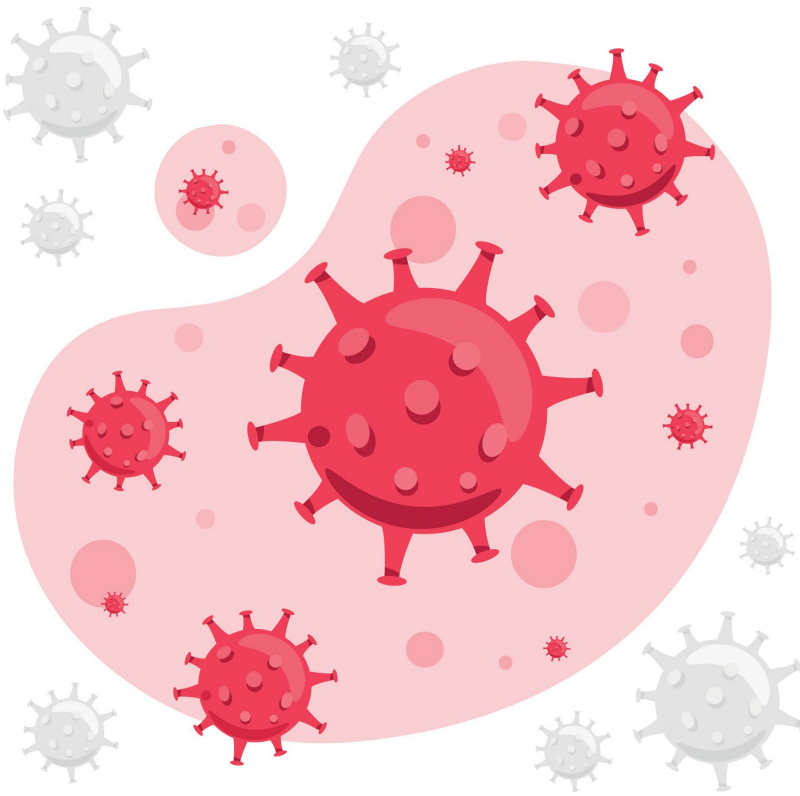
VIRUSES FARCE & FRAUD

VIRUSES



THE ELUSIVE 100 YEAR SEARCH FOR THE MISSING "VIRUSES" OR THE FARCE AND FRAUD OF VIROLOGY EXPLAINED IN DETAIL

VIRUSES

The Elusive 100 Year Search for the Missing "Viruses" Or The Farce And Fraud of Virology Explained in Detail

"Oh let the wickedness of the wicked, come to an end; but establish the just: for the righteous God trieth the hearts and reins. He made a pit, and digged it, and is fallen into the ditch, which he made. His mischief shall return upon his own head, and his violent dealing shall come down upon his own pate." - Psalm 7:9 & 7:15-16



The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

Book Title: VIRUSES The Elusive 100 Year Search for the Missing "Viruses", Or The Farce And Fraud of Virology Explained in Detail

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In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ.

We Dedicate this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization.

"The Lord He is God"

Has in **the Oneness of the Living God the Christ Our Lord and Saviours**, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon.

And as a result on which they all are in agreement, this book is thus produced and given as a testimony that: **"The Lord He is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.**

These are not vain words, but are those words from those who know **The Lord, His Ways, His Coming.**

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God.

A special thanks also to those who work with Him and help all of us.

May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation.

Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings. There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this 100 year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure,

where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths.

These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion.

The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

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Dedication

*"**To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery,** booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy; **to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.***

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars, and cents under, the iron heel of commercial greed, in the name of health, science,** and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil", who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue, **malnutrition, soul-starvation,** anxiety, fear, **filth and premature death.

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized".

I affectionately and hopefully dedicate this book."** - Dr Simon Louis Katzoff, MD, in **"Timely Truths on Human Health", 1921.

*"**The present work is written for the double purpose of correcting error, and imparting truth.** Its purpose is not to attack men, nor systems, **but simply to state facts by which their pretensions may be judged."** - Dr Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick", 1847.*

Truth Is An Awesome And Powerful Force

Disclaimer

"The content of this Book, is based on research conducted by the members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only, and is not intended to diagnose or prescribe for any so-called "medical" or "psychological" "condition", nor to prevent, treat, mitigate or cure such "conditions". The information contained herein is not intended to replace a one-on-one relationship with a qualified Healthcare Professional.

This information is not intended as "Medical" advice, but rather **a sharing of knowledge and information based on research and experience.**

The Hospitallers Order of the Good News, encourages the reader to; "Make your own Health Care decisions based on your judgment, and research in partnership with a qualified Health Care Professional."

But be aware of not choosing, the Medical Trade, for Health Science, and the so-called Medical Science are two different things.

"These statements have not been evaluated by the so-called Food and Drug Administration (FDA), in the USA.

The information on this Book is not intended to diagnose, treat, cure or prevent any disease, by means used by the Medical Trade."

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment. A civilization founded on lies, has no future, a civilization based on false or fake pretences, has no future, a civilization that follows political correctness is fake by proxy. To sustain the manner of thinking in the present civilization is to sustain a lie. Thus the solution is to establish a New Civilization, based on a New Science, a New Model of Society.

This if Humankind will ever have a chance to progress, to evolve in this third dimension Earth.

In that the End of Times, and the Beginning of a New Era, 2024.

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The Farcical Medical Trade Theory of Viruses

In this Book, and specially when dealing with subject matters such as: "Viruses", "Genetics" and any and everything related to DNA or RNA these subjects, must be taken into consideration that; the information been published has not been verified by any other body (non Medical Trade, related or funded body), to verify the claims made by the Medical Trade "professionals", sometimes called "scientists", all versed in something called "medical wisdom". The much of the Medical Trade "Virus Theory", begs belief (it simply does not add up), and in part is illogical.

> *"Biologists have a pronounced tendency to: Name, Classify and Order, their organisms of interest; this compulsion has been dignified by coiling it taxonomy or systematics, and has evolved into a science all of its own.* ***There are often violent disagreements as to assignments of organisms****, however, which have often been resolved (as much by force of personality, as, by use of quantifiable data). Much has been written on the relative merits of the use of morphological and biochemical criteria for biological classification (Crowe in "Molecules vs. morphology in phylogenetics: a non-controversy", Trans. R. Soc. South Africa, 1988).* ***Evolutionary and biogeographic speculations, are being made with increasing regularity****, especially for viruses important to humans; like influenza and dengue fever viruses. The first major problem is: that viruses are, in all probability, polyphyletic in origin, that is, several major groups of viruses*

> *arose by several different routes, independent of each other, at different times, and have separate evolutionary histories. Thus,* ***it would be impossible to have a "virus evolutionary tree".*** *" - Edward Rybicki, in "The classification of organisms at the edge of life or* ***Problems with virus systematics"****, Academy of Science for South Africa, April 1990.*

"The nucleocentric origin-of-life theory became "virocentric". Most of the data on viral genetics and biochemistry that have accumulated over the past 50 years strongly oppose this view and **support the idea that viruses are not alive. Furthermore, that viruses are not alive was officially acknowledged by the International Committee on Taxonomy of Viruses in 2000.**

1. It is hard to accept that the definition of an organism necessarily requires portions of another organism. This would be akin to defining a tapeworm as the assembly of the parasitic flatworm and the human body that it requires for growth and reproduction.

2. **No virus contains all the genes required to build a virus** factory, as most of those genes, as well as the machinery to express the virus own genes, are provided by the host.

3. The use of the apparently appealing analogy of a virion as a spermatozoid and a viral factory as a human is untenable. **Viruses do not have sex and do not split any diploid genetic content into haploid gametes** that, combined, have all the genes needed to develop the diploid stage of the Homo sapiens species. Taken together, their inability to self-sustain and self-replicate, their polyphyly, the cellular origin of their cell-like genes and the volatility of their genomes through time make **it impossible to incorporate viruses into the tree of life.**" - David Moreira, Purificación López-García, in **"Ten Reasons to Exclude Viruses from the Tree of Life"**, Nature Reviews Microbiology, 7 April 2009.

"I propose an eleventh reason to exclude viruses from the tree of life: There is no such thing as a tree of life. *It is difficult to differentiate the "life" of viruses from many proteins, RNA and genes, and to differentiate the same genetic code from that of intracellular Bacteria. Moreover, large viruses have a similar size and life cycle, within a created vacuole, as intracellular bacteria." - Dr Didier Raoult, MD in* ***"There is no such thing as a tree of life (and of course viruses are out!)"****, Nature Reviews Microbiology, August 2009.*

Problems of Virus Multiplication

"When we study the reproduction of viral materials in a more-or-less persistent non-infectious form (such as the "prophage" form of bacteriophage) we depend, for proof of the presence and multiplication of the viral material, on the ultimate production of some infectious virus. Only occasionally can **we infer complete or partial phenomena of viral multiplication by indirect observations, such as multiplication of elements resembling** known virus particles in morphological or physico-chemical properties. Viral multiplication is strictly intracellular. Hence, we must consider as its essential process the production of viral materials within virus-infected or virus-carrying cells. Viruses multiply not as organisms but as subcellular entities, more on a level with organized, non-independent cell constituents." - S. E. Luria, Department of Bacteriology, University of Illinois, in "The Multiplication of Viruses", 1958.

"No DNA polymerase can start a de novo DNA chain." *- Sankar Mitra, in "DNA Replication in Viruses", Ann. Rev. Genet., 1980.*

"When we listens to the explanation of how a "virus" works, we generally don't really place too much attention on it, thinking that we might not understand it anyway. But **if we study, and read exactly what the theoretical conception of a "virus" is, and return to listen to what the Medical Trade Science is trying to sell to us, then it becomes clear that it is both illogical and absurd. The more you think about it, and the more you know about the so-called "virus concept", the more you know that the concept; more than a "virus" it is a miracle.** Because, **for something, which is not even a thing (but only a fragment), for this fragment to become a thing, but only when inside of something else, is absurd. Now, I am prepared to accept that pre-existing 1. Cellular Waste, 2. Metabolic Waste from Digestion, and 3. Toxic Excrement from Bacteria, the same one which the Medical Trade claims to be "viruses", thus Body Tissue Cells in contact with this Debris Particles, so-called "viruses", these in contact with the body living cells, by their Toxic Effect upon them, make the Living Tissue Cells Virulent, in the sense that, this Microscopic Metabolic Waste Debris, become in their action, what today is referred to, as having a Virulent Capacity.**

> *"As most of the micro-organisms which cause what I term "infections from within" (and it is from these that viruses would most readily develop) do not directly cause or invade the lesions for which they are responsible,* ***another factor enters. This factor is the most important of all, as it reveals that the host's main defensive mechanism is the chief invader.*** *In other words,* ***the manifestations of disease and the lesions which are formed result from the abnormal chemico-physical changes to which the protein in the sap and blood have been subjected by the primary invaders, which can be separated into chemical, physical, and microbial. The so-called "virus diseases" are best prevented and combated by mitigating the action of the primary invaders."*** *- Dr J.E.R. McDonagh, MD in "Virus Diseases", British Medical Journal, 25 February 1939.*

Therefore, this concept, is the only one that any logical mind can accept.

The present conception of what constitutes a "virus", and that: such "viruses" are not complete, but partial things only, that are neither dead nor alive, is a fallacy.

The False Theoretical Invention of "viruses", proposed by the Medical Trade, and freely entertained by Politicians, if the same is allowed to be maintained can only lead our present Civilization into a path of Fear and Chaos." - Rui Alexandre Gabirro, Emunctologist, in "Medicine The Lies, The Greed & The Death, The Effects of The Medical Trade, & The Pharma Industry On Your Health", 14 May 2020.

Chapter 1

The PCR Test Farce

"I want to ask this to Kary Mullis, how do they misuse PCR to estimate all these supposed free viral RNA's, that may or may not be there?

Kary Mullis - I think misused PCR is not quite, I don't think you can misuse PCR.

The results, the interpretation of it, see, if you can say, if they could find this virus in you at all, and with PCR, if you do it well, you can find almost anything in anybody, it starts making you believe in the sort of Buddhist notion that everything is contained and everything else right.

I mean, because if you can amplify one single molecule up to to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have at least one single one of them in your body.

So that could be thought of as a misuse of it just to claim that it's meaningful.

But the the real misuse of it, is that you don't need to test for HIV, you don't need to test for the other 10,000 retroviruses that are unnamed also in the subject.

It's not an estimation it's a real, **it's a really quantitative thing it tells you something about nature, and about what's there but it it it allows you to take a very miniscule amount of anything, and make it measurable and then talk about it in meetings and stuff like it is important.**

See, that's not a misuse, **that's just sort of a misinterpretation. There's very little of what they call HIV**, and what's been brought out here by Philpott and Esai

already, **the measurement for it, is not is not exact at all, it's not as good as our measurement for things like apples.**

An apple is an apple, you know, you can get something that's kind of like if you've got enough things that look kind of like an apple, and you stick them all together you might think of it as an apple.

But, **and HIV is like that those tests are all based on things that are invisible,** and they are the results, are inferred. **In a sense, PCR is separate from that it's just a process that's used to make a whole lot of something out of something.**

It doesn't tell you that you're sick and it doesn't tell you that the thing you ended up with really was going to hurt you or anything like that." - Kary Mullis, 1993 Nobel Prize in Chemistry, Inventor of the PCR Test, Inventor of the PCR Test, in "The Corporate Greed & AIDS Event", Santa Monica, CA, 12 July 1997. Hosted by Esai Morales, Participants include Sean Current, Paul Philpott, Christine Maggiore.

I Discovered That There Was No Evidence That There Was A Virus

"I discovered that there was no evidence that there was HIV.

My personal story, I mean **the general fact is there isn't any, and you can check it yourself.**

You can go to the internet, and you can write: "AIDS cause", return. You'll get papers the first 20 hits, you get out of those there will probably be about **6 or 7 that suggest that there is no evidence. There will be not a single one that suggests that there is evidence for a causal relation between those two things.**

Now, when I was working down the street here, toward Michigan street a place called Specialty Labs, I was working for this those guys, 3 or 4 days a month and I was setting up tests to look for viruses like HIV in the blood supply for Los Angeles.

And since there were so many people in Los Angeles, California, there was going to be a it was a pretty hard to see how you're going to test all the all the about thousand bottles every day.

So we had to put a lot of effort into it and we've been successful, and I was having to write that up, for the people who had paid for it, which is your representative government.

And I was writing this little paragraph, and I said I've got to explain why we were doing it in the first place.

So I said well "HIV is the probable cause of AIDS", that was my first sentence, because I thought it was, because that's what I'd heard.

And I hadn't questioned it.

I just heard it, I said well if all these people think that's true there's probably evidence back there somewhere that suggests it.

And so I asked somebody what reference, what little work of scientific reporting should I quote, so that somebody interest interested in finding out why I thought that could find out himself. The guy said, the guy that I asked was the wrong person asked.

He said you don't have to quote that you don't have to say, everybody knows it.

I said, well I don't know why, I know it, I just know that I heard it. And in a scientific thing it's a lot different from a movie, where all you have to do is have a character say something you want to have as a fact.

In a scientific publication, you are required by the system, not by the editors of the journals, because they let you get away with a lot of crap sometimes.

But you're required by the elements the scientific things that have made it work, to always tell the person that you're now telling something new to where you started from.

I starting here have worked to there, so we moved one small step, but if the place I started wasn't if I don't even tell you what that is you don't know we've moved anywhere and you can't trust that.

I have to tell you where I started from well in that case I couldn't find it.

I started asking people, I started getting real sort of uneasy about it after about a year, because I still hadn't written the damn thing, and it was due about a month from when I started it. So it was real late, because I couldn't finish it. But I started asking people all over the world because I started travelling all kind about that time because everybody studying AIDS wanted to use PCR that was my invention.

So I got invited to all these meetings and I tell them how to do PCR, well I didn't care that much about AIDS to begin with, but I started caring after I realized none of these people when asked directly, privately, sweetly you know could come up with anything to help me out, and all I wanted to have was one scientific paper to quote that I could say this is where I got the concept from that HIV is the probable cause of AIDS. And I thought at that point that that's pretty damn significant, because there was a tremendous amount of interest there were meetings 10,000 people gather in Amsterdam, 10,000 people gather in various cities around the world every year to to talk about this work they've been doing at our expense to cure this disease which they've created at our expense really.

And not a single one of them can find a quote that I could use in a simple little paper to the NIH, that's the National Institutes of Health (NIH), that said the reason you guys sent us USD $50,000 bucks for this project is because HIV is the probable cause of AIDS. And it would be a good idea to see if it's in the blood supply, there's no way to support that statement, no reason to do that work.

It was all a waste of time, except that I enjoyed, **I love to drive from San Diego to Los Angeles twice a month.**

I made a living, and if you think about that.

That's where all those guys are making a living.

But, I changed the question after a while, because I was getting no luck with what should I quote. I finally said: "when was it that you came to the conclusion, because you must because you just gave a talk about AIDS and HIV.

When did you come to the conclusion that HIV was the probable cause of AIDS.

Personally when did you come to the conclusion."

And they would generally allude to some paper or something that they had read or whatever.

But no one has ever been able to explain to me anything else than: "I heard it in the New York Times, or on TV.

Was that Fiction, or was that fact on TV?"

It didn't bother anybody to even think about it.

I don't know how it is that we all overlook real obvious things like that.

But you know, we've done it before on this planet we do it regularly **it's expected of us to be idiots.**" - **Kary Mullis, 1993 Nobel Prize in Chemistry, Inventor of the PCR Test, in "The Corporate Greed** & AIDS Event", Santa Monica, CA, 12 July 1997. Hosted by Esai Morales, Participants include Sean Current, Paul Philpott, Christine Maggiore.

"Then, and only then I started looking into it. I looked up a bunch of papers, and science about Gallo. I knew about him and had written, I figured well Robert Gallo must have been the one who figure it out, because he's the name I've heard associated with it I looked at his papers and I didn't find anything in there that actually showed me that there was a fact now in science called HIV is the cause of AIDS. Or even the probable cause of AIDS which is all I would have expected. The probable cause of AIDS, highly probable because they were attacking the whole problem by then as though it were certainly the cause. So I'd expect it to be highly probable. But I couldn't find anything and said it was remotely probable even." *- Kary Mullis, 1993 Nobel Prize in Chemistry, Inventor of the PCR Test.*

"The idea behind PCR was so simple that Mullis had trouble convincing his superiors at Cetus Corporation that he was onto something. Over the next year, he used the technique to amplify a well-studied gene. ***Mullis published that landmark paper in 1985 (on amplifying the sickle cell mutation) and filed patent applications, launching the field of DNA amplification. He received a $10,000 bonus for his invention, which the company sold to another company for $300 Million."*** *- in "Kary Mullis, Father of PCR", PLOS DNA Science, 15 August 2019.*

"While antigen tests look for proteins on the surface of the virus to ascertain the presence of the pathogen, PCR (polymerase chain reaction) tests are engineered to seek genetic material called RNA that instructs the virus to make these proteins. *Both tests also require a swab from the back of your nose or throat as a sample,* ***and cannot determine whether you are contagious if positive.*** *In the case of PCR, the sample is sent to a lab where it is heated and cooled using special reagents to* ***convert the virus's RNA into DNA, and then make millions of copies of the DNA, which allows for the identification of the organism.*** *This process can take hours,* ***requires sophisticated lab equipment and technicians,*** *and is typically done one sample at a time, although there are machines that can process multiple samples. Although the sample needs to be sent to a lab, the time consuming* ***process delivers as the results are almost 100% accurate in spotting infected people when there is virus on the swab."*** *- in "PCR, antigen and antibody: Five things to know about coronavirus tests", European Commission, European Union, 18 December 2020.*

Trained Dogs can Detect Odour of COVID-19

"Modelling shows the dogs could be used at airports and ports, with two dogs being able to screen 300 people in 30 minutes.

The project, led by the London School of Hygiene & Tropical Medicine, in collaboration with Durham University and the charity Medical Detection Dogs." - in "Trained dogs can detect odour of COVID-19 with accuracy rate of up to 94% - study", Sky News, 25 May 2021.

Virus or Fecal Samples

"This work provides new insights into the origin and evolution of SARS-CoV and highlights the necessity of preparedness for future emergence of SARS-like diseases.

Sampling

Bat samplings were conducted ten times from April 2011 to October 2015 at different seasons in their natural habitat at a single location (cave) in Kunming, Yunnan Province, China.

Bats were trapped and **fecal swab samples** were collected as described previously.

Clean plastic sheets measuring 2.0 by 2.0m were placed under known bat roosting sites at about 18:00h each evening for collection of **fecal samples**.

Fresh fecal pellets were collected from sheets early in the next morning.

Each sample (approximately 1 gram of fecal pellet) was collected in 1ml of viral transport medium composed of Hank's balanced salt solution at pH7.4 containing BSA (1%), amphotericin (15 μg/ml), penicillin G (100 units/ml), and streptomycin (50 μg/ml), and were stored at -80ÊC until processing.

Virus isolation

The Vero E6 cell line was kindly provided by Australian Animal Health Laboratory, CSIRO (Geelong, Australia).

Vero E6 monolayer was maintained in DMEM medium supplemented with 10% fetal calf serum (FCS).

Fecal samples (in 200 μl buffer) were gradient centrifuged at 3,000±12,000 g, and the supernatant was diluted 1:10 in DMEM before being added to Vero E6 cells.

Plasmids

The ORF8 genes of bat SARSr-CoV WIV1 and Rf4092 and the ORF8a gene of bat SARSr-CoV

Rs4084 were amplified by PCR from the viral RNA extracted from the isolated virus or fecal samples.

Quantification of SARSr-CoV in individual bat fecal samples.

The number of genome copies of SARSr-CoV per gram of **bat feces** was determined by quantitative real-time PCR targeting the RdRp gene.

Rescue of bat SARSr-CoVs and virus infectivity experiments

In the current study, we successfully cultured an additional **novel SARSr-CoV Rs4874 from a single fecal** sample using an optimized protocol and Vero E6 cells." - **Editor: Christian Drosten, Charite, Universitatsmedizin Berlin**, Germany, in "Discovery of a rich gene pool of bat SARSrelated coronaviruses provides new insights into the origin of SARS coronavirus", PLOS Pathogens, 30 November 2017.

Funding

This work was jointly **funded by National Natural Science Foundation of China** (81290341, 31621061) to ZLS, **China Mega-Project for Infectious Disease** to ZLS, Scientific and technological basis special project to YZZ and ZLS from the Ministry of Science and Technology of China, the Strategic Priority Research Program of the Chinese Academy of Sciences (XDPB0301) to ZLS, **the National Institutes of Health (NIAID R01AI110964), the USAID Emerging Pandemic Threats** (EPT) PREDICT program to PD and ZLS, CAS Pioneer Hundred Talents Program to JC, NRF-CRP grant to LFW and WIV ªOne-Three-Fiveº Strategic Program to JC and ZLS.

The Virus Transmission Farce

"But Changchun Tu, a virologist who directs the OIE Reference Laboratory for Rabies in Changchun, China, says the results are only "99%" persuasive. He would like to see scientists demonstrate in the lab that the human SARS strain can jump from bats to another animal, such as a civet. "If this could have been done, the evidence would be perfect", he says." *- in "Bat cave solves mystery of deadly SARS virus-and suggests new outbreak could occur.* ***Chinese scientists find all the genetic building blocks of SARS in a single population of horseshoe bats****", NATURE, 1 December 2017.*

Medical Trade Propaganda

"The immunisation of the masses has been undertaken with almost a religious fervour. The enthusiast rarely stopped to wonder where it would all finish or whether the fulsome promises made to the public in the form of "propaganda" would ever be honoured. Without propaganda there can, of course, be no large-scale immunisation, but how perilous it is to mix up propaganda with scientific fact. If we baldly [in plain or basic language] told the whole truth it is doubtful whether the public would submit to immunization. Accidents and mistakes must inevitably happen and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take detailed notice of the immunisation accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like the secret service." *- Dr Charles Cyril Okell, MD, Infectious Diseases Physician, in "From a Bacteriological Back-Number," The Lancet, 1 January 1938.*

Christian Drosten

The Real Face of the Coronavirus Farce

"From June 2000, Drosten worked as an intern in the laboratory group of the physician Herbert Schmitz in the **virology department of the Bernhard Nocht Institute for Tropical Medicine** in Hamburg, where he headed the laboratory group Molecular Diagnostics and established a research program for the **molecular diagnostics of tropical viral diseases.**

In 2017, he accepted a call to the **Charité in Berlin, where he heads the Institute of Virology**.

From 2017 until 2019, Drosten was a member of the German Ministry of Health's International Advisory Board on Global Health."

On 23 January 2020, Drosten, along with other virologists in Europe and Hong Kong, published a workflow of a real-time PCR (RT-PCR) diagnostic test, which was accepted by the World Health Organization (WHO) and which sent test kits to affected regions.

On 17 March 2020, Drosten was appointed to the European Commission's advisory panel on COVID-19.

Corona-Explainer-In-Chief

On 23 March 2020, The Guardian described **Drosten as "the [German] country's real face of the coronavirus crisis"**, and also noted that the Süddeutsche Zeitung had described **Drosten as "the nation's corona-explainer-in-chief".**

He was a counterpart to Lothar Wieler [de], head of the State's Robert Koch Institute in Berlin, in consulting to German federal and state authorities." - in Wikipedia.

"Prof Christian Drosten is a physician by training.

He is board certified in virology, medical microbiology and infection epidemiology.

He started his professional career at the Bernhard Nocht Institute for Tropical Medicine in Hamburg, where he discovered the unknown virus causing SARS in 2003 (SARS = severe acute respiratory syndrome) and developed a diagnostic test that enabled public health authorities worldwide to stop the agent before it could develop into a pandemic.

In 2007, at age 34, he became the founding director of the Institute of Virology at University of Bonn Medical Centre, now a well-known place for research on emerging viruses in Germany.

In 2017 he took over the Chair of Virology at Charité, where he heads the Institute of Virology on Campus Mitte." - in "Pandemic preparedness: Ebola and beyond", The LSHTM-Charité Global Health Lecture Series is supported by the **Bill & Melinda Gates Foundation** and this event on **Pandemic Preparedness** is also supported by the **Wellcome Trust**, London School of Hygiene and Tropical Medicine, **12 February 2020.**

> ***"Committed Grants to Charité - Universitätsmedizin Berlin, to develop diagnostics and virology tools to enable a rapid response to the novel 2019 coronavirus, $249,550."*** *- in "**Bill & Melinda Gates Foundation**", March 2020.*

German Government Advisory Board on Global Health

To ensure high-level support and advice to the German Federal Government in the field of global health, an International Advisory Board of Global Health was established in 2017. It advises on current trends and challenges in global health and makes suggestions how Germany could further develop its engagement in the international community.

Members of the **International Advisory Board on Global Health have already been appointed by the Federal Ministry of Health in August 2017.**

The Board now includes experts from different regions and stakeholder groups that have extensive expertise on various global health topics.

Members of the German Government International Advisory Board on Global Health

Prof Dr Ilona Kickbusch, Director of the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva (Chair of the board)

Prof Dr Christian Drosten, Chair of the Institute of Virology at the Charité Berlin

Dr Christopher Elias, President of the Global Development Program, Bill & Melinda Gates Foundation

Dr Jeremy Farrar, Director of the Wellcome Trust

Prof Dr Jörg Hacker, President of the German National Academy of Sciences Leopoldina

Dr Matshidiso Rebecca Moeti, WHO Regional Director for Afrika

Dr Mirta Roses Periago, former Director of the Pan American Health Organization

Dr Sania Nishtar, President of Heartfile

Dr Gisela Schneider, Director of the German Institute for Medical Mission

Dr Christoph Benn, Director for External Relations of the Global Fund to Fight AIDS, Tuberculosis and Malaria." - in **"Four new members complete the International Advisory Board on Global Health", Federal Ministry of Health, Germany, 2 July 2018.**

> ***"When Angela Merkel talks to the nation about Covid-19, she is usually flanked by the head of the Robert Koch Institut, Germany's central public health institute. The country's real face of the coronavirus crisis, however, is Christian Drosten, the head of virology at Berlin's Charité hospital."*** *- in "Coronavirus: meet the scientists who are now household names", The Guardian, 22 March 2020.*

The Virus Farce

"Senator Lindsey Graham - Have we found any animals that carry Covid-19 that could have been the source of the transmission to humans thus far?

Dr Anthony Fauci, MD - Thus far not, if what you're referring to senator, is an intermediate host?

Senator Lindsey Graham - Right.

Dr Anthony Fauci, MD - We know clearly for example with SARS Covid-1, that a Bat Virus went into a Civet Cat which then transmitted it into the human population. With MERS-CoV it was; a Bat to a Camel to human, the intermediate host if there is one has not yet been found. We still have not yet confirmed what the host is from Ebola (virus). We know that Ebola (virus) jumps from an animal reservoir to human, and it's been many years now since the original Ebola (virus) outbreaks, a**nd we haven't yet nailed that."** - Senator Lindsey Graham, Questions Dr Anthony Fauci, MD, at Senate Hearing on Medical Research Funding, 26 May 2021.

4 May 2021

Clear Line on Nails A Symptoms of Covid-19

"Professor Tim Spector, wrote on Twitter:

"Do your nails look odd?

COVID nails are increasingly being recognised as the nails recover after infection, and the growth recovers leaving a clear line." - in **"SYMPTOM TRACKER Covid 'NAILS' are latest new symptom to watch out for, says top expert"**, **4 May 2021.**

17 June 2021

Sneezing is A "Classic" Symptoms of Covid-19

"Professor Tim Spector, a leading COVID-19 symptoms researcher has called on the UK Government to update the list of "classic" symptoms of the virus, saying **sneezing was now among the most common signs, the other signs were headache, runny nose and sore throat.**

Sneezing was now at number four, though it is often confused with hayfever." - in **"COVID-19: Classic coronavirus symptoms "changing" as expert urges government to update list"**, Sky News, **17 June 2021.**

Professor Timothy Spector

"Timothy David Spector OBE FmedSci, British epidemiologist and science writer.

Alma mater	**London School of Hygiene & Tropical Medicine**
Occupation	**Professor of genetic epidemiology**, science writer

Spector is professor of **genetic epidemiology** and director of the TwinsUK registry at **King's College, London.**

He is a specialist in twin studies, **genetics, epigenetics.**

He was appointed Officer of the Order of the British Empire (OBE) in the 2020 **Birthday Honours for services to the Covid-19 response." - in Wikipedia, 2021**

The Emerging Field of Epigenetics

"The party was sponsored by the Wellcome Trust (also a sponsor of DTR research projects), **the Gates Foundation** and the Francis Crick Institute.

The 2014 power 1000 party focused on **London's contribution to science, medicine and global humanitarism.**

Mayor Boris Johnson attended, in addition, Microsoft co-founder Bill Gates addressed the audience by video.

The DTR under the directorship of Professor Tim Spector was invited by the Francis Crick Institute to take part in the evening in order to help showcase important and successful **Wellcome-funded genetic** and ageing projects and to help demonstrate the power of twin research and how **these projects have helped scientific and medical advancement, especially in the emerging field of Epigenetics."** - in "Evening Standard Power 1000 Party", Department of Twin **Research & Genetic Epidemiology**, **King's College London**, UK, 16 October 2014.

> *"Pfizer has agreed to buy oncology biotech Trillium Therapeutics in a deal worth about $2.3 Billion, seeks to bolster its pipeline with a therapy it hopes will be transformative for blood cancers. Blood cancers make up about 6% of all cancers, with 1* ***million patients around the world diagnosed*** *with a haematological condition in 2020.* ***Pfizer, which is generating billions of dollars from its Covid-19 vaccine, is investing in cancer drugs."*** *- in "Pfizer to buys Cancer biotech in $2.3Billion", Financial Times, 24 August 2021.*

*"The Oxford jab uses an altered, harmless version of **a virus** that causes the common cold in chimpanzees as a viral vector to deliver SARS-CoV-2 **genetic material into the human body.** The team developed their two-dose cancer Vaccine also using viral vectors, one of which is the same as the vector in the Oxford-AstraZeneca jab." - in "COVID-19: Oxford-AstraZeneca vaccine technology used to design jab that could treat cancer", Sky News, 3 September 2021.*

We Tried to Infect Covid-19 into Bats, it Doesn't Grow Well in Bats

"We do know that so far:

1. No intermediate animal host has been discovered.

2. Thousands of animals at the wet market have been looked at. None of them have carried Covid-19.

3. We have tried to infect Covid-19 into Bats, it doesn't grow well in bats." - Dr Randal Paul, MD, U.S. Senator from Kentucky, in "Amendment to a bill that bans all gain of function research in China", United States Senate, 21 May 2021.

The Variants of Concern And Emerging Mutations Farce

"Portugal (including Madeira and the Azores) moved to amber list from 8 June 2021 due to **variants of concern and emerging mutations.**

Follows increased concern in the spread of **variants of coronavirus,** including a **mutation of the Delta variant.**

All classification changes have been decided by ministers, informed by the latest data and analysis by the **Joint Biosecurity Centre (JBC)** and wider public health factors." - in "Portugal moved to amber list to guard public health against variants of concern following first traffic light review", GOV.UK, 3 June 2021.

Joint Biosecurity Centre

"The **Joint Biosecurity Centre** (JBC) is a scientific body which seeks to advise United Kingdom government policy as part of the response to outbreaks of COVID-19, such as on **testing deployment**, international travel, and the UK "COVID-19 alert level".

Its existence was announced by Prime Minister Boris Johnson in May 2020.

The body has been part of the UK Health Security Agency since the establishment of that agency on 1 April 2021." - in Wikipedia, 22 June 2021.

Triple Mutant Variant

> ***"Health Officials are investigating a so-called "triple mutant" coronavirus variant in Yorkshire.***
> ***The new variant has a "strange combination of mutations" and has been classified as a variant under investigation with extra testing and tracing being carried out."*** *- in "New "triple mutant" variant under investigation in Yorkshire", The Telegraph, 21 May 2021.*

"Boris Johnson said **the world needs to establish a "collective defence against future health threats, much as we have against military threats", as he called for a global treaty for pandemic preparedness** while addressing the EU's Global Health Summit.

Unveiled plans for a "global pandemic radar" to track emerging coronavirus variants, and spot new diseases before they trigger fresh pandemics." - in "UK unveils new 'global pandemic radar' as world takes steps to address vaccine inequality", The Telegraph, 21 May 2021.

> ***"The UK has set a strong example for pathogen surveillance and sequencing, as well as vaccine development, I am delighted that under PM Johnson, the UK will partner with WHO to contribute to stronger global surveillance and a safer world."*** *- Dr Tedros Adhanom Ghebreyesus, MD, Director General of the WHO, in "Global Health Summit", 21 May 2021.*

For information on the Medical Trade Theory of "Virus" please read the Book: "The Nescience of Medicine: Includes - COVID-19 THE UN-TOLD STORY Part 2", 2021.

Lying to Everybody

*"I think that the **Secretary of State for Health (Matt Hancock)**, should have been fired for at least 15 to 20 things, including: **lying to everybody in multiple occasions, in meeting after meeting, in the Cabinet Room and publicly."** - Dominic Cummings, UK Government Adviser during the pandemic, in "Answering MPs' questions at a joint inquiry into the handling of the Pandemic", 26 May 2021.*

The Covid-19 Vaccine Farce

"But what I do think is important, is that, **we know that anyone vaccinated twice is "relatively safe" against the virus.**

But let's not forget that the **1 in 25 new cases, are people who have been vaccinated twice.**

That means 400 new cases a day are people who have had the vaccine twice." - Sir David King, former chief scientific adviser to the government, in "COVID-19 UK: Third wave 'evident' from covid figures say ex-govt advisor who **calls for June 21 delay**", The Sun, 7 June 2021.

"The rushing out of an experimental vaccine." - Dr Sam Bailey, MD, in "Vaccines, Lies and Smears", 1 June 2021.

Spike Protein is a Toxin

"There's a couple of key pieces of scientific information that have become privy to just within the past few days, that has made the final link, so we understand now exactly why these problems are happening, and many others associate these vaccines, and the story is a bit of a scary one.

Everything that I'm stating here, is completely backed up by peer-reviewed scientific publications in well-known and well-respected scientific journals.

The SARS Coronavirus-2 has a spike protein on its surface, that spike protein is what it allows it to infect our bodies, that is why we've been using the spike protein in our vaccines.

The vaccines we're using, get our cells in our body to manufacture that protein if we can mount an immune response against that protein.

In theory we can prevent this virus from infecting the body. That's the theory behind the vaccine.

However, when studying the disease Severe Covid19, Heart Problems, lots of problems, with the Cardiovascular System, Bleeding and Clotting is all associated with Severe Covid19.

Doing that research, what has been discovered by scientific community is the **spike protein on its own, is almost entirely responsible for the damage to the Cardiovascular System.**

If it gets into circulation, indeed, if you inject the the purified spike protein into the blood of research animals they get all kinds of damage to cardiovascular system, it can cross a blood-brain barrier and cause damage to the brain.

At first glance that doesn't seem too concerning because we're injecting these vaccines into the shoulder muscle, the assumption, all up until now, has been that these vaccines behave like all of our traditional vaccines, that they don't go anywhere other than the injection site.

So they stay in our shoulder some of the protein will go to the local draining lymph node in order to activate the immune system.

Through a Request for Information, from the Japanese Regulatory Agency, myself and several international collaborators, have been able to get access to what's called a "Bio-distribution Study".

It's the first time ever, that scientists have been privy to seeing where these messenger RNA vaccines go after vaccination.

In other words, is it a safe assumption, that it stays in the shoulder muscle?

The short answer is absolutely not!

It's very dis-concerting, the spike protein gets into the blood, circulates through the blood in individuals, over several days post-vaccination, it accumulates accumulates in a number of tissues, such as:

1. Spleen
2. Bone Marrow
3. Liver
4. Adrenal Glands
5. Ovaries

One that's of particular concern for me, is **it accumulates at quite high concentrations in the ovaries.**

A publication that was just accepted for a scientific paper, accepted for publication that backs this up, looked at 13

young Healthcare Workers that had received the Moderna vaccine which is the other message RNA based vaccine, we have in Canada, and they confirm this.

They found the spike protein in circulation in the blood of 11 of those 13 Healthcare Workers that had received the vaccine.

What this means?

We have known for a long time that the spike protein is a pathogenic protein. It is a toxin it can cause damage in our body if it gets into circulation.

Now we have clear-cut evidence that the vaccines that make our cells in our deltoid muscles, manufacture this protein, that the vaccine itself, plus the protein gets into blood circulation, when in circulation the spike protein can bind to the receptors that are on our platelets, and the cells that line our blood vessels.

When that happens it can do 1 of 2 things; **it can either cause platelets to clump, and that can lead to clotting - that's exactly why we've been seeing clotting disorders associated with these vaccines - it can also lead to bleeding, and of course the heart's involved, it's part of the cardiovascular system that's why we're seeing heart problems.**

The protein it can also cross the blood-brain barrier and cause Neurological Damage, that's why also in the fatal cases of blood clots many times it's seen in the brain.

And also of concern is there's also evidence of a study, they were trying to show, that **the antibodies from the vaccine get transferred through breast milk.**

What they found inadvertently was that the vaccines, and messenger vaccines actually get transferred through the breast milk, so delivering the vaccine vector itself into infants that are breastfeeding.

Also with this now we know spike protein gets into circulation any proteins in the blood will get concentrated in breast milk.

Looking into the adverse event database in the USA we have found evidence of suckling infants experiencing bleeding disorders in the gastrointestinal tract.

So this has implications for blood donation.

In short the conclusion is, we made a big mistake we didn't realize it until now we thought the spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein so by vaccinating people we are inadvertently inoculating them with a toxin.

In some people this gets into circulation and when that happens in some people it can cause damage especially the cardiovascular system.

And I have many other legitimate questions about the long-term safety there for this vaccine, for example with it accumulating in the ovaries one of my questions is will we be rendering young people in fertile." - Dr Byram Bridle, Associate Professor on Viral Immunology at the University of Guelph, Canada, in "New peer reviewed study on COVID-19 vaccines suggests why heart inflammation, blood clots and other dangerous side effects occur", ON Point with Alex Pierson, Global News Radio 980 CFPL, Canada, 28 May 2021.

The Isolation of the So-Called "Virus" Farce

"NBC Journalist: Why as the data not being shared?

"They didn't isolate the virus, that's the issue." - Professor Zun-You Wu, Chief Epidemiologist, Chinese Center for Disease Control and Prevention (CDC China)**, in "Return to Wuhan: What Life Is Like One Year Later", NBC Nightly News, **23 January 2021.

This is the so-called "Covid-19 Virus"

The Following questions arise:

If the "Virus" was not isolated how could it's "genetic sequence" be released?

How can you obtain a genetic sequence of something you cant isolate?

All PCR Tests are based upon what? A primordial soup?

The other questions is how has the Chinese CDC issued a image of the virus (please see the book the Nescience of Medicine), if a "Virus" is a piece of RNA or DNA.
Can pieces of RNA and, or DNA be photographed?

The other questions is that: ***The images shown are of cells, primarily of Kidney cellular tissue, and some times of Spleen cellular tissue. And these so-called "viruses" are shown in different sizes.***

Chapter 2

Medical Trade Farcical Theory of Viruses

The following is just in reference to bacteria which are the physically possible smallest organisms that exist in a 3 dimension world, in other the absolute smallest organism capable of existence is a unicellular organisms such has bacteria. If bacteria which is greater than the fictitious Medical Trade delusional theory of "viruses", just imagine the impossibility to identify or isolate a "virus".

To attribute a quality to something that doesn't exist is pure madness.

Sampling Problems

"Good samples of saliva and of faeces can be obtained in a form suitable for quantitative bacteriology, with results expressed as number of organisms per gram; faeces can be assumed to be representative of the rectum and rectosigmoid region.

Other sites are less readily sampled.

Within the mouth there are distinct floras (in addition to saliva), on the tongue, tooth surface, gingival crevices, roof of mouth and cheek surface.

In order to sample these quantitatively it is necessary to swab standard surface areas and then express the results as number of organisms per cm2.

This is rarely practicable so that, in practice, non-standard areas are swabbed and the results expressed as relative counts or proportions of the total count — a semi-quantitative technique. Between the throat and rectum it is necessary to use other methods of sampling because of the inaccessibility of these sites, and no sampling method is satisfactory. Samples of luminal contents can be obtained at surgery from specific sites in the gut.

However, surgery almost always involves pre-operative preparation to empty the bowel.

Further, under anaesthesia there may be profound changes in bowel motility.

This, of course, will compromise the validity of the specimen. Samples may also be obtained by intubation (upper gut) or endoscopically.

Both intubation and upper gastrointestinal tract endoscopy can be criticized for contamination of the sample with saliva and contamination of the tip of the tube during its descent to the sampling site.

Various methods have been devised to overcome tip contamination.

Samples of colonic contents can be obtained without bowel preparation using a rigid proctoscope (which permits sampling of the rectum and part of the rectosigmoid) or flexible sigmoidoscope (which samples up to the rectosigmoid; sampling from higher in the colon using colonoscopy requires bowel cleansing and so invalidates any luminal samples obtained).

Mucosal biopsy samples can be obtained at endoscopy for study of the mucosa associated flora.

Analyses of these are usually expressed as counts per gram of biopsy; however, only the mucosal surface is colonized and estimates of the mucosal surface area in a biopsy are largely notional.

In the future it is likely that results will be expressed using the amount of mucin as a measure of mucosal surface area.

Ideally the samples should be analyzed bacteriologically as soon as they are taken but this is rarely possible.

The bacteriology laboratory is usually distant from the endoscopy unit, for example, and so the sample needs to be protected during transit.

For transport within the hospital it is usually sufficient to transfer the sample to an anaerobic tube and to keep it cool (but not frozen). In most laboratories, samples are analyzed in batches and this entails samples being stored.

Crowther (1971) studied storage of faeces and showed that the best results were obtained by freezing at 40°C in a cryoprotective medium containing 10% glycerol.

This cryoprotective medium is also ideal for storage of salivary samples; gastric juice can also be stored in this way if it is first neutralized.

Duodenal juice is rich in bactericidal bile components which are active even at 40°C and in the presence of glycerol**; no good storage medium has been devised for such samples and this may explain why so many studies show duodenal contents to be sterile.**

Cultivation Problems

Despite the impressive progress made in cultivation methodology during the last 30 years there is still considerable scope for further improvement. Helicobacter pylori, now the most intensively studied gut organism and thought to be responsible for an array of peptic diseases, was not isolated until 1984 by Marshall and Warren, and it is unlikely that this is the last surprise that gut bacteriology has for us. The problems can be divided into those related to the cultivation medium and those related to the cultivation environment.

New media are constantly being devised for cultivation of organisms of medical importance but **little has been done with respect to the cultivation of organisms with specific biochemical activities.**

The vast majority of bacteria in most digestive tract sites are strictly anaerobic and are killed by oxygen; in order to isolate quantitatively such organisms it is necessary to plate out samples in an anaerobic environment, using plates that had previously been deoxygenated and then to incubate the plates in a suitable anaerobic environment of hydrogen, nitrogen and carbon dioxide.

The problems of sampling and cultivation were discussed in detail by Borriello et al. (1978) and, more recently, by Borriello (1986)." - in "Role of Gut Bacteria in Human Toxicology and Pharmacology", 1995.

"Disease is an ally of ignorance, dirt and disorder, and it everywhere tends to disappear on the improvement of knowledge and of social conditions.

Standards of personal, domestic and municipal living are ever advancing and sweeping away the opportunities that formerly existed for the spread of infection.

Sanitary works possess a number of advantages as compared with other measures for the prevention of disease.

First, they have a wholesale application.

A water supply that is made pure is wholesome for every person who as occasion to drink it.

Although there is a considerable investment of capital in these enterprises, the maintenance cha are not excessive and the results are satisfactory.

Yielding to works of sanitation are not only typhoid dysentery and other diarrheal diseases, but some other forms of sickness that cannot conceivably be conveyed by drinking water.

Simple cleanliness is one of the most healthful as well as one of the most educative measures known." - George A. Soper, Major, Sanitary Corps, U.S. Army, in "Congressional Digest", August-September 1935.

"A healthy mental attitude is the greatest of all helps in preserving physical sanity; break down a healthy mental attitude, and the baleful germs that are in all of us will riot uncontrolled.

Virtually all of us go through life with engines that are more or less imperfect, but that do their work satisfactorily enough as long as we do not watch them, tinker over them and fuss with them.

A compulsory, universal medical examination would probably result in widespread depression and despair."

- The Youth's Companion

"There are many indications that we are drifting toward the pernicious notion that the citizen is the ward of the state. The parents naturally would like to know, when they send their child off to school in the morning, how much of him they may fairly anticipate will return at night, and by what authority the missing ports have been subtracted. Should we undertake to compel the child to submit to an examination or treatment for non-contagious infirmities or defects which concern his own health only and involve no danger to the health of others. The school authorities have not yet been invited by the Legislature into this new field, and any enactment so doing would, on constitutional grounds, be more than questionable. The courts would, I believe, be slow to tolerate such an unwarranted usurpation of the rights of the individual and invasion of the sacred precincts of the family." - William Nottingham,, MA, "Regent University, State of New York, in "The Journal of the American Osteopathic Association", April 1912.

"There are **80 Autoimmune Diseases, each one without a known cause. Scientists have no idea what causes the heart attacks and cancers that kill one million people annually. In medicine, the word "germ" is often used synonymously with the word "bacteria." This, in a small way, illustrates the confusion regarding the causes of disease among even the brightest medical practitioners and scientists.**

This work includes scientific notation and confirmation of the hypothesis that disease does have a known pathogen and is not bacterial in every instance! The invention of antibiotics was viewed as revolutionary by those in 1950's science. Scientists concluded that we had finally defeated the germs responsible for causing sickness and disease. If this were true, 1955 should have been a banner year in science. Bacteria continue to elude even the best antibiotics, despite the billions of dollars of pharmaceutical research. Unless the etiology (cause) of a disease is identified, all the supplements and drugs in the world may be for naught." - Dr Doug A. Kaufmann, MD in "The Fungus Link", 2000.

The Germ Theory of Disease

This whole controversy between the germ-fobiac and the bio-chemist is leading toward one great goal-that health officers should not be "men learned in medicine and surgery" but should be civil engineers or even plumbers with ordinary horse sense.

Sanitation and right living prevent diseases more than anything else, and the sooner the physicians wake up to this, the sooner they will be in line with the education that is now going on in opposition to the medical lobbyists.

This education the public is absorbing and it is only a question of time when they will throw the medical lobbyists out and will enact laws along the lines of common sense and natural methods.

When the germ theorist asserts that pneumonia, tuberculosis, diphtheria, typhoid fever and meningitis are caused by germs, and the bio-chemic theorist declares that germs have nothing to do with the causation of the above named diseases, then it is time for citizens to examine the foundation of each theory, and support the one which appeals more strongly to their hard, common sense.

The study and classification of germs belong to the science of bacteriology, and as this science was placed on a practical basis only about the year 1880, it is in age only an infant with an infant's vagaries and illusions.

Analytical chemistry is a more exact science than bacteriology; its history extends over centuries.

*"**A Virus is not a living organism** and can only grow and reproduce in the cells of a host." - in "Dictionary", Merriam-Webster, 2023.*

"10 Skin Cells could line up along the side of a grain of salt. 100 Bacteria would fit along that same salt grain.
***It would take 1,000 Viruses to fill that same space!"** - in "A Planet of Viruses", 2020.*

Medical Trade Propaganda Starts At Early Age

***"The Vaccine Makers Project (VMP) is committed to public education about Vaccine science** via scientifically supported, historically accurate and emotionally compelling content.*
***Originally produced by Medical History Pictures and sponsored by the Vaccine Education Center at the Children's Hospital of Philadelphia,** VMP **has evolved to become the classroom-based program** of the Vaccine Education Center at the Children's Hospital of Philadelphia." - in "Children's Hospital of Philadelphia", 2023.*

The Physiological Trickery Used To Convince People That Viruses Exist

In the Snake-Oil-Medical Trade Theory of Virology, computer graphics are compulsory.

The following is a Computer Graphic which is based upon fantasy. Even in the impossible event that "viruses" existed, the following is just the type of nonsensical, farcical stupidity that comes from the Medical Trade so-called Virologists.

The size of the alleged "viruses", makes it a physical impossibility, thus farcical to come up with such representation is which based on fantasy alone.

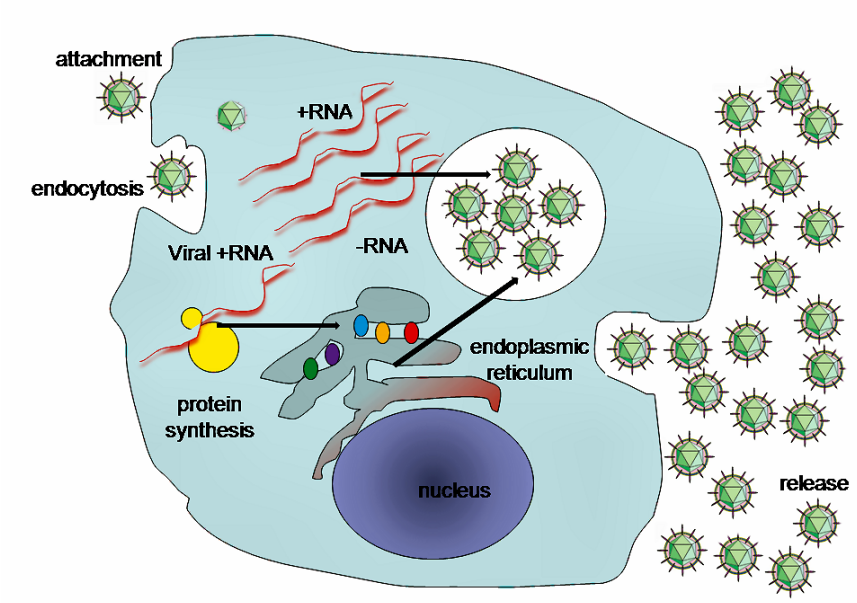


Image: "A typical virus replication cycle." - in "Wikipedia", 4 September 2023.

Foundation of the Germ Theory

"And the rain descended, and the floods came, and the winds blew, and beat upon the house that was founded on sand, and it fel, and great was the fall thereof.

The 2 main points upon which the Germ Theory is founded are:

1. The presence of different germs with different diseases;
2. That disease follows the hypodermic injection of germs beneath the skin of all animals.

(Some tests have been made on human beings, but, as the germs were not used scientifically, the result was not conclusive).

If you ask when the germs first appear, no answer is given.

If you ask the Germ Theorist to point out the relation between injecting germs in small animals and giving human beings the same germs in food or drink, they have to admit that these are 2 distinct procedures with practically no relationship.

If you examine the standard works on bacteriology you find no positive proofs given, that germs, if taken in food or drink, are harmful.

If you point out the cruelties inflicted upon dum animals during their experiments, the reply is that the end justifies the means.

The assumption that because germs are found with disease they are the cause of it, and that if injected germs will cause disease, inhaled or ingested germs will do the same, is surely a "foundation of sand."

Foundation of the Bio-Chemic Theory

And the rain descended, and the floods came, and the winds blew and beat upon that house, but it fel not, for it was founded upon a rock.

The first point for the Bio-Chemic Theorists to decide was whether the germs appeared before or after the onset of the disease.

This was a rather difficult task, as our professional bacteriologists are not called until after the attending physician sees the case, and the latter is not called until after the disease shows itself, when it is usually too late to make a fair test; but a long, careful study of early cases, especially in pneumonia, typhoid, and diphtheria, where the appearance of the germs is so often delayed, showed that the germ followed the onset of disease, and consequently could not be the cause of it.

My own observations covered a period of over 3 years.

Many other careful observers have investigated this point, and today there is a mass of evidence that cannot be broken down that the germs are the product and not the cause of disease.

As the Germ Theorists strongly opposed this pivotal point - claiming that the germs were present but undiscovered - their argument was met by destroying all uncertainty and dealing with solid facts that they could not deny.

Bearing in mind that germs are the product of disease, and thus harmless, the Bio-Chemic Theorists of Toronto carried out the following experiments:

Typhoid Germs

In testing typhoid germs 45 Experiments were made in which water, milk, bred, cheese, meat, fish, potatoes, hedcheese, butter, porridge, etc., were infected with millions of fresh, vigorous Typhoid Germs; this food containing the germs was used in the ordinary way; and, as the Bio-Chemics expected, **there was not a single instance of any sign of typhoid.**

Here we have **45 facts - not assumptions** - to build on.

Pneumonia Germs

In this series of **19 Experiments, milk, water and food were infected with millions of Pneumonia Germs,** and altho **no precautions were taken to prevent the disease, no sign of the disease developed.**

Diphtheria Germs

A total of 40 Experiments were made with germs of diphtheria, in which they were not only taken in water, milk, bred, porridge, potatoes, cheese, butter, etc., but other millions of germs were swabbed in the nose and throat, and every facility given them to develop, **but in spite of all efforts they refused to develop**, altho they would grow rapidly on nutrient agar.

These tests were made scientifically and part of the germs were grown from stock tubes furnished by one of the best known laboratories in North America.

These are facts — not opinions.

Tuberculosis Germs

In this series of tests **19 Experiments** were made; special attention was paid to thoroughly infect milk, water, bred, meat, potatoes, etc., with millions of germs, fresh and vigorous, **but in spite of every effort to get them to develop, they were positively inert.**

The germs used were human (not bovin) tubercle-bacilli germs.

Meningitis Germs

As these are the dreaded germs supposed by some to cause infantile paralysis, and believed to germinate in the nasal mucous membrane, special pains were taken to infect nostrils and throat with fresh colonies of germs; they were swept over the turbinated bones, pushed into sinuses, swabbed over the floor of the nostrils, rubbed on the tonsils, placed beneath the tong, taken in milk, water and food; but

in spite of coaxing, coddling and urging, **they refused to produce a solitary sign of meningitis in the 11 tests made.**

10 Experiments were made with Germs, viz.:
Typhoid and Pneumonia,
Typhoid and Tuberculosis,
Diphtheria and Meningitis,
Typhoid and Meningitis,
Diphtheria and Pneumonia, etc.,
But all failed to produce any effect.

Germs Used in Experiments

For the benefit of bacteriologists we enumerate the germs used in the tests mentioned: Eberth bacilli, Klebs Loeffler bacilli, tubercle bacilli (human), diplococcus neumoniae, and diplococcus intracellularis meningitidis — all well known to bacteriologists.

Chemical Causes of Disease

The experience of ages has shown that many diseases have a chemical (not bacterial) origin; as examples, tainted meat or oysters contain a chemical poison that will cause typhoid; the inhalation of clorin or bromin gas will cause bronchitis and pneumonia — the latter may also be caused by the chemical effect of exposure to cold; sunstroke by the chemical effect of heat; led poisoning by working in led; stonecutters or miners thisis by the inhalation of coal or mineral particles; rus poisoning by coming in contact with poison ivy; cirrosis of the liver thru abuse of alcoholic liquors; colic from eating green apples or unsuitable food in fact it is the violation of chemical laws that causes most of our intestinal diseases.

Summary of Facts

1. That germs follow the onset of disease.
2. That many diseases have a chemical origin.
3. That germs may be inhaled or ingested without harm.
Truly a rock foundation.

Different View Points

From the Germ Theorist viewpoint it is permissible to dump barrels of an irritant poison (bleaching powder) into drinking water; from the Bio-Chemic Theorist viewpoint that act is maniacal.

From the Germ Theorist viewpoint it is reasonable to forbid milkmen to sell or deliver natural milk; from the Bio-Chemic Theorist viewpoint that act is criminal.

From the Germ Theorist viewpoint it is advisable to quarantine citizens if found carrying certain germs — thousands of citizens carry germs unknowingly; from the Bio-Chemic Theorist standpoint it is an unwarranted robbery of our citizens' liberty.

The Citizens Mistakes

Many citizens believe that clorination protects them from typhoid, but the facts that Toronto with clorinated water has an average death rate from typhoid twice that of London, England, with natural water, and that in 1916 we had 3 times more deaths from typhoid than in 1915 show their error.

Again, while clorination does not save us from typhoid, being an irritant to the mucous membrane, it favours nephritis and Bright's disease.

Toronto's record is suggestive: In 1912 Toronto lost 14 citizens from nephritis (inflammation of kidneys) and Bright's disease; during 1913-14 the deaths increased, and in 1915 Toronto lost 218 persons from these diseases — an increase of over 30%.

Many citizens believe that half-cooked, pasteurized milk is good, but the facts that Toronto's infantile death rate is 29%, higher than London, England, and twice as great as rural Ontario's (both prefer using natural milk); that the death rate in Toronto Sick Children's Hospital, in the Infants' Home on St. Mary street, and R. C. Infants' Home on Power street, increased when they stopped using natural milk, all show clearly that the insane desire to tamper with normal milk has cost Toronto many infantile lives.

Again, **when citizens of whatever country realize that they may be quarantined simply because they carry some harmless germs, it is time for them to organize and fight for their personal rights.**

It is a battle between principles; a fight between later scientific facts and past theories; a question that must be fought out.

The Bio-Chemic Theory **appeals to humane persons, for where thousands of small animals have suffered death thru Germ Theorists experiments,** the experiments here mentioned cost neither life nor health to man nor animal." - Dr John B. Fraser, MD, in "A Lecture Course to Physicians on Natural Methods in Diagnosis and Treatment", 1918.

Note:

"Dr Frazer, MD formally issued a challenge open to everyone — Health Boards or Physicians — to test the danger of germs publicly.

No conditions except that the experiments should be done openly, yet so far as I can learn, no one has had the courage to accept the challenge." - G.S.W.

Vaccination Gigantic Delusion

"I have here so presented the best of these statistical facts as to satisfy my readers of the certain and absolute uselessness of Vaccination as a preventive of small-pox; while these same facts render it in the highest degree probable that it has actually increased susceptibility to the disease.

The teaching of the whole of the evidence is in one direction.

Whether we examine the long-continued records of London mortality, or those of modern registration for England, Scotland, and Ireland; whether we consider the "control experiment" or crucial test afforded by unvaccinated Leicester, or the still more rigid test in the

other direction, of the absolutely Revaccinated Army and Navy, **the conclusion is in every case the same: that Vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths,** such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century.

To talk of amending such legislation is a mockery.

Absolute and immediate abolition is the only rational course open to us.

Every day the Vaccination laws remain in force parents are being punished, infants are being killed.

An Act of a single clause will repeal these vile laws; and I call upon every one of our legislators to consider their responsibilities as the guardians of the liberties of the English people, and to insist that this repeal be effected without a day's unnecessary delay. - Professor Alfred Russel Wallace, in "Vaccination a Delusion", 1898.

"In many cases physicians become interested in the strict enforcement of the law because of the fees resulting therefrom.
In the more populous districts the medical fees resulting from Vaccination are an important item.
This mercenary motive has been the controlling factor in a sufficient number of cases which have come to the attention of this Department to justify the above assertion." *- Andrew S. Draper, Commissioner of Education, New York State, in "Fifth Annual Report", 25 January 1909.*

Endless Scaring The People With A Supposed "Virus"

"People are Sick of Endless Covid Scaremongering.

The mask mandates forced upon citizens were ineffective at best.

We know the devastating impact lockdowns have had on the mental health of young people.

We have but one option.

Do not comply.

As soon as we give up our freedom for a bit of safety we risk losing all of it, alongside everything that gives us our humanity.

I urge everyone to take into account what we would be risking by sleepwalking again into disaster. Our jobs, our friendships, and even our futures may be at risk if we refuse to back down in the face of Biden's fearmongering.

We must be brave and stand up for our right to a Free Life." - in "Biden's plot to send America back into lockdown must be stopped", The Telegraph", 24 August 2023.

