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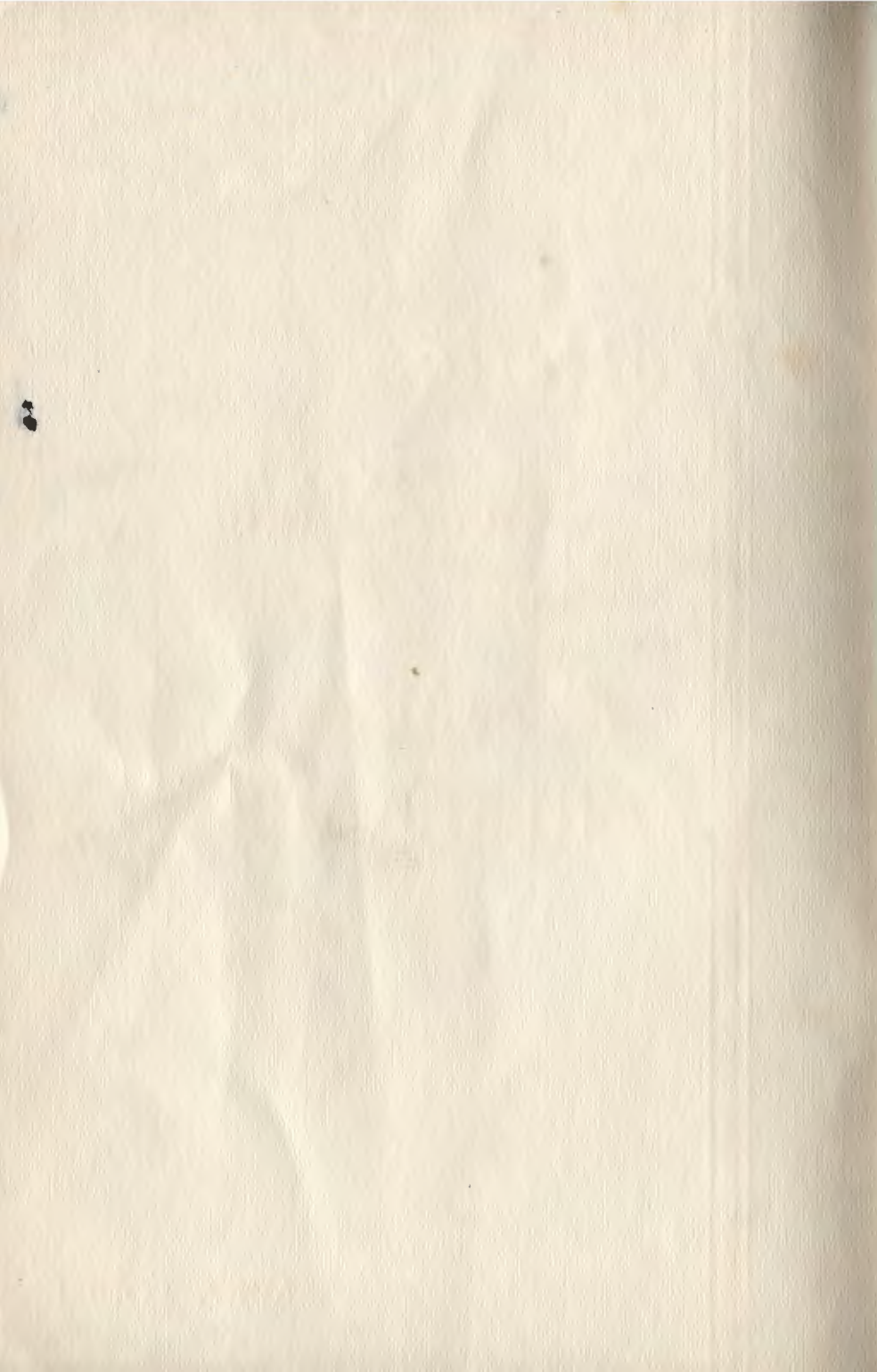
From Polio

AND

ANIMAL

RESEARCH

MIRA LOUISE



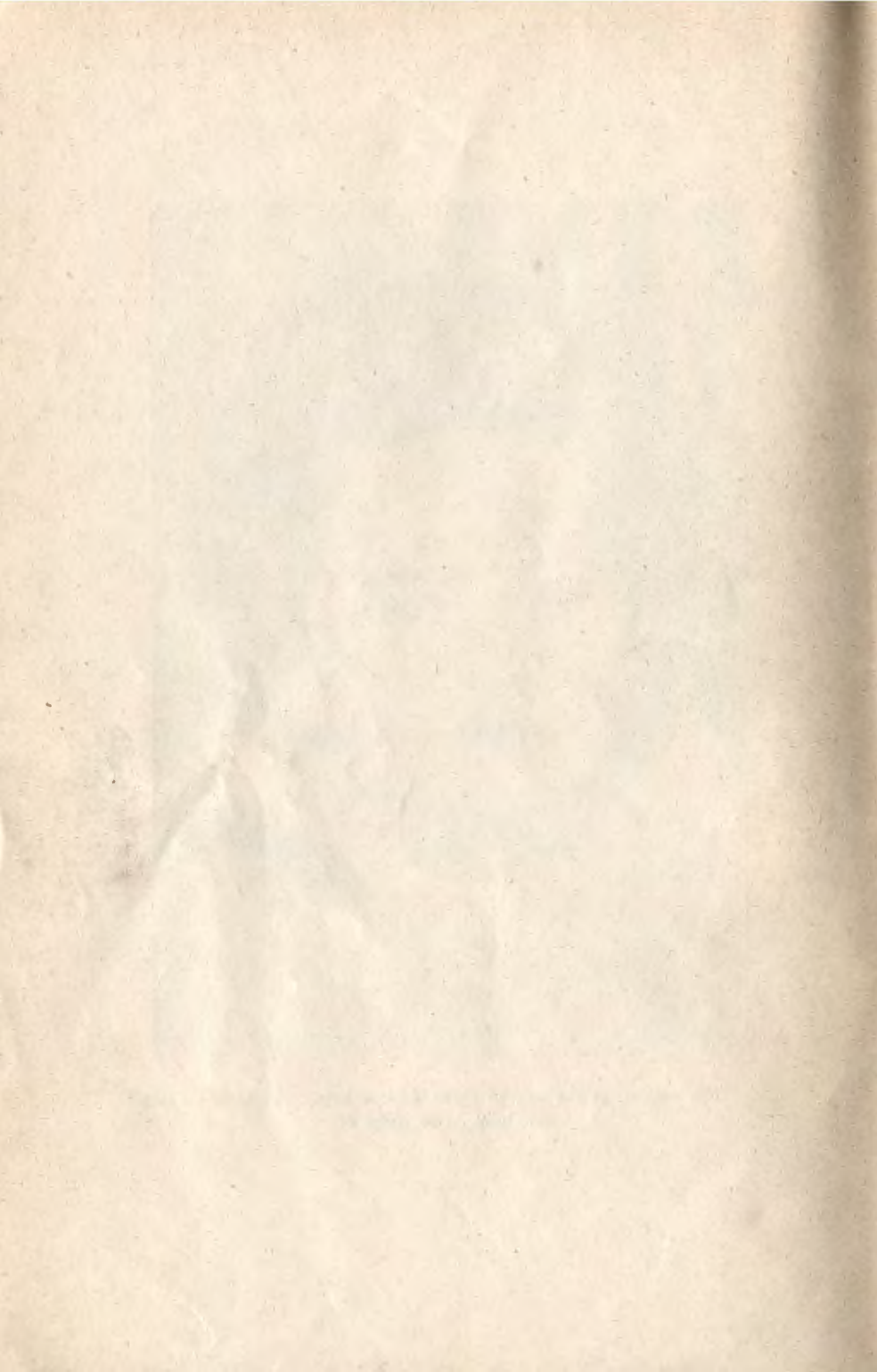
Protection
From Polio

and

Animal
Research

Mira Louise

Adelaide, South Australia . . . April, 1956



BOOKS BY THE SAME WRITER

THE DAWN OF CONSCIOUSNESS
NERVES, MIGRAINE, AND THE PITUITARY GLAND
WHAT TO DO FOR FUNCTIONAL DISORDERS
THE BOOK OF HEALTH
THE BETTER-WAY COOKERY BOOK
FLUORIDATION—THE POISONER
BIOCHEMISTRY FOR THE PEOPLE
ALKALINITY, THE BASIC PRINCIPLE OF LIFE
BUILD YOURSELF A VITAL BODY
THE MENACE OF COWS' MILK
THE NEW ENSLAVEMENT
TWO BOGIES BANISHED
SPOTLIGHT ON TONSIL TROUBLES



This photograph of the author was taken just prior to her fiftieth birthday.

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This photograph of the author is inserted as a personal protest against the "perversions of Pasteur" in the form of pollution by vaccination of innocent children under the guise of medical science.

PROTECTION FROM POLIO—AND ANIMAL EXPERIMENTATION

INTRODUCTION

With the threat of world-wide mass vaccination against poliomyelitis ghoulishly stalking in the background, I am besieged with letters from far and wide asking for information concerning the Naturopathic viewpoint, and if possible the Naturopathic treatment.

What is the cause of Polio? I am asked. And, is there a way of protecting our children against this dread complaint except by vaccination?

Enlightened parents have noticed that in the blatant fanfare of front page propaganda of the serum trusts, per medium of the misguided health departments of the world, *not a whisper of the cause, or the probable cause, of polio has ever been allowed to reach the public ear.* This hush-hush has aroused suspicion and led people to believe that the dramatic "DRIVE TO END POLIO" is nothing more or less than high pressure sales talk to condition the people and "sell" sera injections to a bewildered, publicity-stupified public.

Before outlining some of the contributing factors in the causation of what has come to be known amongst Naturopaths as a nutritional deficiency disease (an avitaminosis), plus damage to the liver and other organs, including the nervous system by injections of bacterial content into the blood stream such as those used in immunisation against diphtheria and whooping cough, etc., let us examine a few facts relative to the high-handed methods employed by the vaccinationists in furthering their own cause. Readers will then know what they are up against. I warn you, however, that the facts are not pretty.

As I am writing this in the middle of a severe heat wave, I have no time and less inclination to gloss over the sordid intrigues or the blatant lies and wilful misrepresentations, or to condone for a fraction of a second, the insensate cruelties of the arch-fiends in the vivisectors' horror camps, i.e., the animal experimenters or Scientific Research department, all of which are associated with and are an integral part of the vaccination racket.

Nor do I see any just reason why I should not expose the powers-that-be for starting a new "industry"—that of crippled bodies and living on the proceeds thereof.

This new "industry," spawned in ignorance and greed of a type that makes an honest man turn in loathing from the ones concerned, can only be maintained by suppressing the knowledge that *the most acute cases of polio can walk out of the Clinics in normal health, without crippling of any kind, in from three to seven days, if correct treatment is administered.*

This means, in any part of the world, and in any language, that almost every death that occurs and practically every case of crippling by polio is due to orthodox drug methods. Firstly, for misleading "advice" regarding diet and other hygiene by the so-called Health Departments working hand in glove with Big Business, and secondly, to incorrect treatment—or no treatment at all—in orthodox drug hospitals.

For those who have not attended my lectures or read any of my books, I am inserting three photographs of myself.

The first portrays a normal healthy child of three. One hot day, not long after this photograph was taken, I was vaccinated against smallpox, a disease I had not the remotest chance of contracting. Marasmus, with the characteristic wasting of the tissues, followed immediately, due, of course, to Toxic Hepatitis from the poisoning of the liver with the bacterial elements in the filthy lymph. For ten months or more I was carried around on a pillow, with bones almost protruding through the skin, unable to walk or even crawl and too feeble to speak.

When it seemed that emaciation could go no further and that I would surely die, there came to our home in the middle north, a lonely, much undersized boy of twelve who had absconded from an orphanage many miles away. My father took him in and the boy instantly adopted me. And with the god-like devotion of which only a lonely child is capable, he guarded me in every way, fanning me throughout the long hot nights, coaxing me to eat "just a little bit of this or that," and, I believe, unconsciously stimulating the will to live with the nonsensical pantomimes which he staged for my benefit.

Eventually, unknown to my mother, my sister gave me a small billy of wheat that had been boiled for the chickens. My mother said that I ate the lot! That night, the whole family sat up, taking turns with the fan, watching and waiting for the Grim Reaper to come and collect the most pitiful wisp of humanity in a superstition ridden world. But, as many people may have noticed, I didn't die.

The Reaper, not so grim after all, probably had other plans.

However, after stealing the chickens' wheat as often as I could, I crawled out into the fiercest midday heat—also as often as circumstances permitted, I joined the chickens in their dust baths, thus making my skin act in true Turkish bath fashion.

In time, I learned to walk again.

The second photograph, taken just before my fiftieth birthday, shows little of the prolonged struggle that went on throughout the years to overcome the damage to the liver caused by the lymph poisoning. The countless fasts . . . the recurring sinus involvements . . . the long weeks and months of "incurable" bronchial conditions . . . the encroaching arthritis . . . the semi-

paralysed leg muscles, unsuspected by every practitioner who attended me . . . the innumerable falls and the days of shock whilst recovering . . . the distressing croupy cough that persisted almost into middle life . . . and the many years of sleeping in cold compresses as the only relief from the constant pain in the lumbar regions . . . etc., etc., are mentioned in the hope that parents will appreciate the unnecessary suffering these short-cut treatments in the form of immunisation injections can cause to otherwise healthy children.

