation. That will bring a revenue worth while to the doctor."

Mr. Osborne, Health Officer of East Orange, N. J., in an address reported in the *Journal of the Medical Society of New Jersey*, September, 1929, points out that the physician would receive several times more by inoculating children than by treating cases of the disease.

In an editorial, Jan. 1930, the *American Journal of Public Health*, points out in dollars and cents how much money physicians would receive from inoculating babies and adds: "There are of course four times as many preschool children as babies, and ten

times as many school children. The opportunity for increasing practice by carrying on immunization among the preschool and school populations in the physician's clientele offers an almost unlimited field."

Dr. Vander Veer says, in a discussion reported in the *Journal of Medical Society of New Jersey*, February, 1930: "Dr. Wynne, Health Officer of New York City - gave me a clue to the subject of economics in which he said that we doctors had been going along the same old lines and had not created any new business, so I finally evolved this as a slogan in New York State: We cannot get away from the lay organizations, therefore we will lie down with them and ask them to provide means for carrying on the health programs and we are going to benefit ultimately from the periodic health examinations by an increased income. As a concrete example, take a town of 3,000, if only 200 come to us for examination at \$3.00 each that would be \$600 that would accrue to be divided among the doctors; if 100 came for examination at \$25.00 each there would be \$2,500 to be divided.

Vander Veer gives more statistics about the fees they would receive and then says: "That is the thing that strikes home to our doctors in New York State." Thus the reader will see that I am right in saying that physicians are using the various lay organizations, Parent-Teacher Associations, etc., to build business

for them. The Red Cross has long been a tool of these men.

In the early part of 1930 one of my readers sent me a news clipping from the *Cincinnati Times Star*, headed *Health Work Aids Doctors*. It said "thousands are sent to physicians as result." The whole article is as follows: "Are 'socialized' health agencies preventative and curative, bringing lean times and reducing the number of physicians and other private health workers?

"Do public clinics, public hospitals and public health departments affect the income of physicians, surgeons and dentists?

"These questions, presented Saturday to Health Director William H. Peters, brought the declaration that in his judgment the only effect was that practitioners had to modify their activities.

"Dr. Peters pointed out that when Cincinnati purified its water there was an almost entire elimination of thousands of cases of typhoid fever and other water-carried diseases, treatment of which gave an immense revenue to physicians, nurses and others.

"On the other hand Dr. Peters said the medical inspection of schools by publicly employed district physicians aided private practice. Thus the inspectors discover defects in children, which are reported to parents and thousands then take their children to the family physician or a specialist.

"The public drives for the immunization of children against diphtheria brought a great revenue to private practitioners. There were about 35,000 children treated and of this number about fifty-four per cent by private practitioners, or about 19,000. At \$5 a treatment the revenue would be \$95,000. Annually there are about 7,500 children to be so treated. This work gives a revenue far in excess of what the treatment of the disease yielded, said Dr. Peters.

"So he said, the agitation for annual general physical examination in his opinion, has resulted in thousands of persons resorting to their physicians, surgeons and dentists to be examined.

"Dr. Peters said it was requisite for physicians and other health practitioners to 'reconcile themselves to the age.' He said more should go in for preventative medicine and all should recognize how public health activity stimulated persons to mind their physical and mental condition and thus helped the private practitioner.

"Dr. Peters said it was true there were some physicians in this community who complained of the 'inroads' that 'socialized' medicine was making on their incomes and that there were perhaps some who actually were affected. He declared that there were compensations that in the mass more than canceled such instances."

This accounts for the growing interest on the part of physicians and health boards and serum and vaccine makers and dentists, in so-called *health education*. They are bent on increasing the business of the physicians and dentists and the sale of more vaccines and serums.

Inspecting the school children increases the work of physicians. It is done the country over. Not merely the school child, but the pre-school child now comes in for this form of exploitation. Here in San Antonio, for instance, The Parent-Teacher Association sponsors medical examinations of the pre-school child. Tonsil operations and other operations, eye-glasses, serums and vaccines and other forms of vandalism and poisoning follow these examinations and the physicians of the city are enriched in purse.

Medical inspection of school children is a means of boosting business for physicians. The inspected children are brow-beaten abused, bullied and "ragged" to have their tonsils removed and toxin anti-toxin inoculated into them, by the incompetents who are placed on the school board. These physicians do nothing useful; but do much to injure the physical and mental health of children, besides greatly annoying parents and teachers. But the practice will not end until parents kill it.