"You may know the virus does not exist.
And it can still come for you, because the virus is a thought-form; a dark spirit that has infiltrated humanity.
It may not exist as a "scientific thing" but it has all the life and existence we give it." *- Eric F. Coppolino, in "Youtube"*

"Once the Virus Myth and the role of the Fictional World of Virology in the war on humanity is understood the ramifications are vast. The anti-science on which the myth is based articulates and underwrites an elaborate System of Surveillance and Control." *- Dr John Bevan-Smith*

"Scientific matters can only be clarified by prolonged, faithful bona fide observations." *- Dr Wilhelm Reich, MD*

21 January 2020

The Invention of the "Covid-19" PCR Test From Thin Air

"In the present case of **2019-nCoV, virus isolates or samples from infected patients HAVE SO FAR NOT BECOME AVAILABLE** to the international public health community.

We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, designed IN ABSENCE of available Virus isolates or original patient specimens.

Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology." - Dr **Christian Drosten**, Charité Universitätsmedizin Berlin Institute of Virology, Berlin, Germany and German Centre for Infection Research (DZIF), Berlin, Germany, in "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", Eurosurveillance, **Article submitted on 21 January 2020.**

Participants: It Is Entirely Valid To Use Metagenomic Sequences in Virus Taxonomy in The Absence of An Isolate or Direct Biological Data Such As Visualization of Viral Particles or Detection of Signs or Symptoms of Disease

"A workshop funded by the Wellcome Trust (UK) **to discuss frameworks for advancing viral taxonomy in the age of metagenomics was convened in Boston, MA, USA from 9-11 June 2016.**

Participants had wide-ranging expertise in viral genomics, metagenomic environmental studies, and virus classification (13 of the 26 participants were members of the International Committee on Taxonomy of Viruses (ICTV) Executive Committee) and based on data

presentations and wide-ranging discussions set out to develop a series of expert proposals for future consideration by the ICTV Executive Committee.

The understanding in the workshop was that **the term metagenomic applies to any viral sequence that lacks biological or other experimental characterization,** although what a 'lack' means in practice has varied in the literature.

Sequence data are already of paramount importance in viral taxonomy because they currently provide the only reliable means of representing evolutionary relationships at the required granularity; however, the workshop recognized that the data generated by high-throughput sequencing from environmental samples pose major challenges, particularly because increasingly powerful methods are generating overwhelming amounts of such **data, which are linked to little or no biological information.**

The workshop participants concluded that it is entirely valid to use metagenomic sequences in virus taxonomy in the absence of an isolate or direct biological data, such as visualization of viral particles or detection of signs or symptoms of disease.

A set of proposals was developed and are discussed in the c**onsensus** Statement article published in Nature Reviews Microbiology.

These proposals were subsequently endorsed by the ICTV Executive Committee." - in "**Metagenomic sequencing** and its impact on virus classification", International Committee on Taxonomy of Viruses, 9 June 2016.

4 September 2020

No Paper Which Purified Isolated Covid-19

"I am not aware of a paper which purified isolated SARS-CoV-2.

Hence it cannot be concluded with any confidence that the so-called COVID-19 PCR-Tests were specifically calibrated to a brand new viral pathogen." - Dr Michael Laue, Electron Microscopy, Consultant Laboratory for Diagnostic Electron Microscopy of Infectious Pathogens, Robert Koch Institute, in "e-mail", 4 September 2020.

Scientists From Institute of Virology At Charité Among The Most Influential Researchers Worldwide In 2022

"3 Scientists from Charité's Institute of Virology are among the "Who's Who" of the world's most influential researchers of 2022, according to the list of Highly Cited Researchers published this week by the company Clarivate.

It lists the 1% of researchers whose work is most cited internationally.

How often a scientist's scientific work is cited by peers is considered a measure of his or her influence in the field.

Prof. Dr. Christian Drosten, Director of the Institute, is listed for the 5th time, in both Immunology and Microbiology, as he was in 2021.

This makes him one of only 219 researchers in the world to have a significant impact on two disciplines this year.

Prof. Drosten is head of the Coronavirus Consiliary Laboratory at Charité, scientific director of the interdisciplinary center Charité Global Health, spokesman of the National Research Network Zoonotic Infectious Diseases and member of the Leopoldina.

A scientist at the German Center for Infection Research (DZIF), his research focuses primarily on the evolution and diversity of viruses, especially coronaviruses, and the origin of viral pathogens from animals.

As Deputy Head of the Coronavirus Consiliary Laboratory, Dr. Victor Corman co-developed the first PCR test for SARS-CoV-2 and is a key contact for expert advice on coronavirus diagnostics in Germany.

The DZIF scientist, now listed for the third time, heads a junior research group in infection research funded by the German Federal Ministry of Education and Research (BMBF).

In addition to the further development of diagnostic methods, his work also focuses on the epidemiology and evolution of respiratory and zoonotic RNA viruses.

Privatdozent Dr. Marcel A. Müller is one of the 3,244 people with special influence in an interdisciplinary field.

He heads the level 3 biosafety laboratory at the Institute of Virology of the Charité and studies the functional diversity of highly pathogenic coronaviruses such as SARS-CoV-2 and MERS-CoV, among others in a DFG-funded project in Kenya.

With support from the Volkswagen Foundation, **the DZIF scientist, who is among the top researchers for the third time, is investigating how coronaviruses alter the cellular recycling system for replication and comparing the innate immune response in humans and bats.**

The findings will help develop new antiviral and anti-inflammatory drugs." - in "Charité – Universitätsmedizin Berlin", 2023.

5 Year Surveillance of Coronavirus in a Cave Inhabited By Bats in China

"A large number of SARS-related Coronaviruses (SARSr-CoV) have been detected in horseshoe Bats since 2005 in different areas of China.

However, these bat SARSr-CoVs show sequence differences from SARS coronavirus (SARS-CoV) in different genes (S, ORF8, ORF3, etc), and are considered unlikely to represent the direct progenitor of SARS-CoV.

We report the findings of our 5-year surveillance of SARSr-CoVs in a cave located approximately 60 km from the city of Kunming, inhabited by multiple species of horseshoe bats in Yunnan Province, China.

Virus Isolation

The Vero E6 cell line was kindly provided by Australian Animal Health Laboratory, CSIRO (Geelong, Australia).

Vero E6 monolayer was maintained in DMEM medium supplemented with **10% fetal calf serum** (FCS).

Fecal samples (in 200 μl buffer) were gradient **centrifuged** at 3,000–12,000 g, and the supernatant was diluted 1:10 in DMEM before being added to Vero E6 cells.

After incubation at 37°C for 1 h, the inoculum was removed and replaced with fresh DMEM medium with 2% FCS. The cells were incubated at 37°C and checked daily for cytopathic effect. **All tissue culture media were supplemented with triple antibiotics penicillin/ streptomycin/amphotericin (Gibco) (penicillin 200 IU/ml, streptomycin 0.2 mg/ml, amphotericin 0.5 μg/ml).**

Three blind passages were carried out for each sample.

After each passage, both the culture supernatant and cell pellet **were examined for presence of SARSr-CoV by RT-PCR** using specific primers targeting the RdRp or S gene." - in "Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus", PLoS Pathog., November 2017.

Funding Statement:

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Scientific and technological basis special project (2013FY113500) to YZZ and ZLS from the **Ministry of Science and Technology of China;**

Strategic Priority Research Program of the Chinese Academy of Sciences (XDPB0301) to ZLS;

National Institutes of Health (NIAID R01AI110964);

USAID Emerging Pandemic Threats (EPT) PREDICT program to PD and ZLS, CAS Pioneer Hundred Talents Program to JC, NRF-CRP grant (NRF-CRP10-2012-05) to LFW and WIV "One-Three-Five" Strategic Program (WIV-135-TP1) to JC and ZLS.

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I Would Like To See Scientists Demonstrate In The Lab That Human Coronavirus Can Jump From Bats To Another Animal

"Changchun Tu, a Virologist who directs the OIE Reference Laboratory for Rabies in Changchun, China, says **the results are only "99%" persuasive.**

He would like to see Scientists Demonstrate in the Lab that the human SARS strain can Jump from Bats to another Animal, such as a civet.

"If this could have been done, the evidence would be perfect."

Another question is how a Virus from Bats in Yunnan could travel to animals and humans around 1,000 Kilometres away in Guangdong, without causing any suspected cases in Yunnan itself.

That "has puzzled me ", says Tu.

Cui and Shi are searching for other bat populations that could have produced strains capable of infecting humans."
- in "Bat cave solves mystery of deadly SARS virus-and suggests new outbreak could occur", Nature, 1 December 2017.

Chapter 3

Yellow Fever Virus Farce

"The yellow fever virus is found in tropical and subtropical areas of Africa and South America.

The virus is spread to people by the bite of an infected **mosquito.** Yellow fever is a very rare cause of illness in U.S. travelers. Illness ranges from a fever with aches and pains to **severe liver disease** with bleeding **and yellowing skin (jaundice).**

Yellow fever infection is diagnosed based on laboratory testing, a person's symptoms, and travel history.

There is no medicine to treat or cure infection.

To prevent getting sick from yellow fever, use insect repellent, wear long-sleeved shirts and long pants, and **get vaccinated.**" - in "CDC", 2 June 2022.

> ***"Jaundice, a sign of elevated bilirubin levels."*** *- in "CDC", 16 November 2021.*

> ***"Dyspeptic Cirrhosis of Liver - Dr. Emile Boix, Interne Laureat des Hopitaux de Paris, etc., in his recent valuable monograph on the Liver of Dyspeptic, and particularly the Cirrhosis Produced by Auto-Intoxication of Gastro-Intestinal Origin, points out that alcohol is by no means the sole cause of cirrhosis of the liver, as so generally taught in books and colleges."*** *- in "Virginia Medical Semi-Monthly", 1898.*

"The blood-films from yellow fever cases that were examined, were some of those from which O'Brien (1914) described a degeneration of the polymorphonuclear leucocytes which he considered to be characteristic of the disease. Some of the abnormal forms he interpreted, correctly I believe, as being dead cells.

Identical forms were described by Dr Mary Rowley (1907) in a fatal case of aortic and mitral disease with anaemia; and this author was able to bring forward evidence in proof of the fact that these cells had been killed.

Similar polymorphonuclear leucocytes are seen occasionally in the blood of normal persons; but they are relatively much more abundant in acute cases of malaria and in yellow fever.

It is probable that in these diseases the profound Toxaemia causes a great destruction of the circulating polymorphonuclear leucocytes, and thus leads to a relative increase in the peripheral blood of the young cells — namely, those belonging to Arneth's Classes I and II, and a corresponding shift to the left of the count.

The increase in the percentage of young cells in the peripheral blood might result from (1) **the elimination of the cells of the higher classes by the selective action of the toxins** as suggested by Chamberlain, or (2) a flooding of the blood with newly-formed elements produced by the activity of the leucopoetic system.

As a leucocytosis is frequently observed in blood in which there is a marked shift to the left of the Ameth count, and as there is really no reason to suppose that the cells of the higher classes are the more actively phagocytic, and so the more liable to be destroyed by a high degree of toxic and bacterial absorption.

I am inclined to think that the latter explanation is the correct one." - Dr J. W. Scott Macfie, D.Sc, MB, in "Nuclear Variations of the Neutrophile Leucocytes (Arneth Counts) in Malaria and Yellow Fever", Annals of Tropical Medicine and Parasitology, 1915.

Infectious Diseases not Autogenetic

"Auto-intoxication universal among living things.
Metabolic end-products poisonous to the parent cell.
The gross causes of their retention.
The specific infectious diseases not autogenetic (auto-infection). A disease may cause auto-intoxication, and be caused by it." - Dr Louis Chapman, MD in "Auto-intoxication as a cause and complication of disease", 1903.

Typhoid Fever

"But if there be "suitable soil" in which to become implanted - if disease of the part exists or is produced - then the tubercle bacilli have the essential conditions present for their rapid multiplication.
With reference to typhoid fever, Sanarelli found by experiments that the anatomical lesions and symptoms are the same, whether following infection by the typhoid microbe or intoxication by its products." - in "Virginia Medical Semi-Monthly", 1898.

"It is well known that intestinal distension is a frequent complication of appendicitis and peritonitis — not only a discomfort, but even a danger to the welfare of the patient.

The value of pituitary extract in overcoming this complication has been definitely proved.

In several cases of Toxaemia due to appendicitis and peritonitis I have administered pituitary extract.

I usually injected 1 c.cm. of Messrs. Burroughs, Wellcome & Co.'s pituitary extract subcutaneously, and also 1 to 2 pints of saline. Both being repeated in 4 to 6 hours if necessary. **I believe that in all serious cases of Toxaemia both pituitary extract and salines should be given;** the pituitary extract besides raising the blood-pressure and stimulating the heart muscle and intestinal peristalsis, also increases the flow of urine, and thus also helps with **the saline in eliminating the toxins in the blood.**

Good results have been obtained in Typhoid Fever, Tuberculosis, Influenza, and Septicaemia, and in many other diseases where Toxaemia is present." - Dr Charles O'Brien, BA, MD, B.Ch., BAO, Univ. Dubl., Acting Surgeon, Royal Navy Medical Service, in "The Therapeutic Value of Pituitary Extract", The Dublin Journal of Medical Science, 1 December 1914.

Viral Hemorrhagic Fevers Medical Trade Farce

1. Alkhurma hemorrhagic fever virus
2. Chapare hemorrhagic fever virus
3. Crimean-Congo hemorrhagic fever virus
4. Ebola (Ebola Virus Disease)
5. Hantavirus Pulmonary Syndrome
6. Hemorrhagic fever with renal syndrome hantaviruses
7. Kyasanur Forest Disease virus
8. Lassa fever virus
9. Lujo hemorrhagic fever virus
10. Marburg hemorrhagic fever virus
11. Omsk hemorrhagic fever virus
12. Rift Valley fever virus
13. Severe Dengue Virus
14. Yellow Fever Virus

- in "CDC", 2 September 2021.

Every forest and every city has a "virus" (but only in exotic and far, far, away)

"But the truth is, that fever is a subject of the greatest extent.

It is - probably with one exception - the most wide-spread disease which affects our race; it is the tenant of every clime, and dwells in every zone, north, south, east, and west; it existed from the earliest periods of recorded time; it is amongst us still.

It at times appears almost as if it were an Epidemic.

It is one of those occurrences in fever which is decidedly influenced by the Season of the Year; it is always an marked, often a most prominent, feature in the disease.

In the great majority of instances it shows itself spontaneously; it then, in fact, constitutes a feature in what may be called the natural history of the disease.

I have never yet seen an instance where Nature led the way, that the relief afforded was not of the most marked kind.

If Nature acts in one way, and acts so beneficially, can that treatment be the best which does not imitate her?" - Henry Kennedy, Fellow of the King and Queen's College of Physicians in Ireland, Physician Extraordinary to Sir Patrick Dun's Hospital, in "On Hemorrhage in Fevers, An Essay", The Dublin Quarterly Journal of Medical Science, 1 August 1955.

"The inability of American Public Health and Military Health officials in the Philippines in the years between 1899 and 1935 to replace obsolescent late Galenic medical and Hegemonic Imperial Discourse ways of thinking about diseases of "the Other" with the morally-neutral findings of the laboratory sciences.

Instead of spending the little money at their disposal on the disease prevention techniques mandated by the findings of modern laboratory science - the provision of Safe Water and Sanitation to rid the Philippines of water-borne mass killers such as cholera, typhoid, dysentery and diarrhoea - the Authorities spent heavily on a non-lethal disease which affected a tiny minority.

In 1928, at the Cairo Conference on Tropical Medicine, bemused Europeans and Arabic-speaking Orientals heard the Americans boastfully announce that they were spending a third of their health budget in the Philippines on punitive leprosy controls.

Later studies showed however that the impounding and "civilizing" of 13,000 lepers in the Culion leper colony

between 1906 and 1921 had made no appreciable impact on the prevalence of the disease in the Philippines.

In short the "pathologies" that Warwick Anderson has brought to our attention (without saying so directly) are the fantasies that existed in the minds of the US Military and Public Health officials, the divinely-inspired, government-appointed Civilizers of "Orientals" in the Philippines." - in "Journal of Social History", Vol. 41, No. 4, 2008.

> ***"In Typhoid Fever, intestinal haemorrhage is not very unusual. According to Bamberger, typhoid fever is, after dysentery, the most frequent cause of haemorrhage from the bowels."*** *- in "Intestinal Hemorrhage and its Prognostic Significance in Typhoid", The American Journal of the Medical Sciences, 1881.*

The Clown Virus of Influenza

Here, time permitting I will include the farcical story of the finding of the Spanish Flu "Virus", taken from frozen cadavers in Alaska, by the CDC (of-course).

It is important to understand that the Flu has more than one causing factor, several factors at least 5 factors are mentioned in the Book Emunctology.

Taking this into consideration, it along with the information that at least 700 types of bacteria can turn Flu into Pneumonia, it is clear to see that to use "vaccines" for 1 "virus", or even 1 bacteria wont "per se" solve the problem of seasonal Flu.

Each individual must realize the state of his health and his eating habits and food choices.

The Science of "Virology" Based on Consensus; No Proof Needed

"The first formation of **consensus** can be dated in the 1920's and 1930's and was articulated by, for instance, Thomas M. Rivers.

In 1932 **Rivers, a Nestor of American virus research**, suggested that viruses could be distinguished from other pathogenic micro-organisms because they were characterized by "Three negative properties:

1. Invisibility by ordinary microscopic methods.
2. Failure to be retained by filters impervious to well-known bacteria.
3. Inability to propagate themselves in the absence of susceptible cells."

In the 1950's and 1960's a new definition of viruses gained general **consensus**.

In 1957 Andre Lwoff articulated an explicit definition of viruses, which I will designate **the "modem concept of virus".**

Essentially, this was a definition in chemical and structural terms, which was based upon the functions of the various components which could be discerned.

In 1962 this was expressed by the biophysicists Donald Caspar and Aaron Klug as follows:

There are 2 key facts about viruses from which all consideration of their structure and functional organization must proceed.

The first is that the essential infective agent of **all viruses is a high molecular weight nucleic acid component, either; Deoxyribonucleic acid (DNA), or Ribonucleic acid (RNA).**

The establishment of **new consensus**, the history of virus research in the 20th century can be divided into 3 phases.

The first period stretches from the closing of the nineteenth century until the acceptance of the concept of

"filterable virus" in the first decades of the 20th century.

The second period lies between the formation of this **first consensus** and the formation of the **second consensus** in the 1950's and 1960's.

A **third** period **concerns virus research which is based upon the "modem concept of virus" and is still continuing.**

Thus, although there is now a **strong consensus** that there is a category of "viruses" - **expressed by the publication of many textbooks on viruses and the existence of Departments of Virology - the history of virus research cannot be presented as the study of these "viruses" from different perspectives.**

The position taken by Andre Lwoffin 1957 that **"viruses should be considered as viruses because viruses are viruses"** is open to criticism." - in "History of Virus Research in the Twentieth Century: The Problem of Conceptual", History of Science, 1994.

> ***"Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled.***
> ***Whenever you hear the consensus of scientists agrees on something or other, reach for your wallet, because you're being had.***
> *The greatest scientists in history are great precisely because they broke with the consensus." - Dr Michael Crichton, MD, in "Lecture at the California Institute of Technology", 17 January 2003.*

"The Right questions haven't been asked, in fact 4 of the most dangerous words in the English language are:

"The scientific Consensus Beliefs", or "The Scientific Consensus Agrees"

Historically speaking those are 4 words you want to be very very careful of.

Let me give you a brief lesson here, on how the science works a dominant theory takes hold.

Everybody jumps on board, and the reality of human nature, and group think takes hold.

People follow what is told to them, there's a lack of critical thinking." - Dr Suneel Dhand, MD, "The $cience", Versus Science: Don't be Fooled", 26 August 2022.

The "Science" of Virology, is resumed in one sentence:

"The Pursue of Fraud for Financial Gains."

Not for the betterment of mankind, nor the cure of disease.

But for the sole purpose of the exploration of the ignorant for financial gain.

Tobacco Mosaic Virus

"Tobacco mosaic virus played a central role in establishing the field of virology; it was in fact **the first virus to be recognized.** In 1935, while at the **Rockefeller Institute**, Stanley purified tobacco mosaic virus and derived **fine needle-like crystalline** preparations which were fully active and infectious. This achievement was not only the initial crystallization of a virus, but also the unprecedented and unexpected example of a living entity occurring in the crystalline state.

Tobacco mosaic virus (TMV) was subsequently shown to be a single-stranded RNA virus of filamentous morphology." - MD PhD David Rifkind, MD MS Geraldine L. Freeman, in "Tobacco Mosaic Virus ", The Nobel Prize Winning Discoveries in Infectious Diseases, 2005.

"Tobacco Mosaic Virus (TMV) has played a prominent role in the development of the concept of viruses as pathological agents and in unraveling the composition and structure of these unique agents. It also is the virus with which many concepts and phenomena unique to plant virology have been discovered. In 1970 my colleague V. Hari, and I ascertained that TMV-infected tissues contained at least 4 viral proteins. Subsequent events showed these to be the 126-kDa and 183-kDa proteins of the replicase complex, the 30-kDa movement protein, and the 17.6-kDa coat protein. There is also an open reading frame for a 54-kDa protein within the read-through portion of the 126-kDa replicase protein, coincident with sequences in the 183-kDa protein. **This protein has not been detected in diseased tissues, however.** The widely-adopted coat protein-mediated protection concept was developed in 1983-84 in the laboratory of Roger Beachy, then at **Washington University**, in collaboration with scientists at the **Monsanto Company who had developed technology for plant transformation. This concept has now been widely applied to at least 30 different viruses, representing at least 15 genera."** - in "Encyclopedia of Virology", 1999.

"Among the tobacco plantations I have visited in Russia, I have found mosaic disease in the Crimea and along the east coast of the Black Sea.
The mosaic disease does not exist in Little Russia and Bessarabia.
We come to the conclusion that this disease finds favourable conditions of existence only in coastal regions with the influence of moisture on the development of the disease.
Mosaic disease appears to be unique to humid and warm climates.
Despite the fact that the root systems of both plants were closely interwind, the unvaccinated plant remained healthy.
This agrees well with the fact above that the roots do not contain the pathogen.
In any case this experiment shows that the close proximity of a disease plant poses no danger to the healthy plant." -
D. Iwanowski, in "Über die Mosaikkrankheit der Tabakspflanze", Zeitschrift für Pflanzenkrankheiten, Vol.13, No.1, 1903.

The Variola Virus Farce

"Smallpox is an acute contagious disease caused by the variola virus, a member of the orthopoxvirus family." *- in "Smallpox",* ***WHO****, 14 July 2022.*

"The Role of Secondary Infections In the Hemorrhagic Forms of Eruptive Fevers - HAUSHALTER and ETIENNE (Revue mensuelle des Maladies de l'Enfance, June, 1898) have found that in variola haemorrhagic complications appear to be due to a secondary infection of the streptococcus.

This organism has been found in pure culture in the blood and viscera of a child dead of a haemorrhagic septicemia appearing at the period of pustulation.

The disease had been contracted in the hospital during convalescence from diphtheria.

But the most important argument for this view was found in a distinct dissociation observed to exist between variola and haemorrhagic streptococci septicemia, as instanced in a child affected with a discrete and very benign variola, developing normally; during the convalescence fatal haemorrhagic complications occurred as the result of the removal of the patient during the first period of the disease to a ward in which haemorrhagic cases of the disease were being cared for.

Moreover, the haemorrhagic form appeared to be independent of previous vaccinations.

The authors conclude that in variola a mixed or secondary haemorrhagic streptococci infection may occur.

A generalization of these conclusions with reference to other infectious diseases was offered by a case showing a haemorrhagic staphylococci septicemia during the desquamative stage of scarlatina." - in "The American Journal of the Medical Sciences", November 1898.

The Rabies Virus Farce

"Frankly, **I confess that I do not believe that these objections are of great value, because the fact of not being able to demonstrate in many parts**, even though they are virulent, **the existence of the parasite in its characteristic and endocellular forms**, does not exclude that it can be possibly find in the fabric in another form, or still unknown, or one that cannot be highlighted by the means used up to now. We cannot exclude, indeed, everything leads us to admit it, that the parasite in its first stages has such small dimensions and such a localization, so that it can hardly be differentiated from any secretion granules or from other granular formations of the tissue capable of colouring alike.

Given these considerations, and given the results of the efforts of those scholars who have sought the cause of the disease in the field of schizo- or blastomycetes, **I believe myself authorized to affirm that the protozoan I have described is the specific agent of rabies.**

In 1894 Di Vestea, referring (Proceedings of the Royal Medical Surgical Academy of Naples, Year XL VII) made some observations on rabies, made experimentally rabies through the grafting of viruses into the sciatic, it drew attention to particular elements that **he claims to have observed** in the infected nerve and spinal cord.

He noted in the nerve, more abundant at the point of inoculation, of the **"oviform corpuscles" of a diameter ranging from 5-6 p. at 10-13 p.**, which would reside in the interior of the nerve fibres between the Schwann sheath and the myelin sheath, they would have a double outline and a content of granulations rather large, strongly coloured with carmine.

In the cells of the anterior horns of the medulla of these animals, especially in the lumbar portion, they are sometimes found inside the protoplasm of single cells of small bodies "very small, pale, ovular, almost of the same size, and often with a central molecule in the form of a nucleus." **On the significance of these formations the diligent observer does not "dare to pronounce."**

He does not exclude that the larger forms, detectable in the nerve fibers, are possibly infiltrated "lymphocytes"; in any case, the idea that it could possibly be a matter of discretion microorganisms, and more precisely of protozoa.

On the other hand, such a prudent and commendable reserve was not maintained by Grigoriew who, some years later, (Centralblatt f. Bakt. Und Paras. Abth. I. Bd. XXll-1897) having been able to observe in the liquid of the anterior chamber of animals inoculated into the eye with fixed virus, of the size formations of 2-4 p., with an irregular outline, with a differentiated central part as a nucleus, endowed with slow amoeboid movements, **he did not hesitate to claim that they were protozoa, probably amoeba, to which it was due report the cause of the disease.**

I do not think it is appropriate to insist on pointing out how **the observations of Grigoriew have no point of contact with my findings**: I will only say that putting forward such a **bold hypothesis on a basis of facts so scarce and of such dubious interpretation**, it was by Grigoriew a very risky act, to which he was not authorized at all from what he had been able to observe.

So too I would be inclined to believe that no analogy exists between Di Vestea's "oviform corpuscles" and the protozoan I found in nerve cells.

In the animals I inoculated in the sciatic, I have never failed to practice fine sections of the nerve, colouring them with those means that have always proved to me the most appropriate and of constant success for the demonstration of the parasite which, given the dimensions reported by the author, it should be easily detectable.

This research, regarding the characteristic and typical forms found in nerve cells, **has so far given me a consistently and completely negative outcome.**

For this fact, and on the basis of other considerations, such as the diameters, the specificity of the internal granulations of the "oviform corpuscles" to take on the red colour with carmine, while the internal bodies of the parasite described by me with this substance remain discoloured, bringing me back besides the figures with

which the author accompanies his very brief note, I believe that even the finds of Di Vostea have nothing in common with the protozoan that I have been able to detect.

As the discoverer himself had supposed, voraciously he found himself in front of images, an expression of the pathological state of the tissue.

I thought it right to say that the idea that the agent is not new specific to rabies is a protozoan, but I insist on pointing out that while on the one hand the facts observed by the researchers who precede me are not, in my opinion, quite sufficient to justify this supposition, on the other hand apart from these facts have no analogy with the findings that I have put in evidence.

It is only on the basis of these that we can hope that **this hypothesis will soon want to leave the field of theoretical conceptions for becoming an undisputed fact in the domain of pathology.**

Certainly the absolute proof of this assertion could only be given by the isolation of the parasite in pure culture and by the reproduction of the disease with it.

Attempts can be made in this sense, but with little hope of success, as that of no parasitic microorganism belonging to the group, to which it must probably ascribing what I have described, it has so far been possible to obtain the cultivation on artificial soils.

On the other hand, I do not believe that this decisive demonstration, however desirable, can be considered absolutely necessary in the present case, although **up to now no culture has been obtained outside the organism."** - Dr Adelchi Negri, in "Contributo allo studio dell'eziologia della rabbia", Bollettino della Società Medico Chirurgica di Pavia, 1903.

Memo: What Is A "Virus"

*"A small parasite consisting of **nucleic acid (RNA or DNA) enclosed in a protein coat** that can replicate only in a susceptible host cell." - in "Molecular Cell Biology", 2000.*

Obviously Mr Adelchi Negri, didn't receive the memo from the CDC on "viruses" being "pieces of RNA or DNA".

The "virus" described by Mr Negri must have been a dinosaur size "virus", indeed.

Also bearing in mind that electron microscopes where not yet invented (1931), as the Medical Trade claim that they can see pieces of RNA and DNA with such instruments (which they claim to be able to do so in 2017, but no pictures given just computer graphics, alas).

Therefore until now we have only been shown (where photographs are concerned), only of images of cells, and or, of unicellular microorganism, along with many computer generated graphics, and drawings or supposed "viruses".

Dr Montague R. Leverson, MD, Convicts Prof. Theobald Smith of Error in Claiming that Vaccination Prevents Small Pox: Merits of Belchamp and Pasteur Compared

"Every one of Pasteur's preventive inoculations has proved a failure.

The inoculation of the tubercle bacillus upon cattle has spread tuberculosis among healthy heeds, as ordinary common sense would have predicated.

His inoculations against anthrax left the animals Inoculated more liable to that diseased condition, and

caused the premature death of many of them from other diseased condition.

But Pasteur's anti-rablc inoculations afford the most decided test of the pernicious character of that method of treatment. During 23 year preceding the use of the anti-rabic serum there were 685 deaths from rabies in all France, or an average of 30 per annum.

But since the use of the anti-rabic inoculations the average has risen to 100 per annum, in place of 30, with a continually increasing number each year, so that according to the official returns the number of deaths from rabies in France for the year ending in June 1907 was Just about 300.

In truth, as Professor Peter said, in his address to the Academy of Medicine, Paris, on the 11 January 1887,

"M. Pasteur does not cure rabies - he Imparts It!"

Along the whole length of the alimentary canal, nature has provided a series of chemical laboratories wherein she analyses, synthesises, separates, prepares for excretion and finally, with in certain limits, excretes, matters liable to be injurious to the health or life of the individual who has ingested them; but when any such matters are inoculated, nature's defences are taken in the flank, it is true that as if foreseeing man's folly, nature has provided a network beneath the skin which can sometimes eject poisonous matter by means of an abscess, but always at a cost to the lowered vitality of the Individual, even where the whole of the poison is ejected.

Ingested where the dose is not excessive, a wise physician will still have some power to arrest its mischief, by the aid of emetics or antidotes; once physician who lives loses all power over the poison, and not only so but **the entire medical profession combined is absolutely incapable of even foreseeing what effect will be produced.**

Substances apparently inert and harmless introduced into the blood stream, are known to have produced almost instant death, and the recklessness of inoculation amounts to cruelty through ignorance.

The microbic theory of disease upon which your teachings rest is absolutely erroneous.

The very word "microbe'' is an etymological solecism adopted in the hope of "drowning" in a "conspiracy of silence" the marvellous researches and discoveries of the master Bechamp who justly described **the microbic theory of disease as "greatest scientific foolishness of this time".**

This marvellous scientific silliness has been marvellously promulgated through the consummate ability (in a certain sense) of M. Pasteur and of his followers.

Pasteur did not make any discoveries in biology.

As I have above stated his pretended biological discoveries were plagiarized from others and chiefly from the Master, who not only discovered the causes of fermentation and that it is a process in nutrition, but also the unit of life, vis: the microsymas.

He and his collaborators also discovered that **when these became diseased they developed into what have been erroneously termed pathogenic bacteria which, instead of being the causes, are consequences of diseased conditions**

Fortunately for the emancipation of the biological sciences from their present condition of chaos, Pasteur has himself provided the dynamite where with his bubble will be exploded.

In his effort to make it appear that he discovered the causes of fermentation, and to plagiarise Bechamp with security he invented and narrated a fake experiment.

You will find it described in the "Annales de chemie et de physique" 3e S. T. LVIII. p. 381. Sec. III., entitled "Production of yeast in a medium form of sugar, a salt of ammonia and of phosphatea". **I ask you my dear Professor, to have the moral courage to repeat this pretended experiment and when you shall have found out the truth. I ask you to declare and denounce the fake.**

Then indeed you will have to make "a new departure" in your study of biology, commencing with the wonderful discoveries of Bechamp — and finally, when you shall have realised their truth. **I ask you to avow that you and the**

other followers of Pasteur have been deluded by the most monumental charlatan by whom medicine has ever been vexed. "So from his shoulders strip the lion's hide, and clasp a calf-skin on his recreant limbs." - in "English City of Leicester as Example of Benefits of Abolition of Vaccination", The Bridgeport Evening Farmer, 21 August 1909.

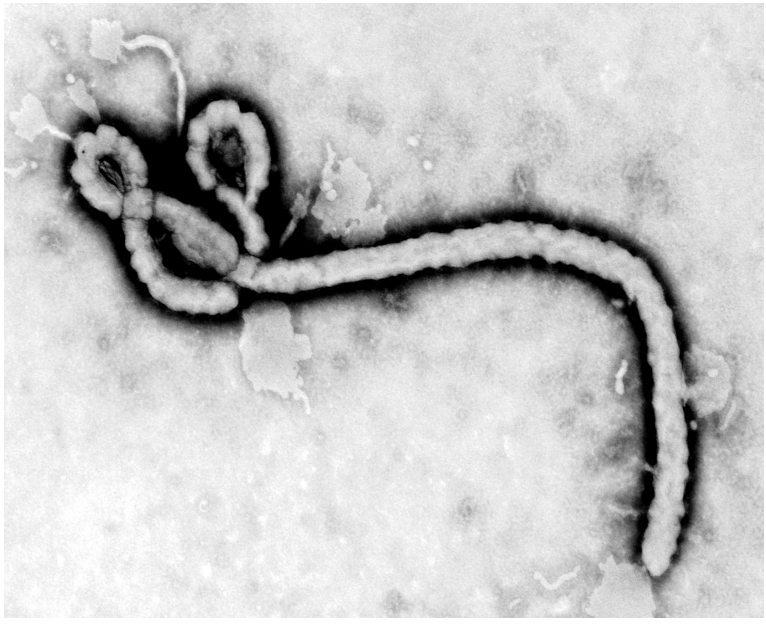
> ***"De Souza (1926), however, failed to infect guinea-pigs and rabbits by allowing Phyllostoma bats to feed on them, and concluded, on insufficient evidence, that in Florianopolis, Brazil, the disease was not spread by bats.***
> ***Quiroga, Acosta and their co-workers (1931) quote Parreiras Horta as having also shown from experimental work on rabbits and guinea-pigs that bats (Phyllostoma) are not the transmitting agent."*** *- in "The Transmission of Paralytic Rabies in Trinidad by the Vampire Bat (Desmodus Rotundus Murinus Wagner, 1840)", Annals of Tropical Medicine and Parasitology, 1936.*

The Ebola "Virus" Isolation Farce

"In 1976 my life changed, when I was training in Microbiology in the lab in Antwerp, we received a blue thermos from Kinshasa, and it contained 2 glass files, and with a little note and asking is this yellow fever?

And it was blood from a Catholic missionary a nun who had died with what they thought was maybe yellow fever.

And we did the usual things to isolate viruses, these days, was more like cooking, it's like very artisanal, you inject mice, you put it on cells, and so on, and you wait, and then you look at an electron microscope and what did we see under the electron microscope was this image and we had never seen this." - Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.



An image of what they claim to be the Ebola "Virus", if we are told what the mixture contained we will know what this can be, most likely is a Bacillus (A genus of Gram-positive, rod-shaped bacteria, a member of the phylum Bacillota, with 266 named species, the term is also used to describe the shape of other so-shaped bacteria). It is also important to know the composition of the medium in which the Bacillus what placed in.

"Ebola virus, diagnostic specimen from the first passage in Vero cells of a specimen from a human patient—this image is from the first isolation and visualization of Ebola virus, 1976.

This image has been "borrowed" so often for various public uses that many people think that all Ebola virions look just like this. In fact, Ebola virions are extremely varied in appearance - they are flexible filaments with a consistent diameter of 80 nm (nanometers), but they vary greatly in length and degree of twisting." - in Ebola Virus", University of Texas Medical Branch at Galveston, 2 May 2021.

Please look at the different images of the so-called Ebola "virus":

www.utmb.edu/virusimages/VI/ebola

Coronavirus Isolation Farce

"Bat samplings were conducted 10 times from April 2011 to October 2015 at different seasons in their natural habitat at a single location (cave) in Kunming, Yunnan Province, China.

All members of field teams wore appropriate personal protective equipment, including N95 masks.

Bats were trapped and fecal swab samples were collected.

Clean plastic sheets measuring 2.0 by 2.0 m were placed under known bat roosting sites at about 18:00 h each evening for collection of fecal samples.

Fresh fecal pellets were collected from sheets early in the next morning.

Virus isolation

The Vero E6 cell line was kindly provided by Australian Animal Health Laboratory, CSIRO (Geelong, Australia). Vero E6 monolayer was maintained in DMEM medium supplemented with 10% fetal calf serum (FCS). Fecal samples (in 200 μl buffer) were gradient centrifuged at 3,000–12,000 g, and the supernatant was diluted 1:10 in DMEM before being added to Vero E6 cells. After incubation at 37°C for 1 h, the inoculum was removed and replaced with fresh DMEM medium with 2% FCS.

The cells were incubated at 37°C and checked daily for cytopathic effect.

All tissue culture media were supplemented with triple antibiotics penicillin/ streptomycin/amphotericin (Gibco) (penicillin 200 IU/ml, streptomycin 0.2 mg/ml, amphotericin 0.5 μg/ml).

Three blind passages were carried out for each sample.

After each passage, both the culture supernatant and cell pellet were examined for presence of SARSr-CoV by RT-PCR using specific primers targeting the RdRp or S gene.

The viruses which caused obvious cytopathic effect and could be detected in three blind passages by RT-PCR were further confirmed by electron microscopy." - in "Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus", PLOS Pathogens, 30 November 2017

> ***"Someone who dies with Ebola is covered with often with blood not always but but certainly Vomit, is Diarrhoea, so in other words full of virus."*** *- Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.*

Here we know that what is affecting the persons is something in their gastrointestinal system, not a fictitious "virus".

> *"In a request for a study which shows complete isolation and purification of the particles claimed to be SARS-CoV-2, Michael Laue from the German Robert Koch Institute (RKI), answered that:*
> ***"I am not aware of a paper which purified isolated SARS-CoV-2."*** *- Dr Michael Laue, Head of Consultant Laboratory for Diagnostic Electron Microscopy of Infectious Pathogens (Diagnostic EM of Pathogens), Robert Koch Institute, Federal Institute within the portfolio of the Federal Ministry of Health, Germany, Email from 4 September 2020." - in "Phantom Virus: In search of Sars-CoV-2", Off-Guardian, 31 January 2021.*

Again the "Viruses" in Bats Nonsense

"Viruses so far is most probably we still don't know for sure is a fruit eating

Bat, and by the way Bat's, are very special animals from a biological perspective, and they hardly ever developed cancer, they can harbour all kinds of viruses that kill in no time other animals. And so it's very remarkable, I no no know much about Bat biology, but I've read a lot about it, and it's absolutely fascinating." - Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.

Here we see another lie: "they can harbour all kinds of viruses that kill in no time other animals".

There is no proof of this statement what so ever. In fact what we know is the opposite.

The Bat "Virus" Transmission Farce

"[Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus", PLOS Pathogens, 30 November 2017].

But **Changchun Tu**, a Virologist **who directs the OIE Reference Laboratory for Rabies in Changchun, China, says the results are only "99%" persuasive.**

He would like to see scientists demonstrate in the lab that the human SARS strain can jump from bats to another animal, such as a civet.

"If this could have been done, the evidence would be perfect", he says." - in "Bat cave solves mystery of deadly SARS virus-and suggests new outbreak could occur.

Chinese scientists find all the genetic building blocks of SARS in a single population of horseshoe bats", Nature, 1 December 2017.

The CDC Confirmed this was a "Virus"

"The Centers for Disease Control in Atlanta and it's in Atlanta at the Centers for Disease Control (CDC), that they could demonstrate this was not Marburg but it was a new virus.

So they really confirmed this was new, so I was excited, but I was particularly curious to know what is this virus is doing to people, how is it spreading, you know and so on, and by the way the name Ebola is because viruses need a name." - Dr Peter Piot, MD in "Are We Ready for the Next Pandemic?", 29 June 2018.

The reason this is important to know, is that it was also the CDC in 1976, that "samples" where sent from Fort Dix, New Jersey, to the CDC, and the CDC also confirmed that it was a "virus".

"In early 1976, the novel A/New Jersey/76 (Hsw1N1) influenza virus caused severe respiratory illness in 13 soldiers with 1 death at Fort Dix, New Jersey.

Since A/New Jersey was similar to the 1918–1919 pandemic virus, rapid outbreak assessment and enhanced surveillance were initiated. A/New Jersey virus was detected only from January 19 to February 9 and did not spread beyond Fort Dix. A/Victoria/75 (H3N2) spread simultaneously, also caused illness, and persisted until March. Up to 230 soldiers were infected with the A/New Jersey virus. Rapid recognition of A/New Jersey, swift outbreak assessment, and enhanced surveillance resulted from excellent collaboration between Fort Dix, New Jersey Department of Health, Walter Reed Army Institute of Research, and Center for Disease Control personnel.

Despite efforts to define the events at Fort Dix, **many questions remain unanswered, including the following: Where did A/New Jersey come from? Why did transmission stop?"** - in "Swine Influenza A Outbreak, Fort Dix, New Jersey, 1976", Emerg. Infect. Dis., January 2006.

For the 1976 Pandemic Farce, please see our previous books that expose the fraud in detail.

Peter Karel Piot

"Sir Peter Karel, Baron Piot, MD, KCMG, PhD, DTM, FRCP, FFPH, FmedSci, Professor of "Global Health" is a Belgian-British microbiologist known for his research into Ebola and AIDS. After helping discover the Ebola virus in 1976 and leading efforts to contain the first-ever recorded Ebola epidemic that same year, Piot became a pioneering researcher into AIDS. Has held key positions in the United Nations and World Health Organization (WHO), involving AIDS research and management. Has served as a professor at several universities worldwide. Author of 16 books and over 600 scientific articles." - in Wikipedia, 25 August 2022.

"A Senior Fellow at the Bill & Melinda Gates Foundation. He was the Director of the Institute for Global Health at Imperial College, London.

Founding Executive Director of UNAIDS and Under Secretary-General of the United Nations from 1995 until 2008, and was an Associate Director of the Global Programme on AIDS of WHO.

Under his leadership UNAIDS became the chief advocate for worldwide action against AIDS, also spearheading UN reform by bringing together 10 UN system organizations.

Professor Piot is the first Chair of Her Majesty's Government's Strategic Coherence of ODA-funded Research (SCOR) Board and is Chair of of the King Baudouin Foundation (KBF) USA and of the African Health Research Institute (AHRI), Durban, South Africa. He is Vice-Chair of the Global Health Innovation Technology Fund (GHIT), Tokyo, and member of the Board of the Novartis Foundation, Basel; the Coalition for Epidemic Preparedness Innovation (CEPI), and Sentebale.

He is also a Special Advisor to the President of the European Commission on research and innovation for COVID-19.

He is the first Chair to lead Her Majesty's Government's Strategic Coherence of ODA-funded Research (SCOR) Board.

He is Vice-Chair of the board of the Global Health Innovative Technology Fund in Tokyo, Chair of the Global Burden of Disease Independent Advisory Committee, and Chair of the King Baudouin Foundation US.

He is a member of the board for the Coalition for Epidemic Preparedness Innovations (CEPI), African Health Research Institute, Durban, and the Oxford Martin School.

He was the Chair of the MRC Global Health Group and a member of the MRC Strategy Board." - in "London School of Hygiene & Tropical Medicine", 25 August 2022.

In May 2020 Peter Karel Piot Discloses He Has Had COVID-19

"On 19 March, I suddenly had a **high fever and a stabbing headache.**

My skull and hair felt very painful.

I kept working—I'm a workaholic.

I tested positive for COVID-19.

The only risk factor for corona is my age — **I'm 71.**

It turned out I had severe oxygen deficiency.

Lung images showed I had severe pneumonia, as well as bacterial pneumonia.

I turned out to have an organizing pneumonia-induced lung disease.

I picked up again is my work as COVID-19 R&D special adviser to von der Leyen.

The [EU] Commission is strongly committed to supporting the development of a vaccine.

Let's be clear:

Without a coronavirus vaccine, we will never be able to live normally again.

The only real exit strategy from this crisis is a vaccine that can be rolled out worldwide." - Peter Karel Piot in 'Finally, a virus got me.' Scientist who fought Ebola and HIV reflects on facing death from COVID-19", Knack (Belgium), reported by Science, 8 May 2020.

In 2020 the new name for Pneumonia is "Covid-19."

The Clown World of the CDC - The Rabies Virus

"Rabies virus belongs to the order Mononegavirales, viruses with a nonsegmented, negative-stranded RNA genomes. Within this group, viruses with a distinct "bullet" shape are classified in the Rhabdoviridae family, which includes at least three genera of animal viruses, Lyssavirus, Ephemerovirus, and Vesiculovirus. The genus Lyssavirus includes rabies virus, Lagos bat, Mokola virus, Duvenhage virus, European bat virus 1 & 2 and Australian bat virus.

Structure

Rhabdoviruses are approximately **180 nm long and 75 nm wide.** The rabies genome encodes 5 proteins: nucleoprotein (N), phosphoprotein (P), matrix protein (M), glycoprotein (G) and polymerase (L).

All rhabdoviruses have 2 major structural components: a helical ribonucleoprotein core (RNP) and a surrounding envelope. In the RNP, genomic RNA is tightly encased by the nucleoprotein. Two other viral proteins, the phospoprotein and the large protein (L-protein or polymerase) are associated with the RNP.

The glycoprotein forms approximately 400 trimeric spikes which are tightly arranged on the surface of the virus. The M protein is associated both with the envelope and the RNP and may be the central protein of rhabdovirus assembly.

The basic structure and composition of rabies virus is depicted in the longitudinal diagram below **[on the page it is shown a computer digital image using commercial imaging software].**

Rabies is an RNA virus. The genome encodes 5 proteins designated as N, P, M, G, and L.

The order and relative size of the genes in the genome are shown in the figure below **[again another computer made image shown].** The arrangement of these proteins and the RNA genome determine the structure of the rabies virus.

Replication

[This section is just a farce, just a complete fabrication delirium on steroids, the CDC should get a Nobel Prize on the category of "Best Fiction Novel", you cant make up this crap, you need to be on steroids]

The fusion of the rabies virus envelope to the host cell membrane (adsorption) initiates the infection process.

The interaction of the G protein and specific cell surface receptors may be involved.

After adsorption, the virus penetrates the host cell and enters the cytoplasm. The virions aggregate in the large endosomes (cytoplasmic vesicles).

The viral membranes fuse to the endosomal membranes, causing the release of viral RNP into the cytoplasm (uncoating). **Because lyssaviruses have a linear single-negative-stranded ribonucleic acid (RNA) genome, messenger RNAs (mRNAs) must be transcribed to permit virus replication.** A viral-encoded polymerase (L gene) transcribes the genomic strand of rabies RNA into leader RNA and 5 capped and polyadenylated mRNAs, which are translated into proteins.

Translation, which involves the synthesis of the N, P, M, G and L proteins, occurs on free ribosomes in the cytoplasm. Although G protein synthesis is initiated on free ribosomes, completion of synthesis and glycosylation (processing of the glycoprotein), occurs in the endoplamsic reticulum (ER) and Golgi apparatus.

The intracellular ratio of leader RNA to N protein regulates the switch from transcription to replication.

When this switch is activated, replication of the viral genome begins.

The first step in viral replication is synthesis of full-length copies (postive strands) of the viral genome.

When the switch to replication occurs, RNA transcription becomes "non-stop" and stop codons are ignored.

The viral polymerase enters a single site on the 3′ end of the genome, and proceeds to synthesize full-length copies of the genome.

These **positive strands of rabies RNA serve as templates for synthesis of full-length negative strands of the viral genome."** - in "Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of High-Consequence Pathogens and Pathology", CDC, 30 November 2020.

Structure of Zika Virus Determined

"A near-atomic level map of Zika virus shows its structure to be largely similar to that of dengue virus and other flaviviruses, but with a notable difference in one key surface protein, report scientists funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH). The variation in the Zika envelope (E) glycoproteins—180 of which are packed on the virus's outer shell—may provide clues to better understand how Zika virus enters human cells and suggests ways to combat the virus with drugs or vaccines aimed at the newly detailed region.

NIAID grantees Richard Kuhn, Ph.D., Michael Rossmann, Ph.D., and their colleagues at Purdue University created the picture of a mature Zika virus particle with a technique called Cryo-Electron Microscropy.

The process involves freezing virus particles and firing a stream of high-energy electrons through the sample to create tens of thousands of 2-Dimensional electron micrograph images that are then combined to yield a composite high-resolution, 3-Dimensional view of the virus.

The team included NIAID investigator Theodore Pierson, Ph.D." - in "NIH-Funded Research Could Aid Quest for Vaccines, Drugs", NIH, 31 March 2016.

Still no virus isolation", so how on planet Earth can the CDC or the NIH or their cronies, make a genome of something they cannot isolate?

The Cryo-Electron Microscopy – Farce or Computer Generated Graphics

"The 2017 Nobel prize in chemistry has been awarded to 3 scientists:

> ***"For developing Cryo-Electron Microscopy for the high-resolution structure determination of biomolecules in solution."***

Jacques Dubochet University of Lausanne, Switzerland; Joachim Frank, Columbia University, US; **Richard Henderson, Medical Research Council Laboratory of Molecular Biology, Cambridge, UK.**

Joachim Frank developed computational methods for taking images of multiple, randomly-oriented proteins within a sample and compiling them into sets of similar orientations to obtain sharper 2D images.

Could then **construct a 3D image from these 2D projections.**

Used his algorithms to generate images of the ribosome.

During the recent outbreak in Brazil, a group of researchers generated a high-resolution 3D image of the virus structure within a few months." - in "Explainer: What is cryo-electron microscopy", Chemistry World, 4 October 2017.

The Poliovirus Farce

"We failed utterly to discover bacteria, either in film preparations or in cultures, that could account for the disease; and, since among our long series of propagations of the virus in monkeys not one animal showed, in the lesions, the cocci described by some previous investigators, and we had failed to obtain any such bacteria from the human material studied by us, we felt that they could be excluded from consideration.

Therefore, the infecting agent of epidemic poliomyelitis belongs to the class of the minute and filterable viruses that have not thus far been demonstrated with certainty under the microscope." - Dr Simon Flexner, MD; Dr Paul A. Lewis, MD from the Laboratories of the Rockefeller Institute for Medical Research, New York, in "The Nature of the Virus of Epidemic Poliomyelitis", JAMA, 18 December 1909.

"Dalldorf and Sickles described an **"unidentified, filterable agent"** that they had **"isolated" from the Faeces** of paralysed children.

The problems become clear when Dalldorf and Sickles described how they "isolated" this agent:

"20% Fecal suspensions, prepared by Ether Treatment and Centrifugation, were inoculated intracerebrally into albino mice of the laboratory strain.

Suckling mice, 3-7 days of age, became paralyzed, **while mice 10-12 gm in weight did not.**

The isolations were repeated several times." - G. Dalldorf, G.M. Sickles, in "An Unidentified, filtrable agent isolated from the Feces of children with paralysis", Science 16 July 1948.

> ***"Polio, like Typhoid, Cholera, and Hepatitis A, is transmitted through what's clinically referred to as the Fecal-Oral route, which typically occurs as a result of inadequately treated drinking water, improper food handling, and poor sewage methods."*** *- in "The Panic Virus", 2011.*

The 1918 Flu Pandemic

"It was secondary bacterial pneumonia that killed most of the millions who perished in the 1918 flu pandemic, which suggests that current pandemic preparations should include stockpiling of antibiotics and bacterial vaccines, influenza researchers reported this week.

Experts at the National Institute of Allergy and Infectious Diseases (NIAID) examined pieces of lung tissue preserved from 58 victims of the 1918 pandemic and reviewed reports distilled from thousands of autopsies to reach their conclusions, published by the Journal of Infectious Diseases.

> ***"Histological and bacteriologic evidence suggests that the vast majority of influenza deaths resulted from secondary bacterial pneumonia",*** *says the report by David M. Morens, MD, Jeffery K. Taubenberger, MD, PhD, and NIAID Director Anthony S. Fauci, MD*

The new report suggests that more than 90% actually died of invading bacterial pneumonia." - in "Study: Bacterial pneumonia was main killer in 1918 flu pandemic", Center for Infectious Disease Research and Policy, University of Minnesota, **22 August 2008.**

Swine Flu Pandemic Farce

The "novel" H1N1 swine influenza virus that last year caused the first human pandemic in 4 decades has one feature that is hardly novel:

Its surface protein, hemagglutinin (HA) — which spikes cells and starts an infection —closely matches the HA in the H1N1 virus responsible for the 1918 pandemic.

This newfound similarity answers many mysteries about the 2009 pandemic, including **why it largely spared the elderly.**

The new findings from different research groups also suggest intriguing explanations for how the 1918 influenza virus has evolved since it swept across the globe in several waves, killing more than **50 Million people** by the winter of 1919.

And the investigators are proposing provocative Vaccination strategies to pre-empt future pandemics.

NIAID virologist Jeffrey Taubenberger, a leading investigator of that devastating pandemic.

> ***"All the influenza viruses in humans are descendants of the 1918 virus"*** *says Taubenberger*

" - in "Swine Flu Pandemic, What's Old Is New: 1918 Virus Matches 2009 H1N1 Strain", Science, 26 March 2010.

The Influenza Epidemic Which Reappeared Among the Troops

"The influenza epidemic which had reappeared among the troops in Germany in December 1919, and among the troops in this country in January 1920, together with the pneumonias not attributed to it, and with the other respiratory diseases, such as acute rhinitis, tonsillitis, pharyngitis, and laryngitis, **caused a relatively larger amount of sickness among the troops in the United States than any of the other epidemics of these diseases had caused during the period of the World War**, with the exception of the one which occurred in the late summer and fall of 1918, **while for the troops in Europe these diseases caused a relatively greater amount of sickness** than they had even during the great pandemic of 1918.

The relative number of deaths that resulted from influenza and the primary pneumonias was much smaller both for the troops in the United States and in Europe than there had been during the pandemic of 1918, but greater than there had occurred during any of the other epidemics of these diseases during the World War.

The actual number of deaths for 1918 cases in the United States was 234, and in Europe, 22." - in "Report of the Surgeon-General of the Army to the Secretary of War for the Fiscal Year Ending 1921", United States Surgeon-General's Office, 1921.

Number of Deaths from Influenza and Pneumonia 1918 and 1919

"The same high distribution of deaths under 5 years and between 20 and 40 years is shown in both the 1918 and 1919 periods, **although much more marked in 1918, clearly showing that the latter part of the epidemic was not essentially different from the first in this respect.**

Requests have been received by the Bureau of the Census for the number of deaths caused by the 1918-19 influenza pandemic in the United States. Obviously it is not possible to give entirely satisfactory figures.

Certification of causes of death can never be more perfect than the diagnostic powers of the attending physicians; and the assignment of joint causes of death to a single cause is necessarily unsatisfactory.

However, to give a measure of the ravages of the pandemic, the following table has been prepared for the registration states of 1915 showing in the first two columns the number of deaths from influenza and pneumonia (all forms) which would have occurred 1 September 1918, to 30 June 1919, had the 1915 death rates from these causes for corresponding months prevailed, and in addition showing the actual deaths in the pandemic period from these causes, the excess deaths from these causes, and excess death rates.

If the assumption is made that the excess death rates given below for the registration states of 1915, held for the rest of the United States, then **the toll of the pandemic in the United States** (exclusive of Hawaii) **may be estimated as approximately 548,452 deaths.**

Influenza

The number of deaths from influenza in 1919 is 84,113, corresponding to a rate of 98.8 per 100,000 population, as against **245,846 deaths in 1918** and a rate of 302.1.

The number given for 1918 includes the "additional deaths" shown in the 1918 report.

All other Epidemic Diseases

In the detailed International List of Causes of Death , titles 1 to 19 are assigned to the epidemic diseases, of which 8 have been discussed.

Of the others, no deaths are reported in 1919 for **miliary fever** and Asiatic cholera."- in "Mortality Statistics 1919", U.S. Government Printing Office, 1921.

The Recent Influenza Epidemic Different from 1918 Attack

"The following is quoted from the Statistical Bulletin, Metropolitan Life Insurance Co., for March, 1922:

"In the world pandemic of 1918 the deaths were largely concentrated between the ages of 20 to 40.

In the last few months the deaths have been concentrated in early life and more particularly in old age.

About one-half of the deaths were those of persons over 45 years of age.

In this respect they were distributed very much as pneumonia deaths generally were before the epidemic period set in.

This fact is an additional indication that what has transpired during the last few months has not been a recrudescence of the serious influenza epidemic of three years ago, but is **something very similar to what happens every winter with the increase in influenza cases and of primary pneumonias.**

If the number of cases and deaths for this year has been higher than last year, it is chiefly because that for last year was exceptionally low.

In fact, the rate for respiratory disease this February can not be considered a high figure according to the standards of a few years ago." - in "United States Naval Medical Bulletin", 1922.

Epidemiologic and Clinical Characteristics of 1918–19 Pandemic

"Disease Usually Mild and Self-limited

The 1918–19 pandemic, most cases followed a mild or self-limited course.

During that pandemic, most infected persons had self-limited clinical courses and complete recovery.

For most affected populations, the case-fatality incidence was <2% and the overall mortality rate was <0.5%.

Mortality and Case-Fatality Rates High for Young Adults

During the pandemic, overall mortality and case-fatality rates were higher for young adults, indigenous and other relatively closed populations, and certain military and occupational subgroups than for their respective counterparts. Case-fatality and mortality rates were higher for those 25–40 years of age (particularly men)." - Dr John F. Brundage, MD, Dr G. Dennis Shanks, MD Armed Forces Health Surveillance Center, Silver Spring, Maryland, USA; Australian Army Malaria Institute, Enoggera, Queensland, Australia, in "Deaths from Bacterial Pneumonia during 1918–19 Influenza Pandemic", CDC, Vol. 14, No. 8, August 2008.

The reason it spared the elderly is because it affected mainly those who went to battle inhaling gases from first world war bombs, or those who work in factories inhaling fumes and gases from factory furnaces, these wore mainly man and those who served in the battle field where mainly young man.

The claim that "50 Million" died by the winter of 1919 is a lie.

The vaccination commercial agenda is the main drive in preventing "pandemics".

The Multiplication of "Viruses"

"The first and most important fact about viruses is their apparent intimate concern with some host. So far, all attempts to secure virus multiplication on any kind of medium other than an intact organism have failed." *- Ernest C. Pollard, in "The physics of viruses", 1953.*

"Even when we study the reproduction of viral materials in a more-or-less persistent non-infectious form (such as the "prophage" form of bacteriophage) we depend, for proof of the presence and multiplication of the viral material, on the ultimate production of some infectious virus.

Only occasionally can we infer complete or partial phenomena of viral multiplication by indirect observations, such as multiplication of elements resembling known virus particles in morphological or physico-chemical properties.

We shall show that **viruses multiply not as organisms but as subcellular entities**, more on a level with organized, non-independent cell constituents.

We may speak of **viral multiplication as viral biosynthesis**, in the same sense as we speak of the biosynthesis of macromolecular cellular constituents and organelles.

The problem of viral multiplication is translated into a series of problems:

Transformation from infectious into vegetative form,

Vegetative multiplication, and

Maturation.

Most intriguing situations are encountered when virus material, having once entered a cell, remains in noninfectious form while the cell proceeds to reproduce." - S. E. Luria, Department of Bacteriology, University of Illinois, in "The Multiplication of Viruses", Protoplasmatologia; Handbuch der Protoplasmaforschung, 1958.

Isolation of Purified Virus

"We have two outstanding examples in which modified strains of a given virus are used for purposes of vaccination.
***These altered strains were obtained, by chance**, through the passage of the virus in an unnatural host.*
In the case of the yellow fever vaccine it has not been possible to secure the modified 17D strain again by tissue culture passage of virulent yellow fever virus.
***It is an unsatisfactory situation."** - W. M. Stanley, Member of the Rockefeller Institute for Medical Research, Princeton, N.J., in "Chemical Studies on Viruses", 22 December 1947.*

"After direct inoculation into the carcinoma EO 771, **the influenza virus could not be detected** at 3, 5, 7, 9, and 11 days. The herpes virus was present in small amounts on the 4th, 5th, and 6th days after inoculation but not thereafter.

The herpes-virus-infected sarcoma could be transferred 4 times in serial passages **before the virus disappeared**.

Influenza-infected sarcomas **lost the virus on the first transfer.**

Fragments of tumors exposed to virulent suspensions of **influenza virus and herpes virus in vitro failed to carry the viruses.**

The presence of the viruses in the tumors had no effect on the growth or transplantability of the tumors.

Both the viruses of influenza A and herpes simplex **could be detected for a limited period** when inoculated directly into sarcoma 180." - Alice E. Moorem, MD in "Cancer", May 1949.

"By themselves the virus particles seem to be quite inert; like the seeds and spores of higher forms, whose regularity in size and shape they resemble, they become active only in a suitable environment - the host cell.

Attempts to study their mode of reproduction by grinding up host cells at intervals after infection have yielded only debris, and in some cases a few finished virus particles.

Direct observation of their mode of reproduction is impossible, since, on the one hand, the particles themselves are smaller than the wave lengths of visible light, and, on the other, most cells are too thick for convenient observation of internal structure with the electron microscope.

Investigators of the mode of virus reproduction are therefore forced to employ the more indirect methods of genetics, biophysics and biochemistry.

With the biochemical approach we should like to observe the effects of various nutrients and **specific enzyme poisons on virus-producing systems.**

Basic to these problems lies that of the deployment of host and virus elements on a molecular and indeed atomic level which leads to infection and virus production.