I hope, too, that they will realise that I am a Capricornian and can "take" such punishments and still live to tell the tale. Others, less tenacious, may not be able to make the grade.

It may be some slight consolation to those following the rigid discipline necessary to overcome hepatitis, whether induced by injection or by any other means, to learn that those who take *short fasts and often*, live the longest and are amongst the most useful people in any community.

The third photograph, taken at the age of 63, is inserted at the request of many unknown correspondents for my latest portrait; so many want to know "what I look like."

The chief reason for my likeness appearing in this book is because it is the natural complement of my personal protest against the exploitation of innocent children and the wanton sacrifice of helpless animals under the cloak of "Scientific Research" and its offspring, vaccination.

Not only must the children be protected against a system that has long since outlived its usefulness, if it were ever useful, but the animals must be cared for as well.

With J. Russell Lowell, I contend that

*"They are slaves who fear to speak
For the fallen and the weak.
They are slaves who will not choose
Hatred, scoffing and abuse
Rather than in silence shrink
From the truth they needs must think.
They are slaves who dare not be
In the right with two or three."*

STOP PRESS

As final proof that the anti-polio vaccination scheme is nothing more than a vast money-making scheme from which no one can derive any benefit except the serum vendors, the needle men, and the vivisectors, I will quote from a magazine which arrived from America a few days ago, *containing information of which our authorities must be well aware.*

The American Capsule News, published in Washington, D.C., on October 15th, 1955, issued the following statement:

REPORT ON SALK VACCINE. Those who hopefully believed the sales talk of Salk vaccine vendors and the National Foundation for Infantile Paralysis are disillusioned and disappointed. Far from wiping out polio, it apparently has increased it in many States and cities. Those mass inoculations we were led to believe would wipe out this dreadful malady . . .

But the records show the exact opposite.

An Associated Press despatch from Boston, August 30th, reported 2,027 cases of polio in Massachusetts against 273 the same time last year. In Connecticut, 276 against 144. In New Hampshire, 129 against 38. In Vermont, 55 against 15. Rhode Island, 122 against 22, and Maine, 74 against 43 the same time last year.

The mendacious New York Times not only suppressed this news but substantiated an inspired yarn intended to mislead its readers, this: "The Boston polio outbreak is past its peak, although 12 new cases were reported today."

Washington, Saturday, September 20th, said 180 cases had been reported in the nation's capital this year, as against 136 last. Maryland's Health Department says 189 against 134 at the same time last year. New York City, 377 against 206. New York State, 764 against 469, and Wisconsin, 1,655 against 326 the last year.

Milwaukee Journal for August 30th reported that the city's public schools would close indefinitely because of the polio outbreak. Supt. of Schools Krumbiegel, in a desperate effort to "reassure" parents, told the Journal that, while polio might be bad in Milwaukee, it was worse elsewhere. He pointed out that there were only "26 cases per 100,000 population in Milwaukee," whereas Outgambie County's record was 286 per 100,000. Madison City's was 90, while Brown and Winnebago counties were "several times larger than Milwaukee's."

300,000 DOLLARS CLAIM FOR DAMAGES

On March 19, 1956, while our authorities were still covering up for Salk vaccine, "The News" reported that a San Franciscan and his wife had filed a 300,000 dollars (£134,000) damages suit, claiming that the wife had contracted polio from her sons, who were inoculated with Salk vaccine.

26 Deaths from Polio in Buenos Aires in 17 Hours Ending March 13, 1956

As a final blow to the vaccinationists comes the information, published by the "News," Adelaide, 13/3/56, that in Buenos Aires—"Twenty-six deaths from polio have been reported among 141 new cases registered in the last 72 hours, the Health Ministry said today. Outbreak began in 1955 and 1,488 cases reported with 138 deaths since then." (My emphasis.)

If Salk vaccine had been able to fulfil all the wild promises made for it, surely Buenos Aires would have used it?

But maybe this outbreak is the result of last year's mass vaccination?

With so much at stake for the vaccinationists, it is a wonder they allowed this vital piece of information to be published, but, like the tiny error in the otherwise "perfect crime," it probably slipped through unnoticed. Someone in the publicity department of the racket is going to get into a lot of trouble over this last-minute exposure of the whole network of lies and half-truths served up to us during the past 18 months.

One thing is certain. After reading of the Buenos Aires fiasco, only fools and morons would dream of having their children vaccinated.

Fortunately, those who make up the great rank and file of the populace are neither fools nor morons; all they ask is to be told the truth.

When the facts are made plain, they are quite capable of making a wise decision on this or any other important subject.

THE "SCIENCE" OF ANTI-POLIO VACCINE

To begin with, the results of the test inoculation of 1,800,000 school children in America in 1954 were not expected until April, 1955, *yet in February, 1955, two months ahead of schedule*, Dr. Caughey, associate professor in neurology at Otago Medical School, New Zealand, is reported to have stated that *it was almost certain that the American tests would be announced as successful*.

We would like to know if the authorities were jumping to unwise conclusions or if the term "*announced as successful*" had a special significance. Surely the time honoured policy of "wait and see" would have been more commendable and, incidentally, more scientific.

Another newspaper informed us that of the three major types of polio virus which had been isolated, Lansing is considered the second most common and deadly. Work done at Lederle Laboratories with the Lansing type of monkey gave *reason to hope* that a strain of virus *may be developed* that

would establish good cross-protection between other strains of polio.

(Just quietly, the *reason to hope* and the *may be* are a little too indefinite for us to take the risk of mass vaccination for our children.)

THE MYSTERY OF THE 63 INGREDIENTS

Then, when we turn our searchlight upon the way some of the vaccines are said to be prepared, we begin to realise that orthodox medicine's faith in the resultant "hell-broth" is either very touching or else very profitable.

Reference is made to an article which appeared on December 28th, 1954, in a North Island newspaper, entitled "NEW ZEALAND EAGERLY WATCHING U.S. EXPERIMENTS TO END POLIO," wherein experiments to produce "killed" and "living" vaccine were described.

"Killed" vaccine is produced from virus grown in a liquid containing 63 *different ingredients*, to which the minced kidneys of monkeys had been added (up to 270 monkeys being used in one Canadian laboratory in one week), while "living" vaccine is produced by passing the virus through the brains of hamsters (as many as 150 animals being used) and then infecting chick embryos, at which point the virus is *said to lose its ability to paralyse monkeys without losing its ability to produce antibodies which give immunity against polio.* (My emphasis.)

Surely such rabid superstition belongs to the Dark Ages?

It would seem that Shakespeare in his *Witch's Chorus* predicted coming events in orthodox circles.

*Fillet of a fenny snake
In the cauldron boil and bake,
Eye of newt and toe of frog,
Wool of bat and tongue of dog,
Adder's fork and blind worm's sting,
Lizard's leg and owlet's wing,
For a charm of powerful trouble,
Like a hell-broth boil and bubble.*

*Double, double, toil and trouble,
Fire burn and cauldron bubble,*

*Scale of dragon, tooth of wolf,
Witches' mummy, maw and gulf,
Of the ravin'd salt-sea shark,
Root of hemlock digg'd in the dark,
Liver of blaspheming Jew,
Gall of goat and slips of yew,*

*Silvered in the moon's eclipse,
Nose of Turk and Tartar's lips,
Finger of birth-strangled babe,
Ditch-delivered by a drab,
Make the gruel thick and slab,
And thereto a tiger's chauldron,
For the ingredients of our cauldron.*

*Double, double, toil and trouble,
Fire burn and cauldron bubble,*

*Cool it with a baboon's blood,
Then the charm is firm and good.*

Even so, Shakespeare's "hell-broth," consisting of a mere twenty ingredients, was a very bland concoction compared with orthodoxy's vaccine broth with its 63 different bits and pieces, and parents who submit their children to the witch-craft of the vaccinationists had a right to demand a list of these mysterious ingredients, flavoured with monkey's kidneys and topped up with the brain sweepings of hamsters and infected chick embryo cultures.

How very interesting that list would be!

Would it include the "dust from beneath the wardrobe"; the sputum, the excreta, the sago, the horsehair, the duck's feathers, the cat's fur or the kapoc, etc., etc., used in the treatment of another nutritional deficiency disease, or would it include something really scientific such as a little axle grease, some sump oil or a few cigarette butts?

Many people are wondering.

Special Note: A hamster is a rodent-like large rat with pouched cheeks.

POLIOMYELITIS—IS IT CAUSED BY VACCINATION AND INOCULATION?

Extracts from a leaflet, published by the Alberta Anti-Vivisection and Humane Education Society, Calgary, Alberta.

From 1947 to 1951 is four years, the time which lapsed between mention in England of the relation between inoculations and polio, and public discussions of it in the United States. But that mention initiated definite research. In the leading item in August, 1951, "Hygienic Review," Dr. Herbert Shelton says that silence followed in 1947, when the question of the responsibility of smallpox and whooping cough vaccinations for poliomyelitis was brought before the British Ministry of Health. But by 1950, two British Medical Journals, "The Lancet" and the "Medical Officer," carried full and revealing discussions of it.

The Lancet article (April 8, 1950) reported a research of an Australian polio expert, Dr. Bertram McClosky, of Melbourne Children's Hospital, who investigated the immunisation history of 375 cases of polio in 1949, which disclosed a definite relationship.

These and other findings indicate that inoculations result in severe and often lasting damage to the nerve centres, which later cause paralysis, frequently in the limb where vaccination took place. At first the British Ministry of Health played down this news but the matter received a full airing in the British press and finally the Chief Medical Officer sent out an official letter warning the Medical Officers of the possible danger and admitting that "*paralysis had been associated with mixed and diphtheria toxoid.*" In many towns the Health Department suspended inoculations during the summer.

As a result, the New York City Health Department suspended inoculations against diphtheria and whooping cough in all its 76 Child-health stations from June to October, 1951. June 12th, 1951, "New York Times" said:

"The step was taken on the basis of a preliminary report on a research started here last March, when findings published in medical journals by English and Australian scientists came to the attention of the health authorities in this country, which indicated that *of children who contracted paralytic polio, a considerable proportion had been immunised within the previous month with diphtheria toxoid or whooping cough vaccine, and the site of the paralysis was more apt to be in the limb injected.*"

On the following day, June 13th, 1951, the State Department of Health of New York issued a press statement saying that *this proneness to development of paralysis follows all injections, even penicillin, and not merely diphtheria toxoid and anti-whooping cough vaccine.*

The following extracts are taken from a leaflet issued by the Melbourne Branch of the British Union for Abolition of Vivisection, Elizabeth House, 129 Elizabeth Street, Melbourne, C.1.

In America the Salk vaccine had a set-back where it was found that children who had been vaccinated with it had contracted polio and some had died. The latest figures are that 113 people inoculated with Salk vaccine have developed polio (Sun, May 31, 1955), and some of these have died. The scapegoat was the Cutter Laboratories of Berkeley (California), although Eli Lilly & Co. (Indianapolis) had also a case or two develop the disease. Sir MacFarlane Burnet (director of Walter and Eliza Hall Institute, Melbourne) said (Herald, April 13, 1955) "the results of the American tests of the Salk vaccine were not quite so good as had been expected."

Sir Earle Page, Federal Minister for Health, said (Sun, April 18, 1955)—“Before we give anyone injections of the new Salk anti-polio vaccine we must know more about it . . . We also must know whether, if we give these injections, we will create a condition in the blood which makes a person immune to further injections.” Sir Earle Page said he supported the British Medical Research Council on being cautious about the vaccine. “*We are dealing with human lives,*” she said. “We may cause a polio epidemic and mess up the whole community if we are not careful.”

Already Sir Earle Page’s warning seems to be justified. In the Age, May 25, 1955, Dr. E. V. Keogh on his return to Melbourne from U.S.A. said—“It is true that in California and to a much less extent in some other States, administration of the vaccine has seemed to increase rather than decrease the incidence of polio.” A report from New York “Herald” (July 14, 1955) says:—“The city’s cases of polio since January 1 totalled 100 yesterday, against 26 at this time last year.” “A New Jersey public school today barred children who had been inoculated with Salk anti-poliomyelitis vaccine. Teachers and parents of those vaccinated might ‘carry’ the disease.” (Herald, June 21, 1955). The report continues:—“The school board decided on the ban after the Federal Health service reported 81 polio cases among the families of children who received the vaccine.”

Enormous profits are being made out of the Salk vaccine and according to a report from New York in the Age of May 4, 1955, it is expected to bring £9 million profits this year to its manufacturers. Pre-tax profits for the six drug houses licensed to produce the vaccine will be more than 33 per cent. to Wall Street estimates . . . *It said gross revenue, to the six companies on the sale of commercial vaccine should be about £27 million within the next eight or nine months. No wonder the drug houses are booming the vaccine. What do vested interests care whether monkeys are slaughtered in their tens of thousands or that innocent children’s lives might be in danger of contracting a disease, or diseases, they would probably never have developed before the monkey kidney nostrum was injected into their healthy young bodies.* And now according to a report in the Herald, May 19, 1955, “parents may be asked to pay for their children to be inoculated with the Salk vaccine.” The cost of “protecting” the whole susceptible community, which includes all age groups up to about 19 years, is estimated at £4 million a year for serum alone. In addition, there will be heavy expenditure for distribution, inoculation and record keeping.