A few years ago, the Bronx County Medical Society, through one of its Bulletins, expressed its resentment

against the extent to which the toxin-antitoxin campaign had been pushed in New York City. Health Commissioner Wynne, in the *Weekly Bulletin* of New York City Department of Health, of July 19, replied that "The plan followed by the Dept. of Health should evoke nothing but commendation. It provides a simple, inexpensive, effective and entirely ethical method whereby the general practitioner can secure additional practice." Such is the altruism of these great public spirited physicians on the Boards of Hell (th).

Wm. A. Rohlf, M.D., President-elect of the Iowa State Medical Society, said in his official address at a meeting of that body a few years ago: "Allow me to quote from a letter received from Dr. Steel-smith: 'For the five year period preceding the State Department's Education toward diphtheria immunization, namely, the five years preceding 1923, there occurred in Iowa more than three thousand cases of diphtheria each year. Many of these cases were not seen by any medical practitioner, but the average revenue as computed by statisticians signifies that the physicians of the state of Iowa received in cash approximately \$20 per case for the treatment and cure of diphtheria for each of the five years preceding that state-wide anti-diphtheria program. This would result in physicians of the state receiving approximately \$60,000 for such work each year incidental to diphtheria.

"Now in comparison to that, allow me to suggest that there are approximately 44,000 children born each year in Iowa. For the sake of figures, we will say that the average price for immunization would be \$3 per child. If the physicians would interest themselves in preventative medicine and see to it that every child is treated before he is a year of age they would see clearly that from such practice the physicians of the state of Iowa would receive \$132,000 a year, or twice as much as you and I received years ago for treatment of cases."

Rohlf adds: "There is still much to do in the way of bringing about ideal conditions through vaccination and immunization, The role of local infection has opened up other avenues for our activities.

We should be personally interested, and, as physicians, assist in the examination and' treatment of school children."

These men plan ways of doubling their incomes and come to the public with the plea that they are sincerely interested in the health and welfare of our children and that they put over their income-increasing programs for the health of our babies and for the welfare of the school children. They are as cold-blooded as any class of criminals on the whole earth. Indeed, I know of no other class of criminals who live by crippling, maiming and killing babies and children.

It is asserted that there are 1,454 formally organized state and local tuberculosis associations in the United States. The organizations affiliated with the National Tuberculosis Association spent in 1928 at least \$6,196,376.98, the major portion of which was secured through the sale of Christmas seals. All of this begging by Tuberculosis Associations is to create jobs for physicians. Their work is admitted to have no influence on tuberculosis.

A Red Cross officer said to the victims of the Mississippi Flood, as reported in the *Savannah (Ga.) News*, June, 14, 1927: "From now on your meal tickets are canceled until you can show your vaccination scar." A similar order was given by this same disreputable organization in a later flood in New England.

People give freely of their money and goods to help the victims of calamities, and the medically controlled Red Cross uses that money to buy serums and vaccines, and pay incompetent physicians and uses the plight of the victims as a club, to make them submit to medication they do not need and do not want. The Red Cross can never have a penny of the author's money and I shall use all of my influence to prevent others from donating to its system of graft.

The so-called "mental hygiene" movement, which seeks to become a regular part of our public schools, is a commercial move, composed of the usual surgical

and serum methods. The movement has among its heads several men who have been convicted of crimes in their care of the insane and men who are notorious for their extreme cruelties to animals in vivisection work. This is an extremely dangerous move and should not be permitted to touch the children of this country, who are surely suffering enough, at the hands of the medical moloch.

Of the same unholy and commercial character as the tuberculosis society and the Red Cross are the Foundation for Infantile Paralysis, the Society for the Prevention and Control of Cancer, the Damon Runyon Cancer Fund, the Arthritis Society, the Heart Association, the society to aid Crippled Children and similar panhandling organizations that regularly rattle the cup on the streets and in the press of the country. These various organizations collect many millions of dollars yearly from a generous and well meaning, but uninformed people, spend the major portion of the money in fat salaries and overhead or administration costs, spending much of it to pay for cruel and futile experiments on animals (research) and precious little of it for the purposes for which it is given. Like all organized charity, these things are soulless rackets.