An analysis of the multiplication of plant or animal viruses is difficult because of the complex nutrient media (sap, body fluids) in which the cells, which are the real virus hosts, are bathed.

Moreover, the great variety of cells which compose the tissues makes it difficult to distinguish the direct effect which the highly selective virus produces on the particular type of cell on which it acts, from the indirect effects on neighbouring cells and on the organism as a whole." - Thomas F. Anderson, in "The Reactions of Bacterial Viruses with Their Host Cells. The Reactions of Bacterial Viruses with Their Host Cells", Botanical Review, 1949.

"In the case of the influenza- herpes-, vaccinia-, polio-, adeno- and ebola-viruses each photo shows only a single particle; nobody claims that they´re isolated particles, let alone particles that have been isolated from humans.

In summary, it must be said that these photos are an attempt of fraud committed by the researchers and medical scientists involved.

As far as they assert that these structures are viruses or even isolated viruses.

To what extent, the involved journalists and authors of textbooks have contributed to this fraud knowingly or only out of gross negligence, I don´t know.

Everyone who starts a research in the medical literature, will quickly encounter statements and references that Koch's first postulate can´t be fulfilled (i.e. Großgebauer: Eine kurze Geschichte der Mikroben, 1997 ["a little story of the microbes"]; editor: Verlag für angewandte Wissenschaft).

How these authors who claim the existence of viruses could overlook that, remains a riddle.

Could it be that the term "Contagium" = "Gift" (poison/toxin) = "Virus" from the 18th and 19th century was applied in the 20th century to the cell components which were named "viruses" since the electron microscope was introduced in 1931?

And in order to hide this, the "disease causing viruses" have often been described but never been isolated?

And then they were used as seemingly logical explanation for poisonings and adverse affects of vaccination, as Luhmann (1995) (i.e.) writes about the symptomatic of Hepatitis B, which was observed for the first time in 1985 following smallpox vaccinations, and in 1938 following measles vaccinations?

The copies in the textbooks show only structures within cells and nothing that looks like isolation and thus homogenous.

The biochemical characterization, which is crucial, lacks completely." - Dr Stefan Lanka, in "The 'Viral Fraud': Pictures of 'Isolated Viruses' Debunked", December 2001.

The Common Cold Unit

The Common Cold Unit (CCU) or Common Cold Research Unit (CCRU) was a unit of the British Medical Research Council which undertook laboratory and epidemiological research on the common cold between 1946 and 1989, and produced 1,006 papers.

The Common Cold Unit studied etiology, epidemiology, prevention, and treatment of common colds.

It was set up on the site of the Harvard Hospital, a former military hospital at Harnham Down near Salisbury in Wiltshire.

David Arthur John Tyrrell CBE FRS a **British virologist** who was the **director of the Common Cold Unit, which investigated "viruses"** that caused common colds.

He discovered the first human coronavirus (designated B814) in 1965.

With June Almeida he made the first comparative study of human and chicken **coronaviruses in 1967, and invented the name coronavirus in 1968.**

"For over 30 years, **thousands volunteered in experimental trials** at the Medical Research Council's Common Cold Unit to help find a cure for the common cold.

Colds are caused by viruses, and it is a virus that is currently causing the deadly infectious disease COVID-19 (or to give it its full title, coronavirus disease 2019).

It was through the research of David Tyrell, head of the Common Cold Unit, and **virus-imaging pioneer June Almeida**, that the first coronavirus was identified and imaged in the 1960s.

Opened in 1946, the Common Cold Unit was set up in a former military hospital near Salisbury.

Virologist David Tyrrell and his colleagues made significant advances. They proved many different viruses (including coronaviruses and over 100 rhinoviruses) are responsible for the common cold." - in "Revealing the First Coronavirus", Science Museum Group, 2020.

In 1966, Waterson and Almeida collaborated with the physician and director of research on the common cold, David Tyrrell, who was working on a new organ culture system.

Tyrrell's team had been attempting to detect the presence of rhinoviruses in tissue cultures of cells that they had produced in the lab.

Wellcome Institute

Almeida spent her final years of her professional career at the Wellcome Institute before she retired.

While working for Wellcome, she was named on several patents in the field of imaging viruses.

> ***"Cultivating the Common-cold Virus. In the Salisbury workers trials no colds were produced in 61 volunteers who received control materials."*** *- in "The Lancet", 12 September 1953.*

> ***"A series of trials of interferon was conducted at the Common Cold Unit, Salisbury*** *(a branch of the Clinical Research Centre and supported jointly by the Department of Health and Social Security), which maintains the facilities and staff for the direct support of the volunteers, and the Medical Research Council, which maintains the laboratories and the scientific and technical staff.* ***The first results were disappointing." - D. A. J. Tyrrell****, in "Chemoprophylaxis and Virus Infections of the Respiratory Tract",* ***1977****.*

> ***"Believe it or not, one of our biggest problems is giving people colds", says Dr. Robert Philpotts, a staff virologist. "If I could give 80% of the people colds, we could finish this work very quickly. The actual figure is between 1 in 3 and 1 in 5."***
> ***"Two-thirds of colds we can now explain", says Dr Tyrrell. "What the explanation of the other third is I wouldn't want to say.***

Cold viruses seem to find the temperature of the nose - about 33oC. or 91.4oF. - more agreeable than the warmer climate of the blood and internal organs." *- in "Stalking the Common Cold", The New York Times, 14 November, 1982.*

"The CCU was born *and the first volunteers arrived in July 1946. In considering the offer to work there, he felt that he had been so fortunate that it would do him no harm to struggle with this problem for a few years.* ***He had two ideas: one was to grow the virus in human kidney cells, which seemed very susceptible to other viruses."*** *- in "David Arthur John Tyrrell", Biogr. Mems Fell. R. Soc., 2007.*

Discovery of Coronaviruses

"Dorothy Hamre and John Procknow at the University of Chicago isolated a novel cold from medical students in 1962. They isolated and grew the virus in kidney tissue culture, designating it 229E.
Human coronaviruses were discovered as one of the many causative viruses of common cold. *Research on the study of common cold originated when the British Medical Research Council and the Ministry of Health established the Common Cold Research Unit (CCRU) at Salisbury in 1946.*
Directed by Andrewes, ***the research laboratory discovered several viruses such as influenza viruses, parainfluenza viruses and rhinoviruses*** *that cause common cold.*
David Arthur John Tyrrell joined CCRU in 1957 and succeeded Andrewes in 1962.

His team soon after developed a concept of broad categorisation of common cold viruses *into two groups: one group, called H strain,* ***could be maintained only in human-embryo-kidney cell culture,*** *and another group, designated M strain,* ***could be maintained both in human-embryo-kidney cell culture and monkey-embryo-kidney cell culture.*** *In an independent research in US, Dorothy Hamre and John J. Procknow studied respiratory tract infection among medical students at the University of Chicago. In 1962, they obtained 5 samples that were associated with very different symptoms, causing mild cold only,* ***and could be cultured only in secondary human kidney tissue*** *in contrast to other* ***cold viruses which could be maintained in monkey-embryo-kidney cell culture. "*** *- in* ***"History of Coronavirus"****, Wikipedia, 28 April 2022.*

"Soon after starting research I learnt for myself how difficult it might be to detect a 'new' cold virus.
In the early 1950s in the laboratories of the Rockefeller Institute in New York.
In due course I returned to the UK, was appointed to the staff of the Medical Research Council (MRC) and worked in Sheffield on respiratory viruses, such as adenoviruses and influenza; but circumstances led me to join the work on poliovirus vaccines and on the role of recently cultivated enteroviruses, all of which seemed to take me further and further from respiratory viruses. But I was then asked to work at the Common Cold Unit, Salisbury.
I am afraid, neither a complete history of common cold research in volunteers nor a full review of the results of recent work on anti-rhinovirus drugs.
It certainly does not have the literary panache of one of the modern bioessayists.

I hope it will be read and assessed for what it is, general views elicited from a jobbing biologist, who regards himself as very fortunate to have been paid to spend his working life in a fascinating area of research, and to have seen a drastic transformation of our understanding of viruses, disease and the possibility of treatment - and, as a bonus or by-product - has made many good friends around the world.
I have been asked to stand back and describe in broad terms the view I have had of common colds - probably the most frequent of acute human diseases and a long-lasting scientific problem *- and in particular our recent work on antivirals.*
I should be able to do this for two reasons.
Like everyone else I have suffered from colds, but in addition ***I have been studying the problem from the virological and clinical point of view for over 35 years - for the last 31 at the Common Cold Unit, Salisbury.***
As a result I may have problems with perspective *- it is not possible to give a personal view, and at the same time to describe something from every possible angle, and quite impossible to be comprehensive, but I have done my best* ***and readers will make their own judgements and corrections."*** *-*
D. A. J. Tyrrell, Medical Research Council, Common Cold Unit, Salisbury, *UK, in "A view from the common cold unit", Antiviral Research, June 1992.*

"Definition of jobbing: Working occasionally at separate short jobs." *- in "Dictionary", Merriam-Webster, 2022.*

Kidney Cells (Coronaviruses)

"Subsequently, **like SARS-CoV and MERS-CoV, SARS-CoV-2 was isolated on VERO cells, which are kidney epithelial cells** extracted from African green monkey.

We investigated the susceptibility of a number of cells lines available in our laboratory collection to SARS-CoV-2.

African green monkey **kidney cell** lines supported replication of SARS-CoV-2 (VERO 81, VERO SLAM, MA104, and BGM cells) and produced CPE 48 h after SARS-CoV-2 infection. Previous published reports showed that several monkey **kidney cell** lines are susceptible to SARS-CoV-2, specifically classical VERO cells, VERO E6 cells, VERO h/SLAM cells.

In this latter study, they evaluated the cell tropism profile of SARS-CoV-2 in non-human and non-primate cells originating from different animal species and showed that SARS-CoV-2 replicate in cat (**feline kidney CRFK cells), rabbit (RK-13 rabbit kidney cells), and pig cells (PK-15 porcine kidney cells).**

Cellular entry of coronaviruses depends on the binding of the spike (S) protein to a specific cellular receptor and subsequent S protein priming by cellular proteases. Similarly to SARS-CoV, SARS-CoV-2 seems to employ angiotensin-converting enzyme 2 (ACE2) as a receptor for cellular entry, and priming to be performed by the Transmembrane Serine Protease 2 (TMPRSS2).

This likely explains the specific permissivity of animal and **kidney cell lines to the virus.**" - in "Culture of SARS-CoV-2 in a panel of laboratory cell lines, permissivity, and differences in growth profile", European journal of clinical microbiology & infectious diseases, January 2021.

> ***"It is now well known that patients with novel coronavirus disease 2019 (COVID-19) due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) commonly have kidney complications, including acute kidney injury, proteinuria, and hematuria. Recent publications in Kidney***

International used electron microscopy (EM) to detect the virus in autopsy or biopsy specimens of the kidney. Most of the published images depicting the suspected virus are very similar, if not identical, to multivesicular bodies (MVBs). MVBs have been well-known since the 1960s and their appearance and occurrence is detailed in the classic monograph of Feroze Ghadially; however, their exact significance and function is unclear. We suspect that the EM images of SARS-CoV-2 published to date are in fact MVBs." - *Edward Calomeni, Anjali Satoskar, Isabelle Ayoub, Sergey Brodsky, Brad H. Rovin, Tibor Nadasdy, in "Multivesicular bodies mimicking SARS-CoV-2 in patients without COVID-19", Kidney International, 10 May 2020.*

"Care should be taken to prevent mistaking cell organelles for viral particles." - *in* ***"Caution in Identifying Coronaviruses by Electron Microscopy"****, JASN, September 2020.*
"On the physical side, knowledge of the size and morphology of virus particles has been revolutionized by the skilful application of the highspeed centrifuge and of the electron microscope*, the capacities of which have been and are being stretched to the limit in the effort to reveal more details of structure." - in "The Nature of Viruses", CIBA Foundation Symposium, 1957.*

"ELECTRON MICROGRAPHS made by Robley C. Williams of the University of California show **disks of protein that are found in a solution of tobacco mosaic viruses which have been broken down by chemical treatment.**

DEGRADED VIRUS PARTICLES are enlarged the same amount in this micrograph by Roger Hart of the University of California. **The particles were broken down by treatment with detergent.**" - in **"Rebuilding a Virus"**, Scientific American, 1956.

"If the development of virus research is described as the transition of the concept of "filterable virus" to the "modern concept of virus" – from multiplication to replication.

The concept of "filterable virus" formed a rallying point of scientific knowledge which turned out to be temporary and which would become replaced by the "modern concept of virus."

The historical development of virus research was characterized by the virologist Anthony P. Waterson as "the story of the progressive unveiling of the nature of the virus particle", implying a sense of continuity based upon the existence of viruses as a category.

In this essay I have made an attempt to show that the concept of "filterable virus" was broken up in the 1930's and 1940's. It was deconstructed because it was felt that the criteria of filterability, invisibility and non-cultivability were not the clear-cut criteria needed to demarcate "viruses" from other infectious agents." - in "History of Virus Research in the Twentieth Century: The Problem of Conceptual", History of Science, 1994.

"Virus research is carried out by individuals representing widely diversified specialties in the physical and in the biological sciences. Man, higher animals, insects, plants and bacteria are susceptible to virus infection.

Therefore, it is natural that physicians, veterinarians, entomologists, plant pathologists and bacteriologists should all be interested in the study of viruses and of virus diseases.

Furthermore, **viruses lend themselves to fundamental investigations by the methods of biochemists, biophysicists, serologists, geneticists** and others.

The natural result is that the findings in this area are published in a great number of journals reflecting the backgrounds of the individual investigators.

Even review articles are widely scattered.

ADVANCES IN VIRUS RESEARCH is planned to help surmount this obstacle encountered by those who attempt to follow virus literature.

The first volume serves to indicate the intended scope of this series.

Included are essays on various viruses which affect man, animals, insects, plants and bacteria.

It is hoped that this and subsequent issues will afford virus researchers a comprehensive up-to-date view of virology as a whole.

Genetics

It is probably not unexpected that the statement can be made that phages seem to exhibit practically every type of genetic property which has been discovered in higher organisms, for it has long been thought that **viruses might well be called "naked nuclei.**"

The accuracy of the experiments that demonstrate the properties is not as great as those on, say, Drosophila, but there is no currently apparent reason for believing that more quantitative experiments will alter the present degree of validity of the statement.

It should be noted, that phage genetics experiments do not involve the simple mating techniques of Drosophila but, **as will be demonstrated, seem to be more akin to experiments on population genetics, so the results will always be of a somewhat different sort from those on Drosophila. The genetic experiments are frequently done with the aid of bacterial mutants. By plating so many phages on a plate that there is a confluent lysis due to overlap of plaques**, it becomes possible to pick up resistant bacteria, since only these will grow on such a plate.

With the existence of independent genes established, it was possible to look for genetic recombinations.

The ability of **several serologically related phages to multiply inside a single bacterium** has afforded a powerful tool for **genetic studies of the phages**, for it has been possible to demonstrate **genetic recombination** in such cases." - Kenneth M. Smith, Virus Research Unit, Molteno Institute Cambridge, England in "Advances in Viruses Research", 1953.

> ***"Fundamental Study of Plant Viruses:***
> ***About 25 years ago, in the early days of plant virus study, workers had the rather frustrating feeling of working in the dark.***
> ***They could not be seen, they could not be cultured outside the host, they could not be held back by bacteria-proof filters.***
> *Indeed,* ***the only evidence of the existence of plant viruses was the diseases they caused****, and the fact that they could be transmitted to healthy susceptible plants." - Kenneth M. Smith, Virus Research Unit, Molteno Institute Cambridge, England in "Some Recent Work on Plant Viruses", Scientific Horticulture, 1953.*

"How does a virus differ from a cell?

Most cells are capable of reproducing themselves: they possess the genetic material which is the basis of heredity and the tools necessary to synthesize the essential building blocks and to organize these into a structure just like themselves.

Viruses are never produced directly by division of all existing virus; **invariably they are formed by organization of material produced in the host cell.**

We must consider whether viruses bear any likeness to the particles within a cell, particularly the particles called plasmagenes. Here differences are less easy to find.

Virologists have concentrated on the virus particle itself.

Yet the particle is only a prelude to the infection.

During the longest and most important part of the life cycle, the pathogenic phase in a cell, **no virus particle is present.**

As a matter of fact, **disappearance of the virus particle is the "sine qua non"** for the development of the cellular lesion. **Some bacteria actually carry a gene which can initiate the synthesis of a protein lethal to themselves."** - in "The Life Cycle of a Virus", Scientific American, 1954.

"In a previous paper J. W. Chapman and I called attention to the fact that the wilt or polyhedral disease affects many different species of insects. We also, showed that the disease is not produced by bacteria, but is caused by minute organisms, ***capable of passing through diatomaceous filters, and further attempted to demonstrate that the polyhedral bodies always found associated with the disease are not organisms****, as supposed by Bolle, Fischer, Marzocchi and Knoche,* ***but reaction bodies-simply nucleoprotein by-products. In order to satisfy myself that we were really dealing with an organism and not merely with an enzyme, toxin or other material."*** *- R. W. Glaser, in "The Polyhedral Virus of Insects with a Theoretical Consideration of Filterable Viruses Generally", Science, 20 September 1918.*

Nucleoproteins are any proteins that are structurally associated with nucleic acids, either DNA or RNA.

*"A Virus disease may be defined as a disorder caused by an ultramicroscopic agent which c****annot be propagated outside a living cell.***
Practically every type of living organism from bacteria to man is susceptible to attack by ***viruses and their study is now a scientific discipline of the first importance.*** *Indeed,* ***the losses caused by viruses to man and his economy are prodigious, as witness the recurring epidemics of poliomyelitis and influenza, the perennial foot and mouth disease, and the current wave of fowl pest or Newcastle disease*** *as it is sometimes called." - Kenneth M. Smith, Molteno Institute Cambridge, England in "The Polyhedral Viruses", Science Progress, 1953.*

"In recent years attention has been drawn to the fact that freshly harvested preparations of influenza virus consist of mixtures of infective and noninfective virus particles.

Similar noninfective forms of virus have been demonstrated in preparations of various plant and animal viruses and recently also in bacterial viruses.

The first observation of incomplete influenza virus was probably made by Friedewald and Pickels in their studies on the sedimentation of **influenza virus by high speed centrifugation.**

These latter particles were adsorbed on and eluted from red cells and yet appeared to be noninfective.

Friedewald and Pickels suggested that the **slower-sedimenting hemagglutinin might represent virus particles which had undergone various stages of disorganization or disintegration.**

For convenience **the term "Standard passages" has been introduced to describe passages carried out with dilute seed.**

Similarly, "Standard virus" will be used to describe the yields obtained in Standard passages.

It will be assumed that the bulk of particles present in Standard preparations are fully active, although - as mentioned in the introduction - there is evidence that a small proportion of the particles are incomplete, i.e. hemagglutinating but not infective." - in "Advances in Viruses Research", 1954.

"Within the last decade the questions posed concerning the bacterial viruses and their interactions with their host bacteria have shifted from the biological to the chemical level. Many of the most important biological questions have been rephrased as chemical problems.
Questions are now being posed concerning the nature of the building blocks and the pathways of their biosynthesis.

The time course of infection, duplication, and virus liberation is being dissected minute by minute in terms of the molecular transformations occurring in these systems.
Problems of genetic duplication and virus synthesis are being posed and tested at molecular and intermolecular levels.
Many of the biologists working on phage are now engaged in chemical work, in learning the elements of chemical manipulation, or in hiring chemically trained personnel for their research projects." *- in "Advances in Viruses Research", 1955.*

"There is even a lack of agreement about whether viruses form a taxonomic entity.

For many people the term merely embraces those small transmissible agents which, because of their small size, have to be studied by rather similar methods: they may not be all of one kind.

Much discussion has centered on the origin of viruses:

Are they small simplified organisms derived from more complex ones by regressive evolution (Green, 1935; Laidlaw, 1938) Or have they their origins in constituents of host cells?

Or are some one thing and some the other?

To review the relevant arguments would occupy many pages: for the time we will merely admit that we have here questions likely to remain unanswered for a long time to come.

We will try to ignore them and to discuss the evolution of viruses from the time they came into being as such; but the unanswered questions are likely, we fear, to keep intruding.

Viruses are parasites: **we know they exist because they multiply in cells and cause pathological changes-commonly cell-destruction."** - in "Advances in Viruses Research", 1957.

"Examination of the dead larvre showed that they had died of a cytoplasmic virus disease of the gut.

So far as this goes, it is satisfactory; but the experiments have still to be made on a large scale out-of-doors, and **methods of biological control are liable to go wrong because there are so many variable factors."** - Kenneth M. Smith, Molteno Institute Cambridge, England in "What is a Virus?", Nature, 1 January 1955.

> ***"Mammary cancer in mice has been found to be due to a typical virus."*** *- in "What is a Virus?", Vacuum, October, 1956.*

> *"It was not until 1898 when Beijerinck repeated and confirmed this work that the idea of the "filterable virus" was introduced. He also found that the infectivity of the "virus"* ***survived precipitation in ethanol and could diffuse through agar gels. Therefore he stated that this was not a microbe but a "fluid infectious principle."*** *- Thomas M. Bell, in "An Introduction to General Virology", 1965.*

This point is very important, in the destruction of the Medical Trade Virus Theory.

"Once we define a virus only as a particle that can be seen in the electronmicroscope - and, at that, only as a particle that conforms to certain morphologic and biochemical criteria - we tether our thinking with a dogma that has but limited biologic meaning.

The classic definition of a virus, derived from familiar structural characteristics, also implies literal acceptance of Koch's postulates - that the only way to demonstrate viral etiology is to visualize intact virus particles, then to show the ability of these particles to produce infection." - John N. Moloney, in "What Is a Virus?", Hospital Practice, November 1966.

Hypothetical "Viruses" RNA - What Causes Virulence? Part - 1

"Bacterial small RNAs (sRNA), are small RNAs produced by bacteria; they are 50- to 500-nucleotide non-coding RNA molecules, highly structured and containing several stem-loops. Bacterial sRNAs affect how genes are expressed within bacterial cells via interaction with mRNA or protein, and thus can affect a variety of bacterial functions like metabolism, virulence, environmental stress response, and structure." *- in "A rough guide to the non-coding RNA world of Salmonella", 29 December 2008; "The Staphylococcus aureus RNome and Its Commitment to Virulence", March 2011.*

"During infection, bacterial pathogens successfully sense, respond and adapt to a myriad of harsh environments presented by the mammalian host.

This exquisite level of adaptation requires a robust modulation of their physiological and metabolic features.

Additionally, Virulence Determinants, which include host invasion, colonization and survival.

A large body of evidence implicate the prolific roles played by bacterial regulatory RNAs in mediating gene expression both at the transcriptional and post-transcriptional levels.

This review describes mechanistic and regulatory aspects of bacterial regulatory RNAs and highlights how these molecules increase virulence efficiency in human pathogens." - in **"RNA-Dependent Regulation of Virulence in Pathogenic Bacteria", Frontiers in cellular and infection microbiology, October 2019.**

"RNA can be isolated from human feces and that this RNA contains human gene transcripts. We have therefore developed a method for the isolation of total RNA from freshly passed human stool, **consisting of lysis in chaotropic agents, repeated extraction with phenol and phenol-chloroform, and absorption with an RNA-binding resin.**

After treatment with RNase-free DNase I, we assayed these preparations for the presence of human RNA by quantitative slot blotting, northern blotting, and reverse transcription-polymerase chain reaction (RT-PCR).

The method we have utilized to purify total RNA from human stool samples has many parallels to that devised for the purification of DNA from stool.

As with DNA, the purification of RNA require s multiple extractions with phenol and phenol± chloroform, followed by purification with a nucleic acid-binding resin such RNA Tack.

Furthermore, **by comparison with known positive controls, we estimated that, like DNA, only a small percentage of the RNA purified from human stool is of human origin**, suggesting that **most of the nucleic acids isolated from feces is from intestinal bacteria.**

Since the RNA purification procedure utilizes multiple extractions with phenol and phenol± chloroform, the presence of bacterial RNA might actually enhance the yield of human RNA.

That is, **bacterial RNA might serve as a carrier to the small amounts of human RNA in these samples**, RNA which might otherwise be lost during these multiple extractions.

As with DNA, we observed a lower yield of RNA from control stool samples than from stools of patients with colon tumors.

We also found that RT-PCR amplification of RNA from control stools was more difficult than that from stools of patients with colon tumors." - in "Purification of total RNA from human stool samples", Digestive Diseases and Sciences, December 1998.

"We thresholded the samples to ascertain the value at which a droplet was considered positive by applying a multistep process that used the following positive and negative controls included on each plate:

ATCC SARS-CoV-2 RNA, RNA extracted directly from attenuated BCoV vaccine prepared in PBS, water, and elution buffers.

First, we set the threshold between the mean positive and negative amplitudes of these controls to minimize detected copies in the negative controls and to reflect the expected RNA concentration of the positive samples.

We then calculated the difference between the mean negative amplitude and the threshold amplitude in the negative control reactions and added it to the mean negative amplitude for each sample.

Further, we noted the highest detected copy number in the none (no RNA or BCoV spiked) **stool samples** as the LoB.

Samples with detected copies per μL below the LoB were marked as Undetermined.

Finally, absolute quantification of nucleic acids using ddPCR relies on the generation of a Poisson distribution of template RNA in droplets, requiring an adequate number of droplets with a negative amplification signal.

Therefore, in instances where a reaction has saturated amounts of template, **we diluted the sample and performed the assay again** to ensure reliable quantification.

Final copy numbers are reported as copies per μL of target in eluate.

This was calculated by multiplying by copies per μL reported in each ddPCR reaction by total reaction volume (22 μL) and dividing by input template volume (5.5 μL)." - in "Standardized preservation, extraction and quantification techniques for detection of fecal SARS-CoV-2 RNA", Nature Communications, 1 October 2021

The Presence of SARS-CoV-2 RNA in Human Sewage in Brazil November 2019

"Human sewage from Florianopolis (Santa Catarina, Brazil) was analyzed for severe acute respiratory syndrome coronavirus-2 (SARS-CoV2) from October 2019 until March 2020.

25 ml of sewage samples were clarified, and viruses concentrated using a glycine buffer method coupled with polyethylene glycol precipitation, and viral RNA extracted using a commercial kit.

SARS-CoV-2 RNA was detected by RT-qPCR using oligonucleotides targeting N1, S and two RdRp regions.

The results of all positive samples were further confirmed by a different RT-qPCR system in an independent laboratory.

S and RdRp amplicons were sequenced to confirm identity with SARS-CoV-2.

Genome sequencing was performed using 2 strategies; a sequence-independent single-primer amplification (SISPA) approach, and by direct metagenomics using Illumina's NGS.

SARS-CoV-2 RNA was detected on 27 November 2019 (5.49 ± 0.02 log10 SARS-CoV-2 genome copies (GC) L−1), detection being confirmed by an independent laboratory and genome sequencing analysis.

The samples in the subsequent 3 events were positive by all RT-qPCR assays; **these positive results** were also confirmed by an independent laboratory.

The average load was 5.83 ± 0.12 log10 SARS-CoV-2 GC L−1, ranging from 5.49 ± 0.02 log10 GC L−1 **(27 November 2019)** to 6.68 ± 0.02 log10 GC L−1 (4 March 2020).

Our findings demonstrate that **SARS-CoV-2** was likely **circulating** undetected in the community **in Brazil since November 2019**." - in "The presence of SARS-CoV-2 RNA in human sewage in Santa Catarina, Brazil, November 2019", The Science of the Total Environment, 15 July 2021.

Wuhan Large Pig Roundworm Virus Identified in Human Faeces

"This is the first report of a Wuhan large pig roundworm virus detected in human specimens, and the second genome described worldwide.

Metagenomics is transforming the field of virus discovery

Specifically, the whole-transcriptome approach provides a rich source of data which can be used to characterize the virosphere, providing new perspectives on viral diversity and evolution.

A large-scale meta-transcriptomic survey of Chinese pig stomachs was conducted by Shi et al.

During the survey, a new bisegmented RNA virus, probably originating from nematodes, was discovered.

This new viral species was provisionally titled Wuhan large pig roundworm virus (suggested abbreviation WLPRV).

It is composed of a large genome segment 1 (1560 bp), containing the ORF coding for the viral RNA-dependent polymerase (RdRp), and a smaller segment 2 (1278 bp) hypothetical protein gene.

A survey conducted throughout northern Tocantins state in Brazil was performed during the years 2010 through 2016 to **screen human faeces for the presence of enteric viruses.**

In this survey, **next-generation sequencing (NGS) techniques** were used to develop a complete group A rotavirus genome determination for sample BRA/TO-34, in which the **Wuhan large pig roundworm virus was detected.**

The present study is no exception; **there was no epidemiological connection between the patient and the virus."** - in "Wuhan large pig roundworm virus identified in human feces in Brazil", Virus Genes, 28 March 2018.

Fecal Specimens Has Great Potential Benefit for More Accurate Screening of Covid-19

"The need for timely establishment of a complete diagnostic protocol of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is demanded worldwide.

We selected 15 positive novel coronavirus disease 19 (COVID-19) patients with mild or no symptom.

Initially, fecal samples were negative in the 67% (10/15) of the cases, while 33% (5/10) of the cases were positive.

After serial virus RNA testing, 73% (11/15) of the cases resulted positive to fecal specimens.

In particular, 15 days after the first positive respiratory specimens test, 6 fecal specimens became positive for SARS-CoV-2 RNA, while 13 respiratory test returned negative result.

In conclusion, qRT-PCR assays of fecal specimens, is an important step to control infection, suggesting that samples **remained positive for SARS-CoV-2 RNA longer time then respiratory tract samples.**

Conclusion

A fecal SARS-CoV-2 RNA virus test using real-time RT-PCR techniques was used to evaluate the virus shedding 2 weeks after a positive respiratory tract swab.

Results from this study demonstrated that **patients had fecal samples positive test 25 days more than their respiratory tract test.**

Some limitations refer to the number of samples analysed, more samples will better define the virus shedding in feces and the utility to recommend **routine fecal specimens tasting.**

In conclusion, **fecal specimens has great potential benefit for more accurate screening of SARS-CoV-2 infections.**" - in "Evaluation of SARS-CoV-2 viral RNA in fecal samples", Virology Journal, 30 June 2020.

The Virus Sewage Farce

"People infected with coronavirus (COVID-19) shed the virus during daily activities such as going to the toilet and blowing their nose.
The virus enters the sewer system through sinks, drains and toilets.
Fragments of SARS-CoV-2 (the virus that causes COVID-19) can be detected in samples of wastewater (untreated sewage).
The Environmental Monitoring for Health Protection (EMHP) wastewater monitoring programme helps identify where the virus is circulating in England as well as detecting mutations of the virus, including those associated with known Variants of Concern (VOCs), and Variants Under Investigation (VUIs).
As the threat of variants has emerged, the programme has played a key role in the detection of mutations of the virus, including those associated with known VOCs and VUIs.
This is achieved through genomic sequencing of wastewater samples, to provide an indication of where VOCs and VUIs may be present *across England.*
Findings are reported to national and local stakeholders on a regular basis, helping to inform decision making." - in "EMHP wastewater monitoring of SARS-CoV-2 in England: 1 June to 7 February 2022", GOV.UK, 24 February 2022.

The PCR Test Farce

"The "Gold Standard" for detection of enteric pathogens in stool samples is bacterial culture using a variety of selective and differential media.

Realtime detection polymerase chain reaction (RTD-PCR) has been applied for the detection of food-borne pathogens, cancer, genetic diseases and infectious diseases.

Physicians and patients need to be aware that all stool analysis assays may not be valid and users of these assays should demand to see verification study data in order to discern the claims of the commercial entity offering the lab developed assay.

The claims made by the Subject Laboratory that their DNA assessment of stool samples is specific and accurate, could not be supported by this independently conducted proficiency challenge." - in "Assessment of the Diagnostic Accuracy of Recently Introduced DNA Stool Screening Test", International Journal of Human Nutrition and Functional Medicine, **2014.**

Pollutants were Significantly Associated with Respiratory Mortality

"7,965 cases of Respiratory Mortality were assessed, with mortality attributed to:

62.9% - Chronic Lower Respiratory Diseases
28.5% - Influenza
8.6% - Pneumonia, other forms Respiratory Diseases

Observed pollutants were significantly associated with respiratory mortality.

In the single pollutant model, 10 μg/m3 increase in a two-day moving average of PM2.5, and SO2 concentrations were significantly associated with relative risk 1.313 (1.032, 1.708) and 1.4020 (0.827, 2.854) of respiratory mortality, respectively.

The effects of both air pollutants remained statistically significant after adjusting for collinearity in the multi-pollutant model.

Conclusion: This study provided evidence that respiratory mortality in Xi'an was significantly associated with exposure to ambient air pollutants from 2014 to 2016." - in "Ambient air pollution and respiratory mortality in Xi'an, China: a time-series analysis", Respiratory Research, 5 July 2019.

"The hazardous and the harmful substances with the dust combined action challenge has the considerable significance for the Industrial and the Agricultural Hygiene, in connection with the fact, that this type of the combinations are being met in the Agriculture, Mining, Building, Metallurgical, Chemical Industry and the others. The data on the Industrious Poisons series have already been generalized, for the purpose of the quantitative dependence receiving of

the substance toxicity degree change dependence, in the combination with the dust.
All kinds of the poisons have already been classified by the impact and the influence danger and the risk level upon the human organism." *- in "The industrial poisons toxicity degree rating under the dust highly enriched content in the air conditions", International Journal of Fundamental and Applied Research, Issue 1, 2011.*

Germs do Not Cause Disease
Rather the body generates disease occasions for the germ proliferation that takes place

"During the inflammatory process, pus is formed from the aggregate of dead cells and from the healing, white blood cell activity that takes place; and bacteria proliferate to feast on and process this material which makes it easier for the body to expel.

In this way, **bacteria symbiotically assist in breaking down these toxic materials for elimination.**

In the process, however, the excreta of bacteria generated therein is toxic.

The bacteria's own excretion reflects the morbidity of the toxins they consume, in that these wastes are also highly virulent.

If not eliminated from the body, these accumulate to such an extent that the body initiates a cleansing/healing crisis (e.g.: fever, pneumonia, etc...).

When toxicosis exists and threatens the well-being of the organism, **the body responds by purging the toxins, and disease symptoms appear.**

Bacteria are present to decompose metabolic wastes, toxins, dead cells and tissues, and as such are a vitally important part of the healing process.

The key point is, however, that it is the diseased toxemic condition, where the body is overwhelmed with poisonous

waste, which creates an environment favourable to the mutation of bacteria into those commonly associated with particular diseases.

The disease condition favours proliferation and increasing virulence, until their function of devouring toxic debris is accomplished.

Saying that bacteria causes an ulcer, pustule or pimple about the genitals disregards the fact that these result from the body's autolysis (self-digestion) of issue.

The creation of boils and inflammations characteristic of V. D. are vital body actions, not bacterial or viral invasions.

Similarly, **pneumonia is thought to be caused by the bacterium pneumococcus, although it is absent in more than 25% of cases.**

Moreover, administering the bacterium to healthy organisms does not occasion the disease.

Guyton's Medical Textbook acknowledges that viruses have no reproductive system, no locomotion, no metabolism, and cannot be reproduced as live entities in vitro.

Since "viruses" are not alive, they cannot act in any of the ways as ascribed to them by medical authorities.

"Viruses" Are Not Micro-organisms.

Photos of alleged viruses "injecting themselves" into a cell actually show the cell literally engulfing the "virus" or proteinaceous debris.

In the medical rationale to viral disease causation, we are told to believe in obligate reproduction, where one organism (the cell) is obligated to reproduce an alien organism (the "virus").

Nowhere in nature, however, does any living thing reproduce anything other than its own kind." - Arthur M. Baker, in "The Viral Theory of Disease Causation", College of Practical Homoeopathy, 2005.

Hypothetical "Viruses" DNA - What Causes Virulence? Part 2

"A study published in the June Nature Genetics shows that transgenic mice that can't clean up DNA debris are more likely to develop an Autoimmune Disease.

More than 1 Million people in the United States alone suffer from systemic lupus erythematosus (SLE), a condition in which the immune system produces misguided antibodies that latch onto **common cellular waste, such as snippets of DNA or protein-DNA complexes.**

When the antibody-laden waste ends up in the kidney and other organs, it can cause inflammation and tissue damage. In severe cases, patients may die of kidney failure or heart attacks." - in "Talking (DNA) Trash", Science, 7 June 2000.

> ***"For the first time we were able to demonstrate a mechanism by which a virus uses the cellular waste-disposal system to facilitate release of the viral DNA, which is subsequently multiplied, and used for the formation of new virus particles."***
> *- in "Virus exploits cellular waste disposal system", Nanowerk, 18 October 2012.*

Metabolic Waste

"Viruses are non biological entities.

For the truth is that: Any poison particle has an inherent virulence principle, depending on its nature, and origin.

The longer any poisonous particle remains in any system, the greater the opportunity for virulence arises if an increased delay, in its removal from any biologic system is allowed to happen.

Thus, any healthy body is more than able to get rid of such poisonous particle without any visible symptoms.

The problem lies in those individuals whose body systems are already overburden by metabolic waste, and thus all Emunctory channels, will struggle to cope with a further burden of any toxic waste, and more so the bacteria, or germ waste matter.

Thus, what causes virulence, is Metabolic Waste from Cellular Metabolism (DNA), and Microbial Waste (RNA), both, if the Emunctories are not fully functional, the increase and retention above normal on the amount of any such waste, can lead to virulence." - in "Emunctology: Principles and Foundations of the Emunctory System", 2021.

> ***"The element of danger to the body in these rapidly destructive diseases is less the germ itself than the "toxin" which it creates in growing."*** *- Dr James C. Wood, AM, MD, FACS, in "The Central Journal of Homeopathy", 1924.*

"More important than the formation of "viruses" and inclusion bodies by the over-contraction the protein undergoes in disease is the over-expansion to which it subjects the cytoplasm of the cells of the structures in plants, and of the tissues and organs in animals and man, to cause the manifestations.

In the cases of animals and man, the manifestation arises in the tissue or organ which originated from the damaged region in the protein; and the lesions which form in the tissue or organ have their origin in the host's second line of defence that is provided by the leucocytes." - Dr J.E.R. McDonagh, FRCS, in "The Nature of Disease Institute Second Annual Report", 1949.

Epidemic Infection from Bacterial Toxaemia

"During the past 2 years I have been surprised by, the unusual frequency with which I have met with cases of Cardiac Pain; and another doctor has, had a similar experience. Most of these cases have been apparently ordinary enough types of the complaint, in which no unusual cause could reasonably be assigned; but some have been suggestive of an infective factor in their causation, in a way to which I was unaccustomed.

The short series of cases which I am going to place before you consists, first, of 5 which **seem to be due to some Epidemic Infection, such as we are in the loose habit of calling "Influenza"; and secondly, of 3 cases apparently partly due to Bacterial Toxaemia of other sorts.**

These few cases provide only a very slight picture of what I submit they certainly suggest.

I hope to to draw attention to a factor in the causation of a very serious condition, whose fuller recognition may prove to be of practical use, and to record, what I think has been something approaching an epidemic of cardiac pain due to some Epidemic Toxaemia." - Dr William Gordon, MA, MD in "Bacterial Toxaemia and Cardiac Pain", Br. Med J., 23 April 1927.

> ***"There are some toxins removed in the blood*** *by venesection* ***and this is of great consequence.*** *Some obstetricians hold that the loss of blood in child-birth in patients with toxaemia or eclampsia is of great benefit.* ***Ide in a recent article quoted in the Journal of the A.M.A., has drawn attention to the fact that in 30%, of all Influenza cases there was Epistaxis. He thinks that this is nature's way of eliminating toxins.*** *At any rate epistaxis relieves the symptoms." - Dr J. Ivimey Dowling, MD, FACS in "Journal of Ophthalmology, Otology and Laryngology", October 1921.*

The Problem of Infection

The problem of infection; Why so many trial cases of infection fail?

This is linked to the Toxaemia level in the blood stream.

Those who have a higher level of dysbiosis (dysbacteriosis), and consequently a higher toxicity level in the blood stream, these individuals, their body systems will be overburden, and not able to starve off infection.

Those on the other hand, who have a lower level of toxic burden in the blood stream, and therefore in the body tissues, these individuals, their body systems will be able to resolve any new infection, thus no symptoms of infection will appear.

As long as the amount of pathogenic bacteria, can be kept at manageable levels in the body, this is under 20% of the total ecosystem of the human microbiome, the body is able, and capable to starve of any infection, as long it has proper nutrition, and clean water in the system; to repair, and be able to renew it self from same.

> *"We evaluate the in vivo effects of bacteremia with a periodontal pathogen on endothelial progenitors, bone marrow-derived cells capable of endothelial regeneration, and delineate the critical pathways for these effects. Vascular health is maintained by healthy endothelium that can in part be regenerated by circulating endothelial-regenerating cells (e.g. Sca1+/flk1+ progenitors). Numbers of these regenerating cells are associated with endothelial function and cardiovascular outcomes.*
> ***Impaired endothelial regeneration after endothelial cell damage – as known to be elicited by periodontal pathogens - is closely connected to the development of atherosclerotic lesions."***
> *- in "Mobilization of Endothelial Progenitors by Recurrent Bacteremias with a Periodontal Pathogen", PLoS One, 23 January 2013.*

"Acute infections of the upper respiratory tract are usually ushered in by the common cold. Many different organisms have been suspected to be the causative agent.

The known pathogenic bacteria that are found in the nose and throat at most times are the various streptococci, pneumococci, staphylococci, certain gram-negative cocci and Pfeiffer's bacillus.

The possibility that a filtrable virus is the cause of the common cold was first suggested by Kruse in 1914.

He reported the experimental production of colds by means of a bacteria-free filtrate. However, many other observers have failed to confirm Kruse's findings.

Experimental evidence that the etiologic agent of the common cold is able to activate pathogenic bacteria usually present in the upper respiratory tract, such as the streptococci and pneumococci.

From clinical observation, from reports in the literature and from such bactériologie investigations as have been done, I am led to believe that a transitory or an evanescent type of bacteremia is fairly common and possibly the usual complication following an acute infection of the upper respiratory tract, especially when due to the hemolytic streptococci.

Unexplained fever or fever out of proportion to the degree of the involvement of the throat can be explained by this probable bacteremia. If this bacteremia is present, possible complications are limited only by the distribution of the blood stream." - Dr Howard C. Ballenger, MD in "Bacteremia and acute infections of the Upper Respiratory Tract", Arch. Otolaryngo., October 1934.

> ***"The mortality rate increased progressively with the ages of the patients, this being true for patients both with and without bacteremia. It was also true, in general, of the patients with each type of pneumonia. The incidence of bacteremia in each age group paralleled the mortality through the fifth decade."*** - *in "Clinical Significance of Bacteremia in Pneumococcic Pneumonia", Archives of Internal Medicine, April 1937.*

"If routine blood cultures were made in all cases of Acute Upper Respiratory Infection, no doubt the number of positive observations would be a matter of surprise. No matter what the clinical picture at the time, one has the right to suspect that grave mischief is brewing and a careful search should be made for evidences of early Endocarditis, early Pneumonia, Arthritis or Peritonitis. The serious Sepsis sometimes following instances of Angina." *- Dr Samuel Pearlman, MD in "Bacteremia and Acute Throat Infections", JAMA, 13 December 1930.*

Toxaemia has the Cause of Disease

"By concentration of the poison, which will infect the same man by its greater potency **at the beginning of an epidemic rather than at the end**; **by acclimatisation, the effects of which are seen in a yellow fever district, where the old residents suffer less than new comers; by previous disease,** as instanced in the well known fact that a disease may sometimes not be taken more than once; **by occupation, which renders some men more exposed than others; by state of health, and by food supplied.**

These are all modifying causes; and, if they are not duly attended to, the greatest confusion results in the observation of an Epidemic.

The simple retention of these in the bowels may give rise to serious disease, and aggravate all forms of Epidemics.

When matters have been long retained in the bowels they give rise, on the one hand, in extreme cases, to **symptoms very analogous to those produced by the inoculation of putrid matters in the blood, viz., low fever and typhoid symptoms, and delirium.**

The habitual foul breath and tongue, and the generally offensive odour of persons who are habitually constipated, **is evidence of the same slow poison in action.**

The very propinquity of alvine matters causes the pus in abscesses in the neighbourhood of the bowels to undergo putrefaction.

The effects of cholera dejections on man and the lower animals are peculiar.

Five case have been quoted by Dr Richardson, in his review on the water supply in London (Journal of Public Health, Vol. I, p.130), in which **5 persons partook of these; 4 took cholera, and one died.**

There is reason to believe that T**yphus and Yellow Fever are occasionally produced by the retention of putrid alvine matters.**

One variety of malignant puerperal fever, accompanied with mania, was without doubt produced by a similar cause; and there are ordinary cases of mania, which may possibly be traced to the same poison in operation.

So true is it that dampness often exists with Epidemics, that Dr Barton, of the United States, has founded thereon a theory, which has been supported by Dr Hunt of Buffalo (Transactions of the American Association 1854), that **without the conjunction of dampness and what he called Terrene Causes, no Epidemic can occur.**

I would state that many of the remarks made on the spread of epidemics, although applied especially to fermentation of alvine dejections, **apply equally to diseases arising from the decomposition of other animal and vegetable matters.**

The same general principle obtains, in fact, in all, both as regards prophylaxis and treatment.

I believe that much disease is produced and extended by the causes described, but that, with a little good will and industry, **it might be entirely removed or prevented**." - Dr C. H. F. Routh, MD, Physician St. Pancras Royal General Dispensary, Assistant-Physician to the Samaritan Hospital, Vice-President of the Medical Society of London, in "Fermenting Alvine Excretions as a Source of Disease", Journal of Public Health Sanit. Rev., 2 July 1856.

Respiratory Distress in the Beginning of Winter, and then Again in the Start of Spring

Here we need the reader to understand that the state of the kidneys, being damaged first by bad choice of food ingredients and items, which need to pass through the kidney tubes "ureters", this damages this kidney and impairs its function, which when the individual is on Medical Trade Drug so-called "Medication", this powders and compounds aggravate the state of this long and tinny kidney tubes, leading obviously to kidney stasis:

> ***"Stasis where slow urine flow leads to buildup of debris (stone) or potentiates infection. Vessicoureteral reflux which allows for introduction of lower urinary tract bacteria to the kidney and can lead to pyelonephritis.*** *Conditions which combine problems such as posterior urethral valves where the bladder* ***outlet obstruction compromises kidney function." - in*** *"Holding Water: Congenital Anomalies of the Kidney and Urinary Tract, CKD, and the Ongoing Role of Excellence in Plumbing", Adv. Chronic Kidney Disease", November 2017.*

> ***"A kidney infection can lead to potentially serious complications, such as: Kidney scarring. This can lead to chronic kidney disease, high blood pressure and kidney failure. Blood poisoning (septicemia)."*** *- in "Kidney Infection", Mayo Clinic, 26 August 2020.*

How Does It Progress

"A 50 year old male admitted to our intensive care unit in
Acute Renal Failure (ARF), and
Pulmonary Edema (PE), following an episode of
Haemorrhagic Shock (PS) subsequently developed
Acute Respiratory Distress Syndrome (ARDS), complicated by
Cardiovascular Instability, and
Sepsis.

ARF and Pulmonary Edema treated with infrequent haem dialysis due to dialysis due to logistical problems limited the provision of adequate protein nutrition.

ARDS characterised by severe Hypoxia." - in "A Case of Multi Organ Failure - Risk and Benefits of Treatment Strategies", Shock, December 1995.

Severe Acute Respiratory Syndrome Coronavirus 2

"Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the causal agent of coronavirus disease 2019 (COVID-19).

The clinical manifestations of patients infected with COVID-19 include Fever, Cough, and Dyspnea, up to Acute Respiratory Distress Syndrome (ARDS) and Acute Cardiac Injury.

Thus, a lot of severe patients had to be admitted to intensive care units (ICU).

The overexpression of human ACE-2 is associated with the disease severity in SARS-CoV-2 infection, demonstrating that viral entry into cells is a pivotal step.

Although **the lung is the organ that is most commonly affected by SARS-CoV-2 infection, Acute Kidney Injury (AKI), heart dysfunction and abdominal pain are the most commonly reported co-morbidities** of COVID-19.

The occurrence of Acute Kidney Injury (AKI) in COVID-19 patients might be explained by several mechanisms that include viral cytopathic effects in renal cells and the host hyperinflammatory response.

In addition, **kidney dysfunction could exacerbate the inflammatory response started in the lungs and might cause further renal impairment and multi-organ failure.**

Mounting recent evidence supports the involvement of cardiovascular complications and endothelial dysfunction in COVID-19 syndrome, in addition to respiratory disease.

To date, there is no vaccine, and no specific antiviral medicine has been shown to be effective in preventing or treating COVID-19.

The removal of pro-inflammatory cytokines and the shutdown of the cytokine storm could ameliorate the clinical outcome in severe COVID-19 cases.

Therefore, several interventions that inhibit viral replication and **the systemic inflammatory response could modulate the severity of the renal dysfunction and increase the probability of a favorable outcome." -** in "SARS-CoV-2 and Viral Sepsis: Immune Dysfunction and Implications in Kidney Failure", Journal of Clinical Medicine", 15 December 2020.

Multi Organ Failure

"Emerging of the new cross-species influenza virus infection becomes the great concern in tropical medicine.

In the present year, the new virus, H10N8 influenza, emerges in China and causes the human infections.

Until present, there are at least three confirmed cases of H10N8 influenza virus infection and this becomes the concern for global public health workers." - in "H10N8 influenza infection and multi-organ failure syndrome", Asian Pacific Journal of Tropical Disease, 11 July 2014.

The it "Begins" in China Myth

"A lethal flu virus emerges in China, and the Chinese and American governments join together to search for a vaccine to prevent a global pandemic." *- in "Medusa", 2009.*

"2002 SARS, or Severe Acute Respiratory Syndrome, emerges in China." *- in "Pandemics", 2011.*

"H10N8 influenza, emerges in China." *- in "Asian Pacific Journal of Tropical Disease, 11 July 2014.*

Virulence Factors

"Extraintestinal pathogenic E. coli (ExPEC) are facultative pathogens that are part of the normal human intestinal flora.

The ExPEC group includes uropathogenic E. coli (UPEC), neonatal meningitis E. coli (NMEC), sepsis-associated E. coli (SEPEC), and avian pathogenic E. coli (APEC).

Virulence Factors (VF) related to the pathogenicity of ExPEC are numerous and have a wide range of activities, from those related to bacteria colonization to those related to virulence, including Adhesins, Toxins, Iron acquisition factors, Lipopolysaccharides, Polysaccharide capsules, and Invasins, which are usually encoded on Pathogenicity Islands (PAIs), Plasmids and other mobile genetic elements.

Virulence Factors related to the pathogenicity of ExPEC are numerous and have a wide range of activities, from those related to bacteria colonization to those related to virulence, i.e. invasiveness.

Current scientific evidence suggests that infection cannot be caused by a single virulence factor, but by many specific agents.

Most importantly, preference of bacteria to colonize a specific site in the host organism is associated with timed expression of genes encoding virulence factors.

Additionally, it has been observed that the coexistence of many virulence genes is associated with increased Intestinal Translocation (passage of gastrointestinal microflora across the lamina propria).

Consecutive Virulence Factors, which were also the focus of this part of the paper, are toxins.

Toxins play a very important role during an infection as they contribute to the spreading of bacteria in tissues, increase cytotoxicity and insensitivity to neutrophils." - in "Virulence factors, prevalence and potential transmission of extraintestinal pathogenic Escherichia coli isolated from different sources: recent reports", Gut Pathogens, 2019.

"The molecular approach to microbial pathogenesis has resulted in an impressive amount of data on bacterial virulence genes. Bacterial genome sequences rapidly add candidate virulence genes to electronic databases.

The interpretation of this overwhelming information is obscured because every gene involved in pathogenicity is called a virulence gene, regardless of its function in the complex process of virulence.

This review summarizes the changing concept of bacterial virulence and the detection and identification strategies followed to recognize virulence genes.

A refined definition of virulence genes is proposed in which the function of the gene in the virulence process is incorporated.

We propose to include the life-style of bacteria in the assessment of their putative virulence genes.

A universal nomenclature in analogy to the EC enzyme numbering system is proposed.

These recommendations would lead to a better insight into bacterial virulence and a more precise annotation of (putative) virulence genes.

With the shades of gray in virulence and virulence genes, the final conclusion would be that we cannot draw a clear line between virulence genes and all others.

The best we can do is to subdivide genes according to their function.

Until the role of a newly discovered "putative virulence gene" is assessed for the organism (at the species or even subspecies level) predictions based on sequence similarity must be treated with a healthy amount of suspicion." - T. M. Wassenaar, Division of Bacteriology, Department of Infectious Diseases and Immunology, School of Veterinary Medicine, University of Utrecht, Wim Gaastra, Department of Bacteriology, Institute of Infectious Diseases and Immunology, Faculty of Veterinary Medicine, University of Utrecht, The Netherlands in "Bacterial virulence: can we draw the line?", FEMS Microbiology Letters, July 2001.

The Medical Trade Theory of Virus; Down the Drain

What Causes Virulence

"In the concrete case it may be difficult to distinguish between mixed and secondary infections; but, speaking strictly, mixed infection should mean the simultaneous entrance into the tissues of the body of 2 or more different **virulent pathogenic organisms**. It is most commonly observed in the case of local infections of tissues that stand in immediate communication with **some of the surfaces of the body which always harbour various bacterial species.**

In pharyngeal diphtheria, for instance, streptococci enter the tissues of the tonsil so constantly and so early that Baumgarten and others

regard this form of mixed infection as constant. Analogous conditions are presented by scarlet fever.

Bronchopneumonia due to respiratory infection is commonly probably a mixed infection, pneumococci, encapsulated bacilli, influenza-like bacilli, staphylococci, and streptococci being associated in all possible combinations.

Wound infections are also frequently mixed infections; infections with anaerobic organisms like the gas bacillus, the fusiform bacilli, tetanus bacillus, are usually mixed infections, one or more of the common pyogenic species being present also.

A secondary infection means, the occurrence of a second microbic invasion in a body already the seat of an existing or primary infection.

In most cases there is good evidence that the primary infection prepares the way and opens the door for the secondary invaders.

Thus all primary infections associated with destructive and ulcerative lesions of skin or mucous membranes, like diphtheria, variola, typhoid fever, tuberculosis, etc., facilitate directly secondary infection with microbes, the most important of which normally are present on the

surfaces of the body (streptococci, pneumococci, staphylococci, etc).

More than this, we have the best of reasons to believe that infectious diseases, like those just mentioned, directly or indirectly may lead to diminution in the normal powers of the body to resist infections.

Smallpox, scarlet fever, measles, tuberculosis, diphtheria, are associated so commonly with secondary infections, especially streptococcal, that there is no escape from the conclusion that the conditions must be more favourable for streptococcal infections in these diseases than in health.

Various groupings of associated infections are possible upon the basis of the distribution and fate in the body of the microbic forms:

1. The associated microbes may remain localized; e. g., in mixed local infections.

2. Both primary and secondary invaders become disseminated more or less extensively throughout the body; e.g., tubercle bacilli and streptococci.

3. The primary organism remains localized or undergoes involution, whereas the secondary invaders persist and extend. **A good illustration is general streptococcremia secondary to diphtheria, scarlet fever, smallpox, measles, tuberculosis, or cholera.** Not infrequently this streptococaemia becomes apparent after the subsidence of the main symptoms of the primary disease. **In pneumonia, typhoid fever, influenza, and other diseases, secondary lesions, often of a metastatic character and due to mixed and secondary invaders, may develop after the primary infection has died out.**

4. The mixed or secondary invaders remain localized, whereas the chief organism is disseminated. This, the largest group, is illustrated by local suppurative infections in almost all infectious diseases, by the superficial pyogenic invasion of tuberculous cavities, the deeper extension being purely tuberculous, etc.

Manifestly the forms of bacterial association are so manifold that many escape mention in summaries of a general character.

A secondary infection may be multiple or mixed, and examples are not wanting of the occurrence of mixed or secondary bacterial infections in protozoan diseases, and vice versa.

Association of pathogenic bacteria in mixed and secondary infections tends to increase the danger to the patient.

In human pathology we have no positive knowledge of one infection being antagonistic to any other infection.

Judging from experiments it seems more likely that the bacterial associations tend to increase the virulence of one or other of the associated bacteria.

Roux and Yersin came to the conclusion that the simultaneous infection of diphtheria bacilli and streptococci results in an increased virulence of the diphtheria bacillus; v. Dungern, on the other hand, concluded that the virulence of the streptococcus was heightened.

Experimental tuberculosis assumes a more acute form in the presence of pyogenic bacteria (Baumgarten, Pawlowsky); this is in harmony with the fact that in human tuberculosis fresh eruptions of tubercles appear to follow secondary infections.

The change that occurs in many infectious diseases with the advent of secondary severe streptococcus infections, for instance, is an ominous one.

Here the effects of the secondary infection are often so overwhelming that, as sometimes seen in diphtheria, the treatment of the primary infection with specific serum may be of no appreciable avail. The beneficial results some times observed from the use of yeast cultures in the treatment of furunculosis, gonorrhæa, etc., are not explainable as the result of a secondary infection , because the yeast organisms in these instances are not infective; the results are most likely due to the leukocytosis induced by the nucleinic acid of the yeast.

Experimentally natural resistance may be diminished by various means:

1. Artificial diabetes renders animals more susceptible to infections than normally;
2. So does diminished alkalinity of the blood;
3. Muscular exhaustion has been found to reduce the bactericidal substances in the blood.
4. Reduction of the body temperature renders animals abnormally susceptible to infections. In some of the common human diseases, the predisposing causes are of great importance. Diphtheria and pneumonia, the specific causes of which are so widely distributed, are largely cold-weather diseases. The manner in which cold reduces resistance has not yet received a satisfactory explanation.
5. Alcoholism, uraemia, venom intoxication, anaesthesia, exanthematous and other acute and chronic diseases, overcrowding and unhygienic living, all may be said to lower the individual resistance to various infections.

The haemolytic and other amboceptors in venoms have a strong affinity for complement, the withdrawal of which leaves the body open to certain forms of bacterial invasion.

Complements and opsonins (extracellular proteins bound to substances or cells) are neutralized readily by a variety of ions and other substances, such as lactic acid, nucleinic acid, bacterial disintegration products, and proteins and organ extracts have been found to neutralize complements so that it is not difficult to understand how the defences of the body may become weakened.

There are various kinds of leukocytic poisons, also, that may interfere with phagocytosis; but, as yet, the finer analysis of the reduction in general resistance is only in its very beginning.

Various gross conditions may influence the course of infections.

We know that experimental infections run the quicker course the greater the number, the more virulent the

bacteria introduced, and also as a rule the more directly the bacteria enter the circulation or the large cavities.

In this case the natural resistance is so to speak overwhelmed.

Hemorrhagic infiltrations, clots, crushed tissue at the point of entrance, favour the development of severe tetanus, pneumococcus, and streptococcus infections, because the germs here have favourable opportunities for growth and increase of virulence.

The great influence o the anatomical location of the point of entrance is shown particularly well by streptococcus infections: in the dense and tense connective tissue of the finger it causes a local inflammation in the subcutaneous tissue, phlegmons; in the lymph vessels of the skin, erysipelas; in the peritoneum, peritonitis; in the blood, bacteraemia, - conditions that differ greatly in their course though caused by the same microbe.

In the establishment, progress, and nature of an infectious disease much always depends upon the property of the microbe concerned, which we call virulence.

Generally we understand by virulence the degree of pathogenic power of which an infectious organism is capable or possessed.

Close analysis reveals that virulence in this sense depends on various properties.

It is not necessarily synonymous with invasiveness, because toxicogenic bacteria in the strict sense (B. diphtheriae, B. tetani) possess great toxic power and relatively slight or no invasiveness.

In these bacteria virulence depends more on toxicity, - i.e., the production of diffusible, absorbable toxins, - and the body responds by the formation of antitoxins, whereas the production of antibacterial substances is relatively insignificant.

In bacteria in which the disease-producing substances are assumed to be locked up in the cells and set free only as the latter reach the tissues of the body, virulence is necessarily connected with a greater degree of invasiveness.

Virulence may be reduced artificially by a number of different methods; e.g., exposure to sunlight, or the addition of chemicals.

As yet we possess no general method for determining the degree of virulence of a given pathogenic bacterium for human beings." - Sir William Osler, MD, considered the father of Modern Medicine, in "Microbic Associations; Mixed and Secondary Infections", Modern Medicine", Vol.II, 1907.

The Animal to Human Transmission Farce

"High virulence for animals is generally regarded as indicating virulence for man; but Koch and Petruschky found that streptococci of high virulence for rabbits did not cause erysipelas in man, and animal-virulent streptococci occur in normal throats.

The highly virulent bacilli of bovine tuberculosis, so far as we know, seem to have little power of invasiveness in the case of human beings.

In practically all pathogenic bacteria, virulence is a variable quantity change able at the will of the experimenter.

As a general rule bacteria are most virulent when taken directly from the animal, and lose virulence, some more rapidly than others, the invasive more rapidly than the toxicogenic, when cultivated on artificial media and removed from "stimulation" by substances from the host.

Those media best conserve virulence of certain invasive bacteria that approach closest in comparison to the natural fluids of the body (blood agar, blood serum).

Deutsch assumes the existence of substances toxic to leukocytes in order to explain bacterial virulence; so far the substances of this kind demonstrated are the leukocidin of staphylococci, of B. suisepticus (Van der Velde), and the leukotoxic substances elaborated by virulent streptococci.

Virulence on the part of invasive bacteria means more, however, than increased resistance to bacteriolysis and phagocytosis, because this property alone does not explain wholly the increasing pathogenicity of increasing virulence.

The most comprehensive conception of bacterial virulence is given us in Welch's theory of bacteriogenic poisons.