“Britain has cancelled its intended trial of American Salk vaccine against poliomyelitis.” (Herald, July 16, 1955.) “Dr. G. S. Wilson, director of the Public Health Laboratory, said it seemed

probable that 60 to 80 of the 100 U.S. children *who developed paralysis* after Salk inoculation, developed it *as a direct result of the inoculations.*” There are many things about Salk vaccine which we don't like,” Dr. Wilson added. “The Sun,” June 25, 1955, publishes a report from Chicago—“A polio victim's father today sued a manufacturer of Salk anti-polio vaccine for 400,000 dollars (£180,000).” “South Africa has also dropped the Salk vaccine.” (Herald, July 10, 1955.)

Polio was once a rare disease, and has only grown to such alarming proportions since the mania for injections came into force—vaccines for smallpox, diphtheria, typhoid, tetanus, whooping cough, measles, etc.

What effect will these mass inoculations have on our children, now or in the future? Medicine goes in fashions. When the Salk vaccine is cast, like so many other medical fashions and failures, into the limbo of forgotten things, what will happen to the thousands or millions of young people who have been “protected” by these vaccines?

The wise parent will reject any method which interferes with a healthy child's bloodstream. Animal matter was never meant to be injected into human bodies. Animals were never intended to be tortured and exploited in futile efforts to “cure” human ills.

Latest report on Salk vaccine—“Age,” August 5th, 1955—“Dr. McNair Scott, a leading American authority on virus diseases, today advised Australia not to go ahead with plans to use Dr. Jonas Salk's anti-polio vaccine . . . It has a very narrow margin between being DANGEROUS and being effective,” he added.

Extracts from a leaflet issued by the Sydney Anti-Vivisection Society, Hon. Secretary, Saratoga, New South Wales. Telephone Woy Woy 195.
Please note: S.M.H. stands for Sydney Morning Herald.

In April (S.M.H., 29/4/55), we learnt from Sir Earle Page that “sufficient monkeys to initiate production of the vaccine in Australia are here on order.” In a written statement he had said that “the buildings and equipment needed for the project would cost about £200,000—the main requirements are a building to house a laboratory and also the monkeys from which the vaccine is produced.” (S.M.H., 19/4/55). Dr. N. F. Stanley said that “millions of monkeys would be required for general immunisation.” (S.M.H., 13/4/55.)

However, U.S. Service officials said the Salk vaccine had been found to be only 80 to 90 per cent. effective against paralytic Poliomyelitis. They added that the public should realise that, despite the huge vaccination programme, some children were still going to suffer paralysis and some were going to die. (S.M.H., 29/4/55.) Small comfort to parents whose children were going to suffer paralysis and perhaps death!

But, said Sir Earle Page (S.M.H., 10/5/55), we will take tremendous care that it is 100 per cent. safe before we use it . . . The vaccine is expensive—one phial containing the necessary three shots costs nine dollars (£4).

Well, Salk vaccine appears to be following the same pattern as the aforementioned wonder-remedies, for we read in big headlines of **CONFUSION GROWING IN U.S. OVER VACCINE DECISIONS**, since “Following the deaths of a number of children *after* inoculation with Salk vaccine, the U.S. Government recommended that all States should halt their vaccination programmes pending the results of experts’ investigations into the manufacture of the vaccine (11/5/55, S.M.H.). . . . Thirty-one of the 48 States, with Alaska, have stopped inoculations.”

And then we read about the poor response to Salk vaccine in the New York City schools when some worried parents pulled their children out of line just as the doctors were about to inoculate them. Other parents changed their minds as many as four times, one school principal said . . .

“New cases of Polio in the Nation rose sharply last week to 206—30 per cent. higher than the previous week. This is 55 higher than the same period last year and much higher than the average for the week over the past five years—116,” said a U.S. Public Health Service spokesman. Twenty-three people; not inoculated with the Salk vaccine but in close contact with vaccinated children, now have the disease, he reported. (21/5/55, S.M.H.) It really seems that there have been more Polio cases in American States this year, after millions of inoculations, than in the same period last year without inoculations. This is certainly true of California.

In another instance, “two adults, parents of children inoculated with Salk Polio, manufactured by Cutter Laboratories, are being treated for Polio in a Denver hospital . . . Dr. Lloyd Florio, Denver city manager of Health and Hospitals, said it was definitely possible ‘that the Denver parents contracted Polio from their children.’” (S.M.H., 16/5/55.)

And then there was the case of the young mother (Boise, Idaho), whose children had been vaccinated with Salk vaccine, “dying of bulbar Polio after an illness of 24 hours. The death was the sixth in the current outbreak of the disease, which has stricken 78 persons in Idaho. *The woman was the 38th person to contract the disease after close association with vaccinated children.*”

“The Director of the Idaho Health Department (Mr. L. J. Peterson) said today that his Department had lost confidence in the Salk vaccine and has given up resuming the mass-polio vaccination campaign . . . Mr. Peterson said that he held the Salk serum, together with its manufacturing instructions, responsible

for a polio outbreak . . . Ninety-seven polio cases have been reported in Idaho so far this year, compared with 17 in the same period last year. *Of these, 20 cases occurred in vaccinated children and 54 were associates of those who received the vaccine.*" (S.M.H., 29/6/55.)

Surely no comment is necessary, unless it be to stress the menace of the vaccinated children amongst the unvaccinated. In Idaho, the percentage of those who contracted the disease from their children was alarming.

THE COLOSSAL HOAX CONFLICTING CLAIMS BY THE VACCINATIONISTS

In an article by Bryant Evans, described as San Diego Union's science writer, which appeared in a Californian newspaper early in January, 1956, some conflicting statements were published.

Occupying more than 15 inches of space, the article was a report of an interview with Basil O'Connor, President of the Foundation of Infantile Paralysis, presumably on a visit to San Diego.

In this interview, O'Connor affirmed that between 1,300 and 1,500 American children who were living normal lives today *would have been paralysed except for Salk vaccine.* (???) (My question marks.)

"The vaccine," he said, "is as safe as rain, and could wipe out poliomyelitis in the United States in five or six years, if we can get it into the arms of the children."

After boosting the activities of the drug manufacturers and urging parents to "speed the programme," O'Connor stated that two vaccination shots give a child 90 per cent. immunity against polio, as against 76 per cent. immunity for one shot. The third shot, recommended to be given not less than seven months after the second, *is expected to give a lifelong immunity against polio.*

Following these insupportable statements, O'Connor went on to say that "science's attack against polio is not over. Work was progressing towards perfecting a live virus vaccine that could be taken orally (that is, by the mouth) rather than by injection." *He also reported the search for a drug to cure or prevent polio itself.*

Under a sub-title of "FUNDS STILL NEEDED," it was pointed out that "Stamping out polio will not end the polio foundation's need for funds. The foundation lists 68,000 'old cases' who still need aid. The cost of patient aid is 30 million dollars a year."

Had his audience been a little less muddle-headed, someone might have asked two questions. "If three vaccination shots

give a lifetime of immunity, where is the necessity of finding a drug to cure or prevent polio?" And "Why should Science (?) waste so much time and money perfecting a live vaccine which could be swallowed instead of being injected?"

(To a vegetarian, the thought of the 63 mysterious ingredients in the vaccine broth, plus the monkey's kidneys and brain sweepings of rats and the infected chick embryo culture is revolting in the extreme, but no doubt a little high pressure newspaper propaganda would condition the minds of the less sensitive general public and they would be glad to swallow the unwholesome brew, especially if they knew that every mouthful meant more funds for the "cause.")

The colossal fraud—and incidentally, the emptiness of the boastful promises of the vaccination racket—was exposed when O'Connor admitted that "*Salk vaccine is a preventive against paralytic polio but not against the disease itself. If we could prevent the disease, of course, we could prevent paralysis too.*"

The difference between paralytic polio and the disease itself was not disclosed and the deluded audience went their various ways, blissfully unaware that in less than a day's train journey from them were *people who knew how to prevent polio and how to prevent paralysis as well.*

All that stood between the audience and this priceless knowledge was the Almighty Dollar; never so mighty nor as prolific as in association with some form of vaccine.

In the year 1945 the large serum companies of the U.S.A. reputedly made net profits of 143,000,000 dollars. These are the figures quoted by NEWS-WEEK Magazine.

WHAT WILL FOLLOW MASS VACCINATION?

The essential weakness in the drug doctors' approach to polio or any infectious disease is that while they admit the presence of a virus (which cannot live except in decaying waste matter) they ignore this waste matter entirely and make no attempt to eliminate it from the system. Their only line of attack or defence is to try and swot the virus with a more filthy substance than that in which it is thriving.

Trained in little else but "needle therapy" and not being over-bright in anticipating the course a disease is likely to follow, drug doctors have no alternative but to go on and on with their futile injections of foreign matter, and seldom, if ever, realise the extent of the collective damage in additional suffering and distress their ineffectual "treatments" cause to the race.

Therefore, for those who are really interested in overcoming polio, it is not so much a question of whether the repulsive anti-polio vaccine can prevent paralysis as to what will become of the

accumulation of rotting waste substances in the bowel of the over-fed "starch-sugar poisoned" modern child.

Will this offensive accumulation join the tag ends of other decaying waste matter—that has been suppressed by sulpha drugs, penicillin, or the other antibiotics in some previous illness—and lodge in the lungs, the muscles, the bones, or the blood stream and cause cancer?

Since cancer has increased tenfold since the indiscriminate use of antibiotics, this question is not unreasonable.

On page 23 of the New Zealand Vegetarian, Sept.-Nov., 1955, we were horrified to read that "Cancer is the second greatest cause of death in children between the ages of one and fourteen years in New Zealand. Leaving out accidents and congenital malformations, it can be said that one death in every fourth child is from cancer."

As New Zealand children are probably the most immunised; sulphurised, penicillinised, de-tonsillised, de-appendicised children in the world, the above statement is not surprising.

As a link between the epidemics of polio following the immunisation *putsches* against diphtheria and whooping cough, plus the too free use of sulpha drugs and penicillin, permit me to quote what Dr. Starr White, one of the really great men in medical circles in the U.S.A., had to say on this subject.

"Sulpha drugs have a tendency to cause a victim to lose his power of orientation—that is, the power to judge distances or direction. I have seen many an auto driver unable to steer his car taken in as a 'drunk,' when, upon examination, it was found that he had lost the power of orientation from taking two or three sulpha drugs the night before 'to ward off a cold.' Many an airplane pilot has steered his plane into a mountain side, causing deaths of all on board. I have learned that at least several of these dead pilots had taken sulpha drugs to 'ward off a cold' the night before."

Penicillin, as everybody knows, began as a mould, which our great-grandmothers used as poultices in the successful treatment of festers and sores *to draw the poisons from the body*.

Dr. White points out that, "*By injecting it into the blood stream they contrived to poison the whole system* (by leaving the poisons in the blood), thus *causing blisters, hives, arthritic pains and deposits of colon bacteria that never existed before*."

This information will surely "ring a bell" in the minds of the unhappy parents of the children who lost their lives in the recent outbreak of "staphylococcal infection" in Christchurch, New Zealand.

Including the least suspicious cases, we are told, the Health Department of Christchurch believes that about 40 babies who have been in Calvary Hospital have been, or are, suffering from

complaints that are on the present indications due to an organism known as staphylococcus aureus, which is *penicillin resistant*.

The complaints take the form of *a skin infection, a mild chest complaint or pneumonia*.

In the last two months, six babies are believed to have died from pneumonia caused by this organism.

When giving this information, the district medical officer of health, Dr. A. Douglas, said that because the trouble did not develop until two or three weeks after the babies had gone home from the maternity hospital, it was difficult to trace cases. The department had to check lists of babies born in Calvary Hospital in the last two months against lists of admissions to the Christchurch Public Hospital.

"I would like to emphasise that there is no blame attached to anyone at Calvary Hospital or to any individual in this matter," said Dr. Douglas. "We have been expecting trouble of this sort for some time because of the widespread use of antibiotics. This is one of the organisms that has acquired a resistance to most antibiotics, apart from erythromycin." (The latter is the newest and most powerful of the suppressive drugs known at the moment; if you wait a few days another wonder drug will no doubt be discovered—to swot the organism that has become resistant to erythromycin.)

The first indication of trouble in Christchurch was when several babies who were discharged from Calvary Hospital with their mothers were quite well at home for some weeks, but developed something like a cold which became worse until they had to be admitted to hospital. There they were treated for pneumonia with penicillin. By the time it was discovered that this form of pneumonia does not react to penicillin it was too late to combat it with another antibiotic. The children who were treated with erythromycin recovered, and we are told that the situation "*is being watched carefully*."

That is one consolation, anyway! Some 40 children were made very ill; six babies lost their lives, and although those in authority *were expecting trouble* as the result of the heavy druging, *no one was to blame!*

"BABY INFECTION A CONSTANT THREAT IN AUSTRALIA."

This type of infection is not confined to New Zealand children. A leading Sydney child specialist states that the above-mentioned organism is a constant threat to Australian children also. "The infection," he said, "was similar to the type which caused osteomyelitis in children and boils and skin infections in adults. We have had several epidemics in New South Wales

and some children have died. There have also been epidemics in Victoria."

The medical superintendent of Fairfield Hospital, Melbourne (Dr. H. McLorinan) is reported to have stated that, "We have had seven deaths from measles in the last epidemic and at least half were due to staphylococcal pneumonia which caused the deaths of the New Zealand babies."

(It must be remembered that the measles "germ" will run its course no matter what drug is administered to suppress it. When swotted with penicillin, instead of being killed by the drug, it merely lies dormant for a few days and then transfers itself to the fluidic substances surrounding the lung spaces. The temperature rises again and the child is said to have developed pneumonia. It would be surprising if it did not. *No one is ever to blame*, of course; the new organism was "*resistant to penicillin.*")

When asked what could be done, Dr. McLorinan said the *obvious course was the less frequent use of antibiotics.*

"But just how this is to be done is difficult," he admitted. "I have the greatest sympathy with the general practitioner who is faced with curing some disease and is told he must not use antibiotics. The problem cannot be solved by just limiting the use of antibiotics. It is a question of continued research."

Research into what? we would like to ask: the results the naturopaths are getting in the treatment of measles without a single death occurring, or the usual skin condition, or weak eyes, or "heart crippling" or pneumonia or weakened kidneys?

To prove my point, we will turn to page 3 of my booklet, "TWO BOGIES BANISHED—MEASLES AND RHEUMATIC FEVER," in which I described how a young patient of mine became suddenly ill and a friend of the family, a doctor, diagnosed the trouble as a severe attack of measles. The boy, aged 12, not relishing the idea of being a "severe" medical case, decided to treat himself. With my book on Functional Disorders as a guide, he used the enema daily and took biochemic Ferrum Phos, Kali Mur and Calcium Phos at four-hourly intervals. For several days his diet consisted of fruit juices only, after which he lived on peaches for two days. Another day he consumed large quantities of apple cucumbers, skin and all.

Complications? Certainly not! For the boy of 12 who understood the functioning of the body and had enough grey matter to realise that all skin conditions were an effort on the part of the body to throw off impurities, complications were not expected.

It is always the drugging and the lack of correct feeding that causes the complications and the untimely deaths.

However, reports from Christchurch indicate that a terrific amount of research (?) is going on in the maternity hospital in that lovely city.

In seeking the origin of the organism (staphylococcus aureus) and disregarding its penicillin-sulpha-and-what-else-have-you ancestry, the powers that be are looking for someone who had the organism in the throat, in the nose or on the skin and who had been in contact with the babies and had unwittingly passed it on to them.

This involved the swabbing of the throat, the nose and the suspected area of the skin of all the babies who had been in the hospital, the nursing and domestic staff, and, if they could manage it, all the doctors who had sent babies to the hospital or had treated them there. About 200 people would have to be swabbed. Cultures have to be made from the swabs and these have to be typed. "A very complicated procedure," we are told, "but we have to await the results of these investigations before we can pin the organism down to an individual or a group of individuals."

(Observe the cunning side-tracking to put the distressed parents off the scent of the real culprits in this incident.)

However, it is now nine weeks since this report was made public—six weeks was the estimated time for the results of the investigation to be known—and not a sound has been heard of any pinning down taking place, so we conclude that the "incident" of the tragic deaths of these children will pass into the Great Silence of Unsolved Medical Mysteries.

The swabbing campaign had served its purpose, anyway. Something had to be done to reassure the people, especially after the indiscreet admission that *the doctors were expecting trouble of some kind as an aftermath of their injudicious drugging.*

And from South Australia now comes the disturbing news that practically every baby born in a maternity home in a country town not far from Adelaide, either went home with a skin infection or developed irritating rashes soon afterwards. Mothers in the district, furious at what they termed "sheer neglect," particularly as the matron and medical staff appeared quite indifferent to the sufferings of the little ones, were on the point of demanding a public enquiry. But after reading the reports of the New Zealand tragedy, and learning that penicillin and the other antibiotics which promised to "cure" every infection were now getting a great deal of censure for causing more disease than they had ever cured, the women realised that something much more serious than negligence was at the root of the trouble.

"No one would be to blame," of course, so they decided to say nothing rather than subject the whole countryside of babies

and their mothers to the futile save-face swabbing that went on overseas.

Another much immunised country town reports an epidemic of jaundice that has been going on for over two years; children who were "cured" at one stage were back in hospital soon afterwards.

So we ask: What type of epidemic are the drug doctors expecting after the mass vaccination takes place?

Virus flu? Skin infections? Jaundice? Hepatitis? Leukaemia? Myasthenia? Encephalitis? Nephritis? Conjunctivitis or some other "itis"? They always expect something to follow these dramatic putsches, and judging by past performances, they have not been disappointed.

HAS THE HEALTH DEPARTMENT FAILED US?

From the information in previous chapters, it must be plain that POLIO is no more to be dreaded than measles, ring-worms, mumps, whooping cough or pneumonia; it is all a question of whether the correct treatment is available or not.

Measles, as has been explained, will often develop into pneumonia, if drugs are used in the early stages of the complaint. Ring-worms, which our grandmothers completely cured with a dab or two of black ink, will keep many a doctor busy—and really worried—for upwards of a year, and the child a pretty picture with purple paint and pink patches, shaven head, bandages, etc., until dermatitis intervenes and a "specialist" has to take control. *Whooping cough, if the mother knows a naturopath who explains the garlic treatment, is merely a minor complaint with no complications whatsoever.* But when kiddies are left to the tender administrations of the drug doctor, they cough and vomit for months on end, with everyone in the house suffering nervous breakdowns from loss of sleep and everything disorganised in consequence. Mumps, especially in young virile males, has often ended in death and disaster, not because of the complaint—or those mentioned previously—were serious, *but because the treatment from start to finish was at fault.*

To know what to do in the early stages of a complaint is the second most important thing in life; to know how to build resistance to disease and avoid sickness is the most important knowledge of all.

With regards *the building of resistance to disease*, everyone realises that this has been part of the clap-trappery of the Health Departments for years, only to see the walls of the hospitals grow higher and higher and the juvenile courts listening to evidence of a type unheard of in the history of mankind.

With these facts in full view, is it any wonder that parents are querying the "advice" given over the radio and in the press, and in self defence are leaving no stone unturned in their desperate search for the real reasons why the modern child cannot stand the physical or mental strain of so-called civilisation. Why all the sickness? they ask . . . and feel very let down when they see the link up with vested interests and every indication that their kiddies are being used as guinea pigs and sold to the serum racketeers for the traditional thirty pieces of silver. In this instance it is more likely to be two hundred and thirty pieces of silver.

Does the Health Department ever warn expectant mothers against working in heavy industries?

Or against using phenobarb. to put a baby to sleep?

Or against the use of aspirin every time it cries?

Or against the use of aluminium cooking vessels?

Or against peeling potatoes? or the use of carb. soda and salt in the cooking of vegetables?

Or against the toxic content of foods cooked at high temperatures such as would be attained in pressure cookers?

Or against the too liberal use of cola drinks, which are said to "chew the enamel off the teeth"?

Or against refined starches with the bran and central germ removed so that not even a weevil can live on it?

Or against any other food that would be likely to have a harmful effect upon the general health?

If not, then it is not rendering a *Health Service* but a *Disease Service*, as Dr. A. Douglas, medical officer for Canterbury and Westland, New Zealand, frankly admits.

In speaking at the annual students' congress at Curious Cove, he deplored the £24,000,000 spent annually on medicine and stated that a very large proportion of patients did not suffer from physical disease but from emotional and nervous troubles.

He also raised the question of whether New Zealand was breeding a race of nervous wrecks.

(Nervous wrecks are not bred, as Dr. Douglas suggests. They are the undiagnosed pituitary-adrenal gland cases, "treated" with sleeping tablets, drugs and injections instead of natural curative methods.)

"In a country such as this," continued Dr. Douglas, "there should be no obstacle to plain, healthy living, which is the basic answer to ailments, real or imaginary."

Agreed!

There should be no obstacle to perfect health, but such an obstacle does exist and is no other than the *Health Department itself, self condemned as a Disease Department, and acting in*

an obstructionist capacity. What it cannot do, it refuses to allow others to do.

There are enough highly trained, efficient naturopaths in New Zealand to reduce that wasted £24,000,000 per annum to, say, £6,000,000 in one year, and render valuable health services withal, instead of contributing to more and still more sickness, as the so-called Health Department is doing at present.

It is useless to suggest that the naturopaths should work with the orthodox profession; co-existence with the negative world of needle-therapy and antibiotics is as impossible as co-existence with Communism.

Meanwhile, the Health Department, by its countless admissions of failure, cannot be other than an object of derision and contempt amongst the thousands of people who have learned the truth, and from a bitter experience have realised that if resistance to disease is to be built up, it must be along very different lines to those laid down by their previous advisers.

The fade-out of the Health Department, as a Health Department, reminds one of an incident that occurred in theatrical circles some years ago.

"I made you a star," said Oscar Asche to a leading lady who had failed him rather dismally and who had been responsible to an extent for heavy financial losses . . . "I made you a star," he said. "It is not my fault that you did not twinkle."

The Government and the people could say, with every justification, to the Health Department:

"We gave you the star role, with publicity and financial support beyond the wildest dreams of any other calling or profession; it is not our fault that you lacked the talent to retain even the respect of those you have pledged yourselves to serve. We must now ask you to vacate the position as health leaders and make way for more able people."

PITY THE BABY!

Of all the victims of modern high pressure commercialism, the baby is the most to be pitied.

The first stab in the back it receives—or, to be more exact, in its digestive system—is the highly questionable practice (instigated by the Health Department and slavishly followed in every Infant Health Centre in the Commonwealth) of giving starches in the diet as early as three or four months of age. This, in defiance of no less an authority than Dr. Howard Hay, who pointed out, many years ago, that until it is a year old, a baby's saliva lacks ptyalin, the element needed to break up the starch globules and transform them into a substance that can be utilised by the system.

The baby gains weight, as of course it must with unassimilated starches stagnating in the body. Meanwhile, the mother is unaware that the un-broken-up starch globules lying in the stomach produce an irritating gnawing sensation which the child mistakes for hunger. Consequently, the more starches he eats, the more "hungry" he becomes.

There can be little doubt that this irritation has led to much of the over-feeding of infants in the past, has laid the foundation for stomach and duodenal ulcers, and has given rise to the vulgar over-eating, not to say gluttony, we see on all sides.

Following the example of the self-indulgent parents, the modern child chews and guzzles all day long.

The second stab at the child's digestive system is in some measure more serious in its after-effects than the too-early feeding of starches, and that is the use of white sugar, also instigated by the Health Department and encouraged in the Infant Health Centres. While many children manage to overcome some of the harmful after-effects of too early feeding of starches, no child can consume large quantities of white sugar products and get away with it. More especially is this true of the children who are allowed to acquire a liking for cool drinks. But this will be referred to later.

The third stab at the child's general health was a cunning vote-catching scheme, first launched in Australia by a politician—a woman, I am ashamed to admit—in an effort to secure a seat in Parliament. This woman "won" the election, literally, on the tonsils and abscessed ears of hundreds of thousands of children. I refer to the DRINK MORE MILK racket, the mainstay of the Health Department and the great money spinner for the medical profession in general. Minus the two pints of cow's milk per day advocated by the Health Department, the tonsil wards in the hospitals would close for want of patients; there would be very few abscessed ears and practically no sinus or antrum wash-outs.

Cow's milk, as I have explained in a book on this subject, by reason of its heavy curd and crude calcium content *intended for calves*, in about 95 cases out of a hundred robs the child of its own calcium reserves. *The unassimilated milk, stagnating in the organs, produces mucous deposits, contributes to chronic constipation, and weakens the child's resistance to disease by its harmful effect upon the liver and the kidneys.* To this information I now add a warning concerning the imbalance in the adrenal glands (the glands which regulate the balance of masculinity and femininity), which is becoming more pronounced as the years go by. I refer to the increasing number of heavily built masculine teenage school girls and the proportionate number of

under-sized, effeminate school boys, potentially homo-sexual and inclined to exhibitionistic behaviour.

Where in past years the teenage girl was merely over plump, many of the modern girls are obliged to have their clothes made to order; even the largest frocks in the department stores are too small for them.

Pasteurised milk, as everyone knows, is often unfit for consumption before it reaches the householder. Those who doubt this statement are advised to leave a jugful out of the refrigerator for a few hours on a hot day. Pasteurised milk does not sour . . . it rots . . . in the jug . . . or in the digestive organs if taken as an item of diet.

Thus we see how the crimes against the health of the child are mounting, and to the list of highly questionable foods that have the full approval of the Health Department, we now add ice cream—the great nutritional delicacy of Children's Hospital fame; the pearl of great price and the Koh-i-noor diamond rolled into one gem as far as the orthodox profession is concerned.

But what does ice cream do to a child? is a question I am asked whenever I condemn this frozen foodless food at a lecture.

Well, on top of the unassimilated starches and the accumulation of decaying mucous left over from the milk drinking, plus the acids and sugars in the cool drinks and the lollies consumed by the average child from the age of six months onwards, ice cream causes the stagnating waste matter to bubble, as it were, and takes the super-sensitive child one step nearer to POLIO.

After the initial damage to the child's constitution has been done—it matters but little at what age the tonsils are removed or the filthy injections against whooping cough and diphtheria are forced upon them—many children are doomed, and the wonder is that any one of them attain normal adulthood.

More especially does this apply to those in the modern homes where rest and quietness are unheard of qualities.

Rest, to be effective, means not only rest for the digestive organs but relief from the shrieking of pop "singers" over every radio station in the land, National stations included. Children have no escape from these disturbers of the peace. Even when parents are considerate, the neighbours on the left or the right carry on their radio programmes and their week-end parties far into the night. Where real music soothes and heals, the crashing din of a "pop" session sets up a resistance in the fine mechanism of the brain—even in an adult—which brings on a greater degree of fatigue poisoning in the bloodstream than many hours of manual labour.

In the homes where the mothers are working, the week-ends are a turmoil of cooking, house cleaning, washing, and ironing,

and no one has time to read or to follow any cultural pastime.