This is an application to pathogenic organisms of Ehrlich's theory of the origin of antibodies in the host:

> ***"I see no reason why suitable substances derived from the host may not stimulate parasitic organisms, through a physiological mechanism similar to that operative in cytolytic (bacteriolytic) immunity, to the production of intermediary bodies (amboceptors), which, if provided with requisite affinities, have the power to link complements to cellular constituents of the host, and thereby poison the latter."***

In other words, why should not constituents from the infected body act upon microbes in the same general way as bacterial constituents act on the cells of the body, and thus set free from the bacteria various poisons for the cells of the body (bacteriogenic antibodies)?

This theory, explains the well-marked toxic capacities in the infected body, with its wide range of stimulation, of many bacteria that in artificial cultures give little indication of poison-producing powers and quickly lose their virulence.

In view of the fact that microbic virulence rises on experimental passage through a series of more or less resistant animals, the question arises:

1. Why does virulence remain at a comparatively low level in nature?

2. Why are the mortality rates of infectious diseases falling rather than rising?" - Sir William Osler, MD, considered the father of Modern Medicine, in "Microbic Associations; Mixed and Secondary Infections", Modern Medicine", Vol.II, 1907.

> ***"The party told you to reject the evidence of your eyes and ears.*** *It was their final, most essential command." - George Orwell, in "1984".*

The Toxicity of Bacteria

"It has generally been supposed that pathogenic bacteria produce their evil effects by means of 2 classes of poisons-one the so-called Exotoxins, analogous in some measure to the excretions or secretions of higher organisms, and the other the Endotoxins, usually regarded as existing within the bodies of the bacteria and liberated only by their death." - in "The Toxicity of Bacteria", The Lancet, 3 January 1914.

Bacteriogenic Poisons

"A quarter of a century ago the now generally maintained **distinction between endogenous and exogenous sources of uric acid was developed.**

On a diet free from nucleoproteins and purines, as well as in starvation, the elimination of uric acid and other purine bases does not cease.

Realizing the often extensive growth and subsequent destruction of micro-organisms in the alimentary tract, investigators examined the possibilities of purine and even uric acid synthesis by certain bacteria commonly parasitic in man.

The results were positive for such organisms as Bacillus fecalis-alkaligenes, Bacillus enteritidis and Bacillus paratyphosus B.

Not all species, however, produced uric acid when grown on a purine-free medium.

McDonald and Levine regard the demonstration of such heretofore unrecognized bacteriogenous factors as having an important bearing on the normal and pathologic variations in the uric acid of, human blood.

If the uric acid produced by bacteria is, like indican, absorbed unchanged from the bowel or from any other anatomic region, they suggest, it would tend to add to the content of the blood uric acid of endogenous and of exogenous origin.

Bacteriogenous purine production in explanation of the hyperuricemia said to occur sometimes in intestinal obstruction. It may also account in part for the hyperuricemia that occurs in various infections.

The high blood uric acid in such conditions as nephritis, may perhaps be explained adequately on the basis of retention; but the hyperuricemia that accompanies such infections as pneumonia and non-gouty arthritis may not all result from accelerated metabolism, but may arise in part from bacteriogenous purines." - in "Bacteriogenous Uric Acid", JAMA, 22 January 1927.

All Disease Begins in the Leaky Gut

"Inappropriate increase in intestinal permeability (which may be influenced by the composition of the gut microbiota), a "hyper-belligerent" immune system responsible for the tolerance–immune response balance, and the composition of gut microbiome and its epigenetic influence on the host genomic expression have been identified as three additional elements in causing Chronic Inflammatory Diseases (CIDs).

During the past decade, a growing number of publications have focused on human genetics, the gut microbiome, and proteomics, suggesting that loss of mucosal barrier function, particularly in the gastrointestinal tract, may substantially affect antigen trafficking, ultimately influencing the close bidirectional interaction between gut microbiome and our immune system.

This cross-talk is highly influential in shaping the host gut immune system function and ultimately shifting genetic predisposition to clinical outcome.

This observation led to a re-visitation of the possible causes of CIDs epidemics, suggesting a key pathogenic role of gut permeability.

Pre-clinical and clinical studies have shown that the zonulin family, a group of proteins modulating gut permeability, is implicated in a variety of CIDs, including autoimmune, infective, metabolic, and tumoral diseases.

What we learned when the Human Genome Project was completed is that we are genetically much more rudimentary than we had previously thought.

The premise of "one gene, one protein, one disease" cannot explain the complexity of the balance between health and disease and, most definitively, the CIDs epidemics.

Twenty-three thousand (23,000) genes are insufficient to explain all the permutations of human pathophysiology, including if and when and why we develop diseases.

Rather, it is the interplay between us as individuals and the environment in which we live that dictates our clinical destiny.

This interplay is physically and mechanistically regulated by biological interfaces that divide our body from the surrounding environment.

At about 8 to 9 meters in length, the human intestine provides the largest interface between our body and the outside world.

Tightly packed single layers of epithelial cells cover the external surfaces of our intestinal mucosa and negotiate the interaction with the surrounding environment.

Although this enormous mucosal interface (200 m2) is not apparently visible, it plays a pivotal role through its dynamic interactions with a variety of factors coming from our surrounding environment, including microorganisms, nutrients, pollutants, and other materials." - Dr Alessio Fasano, MD, Pediatric Gastroenterologist; Professor of Pediatrics, Harvard Medical School, Professor of Nutrition, Harvard T.H. Chan School of Public Health; Director Center for Celiac Research and Treatment at MassGeneral Hospital for Children, Co-Director Harvard Medical School Celiac Research Program; Director Mucosal Immunology and Biology Research Center at MGHfC, where he oversees a research program with approximately 50 scientists and staff researching a variety of acute and chronic inflammatory diseases, including cystic fibrosis, celiac disease, enteric infections and necrotizing enterocolitis. A common theme of these programs is the study of the emerging role of the gut microbiome in health and disease. Scientific Director European Biomedical Research Institute of Salerno, Italy, in "**All disease begins in the (leaky) gut**: role of zonulin-mediated gut permeability in the pathogenesis of some chronic inflammatory diseases", 31 January 2020.

"Two of the biggest drivers of the population's dire health, those Corporate Interests that mislead for profit: Big Food & Bad Pharma, has resulted in a Healthcare System that can no longer cope with the strain." *- Dr Aseem Malhotra, MD, Consultant Cardiologist, in "The Sunday Times", 29 May 2022.*

"Irritable Bowel Syndrome (IBS) affects almost 50 Million Americans, or almost 1 in every 6 people. You probably know if you have IBS, with its numerous symptoms including bloating or gas, distention, constipation, diarrhea, cramping, 40% of all visits to internists are for "functional bowel" disorders, such as IBS, and the cost for treating these types of digestive disorders is $107 Billion a year." *- Dr Mark Hyman, MD, in "This Gut Condition Affects 1 in 6 People, And is Entirely Treatable", 9 April 2015.*

The Gut Microbiome

"The Gut Microbiome plays an important role in human health and influences the development of Chronic Diseases ranging from Metabolic Disease to Gastrointestinal Disorders, and Colorectal Cancer.

Microbiota composition and relative populations of bacterial species are linked to physiologic health along different axes.

Elevated levels of interleukin 6, a pro-inflammatory peptide cytokine, and plasma levels of lipopolysaccharide (LPS) endotoxin, a marker of gram-negative bacterial translocation, were found to be elevated in a subpopulation of IBS-D patients with Small Intestinal Permeability, analogous to that observed in Celiac Disease.

Psychological Stress can exacerbate the inflammatory condition by allowing translocation of harmful bacterial products across the intestinal epithelium.

Known as "leaky gut", a compromised epithelial barrier allows toxins and antigens in the GI lumen to enter the bloodstream.

A healthy gut flora is important in maintaining the intestinal barrier.

Oral administration of high dose antibiotics can result in rapid changes to gut microbiota and is implicated in dysbiosis.

Over-the-counter and prescription non-antibiotic medicines also influence the gut microbiome.

Proton pump inhibitors (PPIs) are a widely used class of drugs. Meta-analyses have shown that PPI use increases the risk of developing SIBO and C. difficile infection.

Antibiotics, PPIs, and atypical antipsychotics have each been implicated in reducing alpha microbial diversity.

Second-generation antipsychotic medications, which contribute to weight gain and metabolic syndrome, gradually increase the ratio of Firmicutes to Bacteroidetes in association with body mass index and decrease the abundance of Akkermansia.

Opioids can cause severe constipation and at high doses in mice enable bacterial translocation through disruption of the gut barrier.

Changes in microbiota have been implicated in the creation of Intestinal Lesions by nonsteroidal anti-inflammatory drugs, which reduce blood flow to the gut, and weaken the hydrophobic mucosal barrier.

Gastrointestinal (GI) symptoms are a common side effect of statins, which affect bile acid metabolism, and have been shown to increase the abundance of 5 bacterial families including Enterobacteriaceae.

By influencing metabolism and inflammation, diet and nutrition can outweigh genetic and environmental factors, in determining health outcomes for chronic Western conditions such as:

Diabetes, Obesity, IBS, IBD, Colorectal Cancer, and Depression." - in "Gut Microbiome: Profound Implications for Diet and Disease", Nutrients, 16 July 2019.

Digestive Diseases Statistics for the United States

All Digestive Diseases

"Prevalence: 60 to 70 Million people affected by all Digestive Diseases;

Ambulatory care visits: 48.3 Million (2010)

Primary diagnosis at office visits: 36.6 Million (2010)

Primary diagnosis at emergency department visits: 7.9 Million (2010)

Primary diagnosis at outpatient department visits: 3.8 Million (2010)

Hospitalizations: 21.7 Million (2010)

Mortality: 245,921 deaths (2009)

Diagnostic and therapeutic inpatient procedures: 5.4 Million 12% of all inpatient procedures (2007)

Ambulatory surgical procedures: 20.4 Million; 20% of all "write-in" surgical procedures (2010)

Costs: $141.8 Billion (2004)

$97.8 Billion, direct medical costs (2004)

$44 Billion, indirect costs; for example, disability and mortality (2004)

Specific Diseases

Abdominal Wall Hernia

Ambulatory care visits: 3.6 Million (2009)

Surgical procedures: 526,000 (2006) (inguinal hernia only)

Hospitalizations: 380,000 (2010)

Mortality: 1,322 deaths (2010)

Prescriptions: 3.7 Million (2004)

Chronic Constipation

Prevalence: 63 Million people (2000)
Ambulatory care visits: 4.0 Million (2009)
Hospitalizations: 1.1 Million (2010)
Mortality: 132 deaths (2010)
Prescriptions: 5.3 Million (2004)

Diverticular Disease

Prevalence: 2.2 Million people (1998)
Ambulatory care visits: 2.7 Million (2009)
Hospitalizations: 814,000 (2010)
Mortality: 2,889 deaths (2010)
Prescriptions: 2.8 Million (2004)

Gastroesophageal Reflux Disease

Prevalence: Reflux symptoms at least weekly: 20% of the population (2004)
Ambulatory care visits: 8.9 Million (2009)
Hospitalizations: 4.7 Million (2010)
Mortality: 1,653 deaths (2010)
Prescriptions: 64.6 Million (2004)

Gastrointestinal Infections

Prevalence:
Nonfoodborne gastroenteritis: 135 Million people (1998);
Foodborne illness: 76 Million people (1998)
Ambulatory care visits: 2.3 Million (2004)
Hospitalizations: 487,000 (2010)
Mortality: 11,022 deaths (2011)
Prescriptions: 938,000 (2004)

Hemorrhoids

Prevalence: 75% of people older than 45 (2006)
Ambulatory care visits: 1.1 Million (2009)
Hospitalizations: 266,000 (2010)
Mortality: 20 deaths (2010)
Prescriptions: 2 Million (2004)

Inflammatory Bowel Disease

Ambulatory care visits: 1.9 Million (2009)

Crohn's Disease

Prevalence: 359,000 people (1998)
Ambulatory care visits: 1.1 Million (2004)
Hospitalizations: 187,000 (2010)
Mortality: 611 deaths (2010)
Prescriptions: 1.8 Million (2004)

Ulcerative Colitis

Prevalence: 619,000 people (1998)
Ambulatory care visits: 716,000 (2004)
Hospitalizations: 107,000 (2010)
Mortality: 305 deaths (2010)
Prescriptions: 2.1 Million (2004)

Irritable Bowel Syndrome

Prevalence: 15.3 Million people (1998)
Ambulatory care visits: 1.6 Million (2009)
Hospitalizations: 280,000 (2010)
Mortality: 21 deaths (2010)
Prescriptions: 5.9 million (2004)

Liver Disease

Prevalence: 3.0 Million people (2011)
Ambulatory care visits: 635,000 (2009) (cirrhosis only)
Procedures: 6,342 (2011) (liver transplants)
Hospitalizations: 1.2 Million (2010)
Mortality: 42,923 deaths (2010)
Prescriptions: 731,000 (2004)

Pancreatitis

Prevalence: 1.1 Million people (1998)
Incidence: Acute: 17 cases per 100,000 people (2003); chronic: 8.2 cases per 100,000 people (1981)
Ambulatory care visits: 881,000 (2004)
Hospitalizations: 553,000 (2010)
Mortality: 3,413 deaths (2010)
Prescriptions: 766,000 (2004)

Peptic Ulcer Disease

Prevalence: 15.5 Million people (2011)
Ambulatory care visits: 669,000 (2006–2007)
Hospitalizations: 358,000 (2010)
Mortality: 2,981 deaths (2011)
Prescriptions: 5 Million (2004)

- in "Digestive Diseases Statistics for the United States", National Institute of Diabetes and Digestive and Kidney Diseases, NIH, 13 November 2014.

Unchallengeable Assertion

"It's a bad idea to have anything that can't be challenged, and the trouble is, **all of us Scientists; are Government Employees**, even if we're working for Private Universities, **all Research is supported by the Government**.

As such, **we're very sensitive to what politicians say, and believe**, that's a shortcoming.

You have to figure out how to fund Science, in a way that there are **no incentives to artificially promoting things.**

When you hear for instance a Scientist saying:

"The Science is Settled",

you know that person has stepped out of the science, that registers with ordinary people.

And whenever you see someone say, you know, **instead of answering arguments:**

"How could so many people agree, if it weren't true",

it should be a red flag." - Professor Richard Lindzen, Massachusetts Institute of Technology, in "The Boston Globe", 14 May 2010.

"One of the saddest lessons of history is this:

If we've been bamboozled long enough we tend to reject any evidence of the bamboozle.
We're no longer interested in finding out the truth.
The bamboozle has captured us.
It is simply too painful to acknowledge, even to ourselves, that we've been taken.
Once you give a charlatan power over you, you almost never get it back.

Better the hard truth, I say, than the comforting fantasy. And in the final tolling it often turns out that the facts are more comforting than the fantasy." *- Carl Sagan, in his last interview with Charlie Rose on 27 May 1996.*

The Beginning of A Lie

The First Paper Claiming the Existence of a "New Virus" AKA "COVID-19"

"A recent cluster of Pneumonia cases in Wuhan, China, was caused by a novel betacoronavirus, the 2019 novel coronavirus (2019-nCoV).

By **2 January 2020,** 41 admitted hospital **patients had been identified as having laboratory-confirmed 2019-nCoV infection.**

All patients with suspected 2019-nCoV **were admitted to a designated hospital in Wuhan.**

We prospectively collected and analysed data on patients **with laboratory-confirmed 2019-nCoV infection by real-time RT-PCR and next-generation sequencing."** - in "Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China", Lancet, **24 January 2020.**

Article Funding:

1. Ministry of Science and Technology.
2. Chinese Academy of Medical Sciences.
3. National Natural Science Foundation of China
4. Beijing Municipal Science and Technology Commission.

How can they find a new virus by RT-PCR?

In less than a month (in just 20 days) the Chinese "Virologists" had already given a name to the new "virus"!

The Clown World of Virology!

To Jump to Conclusions From A Clinical Case to the Use of A Single Organism as the Cure of Them All Puts Just Opprobrium on It

"To jump to conclusions from a clinical case to the use of a single organism as the cure of them all puts just opprobrium on it, for such hit or miss medicine makes for commercialism, and inhibits the attention and work of the best workers in medicine. This slipshod therapy is the cause of advertising and lay institutions engaging in it." *- Dr Anthony Bassler, MD, in "A new method of treatment for chronic intestinal putrefactions by means of rectal instillations of autogenous bacteria and strains of human Bacillus coli communis". Med. Record, 1910.*

The Delta Plus COVID Variant Farce

"The first case of the so-called **Delta Plus variant** has been detected in Israel, according to a report on Wednesday.

The Delta Plus strain has an extra mutation from the Delta variant, the significance of which is still unclear.

The new strain was found in a vaccinated woman who entered Israel from abroad.

A man who came in contact with the woman in Israel has since contracted COVID-19 and **genetic sequencing is being performed to check whether he is also carrying the Delta Plus strain."** - in "First case of Delta Plus COVID variant found in Israel — report", The Times of Israel, 7 July 2021.

Ectocarpus Siliculosus Virus

"Ectocarpus siliculosus Virus (EsV-1) is the founding member of a new genus of marine viruses, the phaeoviruses.

The Ectocarpus siliculosus Virus-1, EsV-1, is the type-species of a genus of Phycodnaviridae, the phaeoviruses, infecting marine filamentous brown algae.

The EsV-1 genome of 335,593 bp contains tandem and dispersed repetitive elements in addition to a large number of open reading frames of which 231 are currently counted as genes.

Many genes can be assigned to functional groups involved in DNA synthesis, DNA integration, transposition, and polysaccharide metabolism.

Furthermore, EsV-1 contains components of a surprisingly complex signal transduction system with 6 different hybrid histidine protein kinases and four putative serine/threonine protein kinases.

Several other genes encode polypeptides with protein±protein interaction domains.

However, 50% of the predicted genes have no counterparts in data banks.

Only 28 of the 231 identified genes have significant sequence similarities to genes of the Chlorella virus PBCV-1, another phycodnavirus.

To our knowledge, **the EsV-1 genome is the largest viral DNA sequenced to date.**

Lanka et al. (1993) first showed that the viral genome is a large DNA molecule.

Using pulsed-field agarose gel electrophoresis, they detected the extracted virus DNA in three fractions: a wide spectrum of DNA fragments in a size range of 10±60 kb; a prominent band of linear DNA of about 330 kb in length; and a second prominent DNA band that remained close to the origin of the gel.

Electron microscopy and restriction fragment analyses established that a major portion of EsV-1-DNA occurs in the form of an extended circle which does not enter the agarose gel during pulsedfield electrophoresis.

The authors concluded that the natural form of the viral genome is a double-stranded DNA circle that tends to break, giving rise to full-length linear DNA forms as well as DNA fragments.

Genomic sequencing of EsV-1 High molecular EsV-1 DNA was prepared from virus particles embedded in agarose as previously described **(Lanka et al., 1993**; Klein et al., 1995)." - in "The Complete DNA Sequence of the Ectocarpus siliculosus Virus EsV-1 Genome", Virology 2001.

"Ectocarpus siliculosus virus-1 (EsV-1) is a lysogenic dsDNA virus belonging to the super family of nucleocytoplasmic large DNA viruses (NCLDV) that infect Ectocarpus siliculosus, a marine filamentous brown alga. Previous studies indicated that the viral genome is integrated into the host DNA. In order to find the integration sites of the viral genome, a genomic library from EsV-1-infected algae was screened using labelled EsV-1 DNA. Several fragments were isolated and some of them were sequenced and analyzed in detail." *- in* ***"The genome of the brown alga Ectocarpus siliculosus contains a series of viral DNA pieces, suggesting an ancient association with large dsDNA viruses",*** *BMC Evolutionary Biology, 12 April 2008.*

What If Viruses Don't Exist?

A Petition to: Dr James Reilly MD, Minister for Health Ireland
Dr Bill Hall, MD, Director of National Virus Reference Laboratory

"What if these pathogenic viruses do not exist?

What if no scientist has ever purified or isolated these alleged pathogenic viruses from the host cells?

During his undergraduate years at university, Dr Stefan Lanka came across a virus that had 'infected' a sea algae.

The virus didn't make the sea-algae sick.

In fact the virus helped the sea algae to bloom and thrive, which was quite the opposite of what he had expected.

He was really excited, because he had discovered what he thought was the first stable "virus-host" relationship.

The virus did not threaten the host, but was welcomed by the sea algae, and both co-existed harmoniously or endo-symbiotically.

In order to prove the existence of this virus, he isolated, biochemically characterized and photographed it.

The photograph was taken by an electron microscope, and the biochemical characterisation was carried out using techniques invented in the 1970's.

By 1994, he had achieved this and had obtained his doctorate.

The virus Dr Stefan Lanka discovered is called the Ectocarpus siliculosus virus.

This virus is not pathogenic and enables the sea algae to thrive because of it, and not despite it.

The diameter of this virus is approximately 120nm (nm - nano-meter - one billionth of a meter).

Dr Lanka was asked about pathogenic viruses such as HIV, and did some research. He examined the scientific literature and discovered there was absolutely no evidence for the existence of any pathogenic virus deemed dangerous by the scientists and MD's, such as the:

Mumps,
Measles,
Rubella, and
Swine-flu Viruses.

And against which our children are vaccinated.

Now, if pathogenic viruses exist, it should be possible to isolate them and measure their respective diameters.

This question is directed to Professor Bill Hall Director of the National Virus Reference Laboratory, who is the most eminent expert in Ireland on pathogenic viruses:

1. Please tell me the diameter of all known pathogenic viruses, and how you isolated, and measured them?

I urge the Minister of Health Dr James Reilly, MD, to request Dr Bill Hall, MD to answer this question." - James McCumiskey, Wexford, Ireland, in "'Pathogenic' viruses do not exist", Change.org, 2011.

> ***"I already had a somewhat critical attitude when I started studying molecular genetics, so I went to the library to look up the literature on HIV. To my big surprise, I found that when they are speaking about HIV they are not speaking about a virus. They are speaking about cellular characteristics and activities of cells under very special conditions.***
> *I was so deeply shocked.*
> ***So, for a long time I studied virology*** *from the end to the beginning, from the beginning to the end,* ***to be absolutely sure that there was no such thing as HIV.***
> *And it was easy for me to be sure about this, because* ***I realized that the whole group of viruses to which HIV is said to belong, the Retroviruses, as well as other viruses which are claimed to be very dangerous, in fact do not exist at all."*** *- Dr Stefan Lanka, in "Zenger's Magazine", San Diego, October 1998.*

Sometimes People Don't Want To Hear The Truth Because They Don't Want Their Illusions Destroyed

"For the historical audit brings so much to light which is false and absurd, that the condition of pious illusion falls to pieces."
- Nietzsche, Friedrich, in "Vom Nutzen und Nachtheil der Historie für das Leben", 1874.

Why Do People Believe Things That Aren't True

"As human beings, false belief is our birthright.

It stands from fundamental principles that govern the way our minds work and the way we store knowledge.

Consider how common it is for groups of people to believe things that just aren't true.

Right now, in this moment, it feels like **we're in the midst of an epidemic.**

The explosion of fake news, shows how easy it is to dupe people on the left and the right, and **science denial** has gone mainstream.

Significant proportions of the population maintain beliefs counter to the scientific consensus on critical issues like vaccination, global warming and the safety of genetically modified foods.

Public attitudes about these issues literally determine whether we can feed ourselves, **whether we can raise healthy children** and whether we can forestall a climate disaster.

The stakes could not be higher.

If we really want to improve the way we grapple with these challenges, we have to go deeper, we have to understand what it is about the way we think that makes us so susceptible to believing things that aren't true.

And that explanation actually begins with a kind of shocking observation.

As individuals, we do not know enough to justify almost anything we believe." - **Philip Fernbach,** Professor of marketing, University of Colorado, external **advisory board member for McKinsey & Company**, in "Why do we believe things that aren't true?", TEDxMileHigh, 13 September 2017.

Chapter 4

The Biggest Medical Trade Lie: The Virus Tale

"The assimilation of lying to other forms of intentional deception makes sense only if one is adopting a utilitarian approach to the issue of truth-telling. Otherwise not." *- in "Telling the truth", Journal of Medical Ethics 1991.*

"The lie became truth." *- George Orwell, in "1984".*

"How easy it is to make people believe a lie , and how hard it is to undo that work again!" *- Mark Twain, in "The North American Review", 4 January 1907.*

"I don't believe in virology. It is not a science - it's faith in a series of interpretations." *- Dr Remnant MD, 13 May 2022.*

"There is potentially no such thing as the coronavirus. It's not possible to prove that any given pathogen has induced death, in the clinical setting. *So this this term this phrase "du jour", is just being put on these deaths that are likely being accelerated by the the fear itself. And I'm sure you understand that; The role of fear in all this.* ***I personally don't believe in germ-based contagion, I haven't for some time, and that was kind of liberated from that concept, I just don't believe it any more, and because I don't believe it has no fertile soil for me****, so if my kids have a runny nose I am just as likely to drink from their glass as I would otherwise, it's not a conceptual framework that I operate within. So I certainly know that what others believe influences their reality directly, and so could this, could and be a*

reality for others? Absolutely. It's not for me and one of the reasons is because ***I've come not only through my understanding of the Microbiome****, and the appreciation that there are literally* ***Multi Trillions of Microorganisms in and around me at any given time, and to single one out, and villainize it, to me is just honestly silly, from a Biological perspective, let alone a an Ontological or Philosophical perspective."*** *- Dr Kelly Brogan, MD, 24 March 2020.*

"The whole AIDS construct is built on 3 Tests:

1. Antibody Tests (the alliance from western blot).
2. T cell counts.
3. PCR viral loads.

So when I registered for a doctorate in Social Sciences to look at people's experiences of testing, it was those 3 Tests that were the structure for my dissertation, my thesis, and I had to look at the tests. I tested people, giving people results, and I started looking at the tests, and there was like an "Epiphany Day", when I was looking at how they ran the antibody test, the Enzyme-linked immunosorbent assay (ELISA) Test. I remember looking at this Test run it came through, and the technician said:

"All these positive results, and all these negative results, we Test all our cancer patients for HIV and the positives then, the consultant Pathologist is going to come down, and he's got to sign these off."

And I said, well you know that these ones are positives that get a positive diagnosis, and she said: "No Kevin that's not actually how it works, because I don't convert as a technician, I don't convert a negative or a plus into a diagnosis, I can't make the diagnosis", and I said, why not?

"Well because I don't see the forms that come through the requests, I don't see the risk profile of the patient".

And I said: What do you mean by risk profile?

"We need the medical consultant to make a diagnosis from a plus or a minus, it's only a light, it's only an optical density reading they need to know the exposures of that patient, the previous exposures of the donor".

I said, what do you mean the expression?

"Whether they're gay, bisexual, whether they're drug users or the epidemiological risk groups that people come from, black African".

And I said so that reading can't be translated automatically into diagnosis?… interesting, so **a variable that you measure has to be socially interpreted.**

By 2020 we'd had all that experience with HIV, had an Academic career, I knew about the PCR from the 1990's, I knew that it was a diagnostic, and **they were creating this new disease using the PCR**, so what I initially did was, I looked at this, I read a lot about SARS-COV-2, how they thought they'd isolated it, and I approached Professor Maria Zambon, Deputy Director of National Infection Service, who's a professor of Virology at the Imperial College London.

We had this group advising Boris Johnson called the SAGE group of scientists, nobody knew who SAGE scientists were until the Guardian newspaper published a list of them in April 2020. So I thought well how can they be using PCR to diagnose, this it's not a diagnostic test it's just a methodology basically that's totally flawed. I found out that **Professor Maria Zambon Professor Virology was on SAGE, she was also in charge of Boris Johnson's Covid Testing across the UK**, so **she's the lead scientist for what was called Public Health England**, I frame a set of questions by email to Maria Zambon, asking:

1. Have you isolated it?
2. Where's the Gold Standard for this?

And back came answered some of my questions she did answer it.

So it's obvious from our answers there wasn't any Gold Standard, and no Field Work Material, that's what she said: **"No Field Work Material"**, and I was thinking "Field Work Material"?

Does she mean there's no blood from patients?

That was May 2020, then I found the Eurosurveillance paper that Corman and Drosten had wrote (Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR), and that paper had 24 authors, and one of the authors was Maria Zambon.

> *"**In the present case of 2019-nCoV, virus isolates or samples from infected patients have so far not become available** to the international public health community. We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, **designed in absence of available virus isolates or original patient specimens."***

So, in that paper by Corman, Drosten and Zambon was the statement that they had no live virus from the blood of patients.

It actually acknowledged that they hadn't used the blood of Covid patients to develop that Test.

They'd used an in silico model sequence.

After I've been emailing Zambon, found no gold standard.

They're using the PCR as its own own "gold standard" **basically, so how can they confirm those diagnoses.**

Then **by May 2020, I thought this is all wrong, this is absolutely, it's like HIV but it's on a bigger scale.**

One of the documents that Zambon sent me, said that **the WHO advised countries not to isolate the virus to develop a test, again it's just like HIV.**

You've got this hypothetical construct that exists in some sort of algorithmic form, computer form, that's not actually based on virological work." - Dr Kevin Corbett, RN in "We're Falsifying The Hypothesis", 13 April 2022.

"In the publication entitled "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020) the authors present a diagnostic workflow and RT-qPCR protocol for detection and diagnostics of 2019-nCoV, **which they claim** to be validated, as well as being a robust diagnostic methodology for use in public-health laboratory settings. In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication in which: 1) all components of the presented test design were cross checked; 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice; and 3) parameters examined against relevant scientific literature covering the field. The published **RT-qPCR protocol for detection and diagnostics of 2019-nCoV,** and the manuscript **suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication.**

Serious conflicts of interest of the authors are not mentioned. The very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed, or of poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws.

Considering the scientific and methodological blemishes presented here, we are confident that the editorial board of Eurosurveillance has to retract the publication." - Pieter Borger, Bobby Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, Klaus Steger, Paul McSheehy, Lidiya Angelova, Fabio Franchi, Thomas Binder, Henrik Ullrich, Makoto Ohashi, Stefano Scoglio, Marjolein Doesburg-van Kleffens, Dorothea Gilbert, Rainer Klement, Ruth Schruefer, Berber Pieksma, Jan Bonte, Bruno Dalle Carbonare, Kevin Corbett, Ulrike Kämmerer, in "Review report Corman-Drosten et al. Eurosurveillance 2020", 27 November 2020.

The Idea of a Virus Causing Disease Was Purposely Spread as a Disinformation Strategy and Now Everybody Believes in it

"West Nile Virus is not the only virus to never have been truly isolated. HIV, the virus believed to cause AIDS, also does not exist.

This is explained in detail at www.virusmyth.com, neither does anything called a virus in reality exist.

Bacteria and fungi present in diseased states do exist, but viruses that cause disease do not exist.

The claim that there are viruses that cause disease is a fairy tale, like the Tooth Fairy and Santa Clause.

To "isolate" West Nile Virus (WNV), scientists begin by pulverizing believed-to-be "infected" mosquitoes and "infected" crows brains.

Then this material is run through a high speed centrifuge, and filtered through a filter whose pores are 6 times larger than what the size of the virus could be - so anything could, in addition to the purported virus, be left in this mixture.

If this mixture of all kinds of stuff is placed in a petri dish and kills cells - which it did - then it is assumed that the cell death was caused by the dreaded West Nile Virus.

Don't mind that **there's a bunch of other stuff in the mixture and no virus, the virus is still blamed for causing the cell death.**

"Scientists" then take this same material and look for RNA sequences. When they find a sequence, they claim to have mapped out the virus. These crude experiments proof of a virus. But it is also very serious, because it is this bogus science that the Medical Trade wants you to believe in. Single exposures to Pesticides (like those used in fogging) can trigger Chronic Fatigue, Allergies, and a Loss of Libido.

Long-term exposure to Pesticides can cause Birth Defects, Infertility, Genetic Damage, Cancer and many other health problems.

Of course the report also outlines safe and sane approaches to controlling mosquitoes - which don't carry viruses anyways - without exposing humans to known-to-be-dangerous chemicals.

When there are safe and natural methods for controlling mosquitoes, why expose people to dangerous chemicals?

The real danger involved in WNV is not the faux virus; it's all the chemicals we are exposed to. For example, DEET causes neurological illness very similar to the disease claimed to be WNV, especially in children.

And vector control agencies usually encourage the use of it (www.pesticide.org/DEET.pdf).

It is quite possible that many supposed cases of WNV are actually poisoning from the DEET.

More Mosquitoes = Less West Nile Virus

Those areas where there are clusters of dead birds found are not areas that are dense in mosquito populations." - Ramiel Nagel, in "There Is No Such Thing as the West Nile Virus", Natural News, 9 November 2008.

"We'll know our disinformation program is complete when everything the American public believes is false." *- William Casey, CIA Director, 1981.*

"The story of the political triumph of an idea that was clearly contradicted by the science has been told numerous times." *- Professor Richard David Feinman, in "The World Turned Upside Down", 2014.*

West Nile Virus: Up the Nile Without a Virus

"2002 was the year West Nile Virus (WNV) fever hit Canada, after 3 years of spreading reports of illness and death in humans and birds in the United States.

Mosquitoes are believed to be the main carrier of the disease.

Consequently, most debate has been over whether aerial spraying is justified but little discussion of **the evidence that West Nile Virus is the cause of the disease, and virtually none on whether it has been proven to exist.**

Questioning the existence of a virus usually elicits a response similar to an adult declaring a belief in the Tooth Fairy.

Yet, we believe in WNV because we are told by the media, who were told by Canadian public health officials, who were told by the US Centers for Disease Control (CDC), who were told by virologists that the virus exists and is the cause of an associated encephalitis (brain inflammation brain).

Few have critically examined the published scientific evidence.

Those who do will find a less than convincing story.

Proving the existence of a virus requires purification from humans or animals believed to be infected (and absence in the uninfected).

West Nile virologists often report "isolation", but only by completely debasing this word compared to its normal meaning (e.g. "To place or set apart or alone" – OED).

John Anderson and colleagues, in a 1999 paper in the prestigious journal Science, made this claim, but the process described was to grind up whole mosquitoes or samples of a crow brain, pass the material through a filter with pores much larger than virus particles, centrifuge, then add this impure material, along with stimulating chemicals to a cell culture.

"Isolation" of WNV was the detection of "cytopathologic effects" (cell death), antibodies or particles of the expected size within this artificial system.

This was obviously not equivalent to purification. According to Anderson **"viruses can only be isolated in cells", which is to say that viruses (according to him) cannot be purified,** and any evidence that can possibly be interpreted as the footprints of a virus is accepted as proof of the presence of the virus. [Anderson, 1999]

Most virologists are happy to accept detection of non-specific phenomena generated by the addition of unpurified materials to a cell culture as proof that a pathogenic virus is present.

But, Dr Etienne de Harven, a retired University of Toronto virologist, believes that virology lost its way years ago by neglecting the need for purification.

"To obtain virus specific reagents, purification is essential.

But the success of such purification should be demonstrated. And the best way to demonstrate the achieved level of purification is to study, by electron microscopy thin sections of pelletized **[centrifuged] virus**!"

The reagents he refers to are the RNA and proteins (antigens) needed for West Nile Virus tests.

Without obtaining them from purified virus, there is no proof that they came from any virus, let alone a specific virus. [de Harven, 2002]

It was not until December, 2002 that a report claimed the"first time that infectious WNV has been recovered from a patient with encephalitis in North America" [Huang, 2002], indicating that the evidence for causation is weak, even without considering the flaws in the methods used to detect it. **If a virus is not causing the observed bird and human illness and death, something else must be.**

Jim West, a researcher with the No Spray Coalition [NoSpray], based in New York City (the supposed beachhead of the virus in North America) **found a strong correlation between petrochemical emissions and both bird and human disease.**

For example, **half the dead birds collected in the New York State counties with severe air pollution tested positive**, less than 5% of those in moderately polluted counties and none in the least polluted counties.

Excessive bird deaths were first noticed during a June 1999 air pollution peak in New York City, and human illness and deaths started during a second, even worse peak in late August. [West]

In Canada, Health Canada statistics for 2002 indicate a similar environmental connection.

In Quebec 2% of dead birds found in the most rural areas of the province tested positive, but 37% of those tested from Montreal/Laval.

In Ontario, about 5-11% of birds in rural areas were found to be positive (e.g. 5.6% in Porcupine district) but from 15-75% in the more industrialized areas (e.g. 35% in Toronto).

The disease is thought to be most prevalent in the corvid family – Crows, Ravens, Magpies and Jays and the highest rates are found in crows (18% of those tested in 2002).

Surprisingly, however, the lowest rates are found in Ravens (2.5%), even lower than in species not believed to be at risk. While Crows and Ravens are closely related, Crows are much more common in heavily urbanized areas, including scavenging along highways. [CCWHC, 2002]

Human cases of disease with positive West Nile tests are even more urbanized.

Greater Toronto has 44% of Ontario's population, but 82% of the 65 cases in 2002 that were confirmed positive.

The only other significant hotspot is Windsor which has 3.3% of the population yet 10.7% of the West Nile cases.

It also has "anomalously high rates" of disease, death and congenital abnormalities, blamed on local pollution, and proximity to Detroit [Gilbertson, 2001].

West Nile is more a test than a disease. The CDC case definition **[CDC, 1999] admits that the symptoms (fever, headache, altered mental state, stiff neck or various signs of brain dysfunction**) are clinically indistinguishable from other viruses.

Furthermore, the vast majority of people who test positive have none of these symptoms.

One study found that 2.6% of a New Yorker sample tested positive, yet none had symptoms worse than a recent fever [Mostashari, 2001].

When more serious symptoms are associated with a positive test it is assumed that this is proof that the virus is the cause of the symptoms.

There has even been a recent attempt in 2 separate New England Journal of Medicine papers to add polio-like paralysis to the clinical spectrum, based on positive tests in a handful of people with this condition [NEJM, 2002].

As testing extends further in Canada and the US, inevitably more people and animals will test positive.

The CDC case definition requires that illness and a positive West Nile test occur during a time when virus transmission is believed likely (e.g. when mosquito populations are active).

This is also when the collection of dead birds is encouraged.

These policies reinforce the association between the disease and its purported carrier.

The inability to find a mosquito connection in some cases has led to speculation that the virus can be transmitted via blood transfusions or organ transplants.

In the rare cases when serious disease or even death occurs, other explanations are also possible.

The victims were usually elderly (average age 58 in Ontario, in 2002), **had serious pre-existing health conditions (e.g. diabetes, cancer) and lived in heavily polluted areas.**

You do not have to accept the story you are being told by Health Canada, read the 1999 papers in Science (especially the fine print) and make your own decisions about the validity of the isolation they describe.

You have the right to ask for proof that West Nile Virus has been purified, proof that tests have been constructed from RNA and proteins obtained from purified virus and proof that the virus can be purified from the bodies of animals and people whose sickness is blamed on the virus.

You also deserve evidence that environmental connections have been thoroughly investigated, and eliminated.

Only when you are comfortable with the science of West Nile do you need to consider whether the prescription (aerial spraying for mosquitoes) is the lesser evil, or whether it will just increase the burden of chemicals to which we are exposed, while doing nothing to eliminate the root cause." -- David Crowe, Biomedical Science Critic, in "Alive Magazine", April 2003.

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Criterion Providing Evidence of The Existence of Measles Virus Through "A Scientific Publication" Was Not Met

State jurisdiction of Baden-Württemberg

"The decisions of the courts and public prosecutor's offices in Baden-Württemberg, Germany.
OLG Stuttgart judgment of 16 February 2016, 12 U 63/15

Claim: willingness to be legally bound in the event of a negative claim; **Interpretation of a competition for the detection of the measles virus**

Tenor

1. On the appeal of the defendant, the judgment of the district court of Ravensburg from March 12, 2015 - 4 O 346/13 - is amended and worded as follows:

(1) The defendant is sentenced to pay the plaintiff EUR 492.54 plus annual interest from this amounting to 5 percentage points above the respective base interest rate since April 16, 2014.

(2) Otherwise the action is dismissed.

2. The defendant's further appeal is dismissed as inadmissible.

3. The plaintiff bears the costs of the legal dispute in both instances.

4. The judgment and the judgment of the regional court, insofar as it is upheld, are provisionally enforceable.

The plaintiff can avert enforcement by providing security of 115% of the enforceable amount if the defendant does not provide security of 115% of the amount to be enforced before enforcement.

5. The object value for the appeal procedure is set at up to EUR 110,000.00.

Reasons

….....

I 1 The main dispute between the parties is whether the plaintiff can claim the amount of EUR 100,000 claimed by the defendant for proof of the measles virus.

2 1. The defendant, a biologist, takes the view - contrary to the unanimous opinion in science - that measles is not caused by viruses, that there is not and cannot be a measles virus. On November 24, 2011, on the website of the "k...-k... Verlag" he runs, he offered "prize money" of EUR 100,000.00 as follows:

3 **"The prize money will be paid out if a scientific publication is presented in which the existence of the measles virus is not only claimed but also proven and its diameter is determined, among other things.**

4 **The prize money will not be paid if the determination of the diameter of the measles virus is only a question of models or drawings such as ..."**

5 For further details of the text, reference is made to the detailed description of the facts of the judgment of the Ravensburg Regional Court and to Annex K 1. Whether the full text of the advert can be seen on the website of "k...-k... Verlag" or only read by calling up the newsletter - which is also available on the internet - was disputed in the second instance. In any case, the plaintiff was not a subscriber to the newsletter.

6 **The plaintiff, who was still a student at the time and is now a doctor, submitted several publications to the defendant in a letter dated January 31, 2012 (Annex K 4), which he believed unequivocally proved the existence of the measles virus, and asked for the prize money to be paid out. The defendant refused because the measles virus had not been proven.**

7 The defendant also operates the publishing house "W... A... und Verlag", on the website of which the following could be read on April 13, 2014, 3 days after the first hearing date in this matter:

8 .....

"On Monday, April 14th, 2014, we will report here, to which we will refer in the newsletter, that, why and how the non-doctoral, non-specialist young doctor D...B... and his illegal backers in the "bet that there is no Measles viruses exist!" trial on April 10, 2014, before the district court of Ravensburg, which lied to the court and the public. **We anticipate that Dr Stefan Lanka is acquitted on April 24, 2014 and D...B... is arrested for court fraud, inability to pay the court and attorney's fees, expenses and expense allowances, aiding and abetting mass bodily harm, sometimes resulting in death** and because of the risk of fleeing abroad. "

9 The plaintiff objected to this and demanded that the defendant issue a cease-and-desist declaration on April 15, 2014 (Annex K 11).

10 Of the lawyer's fees of EUR 492.54 incurred by the plaintiff, he paid EUR 155.00 himself and was authorized to assert the excess amount by R... Rechtsschutzversicherungs-AG, which made the remaining payment.

….....

122. **As a result, the appeal was successful, insofar as it is admissible, because the claimant's criterion of providing evidence of the existence of the measles virus through "a scientific publication" was not met by the plaintiff.** Accordingly, the plaintiff is not entitled to any pre-trial attorney's fees." - in "OLG Stuttgart judgment 12 U 63/15", State jurisdiction of Baden-Württemberg, 16 February 2016.

To read the full court case please use the following link:

https://lrbw.juris.de/cgi-bin/laender_rechtsprechung/document.py?Gericht=bw&GerichtAuswahl=Oberlandesgerichte&Art=en&sid=46bf3db2df690aba6e4874acafaf45b6&nr=20705&pos=0&anz=1

The Medical Trade Science and the Lack of Evidence for the Virus Theory

"There's a lot in the current system of science right now, that is not good, in many different ways. And especially with respect to the "virus" stuff, since that's the hot area, but that's just part of it.

There's a lot more, it's really crazy right now in the world of Science & Medicine.

And the other thing to mention is, **I've always been somewhat of a skeptic. So, even throughout my whole career, even though I was in Academia, I was in the Pharmaceutical Industry, and the Biotech Industry, I've always been someone that asked a lot of questions; that's been skeptical of things like "viruses".**

And so **when this stuff came up with Covid, it just kind of really reinforce all of those, all of that skepticism that I previously had.**

I also had some other eye-opening experiences along the way too, even before Covid, but Covid, kind of sealed the deal.

I don't believe that "viruses" are pathogens to be scared of.

The way that I look at it is, first and foremost I think **we have to be very careful of how we say things, and how we define things, and so I would say in terms of the way a "virus" is currently defined, and how that word is currently used, that I don't believe that they are pathogens that infect people, that they are a small inner particles that supposedly are able to hijack yourselves, and do all sorts of destruction, and then be transmitted to another person, and then replicate and do the same thing.**

And the main reason I say that, is based on evidence, or I should say, lack thereof, and I just don't, or have not throughout my entire career seen any evidence of the validity of Viral Theory.

Back to that kind of first experience, I had in the lab doing HIV research, as a young scientist, I went in there with an

open mind, not knowing much more than what I learned in my studies about viruses and HIV.

And, **as I started to dig more into, and read papers and then get into the lab work, and actually see how "Virology Research" was done it just it didn't add up.**

For starters I think HIV is a good example of this because it's been quite well refuted over the years. But I didn't know that at the time, until I started digging more into it.

So, I had thought that:

Here's this "virus" that is replicating at a high level in people, and you can take that "virus" out, you can take a patient's blood and you can isolate that viral "virus", the viral particles out of the blood and examine them, and do things with them to show that you have a "virus" there, and study what you know is the make up of that "virus", and that was how we're able to come up with the sequence of the genome, and what are the different viral proteins and things.

Well, as it turned out, even with HIV, when you have a patient that is supposedly sick with AIDS that they progress for a long period of time, which is another whole issue with the fact that **you have this long sort of asymptomatic latency period once you're first infected, which is quite unusual** but you know, I think they've come up with some clever ways to try to explain that.

But, the whole idea that you have someone that's sick, the whole thing with when you're sick with a supposed viral pathogen you should have a high amount of virus right, what's called a viral load, **I assumed, I guess naively that if you took a sample from a patient like that, there would be tons of virus such that you would be able to easily isolate it that you could do stuff with it.**

Well, what I found out pretty quickly was, that's not the case. Even in patients that are supposedly sick, and had a higher viral load, it really was quite low and you really couldn't do much with it.

So, therefore, we had to make these "Viral Stocks" in the lab using Cell Lines, and we'd engineer these DNA plasmas, circular piece DNA, and then put them into the cells using a process called Transfection, and then they would culture for about 48 hours, and you'd collect the supernatant - that means the media on the cells and everything that's in there, and you'd freeze it down and you'd call that a "Viral Stock", and then you throw it on some other cells that are supposed to be susceptible, and you culture them and wait to see if you saw certain effects like CPE or there's these different reporter essays that you know the cells will light up, so if they supposedly have a certain, if they have HIV in them or something, there's different ways that you can supposedly measure the the presence of a "virus".

The problem is we never actually isolated a virus.

It was just all assumed, and a lot of that was based of the work that the doctor whose lab it was, had done at National Institute of Health (NIH), so it's just well we assume all of this stuff. But, of course I kept asking: Well how is this supposed to work then, if we can't isolate a "virus" or we can't, we're not isolating any viral particles.

We can't do anything with the patient sample, because there's not enough there, **and so we have to make these artificial stocks in these cell lines, and then you're manipulating these cell lines, and putting a bunch of junk in there, that's not purified, and saying that any effects you see is caused by a "virus" as well you're not really examining all the proper controls to rule anything else out, so it just didn't line up to me, I felt like there was a lot of holes, even right pretty quickly as I started to examine things, and then the more I worked with it just never lined up.**

So, I started digging into research, and came across whole different groups of people that were refuting the AIDS or HIV AIDS theory, and people like Peter Duesberg and the Perth Group, and getting into all of that stuff, and I mean that was when I was still working in this lab, and so right away I was kind of very skeptical of it.

I've always taken the stance of;

> *"I don't know everything. Maybe somebody will come along and* ***provide some evidence that'll change my mind."***

I'm just saying that based on the evidence that I've seen in the literature, there's a whole host of problems with scientific literature, but also upfront in actually doing the experiments.

I don't see the clear evidence and so right from there it was, it just added to my skepticism, and I never, even going on throughout my career, beyond that I never encountered anything that reverse that thinking, and I worked with other "viruses" like Hepatitis C, that's a really contrived that one, is supposedly even harder to culture and work with, there's a lot of smoke and mirrors around that one if you will.

So you know again it's just there was never a situation that came up where I was like; "oh okay I guess maybe I was just misled".

It kind of started really early on for me, and I've not seen any strong evidence, and then the whole "SARS-Covid-2" thing just kind of fell into the same category.

I feel like there's a lot of parallels there with HIV:

1. The Testing.
2. The Lack of Isolation.

There's just more and more holes in this theory, and this data that just don't make sense if you really understand it although, with all of this stuff they use a lot of big words, they use things like "genomics" and saying, "we've got the sequence", and things like that, and so people get usually misled." - Mike Donio, MPA, Scientist displaced via COVID Jab mandate, and called upon by God to speak the Truth about the current state of "Science", in "Virus Mania Podcast", 6 April 2022.

"It is generally believed that bat-borne CoVs will re-emerge to cause the next disease outbreak. In this regard, China is a likely hotspot." *- Yi Fan, (1,2) Kai Zhao, (1,2) Zheng-Li Shi, (1,2), Peng Zhou, from the CAS Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan, China, and University of Chinese Academy of Sciences, Beijing, China- in "Bat Coronaviruses in China", Viruses, March 2019.*

The 30 December 2019 Bat Farce

> ***"Bats enter hibernation in November, and may not be fully active until mid-May.*** *While in this state of torpor, bats lower their body temperature and their metabolic rate slows."* - *in* ***"Do Bats Hibernate in Winter"****, The Woodland Trust, 3 December 2018.*

"The mysterious patient samples arrived at the Wuhan Institute of Virology at **7 PM, on 30 December 2019.**

Moments later Shi Zhengli's cell phone rang.

It was her boss, the institute's director. The Wuhan Center for Disease Control and Prevention **had detected a novel coronavirus** in 2 hospital patients with atypical pneumonia." - in "How China's **'Bat Woman' Hunted Down Viruses from SARS to the New Coronavirus**, Wuhan-based virologist Shi Zhengli has identified dozens of deadly SARS-like viruses in bat caves, and she warns there are more out there", Scientific American, 1 June 2020.

The Pandemic Invented by The World Health Organisation

"COVID-19 is a fraud because: **its alleged causal agent, a purported novel coronavirus called SARS-CoV-2, has not been proven to exist in nature, and therefore has not been established as the cause of COVID-19**, the disease and **pandemic invented by the World Health Organisation** (WHO).

For the selfsame reason there are no variants of the "virus", which likewise exist only hypothetically in computers, cloud-based gene banks and in the minds of innocent people who have been comprehensively gulled by their governments." in Dr Mark Bailey, MD, Dr John Bevan-Smith, MD, in "The Covid-19 Fraud & War on Humanity", 11 November 2021.

"We started the work in March 2020, and the main we signed the contract after 2 months, which was only the research.

The main contract which was a commercial agreement.

To define billions basically of dollars, was signed in January of 2021.

These were days of darkness, with no hope in the horizon, so people were that the civilization, the way we know it will, is could disappear.

And then surprise, surprise they made the impossible possible." - Albert Bourla, CEO of Pfizer, in "WEF", 25 May 2022.

The Lethal Virus – Farce

"We infected rhesus macaques and Mauritian cynomolgus macaques with highly pathogenic 1918 H1N1 influenza virus and assessed pathogenesis and disease severity.

Despite infection with a high dose of 1918 influenza delivered via multiple routes, rhesus macaques demonstrated minimal signs of disease.

Here, we demonstrate that even at the highest doses tested, 1918 influenza was not lethal in these two macaque species.

Rhesus macaques should not be used to study 1918 influenza virus infection, as infected animals displayed negligible signs of clinical disease." - in "Pandemic 1918 Influenza Virus Does Not Cause Lethal Infection in Rhesus or Cynomolgus Macaques", Journal of Virology, 4 August 2022.

The Flu Went on Vacation

"In this Day & Age, I'm hoping that people see as quick as you get it.

Right now we're talking about, are we talking about a virus?

That's what we're talking about.

SARS, MERS, Bird Flu, Swine Flu, Ebola, now Corona.

Come on folks, I mean you gotta really you gotta read the Tea Leaves, you gotta the devil's in the details, and with that said is, if you look at the recovery numbers on what we're talking about, the Flu went on vacation this year, Heart Attacks went on vacation, everything went on vacation this year.

When it came to, I'm talking about what we're going through right now, and let's just call a spade of spade.

And the reason I can have this conversation, is because my family comes from Communism, they fled Communism, they had everything taken away from everybody, got murdered everybody got killed." - Pitbull, rapper, in "REVOLT.TV", 26 September 2020.

South Korea Downgrades Covid to a 'Class 2' Disease

"South Korea will ditch all remaining social-distancing measures next week while downgrading Covid-19 to a "Class 2" disease alongside conditions such as tuberculosis and cholera.

North Korea is, along with Eritrea, one of 2 countries in the world not to have a Covid vaccination programme." - in "South Korea downgrades Covid to a 'Class 2' disease and removes restrictions", Financial Times, 15 April 2022.

The Mask Farce

The UK Recommends Members of the Public do Not wear Masks

"WHO has concluded there is currently no conclusive evidence that Face Masks are beneficial for community use.

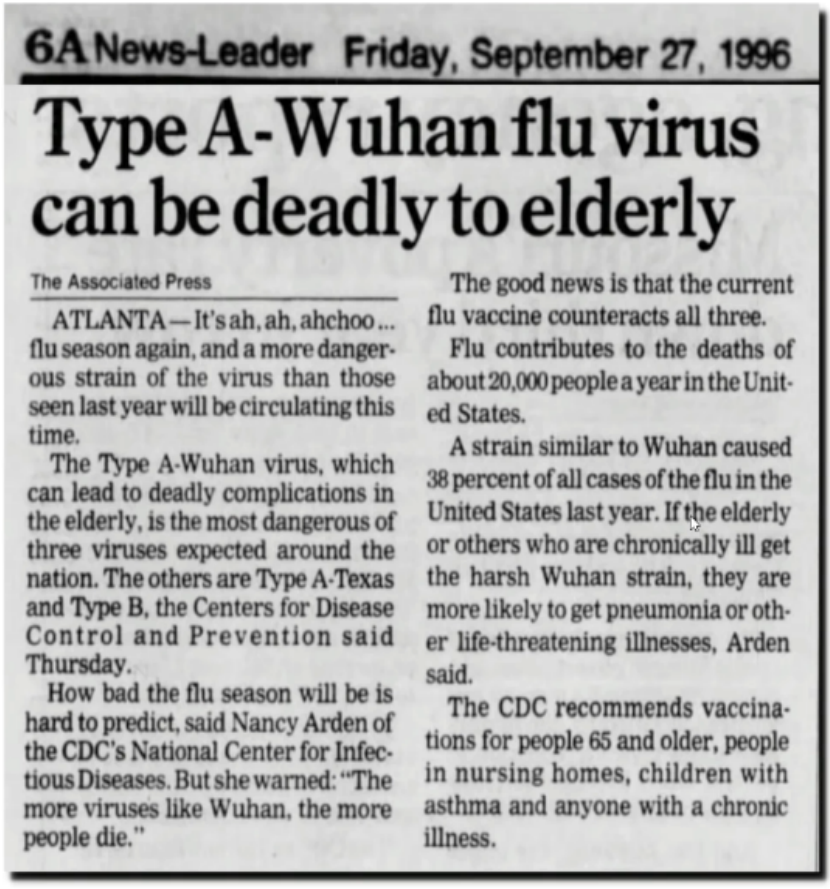
SAGE will review a NERVTAG paper on Face Masks at its next meeting, covering their value in limiting spread from pre-symptomatic and asymptomatic cases and what potential research studies might be commissioned.

NERVTAG advised there is still **insufficient data to reach any conclusion about whether Loss of Taste and Smell should be added to the case definition for COVID-19.**

The Chief Veterinary Officer has advised that **the risk of transmission from cats to humans is low."** - in "Twenty-fourth SAGE meeting on COVID-19", 9 April 2020.

> ***"I've been very impressed by the recognition from the beginning that we had a real responsibility here to keep things in perspective.*** *We got an e-mail last weekend saying let's make sure we're paying attention to this story and covering it as competitively as we can,* ***but also understand the responsibility not to be hyperbolic. I know every news organization has been having that conversation."*** *- Rome Hartman,* ***Executive Producer of BBC (a left leaning organization)*** *World News America. Yet* ***swine flu has yet to dominate the airwaves that way. Coverage of President Barack Obama (Democratic Party) 100-day marker, and the party affiliation switch of Senator Arlen Specter (to the Democratic Party) has taken as much time.*** *There's been the usual number of "breaking news" or* ***"news alert" graphics****, but* ***CNN has quietly phased out an alarmist graphic showing a man in a face mask."*** *- in* ***"Many in Media Strive for Calm with Flu Story"****, The Courier,* ***30 April 2009.***

The Wuhan Flu Virus - 1996



6A News-Leader Friday, September 27, 1996

Type A-Wuhan flu virus can be deadly to elderly

The Associated Press

ATLANTA — It's ah, ah, ahchoo... flu season again, and a more dangerous strain of the virus than those seen last year will be circulating this time.

The Type A-Wuhan virus, which can lead to deadly complications in the elderly, is the most dangerous of three viruses expected around the nation. The others are Type A-Texas and Type B, the Centers for Disease Control and Prevention said Thursday.

How bad the flu season will be is hard to predict, said Nancy Arden of the CDC's National Center for Infectious Diseases. But she warned: "The more viruses like Wuhan, the more people die."

The good news is that the current flu vaccine counteracts all three.

Flu contributes to the deaths of about 20,000 people a year in the United States.

A strain similar to Wuhan caused 38 percent of all cases of the flu in the United States last year. If the elderly or others who are chronically ill get the harsh Wuhan strain, they are more likely to get pneumonia or other life-threatening illnesses, Arden said.

The CDC recommends vaccinations for people 65 and older, people in nursing homes, children with asthma and anyone with a chronic illness.

"The more viruses like Wuhan, the more people die." *- Nancy Arden of the National Center for Infectious Diseases at the centers, in "The New York Times", 27 September 1996.*

"The flu season has gotten off to an early start this year with an especially potent strain called A-Wuhan, named after the city in China where it is believed to have originated." *- in "Flu season gets early, harsh start", CNN, 16 December 1996.*

Update: Influenza Activity - Worldwide 1996

"From October 1995 through August 1996, influenza activity occurred at moderate to severe levels worldwide. Epidemic activity in Europe, Asia, and North America was associated with influenza A(H1N1) and influenza A(H3N2) viruses. Influenza A(H1N1) viruses caused an epidemic in Japan and predominated in Canada, most regions of the United States, and a few countries in Europe.

Influenza A(H3N2) viruses predominated in most European countries, China, and some regions of the United States. Influenza B viruses were isolated in association with sporadic cases throughout most of the world.

This report summarizes influenza activity worldwide during March-August 1996, indicating that, during these months, influenza activity occurred at peak levels in the Southern Hemisphere.

Africa. During June, the first localized outbreak of influenza-like illness (ILI) associated with influenza A(H1N1) infections occurred among adult workers in Durban, South Africa. Influenza A(H3N2) viruses were isolated in Senegal in June and in Madagascar and South Africa in June and July.

Asia. During March-August, influenza A(H3N2) viruses predominated in Asia, but influenza A(H1N1) and influenza B viruses also were identified. In Korea during March and April, influenza A(H3N2) and influenza B viruses were isolated.

From March through June, influenza A(H3N2), influenza A(H1N1), and influenza B viruses circulated in China.

In southern China, outbreaks associated with influenza A(H3N2) viruses occurred in Guangzhou Province during March, April, and May; Guangxi Province during April and May; Hainan Province during May; and Fujian Province during May and June. In Hong Kong, the number of influenza viruses isolated peaked during March and April, then again during July and August; influenza A(H1N1) and influenza B viruses were isolated sporadically, but influenza

A(H3N2) viruses were associated with outbreaks.

From May through July, influenza A(H3N2) and influenza B viruses were isolated sporadically in Taiwan and Guam.

Europe. In March, several countries reported sporadic isolation of influenza A(H1N1) (Croatia, Germany, and the United Kingdom), influenza A(H3N2) (Germany and Iceland), and influenza B viruses (Austria, Czech Republic, France, Germany, Greece, Sweden, and Switzerland). Sporadic isolation of all three influenza viruses also was reported in Europe during the summer.

North America.

Influenza activity in the United States increased during November and December 1995, peaked during mid-December through early January 1996, and declined thereafter with widespread * and regional activity last reported for the weeks ending March 2 (week 9) and April 20 (week 16), respectively. CDC received influenza B isolates collected during every month from March through July for antigenic characterization.

During June and July, these viruses were associated with sporadic cases in Alaska, Hawaii, Ohio, Pennsylvania, and Texas. Influenza A(H3N2) viruses were collected during every month from March through August.

These included influenza A(H3N2) isolates from a nursing home outbreak in Washington in which 31 (40%) of 77 residents and 29 (19%) of 150 staff members became ill during May 31-June 24; two residents died.

Influenza A(H3N2) viruses also were isolated from residents and staff in association with an outbreak of ILI in a nursing home in Hawaii; 70 (38%) of 183 residents and 36 (29%) of 125 staff became ill during July 17-30. In addition, from July 1 through August 22, a total of 14 (19%) of 74 respiratory specimens collected from military personnel and their family members at Tripler Army Medical Center in Hawaii were positive for influenza type A.

All viruses subtyped were influenza A(H3N2).

Sporadic influenza A(H3N2) isolates were identified in Alaska during July and in Wisconsin during August and September.

In Canada, influenza A and influenza B viruses were isolated from sporadic cases throughout May and June.

Only one isolate of influenza B virus was reported in July.

In August, Ontario reported isolation of influenza A(H1N1) and influenza A(H3N2) viruses.

Central and South America. Chile reported isolation of influenza A viruses in the northern, central, and southern regions during June. During May and June, outbreaks of ILI associated with influenza A(H1N1) and influenza A(H3N2) occurred in Santiago and Valparaiso.