The habit of stillness cultivated in childhood will be the basis of true poise in the adult; the child who has never been taught how to be still will be at a great disadvantage when he goes out to take his place in the world of affairs.

Remember, a child's brain is developing while he *quietly* turns over the pages and studies a picture book or when he *quietly* sits on the mat trying to figure out how a certain toy works. And should the toy be taken to pieces, it is not necessarily a sign of destructiveness, but even in cases where this tendency is somewhat marked, it can be overcome by the father showing the little one how to reassemble the article, even to the point of sticking it together with cellotape or gummed paper if necessary, and placing it amongst the toys again.

"SUGARLESS DIET AIDS POLIO FIGHT"

Further evidence of the hypocrisy of the vaccinationists, with their tongue-in-cheek concern about the cause and prevention of polio, is apparent when we read a statement made by Dr. Benjamin Sandler which appeared in "The New Times," Melbourne, on October 21, 1955.

"Dr. Benjamin P. Sandler, of Ashville, North Carolina, claims 'without reserve' that a controlled diet will immunise a person within 24 hours from the dread infantile paralysis virus.

"The doctor said that he and other doctors had learned through experiments started ten years ago that elimination of sugars and starches from the diet will ward off polio.

"Dr. Sandler, now a physician at the Oteen Veterans' Hospital, released the information about his reported discovery during the height of a record breaking epidemic that to date had struck 1,172 persons in North Carolina.

"I am talking about this discovery now,' he said, 'because I think the polio crisis requires immediate release of all our research findings'."

Apparently the vaccinationists thought otherwise, as not a word of this important discovery penetrated the Iron Curtain that shuts off the medical world from the people it is pledged to serve.

However, except to draw attention to the fact that polio invariably strikes in the summer when children as well as adults are consuming huge quantities of sweets, cakes, biscuits, soft drinks and ice cream, etc., etc., no further mention of the important starch-sugar aspect in the causation of polio will be made at the moment; the time has come for the writer to enlighten readers regarding the outstanding results obtained by some of the Chiropractic Colleges in U.S.A.

CHIROPRACTIC LEADS IN POLIO RESEARCH

Extracts from an article in the November, 1954, issue of "THE CHALLENGE" Magazine, under the title of POLIO RESEARCH by Dr. Samuel A. Mills, Mills Clinic, Burlington, Kansas, will be read with great interest.

"Dr. William Carver, of Carver Chiropractic College, along with several of the early researchers of the profession, made many of the fundamental discoveries regarding polio. Others continue the work and research mostly restoring cripples. Treating new (acute) polio cases by chiropractic and others in the natural healing profession has been so spectacular that some medical doctors have ridiculed the results by saying the diagnosis of polio was wrong.

"Then followed the now internationally famous movie, 'Polio Finds a Cure,' filmed and produced by the Dunn Polio Clinic at Oklahoma City, Oklahoma. This movie proved that not only was the diagnosis of polio correct, but that the most scientific treatment was used. Polio cases under the 'DUNN FIVE DAY POLIO CURE' method enjoyed complete recovery in just five days. The merits of this method were established by 25 years of research and polio care.

"Since the first film by Dr. E. R. Dunn there have been four other films produced. They are: 'They Walk Again,' by Dr. F. D. Frame, Buffalo, New York; a film by Dr. Leo Spears, of the Spears Chiropractic Hospital, Denver, Colorado; 'THE POLIO ANSWER,' by the Mills Chiropractic Clinic, Burlington, Kansas; and a second film by Dr. Dunn, 'THE POLIO ANSWER,' in colour-sound and cleared for T.V. use."

Dr. Forest D. Frame has been the only laboratory man in the field of chiropractic polio research. He has consistently made advances in spite of lack of financing by any foundation, fellowship, grant, public drive or private contribution. This is a highly commendable record. It is important his research and that of Carver and Dunn be added to, if possible, in order to bring correction of acute polio to more children, and, latterly, to more adults also.

Some definite findings come from various clinics across the nation. The condition of the colon is without doubt one of the causes of polio. X-rays of the colon at Mills Chiropractic Clinic showed proof of this, although it has been known for a long time. Toxaemia, or absorption of wastes from the colon, is present in every polio case. The history of the case shows the lack of bowel evacuations of a normal nature for usually several weeks, but especially for a day or so.

Our work in X-ray research of these conditions shows that there is a spasticity of the small and large colons at the narrow areas and at the folds. This forms numerous pockets extending from stomach to rectum. Waste matter so retained rots and

pollutes the bloodstream—for the body will try to get rid of the waste by one channel or another. Such a condition of the body is toxæmia. It rates as the second main reason for polio.

The third reason is the common one—fatigue. Here at the Clinic we have never known a case of polio where the individual was not very active. Much activity of the body also creates more waste for elimination because of the breakdown of cells. Exertion of any kind steps up the catabolism of body function. Now we know that when the body has a weak part, waste will settle in that part. An example of this is the body draining waste from the blood through a boil or open sore.

In polio, the weakest part is the nerve system, and the nerves then receive and hold more waste. Such contamination equals polio. Should the lungs be the weak part, waste piled in them would result in pneumonia or some respiratory ill.

Some may ask, But what is this talk of a polio virus and how does it grow on kidney tissue? Well, let us just substitute "virus" for the word "waste," and then re-read the paragraph above on waste in the blood from toxic conditions. Virus is simply waste that has piled up too high to control and festers to create a body reaction that we name as polio or pneumonia. Virus multiplying on kidney or any tissue is merely waste rotting and displacing normal tissue. This law of decay is itself a natural law, for were it not for decay the world would pile up waste until life would be impossible in a few centuries.

Biology was one of the earliest scientific studies, but many have forgotten its simple rules and laws and have wandered into the field of theory. It is theory that raises such questions as, Is the germ the cause of disease or the result of disease? Is waste (called virus) the cause or the result of polio? Unless there is food for the germ, the germ cannot live. Waste is food for the germ or virus. Accumulated waste decays and destroys tissue. What causes the waste for germ of virus but the retention of wastes in the body from faulty elimination?

Some of the research work we have done with X-rays of the spine reveals something important for the best approach to successful correction of polio; (1) the upper portion of the spine is the first to leave the gravity line and go out of balance, giving rise to the crooked spine; (2) the colon, for lack of the right nerve supply, reacts as described and develops spastic areas leading to retention of waste.

When the methods of chiropractic care known as the Dunn Five Day Polio Cure are applied, the spine returns to normal and the spastic areas of the colon disappear. The patient gets well quickly, with no ill effects or crippling whatever.

We realise that Drs. Dunn, Frame, Warren, Spears, Gehram and others use the same or similar techniques. We have found

altogether eight chiropractic adjusting techniques valuable and proper for polio care. These were selected for their effectiveness in particular kinds of acute reaction in the very sick polio cases. We concluded that a combination of all eight techniques is the best method of treatment.

Further, we noted the slower recovery under the method of working on the patient during the day only and resting at night. So we changed to an around the clock method that decreased the time of acute polio recovery to about seven days, beginning with the first treatment to total recovery.

The need today is for ways and means of informing the public that the correction for polio has been found and is available throughout the nation. In the press, over the radio and T.V., through films and lectures, the good news should go out. Then we have hope to see polio conquered."

The information contained in the above article are extracts from "Newsletter for Natural Folk," December, 1954, edited by R. C. M. Searby, well-known chiropractor of Victoria, whom the writer has known for many years.

Mr. Searby told me that he knew, personally, many of the researchers mentioned. "They are men," he said, "who have worked unceasingly without endowment or subsidy for an ideal, until their reward came in the remarkable results in such methods as the 'Dunn Five Day Polio Cure' which makes it possible for victims of the worst cases of crippling polio to be completely recovered in a week or less."

"I feel so strongly on the matter," he continued, "that I have asked my daughter and partner, Janet Searby, D.C., at present studying the rehabilitation of subnormal children in England, to return to our Bairnsdale practice for a few months to enable me to go to the U.S.A. to get first-hand information of the latest developments. I feel it is the duty of every Australian chiropractor to make known to the public the great advance of chiropractic methods over the medical virus technique. It is not my intention to deny the medical profession the right to use their methods nor the right of the public to avail themselves of these methods if they so wish. But the sick have a right to be well, irrespective of any group or method of treatment."

Some weeks after this conversation took place, Mr. Searby embarked for the U.S.A., and later still, in a letter written from the Rancho La Puerto, Tecate, California, he mentioned:—

"I am having a wonderful time investigating the Five Day Polio Cure. Have already been to three clinics and seen acute victims restored to complete normal health, with no paralysis or distortion, in three to five days."

How strange that the vaccinationists have not heard of this valuable contribution to suffering humanity!

And yet, not so strange when we realise that a dollar is a very large coin, which, if placed close enough to the eyes, will blot out the light of the sun itself.

With so much at stake, it is only to be expected that the Medical Associations will move heaven and earth to prevent the chiropractors and other naturopaths establishing clinics for the correct treatment for polio in this country; and, as it would be impossible to take all our stricken ones to the U.S.A., it is imperative that parents learn what to do for a suspected polio case, with the full realisation that in the early stages of this complaint, every minute counts.

While you are fooling around in the waiting rooms of the hospital, answering questions as to whether your husband is a brass founder or a picture framer, how much he earns per week, and whether your great-grandfather died of high blood pressure or housemaid's knee, *valuable moments are being squandered.*

(Incidentally, Rancho La Puerta is the largest health resort in America and is the only resort in the world where the organic grape cure is available all the year round. The property consists of 960 acres, of vineyards and farms which supply guests with superlative foods, grown by organic methods and cultivated without commercial sprays and fertilisers.

Famous, not only for the scores of books he has written in many languages, Dr. Edmond Bordeaux Szekely, the principal, has perfected an unparalleled system of cooking with solar mirrors and low temperature vacuum to preserve flavour, vitamins and minerals.)

THE IMPORTANCE OF INTERNAL CLEANLINESS

Our grandmother's idea of the weekly dose of castor oil, whilst it may not have been perfect, was preferable in every way to the orthodox medical attitude—an attitude which forces us to the conclusion that tuition in the medical schools leaves much to be desired. If a doctor knew the importance of internal cleanliness, he would not allow patients—his own children included—to lie in hospital for six, seven, or even more days without a bowel action or an enema.

Recently, a young mother consulted me. She had "walked out" of a country hospital, she said, where for six weeks she had been "treated" for gastritis—that is, with the usual hospital diet of tea, biscuits, porridge, bacon, eggs, stews, sausages, liver, new white bread, drugs to ease the pain, drugs to put her to sleep, drugs to wake her up again—but never an enema during the whole six weeks she was there.

When I advised a two-day fast on peeled grated apple, and the enema twice daily, she demurred.

"But doctors always warn people against the use of the enema. They say it damages the bowel."

"Precisely! Those with a vested interest in sickness would not be likely to advise a means of keeping well," was my reply.

After a little persuasion, she consented to follow my advice and returned in a few days, greatly improved in general health, but horrified at the results of the first enema. "Putrid matter . . . vile . . . incredibly offensive" were amongst her remarks concerning the elimination.

"Well," I pointed out, "you were ill when you went into hospital . . . after six weeks on wrong food, plus no treatment except drugs, what state did you expect the colon to be in?"

This incident (one of many) is related as a means of acquainting readers of the stern fact (yes, let's face it!) that *the suggestions for the prevention of polio about to be outlined are not likely to meet with the approval of the backward members of the orthodox medical profession. First, because their training is incomplete; no one in their ranks appears to have the foggiest idea how the body works; and secondly, because it would be against their interests to find out.*

Now, dear reader, you know exactly where you stand in this respect.

INSTRUCTION IN USE OF THE ENEMA IS OF UTMOST IMPORTANCE

If every mother instructed her children—sons as well as daughters—in the importance of internal cleanliness, enema-drill would be accepted as casually as toothbrush-drill. The real poser is, who is to instruct the mothers? The drug doctors have so scared the mothers that many would as soon handle a rattlesnake as touch an inoffensive douch can or an enema. Until this prejudice is overcome, *polio, and hosts of other serious illnesses that arise from a lack of understanding of the cause of a rise in temperature, will increase.*

It is remarkable the number of otherwise intelligent women who become panic stricken when a member of the family registers one degree above normal temperature.

This fear of fevers is one of the most destructive of our race thoughts, and, like all negatives, can only be replaced by positive and constructive thinking.

Fear of pain produced the headache tablet, and fear of fevers produced the suppressive drugs which are much more devastating in their after-effects. Since a great many illnesses with distressing complications have eventuated from this dangerous

policy of drugging people to keep the temperature down, people must realise, once and for all, that to call a drug doctor when someone has a temperature is to invite trouble.

It is not a question of reducing the temperature but of learning *how to eliminate the impurities that are causing the temperature.*

Having dealt at length with this subject in "The Dawn of Consciousness" and in "What To Do for Functional Disorders," it will not be necessary to do more than remind you that all fevers and high temperatures are an effort on the part of the body to throw off impurities; that the reserves of iron are frantically working to attract oxygen for the cleansing processes, and also to restore the alkaline-acid balance to the blood.

In the chapter, "Chiropractic Leads in Polio Research," mention was made of the absorption of waste from the colon as being present in every case of polio, meaning that the patient had been constipated for a long time.

Constipation is such a grossly misunderstood condition that it is time someone came forward and renamed it "Delayed Elimination"; it is possible to have two or three bowel actions per day and still suffer from delayed elimination, which means that the waste matter had taken too long on its journey through the organs.

Grandma's weekly dose of oil affected a temporary clearance of the stagnating matter, but the modern fashion of the huge dose of opening medicine does not cleanse the bowel and has nothing to recommend it.

A few days ago, a young mother consulted me regarding her son, who was very sick. In reply to my query concerning the state of the child's bowels, she hastened to inform me that they must be all right, because she had given him a large dose of opening medicine the night before. Up to the time of our consultation, some 16 or 18 hours later, she admitted that the medicine hadn't "worked" and was quite surprised when I explained that it *had* worked, but not in the way she anticipated.

That dose of opening medicine had worked all night, robbing the child's system of valuable digestive juices, stirring up stagnating impurities, and distributing poisonous substances through the bloodstream. Even if the bowels had acted, most of the poisonous content of the medicine would be left in the organs, thus rendering the child's condition a little worse than before.

To give a dose of medicine to a well child would do little damage, but to waste 16 or 18 hours, weakly fooling around with opening medicine for a child who is obviously ill and in distress, is unpardonable. In polio and kindred diseases, those wasted hours could mean death or permanent crippling.

Therefore, no matter what complaint is suspected, the initial treatment is the same.

1. Refuse to be alarmed. Be calm, even casual, in your bearing. Your confident manner will reassure the patient and go a long way towards helping him overcome his own fears.
2. Cleanse the bowel with the enema, using cool water—no soap, salt or turpentine to be added. (In polio, a drop or two of lemon juice added to the water would be helpful.)
3. Put the patient to bed. Encourage skin activity by allowing the patient to sip warm citrus fruit drinks, diluted.
4. Sponge the body frequently, taking care that all draughts have been excluded. (Water has a more cooling reaction than air.)
5. Apply a cool compress to the small of the back and renew it constantly. (This assists the adrenal glands to carry out their duties of repairing the damage done by the stagnating waste. Drugs cause further damage to these vital organs.)
(In polio, alternating hot and cold compresses will be necessary.)
6. Withhold all acid-forming foods until the fever has accomplished its purpose—that is, burnt up the impurities in the system. This may take two or three days; the severity of the attack and the duration of the fever will be governed by the amount of impurities to be burnt up. This principle is unfailing, and *in any complaint where the temperature still soars, it is because the cleansing processes have not been completed.* In such cases, the routine outlined above should be repeated and the enema brought into action again . . . and again . . . and again.
7. To keep your courage from flagging, have a copy of my book, "What To Do for Functional Disorders" in a prominent place. Read the Special Note, also the Prelude and the chapter on CULTIVATING NEW RACE THOUGHTS AND VISUALISING NEW PATTERNS OF LIVING," not once but many times.

The following extracts from a letter from a former student who contracted polio some years after attending a series of class lectures are published herewith to prove how useful this knowledge is.

This young lady, keeping house for a relative who ridiculed the idea of a vegetarian diet, fell into the habit of eating meat with the rest of the family. She feels now that if she had carried out her original intention of being a vegetarian, she would most

likely have avoided polio. She admitted, however, that fatigue poisoning was sufficient to bring on almost any complaint, as she was working under great mental and physical strain.

"The trouble began with what I thought was a severe cold, high temperature . . . sore throat . . . terrific pains up the back of the head and around the neck . . . and I was ill for two weeks before it suddenly dawned upon me that I was suffering from polio. . . . It also dawned upon me that I must bestir myself . . . apply what knowledge I had . . . or I would land down in the . . . Infectious Diseases Hospital.

"So I read up all the books and did my best to follow them . . .

"Meat, I found, floored me, while even one bite of a biscuit or the like would produce enough mucous to choke me. So I decided upon no meat, tea, cocoa, coffee, cakes or biscuits. What bread I had was twice baked and always stale.

"I had no appetite, but made a point of eating as much eliminative foods as possible. Diluted lemon juice was taken several times a day to loosen the heavy phlegm.

"For breakfast, I used to chop a handful of fresh parsley and simmer it in $\frac{1}{2}$ cup of water for a few minutes. To this I added 2 egg yolks and a spot of butter.

"Lunch consisted of a small vegetable salad with a little grated orange peel.

"For tea or supper, I had vegetable soup, with green leaf foods, boiled onions and tomatoes, thickened with pearl barley.

"Between meals, I tried to eat some fresh fruit or some mixed dried fruit set in gelatine. (I could not get agar at that time.) . . .

"I recall there was a time when the centre that controls breathing was becoming paralysed, so I had to overcome the terror and do breathing exercises. It was a great effort, but it worked. Intolerance of light made my eyes very uncomfortable, so I treated the eyes . . . as per the books.

"I felt the cold badly . . . so I kept my head, shoulders and vertebral column wrapped in a thick woollen shawl. As often as I had the strength, I massaged as much of the spinal area as I could; I found it eased the distress in the breathing areas.

"With Epsom salts foot baths to draw off impurities, and as many sponge baths as strength permitted, I kept the temperature down to 100 degrees. No A.P.C. or the like were taken, as I remembered your advice: 'Have the illness . . . and let it be thrown out of the system . . . naturally . . . and do nothing to check it'.

"The Biochemic tablets helped to loosen the mucous which was constantly coming away, day and night . . . I looked more dead than alive, but at the end of eight weeks, although I still felt the cold intensely, I had thrown off the complaint; much quicker than if I had gone to hospital. Had I remembered to use the enema, I could have shortened this time by weeks."

POLIO, AND VITAMIN B1 AND VITAMIN C

In discounting the orthodox "virus" theory as the sole cause of polio, and advancing the sugar-starch aspect as a means of breaking down resistance, readers must not assume that, in order to avoid polio, it is suggested that children must not eat any starches or sugars.

Nothing could be further from my intention; it is well known that many people can consume incredible amounts of even refined starches and sugars, provided that adequate supplies of VITAMIN B1 are available.

POLIO is a nutritional deficiency disease, an avitaminosis, brought on first by excessive quantities of refined starches and sugars in the diet, which for lack of VITAMIN B1 stagnate in the digestive organs and the long bowel. Secondly, as the result of shock from tonsil operations; third, by damage to the liver and the kidneys from the introduction of impure substances into the bloodstream, as per immunisation injections against whooping cough and diphtheria, etc.; fourth, by the too liberal use of antibiotics such as penicillin and the other wonder drugs; and fifth, the auto-intoxication arising from fatigue, not forgetting that *too much hot bathing* and exposure to chills during sudden changes of temperature are also contributing factors in the causation of this complaint.

By learning a few simple rules regarding sound nutrition, people can protect themselves, and their children, against any and all of the negative conditions mentioned above. In an enlightened community, tonsillectomies, immunisation, and wonder drugs will quickly pass away.

THE PROCESS OF DIGESTION AND ASSIMILATION

The maladjustment of sugar-starch transformation is not difficult to understand and can be explained in a few simple sentences.

In the process of digestion, which means the mixing of the foods with the various juices such as in saliva, pancreatic ferments, bile, etc., many interesting phases occur, especially in relation to the transformation of starches and sugar into a substance

that can be utilised by the body in the production of energy and also in keeping the cells in repair.

Halfway through this process, at what is known as the intermediate stage, the semi-transformed mass of food becomes pyruvic acid and remains in that state, irritating and damaging the nerve endings and the surrounding sheath, unless food containing adequate supplies of VITAMIN B1 and VITAMIN E are available to protect the cells, and to complete the transformation of energy-producing substances.

VITAMIN B1, which is found in the outer covering of grains and tree-ripened fruits, attends to the growth of the cells and keeps the nerves healthy. As the processed foods in common use, including certain of the widely advertised breakfast cereals, are lacking in VITAMIN B1, we begin to appreciate that the pyruvic acid stage of digestion, chronic in many cases, is the danger point in polio and many other complaints as well.

A lack of VITAMIN B1 is easily distinguished; the characteristic loss of appetite is one of the surest signs of a deficiency of this vital unit of life, and at all times should be a warning to parents that stagnation of the functions is present. Many parents, however, not understanding this loss of appetite, make the mistake of coaxing the child to eat more of the very things that are causing the pyruvic acid poisoning, i.e., refined starches, cakes, lollies, "fizzy" drinks and ice cream, with several glasses of milk for good measure.

At this point, the imbalance in the pituitary gland soon manifests. As the functions of this gland include the balancing of acids and attending to the flow of mucous in the system, the losing battle against the large deposits of pyruvic acid and the decaying mucous from the milk drinking, quickly exhausts the reserves of pituitrin in the bloodstream, thus leaving the brain cells and those in the spinal cord almost defenceless.

(Poliomyelitis is an inflammation of the grey matter of the spinal cord. The fever is due to the accumulation of impurities, mostly in the nasal areas and the throat, which the self-cleansing forces of the body are trying to dispose of. The paralysis is due to interference to local nerve-supply, from pyruvic acid poisoning and other causes already mentioned.)

Tree-ripened fruit might save the situation to an extent, if it were procurable. But how many people realise the danger of eating half-grown case-ripened fruit?

Unripe apples, pears and bananas contain starch which is converted into fruit sugar if allowed to ripen on the trees, but if these are picked in an unripe state, the sugar matures to a degree, but the transformation is incomplete and much of the immature starch remains in the fruit. The addition of white

sugar used to sweeten the fruit when stewed merely worsens the trouble.

Further, if supplies of *young sweet corn and young green peas were procurable*, great benefit would result. While these two foods are young and tender, they are rich in VITAMIN B1 and in health-giving, energy-producing plant-sugar, but as they become old and stale, this plant-sugar is converted into starch and as such is not desirable for nutritional purposes.

VITAMIN C, as found in citrus fruit, being alkaline in reaction, would help the pituitary gland in maintaining the alkaline-acid balance in the bloodstream, if taken at the right time and in correct quantities. But modern marketing puts lemons almost beyond the pale. Oranges fare a little better in that they are allowed to ALMOST ripen on the trees, but only because of the additional appearance of the tree-ripened fruit, while pineapples, once looked upon as the most valuable of fruits, are now produced under such conditions as to render them almost unfit for consumption.

For VITAMIN C to be effective in helping the pituitary gland to neutralise the harmful effects of pyruvic acid and to maintain the alkaline-acid balance of the bloodstream, it must come from organically grown fruit, tree-ripened.

However, as this book aims at nothing more than making people conscious of some of the causative factors in polio, space will not permit of enumerating any but the most glaring instances of our short-sighted methods of production and marketing.

VITAMINS AND WHERE TO FIND THEM

VITAMIN A

The best sources of VITAMIN A are to be found in vegetables and fruits of green, yellow and orange colourings: Also in the fat of butter, cream, egg yolk and fish oil.

Vitamin A is also found in certain meats, such as liver and kidneys, but as these foods leave such a large amount of putrefactive waste matter in the organs they are not recommended.

Vitamin A is not destroyed by cooking or by storage. Vegetable oils, however, usually contain little or no Vitamin A.

VITAMIN B1

As VITAMIN B1 is the chief deficiency in polio, a list of foods rich in this element will be given. Foods that have been stored for a long time will be deficient in VITAMIN B1 and it may be partially lost in foods that have been cooked in water.

The best sources of VITAMIN B1 for our purpose are:—

Yeast	Prunes (<i>if of good quality</i>)
Wheat germ (<i>fresh</i>)	Lentils
Outer covering of cereals	Haricot beans
Oatmeal (<i>raw</i>)	Lettuce
Wholemeal bread	Cabbage (<i>raw</i>)
Walnuts	Cauliflower
Molasses	Spinach
Green peas (<i>young</i>)	Carrots
Sweet corn (<i>young</i>)	Radishes
Vegemite	Bananas
Marmite	

N.B.—Oatmeal. While cooking does not interfere with the VITAMIN content, it interferes with the starch content, and will be explained later.

VITAMIN C

Vitamin C, also mentioned as a must in overcoming polio, is found in citrus fruits, the berry fruits, and in certain vegetables. In common with VITAMIN B1, it may be partially lost from foods cooked in water, and if soda is added the vitamin content is destroyed almost entirely. As storage reduces the Vitamin C content of all foods, the value of fresh fruits and vegetables cannot be emphasised too greatly.

The most helpful of the foods containing VITAMIN C are:—

Papaya	Asparagus tips
Mango	Turnip tops
Grapefruit	Watercress
Orange	Mustard cress
Lemon	Capsicums (Peppers)
Black currants	Tomatoes
Strawberries	Cabbage (<i>raw</i>)
Red currants	Cauliflower (<i>raw</i>)
Raspberries	Swede
Pineapple	Turnip
Rock melon	Potato (<i>if cooked in jacket on oven sheet</i>)
Apple	Green peas (<i>young</i>)
Nectarine	Sweet corn (<i>young</i>)
Peach	Onions (<i>raw preferably</i>)
Peach skin	

Owing to the high oxalic acid content of spinach and silver beet, these vegetables should be eaten in small quantities.

VITAMIN D

Known as the Sunshine Vitamin, Vitamin D is found in the same foods as Vitamin A. Salmon and certain fish rank high,

with egg yolk, butter and cream as valuable sources of this unit of life.

Neither cooking nor storage affect the VITAMIN D content of foods.

VITAMIN E

VITAMIN E, of which a whole book could be written, is needed by the pituitary gland for countless purposes: to help to maintain the alkaline-acid balance of the blood, so necessary in polio patients; to keep the reproductory organs functioning normally; to supply tone and vitality to the muscles, especially those in the region of the heart; and to maintain the blood pressure at normal.

The best foods for this purpose are the green leafy vegetables and the embryo of seeds, i.e., *sprouted* wheat, soya beans, lentils, lima beans, and, of course, wheat germ itself.