Brazil reported outbreaks of influenza A(H3N2) viruses during April and June and influenza A(H1N1) viruses during May and June.

Oceania. Epidemic level activity was associated with influenza A(H3N2) viruses while influenza A(H1N1) and influenza B viruses circulated at low levels.

In Australia, influenza A(H3N2) virus activity increased sharply in June and peaked in July at a level substantially higher than reported in 1995.

In August, influenza activity declined in most regions of Australia, but Queensland reported increased activity and the Northern Territory reported severe outbreaks.

In New Zealand, seasonal activity began in May with school outbreaks of influenza type A(H3N2).

The number of influenza isolates and consultation rates for ILI increased rapidly and peaked in June and early July.

The 1996 influenza type A(H3N2) epidemic reported from New Zealand was the largest since the revision of their surveillance program in 1990 (3).

Characterization of influenza virus isolates. Influenza A(H1N1) viruses predominated in most parts of the United States during the 1995-96 influenza season, but influenza A(H3N2) and influenza B viruses accounted for 35% and 15%, respectively, of **isolates reported by the World Health Organization Collaborating Laboratories** from October 1, 1995, through May 18, 1996.

From 1 October 1995, through 6 September 1996, a total of 1016 influenza isolates collected worldwide **were antigenically characterized by the World Health**

Organization Collaborating Center for Surveillance, Epidemiology, and Control of Influenza at CDC.

Of these, 566 (56%) were from North America; 130 (13%), from Europe; 263 (26%), from Asia; and 57 (6%), from South America and Oceania. Of the viruses subtyped, 457 (45%) were influenza A(H3N2), 348 (34%) were influenza A(H1N1), and 211 (21%) were influenza B.

Of the 457 influenza A(H3N2) isolates characterized, 306 (67%) were antigenically related to A/Johannesburg/33/94, the 1995-96 vaccine strain, and 151 (33%) were more closely related to A/Wuhan/359/95, the A(H3N2) component of the 1996-97 influenza vaccine.

The proportion of A/Wuhan/359/95(H3N2)-like viruses have increased since January 1996. Of the 211 influenza B viruses, 207 (98%) were similar to B/Beijing/184/93, the current vaccine strain.

Four (2%) of the influenza B viruses were antigenically related to B/Victoria/02/87. B/Victoria/02/87-like viruses circulated in 1988-89 and since then have been isolated sporadically only in China and Hong Kong.

Of the 348 influenza A(H1N1) viruses, 318 (91%) were A/Texas/36/91-like or related to the antigenically similar A/Taiwan/01/86-like viruses, and 30 (9%) were antigenically similar to a recently identified variant that has been isolated only in China and Hong Kong.

The influenza A(H1N1) component of the 1996-97 vaccine is A/Texas/36/91.

Reported by: J Sasaki, MPH, Epidemiology Br, Hawaii State Dept of Health; P Toyama, MS, Dept of Pathology, Tripler Army Medical Center, Honolulu, Hawaii.

J Russell, N Furness, C Spitters, MD, Snohomish Health District, Everett, Washington. World Health Organization National Influenza Centers, Emerging and Other Communicable Diseases Div, World Health Organization, Geneva. World Health Organization Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, Influenza Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note

Editorial Note: In the United States, sporadic cases of influenza are common during the summer, but outbreaks of influenza, such as those observed in Washington and Hawaii during June and July, are not common.

Although specific patterns of influenza activity and the time and extent of virus circulation cannot be predicted with certainty, the recent worldwide pattern of influenza suggests that all three influenza virus strains - type A(H3N2), type A(H1N1), and type B - will circulate during the 1996-97 influenza season in the United States.

The influenza vaccine is updated annually to include viruses antigenically similar to the strains of the three distinct groups of influenza viruses that are in worldwide circulation. The influenza vaccine for the 1996-97 influenza season contains A/Texas/36/91-like (H1N1), A/Wuhan/359/95-like (H3N2), and B/Beijing/184/93-like antigens (2,4).

For the A/Wuhan/359/95-like and B/Beijing/184/93-like antigens, U.S. manufacturers will use the antigenically equivalent strains A/Nanchang/933/95(H3N2) and B/Harbin/07/94 viruses, respectively, because of their growth properties. Since March 1996, most influenza viruses isolated worldwide have been antigenically similar to the vaccine strains.

Vaccination against influenza is recommended by the Advisory Committee on Immunization Practices for persons aged greater than or equal to 65 years; persons who reside in nursing homes or chronic-care facilities; persons with chronic cardiovascular or pulmonary disorders, including children with asthma; persons who required medical follow-up or hospitalization during the previous year because of diabetes or other chronic metabolic diseases, renal dysfunction, hemoglobinopathies, or immunosuppression; and children and teenagers (aged 6 months-18 years) receiving long-term aspirin therapy and who therefore may be at risk for developing Reye syndrome after influenza.

Vaccination also is recommended for health-care workers

and other persons, including household members, in frequent contact with persons at high-risk for influenza-related complications.

Pregnant women who will be in the third trimester during the influenza season may be at increased risk for medical complications following influenza infection and should consult with their health-care providers about receiving the vaccine. Influenza vaccine also can be administered to persons who want to reduce the likelihood of acquiring influenza.

The optimal time for organized influenza vaccination campaigns is October through mid-November, but beginning in September, health-care providers should offer influenza vaccine to persons at high risk who are seen for routine care or as a result of hospitalization.

Health-care providers should continue to offer influenza vaccine to high-risk persons until and even after influenza activity has been documented in the community.

Although vaccination against influenza is the most effective means of reducing the impact of influenza, antiviral agents provide a useful adjunct. Antiviral agents available for the prophylaxis or treatment of influenza type A infection are amantadine hydrochloride and rimantadine hydrochloride. **Neither drug is effective against influenza type B viruses.**

Use of antivirals may be considered in certain situations including 1) as a control measure when influenza outbreaks occur in institutions -- both for treatment of ill persons and as prophylaxis for others; 2) as short-term prophylaxis for high-risk persons who are vaccinated after influenza activity has begun and who need protection for the 2-week period during which immunity is developing; 3) as prophylaxis during peak influenza activity for persons for whom vaccine is contraindicated or for immunocompromised persons who may not produce protective levels of antibody in response to vaccination; and 4) as prophylaxis for unvaccinated health-care workers and household contacts of high-risk persons either during peak influenza activity or until immunity develops after vaccination.

Because amantadine and rimantadine are effective only against influenza type A, use of rapid diagnostic testing for influenza type A and close monitoring of local influenza surveillance reports may assist health-care providers in making treatment decisions for patients with ILI.

Information about influenza surveillance is available through the CDC Voice Information System (influenza update) by telephone ({404} 332-4555) or fax ({404} 332-4565) (document no. 361100) or through the CDC Information Service on the Public Health Network electronic bulletin board.

From October through May, the information is updated weekly. Periodic updates about influenza are published in MMWR and information about local influenza activity is available through county and state health departments.

References

1. CDC. Update: influenza activity -- United States and worldwide, 1995-96 season, and composition of the 1996-97 influenza vaccine. MMWR 1996;45: 326-9.

2. World Health Organization. Recommended composition of influenza virus vaccines for use in the 1996-97 flu season. Wkly Epidemiol Rec 1996;71: 57-61.

3. Anonymous. Influenza update: New Zealand. Communicable Diseases Intelligence 1996;20:341.

4. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(no. RR-5).

Levels of activity are 1) no activity; 2) sporadic sporadically occurring ILI or culture-confirmed influenza, with no outbreaks detected; 3) regional outbreaks of ILI or culture-confirmed influenza in counties with a combined population of <50% of the state's total population; and 4) widespread outbreaks of ILI or culture-confirmed influenza in counties with a combined population of greater than or equal to 50% of the state's total population." - in "Morbidity and Mortality Weekly Report" (MMWR), Centers for Disease Control and Prevention (CDC), 27 September 1996.

Just imagine these people so-called "scientists" getting paid to produce this type of Hyperbole - under false pretences - on a yearly bases.

Baricitinib Farce

"Baricitinib, sold under the brand name Olumiant among others, **is a drug for the treatment of rheumatoid arthritis** (RA) in adults whose disease was not well controlled using RA medications called Tumor Necrosis Factor (TNF) antagonists." - in "Baricitinib", Wikipedia, **26 April 2020.**

"Baricitinib, sold under the brand name Olumiant among others, is a medication used for the treatment of rheumatoid arthritis **and COVID-19.**

It acts as an inhibitor of janus kinase (JAK), blocking the subtypes JAK1 and JAK2.

An important side effect of JAK inhibitors **is serious bacterial, mycobacterial, fungal and viral infections.**

Side effects

In studies, **upper respiratory tract infections** and high blood cholesterol levels (hypercholesterolemia) **occurred in more than 10% of patients.**

Side effects included other infections such as:

1. Herpes Zoster.
2. Herpes Simplex.
3. Urinary Tract Infections.
4. Gastroenteritis.

Legal Status

Despite widespread expectations that the FDA would approve baricitinib for rheumatoid arthritis, in April 2017, the **FDA issued a rejection, citing concerns about dosing and safety.**

In May 2018, baricitinib was approved in the United States for the **treatment of rheumatoid arthritis.**

In March 2020, the US FDA granted breakthrough therapy designation to baricitinib for the **treatment of alopecia areata.**" - in "Baricitinib", Wikipedia, 7 June 2022.

Without Vaccine 83% Population of the AU Survived the "Covid-19 Virus"

> ***"Although more than 10 billion vaccines have been administered around the world so far – enough to inoculate every person on the planet – some 83% of the population of the African Union (AU) has yet to receive a single dose."*** *- in "General Assembly: Galvanizing momentum for* ***Universal Vaccination",*** *General Assembly, United Nations, 25 February 2022.*

The "Virus" Contagious Farce

"But why some people do not become sick despite significant exposure remains a mystery - one of the most important of the pandemic.

Dr Zatz, a geneticist at the University of São Paulo, could not stop thinking about her neighbours.

Why had the woman not gotten sick?

Dr Zatz spread the word that she wanted to study more discordant couples like her neighbours.

She appeared on Brazilian television asking to hear from people who had shared a home and a bed with an infected partner but did not get sick.

And to her great surprise, she was inundated with thousands of emails.

Her neighbours story wasn't so unusual, after all.

Before the pandemic, she was also focused on the divergent effects of the Zika virus on twins.

I recently spoke with a former Covid-19 patient who had nearly died from the disease while her parents

remained largely healthy despite living with her in the days before she became symptomatic and tending to her." - in "Why Do Some People Never Get Covid?", The New York Times, 8 March 2022.

> *"Jamie Lloyd-Smith of the University of California, Los Angeles, who has studied the spread of many pathogens says:* ***"The consistent pattern is that the most common number is zero. Most people do not transmit."*** *- in "Why do some COVID-19 patients infect many others,* ***whereas most don't spread the virus at all?"****, Science, 19 May 2020.*

"Never Covid" People

"One of the great mysteries that has emerged from the Covid-19 pandemic - and one that's still being investigated by infectious disease specialists - is why some people catch Covid and others don't, even when they're equally exposed to the virus.

"Never Covid" People. An increasing amount of research is being devoted to the reasons why some people never seem to get Covid - a so-called never Covid cohort.

Research was published by Imperial College London suggesting that people with higher levels of T cells from common cold coronaviruses were less likely to become infected with SARS-CoV-2, the virus that causes Covid-19.

Dr Rhia Kundu, of the study from Imperial's National Heart and Lung Institute, said that "being exposed to the SARS-CoV-2 virus doesn't always result in infection." - in "Why do some people get Covid when others don't? Here's what we know so far", CNBC, 3 February 2022.

Male Balding Is A Major Risk Factor for Severe COVID-19

"Recent observations by Wambier et al., suggest that men with pattern baldness are at high risk for severe symptomatic COVID-19 infection.

Although the exact mechanism remains unknown, severe androgenic alopecia seems to be associated with hospitalization for COVID-19." - in "Journal of the American Academy of Dermatology", November 2020.

What Is Mass Formation Psychosis

"Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, one by one." - *Charles MacKay, in "Extraordinary Popular Delusions and the Madness of Crowds", 1841.*

"I have 2 Master degrees one in Clinical Psychology, one in statistics, and at the beginning of the crisis, I started to study the statistics a little bit, and I immediately had the impression that the initial mathematical models, and the initial statistics all had indeed, dramatically overrated the dangerousness of the virus.

That was the moment when I started to think how it was possible that an entire society, and an entire population was in the grip of a narrative which in many respects was a blatantly wrong or absurd.

After a few months it became clear to me that the only mechanism that could explain what was happening in society was what is usually referred to as Mass Formation.

"Now I wear a mask when I'm outside all the time. I even run with a mask on, and also because I want to make it be a symbol for people to see that that's the kind of thing you should be doing."- Dr Anthony Fauci, MD, *in a live Facebook interview with Mark Zuckerberg,* ***16 July 2020****.*

"In March 2020, Fauci told 60 Minutes that masks should largely be reserved for healthcare providers.
In April 2020, the recommendations were broadened to include simple masks for the general public.

Infectious disease expert Dr Anthony Fauci, MD *tells 60 Minutes:*
"There's no reason to be walking around with a mask.
While masks may block some droplets, they do not provide the level of protection people think they do.
Wearing a mask may also have unintended consequences: People who wear masks tend to touch their face more often to adjust them, which can spread germs from their hands." *- in "60 Minutes",* ***8 March 2020.***

Mass Formation is identical to Hypnosis, an individual that is in the grip of a process of Mass formation typically becomes radically blind for everything that goes against the narratives, where the masses of the group believes in.

They seem to have lost all interests and the things that were important to them before the mass formation started.

Which make them radically willing to self-sacrifice, to sacrifice themselves for the collective.

They become radically intolerant for dissonant voices, and this ghost typically goes further and further and further people who do not go along with the masses are stigmatized and in the end the masses typically are inclined to destroy the people who do not go along with them, and they do so as if it is an ethical duty to do so.

That's something that was observed in all major

examples of mass formation in history whether we are talking about the witch hunts, or the Soviet Union, in all the major Mass Formations, we noticed the same end point of the process.

Namely the tendency to commit cruelties, usually to destroy the people who do not go along with the masses. And that it is exactly that what makes the process so dangerous.

What gives meaning to the masses, and to the individuals that are in the Mass Formation is just the collective heroic battle with the object of anxiety.

A Mass Formation typically emerges in a society, when very specific conditions are met:

First and for all the most central condition is; the major part of the population needs to feel lonely (that's crucial).

Once people feel disconnected from their environment, they will typically start to experience a lack of meaning making in life, and then the next step once people feel socially isolated, confronted with lack of meaning making, they will be confronted with anxiety frustration, and aggression.

And under these conditions, if a narrative is distributed through the mass media, indicating an object of anxiety and a strategy to deal with this object of anxiety, they suddenly connect to one small object of fear; for instance the Coronavirus, and then people don't feel lonely any more, they feel connected again. But a new kind of social bond is highly problematic, just because the bond is never between individuals, it's always a social bond between individuals and a collective, through which an individual shows that its own individual interests are less important than the collective interest.

I think that Mass Formation shows is that people are intrinsically social beings and if they feel lonely they will suddenly do everything to feel connected again even sacrificing themselves."- Professor Mattias Desmet, Professor of Clinical Psychology, Ghent University, Belgium, in "Plandemic 3", June 2022.

To Whom Is It A Benefit?

"Our only object in making prominent these difficulties in the practical application of this particular line of work is to caution against the evident tendency of those who are not fully informed to draw unwarranted conclusions or predictions. There is probably no investigator who does not appreciate the situation fully. Undoubtedly there are possibilities that means may be found to evade the obstacles, and great advances result. But even were there no hope evident that any clinical use might come of all this work it is the right of science to expect the study to be pushed to completion, if for no other reason than that there are questions still unanswered. We have never the right to ask of science, "Cui bono?" (To whom (is it) a benefit?)." - in "JAMA", 14 March 1903.

Zero Transmission Rate

"Peter Flegg wrote "I explicitly stated that **"there was a low transmission rate"** in her study." It must be pointed out that in the prospective study of 175 HIV–discordant couples, tested every 6 months, **not one of the 175 non-infected men or women became HIV positive. The prospective Padian study did not prove a low transmission rate but a zero transmission rate, that is, no transmission.** The material banding at 1.16 gm/ml was **claimed to be "purified, labelled, virus" although no electron microscopic data were presented.** In the second paper "Frequent Detection and Isolation of Cytopathic Retroviruses (HTLV-III) from patients with AIDS and at risk of AIDS", Gallo and his colleagues **claimed to have "isolated"** HTLV-III (HIV) from 26/72 (36%) of AIDS patients. In this paper **isolation was defined as "more than one of the following": "repeated detection of a Mg2+-dependent reverse transcriptase activity in supernatant fluids; virus observed by electron microscopy (EM) [retrovirus-like particles in the culture];**

intracellular expression of virus-related antigens detected with antibodies from seropositive donors or with rabbit antiserum to HTLV-III; or transmission of particles".

Transmission of particles was defined as "detected by RT assays or by electron microscopic observation, to fresh human [umbilical] cord blood, bone marrow, or peripheral blood T lymphocytes", cultured with supernatants from the "infected" cultures. (It can be seen that the Gallo group method permitted "isolation" of a retrovirus without evidence for either particles or RT)." - in "The politics of AIDS in South Africa: beyond the controversies", BMJ, 1 March 2003.

Why No Whole Virus?

"If you were to test 2 HIV-positive people at random and analyse the genetic material of their strains, **they would differ, on average, by about 13%."**

1. How is it possible to transmit a cell-free retrovirus, "HIV", when it is accepted that:

(i) gp 120 is absolutely necessary for the virus to enter the cell and for the "cycle of viral replication to begin";

(ii) to date nobody has reported the existence of cell-free particles with the dimensions of retroviral particles possessing knobs, that is, gp 120?

2. How can one claim that AIDS patients and those at risk are infected with a unique retrovirus, HIV, when to date nobody has even reported in fresh, cultured tissue, or tissue co-cultures, particles fulfilling the principal morphological and physical characteristics of retroviral particles?

We realised that **the single most important obstacle in finding the explanation for AIDS is the belief in HIV.** For this reason, **we have critically analysed the data which claim proof for the existence of a unique, exogenous retrovirus, HIV, in AIDS patients and have always maintained that no such proof exists."** - in "Why No Whole Virus?", Continuum, March 1997.

"Why have we as a society been so quick to accept a theory for which so little solid evidence exists? Why do we take proclamations by government institutions like the NIH and the CDC, via Newscasters, and Talk Show hosts? The average citizen has no idea how weak the connection really is between HIV and AIDS, and this is the manner in which scientifically insupportable phrases like "the AIDS virus" or "an AIDS test" have become part of the common vernacular despite no evidence for their accuracy." *- Dr Rebecca V. Culshaw, PhD, in "Why I Quit HIV", 3 March 2006.*

"Hot Air Syndrome" (HAS)

During the readings of the articles in this book, we hope that you have noticed the Salad of Words, and the Robot Scripted **"mumbo jumbo" bullshit, coming out from the Medical Trade, intended to convince the uneducated, and the naïve in Anatomy, Physiology and Pathology.**

The Medical Trade lacks both knowledge and wisdom, for indeed they are as group, as a sect of a bastardly nature.

For, I cannot find who is the father of such clowns.

The Medical Trade is able to talk allot of crap while Putting on a straight face. Therefore only clowns can put a straight face while talking crap to make us laugh.

A classical example of "Hot Air Syndrome" (HAS); affecting the Medical Trade.

Ode To The Medical Trade

*"**Worthless and Useless,** can rely on one outstanding attribute the omnipresent Anus! Are you not every bit the marvel?*
***As the "seat of government", true "one-stop shopping", as everything transpires from the posterior. You sit on your anus, you eat with your anus, you think with your anus, you talk through your anus, the centre of the universe."** - David Neves, Poet Extraordinaire, in a moment of incredible clarity, and that of great inspiration, achieved an exquisite rendering of prose, only equal to the Great Bard himself, in "Ode to the Anus", 2011.*

The Pox, The Small Pox, and The Cowpox Farce

"The Folklore of Cowpox. The Legend a Localized One. Origin of the Legend. A Second Theme for the Royal Society. Origin of the Name "Smallpox." Origin of the Name "Pox." Why the Pox so Called. Why Cowpox so Called. The Legend to be made Scientific. Jenner's Notions get Wind. His Paper Returned by the Royal Society. His Original Theory. The Evidence. A Sham Test. Cowpox not Fully Described. Implied Likeness to Smallpox. Called "Smallpox of the Cow." No Reasons Given. Facts Suppressed. Significance of Royal Society's Action.

It is difficult to conceive what will be the excuse made for a century of cowpoxing; but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the 20th century as blood-letting now does to us. Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority.

That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious.

The longer the compulsory law is maintained, the more marked will the contrast become between public intelligence and professional dogma. As for the public, they may escape, as soon as they please, from being dragooned by an official authority which is neither very learned nor very liberal.

When the deliberate sense of the kingdom is known, as Burke says, "it must be prevalent. It would be dreadful indeed, if there were any power in the nation capable of resisting its unanimous desire, or even the desire of any very great and decided majority of the people. The people may be deceived in their choice of an object; but I can scarcely conceive any choice they can make to be so very mischievous as the existence of any human force capable of resisting it." - Dr Charles Creighton MD, in "Jenner and Vaccination; A Strange Chapter of Medical History", 1889.

FDA Approves First Vaccine to Prevent Smallpox and Monkeypox -2019

"The U.S. Food and Drug Administration announced today the approval of Jynneos Smallpox and Monkeypox Vaccine, Live, Non-Replicating, for the prevention of smallpox and monkeypox disease in adults 18 years of age and older determined to be at high risk for smallpox or monkeypox infection.

This is the only currently FDA-approved vaccine for the prevention of monkeypox disease.

This vaccine is also part of the Strategic National Stockpile (SNS), the nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency.

The availability of this vaccine in the SNS will help ensure that the vaccine is accessible in the U.S. if needed." - in "FDA approves first live, non-replicating vaccine to prevent smallpox and monkeypox", **FDA, 24 September 2019.**

The Money-Pox Pandemic - 2021

"In March 2021, the Nuclear Threat Initiative (NTI) partnered with the Munich Security Conference (MSC) to conduct a tabletop exercise on reducing high-consequence biological threats.

Conducted virtually, the exercise examined gaps in national and international biosecurity and pandemic preparedness architectures, and explored opportunities to improve capabilities to prevent and respond to high-consequence biological events.

Participants included 19 senior leaders and experts from across Africa, the Americas, Asia, and Europe with decades of combined experience in public health, biotechnology industry, international security, and philanthropy.

The exercise scenario portrayed a deadly, global pandemic involving an unusual strain of monkeypox virus that spread globally over 18 months.

By the end of the exercise, the fictional pandemic resulted in more than **3 Billion cases,** and 270 Million fatalities worldwide.

The Brinian government welcomes international outbreak investigations and requests medical support from the WHO.

Genome sequencing of monkeypox patient samples reveals that the strain contains mutations that make it resistant to existing vaccines.

We are grateful to Open Philanthropy.

The exercise and report would not have been possible without their generous support." - in "Strengthening Global Systems to Prevent and Respond to High-Consequence Biological Threats Results from the 2021 Tabletop Exercise Conducted in Partnership with the Munich Security Conference", NTI, November 2021.

Monkeypox Vaccination - 2022

"Monkeypox is a rare disease that is caused by infection with monkeypox virus, a **DNA virus.**

Monkeypox occurs sporadically in central and western parts of Africa's **tropical rainforest." -** in "Recommendations for the use of pre and post exposure vaccination during a monkeypox incident", GOV.UK, 20 May 2022.

Chapter 5

The Smoke & Mirrors of the Farcical So-Called Science of"Virology"

The fact is that neither "Viruses" are real, nor Genetics have anything to do with the causation of so-called "disease."

The so-called Science of Virology is based upon a physical impossibility, a de facto lie.

The fact that single RNA, and or DNA, can't produce, nor cause all the fantasy attributes, that the Medical Trade wishes, for us to believe in.

The Covid-19 farce pandemic, has been the biggest Medical Trade experiment with and unknown outcome.

The Medical Trade, not only are useless, but are dangerous.

To have the Medical Trade clowns in charge of our health, is a clear indication that the political establishment is clueless of what the Medical Trade is, and the harms that causes both on human kind, and animals alike.

During the so-called Pandemic of Covid-19, neither large Supermarkets, nor hospitals where closed, due to an "outbreak" of the Covid-19 "virus".

That in it self should tell you what you need to know.

Furthermore, during the fake pandemic, in New York City, New York, USA, at least 2 Printed Newspapers ran a story that a certain hospital was overwhelmed with Covid-19 patients.

A lovely resident of that city took the time and proceeded to such hospital with her phone filming the hospital entrance and car-park and by the glass walls the interior of the hospital.

Contrary to the news in those 2 newspapers, the hospital appeared empty, with very little people around and just a

few cars outside on the car park and not much happening.

This video is still on the internet for anyone wishing to see it.

This case also reminds the case of the empty car park testing centres in the UK, where a few citizen journalists took time to go and visit such Car Parks turned into Covid-19 Testing Centres which where practically empty in the majority of the sites just the employees where seen in the videos at the sites.

In these 5 books (this one and the 4 that proceeded this one, in this series), it has been shown that the so-called "Genetic" Medical Trade, and the so-called Science of "Virology", are fraud, achieved by deception.

What is more concerning, is not as much as the Medical Trade being dishonest, and untrue, but the backing, and funding of the Medical Trade, by political parties in parliaments, senates, congress, etc..., in aid to allow for these frauds to be committed upon the population.

Virology Realm of Fantasy

The fraudulent based of modern so-called Medical Science and its Theory of "genetics" and of "viruses" as the causative factor of disease, are based upon only pure Medical Trade Fantasy.

In the realm of truth, Toxaemia is the Major Factor in the Causation of Organic Disease is based on evidence since time immemorial, and is thus based on continuous experimentation and truth, as when Toxaemia is resolved, organic disease disappears.

Against solid facts, there cannot be silly arguments, such as the fantasy theories of the genetic Medical Trade, or Fantasy World of the Medical Trade "Virology".

The Problem of Virology

The Problem of Virology is that viruses don't exist.

If they do why have no one seen a virus yet?

If "viruses" cause disease, not a single paper has been

able to isolate the "virus", and make the "virus", perform its job, of doing, causing the disease that each "virus" apparently causes.

Depending on the type of "virus", it will either attack the "Central Nervous System", or act, produce "Flu" like symptoms.

Viruses are Medical Trade fantasy, being used by commercial interests, and political agendas.

Virology or how the Medical Trade is inventing diseases, to fleece the public purse in perpetuity.

One can only conclude that the Medical Trade suffers from an "Acute Syndrome of Stupidity", which is delivered obviously by a "virus."

The Problem with Genetic Causation of Disease

The greatest problem with the Medical Trade Theory of Genetics as Cause of Disease, is that Toxaemia, not genes, but Toxaemia is a principal factor in the causation of organic disease.

The Nescience of Medicine resides somewhere; Between the Realm of Fantasy and the Real of Fraud.

All papers on "Genetic Medicine", and on "Virology" are either fraudulent, or based on naive observations steered by false notions and or ideas.

Neither "genes" cause disease, nor "viruses" exist.

Both are utterly false Medical Trade Theories.

The truth is that genes don't cause disease.

Never ever has the Medical Trade been capable to demonstrate such.

There is simply no verifiable proof that genes are responsible or cause disease.

Please read all previous books, not only the last 4 of this series, but all books which we have published.

These books where edited in a manner that you can go straight to the matter being presented, using their own words, with irrefutable statements and conclusions, based on direct clinical experiment, in many cases, life long experience.

Nervous disorders are caused both by Toxicity (from either chemical or organic), skeleton injury, and nutrients (including vitamin) deficiency.

Thus these conditions can and are easily solved.

Lymph conditions are both affected by toxicity and skeleton misplaced by injury, thus all lymphatic conditions can and are easily resolved.

Synthetic Pharmaceutical Drug Medication can, and do only, Aggravate the Lymphatic Circulation.

The population is under the narcotic influence of the Medical Trade Nescience, a commercial Trade that is having a financial, economic and disastrous effect in the health of the entire population.

The effect is more visible in the uneducated who believes the Medical Trade.

How Virology has Been Saved by Computer Graphics

It is impossible to isolate RNA and or DNA, period!

This is a fact!

How can you isolate something that you can't see.

Or something that when allegedly “seen” by electron microscope disintegrates itself.

Surprise, Surprise here enters the age of Computer Graphics, “et voila”, “presto”, viruses appear!!! What would have been of Virology if Graphic Designers didn't exit?

One wanders; if the Medical Trade is infected, with the “virus” of “Acute Stupidity”, a RNA so-called “virus”, which is transmitted by a mosquito Medicalis Schoolis.

This type of mosquito, a variant of long term financial interest, strives in University campuses, and particularly well where donations abound and are prevalent from & or interconnect with the Pharmaceutical Industry, obviously the **Pharmaceutical Industry is owned by private individuals, this private individuals are Corporate Psychopaths.**

The History of The Pirbright Institute

"The Pirbright Institute has been in existence for over 100 years.

It was first established as a cattle testing station for tuberculosis in 1914 and has developed over the years to become one of the UK's leading virus diagnostics and surveillance centres and is now also at the forefront of virus research. The recent development of the site to incorporate a state-of-the-art high containment (SAPO 4) laboratory – the BBSRC National Virology Centre:

The Plowright Building has enabled a unique combination of fundamental and applied **research into pathogenic diseases with potentially devasting impact.**

The Institute's achievements over the past century have been many and varied but throughout this time **it has continued to play a pivotal role in controlling and preventing some of the world's most devastating diseases with the development** of new and improved **Diagnostics and Vaccines.**

1914 Pirbright is established as a cattle testing station for tuberculosis.

1924 The cattle testing station becomes the Pirbright Experimental Station for the Foot-and-Mouth Disease Research Committee and research on the disease (FMD) begins with first experiments on large animals.

1933 Pirbright becomes the sole UK centre for research on foot-and-mouth disease.

1952 First ultracentrifugation and purification of foot-and-mouth diseases particles.

1958 Pirbright is designated as the FAO World Reference Laboratory for Foot-and-Mouth disease virus (FMDV).

1963 The Institute is renamed the Animal Virus Research Institute and research begins into other viral diseases which are considered a threat to the UK including bluetongue, swine vesicular disease and rinderpest.

1967 Pirbright plays a major role in the control and eradication of a foot-and-mouth disease outbreak in the UK, the crisis led to the slaughter of 430,000 animals across more than 2,000 farms.

1980 A new Vaccine for peste des petits ruminants, a highly contagious disease affecting goats and sheep, is developed and validated.

1988 The NPU plays a vital role in the control in the UK epidemic of bovine spongiform encephalopathy (BSE).

1994 Pirbright is designated as the FAO World Reference Laboratory for rinderpest.

1998 The structure of bluetongue virus is revealed through x-ray crystallography.

2001 Pirbright plays a vital role in the control of another major outbreak of foot-and-mouth disease in the UK. The 2001 crisis cost the UK economy an estimated £8 billion.

2007 The NPU becomes part of The Roslin Institute in Edinburgh. Pirbright substantially contributes to the eradication of bluetongue following an outbreak in the UK, saving the economy £485 million.

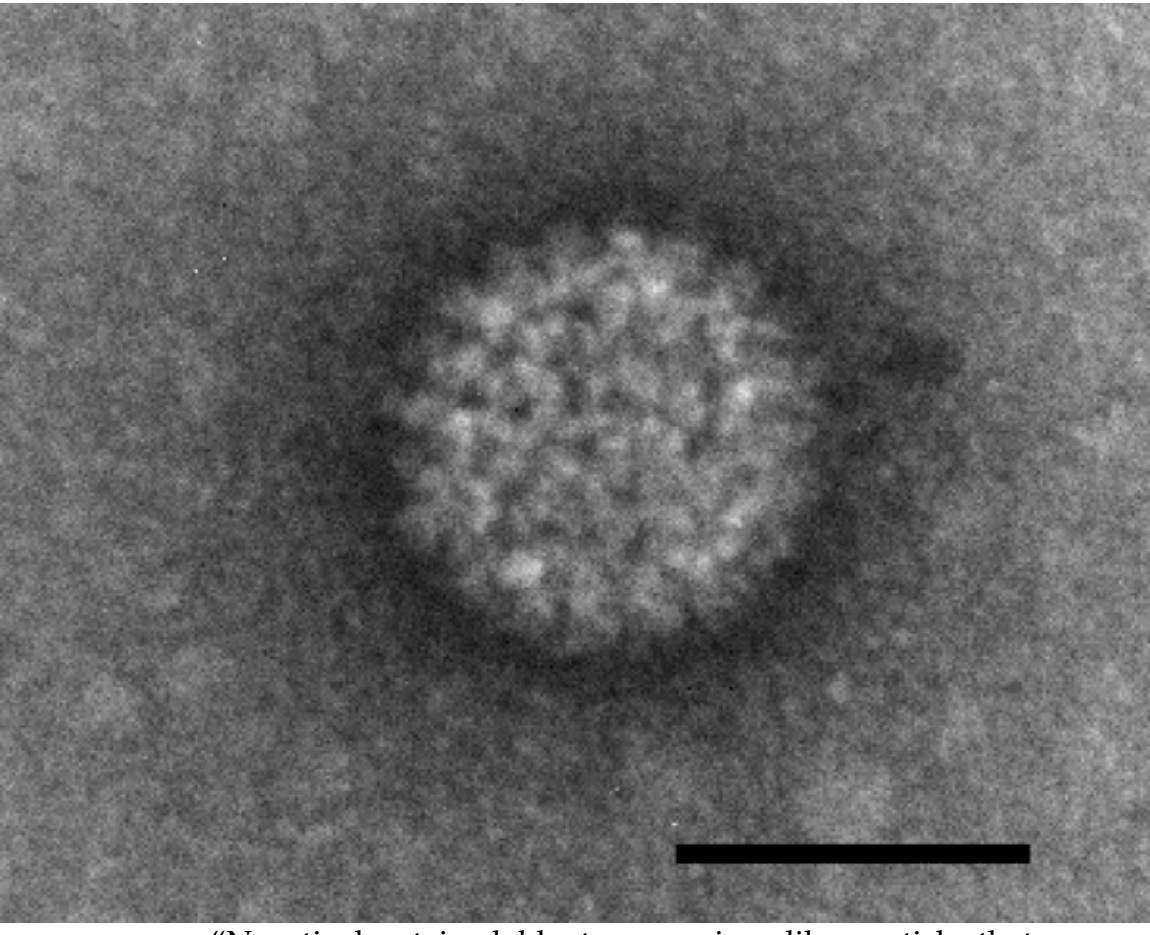
2011 FAO announces the global eradication of rinderpest in which Pirbright plays a major role, saving the African economy alone around £1 billion a year.

2013 A new type of FMDV Vaccine is developed using synthetically produce protein shells of the virus.

It is more stable than current Vaccines and can also be produced outside of high bio-containment facilities as it does not contain live virus." - in "The History of The Pirbright Institute", The Pirbright Institute, 28 July 2023.

The Bluetongue Virus Farce

"In 1998 The structure of bluetongue virus is revealed through x-ray crystallography."



"Negatively stained bluetongue virus–like particle that caused a cytopathic effect in BHK-21 cells. Scale bar = 50 nm" (Source: Wikipedia)

They obviously didn't get the memo that "viruses" are "pieces" of DNA or RNA.

What is SHOWN is a CELL a UNICELLULAR structure not a piece of DNA or RNA, which is impossible to be shown.

The technology to see DNA or RNA is yet (if ever) to be invented.

Obviously The Pirbright Institute did not get the memo "Viruses Are Noncellular Entities".

> ***"Viruses are smaller and simpler in construction than unicellular microorganisms, and they contain only one type of nucleic acid—either DNA or RNA—never both. As viruses have no ribosomes, mitochondria, or other organelles."*** *- in "Structure and Composition of Viruses", Veterinary Virology, 1987.*

Are Viruses Single-Celled Organisms?

> ***"Viruses are not considered living cells, and therefore are neither single-celled nor multi-celled."*** *- in "Study.com", 28 July 2023.*

Viruses Are Noncellular Entities

"Viruses Are Noncellular Entities that consist of a core of DNA or RNA surrounded by protein.

Not all biologists consider viruses to be living organisms. Scientific terms can be confusing.

Department of Energy Explains offers straightforward explanations of key words and concepts in fundamental science." - in "DOE Explains Microbiology", Office of Science, U.S. Department of Energy, 28 July 2023.

Viruses Life-Cycle Durations Minutes to Hours

"Viruses are ubiquitous nanoscale infectious agents that exist as extracellular particles between intracellular reproduction cycles, and infect specific host cells.

Viruses vary in structure (from simple helical capsids to complex constructs), size (20–300 nm), as well as replication mechanisms (that is, budding to lytic) and life-cycle durations (minutes to hours)." - in "Rethinking wastewater risks and monitoring in light of the COVID-19 pandemic", Nature Sustain, December 2020.

Bacterial Virulence

"Numerous questions remain - the answers to which are critical to our understanding of Bacterial Virulence." *- in* ***"Virulence Mechanisms of Bacterial Pathogens"****, 2016.*

"The host Gastrointestinal Tract exposes pathogens to a diverse range of physical and chemical stresses which must be detoxified or tolerated by the bacteria until more favorable conditions are encountered." *- in* ***"Virulence Mechanisms of Bacterial Pathogens"****, 2016.*

The Genetic Medicine Farce

"Every cell that is genetically altered is doomed." *- Prof. Dr. Sucharit Bhakdi, MD, was the Director of the Institute for Medical Microbiology and Hygiene at Johannes Gutenburg University Mainz for 22 years. He is one of the most internationally respected infectiologists, and most cited medical researchers in Germany, probably the foremost authority in the field Microbiology in the world alive, in "Children Health Defence", 11 May 2023.*

Editors Note:

Long before the so-called "Covid-19 Pandemic", after reading hundreds of books, and articles in the field of Microbiology in general, and on the subject of Bacteria in particular, the first name that would come up, again and again, and **the name on the largest amount of published articles in the field of Microorganisms and Bacteria was the name of Prof. Dr. Sucharit Bhakdi, MD.**

So much so, that a folder had to be created just for all of his articles and publications.

Not The "Genes" But The Microbiome

"Most Bacteria are our friends even if we don't yet realize it." *- Sir Richard J. Roberts, FRS, Nobel Prize 1993 in Physiology or Medicine, in "Missing Microbes: How Killing Bacteria Creates Modern Plagues", 2014.*

"In 2003, the Human Genome Project (HGP) announced that it had completed sequencing every base pair of DNA from an individual human and mapping all the genes — together known as the genome — of our species, Homo sapiens.

This was touted as a major breakthrough in understanding our development, our evolution, and very importantly, our health. The HGP has revolutionized medicine, and gene-sequencing technology.

From the Human Genome Project we learned that the human genome has about 23,000 protein-coding genes—no more than a mouse has, and fewer than some common laboratory plants!

An estimated 30 Trillion cells in your body; less than 1/3 are human.

The other 70-90% are Bacterial and Fungal.

99% of the unique Genes in your body are Bacterial.

Only about 1% is Human.

It turns out that we humans are not simply just humans.

Each one of us is an Ecosystem with an estimated 1 Trillion other Microscopic Organisms living in and on us at any given time.

And these organisms, collectively known as our Microbiome, contain about 300 Times the number of Genes that our own genomes express.

They affect our Mood and our Appearance, and play important roles in our Immune Systems.

"We need to enhance some of the organisms that are present, but depleted. Maybe we have to replace some of those vanished organisms, perhaps with isolates from the Amazon or from Africa." - Dr. Martin Blaser, Muriel and George Singer Professor of Medicine, Professor of Microbiology, Director of the Human Microbiome Program, NYU Langone Medical Center, Author of 500 scientific publications, 14 books, including Missing Microbes: **How the Overuse of Antibiotics is Fueling Our Modern Plagues.**" - in "Meet Your Microbiome", American Museum of Natural History, 16 April 2019.

"We live today in a world of modern plagues, defined by the alarming rise of asthma, diabetes, obesity, food allergies, and metabolic disorders.
The common link being the destruction of vital bacteria through the overuse of broad-spectrum antibiotics." *- David M. Oshinsky, Pulitzer prize–winning author of Polio, in "Missing Microbes: How Killing Bacteria Creates Modern Plagues", 2014.*

"Unlike some books on medicine and microbes, Dr Blaser doesn't stir up fears of exotic diseases or pandemic "superbugs" resistant to all known drugs.
He focuses on a simpler but more profound concern: the damage that modern life inflicts on a vast number of microbes that all of us, even healthy people, carry inside us at all times." *- in "Wall Street Journal", 18 April 2014.*

"In a world that turns to antibiotics for every infection of the ear, sinuses, or skin.
The excessive use of antibiotics - especially in children - is at the root of our most serious emerging modern maladies, from asthma and food allergies to obesity and certain cancers." *- Dr Nirav R. Shah MD, Commissioner of Health, New York State, in "Missing Microbes: How Killing Bacteria Creates Modern Plagues", 2014.*

"We live in the Age of Bacteria (as it was in the beginning, is now, and ever shall be, until the world ends)." *- Stephen Jay Gould, in "Nature" , 1993.*

"There is a need to understand microorganisms, intimately and well; a need that becomes pressingly evident as the human race tests the balance of the Earth's biosphere, unerringly increasing "The Three Ps" - population, power usage, and pollution.
The microbial world established our biosphere and sustains it.
Our ignorance, with its threatening consequences, is simply remedied.
We scientists need only to perceive and treat microorganisms commensurate with their place in the natural order of things.
Scientists need to understand why this view, this unnatural view, of microorganisms exists.
Understanding starts with the realization that without microorganisms macroscopic life, as we know it, would not exist.
Macroscopic life is sustained by photosynthetic carbon fixation." *- Carl R. Woese, Department of Microbiology, University of Illinois, in "Microbiology in transition", Proceedings of the National Academy of Sciences, 1 March 1994.*

"We live now in the "Age of Bacteria."
Our planet has always been in the "Age of Bacteria", ever since the first fossils — bacteria, of course — were entombed in rocks more than three and a half billion years ago.
On any possible, reasonable, or fair criterion, bacteria are — and always have been — the dominant forms of life on earth."
- Stephen Jay Gould, in "Full House: The Spread of Excellence from Plato to Darwin", 1996.

The Neurotoxic Effects of Pharmaceutical Antibiotic

"The clinical manifestations of antibiotic-induced neurotoxic effects.

Antibiotic-induced neurotoxic side effects can have a myriad of neurologic presentations.

Patients with prior Central Nervous System (CNS) disease, renal insufficiency and advanced age may be particularly vulnerable.

Antibiotics are among the most frequently used pharmaceuticals in both the inpatient and outpatient setting.

These drugs are not without their associated side effects, toxic effects on the central nervous system are perhaps much less recognized.

Correspondingly, in cases of drug-induced encephalopathy, change in mental status may be ascribed to a metabolic abnormality especially in hospitalized patients.

Penicillins are known to cause a wide spectrum of neurotoxic manifestations including encephalopathy, behavioural changes, myoclonus, seizures as well as NCSE.

Tetracyclines have been associated with cranial nerve toxicity and neuromuscular blockage.

Neurotoxicity is common among many groups of antibiotics in at-risk patients and can range from ototoxicity, neuropathy and neuromuscular blockade to confusion, non-specific encephalopathy, seizures and status epilepticus." - in "Neurotoxic Effects Associated with Antibiotic use: management considerations", Br. J. Clin. Pharmacol., September 2011.

Antibiotic Drug-Induced Neurotoxicity

"Irrational Antibiotic Therapy contributes to Gastrointestinal Dysbiosis, that increases the risk of the development of many diseases, including neurological and psychiatric.

Antibiotic therapy may exert neurological or psychiatric adverse drug reactions which are often considered to be overlooked and undervalued issues.

Drug-Induced Neurotoxicity is mostly observed after beta-lactams and quinolones.

Penicillin may produce a wide range of neurological dysfunctions, including encephalopathy, behavioral changes, myoclonus or seizures.

A significant problem of antibiotic therapy is the occurrence of many possible antibiotic-related Adverse Drug Reactions (ADR).

> ***"An adverse drug reaction is an appreciably harmful or unpleasant reaction, resulting from an intervention related to the use of the medicinal product, which predicts hazard from future administration and warrants prevention or specific treatment, or alternation of the dosage regimen, or withdrawal of the product".***

ADRs appear in both outpatients and hospitalized patients and manifest a wide spectrum of clinical entities, ranging from mild symptoms to life-threatening disorders.

Estimates indicate that ADRs occur in 5% – 10% of cases of hospital admissions and, in as many as 0.1% – 0.3% ADRs, may be Serious and Cause Death.

Antibiotics, along with antiplatelets, anticoagulants, cytotoxics, immunosuppressants, diuretics or antidiabetics, have been particularly implicated in ADR inducement.

The toxic effects of antibiotics on the central nervous system are not as well understood as their other side effects and may be confused with symptoms of various neurological or psychiatric diseases.

Antibiotics may be causative agents of peripheral or central nervous system dysfunction.

The risk of post-antibiotic peripheral neuropathy occurs with prolonged administration of some antibiotics, e.g., metronidazole.

Seizures, twitching and hallucinations are possible neurological ADRs caused mostly by penicillin, imipenem-cilastin, cephalosporins or ciprofloxacin.

The gut microbiota significantly influences the interaction between the gut and the brain through complex neuroendocrine and immune processes.

It has long been known that dysbiosis of the intestinal microbiota is associated with various disorders of the nervous system." - in "Antibiotics and the Nervous System-Which Face of Antibiotic Therapy Is Real, Dr. Jekyll (Neurotoxicity) or Mr. Hyde (Neuroprotection)?", Molecules, December 2021.

We Found That the Fruit had a Bactericidal Action Equal or Better than Last Generation of Antibiotics

"Pitanga (Eugenia uniflora) is a fruit that I know that has a great power in relation to the bactericidal property that it fights various types of infections.

The use of Pitanga on 14 patients with highly virulent infections.

Clinical trials where done at the University Estadual Paulista, Campus of Rio Claro, together with the Hospitals and several Medical Clinics with various specialities.

The body was unable to fight, and the patient ended up in the hospital network, and together with the use of the last generation of antibiotics, and to see the action of these antibiotics in relation to these infectious diseases.

For our surprise, we found that in 66% of these cases the Pitanga fruit had a bactericidal action equal to, or better than, the last generation of antibiotics.

We have a gift from God, a gift from nature, if we all had a plant of Pitanga at home you can have an inexhaustible source of bactericidal product, and you can take Pitanga pulp and freeze the pulp, and **if you have an urinary tract infection, or a throat infection, or an intestinal infection, you would use this pulp of Pitanga to fight the infectious process."** - Dr. Sergio Sartori, MD in "Jornal Cidade", 14 November 2016.

Severe Sepsis And Septic Shock

"Severe Sepsis and Septic Shock are the most serious complications of bacterial infections.

Both gram-positive and gramnegative bacteria can trigger these extreme inflammatory responses and, by so doing, cause substantial morbidity and mortality.

In the United States alone, over 400,000 patients suffer from septicaemia each year, and approximately 100,000 of these patients die despite optimal intensive care and modern antimicrobial therapy.

Bacterial infections and sepsis continue to represent major threats to human health.

Sepsis kills quickly and often dramatically." - in "Pathology of Septic Shock", 1996.

The Prion Diseases Farce

> ***"The earth is not flat, the sun does not rotate around the earth, and prions cannot be infectious if they cannot satisfy Koch's postulates! Continuing to defend the theory that BSE and CJD are caused by and transmitted by prions is akin to defending the theory that "life and disease are the result of spontaneous generation!"*** *- Dr Joel D. Wallach, Veterinarian, in "Lecture Series", 2000.*

"**Prion diseases** or **transmissible** spongiform encephalopathies (TSEs) are a family of **rare** progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory response.

The causative agents of TSEs are believed to be prions.

The term **"prions" refers to abnormal, pathogenic agents that are transmissible and are able to induce abnormal folding of specific normal cellular proteins called prion** proteins that are found most abundantly in the brain.

The functions of these normal prion proteins are still not completely understood.

The abnormal folding of the prion proteins leads to brain damage and the characteristic signs and symptoms of the disease. Prion diseases are usually rapidly progressive and always fatal.

Human Prion Diseases - Creutzfeldt-Jakob Disease (CJD); Variant Creutzfeldt-Jakob Disease (vCJD); Gerstmann-Straussler-Scheinker Syndrome; Fatal Familial Insomnia; Kuru.

Animal Prion Diseases - Bovine Spongiform Encephalopathy (BSE); Chronic Wasting Disease (CWD); Scrapie; Transmissible mink encephalopathy; Feline spongiform encephalopathy; Ungulate spongiform encephalopathy". - in "Prion Diseases", CDC 24/7: Saving Lives, Protecting People, 12 November 2021.

The So-Called "Biological Weapons" Farce

*"**Biological and toxin weapons are either microorganisms like Virus, Bacteria or Fungi,** or toxic substances produced by living organisms that are produced and released deliberately to cause disease and death in humans, animals or plants." - in "Biological Weapons", WHO, 22 March 2020.*

Bioterrorism Agents/Diseases

"Category A

The U.S. Public Health System and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that pose a risk to national security because they:

can be easily disseminated or transmitted from person to person;

result in high mortality rates and have the potential for major public health impact;

might cause public panic and social disruption; and

require special action for public health preparedness.

Agents/Diseases

Anthrax (Bacillus anthracis)
Botulism (Clostridium botulinum toxin)
Plague (Yersinia pestis)
Smallpox (variola major)
Tularemia (Francisella tularensis)
Viral hemorrhagic fevers, including
Filoviruses (Ebola, Marburg)
Arenaviruses (Lassa, Machupo)

Category B

Second highest priority agents include those that:

are moderately easy to disseminate;
result in moderate morbidity rates and low mortality rates; and
require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.

Agents/Diseases

Brucellosis (Brucella species)
Epsilon toxin of Clostridium perfringens
Food safety threats (Salmonella species, Escherichia coli O157:H7, Shigella)
Glanders (Burkholderia mallei)
Melioidosis (Burkholderia pseudomallei)
Psittacosis (Chlamydia psittaci)
Q fever (Coxiella burnetii)
Ricin toxin from Ricinus communis (castor beans)
Staphylococcal enterotoxin B
Typhus fever (Rickettsia prowazekii)
Viral encephalitis (alphaviruses, such as eastern equine encephalitis, Venezuelan equine encephalitis, and western equine encephalitis])
Water safety threats (Vibrio cholerae, Cryptosporidium parvum)

Category C

Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of:

availability;
ease of production and dissemination; and
potential for high morbidity and mortality rates and major health impact.

Agents

Emerging infectious diseases such as Nipah virus and hantavirus." - in "Emergency Preparedness and Response", CDC, 4 April 2018.

> *"Despite the deadly potential of biological weapons,* ***their actual use remains rare and (mostly) small scale. Over the last several decades, most states have given up their programs."*** *- in "The New Killer Pathogens: Countering the Coming Bioweapons Threat", Carnegie Endowment for International Peace, 17 April 2018.*

"Biological warfare has been an unlikely, but serious, concern for military operations and national security.

The 2018 National Biodefense Strategy (NBS) articulated a collaborative plan to prevent, detect, and respond to biological threats to the USA. **The NBS highlights recent, isolated outbreaks of Systemic Acute Respiratory Syndrome (SARS), Ebola, and Zika viruses as warnings to nation states and justification for enhanced biological threat responses.** The NBS's emphasis on prevention and response drives the requirement to enhance biological weapon deterrence and defense strategies. **The public health crisis that ensued with SARS-associated coronavirus-2 (SARS-CoV-2) has highlighted our nation's bioweapon vulnerabilities on the international stage and has the potential for disastrous effects on national security.**

This article will provide an overview on biological weapons and the concepts of deterrence and defense in the context of bioterrorism. **Then, it will analyze how the national personal protective equipment (PPE) shortage, public resistance to public health measures, the Anti-Vaccination movement,** have increased our vulnerability to bioterror attack by impacting our deterrence and defense measures." - in "The COVID-19 Response Has Uncovered and Increased Our Vulnerability to Biological Warfare", Military Medicine, July-August 2021.

Medical Countermeasures: Vaccinations & NAPS

"Due to the possible use of both chemical and biological weapons, medical countermeasures were taken to protect British troops. These included the provision of Nerve Agent Pre-treatment Sets (NAPS).

NAPS contain pyridostigymine bromide (PB), and are used to block nerve gas agents long enough for them to be broken down by the body.

NAPS were accepted for use in the Armed Forces in 1981.

In addition to the normal Vaccination regime prior to deployment, British troops were also Vaccinated for anthrax and plague.

Due to the high risk of chemical and biological weapons being used during the Gulf War, extensive medical countermeasures were undertaken both prior to deployment and in theatre.

At the time, British Service personnel were routinely given Vaccinations, including yellow fever, tetanus, typhoid, poliomyelitis, cholera and hepatitis B; some personnel also received meningitis and hepatitis A.

To offer troops some protection against biological weapons, they were also inoculated with plague and anthrax. **The anthrax Vaccine was given in combination with the whooping cough (pertussis) Vaccine to boost the immune response. The Ministry of Defence later explained that the boost was required due to the short time available between administering the Vaccine and the expected start of hostilities.** The MoD, in their document entitled "Background to the Use of Medical Countermeasures to Protect British Forces during the Gulf War (Operation GRANBY)" (October 1997) noted:

> ***"The overall policy was that these Vaccines should be administered on the basis of voluntary informed consent. The MoD is aware that many veterans regard this policy as having been breached in practice."***

Many veterans recall being ordered to take medical countermeasures and it is important to see this in a Military context i.e. failure to comply resulting in disciplinary action.

Problems relating to the administration of medical countermeasures have been compounded by the lack of evidence in this area.

In October 2003 Lord Bach explained:

> *"Personal medical records (F Med 4) were generally not taken to the Gulf during the 1990-91 conflict, and were therefore unavailable for the recording of Vaccination details.*
> *However, the names of those who received Vaccinations should have been recorded on temporary nominal rolls compiled in theatre. Whenever possible, details should also have been recorded on form B Med 27, but many personnel who deployed to the Gulf did not carry these documents.*
> *The details recorded on nominal rolls and B Med 27s should have been transcribed onto F Med 4s on return from the Gulf.*
> *In many cases this did not happen,* ***and the Vaccination records of many Gulf veterans are incomplete as a result. Estimates of the precise extent to which Vaccination schedules were complied with in practice, therefore, are not readily available. Similarly, the extent to which Defence Medical Services staff discussed with patients issues such as what other medication individuals were receiving is not readily available."***

The Gulf Veteran Medical Assessment Programme (GVMAP)] show is that symptomatic Gulf veterans tend to experience symptoms associated with the:

1. Musculoskeletal System;
2. Nervous System;
3. Respiratory System;
4. Psychological Symptoms." - in "Gulf War: a legacy of suspicion", The Royal British Legion, May 2007.

What Causes Gulf War Syndrome

"The illness known as Gulf War Syndrome looks likely to have been caused by an illegal Vaccine "Booster" given by the Ministry of Defence to protect soldiers against biological weapons, according to the results of a new series of tests.

Scientists in the United States found that symptoms of the illness, were the same for service personnel who received the Injections whether or not they served in the Gulf.

The common factor for the 275,000 British and US veterans who are ill appears to be a substance called squalene, allegedly used in injections to add to their potency.

Such an action would have been illegal.

Squalene is not licensed for use on either side of the Atlantic because of potential side effects." - in "Illegal vaccine link to Gulf war syndrome", The Guardian, 30 July 2001.

Spasmodic Dysphonia One of the 420 Side Effects of Vaccines

"The Disease is called Spasmodic Dysphonia, the onset of the Disease is often accompanied by trauma, **2 years ago I was preparing a racketeering lawsuit against a bunch of Vaccine Companies that make all 72 of the childhood Vaccines that are given to children, and for the first time I had to go through the manufacturer's insert of every one of those Vaccines.**

When I got to the Flu Vaccine I realized for the first time there's 420 Side Effects, listed of Vaccines Side effects inside of those inserts, and I had never read them all the way through.

When I was doing the Flu Vaccine section, I saw that many of the Flu Vaccines listed as Spasmodic Dysphonia as one of the known side effects. And they have to get an FDA approval to put that side effect on their manufacture.

And certainly the FDA under federal law, has to agree that there's a probability based on the evidence, that that injury is caused by the Vaccine.

This was only 2 years ago, and I've been working on Vaccine issues since 2005, and people would have asked me "do you have any Vaccine Injuries in your family, or among people who are close to you", and I would say no.

For the first time I recognized that there's a possibility that my injury.

The reason it's a possibility is because, at that point in my life I was teaching at Pace University Law School in White Plains, New York, and right next to my Clinic where I taught, it was the school Infirmary, and the Infirmary every year would post a sign saying "Come And Get Your Flu Shot", and every year I went in and got my Flu shot.

In 1996 I got a Flu shot, and I have no idea whether that Flu Shot caused this condition, but it is on now." - Robert Francis Kennedy Jr., Lawyer & US Presidential Candidate, in "Did a Flu Vac. cause the tremor in RFK Jr's voice?", DarkHorse Podcast, 14 July 2023.

The So-Called Vaccine "Experts"; Clowns or Lier's You Decide!

"Peter Jay Hotez American scientist, pediatrician, and advocate in the fields of Global Health, Vaccinology, and neglected tropical disease control.

Serves as founding dean of the National School of Tropical Medicine, Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine, where he is also Director of the Texas Children's Hospital Center for Vaccine Development and Texas Children's Hospital Endowed Chair in Tropical Pediatrics, and

University Professor of Biology at Baylor College of Medicine.

Hotez served previously as president of the American Society of Tropical Medicine and Hygiene and is a founding Editor-in-Chief of PLOS Neglected Tropical Diseases.

Is also the co-director of Parasites Without Borders, a global nonprofit organization with a focus on those suffering from parasitic diseases in subtropical environments.

Neglected Tropical Diseases

From 2000 to 2011, Hotez served as Professor and Chair of the Department of Microbiology and Tropical Medicine (renamed in 2005 as the Department of Microbiology, Immunology, and Tropical Medicine) at the George Washington University.

Following the World Health Organization's (WHO) Millennium Development Goals in 2000, Hotez, along with Drs. Alan Fenwick and David Molyneux, led a global effort to rename diseases then being termed simply "other diseases," as "neglected tropical diseases" (NTDs), and promoting the use of therapeutic/preventive chemotherapy through a combination of drugs called the "rapid-impact package."

Hotez has advocated for increased efforts to control NTDs since 2005 through publications and speaking engagements, helping to gain increased awareness resulting in a decrease of prevalence and disease burden in many areas.

During these years, Hotez also led the Sabin Vaccine Institute in Washington, D.C., as well as efforts to establish PLOS Neglected Tropical Diseases, the first online open access medical journal focused exclusively on neglected tropical diseases.

Vaccine Development

In addition to continuing work on vaccines already in clinical trials for hookworm and schistosomiasis, Hotez

currently leads a team of researchers developing vaccines against other diseases including leishmaniasis, Chagas disease, SARS, and MERS, and is also working in development of a Coronavirus vaccine. With Maria Elena Bottazzi, he led the team that designed COVID-19 vaccine Corbevax." - in "Wikipedia", 16 July 2023.

> ***"The current record for developing a Vaccine from start to licensure in the United States is around 3 or 4years."*** *- Dr Peter Hotez, MD, in "MSNBC", April 2020.*

> *"But even the 18 month frame work Dr Fauci, MD, stresses might be hugely optimistic,* ***the fastest development of a Vaccine in history took 4 years, and once that Vaccine is developed or a new Vaccine is developed and proven effective, distribution of the Vaccine could take years."*** *- Lawrence O'Donnell, in "Timeline for Vaccine TRANSCRIPT: 20 April 2020, The Last Word w/ Lawrence O'Donnell, Guests: Michael Osterholm, Peter Hotez, Rob Davidson, Debbie Stabenow, Bina Venkataraman, John Heilemann", MSNBC, 21 April 2020.*

> ***"It's usually at 10 to 25 years at time frame, people forget how long it really takes to develop an effective and safe Vaccine and do all the adequate clinical testing."*** *- Dr Peter Hotez, MD, in CNN, April 2020.*

"It's a 10 year Research & Development program, just like any other Vaccine.

And when people hear that, that's actually builds confidence people feel more comfortable taking it.

But you know one of the problems is the operation Warp Speed has not really had a communications program.

It was left to the Pharma CEO's, and you know how that works, the Pharma CEO's when they're writing their Press Releases, they're not writing them for you or for me, they're writing for their Shareholders, and they tend to kind of spectacularize what their Companies have done, for obvious reasons.

But you know in the process of that, they leave out the inconvenient truths, that **it builds on the 10 year R&D program."** - Dr Peter Hotez, MD, in "Dr. Peter Hotez on his 10-years of work on coronavirus | COVID-19 Update for", American Medical Association, 15 February 2021.

> ***"The timelines of coronavirus fact this Covid-19 Vaccines it really follows the same progression as almost any other Vaccine. The Vaccine development cycle for Covid-19 Vaccines very much goes along with what we've seen before."*** *- Dr Peter Hotez, MD, February 2021.*

"I was diagnosed with untreatable chronic neurological illness Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) caused by Booster Jab (Covid-19 Vaccine), on top of having suspected respiratory ALS.

This illness made me disabled, unable to work or have a social life, and enjoy life altogether.

Breathing has become more and more difficult and painful for me, and my lung function has been declining.

Thank you for all your friendship and support over the last year.

The Booster Jab (Covid-19 Vaccine) I received over a year ago destroyed my health, body, and life completely.

There is no way to end my suffering other than my decision." - Katarina Pavelek, in "'Once Upon A Time In Hollywood' Actress Dies By Assisted Suicide, Blames COVID-19", The Blast", 5 July 2023.

The Herpes Zoster Virus Farce

"Herpes zoster, also known as shingles, is caused by reactivation of varicella-zoster virus (VZV), the same virus that causes varicella (chickenpox).
Primary infection with VZV causes varicella.
After a person has varicella, the virus remains latent in the dorsal root ganglia. VZV can reactivate later in a person's life and cause herpes zoster, a painful maculopapular and then vesicular rash." - in "Shingles (Herpes Zoster)", CDC 24/7: Saving Lives, Protecting People, 10 May 2023.

"The seriousness of the ophthalmic herpes zoster combined with poor or late treatment can lead to chronic ophthalmic lesions, post-herpetic neuralgic syndrome and such severe skin lesions that they look like third degree burns.

Marsh describes 3 stages of ocular involvement:

1. Acute ophthalmic lesions that evolve during the first 3 weeks of the eruptive stage and can become chronic; pain can persist like post-herpetic neuralgic síndrome;
2. Chronic ophthalmic lesions that can persist for over ten years;
3. Recurrent ophthalmic lesions that can reappear up to 6 years after the acute attack.

140 with a diagnosis of ophthalmic herpes zoster in eruptive stage, evolving between 4 to 18 days and with various types of ophthalmic lesions - from trivial to devastating - were treated with blockage of the Gasserian ganglion by injecting bupivacaine and betametasone to evaluate their effects on ophthalmic lesions.

One day after blocking the affected Gasserian ganglion, we observed a dramatic reduction in the severity of the

ophthalmic lesions and significant changes in the skin lesions, towards a resolutive stage.

We also observed that none of the patients treated within the first 7 days after the beginning of the eruptive stage developed ophthalmic sequels, which is one of the severest problems of this ailment.

Patients blocked after this time period developed various types of ophthalmic sequels.

The conclusion is that carrying out this procedure at an early stage leads to a significant clinical improvement and dramatic changes, in hours, of the ophthalmic and skin lesions, without the development of ophthalmic sequels, post-herpetic neuralgic syndrome; skin scars were benign." - in **"Trigeminal Herpes Zoster Treatment of ophthalmic herpes zoster in eruptive phase with blockage of Gasserian ganglion"**, Revista Argentina de Anestesiología, **2003.**

Vasomotor Disturbances and Mechanisms of Pain

"Response to Injury.

Trauma and disease evoke certain responses at first protective and salutary, but if persistent they become undesirable and damaging.

The 3 responses under consideration are:

1. Persistent pain.
2. Reflex muscular spasm mediated via somatic nerves.
3. Reflex sympathetic vasomotor reactions.

These responses will co-exist in varying proportions in many disorders but usually one tends to dominate the picture and acts as the presenting symptom or sign.

Three neuronal levels of injury and of excitation have been recognized and the various disease states which tend to select these levels have been reviewed (De Takats).

1. First Neuronal Injury.

The injury occurs between the sensory receptors and the dorsal root ganglia. Such condition as: direct trauma irritation; herpes zoster.

2. Second Neuronal Injury.

The injury occurs at any level from the ganglia and cord centers to the thalamic synapse. The following conditions are included: Tabes dorsalis; **poliomyelitis;** scarlatinal myelitis.

3. Third Neuronal Injury.

Thalamo-cortical paths are involved.

Impulses from lower centers of overactivity become impressed on the **thalamus**, set up a site of excitation and these become self propelled and in turn become impressed on the cortex.

A developed and excited area has been aptly termed a **"physiological inflammation"** by Gerard.

HERPES ZOSTER (Shingles)

Zone of Distribution

The spinal nerves are affected most frequently.

About 60% of the cases involve thoracic nerves and another 20% involve the lumbar, cervical and sacral areas. The ophthalmic nerve is affected in about 20% of the cases.

Physical Status

Most patients are in good general health.

The post-herpetic neuralgia tends to appear in the elderly.

Duration of Symptoms

The acute dermal lesions last about 2 weeks.

Generally, the burning type pain ameliorates as the rash appears, but pain persists for about 2 months.

In about 18% of cases, irrespective of the type of therapy a postherpetic neuralgia is found.

A reduction of this incidence is obtained by early nerve block therapy.

Those patients who secure adequate pain relief at the outset have a shorter disease course and neuralgia is mild or less likely to occur.

Pathology

Inflammatory processes are to be found chiefly in the dorsal root ganglia of the spinal nerves.

They are also to be found in the homologues of the cranial nerves.

Areas of inflammation are also to be observed in the nerve trunks, the spinal cord and skin.

Cutaneous inflammatory foci corresponding to the involved nerves and their terminal dermatome distribution may persist for months.

The sustained pain of post-herpetic neuralgia is due to a central disturbance resulting from continuous bombardment and the establishment of self-perpetuating circuits.

There is a marked similarity to the thalamic syndrome (Sugar and Bucy).

Treatment

1. Antibiotic therapy.

Chloramphenicol or chlortetracycline is combined with posterior pituitary injections.

2. Pain relief by analgesics is effective in treating the discomfort of the acute stage.

3. Chemical nerve blocking.

This is most effective measure to afford pain relief for both the acute and chronic pain state.

The earlier the blocks, the greater the chance of obtaining relief and reducing the incidence of post-herpetic neuralgia.

This is the primary method for the elderly patient.

(a) Intercostal procaine and phenol blocks.

(b) Paravertebral sympathetic block.

(c) Gasserian ganglion block.

4. Surgical relief is resorted to in post herpetic neuralgia.

(a) Posterior rhizotomy.

(b) Chordotomy

(c) Lobotomy

5. X-ray therapy affords some measure of relief in the acute stages. This is unpredictable.

6. Medical procedures include **high Vitamin intake**, Cortisone and **Physiotherapy.**

These are only adjunctive and only mild improvement if any is obtained." - in "Fundamentals of Nerve Blocking", 1960.

The Virulence From Bacterial Toxins

"I became interested in Bacterial Toxins around 15 years ago, and was immediately and increasingly fascinated as I learnt more about how these ingenious Bacterial Poisons take over control of our cells.

Although Toxins are made in Bacteria, they are designed specifically to work inside our cells.

There each Toxin can identify with precision a key function that makes the cell work, and moreover **interfere with its normal function.**

Toxins therefore possess an intimate knowledge of our

cells, and this is the reason why [the metabolic waste from] bacteria are such lethal molecules and cause disease.

Toxins remain a significant cause of disease today, not just in the developing world, where they are a major cause of death, but also in the west.

New toxin-linked diseases are still appearing and we are still finding new ways that these **poisons interact with us."** - in "TOXIN The Cunning of Bacterial Poisons", 2005.

The Effects of Bacterial Toxins

"Bacterial Toxins play a key role in the pathogenesis of lung disease.

Based on their structural and functional properties, they employ various strategies to modulate lung barrier function and to impair host defense in order to promote infection.

Although in general, these Toxins target common cellular signaling pathways and host compartments, toxin- and cell-specific effects have also been reported.

Toxins can affect resident pulmonary cells involved in alveolar fluid clearance (AFC) and barrier function through impairing vectorial Na+ transport and through cytoskeletal collapse, as such, destroying cell-cell adhesions.

The resulting loss of alveolar-capillary barrier integrity and fluid clearance capacity will induce capillary leak and foster edema formation, which will in turn impair gas exchange and endanger the survival of the host.

Toxins modulate or neutralize protective host cell mechanisms of both the innate and adaptive immunity response during chronic infection.

In particular, Toxins can either recruit or kill central players of the lung's innate immune responses to pathogenic attacks, i.e., alveolar macrophages (AMs) and neutrophils.

Pulmonary disorders resulting from these Toxin actions include, e.g., Acute Lung Injury (ALI), the Acute Respiratory Syndrome (ARDS), and severe Pneumonia.

When acute infection converts to persistence, i.e.,

colonization and chronic infection, lung diseases, such as bronchitis, chronic obstructive pulmonary disease (COPD), and cystic fibrosis (CF) can arise.

Endotoxins, such as lipopolysaccharides (LPS) are the major constituents and protective elements of the outer membrane of Gram-negative bacteria.

LPS is comprised of 3 domains, which are genetically, chemically, and functionally distinctive.

These domains include the lipid A, the core, and the O-antigen.

LPS has a broad range of biological activities, which can disrupt lung function and is considered a causative factor in chronic lung diseases, including chronic obstructive pulmonary disease (COPD) and cystic fibrosis (CF).

LPS administration was also shown to induce bronchopulmonary hyperresponsiveness leading to Asthma.

Various respiratory tract disorders are associated with Bacterial Toxins.

During the dynamic interaction with the environment, lungs are highly influenced by inhalational stressors, such as cigarette smoke, ozone and occupational Toxic Agents, as well as by host factors, including the nutrition-, sleep-, and exercise-dependent performance of our immune defense system.

This is further influenced by infectious insults, as documented by the high susceptibility for severe Bacterial Pneumonia during the course of influenza virus infection.

Such complications quite frequently lead to respiratory failure or to septic shock.

Whereas commensal organisms may provide the host with a number of benefits (e.g., contributing to metabolism or shaping immune competence), **the vast majority of infections are caused by organisms that are part of the normal flora** (e.g., S. aureus, S. pneumoniae, and P. aeruginosa).

Only relatively few infections are due to organisms that are strictly pathogens (e.g., Neisseria gonorrhoeae, Treponema pallidum, Mycobacterium tuberculosis, some non-tuberculous mycobacteria).

In Conclusion

Bacterial Toxins may play a key pathogenic role and are thus of highest relevance in many instances of infection.

The site- and situation-dependent role of Bacterial Toxins and the adaptive interplay with the host are crucial factors for the infective potential of the pathogens.

Indeed, the role of Bacteria and their Toxins seems to be determined by both general and highly specific, time-dependent local host and environmental factors, as well as by the Ecological Status of the Microbiome." - in **"Impact of Bacterial Toxins in the Lungs", Toxins, 2020.**

Chapter 6

The HIV/AIDS Virus Farce

"Koch's Postulates:

The Case Against LAV/HTLV-III's
Being the Sole Sufficient or Necessary Cause of AIDS

In Medical Trade so-called "science", the standards for proving that a particular micro-organism causes a disease are three classic laws known as "Koch's Postulates".

So far, the so-called "AIDS virus" (LAV or HTLV-III), has ignominiously failed to fulfil even one of the bacteriologist Dr Robert Koch's 3 Laws for "establishing the specificity of a pathogenic micro-organism".

Koch's first Postulate requires that the microbe be found in all cases of the disease.

In various samplings of AIDS patients, anywhere from 20% to 64% do not have the LAV virus, and about 10% do not even have antibodies.

Centers for Disease Control and Prevention (CDC) officials cavalierly attribute this awkward finding to "poor testing methods", failing to acknowledge that the burden of proof is on those who claim that the "AIDS virus" is the cause of AIDS.

Koch's second Postulate requires injection of the micro-organism into susceptible animals, with the result that the same disease is produced.

For years researchers have been injecting several species of monkeys with fluids from people with AIDS.

Whatever microbes were in the blood of the AIDS patients — whether viruses, bacteria, or other — whether named LAV or HTLV-III or ARV or something else — these microbes would have been transmitted, in large quantities, to the blood of the monkeys.

And none of the monkeys has yet developed AIDS.

Further, there have been several hundred carefully monitored cases of health care workers who accidentally stuck themselves with needles that had been used on AIDS patients. In no case has AIDS resulted from one of these inoculations.

The third Postulate requires that the agent create the disease upon transfer from animals made ill by inoculation.

Obviously this condition has not been met, as no animal has yet been made ill by inoculation.

It is certainly possible that the LAV virus may play some role, perhaps even an important role, in causing AIDS.

However, LAV clearly cannot be regarded as a necessary factor in causing AIDS if substantial proportions of AIDS patients do not have the virus.

This is the inescapable logic of Koch's first Postulate.

Considering that up to 2/3 of the AIDS patients do not have the virus in their bodies, one may question the wisdom of treating these patients with toxic and experimental antiviral drugs, such as ribavirin, which at best may prevent the virus from replicating.

If the virus is not present in the patient's body, there is nothing to prevent from replicating.

The Toxicologic Model

The "AIDS virus" etiology has been put forward thousands of times in the media, complete with color fluorescence micrograph photographs, and the public has come to believe it.

Nevertheless, the "virus only" theory is not tenable.

Repeating a hypothesis does not verify it.

Propaganda is not science.

For reasons unknown, the U.S. Public Health Service adheres with military rigidity to the line that AIDS must be explained in terms of the "AIDS virus", and that research efforts must be based solely on this premise.

In actuality, such epidemiological information as we have seems more consistent with a toxicologic than with the prevailing microbial model.

Aetiology of AIDS A Toxicologic Model
The Drugs Connection

Certain drugs, such as the medications used during transplant operations, can cause the AIDS condition, immune deficiency, all by themselves.

It is also known that "recreational" drugs, like heroin, are immunosuppressive.

And it is now firmly established that poppers are immunosuppressive.

More than a quarter of the AIDS cases have occurred among intravenous drug users, and most of the remaining AIDS cases have occurred among gay men who used poppers (as well as other "recreational" drugs).

In any event, common sense dictates not using immunosuppressive drugs.

Do not use poppers." - in "Poppers & AIDS", revised and considerably expanded, prepared in collaboration with the Committee to Monitor Poppers, San Francisco, CA, 1986.

Why Is AIDS Research Not Free To Investigate Non-HIV Hypotheses?

"The virus-AIDS hypothesis was instantly accepted, but it is burdened with numerous paradoxes, none of which could be resolved by 2003:

Why is there no HIV in most AIDS patients, only antibodies against it?

Why would HIV take 10 years from infection to AIDS?

Why is AIDS not self-limiting via antiviral immunity?

Why is there no vaccine against AIDS?

Why is AIDS in the US and Europe not random like other viral epidemics?

Why did AIDS not rise and then decline exponentially owing to antiviral immunity like all other viral epidemics?

Why is AIDS not contagious?

Why would only HIV carriers get AIDS who use either recreational or anti-HIV drugs or are subject to malnutrition?

The answer to the question, why HIV-AIDS researchers do not study or fund non-HIV-AIDS theories, lays in the structure of the large, government-sponsored research programs that dominate academic research since World War II.

If individual researchers move into new directions, that threaten the scientific and commercial investments of the establishment, the establishment can impose various sanctions via the "peer review system".

The most powerful of these are denial of funding and of publication

The peer review system derives its power from the little known practice of governments to deputize their authority to distribute funds for research to committees of "experts".

These Experts are Academic Researchers distinguished by outstanding contributions to the current establishment.

In view of the many professional and commercial investments in and benefits from their expertise, and even of the rewards from their Universities and Institutions for the corresponding overheads and partnerships, "peer reviewers" do not fund applications that challenge their own interests

The corporate equivalent of Academia's peer review system" would be to give General Motors and Ford the authority to review and veto all innovations by less established carmakers competing for the consumer.

Even the professional journals and the science writers of the public media comply with the interests of government-funded majorities because they depend on their monthly "scientific breakthroughs", the lucrative advertisements from their companies, and the opinion of their subscribers.

A precursor of this article was written in response to an open invitation from a

pharmacology-journal over 3 years ago.

After considerable pressure on the journal from

anonymous "AIDS experts", the editor requested a reduced article, which was neither accepted nor rejected.

Instead, the editor simply dropped all further correspondence.

Subsequently, the editor of a prestigious German-based science journal invited another precursor of this article 2 years ago, which received 2 favourable reviews in short order.

But before the manuscript could be revised, the editor informed that the publisher was concerned about losing subscribers if our paper were published and ceased all further correspondence.

If the current unproductive AIDS establishment objects, funding should be withheld until the AIDS establishment finds ways to explain the complexity and merits of its expertise to other scientists." - in "The Chemical Bases of the Various AIDS Epidemics: Recreational Drugs, Anti-Viral Chemotherapy and Malnutrition", Journal of Biosciences, July 2003.

Nitrite Inhalants & AIDS

"Nitrite Inhalants (Poppers) & AIDS

Don't use poppers.

This is the first and the last thing to be said about them.

Poppers are a liquid mixture of isobutyl nitrite and other chemicals, packaged in small bottles under such names as "Rush", "Ram", "Thunderbolt", "Locker Room", and "Crypt Tonight" (gallows humor?).

Poppers are advertised and sold to gay men, who make up virtually the entire market for the commodity.

When inhaled just before orgasm, poppers seem to enhance and prolong the sensation.

With regular use, they become a sexual crutch, and many gay men are incapable of having sex, even solitary masturbation, without the aid of poppers.

Poppers have become an accepted, even obligatory part of the gay male lifestyle in some cities. The odor of poppers is ubiquitous in New York City bars, backrooms and baths.

At gay discos, men shuffle around on the dance floor, zombie-like, holding popper bottles under their noses.

The subject of poppers is one which arouses intense emotions.

Ordinarily rational men become hysterical when it is suggested that the nitrite inhalants are harmful to the health and may play a role in causing AIDS.

Since poppers have become necessary for them to function sexually, giving up poppers would seem, at least in the beginning, like giving up sex itself.

In 1981, the Stanford Medical Laboratories tested some samples of different brands of poppers, and found them to contain kerosene, hydrochloric acid, and sulfur dioxide, among other impurities.

Profits

The biggest money-maker in the gay business world is believed to be the poppers industry. Gross profits were estimated to be $50 Million in 1978, and may well be double or triple that by now. (Sigell 1978)

Everyone knows that poppers are inhaled as a drug.

A large and growing body of medical research indicates that poppers are dangerous, and almost certainly implicated in causing AIDS.

And yet the government agencies blithely accept the lie that poppers are only a harmless "room odorizer".

Poppers are now illegal in New York State.

On 18 June, Governor Cuomo signed into law Assembly Bill #890, making it illegal to possess or sell "hazardous inhalants", including amyl and butyl nitrite, that cause intoxication. Poppers are dangerous, and they should never have been sold legally in the first place.

Poppers As A Factor For AIDS

For several years, government agencies have discouraged any approaches to AIDS other than the single-infectious-agent hypothesis.

Researchers who advanced drug abuse or multifactorial hypotheses tended to be ostracized and unfunded.

Toxic effects of amyl nitrite (the pharmaceutical predecessor of "Rush", "Locker Room", etc.) have been known for years.

With the outbreak of the AIDS epidemic, medical researchers began to suspect that poppers may play a role in causing AIDS in gay men-either as the primary cause or in conjunction with other factors. (Durack 1981)

Anyone who has studied even a portion of the medical literature can only shake his head in amazement that this dubious commodity has not been banned — except in Massachusetts, Wisconsin, and, as of June 1985, New York State.

(In Massachusetts, where poppers have been banned for years, only 378 cases of AIDS had been reported as of 31 March 1986. In contrast, there had been 6265 cases in New York, where poppers had been sold legally in sex shops, baths, discos, and even neighborhood smoke shops).

For several years, major articles in the most prestigious medical journals in the world have discussed the immunosuppressive and other harmful effects of poppers, and their possible role in causing AIDS.

The question is no longer whether, but rather how much of a role poppers play in causing AIDS.

Are poppers a relatively minor or a very major co-factor? So far as the effect of poppers on the health, there is no doubt that they are harmful.

For some individuals, even a single episode of snorting poppers can be life-threatening.

The Evidence

Following are a few epidemiological highlights:

1. 96-100% of the gay men with AIDS used poppers, usually quite heavily. These men were also heavy users of many other "recreational" drugs, including amphetamines ("speed"), cocaine, heroin, quaaludes ("ludes"), LSD,

barbiturates ("downers"), and ethyl chloride. (Friedman-Kien 1982, Haverkos 1982/1985, Jaffe 1983)

2. Case-control studies have implicated poppers as a statistically significant and important risk factor for the development of AIDS. (Marmor 1982, Newell 1985)

3. In gay men who do not (yet) have AIDS, popper usage is correlated with immunological abnormalities similar to those found in AIDS patients. (Goedert 1982)

4. Among men with swollen lymph nodes (all of whom had used poppers), heavy popper users were more likely to develop AIDS. (Mathur-Wagh 1984/1986)

5. A recent study compared two groups of gay men who were antibody positive to the LAV (HTLVIII) virus: people who were clinically sick with AIDS, and people who were not sick. Usage of the nitrite inhalants proved to be one of the most important risk factors for developing AIDS, and especially, Kaposi's sarcoma. The heavier the popper usage, the greater the risk. (Moss 1985)

6. Leaders of People With AIDS, who have known hundreds of PWA's, state that most of them were heavily into drugs, and all of them used poppers.

7. W.J. Wallace, the manager of the Mineshaft, stated in an interview, "I really don't know anybody who's had AIDS who hasn't used drugs."

8. Finally, there is the crucial point that for 5 years AIDS, unlike a truly communicable disease, has remained compartmentalized. Gay men accounted for three-quarters of the AIDS cases 5 years ago, and account for the same proportion now in 1986. Poppers are used by gay men. They are used by very, very few straight men, and by virtually no women at all.

Mutagenesis

Two different experiments have demonstrated that poppers are mutagenic. That is, they cause genes to mutate. (Quinto 1980, Osterloh 1984)

Carcinogenesis

Organic nitrites like poppers combine with other substances to form deadly, cancer-causing compounds (N-nitroso compounds, nitrosamines — Jφrgensen 1982, Newell 1984, Osterloh 1984).

Danish scientists Karl Jφrgensen and Sven-Olov Lawesson describe N-nitroso compounds as being so deadly as to have **"the capacity to induce cancer after only one dose".**

Several AIDS researchers have suggested that poppers may play a role in causing the cancer, Kaposi's sarcoma (KS), in gay male AIDS patients.

KS is found in about half of the gay men with AIDS, but in a very small percentage of PWA's from the other risk groups.

It is gay men who use poppers, not straight IV drug users or Haitians.

Blood Cell Studies (in vitro)

Several different laboratory experiments have shown that exposure of human blood cells to amyl, butyl or isobutyl nitrite causes sharp decreases in immunological function, as well as striking alterations in cell structure ("cytoplasmic protrusions with pseudopod-like extensions", etc.). (Marmer 1982, Hersh 1983, Jacobs 1983)

One research team concluded:

> ***"These abnormalities can help in explaining the role of amyl nitrite cellular toxicity in immunosuppressed male homosexuals."*** *- Marmer, 1982.*

Another research stated:

> ***"These in vitro studies strongly suggest that the inhalant nitrites may indeed be dangerous, and their use should be condemned by those physicians who treat patients who use these drugs regularly."*** *- Hersh, 1983.*

Another research team concluded:

> ***"The results of these studies indicate that immunosuppression should be added to the other reasons why isobutyl nitrite should not be used by man."*** *- Lotzova, 1984.*

One of these studies further found that the mice exposed to nitrite vapors suffered gross pathological lung damage, weight loss, and, most significantly, reversed T-cell ratios:

> ***"Our studies do show that chronic inhalation of AN [amyl nitrite] can lead to an altered T-cell helper/suppressor ratio, the same phenomenon which occurs in AIDS victims.*** *It does look, then, that there seems to be a link between AN inhalation and cellular immunity depression." - Ortiz, 1985.*

In a 6th study, mice exposed to low dosages of isobutyl nitrite vapors developed methemoglobinemia and thymic atrophy. (Lynch 1985)

The first finding is relevant, since poppers are known to cause methemoglobinemia in humans (Horne 1979, Guss 1985) and since anemia is typically part of the AID Syndrome.

(Methemoglobinemia is a form of anemia where the blood turns brown and where the oxygen supply to critical organs is reduced.)

The finding of "thymic atrophy" is suggestive.

Autopsies of AIDS victims show the thymus gland to be destroyed in 100% of the cases.

No thymus gland, no immune system.

Obviously any drug that destroys the thymus gland will play a role in causing AIDS.

A 7th mice study could not be carried through to completion.

Regardless of whether the isobutyl nitrite was ingested, inhaled, or injected, all of the mice died. (Maickel 1982)

Toxicology

Quite aside from the risk of getting AIDS, poppers are known to be hazardous to the health in many different ways. Poppers cause Heinz body cell anemia, methemoglobinemia, lung damage, serious skin burns, death or brain damage from cardiovascular collapse or stroke, dizziness, and headaches.

(Sigell 1978, Horne 1979, Haley 1980, Dixon 1981, Romeril 1981, Guss 1985, Lynch 1985, Ortiz 1985)

AIDS: Why Now?

Poppers became a fad among gay men beginning in 1972, just seven years before the first cases of AIDS began to be diagnosed. (Newell 1984)

The researchers concluded:

> ***"We believe our findings establish that inhaling isobutyl nitrite should be considered dangerous to homosexuals and others at high risk for developing AIDS."*** *- Dr Gangadharam in "Resident and Staff Physician", 1985.*

"Changes in T-cell Lymphocyte Subpopulations After Antigenic Bronchial Provocation in Asthmatics". New England Journal of Medicine, May 1984.

This report is important, it strongly suggests the possibility of **drug interaction effects, whereby the combination of butyl nitrite plus one or more other**

"recreational" drugs may be much more deadly than any one of these drugs by itself.

Human Toxicology of Nitrites

"The Physiological Effects of Amyl, Butyl, and Isobutyl Nitrites.
The toxic effects of amyl nitrite inhalation include rapid flushing of the face, pulsation in the head, cyanosis, confusion, vertigo, motor unrest, weakness, yellow vision, hypotension, soft thready pulse, and fainting.
Accidental prolonged inhalation of amyl nitrite has resulted in death from respiratory failure.
Fatalities have occurred in workers exposed to organic nitrates after strenuous exercise 1 to 2 days after cessation of exposure.
Nitrite causes a loss of tone of the vascular bed and pooling and trapping of blood in the veins of the lower extremities, resulting in marked arteriolar constriction and the induction of anoxemia in vital tissues, causing death.
Hypertrophy of the left ventricle occurs in workers handling nitroglycerine, and they suffer from shortness of breath on undue exertion.
The formation of methemoglobin by aliphatic nitrite interferes with oxyhemoglobin, causing anoxia of vital organs.
The use of volatile nitrites to enhance sexual performance and pleasure can result in syncope and death by cardiovascular collapse.
We speculate that these immunosuppressive effects, combined with the ability of nitrites to convert amines to nitrosamines, may be related to the development of opportunistic infections and Kaposi's sarcoma in homosexuals who use this agent." - in "Review of the Physiological Effects of Amyl, Butyl, and Isobutyl Nitrites". Clinical Toxicology, 1980.

"Functional deficits in lymphocyte interaction following occasional or chronic exposure to inhaled nitrites may be a potential contributing but not the [primary] etiologic factor in the acquired immunodeficiency syndrome (AIDS).

We evaluated the effect of amyl nitrite vapors on mononuclear cell function and demonstrated functional deficits and structural alterations in these cells. In this closed, in vitro system, exposure of cells to amyl nitrite for up to 30 minutes did not affect cell viability.

The functional deficits demonstrated were: inhibition of lymphocyte erythrocyte (E) rosette formation, a suppression of lymphocyte mitogen (phytohemagglutinin) and antigen (cytomegalovirus) transformation, a block in the S, G2 and M phases of cell cycling and diminished cell cytotoxicity to CMV infected cells.

These effects on cellular function were demonstrated following 5, 0, and 15 minutes of amyl nitrite vapor exposure; some effect on all cellular functions was demonstrated at 5 minutes.

The structural alterations seen on scanning and transmission electron micrographs were: reduction of filopodia, smoothing of the cell profile, cytoplasmic protrusions with pseudopod-like extensions, an increase in rough endoplasmic reticulum with swollen cisternae, alterations in size and distribution of golgi components and exocytotic vesicles in the outer membrane of the nuclear envelope.

These vesicles and increased membrane proliferation suggests an effect on the membrane synthesis mechanism in these cells.

These effects may be a potential factor in the alterations of phenotypic markers on T Lymphocyte populations, as well as, a potential contributing factor in the functional deficit of mononuclear cells in patients with AIDS." - in "Cellular Immunotoxicity of Amyl Nitrite", Journal of Toxicology - Clinical Toxicology, 1983.

"Amyl Nitrite and Kaposi's Sarcoma in Homosexual Men." - New England Journal of Medicine, 30 September 1982.

The authors give the chemical formula whereby amyl or butyl nitrites can form carcinogenic N-nitroso compounds in the body-compounds so deadly as to have "the capacity to induce cancer after only one dose".

> *"We therefore find it appropriate to suggest that amyl nitrite may cause Kaposi's sarcoma in homosexual men."*

"Acute Toxicology of Butyl Nitrite", Research Communications in Chemical Pathology and Pharmacology, 1979.

This paper discusses laboratory techniques for analyzing the various butyl nitrites.

Butyl nitrites were administered intravenously to mice, with liver damage and death resulting.

"Daily Amyl Nitrite Inhalation Decreases Mouse Splenocyte Response to Concanavalin A", Federation Proceedings 42, 5 March 1983.

> ***"These data suggest that nitrites may have a primary or contributory role in AIDS.***
> ***Toxicity, Immunosuppressive Effects and Carcinogenic Potential of Volatile Nitrites: Possible relationship to Kaposi's Sarcoma".*** *- Pharmacotherapy, September 1984.*

This article provides an overview of research demonstrating the adverse effects of poppers.

Especially useful for its chronological history of the abuse of nitrite inhalants as recreational drugs and for data on how deadly, cancer-causing N-Nitroso compounds are formed by an interaction of nitrites with any of a long list of common drugs and chemicals, including artificial sweeteners,

antihistamines, pain killers and methadone.

"We believe there are several compelling reasons for considering nitrite inhalation a possible causal factor for development of AIDS and KS/OI.

These are:

(a) volatile nitrites used as recreational drugs have been shown to be immunosuppressive both in vitro and in vivo;
(b) metabolic properties of N-nitroso compounds produce mutagens, teratogens, and carcinogens;
(c) of 290 N-nitroso compounds tested, 252 (87%) are carcinogenic;
(d) of 39 different animal species, none is known to be resistant;
(e) N-nitroso compounds are among the most highly potent chemical carcinogens for animals;
(f) their use is extremely common among male homosexuals;
(g) a definite dose-response relationship was shown by both Marmor et al. and us. The combination of cigarette smoking, marijuana use, and nitrite inhalation could predispose the lungs to opportunistic infections.

During the last 5 years, the problem of the correlation that exists between mutagenicity and carcinogenicity in chemical products has been studied with great attention.
The results of the experiments obtained up till now (about 90% of chemical carcinogens are mutagens) have revealed that an actual correspondence exists between the 2 properties.
The originality of our experiment is the presentation of alkylnitrites as a new class of chemical mutagenic agents and the importance of stressing the oncogenous risk linked to the use and abuse of amyl nitrites and isobutyl nitrites.
In particular, isobutyl nitrite has had a rapid and increasing

diffusion as a drug on the American market during the past 5 years.
In 1978, the companies manufacturing the chemical estimated that about 5 Million Americans used their product.
The accusation of mutagenicity of this compound urgently calls for a more thorough inquiry into the oncogenous risks to which millions of users of this drug may be exposed." - in "Risk Factor Analysis among Men Referred for Possible Acquired Immune Deficiency Syndrome", Preventive Medicine, January 1985.

"Common settings in which these agents are used include the bedroom, parties, backrooms of pornographic bookstores, pornographic theaters, bars, and dance floors.
Some users have told us that a few discotheques use special lighting effects to indicate that they are about to spray nitrite fumes over the dance floor.
The snorting of volatile liquid nitrites for hedonistic purposes has created a large business estimated to total $50 Million a year.
Sales have reportedly averaged 100,000 bottles a week in one city alone." -in "Popping and Snorting Volatile Nitrites: a Current Fad for Getting High", American Journal of Psychiatry, October 1978.

- in "Poppers & AIDS", revised and considerably expanded, prepared in collaboration with the Committee to Monitor Poppers, San Francisco, CA, 1986.

Study Confirms Poppers As AIDS Co-Factor

"Researchers at the National Jewish Center for Immunology and Respiratory Medicine in Denver have found evidence confirming long-held suspicions that isobutyl nitrite, a recreational drug widely used among gays, increases the risks associated with AIDS.

The scientists have shown that inhalation of isobutyl nitrite may further impair the body's ability to fight off infectious disease in individuals with the immune-system abnormalities characteristic of AIDS.

The drug, known as poppers, is sold as incense or a "room odorizer" but used as an aphrodisiac.

The studies involved a type of mouse, bred at the National Jewish center, that is born with AIDS-like immune deficiencies.

According to principal investigator Dr P.R.J. Gangadharam, after breathing isobutyl nitrite the animals became highly susceptible to disease and death caused by a group of organisms related to tuberculosis.

The infection is similar to one of the leading killers of people with AIDS.

Mice of the same breed which were exposed to the bacteria but not to the drug had lower illness and mortality rates.

The scientists also linked specific immune-system damage with isobutyl nitrite.

> *"The animals exposed to the compound had decreased numbers of lymphocytes and macrophages, blood cells that are important in defending the body against infections."- Gangadharam*

The researchers now are working to describe more precisely the drug's immunologic effects.

Use of isobutyl nitrite and of the similar compound amyl nitrite has been considered a possible AIDS risk factor since the disease was first identified in 1981.

The drugs, have been readily available and commonly used in the gay community for the past 15 years.

Although the primary causative agent in AIDS has been identified by U.S. and French scientists as the leukemia virus HTLV-III (LAV), there is evidence that not all people exposed to this organism develop the disease.

Some experts estimate that as few as 10% become ill.

> ***"This makes it very important to investigate other possible contributing factors.***
> ***We believe our findings establish that inhaling isobutyl nitrite should be considered dangerous to homosexuals and others at high risk for developing AIDS."*** *- Dr. Gangadharam*

Co-investigators with Gangadharam were V.K. Perumal, B.T. Jairam, and A.K.C. Nguyen. The research was funded under a $230,000 grant from the National Institutes of Health". - in "Bay Area Reporter", Page 11, 19 September 1985.

The Use of Recreational/Aphrodisiac Drugs

Thus the widespread use of recreational/aphrodisiac drugs by a minority of male homosexuals explains why among the sexes male homosexuals have formed an AIDS "risk group".

An additional reason is the unfortunate widespread prescription to "HIV-positives" of inevitably toxic "anti-HIV" drugs like the DNA chain-terminator AZT.

The Fear Factor of "Acquired Immune Deficiency Syndrome" (AIDS) - 1983

"The acquired immune deficiency syndrome (AIDS) is characterized by a severe and apparently irreversible acquired defect in cell-mediated immunity that predisposes the host to severe opportunistic infections and/or unusual neoplasms such as Kaposi's sarcoma.

It has attracted an extraordinary amount of attention, interest, and concern in the medical community as well as among the general public.

Indeed, the concern is justified, since we are witnessing at the present time the evolution of a new disease process of unknown etiology with a mortality of at least 50% and possibly as high as 75% to 100% and with a doubling of the number of patients afflicted every 6 months." - Dr Anthony Fauci, MD, in "The Acquired Immune Deficiency Syndrome: The Ever-Broadening Clinical Spectrum", JAMA, 6 May 1983.

AIDS & AZT

"In January 1987, inside the monstrous FDA building, a panel of 11 top AIDS doctors pondered a very difficult decision.

They had been asked by the FDA to consider giving lightning-quick approval to a highly toxic drug about which there was very little information.

Clinically called Zidovudine, but nicknamed AZT after its component.

It had been developed a quarter of a century earlier as a cancer chemotherapy, but was shelved and forgotten because it was so toxic, very expensive to produce, and totally ineffective against cancer.

Evidence of the cold-bloodedness of the AIDS establishment pushing a drug that was worse than the disease, and killed faster than the natural progression of AIDS left untreated.

AZT had been an abandoned cancer drug, discarded because of it's fatal toxicity, Resurrected in the cynical belief that AIDS patients were going to die anyway.

it was insanely profitable for its maker, Burroughs Wellcome.

It was a tragically perfect storm of windfall profits, something to pacify AIDS activists and the media, and a convenient boom to the patent holders for HIV testing.

On the 17 August 1989, newspapers across America headlined that AZT had been "proven to be effective in HIV antibody-positive, asymptomatic, and early ARC patients," even though one of the panel's main concerns was that the drug should only be used in a last-case scenario for critically-ill AIDS patients, due to the drug's extreme toxicity.

Dr Anthony Fauci, head of the National Institutes of Health (NIH), was now pushing to expand prescription.

The beneficial effects of the drug had proven to be temporary.

The toxicity, however, stayed the same.

Burroughs Wellcome stock went through the roof when the announcement was made.

At a price of $8,000 per patient, per year (not including blood-work and transfusions), AZT is the most expensive drug ever marketed.

Burroughs Wellcome's gross profits for next year are estimated at $230 Million.

Stock market analysts predict that Burroughs Wellcome may be selling as much as $2 Billion worth of AZT, under the brand name Retrovir, each year by the mid-1990s — matching Burroughs Wellcome's total sales for all its products last year.

> *"Does AZT do anything? Yes, it does. But the evidence that it does something against HIV is really not there."*

While it was always known that the drug was exceedingly toxic, the first study concluded that:

> *"the risk/benefit ratio was in favor of the patient."*

Bialy, who is also a molecular biologist, is horrified by the widespread use of AZT, not just because it is toxic, but because, he insists, the claims its widespread use are based upon are false.

> *"I can't see how this drug could be doing anything other than making people very sick", he says."*

The toxic effects of AZT, particularly bone marrow suppression and anemia, are so severe that up to 50% of all AIDS and ARC patients cannot tolerate it and have to be taken off it." - in "AIDS and the AZT Scandal: SPIN's 1989 Feature, 'Sins of Omission'", 5 October 2015.

Poisoning By Prescription

"In a major surprise about the treatment of the AIDS virus in children, the drug AZT, which is now the standard treatment, proved so ineffective in preventing disease progression that Federal health officials have halted part of a large study involving it ahead of schedule." *- in "Children's AIDS Study Finds AZT Ineffective", New York Times, 14 February 1995.*

"Owing to the early termination, only 15 patients (5% of the total) completed the full 24 weeks of treatment.

23 patients were treated for less than 4 weeks.

On the average, patients had received treatment for about 17 weeks at the time the study was aborted.

Instead of showing the percentages of patients in each group who experienced opportunistic infections during the 24 weeks, it became necessary to develop a projected probability of their experiencing opportunistic infections within 24 weeks.

This is analogous to estimating the probability of developing arthritis by the age of 70, using a sample in which only a few people had reached this age, and in which some were still teenagers.

The method used (Kaplan-Meier Product Limit Method) is a statistical attempt to estimate what results would have been if the study had not been terminated.

Like mopping up milk, it may be the best thing to do - but it would be better not to spill the milk." - in "Poison By Prescription The AZT Story", 1990.

FDA Documents Show Fraud In AZT Trials

"On 12 December 1991, I filed my request with the FDA's Freedom of Information Staff, asking for various documents pertaining to the multi-center Phase II AZT trials conducted in 1986.

I have finally obtained documents which describe in detail many acts of fraud committed in the conduct of the Phase II AZT Trials.

It was on the basis of the Phase II Trials that AZT was approved for marketing by the FDA in 1987.

The Phase II AZT trials were prematurely terminated in the fall of 1986, owing to what appeared to be a spectacular difference in death rates between the AZT and the placebo group.

Allegedly only 1 person in the AZT group died, as compared to 19 in the placebo group.

The trials were terminated "for ethical reasons", so that everyone in the study would have the opportunity to take the "life-extending" wonder drug.

As I have argued repeatedly since 1987, these mortality data cannot possibly be correct; not only are they in conflict with mortality data from other AZT studies, but from the standpoint of common sense, one cannot expect dramatic health benefits from a drug that is manifestly injurious to health." - in "The AIDS War", 1993.

"Doing Trials of AZT and individuals who are not far advanced in their illness.

Perhaps even more important is that we now have a commitment to have drug to do a study and individuals who are completely asymptomatic, in other words someone who's antibody positive has the virus but is completely well with regard to symptoms.

And the reason why it's important to do studies in those individuals, is because we know that in this country there are at least 1 Million and maybe 1 Million and a half individuals, who are in that category.

The FDA came out with the announcement that they're really going to be able to push drugs along much more quickly, what they've been doing with AIDS drugs is moving them along remarkably quickly, despite the criticisms about that." - Dr Anthony Fauci, MD in "FDA Approves Expanded Access to AZT", Lherer-MacNeil News Hour, 27 March 1987.

This Is the Goal

"Initial studies with AZT alone indicate that, when someone is without symptoms and have modest diminution of their immune function you could prolong the disease-free state by a finite period of time, a year, a year and a half, or what have you.

What we want to do is really prolong that, so by the middle or end of the 90's we'll be able to say, that we have AIDS from a therapeutic standpoint, that's really a manageable chronic disease this is the goal." - Dr Anthony Fauci, MD in "AIDS Vaccine Breakthrough", The MacNeil-Lehrer News Hour, 20 June 1990.

The WHO Global Programme of AIDS (GPA)

"Since the mid-1980s, WHO became gradually involved in working on Global Epidemic Challenges.

This was marked by WHO starting its work on HIV/AIDS.

The Global Programme of AIDS (GPA) was established in 1987 and in a very short span of time it became the best financed programme in WHO.

The programme was started with a budget of USD $5 Million, by 1989 it had a budget of USD $60 Million, funded by Donors and Bilateral Agencies from Developed Countries. The funding for this programme grew to such an extent that a WHO Trust Fund for the GPA ,was established to manage the donations.

In 1997 WHO identified more than 60 significant disease outbreaks of both classic as well as unfamiliar diseases.

Epidemics appeared in unexpected places e.g., diphtheria epidemic in Russia, cholera in Peru, bubonic plague in India, the Mad Cow Disease in the UK, Avian Influenza in Hong Kong, Ebola in Zaire (now Democratic Republic of Congo), etc.

These developments in the WHO made it a leading actor in the process of Development of Global Norms and initiatives for containment of the threat of infectious diseases. Scholars of Securitization of Global Health Observe that the consequence of this has been the development of international health cooperation mechanisms that **place western fears of an outbreak reaching them above the prevention of such outbreaks.**

The prioritization of containment of the international spread of an infectious disease implies that response efforts tend to lack sustained political commitment to address the complex underlying conditions that give rise to an infectious disease." - in "Leading and Coordinating Global Health: Strengthening the World Health Organization", South Centre, 13 February 2023.

Bill Gates & HIV/AIDS Business Plan

1999

"Bill Gates and his wife Melinda will announce tomorrow a $25 Million contribution to the International AIDS Vaccine Initiative (IAVI), the largest single philanthropic donation ever made to AIDS research." - in "Bill Gates Makes Major AIDS Donation", Science, 3 May 1999.

2002

Advances in Immunology That Will Come Out of the Work On AIDS Will Be Fantastic For AIDS And For Other Disease That Come Along

"The Foundation is trying to support various activities around AIDS as much as we can.

We've been very lucky in terms of building up a small but very effective staff.

We have Helene Gayle now who's **in charge of our different AIDS activities, and I'm very enthused about the partnerships we have and the things that are going on.**

And it's interesting to go back and look at some of the debates about whether Phase 3 Trials should be started for various things, and see that people at those times were saying, 5, 6 years ago that in only a few years, say, a Type Vaccine would be out in Phase 3 Trial.

And so in some ways it's a challenge of the science.

The challenge of the Epidemics are continually surprising us.

And certainly there's an area where the U.S. and others

could put their best foot forward and really show how they feel it could be by addressing **with action and resources, in a fairly dramatic way, the AIDS health issue and many others.**

As I was talking at the World Economic Forum (WEF) there is a number of other countries that are willing to step up what they give but it's tough for them politically because on really any measure that you use - per capita, per GDP - the U.S. is the least generous in some of these areas, so it's very tough for them to go in and say, "Okay, let's get up to 0.3% of GDP if the U.S. is going to stay down at something like 0.1%."

I think the advances in immunology that will come out of the work on AIDS will be fantastic for AIDS and for other disease that come along." - Bill Gates, co-chair, in "Retroviruses Conference", 24 February 2002.

> ***"Bill Gates courted controversy last week while mixing business with philanthropy and by publicly endorsing a US government report predicting an AIDS epidemic in India.***
> ***The report, issued by the US National Intelligence Council in September 2002, predicts that India will have 20–25 Million cases of HIV/AIDS by 2010 — the highest estimate for any country in the world."*** *- in "Philanthropist or commercial opportunist?", The Lancet, 23 November 2002.*

2015

"Bill Gates believes that a Vaccine and new intensive Drugs to combat HIV should be available by 2030 and end most new cases of the virus that has killed millions in the past three decades.

> *"We're pretty optimistic in this 15-year period we will get those two new tools" - Bill Gates*

Told the World Economic Forum (WEF) in Davos.

GlaxoSmithKline filed the world's first malaria vaccine for approval in July 2014." - in "Bill Gates predicts HIV Vaccine by 2030", Guardian, 24 January 2015.

2020

Bill Gates: How HIV/AIDS Prepared Us To Tackle COVID-19

"Bill Gates thinks lessons from the AIDS fight can help defeat COVID-19, in particular teaching us about building "large, fair, global distribution systems".

But he says AIDS treatment programmes can actually benefit too. ***"Better diagnostic tools are being developed to help identify these [coronavirus] infections.***

Investments are being made in libraries of antiviral drugs.

Also we're making great progress on vaccines." *- in "Bill Gates:* ***How HIV/AIDS prepared us to tackle COVID-19****", Global Health, World Economic Forum, 27 July 2020.*

The "Covid-19 Pandemic" I Thought This Is All Wrong Is Like HIV But On A Bigger Scale

"The whole AIDS construct is built on 3 Tests:

1. Antibody Tests (the alliance from western blot).
2. T cell counts.
3. PCR viral loads.

They're using the PCR as its own own "gold standard" basically. So, how can they confirm those diagnoses.

Then by May 2020 ("Covid-19 Pandemic"), I thought this is all wrong, this is absolutely, it's like HIV but it's on a bigger scale.

One of the documents that Zambon sent me, said that the World Health Organization (WHO) advised countries not to isolate the virus to develop a test, again it's just like HIV.

You've got this hypothetical construct that exists in some sort of algorithmic form, computer form, that's not actually based on virological work." - Dr Kevin Corbett, RN in "We're Falsifying The Hypothesis", 13 April 2022.

Dr Kevin Corbett worked as a Registered Nurse in the United Kingdom for most of his professional career in the National Health Service (NHS) dealing with AIDS patients.

He worked specifically in the hospital wards opened by Princess Diana dedicated to HIV patients in London, England.

> ***"The health sciences are now little more than Propaganda - based on current beliefs & symbols - whose aim is control.***
> ***Citizen Science is public participation in new scientific Frontiers by participatory research which advances understanding, especially in relation to debates excluded from mainstream Core science e.g. lack of proof for the existence of pathogenic viruses."*** *- Dr Kevin Corbett MSc PhD*

"HIV/AIDS" So-Called "Experts"

The first think that should come to ones mind is the word: Fraud & Deception!

Dr Anthony Fauci, MD

"Dr Anthony Fauci, MD has been thrust to the spotlight during the ongoing COVID-19 pandemic.

His scientific expertise and no-nonsense approach to the management and control of a global outbreak has proven essential.

He has become a source of key information, and a competent figure of hope as we have adjusted to the new reality in which we find ourselves.

In honor of World AIDS Day, in which we find ourselves in the midst of a third wave of COVID-19 in the US, we wanted to see if there were **others like Fauci: Infectious Disease Experts who have stepped into the fold during times of crisis (Covid-19) to apply their knowledge** in new ways to save lives.

Like Dr. Fauci, this is not their first time dealing with a novel infectious disease outbreak. Each of these doctors is also well established in confronting the emergence of HIV, beginning in the 80's and 90's.

They have turned their insights and learnings from that national emergency and applied it to COVID-19.

Below, you'll meet 12 infectious disease specialists from 4 hubs of progressive medical research across the U.S." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

"As a physician with the National Institutes of Health (NIH), Fauci has served the American public health sector for more than 50 years and has acted as an advisor to every U.S. president since Ronald Reagan.

During his time as director of the NIAID, he made contributions to HIV/AIDS research and other immunodeficiency diseases, both as a research scientist and as the head of the NIAID.

From 1983 to 2002, Fauci was one of the world's most frequently cited scientists across all scientific journals." - in "Wikipedia", 1 June 2023.

Dr Rochelle Walensky, MD

"Walensky, expert on AIDS and HIV, will be tasked with rebuilding a critical health agency that has been sidelined by the Trump administration amid a Pandemic.

Walensky will replace Robert Redfield, who assumed the role of director in March 2018, and take a top role in helping the Biden administration curtail the Coronavirus Pandemic." - in "To rebuild CDC, Biden picks Rochelle Walensky", Politico, 6 December 2020.

"Dr. Walensky's research interests focus on model-based analyses of the cost-effectiveness of HIV testing, care, and prevention strategies to inform HIV/AIDS policy internationally and domestically.

Dr. Walensky serves as Chair of the Office of AIDS Research Advisory Council (NIH) and as a member of the US Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Rajesh T. Gandhi, MD

"Dr. Gandhi is the site leader of the MGH AIDS Clinical Research Site in the Harvard/Miriam AIDS Clinical Trials Unit and chair of the AIDS Clinical Trials Group (ACTG) HIV Reservoirs and Eradication Transformative Science Group.

He is also the Director of the Harvard University Center for AIDS Research Clinical Core (CFAR).

He is also a Deputy Editor of NEJM Journal Watch Infectious Diseases and NEJM Journal Watch HIV/AIDS." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Dan H. Barouch, MD

"Dr. Dan H. Barouch is Director of the Center for Virology and Vaccine Research at Beth Israel Deaconess Medical Center and Professor of Medicine at Harvard Medical School.

In addition, he is a key part of the Bill & Melinda Gates Foundation Collaboration for AIDS Vaccine Discovery, the National Institutes of Health Martin Delaney HIV-1 Cure Collaboratory, and the Ragon Institute of MGH, MIT, and Harvard, received his Ph.D. in immunology from Oxford University.

Dr Barouch's laboratory focuses on studying the immunology and virology of HIV-1 infection and developing novel vaccine and cure strategies.

He and his team have explored a series of novel vaccine technologies, and he is also working on strategies to address other global infectious diseases.

He has also applied his vaccine expertise to other infectious diseases such as Zika virus and tuberculosis.

Also led the world's first demonstration of Zika vaccine protection in preclinical studies and has launched a series of phase 1 Zika vaccine clinical trials." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Carlos C. del Rio, MD

"Dr. del Rio is a native of Mexico, He did his Internal Medicine and Infectious Diseases residencies at Emory University.

In 1989 he returned to Mexico where he was Executive Director of the National AIDS Council of Mexico (CONASIDA, the Federal agency of the Mexican Government responsible for AIDS Policy throughout Mexico), from 1992 through 1996.

Dr. del Rio was Chief of the Emory Medical Service at Grady Memorial Hospital from 2001 – 2009 and Chair of the Department of Global Health from 2009 – 2019.

He has also worked on emerging infections such as pandemic influenza and was a member of the WHO Influenza A(H1N1) Clinical Advisory Group and of the CDC Influenza A(H1N1) Task Force during the 2009 pandemic.

Chair of the PEPFAR Scientific Advisory Board.

Chief Section Editor for HIV/AIDS for NEJM Journal Watch Infectious Diseases, Associate Editor for Clinical Infectious Diseases and member of the editorial board of Journal of AIDS and Global Public Health." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Monica Gandhi, MD

"Dr. Gandhi co-directed the "Communicable Diseases of Global Health Importance" course in the Global Health Sciences Masters program from 2008-2015, and serves as the overall Education Director of the HIV, ID and Global Medicine Division.

Served as the principal investigator of an R24 mentoring grant from the NIH focused on nurturing early career investigators of diversity in HIV research, is the co-Director for the Center for AIDS Research (CFAR).

Directs the HIV/ID Consult Service at San Francisco General Hospital (SFGH)." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Josiah D. Rich, MD

"He is also a Co-Founder of the nationwide Centers for AIDS Research (CFAR) collaboration in HIV in corrections (CFAR/CHIC) initiative." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

Dr Timothy P. Flanigan, MD

"Director of The Miriam/Brown Fogarty Program which trains and mentors overseas investigators in HIV/AIDS.

In 2014 he spent 2 months in Liberia training health care workers to maintain safety in the face of the Ebola epidemic and to reopen St. Joseph's Hospital.

More recently, he has initiated research projects in the area of Lyme Disease and Tickborne Illnesses." - in "Meet 12 Elite HIV Experts on the Front Lines of COVID-19", MediFind, 2023.

A Cure For HIV/AIDS Not In The Horizon - 2019

"Dr Anthony Fauci, MD one of the nation's top HIV/AIDS doctors, cautioned that the highly publicized case of the so-called London Patient — the second person in the world confirmed to be cured of HIV infection — does not mean a widely available cure is on the horizon anytime soon" - in "Top HIV doctor says 'London Patient' cure 'too risky' to be feasible treatment", NBC, 5 March 2019.

What A Load Of Malarkey!

So the "Experts" on HIV/AIDS cannot find a cure for the "HIV/AIDS" "Virus" since 1981, but in just a couple of weeks, the "Experts" in "Virology" found a "Cure", a "Vaccine" for the "Covid-19" "Virus"!

What A Load Of Malarkey!

HIV & PCR – Farce

"The question is if HIV have been, or has been ever isolated?

And the clear answer is No.

We have to go back in the history of Virology to the Year 1970, where the activity of a certain enzyme, reverse transcriptase, was believed as a proof of the existence of a new type of Viruses, the retroviruses.

It soon turned out to be wrong, because the activity of this enzyme can be found in all human beings, in all mammals, in all plants.

So this working hypothesis proved wrong.

They may detect a certain protein of a given size saying well this is part of HIV.

They will find stretches of genetic material, amplified PCR, saying well this is part of HIV, and this is absolutely wrong.

What they sold the world as being "viral particles", are not "viral particles".

The latest issue of "Scientific American" you will find on page 50, the explanation of what they are showing us:"cellular particles for export and import of proteins and other materials produced by certain cells."

They look exactly the same as what is being presented as HIV. On the molecular level they detect HIV only by an indirect means whereby the claim that if you have antibodies against some protein then you are positive.

But it is a clear circular argument because they have no original proteins from the blood but only those from their mixture of blood with the elements they themselves decided to include!

Then they use the proteins they isolated under certain "difficult" conditions from their mixture in order to claim that these are HIV specific proteins, and if they are found in the blood of a person who has produced such proteins by going through stressful situations then he is considered to be HIV positive.

Then they come up with a positive HIV test.

how is it possible that there are so many papers that have the word isolation of HIV in the title, if it's never been achieved.

I think this is just a central dogma, in this kind of science for example, if you just look in such books around retroviral testing, or testing for for HIV, you find the central dogma in the way.

Beginning just saying "retroviruses are the cause of considerable human morbidity and mortality, essentials for quality control and laboratory diagnosis", and you will find no single reference, even where the proteins, the antigens used in all those tests were isolated from.

You see this is the hidden agenda, they say in their mixture what they are doing, this business in the lab, that they create "viruses", and wild routines. And this is a case of self-deception at least.

And deception in case of all other scientists, who were supplied by cloned genetic structure said to represent parts of the HIV genome, working with this.

And believing that the original isolation has been performed in a proper way, so all science, was based on unfaith and trusting in inside techniques applied by other people.

And they never had done it.

You find the word control, you don't find in those literature, to mention that you did a parallel isolation attempt.

The uninfected material, you don't find this.

It's just a matter of belief, and of course they can for years, and decades go on:

"Well the virus exists but it's hard as well, we have another model, and now we find it everywhere using PCR techniques", but this is either self deception, or a bloody lie.

People like to explain complicated sicknesses involving many factors in easy or simple terms like bacteria and viruses infecting the body.

I think it's irresponsible after 20 years of Virology, just to come up with new techniques, with new methods, and to say this is the final proof of a virus.

You just come up with a stretch of genetic material, which you say it represents the viral genetic material, and you pour it onto cells, and you re-redact it, and then you'd say: "look it's there".

And because I can re-redact it, or re-isolate it, what I put in before ,then that is the proof of a virus.

This is just a stupid circular argument, it's incredible.

And I think here, the joking, and the scientific pseudo science should stop, because think of the fear, and what such test, positive tests, what such results mean for those people.

Everything is possible, unless we allow them to make some claims, and if you allow them to make such claims without having a proof for it, and we have to open our eyes and ears and our brains to see where the circular arguments.

The question about vaccines look if there is no virus, and if they can only detect by indirect means the presence of some proteins, said to be specific for HIV.

But expressed only under severe stress conditions than to vaccinate it means to make the thing worse. All diseases finished or went down long before vaccination was applied.

If we have false negatives, what about the false positives?

And here you see the central dogma.

If they want to have a positive - this is their Dogma - they say: "The virus is somewhere."

And that's just an act of definition, finding antibodies, testing positive, you are positive. You are going to die.

You often hear people talk about PCR virus, what is the difference between, a so-called retrovised PCR for RNA, PCR for DNA.

You are positive in a PCR test, and if you take the starter molecules, which are always needed in PCR to test them positive, with their structures of RNA, if you take the same stretches of course as they do in testing somebody Negative, they are not doing it with the RNA but with the DNA and the secret in here, is that those stretches won't fit to the DNA.

Because when RNA is produced the genetic information is slightly changed, and it's not, it does not look like the same, like on a molecular on the chromosomal level, on the DNA level and this is the trick, behind this PCR testing.

The question is that when antibody tests are not specific, because there is no wild isolation, or wild proteins.

Why not PCR testing is more accurate in principle, PCR is more sensitive but if you just detect proteins which your own body developed, or which received by blood donations, or using Factor VIII preparations.

The same applies of course for the PCR testing, they are using a technique to amplify sequences, which were inside your body, but only expressed under special conditions. And so the PCR testing is absolutely invalid." - Stefan Lanka, Continuum Magazin, Interview in London, 1996.

Dr. Stefan Lanka, virologist and molecular biologist. Internationally, known a "genetic engineering dissident", who, since 1994, has questioned the mere existence of HIV.

In recent years, he was also shocked by a breathtaking fact: None of the Medical Trade "Viruses" have even been isolated, and there is no evidence what so ever, on their existence.

> ***"If I wanted to pick out the one cell, that if I damage that cell I would do the most damage to the immune system, I as an immunologist would pick out the T4 cell."*** *- Dr Anthony Fauci, MD, in "AIDS: Acquired Immunodeficiency Syndrome", Medicine for the Layman Series at the NIH, 1984.*

The Story Behind The South Africa HIV/AIDS Pandemic Farce

"Question: I remember back in the 80's to be my first bit of public propaganda and it was this big advert on TV and there was this Tombstone.

I don't know if you have the theme in South Africa, you have this Tombstone and it said "Don't Die Of Ignorance", and then the Tombstone fell down, it was a big sort of gray and very morbid thing.

Anthony Brink: After to the first election in 1994, pretty quickly afterwards the country was seized by this hysterical notion, that there was a brand new sexually transmitted disease a foot.

But curious enough we'd heard nothing about it really before 1994, before the election, and suddenly it got saturation newspaper coverage.

It was all the rage, and one, for the time there was a social worker very concerned, involved with orphans and foster care.

She was regaling me with her stories, the information she was picking up from her colleagues, soon we'll be stepping over bodies in the streets and there'll be these feral orphans running around the cities.

The country was headed for this massive demographic collapse, and I bought into it.

It's all very interesting, and very exciting, I mean, there's nothing more kind of persuasive than a really stupid idea, think about it historically.

And I recall sharing this with my legal colleagues in the Bar Common Room, and everybody was wide-eyed, and really interested, and then on the last Sunday night of September 1996, I stumbled on an archive of dissident writing scientific papers.

And writing by lay Authors, Journalists and historians, a top Lawyer, Professor of Law Phillip E. Johnson, and it was just something about this thing, that caught my interest, and within an hour and a half everything I thought I knew collapsed.

And more than that, **I had the sense that what I appreciated, that Government Policy was based on Scientific Nonsense.**

We were in the Grip of a Delusion, and a Mass Hysterical Epidemic.

That's all very well, people can believe all sorts of Foolish Things.

But at the same time **the New Government in power, Vulnerable Government, Inexperienced Government, was under immense pressure, from the then biggest Drug Corporation in the world GlaxoSmithKline, and all its assets in the media, and in NGOs, and the like.**

The massive pressure to buy a Medicine, a Drug, a Chemical, sold as a Medicine, Zidovudine (AZT).

This Drug was being marketed to the South African Government, and **the Government was under heavy pressure to spend Billions of its National Health budget.**

It was being sold to the Government to provide pregnant African woman who had been Diagnosed HIV positive, and it was claimed that this drug given to pregnant African woman, expectant mothers would save their babies from being infected by this terrible new sex virus called HIV, and everybody everybody would be smiling.

The Drug Company would be rubbing his hands together all the time, and little babies would be saved. It was a lovely story.

Trouble is, I looking at this writing, I just chanced upon, I quickly understood that **this chemical AZT marketing just antiretroviral, was both deadly poisonous, and completely useless. Deadly poisonous, because it had actually been invented as a cell poison**, imagine that, it had been invented in 1961 by Professor Dr Richard E. Beltz, who I track down, and who endorsed what I did later.

I must tell you so, right from the horse's mouth.

He synthesized this drug as an experimental cell poison for possible application as a new Chemotherapy.

Because our idea of Chemotherapies it poisons, literally poisons the cancer cells, and the idea is because these cancer cells are alleged to be growing, multiplying faster than ordinary healthy cells, then the cells will be killed off more quickly than healthy cells. So, it kills the cancer before it kills you, that's the idea. The point is that the drug, he tried it out, did some experiments and he shoved it.

And it was then picked up again by Jerome Horwitz of the Barbara Ann Karmanos Cancer Institute and Wayne State University School of Medicine synthesized AZT in 1964 under a US National Institutes of Health (NIH) grant.

And again he fiddled around to published the first paper, on this drug which is why he's wrongly credited with first synthesizing it. Again he shelled it, and then in 1996 it got hauled off the shelf of assorted Orphan Drugs, Orphan Drugs meaning chemical compounds which had found no application in Medicine.

And it was put to test as a possible AIDS Drug, it was rushed through licensing, in circumstances which can only be described as fraudulent. It was fraudulently rushed the market and also the story we've had invented and for why, and my correspondence with Beltz is recorded in an essay I wrote called "Inventing AZT".