Certain fats, *if fresh*, contain a small amount of VITAMIN E, but should the fat become the slightest degree rancid, the vitamin content is destroyed. For this reason in Australia, where food has to be carried long distances, Weat Harts, which is stabilised wheat germ, is more desirable than wheat germ. If fresh wheat germ is available, by all means use it, but if in doubt about its age, use Weat Harts.

And while I am on the subject of rancid or stale fats, I feel it is only right and proper that I draw attention to the evil-smelling tin of dripping to be found in so many meat safes as *a potential source of polio*. Stale fats, including rancid butter, will not only pollute any food that is cooked in it, but will destroy all the essential vitamins in that food. The danger of using stale eggs, evil-smelling dripping such as can be "heard" when passing fish and chip shops, and rancid butter cannot be estimated in anything except terms of disease potentials.

VEGETARIAN DIET AS THE ONLY SAFE MEANS OF PROTECTION

In an article, occupying front page space, in "The News," Adelaide, 2/3/56, we learned that several South Australian doctors had been penalised for misuse of antibiotic drugs.

Mainly involved were the newer antibiotics—aureomycin, chloramphenicol, terramycin and tetracycline (achromycin, tetracyclin). Later on, we read of a circular published by 35 leaders of the S.A. medical profession regarding the "gross misuse" of these drugs.

"This misuse, as well as being of serious concern economically, is creating a grave medical problem by developing more and more resistant organisms and by causing unnecessary morbidity (sickness) and at times mortality (death) to the patient."

Our concern is not with the unnamed medics who received a gentle rap over the knuckles for causing more disease and perhaps deaths in the community, but with certain aspects of the feeding of poultry and other animals from which food is derived.

"Leghorn," writing in the "Chronicle" early in 1956, tells us that "the inclusion of antibiotics in feed tends to stimulate a bird's growth in the early weeks of life. Local experiments with penicillin, aureomycin and streptomycin showed that one-day-old chicks averaged one ounce more in weight at four weeks than those of the control group."

In addition, this charming journalist outlined the value (?) of battery laying cages for the backyard poultry keeper and actually gives advice on how to install and maintain them.

Apart from the barbarity of the battery laying cages, we realise that if poultry is to be fed on disease-producing antibiotics to satisfy the greed of the one-more-ounce poultry breeder, such birds and the eggs they lay will be unfit for human consumption.

On top of this unpleasant news, we receive advice that two Americans will leave for Australia and New Zealand in February on a mission that, if anticipated results are realised, could mean millions for those countries' meat trade and a great benefit to their main customer, Britain. (Who could resist those millions?)

With the co-operation of experts in Australia and New Zealand, but particularly in Australia, the Americans will treat meat shipments with an antibiotic solution which, they anticipate, will prevent spoilage during the 10,000 mile voyage to Britain . . . The base of the antibiotic preserving process was "acronise," a yellow powder containing a special food grade of aureomycin (known to chemists as chlortetracycline).

Whether this method proves effective or not will make no difference. We have no doubt that meat of the future will be preserved with antibiotics, and, of course, with the poultry and the eggs, will be unfit for consumption, especially for children, who might start growing at a terrific rate, and not all the king's horses nor all the king's men could stop them.

Commercial cheese is also open to question. As the cows in the large dairies are "treated" with penicillin instead of hand stripping and drying them off gradually and naturally, also for injuries to the udder during milking periods, this antibiotic is stored in the blood and is passed off in the milk when the cow comes in again.

Two or three years ago, I heard of a large cheese factory near Dunedin having to close because penicillin in the milk was interfering with the cheese-making processes.

As there is too much money being made out of antibiotics for stock as well as for human beings, the warnings and circulars against their misuse or their abuse will naturally fall on deaf ears. Our only hope of survival—and, incidentally, of protection from polio and kindred complaints—is to eliminate meat, including poultry, commercial eggs and factory cheese from the dietary. When consumption of these articles falls off, vested interests will devise better methods of production.

DR. SCHUESSLER'S SYSTEM OF BIOCHEMISTRY

To write of PROTECTION FROM POLIO and fail to mention the high value of Dr. Schuessler's System of Biochemistry as a means of building resistance to disease would be to render a grave disservice to the community.

Unfortunately, as space will not permit of more than a thumbnail sketch of this fascinating subject being included in this publication, readers are asked to procure a copy of my book, "Biochemistry for the People," and read it, not once, but many, many times.

The term Biochemistry comes from Bios, a Greek word meaning the Course of Life—and Chemistry. According to Dr. Carey, it is that branch of science (*real science this time*) which explains the composition of the bodies of human beings, animals, and vegetables; the process by which the various fluids and tissues are formed; the nature and causes of the abnormal condition known as disease, and the restoration of health by supplying to the body the deficient cell-salt.

Biochemistry is an ancient Sanscrit teaching, rediscovered and developed by Dr. Schuessler of Oldenburg, Germany, towards the end of last century. Until that time, although scientists had been measuring the elements and tabulating each cell of the human structure, no practical use had been made of the knowledge, either in treating the sick or in building resistance to disease. To Dr. Schuessler, then, must go the credit of establishing a simple system that does both.

The blood of a human being consists of more than 70 per cent. water; the remainder is organic matter, except for about 5 per cent. inorganic matter, which are mineral elements, known as cell-salts. (These cell-salts constitute the indestructible ash that remains after cremation.)

Schuessler maintains that the cell-salts are the most vital of all body elements. They are the builders, the workers, he says, and the water and organic substances are just inert material *used by the cell-salts* in building the structure and the tissues as well as in maintaining the vitality of the body.

Each cell is individual and possesses an innate magnetic intelligence which gives it the power to attract what it requires from the blood and to reject what it does not require. This innate intelligence of the cell is the Divine Protection that the Creator has afforded his most precious masterpiece throughout the ages. But for this, the human body would have been destroyed long ago.

The rebuilding process, carried out by the body from moment to moment, is dependent upon the reserves of mineral salts stored in the cells. Each cell has to be rebuilt and recharged with life-giving elements in the nourishment carried by the blood, which, in turn, depends upon the cell-salts for its vitality.

The cells are decidedly individual. They refuse to be fed forcibly or indiscriminately, either with food, drugs, or medicines. This explains why the strong dose of "Nerve Tonic" over-steps the mark, is repelled by the cells, and causes further damage to the system by its depressant reaction. It also explains why vitamins, as such, cannot be utilised by a system that is deficient in mineral elements.

Where the food contains all the mineral elements in correct proportion, the body destroys its old worn-out cells, rebuilds new ones, and eliminates the waste matter in an uninterrupted sequence. Today, after centuries of refined, denatured food-stuffs, plus artificial fertilisers, spraying, erratic marketing, bad cooking, drugging, dosing, over-eating of frozen foods, etc., the national cell-salt reserve is bankrupt.

With the ill-health resulting from this bankruptcy, race suicide, delinquency, crimes, depressed mental states, polio, and kindred complaints are a foregone conclusion.

Black as the future appears, there is no need for despair. Dr. Schuessler provides the answer to our problem, and his *system of biochemistry teaches how the earth can be made to yield its elements of healing, and how the inorganic mineral workers can be used, in powdered form, to restore equilibrium to a world, physically depleted, mentally sick, and spiritually exhausted.*

These cell-salts, made up to Dr. Schuessler's formula, are not drugs. They belong to the earth and are an integral part of the human body. They do not depend upon digestion. They are dissolved in the mouth or else in a little hot water and are absorbed by the fluids of the body through the saliva. Immediately they enter the fluidic substances, the reserves of their affinities in the system carry the incoming vitality to the particular part of the body requiring it.

Dr. Carey describes the action of the salts as being "cunningly devised torpedoes that are not driven, but are attracted by the reserve of that element in the blood."

This demonstrates the vast difference between an antibiotic, which means "destroyer of life," and a biochemic cell-salt. Being a drug, the antibiotic destroys cell-life, whereas the biochemic vitalises and brings new life to each and every cell.

Therein lies their success as a basic healing agency and provides the reason why the biochemic system will replace drugs in hospitals and other institutions.

THE A.B.C. OF CELLULAR PATHOLOGY

Introducing the chief functions of the twelve most important of the cell-salts.

Name.	Chief Function.
KALI PHOSPHORICUM	The great illuminator. Creates mental energy and nervous stability and provides the "electricity" we think with. A boon to polio victims. "The grey matter of the brain (and, incidentally, the spinal cord) is controlled entirely by the inorganic cell-salt, potassium phosphate. This salt unites with albumen and, by the addition of oxygen, creates nerve fluid and the grey matter of the brain. There is a trace of other salts and other organic matter in nerve tissue, but potassium phosphate is the chief factor and has the power within itself to attract, by its own law of affinity, all things needed to manufacture this vital tissue. Therefore, when nervous symptoms arise, due to the fact that the nerve-tissue has been exhausted from any cause, phosphate of potassium is the only true remedy, because nothing else can supply the deficiency."
NATRUM SULPHURICUM	The balancer of liquids; The great malaria remedy. This cell-salt is used with remarkable success in cases of biliousness arising from excess of bile.
KALI MURIATICUM	The "spinning salt"; creates fibrin, keeps the fibres of the lungs healthy. The children's friend for swollen glands, mumps, mucous complaints, croup.
CALCAREA FLUORICA	The Youth salt; keeps the muscles elastic and maintains the elasticity of fibre. Supplies mental tenacity and gives us the power to hold on to LIFE, to principles, and to ideals. It fosters the rebirth of corpuscles in the spleen. Aids in the secretion of fluids, prevents extreme exhaustion. Helps to control uterine haemorrhages. It is known as the matrix of the blood—that is, the mother of the blood—hence its value in the treatment of all types of anaemia.
MAGNESIUM PHOSPHORICA	Magnesium phosphorica is present in the white fibres of the nerves and muscles, and is a "must" for all polio victims. Relieves spasms, twitching, and all muscular or cramp conditions.

KALI SULPHURICUM	Manufactures and distributes oil. Keeps the skin and underlying tissues healthy.
NATRUM PHOSPHORICA	Helps to maintain the alkaline balance of the blood and other fluids. Relieves acidity such as heartburn.
CALCAREA SULPHURICA	The great healer. Destroys and eliminates worn-out blood cells, controls excessive outpourings of pus, and is useful in the last stages of boils and carbuncles. Invaluable in the treatment of duodenal or any stomach ulcer and ulcerated surfaces. Protects the body from wastage.
SILICEA	The natural immuniser; the antiseptic cell-salt which builds resistance to pus complaints. Used in the treatment of abscesses, boils, and carbuncles to bring about a natural opening for the elimination of waste matter. Is extremely useful for the distressing night sweats.
CALCAREA PHOSPHORICA	An essential constituent of digestive juice. Helps to maintain mental balance and glandular functioning. Builds bone and resistance to disease. Prevents anaemia. Overcomes intangible fears and so-called nervous disorders. Used with Calc. Fluor. to prevent tooth decay.
NATRUM MURIATICUM	Utilises fluids to carry nourishment to the cells, also to eliminate waste matter. Assists in overcoming constipation. Prevents wasting diseases and malnutrition of cells. (See special note regarding the menace of common salt, to which Nat. Mur. is related.)
FERRUM PHOSPHORICUM	Creates magnetism and brings about a sense of well-being. Increases stamina and builds resistance to disease. It works with oxygen and brings on a high temperature to burn up the impurities in the cells; helps to reduce inflammation by assisting the cleansing forces of the body. It provides the colouring matter to the blood and vitalises the blood-making organs. Helps to overcome hot flushes of middle age.

THE MENACE OF COMMON SALT

In the book, "Biochemistry for the People," I have mentioned that Nat. Mur. is related to common salt. *Common salt is the crude product of the earth before it is transformed by the plant into a substance fine enough to be carried in the tiny channels to the cells.* Nat. Mur. is the finely powdered salt that can be assimilated and used by the body.

Thus, fresh vegetables in their raw state contain the only form of salt the body needs for its well-being. The addition of crude common salt to the cooking, or to the food when served,

interferes with the action of the transformed cell-salt in the food and the latter is lost or wasted.

When the foods containing this transformed cell-salt are unspoiled by cooking and no table salt has been added, the reserves of Nat. Mur. in the cells attract the Nat. Mur. from the food and the functions of the body proceed harmoniously. Adversely, crude table salt delays the process of the breaking up of the old, worn-out cells, and, in retarding the rebirth of new cells, brings on premature old age.

The natural salt in the plant assists in the elimination of waste fluids, urine, etc., but table salt acts in the opposite way. *Because of its crudeness, it cannot be absorbed by the capillaries (the fine channels) and lodges in the cavities and attracts other fluids and thus delays the flow of impurities from the body.*

Kidney trouble, high blood pressure, sinusitis, anaemia, skin conditions, rheumatism, arthritis, hardening of the arteries, liver and spleen troubles, etc., are the direct result of this totally unnecessary substance in the food.

Raw vegetables contain the only form of salt the body needs.

Servicemen who have been taking salt tablets to "stop perspiration" have also stopped the impurities from being thrown out of the body, with dire results. Those who have not discovered the true cause of their sufferings are still ill, as the knowledge contained in this article has not yet penetrated to hospital kitchens or drug doctors' consulting rooms.

Remember, drugs paralyse but cell-salts vitalise.

The End of Animal Experimentation?



Photograph by courtesy of The News, Adelaide.

*"Oh, good Monsieur Pasteur, your humanised art
Has filled every brain, and touched every heart;
Now please find a cure for our maladies when
This poor world is bitten by mad-minded men."*

WILL CARLTON.