> ***"You are justified in sounding a warning against the long-term therapeutic use of AZT, or its use in pregnant women, because of its demonstrated toxicity and side effects. Unfortunately, the devastating effects of AZT emerged only after the final level of experiments were well underway, that is, the experiments which consisted of giving AZT to large numbers of human patients over a long period of time. Your effort is a worthy one. I hope you succeed in convincing your government not to make AZT available."*** *- Professor Dr Richard E. Beltz, 11 May 2000.*

This is like a nightmare scenario, that everybody was enthusiastically rooting for this drug, and government was being pressed to buy it.

But this is like pure poison, it's like you've got a bit of a headache, well here have a dumb dumb bullet, or here have a guillotine.

It was lunacy, and it was horrific, it was like a horrible corporate crime about to be committed on our country against our country.

The kind of background I've got, and for a number of reasons everything sort of came together, I just thought, I've got to do something about this here!

I am practising law on this small City Pietermaritzburg I don't have connections, I have no way of getting this out. So, I thought well, what to do?

Let me win the interest of our country's top and vertical journalist, which I did.

Martin Wilson equivalent equivalent of your "Private Eye", (UK News Publication).

But, basically I wrote up the trouble with ZDT, and it was initially published in a local newspaper, and it ended up published in the Citizen and then a country's top AIDS Treatment Experts, purported to respond, his answer was really pathetic.

And then I replied, and then I sent the debate up, amplified I should say. Because just then, it was like this the skies opened, and then like a thunder like a real um downpour of scientific papers, were being published in the Medical and Scientific press.

So, I expanded the original writing, amplified it, and sent the whole deal up to government.

It was acknowledge, and the special advisor to the minister of Health City, quite clearly knew more about this drug than anybody else in the country, which is true.

And the Government's about to change, with Mandela going out and Mbeki coming in, so maybe change the camera, which he did so it was the right thing to do, to hang on for a month or two.

But then he passed it on to the Minister of Health, and it

got to Mbeki, and on the 28 of October 1999, Thabo Mbeki stood up in the National Council of Provinces, which is our second chamber of Parliament, and he said:

> ***"It has been brought to our attention, that there's a large volume of scientific evidence, that the Drug AZT is a danger to human health and would be grossly irresponsible where our government to disregard the dire warnings these researchers have been making."*** *- Thabo Mbeki, President of South Africa*

And he said; "there's also some litigation pending", which I also brought his attention. And I knew in a flash just come through the radio that I'd reached him.

It was amazing the art of the possible, and the next day the Director General in the presidency phoned me for more information, and I was contacted by the Secretary General of the ANC, and was asked to draw the African National Congress the party in power, to draw the government's press release.

And that was the start of it really, it was an amazing explosion all around me. And the next thing this was all over the newspapers, and I had journalists from all over the world literally sort of flooding into my house with cameras and microphones.

The Perth Group is an association of scientists supporting the recently late Biophysicist Eleni Papadopulos-Eleopulos, who was based at the Royal Perth Hospital in Perth Western Australia.

It was although genius all her writing, all her research, but supported by John Papadimitriou, Professor of Pathology, Dr Valendar F. Turner, Emergency Physician, and others from around the world.

So the Perth group was really a support group, it was Eleni Papadopulos-Eleopulos, and her scientific and medical supporters. The internet archive that I'd stumbled across by chance, it was a website called virusmyth.com, run by a Dutch, the late Robert Laarhoven, who I met, I travelled to see him, a genius actually.

And the Perth Group's material was there.

So was the material of Peter Duesberg, Professor of Molecular Biology at University of California Berkeley, and a member of the U.S. United States National Academy of Science, and he's generally regarded as the original dissident, because he's best known.

Thabo Mbeki was still a firm believer in the HIV Theory of AIDS, it came out in a statement in Parliament, but at the same time that I'd sent up to government which reached him, sent up my stuff on AZT.

Anita Allen, a journalist in Johannesburg had faxed a lot of dissident materials, from the same site, and similar to the presidency, and Mbeki got it, read it, and met her on the spot.

And in short order, Mbeki belief in the HIV Theory of AIDS, the HIV AIDS Model lapsed collapsed.

And he decided to settle the matter, because there was indeed controversy, he pointed up the existence of a controversy of about which most people were oblivious.

So he thought, he's going to ventilate this now, by convening an International Panel of Orthodox and Dissident Scientists Doctors and a few other players.

And this was the famous Mbeki convened International AIDS Advisory Panel.

Two meetings were held in early 2000, and then July 2000.

Then President Mbeki went to America, and it's on the record, it's in Frank Chikane book (Eight Days in September: The Removal of Thabo Mbeki, 2012).

It was made blunter, on his visit to America, he needs to back off this thing.

Because the forces that he'd taken on, were so powerful, but they were potentially dangerous.

I'm not saying he backed out of cowardice, not at all, about the balance of forces were such that, he just couldn't hold the course, and then the party, not all of whom, whose members that come round, I mean at leadership level, some were still hold out, some still believe the usual nonsense.

The party prevailed on him to back off, for the defence, to keep the party's eye on what is considered more immediate socio-economic transformation goals. Mbeki never came around, he never said OK, I'm so sorry, I was wrong.

It's all on my website tig.org.za." - Anthony Brink, Advocate of the High Court of South Africa, Former Prosecutor, District & Regional Magistrate, Civil Magistrate, National Chairman Treatment Information Group, in "No Virus - A Battle That Started Before Our Time, Anthony Brink - A forgotten tale of the previous Global No Virus War", Dpl's Newsletter, 22 June 2023.

> ***"The failure of American AIDS to 'explode' into the general population led the authorities to look for the phenomenon elsewhere.*** *New AIDS cases in the U.S. began falling before the introduction of 'protease inhibitor' therapy, and from 1997 to 1998 dropped from about 60,000 to 48,000. Of teenagers diagnosed in 1998, only 68 were classified as 'heterosexual contact.' Among women, AIDS diagnoses fell from 13,000 in 1997 to 11,000 in 1998.* ***If the very high AIDS spending by the U.S. Government is to be sustained, the emergency would have to be drummed up elsewhere, so Africa beckoned."*** *- in "Inventing an Epidemic", The American Spectator, 2000.*

"In money terms, first there is the Pharmaceutical Industry.

If AIDS in Africa is now a national security threat, as President Clinton has declared, American money will be appropriated for the very expensive drugs to spend in Africa – Billions of dollars of potential profits.

If Washington doesn't appropriate funds, there's the fear that African nations might buy generic, foreign-made copies of U.S. drugs.

Then there is the Public Health Establishment.

More Billions can go for salaries, offices, staffing, travel and long reports.

The World Health Organisation (WHO) budget has skyrocketed along with African AIDS statistics.

Many Public Health Officials are well meaning, seeing AIDS fears as the only way to get money to help the misery afflicting so much of Africa.

In America, government AIDS money is spreading far and wide. Federal spending now tops $10 Billion and is increasing yearly even as case loads fall." - in "AIDS Hype in Africa? No HIV Test Required, Disease Defined Differently Than in U.S.", 30 April 2000.

> ***"As my journey through the Pharmaceutical jungle progressed (in which a number of people were murdered, others killed with Experimental Drugs, and Governments and Universities corrupted),*** *I came to realise that, by comparison with the reality, my story was as tame as a holiday postcard." - John le Carre, in "The Constant Gardener", 2001.*

Leading Scientist On The AIDS/HIV Farce

"HIV is an ordinary retrovirus.

There is nothing about this virus that is unique.

Everything that is discovered about HIV has an analogue in other retroviruses that don't cause AIDS.

HIV only contains a very small piece of genetic information.

There's no way it can do all these elaborate things they say it does." - Dr. Harvey Bialy, Molecular Biologist, former editor of Bio/Technology and Nature Biotechnology, in "Spin", June 1992.

"AIDS is a behavioural disease.
It is multifactorial, brought on by several simultaneous strains on the immune system - drugs, pharmaceutical and recreational, sexually transmitted diseases, multiple viral infections." *- Dr Gordon Stewart, Emeritus Professor of Public Health, University of Glasgow, in "Spin", June 1992.*

"The marketing of HIV, through Press Releases and statements, as a killer Virus causing AIDS, without the need for any other factors, **has so distorted research and treatment that it may have caused thousands of people to suffer and die."** - Dr Joseph Sonnabend, New York Physician, founder of the American Foundation for AIDS Research, in "Sunday Times", London, 17 May 1992.

"If there is evidence that HIV causes AIDS, there should be scientific documents which either singly or collectively demonstrate that fact, at least with a high probability.
There is no such document." *- Dr Kary Mullis, Biochemist, 1993 Nobel Prize for Chemistry, in "Sunday Times", London, 28 November 1993.*

"It is not proven, that AIDS is caused by HIV infection.
Nor is it proven that it plays no role whatever in the syndrome." - Dr Harry Rubin, Professor of Molecular and Cell Biology, University of California at Berkeley, in "Sunday Times", London, 3 April 1994.

"Unfortunately, an ***AIDS "establishment", seems to have formed that intends to discourage challenges to the dogma on one side, and often insists on following discredited ideas on the other."*** *- Dr Roger Cunningham, Immunologist, Microbiologist, Director of the Centre for Immunology at the State University of New York, in "Sunday Times", London, 3 April 1994.*

"The sentence of death, accompanying the Medical Diagnosis of AIDS should be abolished." - Dr Alfred Hässig, former Professor of Immunology at the University of Bern, and director Swiss Red Cross blood banks, in "Sunday Times", London, 3 April 1994.

"The HIV-causes-AIDS dogma represents the grandest, and perhaps the most morally destructive fraud that has ever been perpetrated on young men and women of the Western world." *- Dr. Charles Thomas, former Professor of Biochemistry, Harvard and John Hopkins Universities, in "Sunday Times", London, 3 April 1994.*

"The HIV hypothesis ranks with the "bad air" theory for malaria and the "bacterial infection" theory of beriberi and pellagra (which is caused by Nutritional Deficiencies). It is a Hoax, that became a Scam." - Dr Bernard Forscher, former editor U.S. Proceeding of the National Academy of Sciences, in "Sunday Times", London, 3 April 1994.

"I do not regard the causal relationship between HIV and any disease as settled.
I have seen considerable evidence that highly improper statistics concerning HIV and AIDS have been passed off as Science, and that top members of the Scientific Establishment have carelessly, if not irresponsible, joined the Media in spreading Misinformation about the nature of AIDS." *- Dr Serge Lang, Professor of Mathematics, Yale University, in "Yale Scientific", Fall 1994.*

"In the old days it was required that a scientist address the possibilities of proving his hypothesis wrong as well as right.

Now there's none of that in standard HIV-AIDS program with all its Billions of Dollars." - Dr Richard Strohman, Emeritus Professor of Cell Biology at the University of California at Berkeley, in "Penthouse", April 1994.

> ***"Dominated by the Media, by special Pressure Groups ,and by the interests of several Pharmaceutical Companies, the AIDS Establishment efforts to control the disease, lost contact with open-minded, peer-reviewed medical science since the unproven HIV/AIDS hypothesis received 100% of the research funds while all other hypotheses were ignored."*** *- Dr. Etienne de Harven, Emeritus Professor of Pathology, University of Toronto, in "Reappraising AIDS", Nov./Dec. 1998.*

"Up to today, there is actually no single scientifically really convincing evidence for the existence of HIV.

Not even once such a retrovirus has been isolated and purified by the methods of classical virology." - Dr Heinz Ludwig Sänger, Emeritus Professor of Molecular Biology and Virology, Max-Planck-Institutes for Biochemy, München, Robert Koch Award 1978, in "Letter to Süddeutsche Zeitung", 2000.

> ***"I think Zidovudine (AZT),*** *was never really evaluated properly, and that its efficacy has never been proved.*
> ***But it's Toxicity certainly is important.***
> ***And I think, it has killed a lot of people.***
> ***Especially at the high doses.***
> *I personally think it not worth using alone or in combination at all." - Dr Andrew Herxheimer, Emeritus Professor of Pharmacology, UK Cochrane Centre, Oxford, in "Continuum", October 2000.*

Further Reading

1. "The Aids War: Propaganda, Profiteering and Genocide from the Medical-Industrial Complex", 1993.

2. "Cry, beloved country: How Africa became the victim of a non-existent epidemic of HIV/AIDS, AIDS: Virus- or Drug Induced?", 1996.

3. "A critical analysis of the HIV-T4-cell-AIDS hypothesis," Genetica, Volume 95 no. 1-3, 1995.

4. "Is HIV The Cause of AIDS?", interview with Eleni Papadopulos-Eleopulos, By Christine Johnson, Continuum Autumn, 1997.

5. "Inventing the AIDS Virus", 1996.

"The Main Factor in Medical Wisdom is Ignorance.
The Medical Trade, has the remarkable ability of seeing one thing, and stating the other.
This is probably the main characteristic, in the pathogenicity of medical thought". - Rui Alexandre Gabirro, Emunctologist

Chapter 7

The False Theory of Viruses

"We don't have a Health Care System, we have a Disease Care System." *- Dr Ed Lafleur, MD, in "A Better Way", Documentary, 2022.*

"We diagnose diseases, and we assign them a code, and for each diagnostic code there is a protocol. All of those treatments will generally be Pharmaceutical, because that's what is considered treatment." *- Dr Patrick Krupka, CFMP, in "A Better Way", Documentary, 2022.*

"The highly specialized, neurotropically fixed virus, which has been maintained in the past by intracerebral passage in rhesus monkeys, is more likely a laboratory artefact." *- Dr Claus W. Jungeblut, PhD, in "Journal of Pediatrics", July, 1950.*

"One of the landmarks in the study of infectious diseases was the development of the Henle-Koch postulates of causation. Drawn up for bacteria and protozoa, revised in 1937 by Rivers and in 1982 by Evans ***in attempts to accommodate the special problem of proving disease causation by viruses. The problem is still difficult, especially when viruses are considered as causative of chronic diseases (including several of the hepatitides), neoplastic diseases, and slowly progressive neurological diseases. Because most such diseases cannot be reproduced in experimental animals, virologists have had to evaluate causation indirectly via guilt by association."*** *- in "Fields Virology", 1996.*

Virus Theory Contradictions

Poliovirus "[I]nfectosomes have yet to be experimentally demonstrated." - Roland R. Rueckert, in "Infection: A Rare Event", Fields Virology.

"Eukaryote cells have a wide arsenal of activities to control the half-lives of mRNAs, and these nucleases have made it **difficult to isolate intact RNA viral genomes from cells**." - Ellen G. Strauss, et al in "Virus Evolution", Fields Virology, 1996.

"For every 200 or so virus particles that encounter a cell, **only 1 will successfully enter and replicate,** so research in **this area is often confounded by the rarity of successful entry."** - in "The Poliovirus Life Cycle", Polio Information Center Online, 22 December 2000.

"Viruses during retrograde transport on their way up to the cell bodies **have so far been localized ultrastructurally only in the case of herpes simplex and herpes virus suis.**" - Martin E. Schwab, Hans Thoenen, in "Encyclopedia of Neuroscience", 1987.

"The poliovirus has been electrophotographed in cell tissue. Due the lack of any photos of poliovirus as an infectosome, these photos should be interpreted as evidence of the cell's SOS response rather than of poliovirus causality.

Electrophotography has existed for several decades and has yet to photograph a poliovirus infectosome.

An infectosome is a "membrane-associated particle, which transfers genomic viral RNA through the membrane." - in Field's Virology, 1996.

"It seems likely that all viruses trace their origins to cellular genes and can be considered as pieces of rogue nucleic acids." - in "Encyclopedia Britannica", 1997.

"Most viruses we know today have probably evolved since the last ice age." - Ellen G. Strauss, et al, in "Virus Evolution", Fields Virology, 1996.

"Genetic information moves between viruses and their hosts to the point where definitions and classifications begin to blur." - in "Fields Virology", 1996.

"Carrel (1926) was able to produce tumors resembling Rous' sarcoma and transmissible by cell-free filtrates with indol, arsenic, or tar in chicken embryo.

Carrel's observations have been confirmed by other workers.

Fischer (1926), by treating cultures of normal cells with arsenic obtained on one occasion a filtrable virus capable of causing tumors." - Dr Ralph R. Scobey, MD, in "Poliomyeltis Caused by Exogenous Virus?", Science, 1954.

> *"The tubercle bacillus if conveniently debited with the high incidence of Tuberculosis among nurses in hospitals; thus exonerating* ***the bad food and unhealthy living conditions really responsible."*** *- Dr Ulric Williams, New Zealand*

"1 – The Biochemical composition of "Viruses", has not yet been determined outside of speculation.

2 – "Viruses" are not yet shown to be Replication-Competent.

3 – "Viruses" are not yet shown to be Infectious or Disease-Causing." - Dr Samantha Bailey, MD in "Shedding Stories", 13 June 2023.

"There is no question that coronavirus biology and ***virology in general are among the most tenuous fields in biology.***
Everyone involved has both exaggerated their ability to identify and study viruses.
It is in virologists best interests that we never figure out the extent of their exaggerations." *- Mary Holland, vice-chair of American Children's Health Defense, in "Share Scientific Evidence of Viruses?, Email to Christine Massey, M.Sc., 6 November 2022.*

For The Last 20 Years Virology Has Been An Indirect Study of Things We Can't Really Prove Are There

"For the last 20 years, Virology has been an Indirect Study of things we can't really prove are there." *- Dr Jonathan Jay Couey, Ph.D, Research Assistant Professor of Neurobiology, in "Office Hours: Christine Massey and the Centre for Research on Globalization", GigaohmBiological, Twitch, 20 December 2022.*

"The protocols killed about everybody.
It's hard for me to need any virus at all.
When you do the real math, and you say, take away all the explainable deaths first, very little left for a real virus to have done." - Dr Jonathan Jay Couey, Ph.D, Research Assistant Professor, Neurobiology, in "PCR working group recurring meeting", Zoom, April 2023.

"I have sent 216 Freedom of Information requests (FOI), over the last 3 years, to Health Departments, Health Ministries, Universities, and countless of research institutions around the world.

All, have replied the same:

"We Don't Have Any Records of the Covid-19 Virus Isolation."
"No Document is found at our Offices."
"No Document is found at our Institution."
"We Have No Record of SARS-COV-2 Isolation or Purification."

The World Health Organization (WHO) Failed to respond to my FOI query sent on the 22 February 2022, seeking any records that describe any alleged "SARS-COV-2" being found in the bodily fluid or tissue of anyone and purified, by anyone, anywhere, ever, in order for "it" to be Sequenced, Characterized and Studied, with Controlled Experiments." - Christine Massey, M.Sc., in "FOIs reveal that health/science institutions around the world (216 and counting!) have no record of SARS-COV-2 isolation/purification, anywhere, ever", 10 June 2023.

> ***"We find now, that modern unproven beliefs reach millions of people by Popular Magazines, Radio, and TV.***
> ***There is a danger that we may become the most superstitious population of all times.*** *- J. Warkany, 1972." - in "Products Liability Pharmaceutical Drug Cases", 1988.*

What Is A Virus? - July 2019

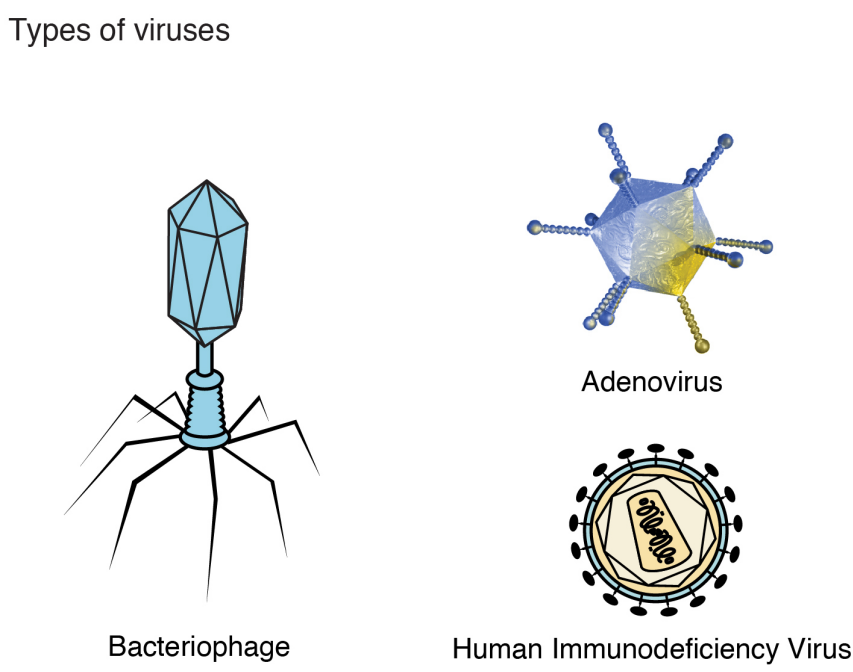


Image Source: "Genetics glossary, Virus",
National Genomic Research Institute, NHI, 8 July 2019
Note that the NHI only displays ***graphics of supposed "viruses"***

"A virus is an infectious agent that occupies a place near the boundary between the living and the non-living.

It is a particle much smaller than a bacterial cell, consisting of a small genome of either DNA or RNA surrounded by a protein coat. Viruses enter host cells and hijack the enzymes and materials of the host cells to make more copies of themselves.

Viruses cause a wide variety of diseases in plants and animals, including AIDS, measles, smallpox, and polio.

Viruses are submicroscopic, which means that you cannot see them in the microscope.

What's interesting about viruses is that they have 2 or 3 components.

Starting from the inside, you will have a nucleic acid, which can be either RNA or DNA, and in both cases the nucleic acid can be either single-stranded or double-stranded.

Then surrounding the nucleic acid will be a protein coat that's in the form of capsid, or little small units that are assembled in a certain way. That is what all viruses have.

Now, **some viruses will also have an envelope which they obtain as they emerge from the cell.**

Viruses are very interesting in that they can only survive inside a living cell.

So they must have a living cell in order to survive and replicate.

Antibiotics are not effective against viruses, but **vaccines are**, as well as some antivirals." - **in "Genetics glossary, Virus", National Genomic Research Institute, NHI, 8 July 2019.**

What Is A Virus? - July 2023

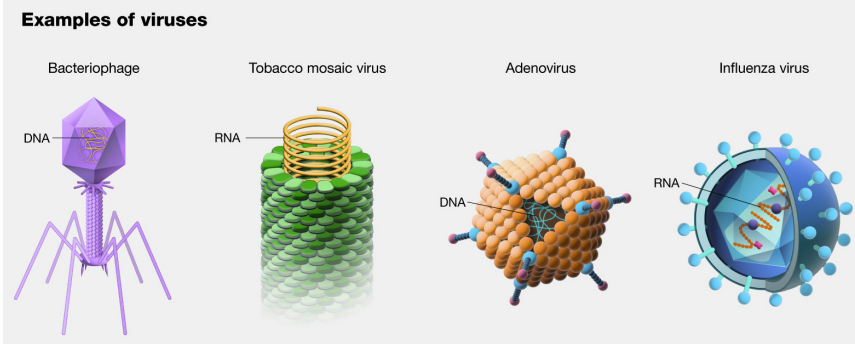


Image Source: "Genetics glossary, Virus", National Genomic Research Institute, NHI, 14 July 2023

"A virus is an infectious microbe consisting of a segment of nucleic acid (either DNA or RNA) surrounded by a protein coat.

A virus cannot replicate alone; instead, it must infect cells and use components of the host cell to make copies of itself.

Often, a virus ends up killing the host cell in the process, causing damage to the host organism.

Well-known examples of viruses causing human disease include AIDS, COVID-19, measles and smallpox.

Well, we all have learned a lot more about viruses in the last 2 years with the Covid-19 outbreak/global pandemic.

Viruses infect humans.

But, in fact, viruses infect many organisms, so you'll have viruses that infect fungi, viruses that infect bacteria, and we can learn a lot about how viruses maintain themselves by studying viruses that infect a whole host of species.

That really does help us to understand human disease.

But the viruses that infect humans are only a small fraction of the viruses that you find in the world.

The greatest abundance of viruses would be those that infect bacteria that are sometimes called phage.

And they have shared a lot of the same properties but they are much more abundant." - in "Genetics glossary, Virus", National Genomic Research Institute, NHI, 17 July 2023.

Please take a good look at both images of the selection of "viruses", which they placed in 2019 & 2023 to lustrate the the article, and look in particular at the "Human Immunodeficiency Virus" and at the image of the "Influenza Virus".

Bearing in mind that "Viruses" don't exist, and taking in to consideration that:

> ***"Viruses are submicroscopic, which means that you cannot see them in the microscope."*** *- in "Genetics glossary, Virus", National Genomic Research Institute, NHI, 8 July 2019.*

So, the question arises: Are the clowns at the NIH, using the end of their gastrointestinal system or their imagination, in order to "see" "viruses".

No Photos of "Viruses" But Plenty of Diagrams

"This book was produced with the collaboration of **several Major Scientific Publishers.**

Academic Press provided 64 Diagrams originating from its New York or London divisions.

This large number reflects the outstanding role of Academic Press as the publisher of Advances in Virus Research, Virology, and Journal of Molecular Biology.

The American Society for Microbiology, publisher of the Journal of Virology and many important books, provided 30 Diagrams.

Other major sources of diagrams were Springer-Verlag, Heidelberg and Vienna (25); Raven Press, New York (23); Jones and Bartlett, Boston (16); CRC Press (14); and the Amsterdam, Cambridge, and Paris divisions of Elsevier (10).

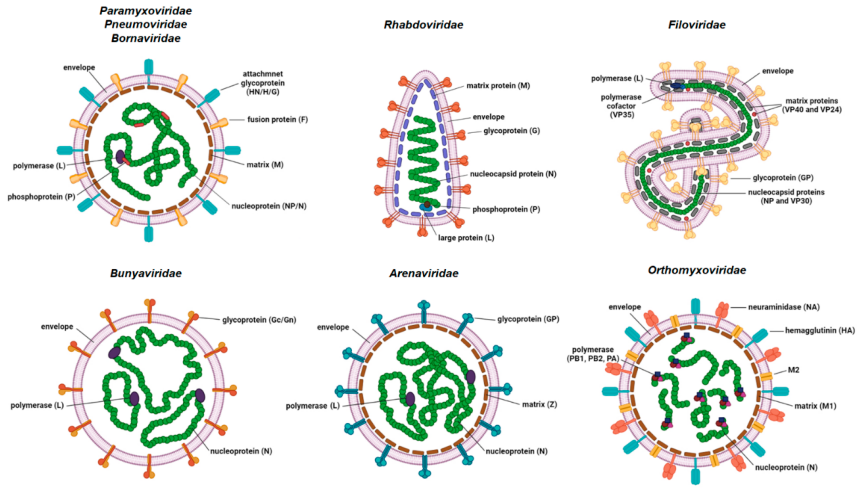
This book is a sequel to the Atlas of Virus Diagrams, published in 1995 and concerned with viral morphology.

Its aim is to assemble the many **diagrams of viral life cycles, particle assembly, and strategies of nucleic acid replication that are scattered over the literature.**

Virology makes extensive use of Diagrams to illustrate particle morphology and morphogenesis, viral genetic and replication cycles, epidemiology and replication of viral diseases, and virological techniques.

The Diagrams are followed by an extensive glossary, warranted by a profusion of new terms or alternative meanings.

Many frequently used terms, e.g., "capsid", "core", or "matrix", have acquired several meanings; even the now famous term "provirus" not only applies to the latent integrated DNA of retrovirus genomes, but is also used to designate immature virus particles. Many definitions in the glossary are taken or derived from the virological dictionary of Hull, Brown, and Payne and the recent Encyclopedia of Molecular Biology. Others have been devised by us." - in "Virus Life in Diagrams", 23 Jun 2021.



"Schematic representation of the virion structures of the negative-stranded RNA viruses. Structural proteins are shown. (created with BioRender.com, accessed on 21 December 2021)." - in "The Role of Nucleoprotein in Immunity to Human Negative-Stranded RNA Viruses—Not Just Another Brick in the Viral Nucleocapsid", Viruses, 2022.

"We Now See a Model of a Coronavirus! **We can also take any other "Virus" model, these now are all drawn, and all of this does not correspond to reality, none of it: neither "Fractions of Proteins" nor "Nucleic Acids", etc. These graphics give models that are not based upon reality, and I say it with knowledge of Biology.** One has also to understands that there is nothing like this in real Biology. Can the so-called Nucleic Acid of the genome of a "Virus", yes that's it The heart of the "virus" on it. **Very short bits, are Mathematically Calculated things, and presented to us as a whole, as a strand of genetic material that does not exist in reality**. And if you understand on the one hand, where these concepts come from, and why we as a culture believe in them, then we have the most important lever in our hands." - Dr Stefan Lanka, Biologist, [studied biology at the University of Konstanz, isolating the first "giant virus" from the sea, in the 5th semester, with a Doctoral Thesis on Virology], in "Die Biologie, wie sie nicht ist – Widerlegung der Genetik, Virologie und Zellenlehre", 21 January 2022.

The Hepatitis Virus Farce

"Though propagation of human hepatitis A virus has been claimed by several workers during the past several decades, these purported agents were found to be spurious isolates and not the virus of hepatitis A.

None of the animals with abnormal hepatic tests and/or with histological evidence of liver damage exhibited any signs of overt illness.

Results: In the sixth the inoculum had been shown not to cause hepatitis in human volunteers." - in "Propagation of human hepatitis A virus in cell cultures in vitro", Proceedings of the Society for Experimental Biology and Medicine, 1979.

"They all found low liver related morbidity and mortality rates, except in people who drink excessive alcohol.

We don't need a virus to explain this.

Going back to the roots of Hepatitis C we find Alter et al., in "The Lancet", 4 March 1978, that there was no transmissible agent found.

At one of the last Hepatitis C meetings in Paris M. Hougthon one of the co-discoverers of the sequences we call now Hepatitis C-virus, asked into the audience:

Who has ever seen the Hepatitis C-virus?

Answer: Nobody did." - Dr Claus Koehnlein, MD, in "Rapid response to: Clinical course of hepatitis C virus during the first decade of infection: cohort study", BMJ, 7 March 2002.

The Influenza Virus Farce

"There are 4 types of influenza viruses: A, B, C and D. Human influenza A and B viruses cause seasonal epidemics of disease (known as flu season) almost every winter in the United States. ***Influenza A viruses are the only influenza viruses known to cause flu pandemics, i.e., global epidemics of flu disease."*** *- in "Types of Influenza Viruses", Centers for Disease Control and Prevention (CDC), National Center for Immunization and Respiratory Diseases (NCIRD), 2 November 2021.*

The Influenza Bacillus Like Most Others Does Not flourish In An Alkaline Medium

"The Use of Alkalis in "Colds" is probably as Old as the Pyramids, and is the Common Method employed by at least the older Medical Men.
Dr Ely Is Right, I think, in emphasizing the Necessity of Administering Alkalis.
The influenza bacillus, like most others, does not flourish in an Alkaline Medium." *- Dr Anstruther Davidson, MD, in* ***"Alkalis in the Treatment of Influenza", JAMA, 9 November 1918.***

The Virus Becomes Non-Existent in The Summer

"Usually your flu season becomes virtually non-existent during the summer *but all through the summer we were seeing cases of H1N1 type illnesses. It is a pandemic flu." - Shanahan, Idaho Department of Health & Welfare, in "The Business of Flu", Idaho Business Review, 14 September 2009.*

If Only Because Laboratory Disease Is Not The Disease

"If diphtheria is a disease caused by a microorganism, 3 postulates will be respected.

Their satisfaction is essential to strictly demonstrate the parasitic nature of a pathology:

1. The organism must Always be Present in a characteristic form in the diseased tissues;
2. The organism must be Isolated, and Reproduced in pure culture;
3. The pure culture must be able to Induce the disease experimentally.

This formulation by Friedrich Löffler of the 3 Postulates attributed to Koch, because of his research on the etiology of tuberculosis is one of the indices of the change in the status of the Laboratory in Medicine in the second half of the 19th century.

The belief that benchtop manipulation by full-time bacteriologists of entities such as guinea pigs, petri dishes and broth cultures is the only way to trace the origin of disease is, however, except one obvious.

If only because laboratory disease is not hospital disease." - Gaudillière, Jean-Paul, in "La médecine au Laboratoire", La médecine et les sciences 2008.

> ***"He never fell into the error of regarding the walls of the Laboratory, as the natural boundaries of medical science or of believing that the general principles that applied within them were inapplicable in the world outside."*** *- in "Charles Cyril Okell", The Journal of Pathology, 1939.*

The Virus Theory Farce

"In the summer of 1935 Wendell Meredith Stanley of the **Rockefeller Institute for Medical Research** emerged as a major scientific celebrity.

Newspapers, Magazines, and Radio Broadcasts hailed his work as revolutionary, comparing him to Louis Pasteur, and **many scientists credited him with finding the key to the riddle of life.**

By successfully isolating the tobacco mosaic virus (TMV) in apparently pure crystalline state, Stanley seemed to have demonstrated that the mysterious submicroscopic organisms were protein molecules, or a special class of enzymes.

These crystalline molecules, which in the plant reproduced and mutated but in their inert state could be stored indefinitely on the laboratory shelf, became a symbolic victory for the proponents of the chemical view of life that had dominated research at the institute from the start.

His discovery, for which he received the 1946 Nobel Prize in chemistry, has also come to be viewed, with much justification, as **the symbolic beginning of molecular biology, having inspired several scientists to approach the gene on a molecular level-especially Max Delbruck, who went on to establish a research program in Viral Genetics.**

Yet Stanley's work was flawed by technical errors and misconceptions.

As several critics in the late 1930s pointed out, without receiving much attention, his virus sample contained water and impurities and thus was not a true crystal.

It also contained a significant fraction of nonprotein material-about 6% nucleic acid (RNA)-which Stanley had missed entirely, and which turned out to be the crucial component, the viral hereditary material.

Furthermore, **the property of self-replication in viruses was not based on enzyme action and crystal growth, as Stanley often claimed without adequate evidence**, but

turned out to be a direct consequence of the structure of nucleic acids.

How can we explain these technical and conceptual errors in the light of the international recognition bestowed on the young Stanley and his leadership in science?

To a large extent Stanley's rise to scientific acclaim after 1935 **reflected Intellectual Trends and Social Forces that had dominated the Scientific Enterprise in general, and the Biological Sciences in particular, since the 1920s.**

A close examination of Stanley's early career at the **Rockefeller Institute** reveals that **Stanley entered the virus field with few preconceived ideas but soon adopted the intellectual program and biases of the institute.**

Most of Stanley's physical theories of crystal growth in relation to enzymes and viruses had been derived from the aborted protein theories of the physicist Irving Langmuir, and **his later application of virus research to Genetics depended largely on concepts, some of them erroneous, suggested by H. J. Muller.**

The crystallization of TMV at the Rockefeller Institute presents therefore an opportunity for exploring one of the most striking aspects of molecular biology in the 1930s and 1940s - the dominance of **the protein view of viruses and genes before its displacement in the 1950s by explanations in terms of nucleic acids.**

The "revolutionary" discovery and its enthusiastic reception, when viewed in their historical context, reveal stronger ties to old concepts than to innovative ideas, thus highlighting the Important Connections Between:

Intellectual Developments, the
Politics of Laboratory Technology, and the
Social Dynamics of the International Scientific Community.

The directing force and the spirit of the enterprise was Simon Flexner, who with personal attention to every aspect of its operation had come to embody the institute.

His patriarchal leadership for over 30 years.

His administrative talents were matched by his scientific insights, which had led to major contributions to Bacteriology and Epidemiology.

It was Flexner's initiative and scientific foresight that led Stanley into research on plant viruses.

With the growing emphasis on the chemical approach to the study of microorganisms, Stanley's training was extremely valuable at the Rockefeller Institute.

The methods of chemical analysis were especially needed in the study of viruses,

the enigmatic submicroscopic organisms that could be Neither Isolated Nor Cultured By Any Bacteriological Technique.

In directing Stanley toward virus research, Flexner hoped that the new chemical methods of isolating and purifying biologically active substances would help solve the virus mystery, a problem that Flexner himself had investigated some years before.

In 1940, Stanley thanked Flexner for having guided his research course, acknowledging that he had always "held **[Flexner] responsible" for placing him in the virus field.**

"I shall never forget the occasion, when I was called into your office and asked if I'd like to go to Princeton and work on viruses-and my stumbling answer due to the fact that, **although I didn't know what a virus was, I did want to get out of New York and go to Princeton."**

The need for a physicochemical theory of heredity was especially well articulated by the flamboyant young psychophysicist from Harvard L. T. Troland.

In an influential article entitled "Biological Enigmas and the Theory of Enzyme Action", Troland lamented in 1917 that although several Mendelians had hinted that "unit characters" were enzymes, no worker in genetics, except Goldschmidt, had regarded that conception as important.

He urged geneticists to adopt the premise that Mendelian factors were autocatalytic enzymes, since that approach offered a single, synthetic solution to all biological enigmas:

the mysteries of the origins of living matter, viruses, the course of variations, the mechanisms of heredity and ontogeny, and general regulation.

Although nowhere in the report did Stanley actually claim that the isolated material was the virus itself, this was clearly implied."

- Lily E. Kay, Department of the History of Science, Johns Hopkins University, Baltimore, Maryland, in "W. M. Stanley's Crystallization of the Tobacco Mosaic Virus 1930-1940", September 1986.

The Medical Trade Use of Mask Or The "Viruses" Contagion Farce

"It has been estimated that under normal conditions of life in large cities, from 15,000, to 20,000 bacteria enter the nose in an hour's quiet respiration. Yet under normal anatomic and physiologic conditions few of these organisms ever reach the nasopharynx in a viable condition." *- in "The Journal of the National Dental Association", 1918.*

If, the theoretical and fraudulent theory of viruses, ought to be true, than it would be impossible for animal and plant life to exist on earth.

Because everything would be dead.

Therefore only individuals of limited or basic intellect can accept in their minute minds, the theoretical concept of viruses. For to be sure, where there is Medical Trade there is fraud.

After reading all books published by the Order it should be clear to the reader that the Medical Trade is void of any moral compass.

The Nobel Prize Clowns

"Many attempts have been made to cultivate the viruses affecting plants and animals under artificial conditions. ***While up to the present there is no record of undoubted successful cultivation of the plant viruses "in vitro", the literature abounds with records claiming success*** *with those affecting animals." - G. Hardy Eagles, in "The "in vitro" cultivation of filterable viruses", Ergebnisse der Hygiene Bakteriologie Immunitätsforschung und Experimentellen Therapie, 1932.*

"Fluid tissue cultures have been used for propagation of viruses since 1928 when Maitland and Maitland initiated the use of their preparation.

That there has been a need for detailed studies is seen from the fact that the early preparations were so crude as to suggest complete destruction of tissue.

In fact, Maitland and Maitland reported that they were able to grow virus in the presence of non-living cells, a claim that was negated by Rivers, Haagen, and Muckenfuss, who demonstrated living cells in the Maitland cultures.

In the case of sputum a virus was recovered, but its place among the **filterable agents has not been conclusively demonstrated** beyond the fact that the agent almost certainly was correlated with the patients' pulmonary infection.

However, it is of interest that **following centrifugation in the Swedish angle** the sputum could be tested in the field cultures containing 50 mg. per cent sulfadiazine without bacterial overgrowth taking place to such an extent that animal inoculation could not be carried out.

Preliminary investigations of contaminated mosquito suspensions (provided by Dr W. McD. Hammon) have demonstrated the ability of the field cultures to carry contaminated inocula without overgrowth of bacteria.

Furthermore, in 2 other experiments whole untreated mosquitoes have been placed in the bacteriostatic

environment of the sulfonamide-containing cultures.

Although no virus appeared to be present, it was interesting to note that the heavy contamination present in the whole mosquitoes became progressively lighter by serial passage in the field cultures until bacteria-free cultures were obtained.

How useful the cultures will be for detecting and recovering virus from specimens remains to be seen." - in "Tissue Cultures for Virus Investigations in the Field", American Journal of Public Health, May 1944.

"We now know, that many foods are contaminated by these insecticides and that human tissue itself now contains DDT and probably other insecticides and yet no one knows what the ultimate effect will be.

One baby food company has tried to get away from having insecticides in those foods they are preparing for babies, yet today they are about ready to abandon that search.

They just can't find foods in sufficient quantity that do not contain some insecticides, yet they do not know what the result, the ultimate result, will be."

Dr Mobbs told how he began his investigation 5 years ago after an insecticide plant in his community started mixing a dust for boll weevil spraying.

"The air was constantly permeated with insecticides. Many people became ill, and virus-like illness was rampant throughout the town.

There was a child living in a home adjacent to this insecticide mixing plant, who died suddenly of a virus-like infection, died in convulsions.

This substance was released for widespread use where it contaminated the air we had to breathe, and yet it had been untested in that medium."

"I found, that if you fed it to an animal, it would kill that animal in convulsions.

This child that died had also suffered a perforation of the stomach.

Later it was found in experiments that animals suffered perforation of the stomach.

So I felt that this child's death was probably due to this chemical."

The Aberdeen, N.C., physician told of another patient who "tried to use himself as a guinea pig to see what the effects of the insecticide would be.

He had a coronary heart disease that seemed to be definitely aggravated by exposure to the dust, and on his death, we found DDT in his tissues.

Virus diseases which appear to be increasing are coming to the foreground.

They are of much greater importance in the State than formerly.

For instance, almost every person you meet on the street or in the homes of your friends speaks at one time or another of having had the 'virus that's going around, these viruses cause distressing and incapacitating upper respiratory symptoms often accompanied by diarrhea and vomiting.

Simultaneously with the occurrence of this disorder a number of related changes occurred in the incidence of known diseases.

The most striking of these is Poliomyelitis.

In the United States the incidence of Polio had been increasing prior to 1945 at a fairly constant rate, but its epidemiologic characteristics remained unchanged.

Beginning in 1946 the rate of increase more than doubled.

Since then remarkable changes in the character of the disease have been noted.

Contrary to all past experience, the disease has remained epidemic year after year.

It has largely lost its seasonal character, although still most prevalent in the summer.

More adults acquire the disorder than ever before.

Aside from the question of the nature of "viruses," which is too intricate to consider here, it should be pointed out that not only may a toxic agent which damages a

particular organ simulate infectious disease, but the damaged organ is more susceptible to transmissible agents, if exposure occurs." - in "Residues of Pesticide Chemicals", Hearing, 83 Congress, Second Session, USA, 1954.

The Paper that Lead to a Nobel Prize on the Method of "Isolating Viruses"

"Direct attempts by Sabin and Olitsky to demonstrate in vitro multiplication of a monkey-adapted strain of poliomyelitis virus (MV strain) in cultures composed of certain non-nervous tissues **failed.**

They obtained, however, an increase in the agent in fragments of human embryonic brain.

The technique was essentially the same as that recently described for the cultivation of Mumps Virus:

Methods. Preparation and Maintenance of Cultures.

"Cultures were prepared in a manner similar to that described by the Mait- lands:

Technique

"Commercial vaccine lymph was inoculated into the testes of an adult rabbit.

After 4 days the testes were markedly swollen and haemorrhagic. They were removed and ground in sand and m/50 phosphate, pH 7-6.

The mixture was centrifugalised and the supernatant fluid (about 5 c.cm.) was used for the primary inoculum.

It was free from bacteria as tested by aerobic broth culture.

Titrations were made by inoculating 0.2 c.cm. of a series of dilutions intradermally into the skin of the back of adult rabbits.
The diluting fluid throughout was m/50 phosphate, pH 7-6.
The method of preparing and testing cultures was as follows:
Blood was withdrawn from a hen and after it had clotted the serum was collected.
The hen was killed with, chloroform and ether, and the kidneys, which were removed aseptically, were minced finely with scissors. Into a flask was put 0-66 c.cm. (approximately) of minced kidney and 1-33 c.cm. of inoculum diluted 1 in 6-6 with Tyrode's solution.
The mixture was allowed to stand in the cold room for 4 hours. Then were added 12 c.cm. of Tyrode's solution and 6 c.cm. of hen's serum.
The final dilution of the inoculum was thus 1 in 100.
Tim mixture was distributed in amounts of 2 c.cm. into Carrel's tissue culture flasks, type D, which were incubated aerobically at 37° C., without caps.
The cultures were tested after various periods of incubation by grinding the whole of the contents of each flask with sand and centrifugalising.
The supernatant fluid was controlled for the presence of bacteria by aerobic broth culture and titrated as outlined above." - Maitland, H.B., Maitland, M.C., in "Cultivation of vaccinia virus without tissue culture", Lancet 1928.

The nutrient medium consisted routinely of 3 parts of a balanced' salt solution made up according to the formula of Hanks:

(The balanced salt solution as recommended by Hr. J. H. Hanks, contained the following ingredients expressed as g/l: NaCl, S.0; KCI, 0.4; MgSO4 • 7 H2O, 0.1; MgCl2 • 0 H2O, 0.1; CaCl2, 0.14; Na2HPO4, 0.06; KH2PO4, 0.06; glucose, 1.0.

To each litre, 5 cc 0.4% phenol red was added. After autoclaving at 10 lb. for 10 minutes, 0.5 cc 1.4% isotonic NaHCO3 was added per 20 cc of the above) and 1 part of Simm's ox-blood serum ultrafiltrate.

This mixture will hereafter be referred to as "HS."

In the experiments with mumps virus, the tissue employed consisted of amniotic membrane from 8- or 9-day-old chick embryos.

The membranes were suspended in a small amount of "HS", minced with scissors to obtain fragments approximately 1 mm in diameter, and centrifuged for 2 minutes at 800 r.p.m. in a graduated centrifuge tube.

The fragments were then resuspended in a total volume of "HS" 6 times that of the sedimented tissue.

Using a large bore Pasteur pipette, 3 drops of this tissue suspension were transferred to 25 cc Erlenmeyer flasks containing 3 cc of "HS ' and fitted with rubber stoppers.

In the experiments with influenza virus, the cultures were similarly prepared-employing amniotic membrane, allantoic membrane, or embryonic brain tissue obtained from 8-day-old eggs.

All cultures were incubated at 35°C.

Their subsequent handling differed from that usually employed with suspended cell cultures in that the nutrient fluid was replaced at intervals as indicated below.

This was accomplished by tilting the flasks, allowing the tissue to settle, and removing as completely as possible the supernatant fluid from each flask with a fine bore Pasteur pipette; 3 cc of fresh "HS" were then added.

In certain of the experiments subcultures were carried out by transferring aliquots of the pooled supernatant fluids thus removed to flasks containing freshly prepared tissue fragments."

- Thomas H. Weller, John F. Enders, in "Production of Hemagglutinin by Mumps and Influenza A Viruses in

Suspended Cell Tissue Cultures", Proceedings of the Society for Experimental Biology Medicine, October 1948.

The cultures consisted of tissue fragments suspended in 3 cc of a mixture of balanced salt solution (3 parts) and ox serum ultrafiltrate (1 part).

Tissues from embryos of 2½ to 4½ months as well as from a premature infant of 7 months gestation were used.

These were: the tissues of the arms and legs (without the large bones), the intestine, and the brain.

Each set of cultures included 4 or more inoculated with virus, and usually a similar number of uninoculated controls.

The primary inoculum consisted of 0.1 cc of a suspension of mouse brain infected with the Lansing strain of poliomyelitis virus." - John F. Enders, Frederick Robbins, and Thomas Weller, in "Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissues", Science, 28 January 1949.

If this is non bonkers, Clown World of Virology, to centrifugate a cocktail of dead internal organs tissue, add a bunch of chemicals, for good measure and come up with a broth, using this broth composed of dead internal organs tissue and toxic chemicals and proceed to injecting it into animals and claim that the have a severe reaction to a Virus, not to the Toxic nonsensical centrifugate chemical dead tissue broth.

"Many infectious diseases are caused by viruses — very small biological particles.

A virus lacks metabolism of its own and cannot multiply without infecting a living cell.

For a long time the prevailing opinion was that viruses could not be cultured in a laboratory.

However, in 1941 John Enders, Frederick Robbins, and Thomas Weller succeeded in culturing the virus that causes polio in human muscle and tissue in a laboratory setting.

This became an important step on the road toward a vaccine against polio." - in "**The Nobel Prize in Physiology or Medicine 1954", The Nobel Foundation**, 2001.

Lets Dessicate This Nonsensical Statement

> *"**Many infectious diseases are caused by viruses** — very small biological particles."*

This statement is a misleading lie, neither the so-called "Viruses" exist, nor there is any evidence that they cause disease, or are infectious.

> *"**A virus lacks metabolism of its own and cannot multiply** without infecting a living cell."*

Again "Viruses" don't exist, only in the imagination of the uneducated, and under Mental Gymnastics.

> *"However, in 1941 John Enders, Frederick Robbins, and Thomas Weller succeeded in culturing the virus that causes polio in human muscle and tissue in a laboratory setting."*

This is a lie, they didn't cultivated nothing such as a "virus", what they cultivated was, putting in blender a mixture of several things and call it a "Virus", how on hell they separated a "virus" which is a piece of RNA and or DNA from the mixture in the blender is mind blowing just amazing stuff, even more amazing not having the technology which was only invented in 2018 onwards, which even so it is still not capable of visualize a piece of either RNA or DNA. So we are here in full Nobel Prize Clown World.

"This became an important step on the road toward a Vaccine against Polio."

You bet it did:

"Became an important step on the road toward a Vaccine against Polio."

The billions of Dollars, that this totally useless and endless Vaccine has generated, for sure it has been great for the Pharmaceutical Industry, and the politicians that have received funding, and are still today receiving funding from the Pharmaceutical Industry.

Nobel Prize in Physiology or Medicine 1954

John Franklin Enders
Affiliation at the time of the award: Harvard Medical School, Boston, MA, USA; Research Division of Infectious Diseases, Children's Medical Center, Boston, MA, USA

Thomas Huckle Weller
Affiliation at the time of the award: Research Division of Infectious Diseases, Children's Medical Center, Boston, MA, USA

Frederick Chapman Robbins
Affiliation at the time of the award: Western Reserve University, Cleveland, OH, USA

Nobel Prize motivation:

"For their discovery of the ability of poliomyelitis viruses to grow in cultures of various types of tissue".

The Pathogen Is Nothing The Terrain Is Everything

"While it is true that these organisms reach the blood stream in but relatively small numbers, it is nevertheless possible that increased virulence of the organisms, lowered resistance of the host as well as actual lesions of the bowel wall would greatly increase this number of organisms reaching the blood stream.

A clear illustration of the lowering of resistance facilitating the passage of bacteria through the intestinal wall is the experimental work of Price-Jones feeding Gaertner's Bacillus to white rats.

In normal health this feeding did not produce any ill effects; but, if the rats were greatly fatigued, the bacilli passed readily through the intestinal wall and produced markedly increased illness and mortality." - Dr F. H. Redewill, MD, Dr J. E. Potter, MD Lieutenant Commander, Medical Corps, U.S. Navy, Dr Harry A. Garrison, MD Captain, Medical Corps, U.S. Navy Washingon, D.C., in "JAMA", 8 March 1930.

Vaccines and Serums in Relation to the Lymphatic System

"We have come to believe that the most effective measure in proving the harmful results of vaccine and serum poisonings is the disturbance produced in the lymphatic system when these poisons are introduced into the circulation.

We wish to go on record as being opposed to the use of both vaccines and serums.

As osteopathic physicians, we are taught that the body is complete within itself, that there are within the body sufficient secretions to combat diseases if the mechanism is properly adjusted.

We believe in the axiom laid down by the founder of Osteopathy, that the "rule of the artery is supreme", etc., that the body is a perfectly complete chemical laboratory wherein the metabolism is balanced so stably that health is maintained when we are lesion free.

The lymphatic system plays a far greater part in the body mechanism than we once thought.

The nodes are readily affected, we all know, when poisons are introduced into the system.

The mother of any child can see for herself the effects of vaccine poisoning if she will but look for them.

She can see the swollen glands in the neck and armpit following a vaccination that "takes."

No one need have a more striking demonstration.

In the illustrations shown here the lymphatic vessels and nodes are outlined on the figures to show the areas most commonly affected.

Observe the vaccination sore on the arm lies in a path of direct lymphatic connection with the glands in the axilla.

These axillary glands enlarge, and it is with difficulty the arm is raised. In a few days sore throat occurs and the tonsils enlarge. Next we find the neck or cervical glands enlarging and there is usually a complication continuing of blockage and nodular enlargement of the bronchial glands as shown in the accompanying plate.

The swelling of the axillary glands blocks the drainage down the arm and in severe cases the adenitis is followed by the arm and even hand swelling. Cases of gangrene, erysipelas and cellulitis are recorded by authorities such as Osier, Holt, Peebles and others.

In Higgins' work on the "Horrors of Vaccination" repeated cases of suppuration of the lymphatic glands from vaccination are recorded.

Once the lymphatic vessels and nodes are blocked, there is a systemic disturbance that involves the various organs of the body and many patients state that their breakdown and ill health dates from the time of vaccination, or the poisoning of the body through blockage of the lymphatics.

Hundreds of persons have died from this lymphatic poisoning following vaccination.

It is a question whether or not a severe vaccine poisoning is not more difficult to clear than a venereal poisoning.

The sores following suppuration, after vaccination, are almost impossible to heal in some instances. Arms and legs have been either disabled or amputated in a number of cases.

In the normal person it is with difficulty the lymphatic system is kept clear.

There are sufficient toxic products in the system at all times to tax the nodes and vessels.

To inject or introduce by scratching in a “virus” that is in itself a polluted product is to endanger the body in many instances.

The insidiousness of intravenous injections is so marked that unless a person is naturally immune, he takes chances of producing an adenitis.

The enlargement of the axillary glands makes it possible for the lymphatic vessels to convey these poisons to the pectoral or breast region.

The lumps, found in the breast of a girl or woman after vaccination, are hard to reduce and often persist for years. Who knows but that these lumps, in time, cause cancer?

Numerous cases of phthisis have been recorded following vaccination.

The bronchial glands enlarge after the cervical glands, and the blockage soon poisons the lung tissue. A cough results and the first stage of consumption is recorded.

When vaccination is made in the leg, as shown in the plate, there is a nodular swelling in the groin or inguinal region.

As these glands are connected with the pelvic lymphatics, we find the ovary on the vaccinated side congested and sensitive. In some cases the inguinal adenitis is so marked, the patient is unable to work for days. It takes time to reduce this lymphatic blockage and the leg is often swollen, and in some instances turns black.

The lymphatic blockage may extend down to the foot. Suppuration follows, and a running sore persists for months.

We are now confronted with the blockage of the mesenteric nodes and interference with drainage in the thoracic duct. The plate shows the abdominal nodes and the duct leading up to the neck. Another plate shows the lymphatics of the pelvic region.

It is a serious proposition to block the already taxed lymphatic system. If the receptaculum chyli is blocked practically all the abdominal organs are improperly drained.

The lymph flow is as essential as the blood flow, and the poisoning of the lymphatic system simply means the poisoning of the entire body tissues and organs.

In dealing with serums we have a blockage or poisoning as striking as in vaccine pollution. I have seen cases in my city that had been given serums and observed a breaking out on the body of ugly boils and sores.

A number of cases of sudden deaths following serum injections were recorded this year.

Two cases, well known, died within a few minutes after the serum was given. Direct poisoning, more sudden than poison given to kill.

Instructions were given, **following these sudden deaths, to give all serum injections at home with the patient in bed.** Is it possible that a method of this kind is scientific or necessary to restore health?

One case in my city, where a serum was given for acne, resulted in the girl being taken to a hospital where she died a few days later.

As osteopaths, we believe in keeping the system clear and the arteries carrying pure blood.

We are opposed, as a body of physicians, to the pollution of the blood stream.

A most striking case of direct lymphatic poisoning in a child came to my notice four years ago.

The case was the son of a physician, who had been given antitoxin for supposed diphtheria.

The nodular enlargement of the cervical glands and tonsils was so great that the neck was almost as large as the head. It was with great difficulty the child's life was saved.

To have a vaccination scar is a reflection on the high intelligence of a civilized people.

A scar following a solicited vaccination signifies loyalty to medical superstition.

A scar from forced vaccination is a brand, and is a mark of medical tyranny and despotism.

I would not be vaccinated and take the risk of complications for a $10,000 check.

My children have never been vaccinated and I trust never will. So many mothers are frightened when an epidemic scare is on, they simply give in and have their children vaccinated for fear they might be kept away from school.

I would rather keep my children out until the scare is over, than to submit them to the dangers of lymphatic poisoning.

If mothers of the land would take a determined stand, we could make compulsory vaccination a thing of the past in a few years.

> ***We find that vaccination on the thigh or just above the knee causes enlargement and sometimes suppuration of the inguinal nodes. As the ovary and pelvic regions are in close proximity, sterility may result where poisoning has affected the glands and tissues of that region.***

The serum theory, presented by Medical Doctors, claiming that it is a scientific treatment, induces adults all over the land to take serums for almost every complaint.

I am of the opinion that there will be a great reaction some of these days, and just as the best speciahsts are not performing many tonsillectomies, so the best physicians will not long give serums for every complaint.

We cannot afford to block the system unduly.

We want instead to find a way of clearing the system of poisons.

In treating the lymphatics we must work with one point in view; that of freeing the lymphatic channels and ducts first at their emptying point in the neck, and then clear the lymphatic vessels and nodes at distant points.

First the thoracic area and then the abdominal and pelvic areas. The extremities come last.

The lymphatic vessels and nodes must be reached through the vasomotor centers that control them directly or indirectly.

We must get combined effect on the vascular system and lymphatics.

No superficial treatment will be of any great value.

We must reach the deeper or main vessels and ducts.

The intercostals may be reached by thoracic adjustment, and the receptaculum chyli and its tributaries by the splanchnic and mesenteric vasomotors.

If you clear the lymphatic system you will clear the vascular at the same time.

Six swollen lymphatic glands in certain areas will make one ill.

A dozen will put you on your back, and 50 vital glands blocked may cause death.

Let us work together as osteopaths to clear the system of poisons, and tell the people of the dangers of vaccines and serums." - Dr F. P. Millard, DO, in "Applied Anatomy of Lymphatics", 1922.

Vaccination and the Lymphatics

"Vaccination as a method of preventing smallpox has been universally adopted by the medical profession.

There are very few who openly oppose it.

Those who do oppose it as a rule keep very quiet for fear of coming under professional disapprobation.

There are not many people who have the "guts" to stand up against public sentiment and the general professional trend.

Not many physicians now dare to speak out in open meeting against the universal trend toward state medicine.

Yet, not many years past we had the autocracy of state religion which required many years and much suffering to throw off.

We seem now to be ready to put on state medicine, which will probably be more galling than state religion, after it is thoroughly established.

During the last smallpox epidemic and the resulting scare, a very large percentage of the people rushed to be vaccinated.

Personally, I have no way to prove or disprove the theory of vaccination.

Since it has been adopted almost universally by the medical profession and through their educational propaganda, vaccination has been accepted largely by humanity as a prevention of smallpox and people desire to have it done.

Recently I had occasion to vaccinate many of my patrons.

I was interested in watching the results of the vaccination on a great many of them whom it was my opportunity to observe.

Some were vaccinated on the arm and others on the leg.

In the arm cases, where it took, there was an enlargement and swelling of the lymphatic glands in the axilla.

Those that took on the leg, showed a soreness and thickening of the gland in the groin on the side of the vaccinated leg.

Many of them had large pustules; were quite sick with

fever, ranging from 101 to 103, went to bed for from one to three days, and were more or less prostrated for something near a week.

For this article, the interesting phenomenon was the effect on the lymphatic glands.

You might turn it the other way and say the effect of the lymphatic glands on the vaccination.

The functioning of the lymph glands showed that there was a real poisoning or infection of that part of the body on which the vaccination was taking.

The tendency of that infection was to spread through the system.

The function of the lymph was to counteract poison and head off infection.

The lymphatic glands in the groin on the side vaccinated had an extremely hard proposition to prevent the infection from spreading in some instances throughout the system.

In these cases if it were not for the lymph keeping the gateway closed against a large per cent, of the infection, the system receiving the whole bolt at once would very likely be overwhelmed.

I have not had a chance to observe, but I believe a woman who has had her breast removed, along with which the axillary glands are frequently removed in such operations, if she were vaccinated on that side afterward, the consequences of the vaccination on her system would be considerably more serious as a result of the absence of the lymphatic glands.

Also, in cases where the glands of the axilla have been removed the patient would likely suffer more in a systemic way when vaccinated on the leg.

Most of these cases had a real acute adenitis, as shown by the enlargement and swelling, soreness in the limb, and the pain in the glands of the axilla or the groin, according to the location of the vaccination.

The tonsils and the lymphoid tissue making up Waldeyer's ring about the throat have the same function very largely as that of the lymphatic glands.

When there is a toxin or infection, as there frequently is in

the nose and throat, some portion of Waldeyer's ring becomes thickened, enlarged and sore.

If the reaction is so great as to set up an acute condition, there will be pain, redness and swelling sometimes extending from the tonsils into the tissues of the neck and involving practically the whole of Waldeyer's ring.

Repeated inflammation of this kind causes enlargement of the faucial tonsils and the pharyngeal tonsils known as adenoids.

Operations in this region of course should be conservative because of the tendency to destroy the integrity of Waldeyer's ring.

Every evidence points to the fact that the structures composing this ring are placed about the throat for a protection against infections and toxins in this region.

It was noted that many of the patients developed sore throat with more or less swelling about Waldeyer's ring.

Those who had tonsils showed more or less enlargement there.

Those who did not have tonsils were not exempt from the sore throat.

The effect of the vaccination upon the lymphatics was to cause acute inflammation resulting in more or less chronic conditions causing the overworking of the lymph glands." - Dr C. C. Reid, MD, DO, in "Applied Anatomy of Lymphatics", 1922.

The State of the Child's Auto Intoxication upon the Lymphatics

> *"Kawasaki disease (KD), also known as Kawasaki syndrome, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age.* ***Clinical signs include fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat."*** *- in "About Kawasaki Disease", CDC, 13 December 2013.*

"This virus can do that we didn't see from the studies in China or in Europe.