THE END OF ANIMAL EXPERIMENTATION?

Although space will not permit of a lengthy article on the cruelties and perversions that hide under the guise of "Scientific Research," or to give it its real name, ANIMAL EXPERIMENTATION or Vivisection, certain information must not be withheld.

As monkeys figure so prominently in the manufacture of anti-polio vaccine, we will turn our attention in their direction and see if the "scientists" are any more faithful to the unhappy little creatures out of which they derive their huge profits than they are to the children they exploit—also for profit.

No matter how the press glamorises the activities of the vivisectionist, the fact remains that there is no traffic as degrading and as brutalising as that of ANIMAL EXPERIMENTATION. It attracts the lowest caste minds in any community—sadists and perverts all—who appear to have lost all sense of shame and human decency. That the unfortunate animals are hidden in inaccessible places, with their vocal chords destroyed to prevent their cries being heard, and the experiments carried out in the strictest secrecy is because the vivisector is well aware that if the man in the street got an inkling of what was going on in these dens of iniquity, public lynchings would be rife.

In 1948, India, whilst deploring the fact that monkeys and other animals were being used for testing purposes in the laboratories all over the world, she regretted that it was not practicable to prohibit the practice, as, still under England's dominance in medical affairs, *she believed that these experiments were in the interests of science.*

And when in 1951 the Government of Madras offered to the world, duty free, the monkeys that were wreaking havoc with the food crops, while protected from slaughter by Hindu religious sentiment, it was for economic reasons. (India strained her religious scruples and consigned hundreds of thousands of her "sacred animals" to a horrible fate so that her people would not starve.)

Today, after years of exporting these little sub-humans in their thousands and learning something of their sufferings en route to *Christian countries*, there are indications that India is emerging from the fallacies and superstitions forced upon her in the white man's medical schools. *India of today is not so sure that animal experimentation is in the interests of science.*

Granted her students are still attending our universities, and while large numbers will return to their native land with a degree in medicine, together with instruction in the use of the hypodermic syringe and other drug lore, others will return with armfuls of naturopathic literature. The latter, of course, will be equivalent to an Australian taking "coals to Newcastle," as India

has some of the ablest naturopaths in the world, and the day that her leaders learn to appreciate their talents and cease to persecute them, that day will India—and the outside world—take a forward step.

Since achieving her independence, India has taken a leading role in promoting peace in the world, and it is interesting to note that at the latter portion of 1955, as part of her concern for the future, a Committee of the Indian Legislature was engaged in drafting a Bill to cover the whole field of animal welfare; a wide issue indeed, and we are hopeful of the ultimate results of that Bill.

One thing is certain, Animal Experimentation and its depraved offspring, vaccination, cannot be allowed to continue indefinitely, and with India awakening to a spirit of world leadership, it is our unshaken conviction that she will be the nation chosen by the Unseen Powers to bring about a reform in this direction. In all the world, she is the one nation with the moral courage, the cultural background and the innate nobility necessary for this high purpose.

1956 is a momentous year which will bring many changes and reforms, especially to the animals under our care.

WHY MONKEYS' KIDNEYS, ANYWAY?

To begin with, we would like to ask why the vivisector could not use sheep's kidneys instead of monkeys' kidneys for his vaccine broth. Is it because he has a deep-seated grudge against his fellow man that he takes delight in torturing these supersensitive little sub-humans?

For that is what monkeys are . . . very affectionate and most sympathetic. Almost human as regards their physical and emotional reactions, they suffer as acutely as a human being, and in anticipation of suffering, their sympathetic reactions are even more marked than their human brothers.

Of this anticipation of suffering, the London Star on October 4th, 1952, told the story of a plane load of these little animals.

"On a recent monkey flight from Bangkok, the steward of an airliner walked into a hold containing hundreds of the animals and stepped on a broom, the handle of which struck him in the eye.

"With a sharp cry, he clapped his hands to his face, but burst out laughing when he saw the monkeys.

"They had covered their faces with their paws and were screaming in sympathy."

Further, in their relationships in their colonies, monkeys observe an amazing set of rules, some of which could well be adopted in human families.

Years ago I offended a colony of monkeys belonging to a circus troupe. A wee baby, trying to jump to its mother's cage, failed by a few inches to do so. Seeing its plight, I gently lifted the frail little body and was placing it in its mother's cage when, to my astonishment, the whole colony came to life . . . shaking the doors of their cages, shouting their disapproval, swearing in monkey language and spitting viciously.

The attendant told me I had broken a rule of the monkey world; that no one must touch a baby but its own mother. Every member of the colony respected this rule and enforced the law on wrongdoers. I was very thankful that the larger members of the troupe were all in strong cages.

The attendant also told me that, as far as he could ascertain, monkeys mated for life.

MAN IS UNFIT TO HAVE DOMINION OVER ANIMALS

That man is unfit to have dominion over animals is apparent from the unpardonable disregard for the comfort of sheep and cattle, especially during transportation. Monkeys are no exception to the rule.

In an article entitled "The Housing, Care and Surgical Handling of Laboratory Primates," which appeared in the Yale Journal of Biology and Medicine for May, 1946, we learn that—

“. . . For economy of space and money, monkeys are usually shipped under exceedingly crowded conditions and have been some weeks or months boxed in transit without too adequate care or feeding and with no opportunity for exercise. Deaths in transit are numerous. Carpenter, investigating this in India, described long delays while the animals are held in ports there and the great prevalence of tuberculosis.

"On arrival in the laboratory, they are therefore apt to be thirsty, hungry and in poor condition. They may have skin infections due to wounds inflicted by fights and the various traumata (bruises or injuries) of transit. They are potential sources of every kind of infection from impetigo and tuberculosis to parasitic infestations, and should be regarded with suspicion both from a health and from an economic basis for some weeks after arrival."

This coincides with the report in the Daily Mail for April 27th, 1950, that 100 out of 200 monkeys had died from cold and the very rough voyage from India; and that in the Daily Telegraph for May 26th of the same year, that 30 monkeys had died on their air journey to the U.S.A.

To get an even more complete picture of the horrors of this trade, we must remember that the monkeys have first to be

captured and then sent to the port of embarkation. This was well described in the *Bombay Sentinel* for April 6th, 1937.

"The tale of torture begins when these little creatures, mostly in their infancy, are trapped in their native jungles, torn from their mothers' breasts and packed into crates for a long journey of suffering, of which the horror of their initial abduction is only a beginning and a worse fate is at the end."

What happens to the monkeys when the survivors reach their destination? The answer is that these animals attain to the full misery and agony of the laboratories.

EXPERIENCES OF AN EYE-WITNESS

Some years ago, Louise MacKenzie, a member of the Council of the United Humanitarian League, 24 Redhoods Way East, Letchworth, Herts., gave an eye-witness account of her visits to a number of vivisection laboratories, several of which were in England.

Of the visit to Porton, where experiments on animals with poison gas were being carried out, she writes:—

"I myself have never seen animals under poison gas experiment, but in 1940 I spent some weeks in Salisbury in charge of a shop campaign, opposing particularly the sacrifice of animal victims by experiments in poison gas. Soldiers called in considerable numbers to sign our petition and to express their horror of what they had themselves seen.

"One evening an electrician came in and told me of his experience. I took his words down verbatim:—

"The firm for which I work undertook to make some new installations at Porton, and one day I got out at the wrong landing and opened a door by mistake . . . At first, I thought I was ill . . . I thought I was seeing things, and then I went a little nearer and looked . . .

"It was a little monkey enclosed in a glass cage—a sort of box. Its eyes seemed to be falling out and it couldn't breathe. It was in dreadful, dreadful distress. I just forgot everything and went near and said something to it, and it buried its head in its arms and sobbed like a child.

"I never slept that night, and next day I managed to go back to the same room; but it was nearly finished by then. It had sunk to a little heap at the bottom of the glass case."

Lest you forget, dear reader, poison gas was condemned, internationally, in 1907, and outlawed for use in warfare in 1919, yet in 1940, twenty-one years later, we read of these fiendish experiments being carried out on the most sensitive of creatures.

And to what purpose, we might ask?

To no purpose at all, except to gratify the ghoulish curiosity and the insensate cruelty of criminal minds; there was no genuinely scientific excuse for experiments in poison gas in 1940. If the medical profession had not worked out the most effective way of relieving the sufferings of the unnumbered victims of the First World War, *which ended in 1918*, the poor little monkey's contribution in 1940 would not help very much.

Other experiments appear to be equally as purposeless and even more stupid; in fact, so much so that we doubt the sanity of those taking part in such outrageous proceedings.

Take, for instance, the "research" into certain phases of resistance to experimental poliomyelitis which involved no less than 239 monkeys in one series alone.

Has the reader ever seen 239 monkeys all at once? And if so, can he or she give me any indication of the number of attendants it would require to perform an experiment with so large a number of animals? In this case, how many assistants would be needed to do the *beating of the arms or legs or the stomachs of the animals with rubber mallets and make records of the number of animals who suffered from shock or were on the point of death from exposure, etc.*?

By the way, I wonder *how long it would take to get 98 monkeys into strait-jackets?* And would the unhappy little creatures be lined up, watching the proceedings, as one by one their mates were being prepared for this great "scientific venture"?

However, here is the article from which these deductions and questions have arisen, and when the last word has been read, you will appreciate why Mark Twain said that "Man was the only animal that blushes—or has cause to."

In the *American Journal of Hygiene* for September, 1945, there appeared an article by Sydney O. Levinson, Albert Milzer and Philip Lewin, of the Samuel Deutsch Serum Centre, Chicago, Illinois, entitled, "Effect of Fatigue, Chilling and Mechanical Trauma on Resistance to Experimental Poliomyelitis." The method of "research" was to inoculate the test animals with polio virus, and then make them swim until exhausted in tanks of water.

"The period of swimming varied from two to three hours. The degree of fatigue was arbitrarily graded from 1 to 4 plus, depending on whether the monkey exhibited mild resistance to handling or was so completely exhausted that it was unable to support its own weight, showed hyperpnea (abnormal exaggeration of breathing movements), failed to respond to tactile stimuli, and was prostrate in its cage for several minutes after removal from the water tank. Practically all of the exercised animals were forced to swim to the point of 4 plus fatigue. . . .

"Ninety-one monkeys were used in this study. . . . Forty animals were inoculated and exercised. Of this number, 16 developed complete quadriplegia (paralysis of all four limbs), 4 developed monoplegia (paralysis of one limb), 1 had a facial paralysis only, and 8 escaped the disease."

In further experiments, "we decided to study the influence of chilling as a predisposing factor":—

"The water controls (i.e., uninoculated animals) and the chilled animals were immobilised in strait-jackets (to avoid struggling and fatigue) and immersed in the tank containing water maintained at monkey body temperature (39 degrees C.) on the fourth and sixth days after the usual virus inoculation. . . .

"Ten animals were kept in the warm water for only 15 minutes and were then chilled by being placed for 30 minutes in a tank of water kept at 17 degrees C.

"The chilled animals sustained a fall in body temperature ranging from 11 to 12 degrees. All these animals were cyanotic (blue in the face and skin) and somewhat prostrated for two or three hours after removal from the cold water. . . . Ninety-eight animals were studied in this series."

Further experiments were made to test the effect of trauma (shock or injury):—

"The usual groups consisting of 12 monkeys were used in each experiment. Four animals were used as controls and were not traumatised. In the remaining eight animals the ventral (i.e., stomach) side of the left or right arm was traumatised (i.e., *beaten*) with a rubber mallet under ether anaesthesia, on the third day following inoculation. A few animals were also traumatised on the ventral surface of the groin of the left leg by the same procedure."

Needless to say, the animals were allowed to recover from the anaesthetic and the results observed. We are told that 50 animals were used in these traumatic experiments, and that in all 239 monkeys were used in the whole series.

And what did the unnecessary sufferings of these 239 monkeys amount to?

Nothing! Nothing at all!

Tomorrow or the next day, another set of "research workers" will carry out the self-same experiments, or worse.

That is, my friends, while you provide them with the dollars or pounds for their nefarious purpose. Money is the god of these "mad-minded" creatures, and nothing will stop their monstrous cruelties except cessation of funds.

Remember, when you submit your children to the "heathen rites" of vaccination, not only are you exposing the little ones to more serious diseases in later life, but you are supporting an unholy traffic that has to be carried on behind locked doors

and in the darkened places away from the gaze of decent people. Enormous sums of money are filched from the public purse to pay for the unfortunate monkeys and the upkeep of the horror camps outlined previously.

And if you are still in doubt as to whether you should allow your children to be vaccinated, may I suggest that you ask the doctor in charge—

1. To give you a written statement of the ingredients of the vaccine he intends using.
2. To tell you, in simple language, exactly how it is made.
3. To give you a written guarantee that the child will not develop a more serious disease soon afterwards.

These are perfectly logical requests and no reasonable man would refuse to answer them—if he could.

The most sinister aspect of the vaccination set-up is that while it is stressed that *no child will be immunised without consent*, the application cards are worded in such a way that a *parent requests that his child be immunised*. This cunning measure throws the responsibility of any after-effects back on the parent or guardian. So that no matter what happens after the mass vaccination takes place, the Health Department will not be responsible, *unless parents get a written statement from the doctor in charge concerning the three points mentioned in the previous paragraph*.

It is the author's intention to further review the facts of animal research and the incidence of poliomyelitis in future editions of this book.

The facts quoted are those known at the date of publishing and will be subject to considerable amplification in subsequent editions.