For example, **right now children presenting with Covid-19 who actually have a very strange inflammatory syndrome, very similar to Kawasaki syndrome"** Fauci said.

Officials in New York and elsewhere have announced they're investigating rare cases of inflammatory conditions in young children that appear to be associated with Covid-19.

The World Health Organization previously said the symptoms appear to be similar to toxic shock syndrome and Kawasaki disease.

Toxic shock syndrome is a rare, life-threatening condition **caused by bacteria getting into the body and releasing harmful toxins.**

Symptoms include a high temperature, a sunburn-like rash and flu-like symptoms such as a headache and sore throat." - in "Dr. Anthony Fauci, Sen. Rand Paul spar over safety and death rates among children with coronavirus", CNBC, 12 May 2020.

Fauci says School Closures led to 'Deleterious Collateral Consequences', but He Had 'Nothing To Do' With It

13 August 2020: Fauci agrees that the future entails "many months" of virtual learning, in supporting keeping schools physically closed.

3 September 2020: Schools can only open back up once the virus is "under control," Fauci tells CNN.

> *"They always say 'Fauci was responsible for closing schools.' **I had nothing to do [with it]**." Fauci told ABC News." - in "New York Post", 16 October 2022.*

Chapter 8

Polio (Poliomyelitis, Infantile Paralysis)

"All over this fair land multitudes of people once lame, crippled or bedridden have been restored to health and happiness.

Dr Still paved the way for this new method of treating Infantile Paralysis.

His reasonings were those of a sane man, a sage, a peer.

His contention that the rule of the artery is supreme, and that the moment the circulation to any part of the body is interfered with that moment a diseased or disturbed condition arises or is in the making.

Not since the discovery of the circulation of the blood by Harvey has more significant logic been deduced and substantiated.

His ideas regarding the invasion of germs and their destructive tendencies thru their toxins acting upon tissues devitalized from obstructed circulation, is no less true, and will go down thru history unchallenged.

In the majority of cases we have examined and treated we have noted traumatic conditions.

We have found one or more spinal or costal lesions more or less directly influencing the vascularization of the membranes of the spinal cord." - Dr F. P. Millard, DO, in "Poliomyelitis (Infantile Paralysis)", 1918.

We Failed Utterly to Discover the Virus

"We failed utterly to discover bacteria, either in film preparations or in cultures, that could account for the disease; and, since among our long series of propagations of the virus in monkeys not one animal showed, in the lesions, the cocci described by some previous investigators, and we had failed to obtain any such bacteria from the human material studied by us, we felt that they could be excluded from consideration.

From the foregoing experiments, taken in conjunction with the negative results of bactériologic and histologic examinations, it would appear that the infecting agent of epidemic poliomyelitis belongs to the class of the minute and filterable viruses **that have not thus far been demonstrated with certainty under the microscope.**

Since the publication of our last note, **the fact has been determined that the virus of poliomyelitis can be transferred to the central nervous system by way of the subcutaneous tissues in monkeys."** - Dr Simon Flexner, MD, Dr Paul A. Lewis, MD, in "The Nature of the Virus of Epidemic Poliomyelitis", JAMA, 18 December 1909.

The Polio Virus Farce

"Sachs points out:

> ***"Our present knowledge of the possible methods of contagion is based almost entirely upon the work done in this city at the Rockefeller Institute."***

Sachs states that **children afflicted with the disease were kept in general hospital wards and that not a single one of the other inmates of the wards of the hospital was affected with the disease.**

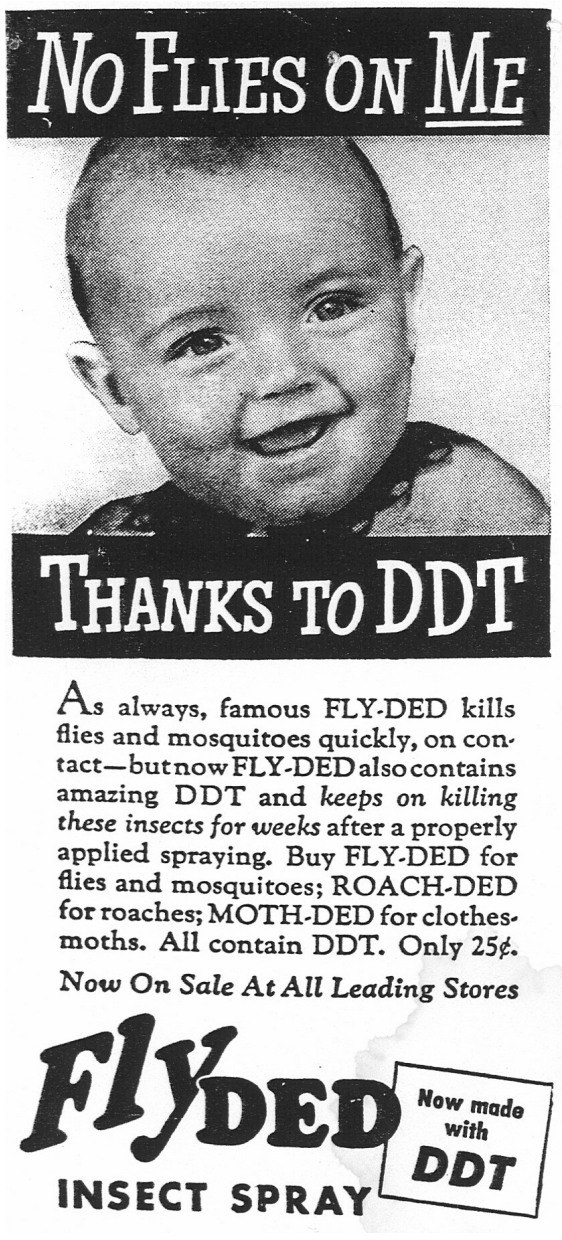
Simon Flexner (1910) stated:

> ***"It was not easy to establish in an individual case precisely how the disease was acquired; it was difficult to bring evidence that was not at all convincing that this disease was contagious."***

L. Emmett Holt, in discussing Flexner's paper, stated:

> ***"Even 5 years ago if anyone had suggested that the disease under discussion was an infectious or contagious one, it would have been looked upon as a joke."***

- Dr Ralph R. Scobey, MD, "Is The Public Health Law Responsible For The Poliomyelitis Mystery?", Archive Of Pediatrics, May 1951.



DDT, US press advert in July 1946

Infantile Paralysis is Not a Contagious Disease

"The lesson to be learned from Swayze's insistence that **infantile paralysis is not a contagious disease** is that, nevertheless according to the law, it is a contagious disease, and that it is illegal to consider it otherwise.

Poliomyelitis is unique in that it is the only disease in the History of Medicine in which a Theory, and not an established Fact as to its cause, has become incorporated into the public health law.

Although poliomyelitis is legally a contagious disease, **every attempt has failed conclusively to prove this mandatory requirement of the public health law.**

Hoyne points out, the startling revelation that **the etiologic agent of the disease is still unknown.**

When this disease was legally made a communicable disease, funds for poliomyelitis research were from then on designated for the investigation of the infectious theory only." - Dr Ralph R. Scobey, MD, in "Is The Public Health Law Responsible For The Poliomyelitis Mystery?", Archives of Pediatrics, May 1951.

"In 1907 an epidemic of poliomyelitis, no infant who was fed exclusively on the breast developed poliomyelitis.

Inclusion bodies have been defined as products of virus activity or the elementary virus bodies themselves.

Inclusion bodies have been found in poisoned humans and experimental animals.

No intensive studies have been made, to determine whether or not the so-called virus of poliomyelitis, simply results from an external factor or factors.

Medical studies have shown repeatedly that **paralytic diseases in domestic animals occur simultaneously in districts where epidemics of poliomyelitis are prevalent.**

Poliomyelitis investigations, have been confined exclusively to virus studies." - Dr Ralph R. Scobey, MD, in "The Poison Cause of Poliomyelitis", Archives of Pediatrics, April, 1952.

"Today, we know conclusively that pellagra is not caused by a virus but rather that it is a vitamin deficiency disease. It is obvious that if the investigations of pellagra had been restricted to the virus theory, it would still be a mystery." *- Dr Ralph R. Scobey, MD, in "The Poison Cause of Poliomyelitis", Archives of Pediatrics, April, 1952.*

"The experiments of Clark, Frazier, and Amoss show that after intravenous inoculation in monkeys, the virus of poliomyelitis disappears from the blood within 72 hours; **and other observations have shown that it is only after enormous intravenous doses of the virus that the monkey develops the disease.**

Smaller doses intravenously fail to produce any disturbance.

If injected with 250 to 500 cc (1 to 2 cups injected into a 20 lb Rhesus monkey is equal to 7 to 14 cups injected into a 150 lb man) of the virus by a similar route the animal succumbed to the disease." - George Draper, in "Acute Poliomyelitis", 1917.

*"17 post Polio Syndrome patients were studied with the environmental control unit as the scientific basis for defining environmental triggering agents, 1**4 patients improved after definition and elimination of such triggering agents as molds, foods, formaldehyde, natural gas, etc. Preliminary results suggest pain and weakness can be positively influenced in these patients."*** *- Dr W. J. Rea, MD, FACS, Dr A. R. Johnson, DO, in "The Environmental Aspects of The Post Polio Syndrome", Birth Defects Orig. Artic. Ser., 1987.*

"There are 2 abnormal findings in cases of poliomyelitis that point strongly to poisoning as the cause of this disease.

One consists in the appearance of increased amounts of porphyrin in the urine; the other is the presence of increased amounts of guanidine in the blood.

It is a well-known fact that porphyria can follow poisoning by a number of chemicals.

Guanidine has been found in increased amounts in the blood in arsenic, chloroform, and carbon tetrachloride poisonings." - Dr Ralph Scobey, MD, in "The poison cause of poliomyelitis and obstructions to its investigation", Archives of Pediatrics, April 1952.

> *"A study of the biochemical changes that arise during the course of human poliomyelitis has not been followed adequately, but a few important clues have been reported.*
> ***One of these consists of the presence of coproporphyrin III in the urine of poliomyelitis patients; another is the appearance in the blood of increased amounts of guanidine.***
> ***It is not to be overlooked that both of these chemicals are present in the body in increased amounts in cases of poisoning by a number of toxic agents."*** *- Dr Ralph Scobey, MD, in "Is human poliomyelitis caused by an exogenous virus?", Archives of Pediatrics, April 1954.*

"The years after the Second World War were prosperous ones for American businesses.

With ever-greater profits and international power, there seemed no limits on the potential for domestic growth.

This coincided with prevailing views of the natural world as something to be conquered and exploited for the betterment of society.

It was in this favorable business climate that Monsanto, Ciba, and other chemical companies produced Dichloro

diphenyl trichloroethane (DDT), for widespread use as an insecticide to promote the growth of the nation's agricultural business.

In the late 1940s a Westport physician by the name of Morton Biskind began noticing new ailments (and new variations on old ailments) in the people he treated, as well as in domestic animals and wildlife.

The maladies he observed initially proved most pronounced in dogs, cats, sheep, and cattle and included degenerative problems in their brains, internal organs, and muscles.

When Biskind noticed a dramatic increase in similar symptoms in humans, he began doing research and consulting other doctors.

In 1949, he and Dr Irving Bieber published "DDT Poisoning: A New Syndrome With Neuropsychiatric Manifestations" in the American Journal of Psychotherapy.

Chemical giants such as DuPont and Geigy manufactured large quantities of the insecticide for use during World War II and government regulators (such as those at the Food and Drug Administration) dismissed Biskind's claims.

In 1968, Hungary became the first nation to ban DDT for agricultural use and other countries soon followed, the United States banning DDT in 1972.

In response, DDT manufacturers sued the Environmental Protection Agency." - in "Morton Biskind Warned the World About DDT", 4 September 2022.

The Polio Virus Farce Timeline

1851

Worldwide - **No Previous Paralytic Polio Epidemics.**

1852

The beginning of Pesticide development was in 1852.

1870

"The transition to synthetic chemicals as a popular method of insect control in the United States was one of the most critical developments in the history of American agriculture.
*Historians of agriculture have effectively identified the rise and charted the dominance of early chemical insecticides as they came to define commercial agriculture between t**he emergence of Paris green in the 1870s and the popularity of DDT in the 1940s and beyond."** - in "The horizon opened up very greatly": Leland O. Howard and the transition to chemical insecticides in the United States, 1894-1927", Agric. Hist., 2008.*

1873

Pesticide Application Equipment first Patented

1874

The Pesticide DDT a Central Nervous System Toxin, was invented in Germany.

DDT (Dichloro-Diphenyl-Trichloroethane), and DDT-like chemicals represent the evolution of the technology of, and **potential for mass poisoning.**

Some prominent organochlorines are Chlorobenzene, PCBs (polychlorinated biphenyls), and DDT (Dichloro-

Diphenyl-Trichloroethane).

Chlorobezene is a precursor, a foundational compound used in the production of many industrial organochlorines.

1878

The first Pesticide and Herbicide introductions where between 1878 & 1886.

1887

The First Paralytic Polio Epidemic happened in Sweden in 1887.

1915

The Second Paralytic Polio Epidemic happened in New York in 1915.

In the U.S.A., high production of Chlorobenzene (DDT-like chemicals) began in 1915, soon after the beginning of World War I.

In 1915 Hooker Electrochemical began massive, unprecedented production of Chlorobenzene (8,200 metric tons per year) and Dow Chemical began large-scale production soon thereafter.

Chlorobenzenes are the basis for picric acid explosive used in World War I.

They have also been used in the manufacture of wood treatments, war gas, herbicides, insecticides, bactericide, moth control, and polymer resins.

(Mono) Chlorobenzene is the base compound for DDT production.

Currently in the USA, 15 million pounds of P-Dichlorobenzene production goes into room deodorants.

According to Duesberg, CDC's investigation into Legionaires disease ignored toxic cause and created a new false field of study regarding the Legionella bacterium.

The sudden surge of Chlorobenzene production coincides in time and place Niagara Falls in 1915, to be

considered as probable cause for the "Epidemic" of Central Nerve System, that followed the next year in the New York City region.

This "Epidemic" lasted only 6 months, June to November, with 82% of the cases occurring in just 8 weeks.

While Medical Trade literature terms this a world-wide polio epidemic, it was peculiarly a phenomena of the United States and was especially prominent in the New York City region.

1916

The 1916 New York City polio epidemic was an infectious disease epidemic of polio ultimately infecting several thousand people, and killing over 2,000, in New York City, primarily in the borough of Brooklyn.

1916 & 1942

Both Polio "Epidemics" occurred 2 years after the beginning of World War I & World War II, if we use the dates of the epidemics, 1916 and 1942.

1935

"Brodie Polio Vaccine Trials Suspended after acute paralysis occurred in about 1/1000 vaccines shortly after administration and some cases were fatal." *- in "History of Polio Vaccination", World J. Virol., 12 Aug 2012.*

1948

Nobel Prize

"Dichlorodiphenyltrichloroethane, DDT, is one of the most effective and best known of all of the synthetic insecticides. While DDT was first synthesized in 1874, it was not until the 1930s that scientist Paul Hermann Müller, working for a Swiss

chemical company, discovered its insecticidal properties. Though he held no medical degree and had never engaged in medical research, ***Dr Müller was awarded the Nobel Prize in Medicine in 1948 "for his discovery of the high efficiency of DDT as a contact poison against several arthropods."*** *- in "DDT and Silent Spring: Fifty years after", October 2011.*

1949

The physiology of Acute DDT Poisoning causes polio-like physiology:

"Conspicuous histological degeneration was, however, often found in the central nervous system.
The most striking ones were found in the cerebellum, mainly in the nucleus dentatus and the cortex cells.
Among other things an increase of the neuroglia and a necrotic degeneration and resorption of ganglionic cells was found.
The Purkinje cells were less seriously affected than the other neurons.
Also in the spinal cord abnormalities of a degenerative nature were found.
Such changes were not found invariably, there is neither an obvious relation between the size and spreading of the lesion and the quantity of DDT applied.
Information of adequate precision about the nature of the anomalies is lacking." *- Daniel Dresden in "Physiological Investigations Into The Action of DDT", G.W. Van Der Wiel & Co., Arnhem, 1949.*

"During a period of more than 2 years, numerous cases of a curious symptom complex, apparently never before reported, have been observed throughout the United States.

For want of a satisfactory explanation for this ailment, it has been widely attributed to infection with a thus far illusory "virus X".

The syndrome consists of a group of or all the following:

Acute gastroenteritis occurs, with nausea, vomiting, abdominal pain, and diarrhea usually associated with extreme tenesmus.

Coryza, cough and persistent sore throat are common, often followed by a persistent or recurrent feeling of constriction or a "lump" in the throat; occasionally the sensation of constriction extends substernally and to the back, and may be associated with severe pain in either arm.

In some cases the hyoid bone becomes acutely painful to pressure for a few days.

Pain in the joints, generalized muscle weakness and exhausting fatigue are usual; the latter are often so severe in the acute stage as to be described by some patients as "paralysis."

Sometimes the initial attack is ushered in by vertigo and syncope.

Intractable headache and giddiness are not uncommon. Occasionally herpes zoster appears.

Paresthesias of various kinds occur in most of the cases; areas of skin become exquisitely hypersensitive and after a few days this hyperesthesia disappears only to recur elsewhere, or irregular numbness, tingling sensations, pruritus or formication may occur.

Erratic fibrillary twitching of voluntary muscles is common.

Usually there is diminution of vibratory sense in the extremities.

After subsidence of the acute attack, irregular spasm of smooth muscle throughout the gastrointestinal tract often persists for weeks or months, associated with increased fatigability, which only gradually regresses.

Febrile reactions occur occasionally during the initial stages but are not the rule.

Except for a tendency to anemia, and in some cases a

relative lymphocytosis, no constant changes are observable in the blood.

The epidemic first appeared at about the time DDT came into widespread use by the civilian population.

The signs and symptoms described in the pharmacologie and toxicologic literature as characteristic of DDT poisoning, are identical with those appearing in patients with the affection described.

Thus, **among the disturbances which occur in known clinical poisoning with DDT are the following:**

Acute Gastroenteritis with nausea, vomiting, and abdominal pain, and diarrhea, coryza, cough, conjunctival irritation, a feeling of constriction in the throat and chest, dyspnea, persistent sore throat, giddiness, anxiety and apprehension, extreme lassitude, muscle weakness, fibrillary, spastic and even convulsive contractions of voluntary muscles, heaviness and aching of extremities, pain in joints, dermatitis, anemia, changes in the white blood cells and increase in blood calcium.

In fatal cases of clinical DDT poisoning, tissue changes identical with those found in experimental poisoning in animals have been reported:

degenerative changes in liver, kidney, spleen and adrenals, gastritis and enteritis with petechial hemorrhages throughout the gastrointestinal tract and hyperplastic changes in lymphoid follicles and Peyer's patches; pulmonary edema, bronchopneumonia, and changes in the blood vessels and cardiac musculature have also been reported.

Evidence is presented that the new syndrome widely prevalent in the United States for more than 2 years and attributed to infection with a hypothetical "virus X", is in reality due to DDT poisoning." - Dr Morton S. Biskind, MD, in "DDT Poisoning and the Elusive "Virus X": A New Cause For Gastro-Enteritis", American Journal Of Digestive Diseases, 1949.

1939 & 1953

"After the first epidemics in Rio de Janeiro in 1939, and Americana (Sao Paulo), outbreaks of a certain magnitude were only recorded from the 1930's and 1940's onwards. In Rio de Janeiro in 1953, was the largest epidemic ever recorded in the country occurred." *- in "Ministry of Health", Brazil, 1988.*

"What is the agent of polio?
A germ of presumption, that is, invisible and imponderable.
What is the mode of transport?
Unknown.
And how to treat it?
All hypothetical." *- in "Correio da Manhã", page 4, 21 October 1939.*

1950

Statement On Clinical Intoxication From DDT And Other New Insecticides

Presented before the Select Committee to Investigate the Use of Chemicals in Food Products, United States House of Representatives, U.S., 12 December 1950.

"The introduction for uncontrolled general use by the public of the insecticide "DDT" (chlorophenothane) and the series of even more deadly substances that followed, **has no previous counterpart in history.**

At this time a few cases of DDT poisoning in human beings had also been reported.

These observations were almost completely ignored or misinterpreted.

In the subsequent mass use of DDT and related compounds, a vast amount of additional information on the toxicity of these materials both in animals and in man has

become available.

The evidence has been treated with disbelief, ignored, misinterpreted, suppressed or subjected to some of the fanciest double-talk ever perpetuated.

I published a series of observations on DDT poisoning in man.

Since shortly after the last war a large number of cases had been observed by physicians all over the country in which **a group of symptoms occurred, the most prominent feature of which was gastroenteritis, persistently recurrent nervous symptoms, and extreme muscular weakness.**

The "Virus X" Farce

The condition was of unknown origin, and following an outbreak in Los Angeles in 1947, was thereafter widely attributed to a "Virus X."

As with all other physicians, a large number of my patients had this condition.

In 1945, 2 British authors had described with great accuracy part of the disorder following exposure to DDT in 3 human subjects.

Symptom are Description of "Colds" & "Flu"

The syndrome consists of a group of or all the following:

Acute Gastroenteritis occurs, with
Nausea,
Vomiting,
Abdominal pain, and
Diarrhoea.
A running nose,
Cough, and
Persistent Sore Throat are common, often followed by a
Persistent or recurrent feeling of Constriction or a "lump" in the Throat; occasionally the sensation of
Constriction extends into the Chest and to the back and shoulders and may be associated with

Severe Pain in either arm and may easily be confused with a

Heart or Gallbladder attack.

Pain in the Joints, generalized

Muscle weakness and

Exhausting Fatigue are usual; the latter are often so severe in the acute stage as to be described by some patients as

"Paralysis." Sometimes the initial attack is ushered in by

Dizziness and

Fainting.

Insomnia,

Intractable Headache and

Giddiness are not uncommon.

Disturbed sensations of various kinds occur in most of the cases; areas of skin become exquisitely hypersensitive and after a few days this disappears only to recur elsewhere, or irregular numbness, tingling sensations, itching or crawling sensations or a feeling of localized heat may occur.

Erratic twitching of voluntary muscles is common.

Usually there is diminution of ability to feel vibration in the extremities. Loss of weight is not uncommon.

Disturbances of equilibrium may occur.

There may be attacks of rapid pulse and palpitation associated with contraction of blood vessels in the skin,

sweating of the palms and a sense of impending

loss of consciousness, followed by

slow pulse,

flushing of the skin,

relaxation and cessation of palmar perspiration.

The subjective reactions tend to recur in "waves", as numerous patients have described it.

Often, patients with this disorder complain of a "hollow feeling" in the epigastrium which bears no constant chronologic relation to the ingestion of food, and in fact may occur immediately after a full meal.

Attempts to eat further may provoke sharp repugnance for food and occasionally may lead to an attack of hiccups, or nausea.

In other patients, actual overeating indistiguishable from

the compulsive types seen in certain psychogenic disturbances may result.

Hardly a single sensory nerve appears to be immune to involvement in this disorder: **disorders of vision, smell, taste and hearing may occur.**

Pain of varying intensity and duration may involve any area of the skin, may localize in a joint or even a tooth.

Severe peripheral neuritis involving intense, protracted pain in one or more of the extremities is frequent.

Pain in the groin, usually bilateral, is a frequent complaint.

In the acute stages, milk convulsions involving mainly the legs, may occur.

The high incidence, the usual absence of a febrile reaction, the lack of observable inflammatory lesions, and the resistance even to palliative therapy, as I have already indicated, **suggested an intoxication rather than an infection.**

The epidemic first appeared at about the time DDT came into widespread use by the civilian population.

The signs and symptoms described in the pharmacologic and toxicologic literature as characteristic of DDT poisoning turned out to be identical with those appearing in patients with the affection described.

By far **the most disturbing of all the manifestations are the subjective reactions and the extreme muscular weakness.**

In the sever acute cases, patient after patient has used identical words, "I felt like I was going to die."

The sensation can perhaps best be described as one of unbearable emotional turbulence.

There are at various times excitement, hyper irritability, anxiety, confusion, inability to concentrate, inattentiveness, forgetfulness, depression, and especially extreme apprehensiveness.

These episodes can easily be confused with anxiety attacks having a psychiatric basis. The combination of apprehensiveness, confusion and depression has led to suicidal impulses in a number of my patients.

Several insisted that they did not want to live if the reaction persisted.

This reaction was the more difficult to bear because its source was unknown and, when the cause became apparent, explanation as to the etiology was usually of great help in tiding the patient over this difficult period.

One such patient who had been heavily exposed to DDT was treated psychiatrically for his suicidal depression for months without success.

This depression vanished within a few weeks when exposure to DDT was reduced to a minimum by removing it from the immediate environment and restricting the foods most heavily contaminated.

Parenthetically, one cannot help but wonder how often exposure to the DDT group of compounds has been implicated in otherwise inexplicable suicides.

Certainly in a person already mentally disturbed the additional stress of DDT poisoning could be disastrous.

In addition, the mental effects of DDT may easily lead to accidents.

I suggested for purposes of investigation that the same etiology may apply to "X disease" of cattle, which has caused tremendous losses of livestock in this country in recent years.

Here too I do not know and have never stated that the original outbreaks of this type in 1939 were caused by DDT poisoning - I have no way of knowing whether DDT was available in this country for experimental or other use a year after its introduction as an insecticide in Switzerland.

But here, too, **the unknown "X" was subsequently widely applied both by veterinarians and farmers to a condition which all evidence indicates is caused by a toxic and not by an infectious agent.**

That **the insecticides have never adequately been ruled out in this respect is indicated by the latest report appear in the Journal of the American Veterinary Medical Association, in, which the presence in feed and water of "DDT-like compounds" was dismissed as being in "sub-toxic amounts."**

Obviously, if a suspected cause is to be ruled out, it must be eliminated completely.

One cannot simply dismiss the amounts to which the animals were exposed as "sub-toxic".

From the investigations at the Food and Drug Administration, we know that even the smallest trace of DDT may be cumulatively stored in the body fat.

It is significant that lactating cows who excrete the accumulated DDT in their milk are much less susceptible to "X Disease" than beef cattle.

> *"Too little remains known about the chemistry of DDT within the metabolism of animal life.*
> *Fortunately, the use of DDT as a contact insecticide for protecting stored grain has not been encouraged.*
> *Volatile fumigants have been preferred. The new research emphasizes the wisdom of this policy.* ***It also suggests that DDT should never be used to dust or spray growing cereal crops."*** *- in journal "Food Manufacture", November 1950*

An observation reported by Dr. Albert B. Sabin, in the Journal of the A.M.A. in June 1947 is significant:

> *"Since the end of combat in the Philippines, poliomyelitis has been among the leading causes of death in American troops.*
> *Even though only the paralytic cases are reported from there,* ***the incidence of poliomyelitis in American troops in the Philippines has been at least 10 times as high as in the Army within the continental limits of the U.S. during the past 2 years.***
> ***Actually, I believe that it is even higher because 100's of cases which would have been diagnosed as dengue-like or sandfly-like fevers... under conditions which, in my opinion, would preclude the occurrence of both dengue and sandfly fever.***
> ***And yet checks of the surrounding native population revealed no outbreaks of poliomyelitis."***

We are dealing with double edged swords, for the very substances now promoted to increase the size of our crops, in the long run turn out to be detrimental to agriculture itself.

All these substances and the fantastically toxic parathion too, inhibit the growth of certain plants, and compounds of the DDT group also persistently poison the soil - so far as present evidence goes, for 5 or 6 years and possibly indefinitely.

There is no doubt in my mind that the widespread use of the new insecticides is implicated in the alarming rise in the incidence of deaths from heart attacks and other forms of vascular disease, especially in relatively young persons.

The mortality from this source increased 7% in the year 1946-47 alone.

Facts are stubborn, and refusal to accept them does not avoid their inexorable effects - the tragic consequences are now upon us." - Dr Morton S. Biskind, MD in "Statement On Clinical Intoxication From DDT And Other New Insecticides", Journal Of Insurance Medicine, May 1951.

1952

"DDT (Chlorophenoethane, Dichlorodiphenyl-Trichloroethane), in the USA was found to cause nerve damage, paralysis, and death, by respiratory failure in calf's, via milk.

In 1953 Switzerland researches confirmed the findings of the American study.

In 1916, during the first great polio epidemic in the U.S., milk distribution was also dominated by Anglo-Swiss multinationals.

Contemporary toxicologists consider milk to be a primary transmitter of pesticides because of its lipid (fatty) content and digestibility.

In milk, pesticides and other pollutants can mix with the milk fats and are efficiently carried into the human body.

By 1952 U.S. scientists discovered that calves died from

DDT carried in their mother's milk, and this was confirmed by the Swiss in 1953.

Since death by DDT arrives by way of nerve damage and resulting respiratory failure, it could be said that these calves were obvious examples of "infantile paralysis" (polio).

Notwithstanding, according to Rachel Carson (Silent Spring (1962) the dairy industry was loosely supervised by the FDA and has been not required to obey legislation that stipulates zero pesticide residue in milk.

The dairy industry has been given unusual leeway with regard to labelling laws.

Ciba-Geigy (now merged with Sandoz to become Novartis) has engaged in successful legal suits against the EPA to force the agency to allow higher environmental levels for Ciba-Geigy's pesticide products.

It is interesting to note that the U.S. Government has the power to decline any suit outright if deemed not in the state's interest.

For example, **an citizen's suit to ban DDT in the 1950s was thrown out by the court, the rationale given by the judge was that citizen groups had no right to sue in matters which were inherently a governmental concern."** - in "Clioquinol/SMON and Pesticides/Polio; The Milk Connection", HARpub, 1999.

1953

"In 1945 against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (Chlorophenoethane, Dichlorodiphenyl-Trichloroethane) was released in the United States and other countries for general use by the public as an insecticide.

In addition to numerous variants of DDT itself, in widespread use appeared chlordane, toxaphene (chlorinated camphene), benzene hexachloride (hexachlorocyclohexane) and its gamma isomer, lindane (gammexane), heptachlor, and finally, going full circle, the

incredibly deadly aldrin and dieldrin, both chlorinated napthalenes.

In addition, the organic phosphorus compounds, closely related to the "nerve gases" of chemical warfare and lethal for man in minute doses, have also been widely used in agriculture — parathion, tetraethylpyrophosphate (TEPP), hexaethyltetraphosphate (HETP), malathion and others.

In 1951, the United States Public Health Service pointed out:

"DDT is a delayed-action poison.

Due to the fact that it accumulates in the body tissues, the repeated inhalation or ingestion of DDT constitutes a distinct health hazard.

The deleterious effects are manifested principally in the liver, spleen, kidneys, and spinal cord."

Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed.

A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected.

In man, the incidence of poliomyelitis has risen sharply.

It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk.

With this foreknowledge the series of catastrophic events that followed **the most intensive campaign of mass poisoning in known human history, should not have surprised the experts.**

Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence.

Libel, slander and economic boycott have not been overlooked in this campaign.

Early in 1949, as a result of studies during the previous

year, **the author published reports implicating DDT preparations in the syndrome widely attributed to a "virus-X" in man, in "X-disease" in cattle and in often fatal syndromes in dogs and cats.**

The relationship was promptly denied by government officials, who provided no evidence to contest the author's observations but relied solely on the prestige of government authority and sheer numbers of experts to bolster their position.

["X-Disease"] studied by the author following known exposure to DDT and related compounds and over and over again in the same patients, each time following known exposure.

We have described the syndrome as follows:

In acute exacerbations, mild clonic convulsions involving mainly the legs, have been observed.

Several young children exposed to DDT developed a limp lasting from 2 or 3 days to a week or more.

Simultaneously with the occurrence of this disorder [X-disease] a number of related changes occurred in the incidence of known diseases.

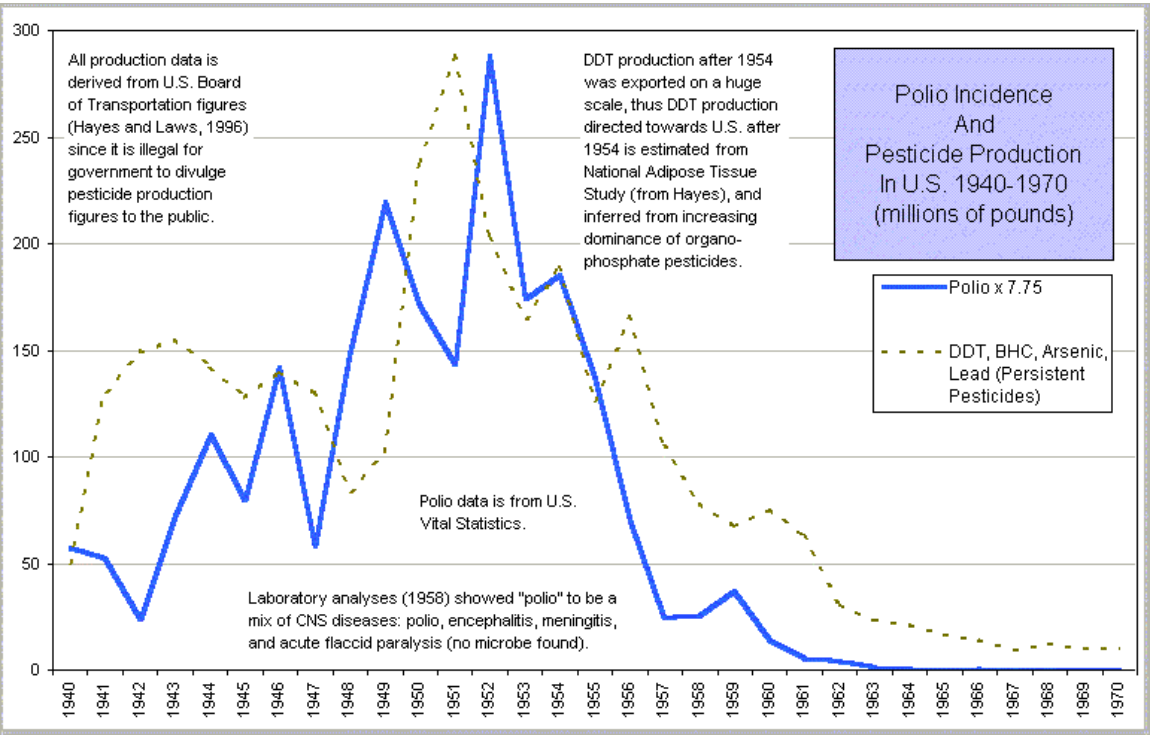
The most striking of these is poliomyelitis.

In the United States the incidence of Polio had been increasing prior to 1945 at a fairly constant rate, but its epidemiologic characteristics remained unchanged.

Beginning in 1946 the rate of increase more than doubled.

Since then remarkable changes in the character of the disease have been noted.

Contrary to all past experience, the disease has remained epidemic year after year." - Dr Morton S. Biskind, MD in "Public Health Aspects of the New Insecticides", American Journal of Digestive Diseases, November 1953.



Graphic by HARpub, 1999

1955

"Baseless rumours of the hidden dangers of DDT - which are on a par with stories of the baneful effects of the use of aluminum cooking utensils - are obviously difficult to combat convincingly.

The truth about the chance of DDT poisoning is here - it may prove helpful in answering inquiries.

The properties of DDT have been under investigation since 1939 and in this country since 1942.

The compound has been in general use in this country since 1946 and previously was the subject of extensive military experience.

The reasons for the continued interest in the toxicology

and pharmacology of the compound lie in the fact that a greater tonnage of it is produced than any other insecticide, that it occurs as residues in food, and that it is stored in human tissue.

In severe poisoning convulsions may intervene and there may be paresis of the hands.

General symptoms include malaise, headache, and fatigue.

Very large doses are followed promptly by vomiting.

Delayed vomiting or diarrhea, or both, may also follow." - Dr Wayland J. Hayes, Jr., MD, in "Present Status of Our Knowledge of DDT Intoxication", American Journal of Public Health, April 1955.

> ***"In Brazil, the Salk Vaccine began to be used in 1955,*** *through the intermediary of some pediatricians and in very limited vaccinations, promoted by state and municipal health departments, basically in Rio de Janeiro and São Paulo.*
> ***In October 1960, some newspapers announced the intensification of immunization against poliomyelitis*** *with the Salk vaccine,* ***since at that time there was an increase in the incidence of the disease in some capitals."*** *- in "A história da poliomielite no Brasil e seu controle por imunização", 2003.*

The Polio Vaccine

"In April 1955 more than 200,000 children in 5 Western and mid-Western USA states received a polio vaccine.

Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned.

Subsequent investigations revealed that **the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused 40,000 cases of polio, leaving 200 children with varying degrees of paralysis and killing 10.**

As a result:

> ***"Vaccines were among the first medical products almost eliminated by lawsuits."***

- in "The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis", J. R. Soc. Med., March 2006.

> *"Brazil was certified, by the World Health Organization, as free of poliomyelitis in 1994. However, the disease, also called polio or infantile paralysis, runs a great risk of being reintroduced in the country. The assessment is by researcher Fernando Verani, an epidemiologist at the National School of Public Health (ENSP/Fiocruz). The reasons for the alert are several. The main one is the low vaccination coverage. Despite the seriousness of the consequences caused by polio, since 2015 Brazil has not met the target of 95% of the target public being vaccinated." - in "Fiocruz researchers warn of risk of polio return in Brazil", 4 May 2022.*

The Foundation Oswaldo Cruz (Fiocruz) is the "de facto" puppet organization in Brazil, that is funded both directly and indirectly; by the UN, WHO, CDC, and the usual suspects, such as the Vaccine Peddlers well known in international circles, which are the largest shareholders in the largest international Pharmaceutical Companies.

FIOCRUZ, was also the clown organization in Brazil that during the Fake Covid-19 "pandemic", where coming up with the Brazilian "Variants" of the Covid-19 "Virus".

In Manaus, they had a clown mumbling away nonsensical stupidity on the "emergence" of "new" Covid-19 "variants".

So, **in the middle of the so-called "Covid-19" "Pandemic", this clowns where alerting, yet again for another fake "pandemic",** which obviously **needs to be prevented by Pharmaceutical Coerced Mass Vaccination.**

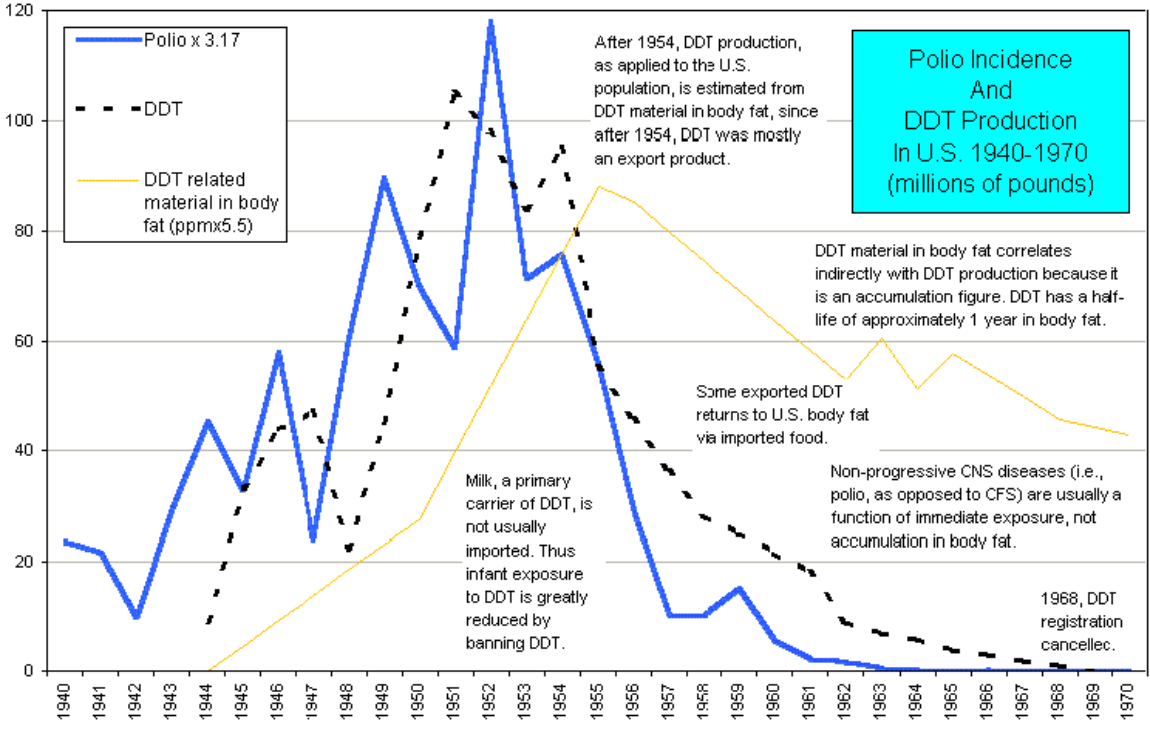
*"**Foundation Oswaldo Cruz (Fiocruz) acted as one of the main research centers and producers of knowledge in the Influenza A(H1N1) pandemic, in the Zika and Microcephaly Epidemic of 2105/2016 and in the Covid-19 Pandemic. In this, it played a strategic role in the production of one of the vaccines against the disease, delivering millions of doses of immunizers to the SUS (Brazil National Health System). The signing of the agreement by Fiocruz with the United Kingdom** also aimed to guarantee the totally national production of the vaccine with the total transfer of technology." - in "History of the Foundation Oswaldo Cruz", Fiocruz, 15 May 2023.*

1958

"By the end of 1958, 72,000,000 had been inoculated. Infants under 5 comprised 51.7% of all paralytic polio cases. Only 55% of persons, below age 40 were vaccinated (52 million). **The poliovirus could not be associated with 26% of the non-paralytic polio cases, nor could it be associated in 14% of the paralytic cases.**

Dr Biskind, MD had the composure to argue what he thought was the most obvious explanation for the polio epidemic: **Central Nervous System diseases such as polio are actually the physiological and symptomatic manifestations of the ongoing government and industry sponsored inundation of the world's populace with central nervous system poisons."** - in "Polio in the United States", HARpub, 1999.

*"**Experts say that each year thousands of children are Paralysed by polio because of Injections. Most of these Injections are not Needed. And 1 out of every 3 cases of Paralysis from polio is caused by Injections."** - Professor David Werner, Boston University School of Public Health, Department of International Health, in "Where There is No Doctor: A Health Care Handbook" 1992.*



Jim West in "Pesticides and Polio: A Critique of Scientific Literature", 2003.

"The orthodox view is that this [poliovirus] antibody is a result of a process of widespread latent immunization by subclinical infections with the specific virus.

There is no direct evidence whatever in favour of this hypothesis.

There is no fully substantiated record in the literature of an individual whose serum at first containing no poliomyelitis antibody later developed it in adequately measured amount, and therefore no indication of the nature of the event responsible for the change.

It is concluded that "poliomyelitus antibody" is not a result of exposure to or infection by the virus of epidemic poliomyelitis.

[In addition to this study, h]ere we need only refer to Harmon and Harkins (1936), which showed that of 183 convalescent sera 10% failed to neutralize the virus.

As a control series they quote the results of examination of 512 "normal" sera.

These observations, cast doubt upon the importance of a single attack of poliomyelitis for the production of antiviral substance'.

Brodie et al (1937 and 1938) cover very much the same ground, [other studies include]." - in "Poliomyeltis: The Significance of Neutralizing Antibodies in Human Sera", Journal of Experimental Biology, 1939.

"Studies from Finland have shown an association of Guillain Barre Syndrome (GBS) with Oral Polio Vaccines (OPV) vaccination campaigns, and similar findings have been reported from Turkey.

The Institute of Medicine has suggested that it is biologically plausible that OPV causes GBS and that the evidence favors the existence of a causal relationship.

We speculated that repeated doses of the live vaccine virus delivered to the intestine may colonize the gut and alter the viral microbiome of the intestine, and this can result in strain shifts of enteropathogens.

It is possible that new neurotropic enteroviruses **colonizing the gut may induce paralysis.**

491,000 additional cases of Paralysis" - in "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India", Int. J. Environ. Res. Public Health, 15 August 2018.

We Don't Have A Purified Virus

"Outbreaks of encephalitis from the "West Nile" Virus are not getting the proper scientific attention.

> ***"We don't have a purified form of the virus.***
> *Cellular material could interact with the virus to enhance the replication of viral particles." - Robert McLean*

What McLean (one of several federal scientists prominently involved in West Nile virus studies) **left unsaid was the possibility that the cellular material itself could be sufficiently toxic to cause damage to tissue, with or without the virus.**

On the basis of the tests, he began to theorize that the epidemic of dead birds was likely due to pesticides.

In fact, Stone couldn't recall anyone in his line of work doing air toxicology tests on birds.

When Stone's conclusions about pesticides and dead birds were about ready to be released in a DEC report, a human mystery disease was given an identity.

New York Mayor held a press conference on 3 September 1999, to announce that scientists at the Centers for Disease Control and Prevention CDC, had identified the St. Louis Encephalitis (SLE) virus, which is transmitted by mosquitoes, as the culprit in the hospitalizations of several elderly patients.

They initially had high fever, headaches and altered mental status and gradually showed signs of brain inflammation.

Soon helicopters and trucks began spraying areas of New York City with the highly toxic insecticide, malathion." - in "Commentary: Questions on West Nile Virus", ABC News, 29 August 2001.

Not the Result of a Virus But More Likely of a Substance made in the Tissues through the Influence of a group of non-specific Chemicals

"As noted in the preceding (A. Carrel, C.R. de la Soc. de Biol., 1925, t. XCII, p.1491; C.R. de la Soc. de Biol., 1925, t. XCIII, p.491), **it has been shown that the sarcoma tumour due to TAR is extremely malignant and is easily propagated through its filtrate of extract, and of which this filtrate possesses, in this way a principle of Rous, the properties of transformation in vitro of the macrophages in tumour cells and their abundant reproduction in cultures.**

This experiment leads one naturally to a hypothesis in which the Rous sarcoma is not infective and in which the filtrate should be considered, **which is not a virus, more likely a substance possessing certain properties of a virus, and made in the tissues through the influence of a group of non-specific chemicals.**

In order to verify this hypothesis, we have studied the generation of sarcomas in the chicken with the aid of various substances, and determined whether it is possible that the filtered extracts of these neoplasms can produce the primitive tumour in vivo and in vitro." - Dr Alexis Carrel, MD, from The Laboratories of the Rockefeller Institute, New York, in "Haebdomadaires Des Seances Et Memoires De La Societe Biologie", 31 October 1925.

Its Chemical Poisoning Not a "Virus"

"The association of viruses with cases of poisoning is a well recognized fact.

It is illustrated by the Herpes Simplex that follows the injection of vaccines, milk, colloidal metals, ingestion of foodstuffs, general anaesthesia, etc., **and the Herpes Zoster that follows the intake or injection of arsenic, bismuth and sulfonamides, and carbon monoxide, alcohol, or phenobarbital poisoning.**

Ritchen and Kantor (1947) reported Herpes Zoster as a Toxic Manifestation from the administration of antimony in the treatment of schistosomiasis.

Both Herpes Simplex and Herpes Zoster occur at times in association with infectious diseases, which appears to indicate that toxins produced in the course of these specific diseases may be responsible.

The lesions of both herpes simplex and herpes zoster, regardless of the primary cause, are histologically characterized by intranuclear inclusion bodies.

In 1900, there occurred an epidemic of arsenical poisoning in and around Manchester, England, involving several thousand beer drinkers.

For fully 6 months the etiology was not discovered and the patients exhibited in sequence digestive symptoms, nasal and pharyngeal catarrh, bronchitis, acute skin lesions, disturbances of sensibility, motor paralysis, pigmentation and keratoses.

Reynolds, toward the end of this period, observing an unusually large number of cases of Herpes Zoster during the epidemic and recalling numerous reports of this type of eruption occurring in association with arsenical poisoning, came to the conclusion that this drug must be the source of the epidemic.

Investigations revealed that the arsenic originated from Spanish pyrites that war used in the making of sulfuric acid which was employed for the preparation of sugars used in the brewing of beer.

Thus, the cause of a mysterious epidemic with many protean features, viz, gastro-intestinal, respiratory, dermatological, and nervous symptoms was eventually unravelled by finding the clue in a: virus disease which was a concomitant feature.

In the earlier literature there appeared many reports of cases of Poliomyelitis complicating or following the common infectious diseases, viz, measles, scarlet fever, influenza, smallpox, etc., which were interpreted as resulting from the effects of the Toxins of the original disease on the anterior horn cells of the spinal cord.

More recent work, which indicates a similar situation, is the poliomyelitis following the injection of toxic antigens, viz, pertussis vaccine and diphtheria toxoid.

A clue to a relationship between virus diseases and diseases resulting from toxic causes appears to exist in the inclusion body.

These bodies were considered to occur only in virus diseases and to be composed of numerous virus particles or elementary bodies.

However, **it is now known that inclusion bodies occur not only in virus diseases but also in a variety of other diseases, including those resulting from poisons and toxins.**

The word "virus" was originally used only in the singular and meant a poison.

The original concept, i.e., that the poliomyelitis virus is an exogenous organism is so deep-rooted in the minds of many physicians, as well as the public, **that ineffective and obsolete measures to control human poliomyelitis continue to be employed.**

There are potential poisonous and toxic activating factors present in food and water during epidemics of poliomyelitis that can account for much that has been thus far unexplainable by the exogenous virus theory.

Little attention has been given to the kind or the source of the food or drink used by poliomyelitis patients prior to or during epidemics of this disease.

Dr H. C. Emerson (1909), Massachusetts State Inspector of Health, District 14, investigating an epidemic of poliomyelitis in that state [date of epidemic is 1908], made careful inquiries regarding the food that had been eaten by the patients.

He found in 6 cases that fruit and berries had been a large item of the diet.

In the case of 2 infants, bananas and berries had been given in the diet.

In 3 cases of poliomyelitis, the illness was attributed to the eating of large amounts of blackberries and blueberries.

In 1 case the illness was credited to eating heartily of English mulberries.

In 39 instances it was stated that food supplies were bought from fruit and vegetable peddlers in their localities.

Draper (1935) recorded a series of cases of poliomyelitis which he considered to have originated from the fruit purchased from a fruit dealer.

Barber (1939) reported 4 cases of poliomyelitis that developed simultaneously on the same day from the eating of strawberries in a single house of an English boarding school.

Barber points out that the simultaneous onset of these cases resembled food poisoning.

Goldstein et al (1946) reported an epidemic of polioencephalitis at a naval training school among cadets.

The epidemic was explosive in character and involved over 100 persons.

Epidemiological evidence suggested that some food served in the mess hall was the cause of the disease.

Gebhardt and McKay (1946) investigated an epidemic of poliomyelitis in Utah in 1946.

The only food in common in all cases in the survey were fresh fruits and vegetables and under conditions of drought, fertilization by chemicals and other factors.

Plants in an unhealthy condition, whether this is brought about by malnutrition, improper transpiration,

insect attack or other causes, usually contain more toxic products than healthy ones.

Toxic products, likewise, are to be found in spoiled foods during the warmer months.

Cows, deprived of their normal forage during droughts, are forced to overgraze and will at times eat deep-rooted poisonous weeds and other toxic plants, thus transmitting the poisonous principle into the milk and milk products.

Milk may contain not only the toxins from weeds and plants that are transmitted by the cow but toxins may develop also in the milk after it is procured as a result of bacterial activity and chemical changes.

Another factor to be considered during droughts and epidemics of poliomyelitis is that many wells dry up; others, that are productive, may contain toxic organic matter.

Larger bodies of water supply are also affected by drought and may also contain toxic organic matter, and under conditions of drought, fertilization by chemicals and other factors.

Another factor to be considered during droughts and epidemics of poliomyelitis is that many wells dry up; others, that are productive, may contain toxic organic matter.

The insect menace to crops, etc. during the warm months of the year is controlled by poisonous insecticides which is also a factor of importance to be taken into consideration during epidemics of poliomyelitis.

In agriculture alone 232 million pounds of insecticides were used in the United States in 1951, and 252 million pounds in 1952.

The increase in poliomyelitis during recent years runs parallel with the increasing use of insecticides which may be more than a coincidence.

Lille et al showed that one insecticide, DDT, may produce degeneration of the anterior horn cells of the spinal cord of animals.

Although epidemics of poliomyelitis occur notably during droughts, some have appeared when rainfall is excessive.

In either case, **the normal growth of vegetation is interfered with and toxic products may develop in fruits and vegetables.**

The seasonal incidence of epidemics of poliomyelitis has always been one of the puzzling features of the disease.

In the Northern hemisphere, poliomyelitis occurs mainly in the summer and autumn whereas in the Southern hemisphere, it occurs in the first 4 months of the year.

These facts correspond with the growth season and harvest of perishable fruits and vegetables in these different parts of the world.

In the United States, poliomyelitis appears about a month earlier in the Southern states than in the northern.

The incidence of poliomyelitis in this country likewise corresponds with the growth and harvest seasons.

The cessation of epidemics of poliomyelitis with the onset of cold weather is explained by the cessation of growth and harvest of vegetation.

It is common knowledge, even among the laity, that with the onset of cold weather poliomyelitis epidemics subside and finally disappear.

They state also that the kidneys in cases of human poliomyelitis show changes that may be attributed to a general systemic toxemia.

In practically all cases of human poliomyelitis there is intense congestion of the blood vessels throughout the body.

The widespread lymphoid hyperplasia found consistently in gross and **microscopic autopsy examinations in cases of human poliomyelitis never has been explained on the basis of a virus infection.**

There is involvement of Fever's patches and the solitary follicles of the gastro-intestinal tract, mesenteric and retroperitoneal lymph nodes, peribronchial lymph nodes, thymus, malpighian corpuscles of the spleen, tonsils, adenoid tissue of the nose and throat, and the lymph nodes of the neck, axilla, groin, and other parts.

Burrows (1931) in a series of about 50 autopsies, noted

that the maximum amount of lymphoid hyperplasia was in Peyer's patches and the solitary lymph follicles of the gastro-intestinal tract and the mesenteric lymph nodes.

He felt that the nerve tissue changes were secondary to those existing in the lymph channels of this tissue.

It is a well known fact that lymphoid hyperplasia can occur as a result of poisons and toxins.

Doubtless the **lymphoid hyperplasia in human poliolmyelitis is an expression on the part of the body to poisons and toxins in which protection is afforded by hyperplasia of its reserve forces, the lymphatic apparatus.**

The intense reaction in the gastro-intestinal tract not only explains the reaction to a poison but likewise the clinical manifestations of gastro-intestinal irritation that so frequently occur in cases of human poliomyelitis.

This intestinal protein (virus), according to Gard, is non-pathogenic, but under the influence of exogenous factors is pathogenic when injected into experimental animals.

Further proof that the virus in the intestinal tract does not enter the human body to cause human poliomyelitis is indicated by repeated failures to isolate a virus from the blood stream, although human poliomyelitis is generally considered to be a generalized systemic infection.

The isolation of a virus from the blood stream would not necessarily indicate that it gained access to the body from the external environment." - Dr Ralph R. Scobey, MD, in "Is Human Poliomyelitis Caused By An Exogenous Virus?", Archives of Pediatrics, 1954.

Polio Vaccine Now Cause More Paralysis Than Wild Polio

"There's the Gates-founded and funded Meningitis Vaccine Project, which led to the creation and testing of MenAfriVac, a $0.50 per-dose immunization against meningococcal meningitis.

The tests led to reports of between 40 and 500 children suffering seizures and convulsions and eventually becoming paralyzed, ("De nombreux enfants de Gouro hospitalises", La Voix, p.9).

There's the 2017 confirmation (Mutant Strains Of Polio Vaccine Now Cause More Paralysis Than Wild Polio, 28 June 2017) that the Gates-supported oral polio vaccine was actually responsible for the majority of new polio cases and the 2018 follow up (What is vaccine-derived polio?, The Economist, 19 December 2018), showing that 80% of polio cases are now vaccine-derived.

There's August 2018 paper "Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency", International Journal of Environmental Research and Public Health, concluding that over 490,000 people in India developed Paralysis as a result of the oral Polio Vaccine between 2000 and 2017.

There's even the WHO's own malaria chief, Dr Arata Kochi, who complained in an internal memo, that **Gates' influence meant that the world's leading malaria scientists are now "locked up in a 'cartel' with their own research funding being linked to those of others within the group",** and that the Foundation **"was stifling debate on the best ways to treat and combat malaria, prioritizing only those methods that relied on new technology or developing new drugs."**

"The chief of malaria for the World Health Organization (WHO), has complained that the growing dominance of malaria research by the Bill and Melinda Gates Foundation risks stifling a diversity of views among scientists and wiping out the world health agency's policy-making function." *- "Gates Foundation's Influence Criticized", The New york Times, 16 February 2008.*

"The work of Gates remains largely unscrutinized, *said Sophie Harman, Academic, Queen Mary University of London. At a time when* ***the Global Health community is so disproportionately reliant on Gates Foundation funding, this is worrisome,*** *she added: "If they use their wealth for neglected areas of global health, great.* ***But for me, that's not enough to be legitimate."*** *- in "The media loves the Gates Foundation. These experts are more skeptical", Vox, 10 June 2015.*

Kochi's complaint, written in 2008, highlights the most common criticism of the **Global Health web that Gates has spun in the past two decades: that the Public Health Industry has become a racket run by and for Big Pharma and its partners for the benefit of big business."** - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

Poliomyelitis Is Clearly Non-Contagious

"Although an extensive epidemic of poliomyelitis had occurred in Vermont in 1894, that was described by Caverly, no extensive outbreak of the disease aroused widespread attention in this country until the 1907 epidemic occurred in New York and Massachusetts.

Caverly had stated emphatically 13 years before:

> ***"There was a general absence of infectious disease as an etiologic factor in this epidemic.***
> ***The element of contagion does not enter into the etiology either.***
> ***I find but a single instance in which more than one member of a family had the disease*** *and it usually occurred in families of more than one child and as* ***no efforts were made at isolation, it was very certain it was non-contagious."***

The mother, general practitioner, country doctor and clinician have all made important observations during epidemics of poliomyelitis and have formulated their own theories regarding the cause of the disease.

However, they have been unable to have these observations seriously considered, especially when they have disagreed with the orthodox concept of the cause of the disease.

This situation is admittedly unfortunate since **our fundamental knowledge of the disease, as incorporated in the public health law, has originated form laboratory workers experimenting on animals that are not naturally susceptible to poliomyelitis.**

Jelliffe, 32 years ago, cautioned:

> ***"The purity of laboratory experimentation is rarely repeated in nature."***

At one time or another the classical dietary deficiency diseases, beriberi and pellagra, and even sunstroke, have been considered to be communicable infectious diseases.

If by law any one, or all of these diseases, had been made a reportable communicable disease, it is obvious that today it would legally be a germ disease and a search for the causative germ might still be in progress.

If beriberi and pellagra had been made reportable communicable diseases, it is conceivable that the epochal studies on vitamins by Funk and subsequent workers could have been ignored in the search for the infectious agent as the etiological factor in these diseases.

The progress of medicine would have been seriously retarded.

A virus theory has been considered as an etiological factor in relation to other diseases, notably cancer, and convincing evidence has been presented to support this hypothesis.

Nevertheless, research goes on in this study of cancer cause along many lines of investigation which include the virus theory rather than on virus studies only, **excluding other theories, as in the investigation of poliomyelitis.**

If cancer were incorporated in the public health law as a reportable communicable disease as a result of these studies, it is obvious that unlimited research would cease and that those who maintained non-infectious theories to explain the cause of the disease would neither be able to obtain funds for extensive research nor cooperation for investigating their ideas.

The time is long past due for careful reappraisal of the poliomyelitis problem and for many capable workers with various opinions regarding the cause of the disease to be given the opportunity to work and the funds with which to work.

The implications of the public health law that poliomyelitis is an infectious communicable disease must be reconsidered if progress is to be made." - Dr Ralph R. Scobey, MD, "Is The Public Health Law Responsible For The Poliomyelitis Mystery?, Archive Of Pediatrics, May 1951.

Dr Morton Biskind, MD: Warns

"In 1945, against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT (chlorophenoethane, dichloro-diphenyl-trichloroethane) was released in the United States and other countries for general use by the public as an insecticide."

> *"Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed.*
> *A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected.*
> *In man, the incidence of poliomyelitis has risen sharply."*

"It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk.

With this foreknowledge the series of catastrophic events that followed the **most intensive campaign of mass poisoning in known human history, should not have surprised the experts.**

Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence.

Libel, slander and economic boycott have not been overlooked in this campaign."

"Early in 1949, as a result of studies during the previous year, the author published reports implicating DDT preparations in the syndrome widely attributed to a 'virus-X' in man, in 'X-disease' in cattle and in often fatal syndromes in dogs and cats. *The relationship was promptly denied by government officials,* who provided no evidence to contest the author's observations but *relied solely on the prestige of government authority and sheer numbers of experts to bolster their position."*

"[X-disease] studied by the author following known exposure to DDT and related compounds and over and over again in the same patients, each time following known exposure.

We have described the syndrome as follows:

In acute exacerbations, mild clonic convulsions involving mainly the legs, have been observed.

Several young children exposed to DDT developed a limp lasting from 2 or 3 days to a week or more."

"Simultaneously with the occurrence of this disorder [X-disease], a number of related changes occurred in the incidence of known diseases.

The most striking of these is poliomyelitis.

In the United States the incidence of polio had been increasing prior to 1945 at a fairly constant rate, but its epidemiologic characteristics remained unchanged.

Beginning in 1946, the rate of increase more than doubled. Since then remarkable changes in the character of the disease have been noted.

Contrary to all past experience, the disease has remained epidemic year after year." - Dr Morton Biskind, MD, Published Works

Glossary

Poison: Any substance that is harmful or destructive to a living biological system.

Toxin: A poison which is derived from a biological source.

"In July 2002, newspapers across the globe reported that scientists had created a virus in a test tube.

This unexpected news struck a raw nerve among lay people and scientists alike.

What really happened?

Guided by the nucleotide sequence, which my colleagues and I determined in 1981, Jeronimo Cello, Aniko Paul and I described the chemical synthesis of a DNA molecule equivalent to the poliovirus genome.

Using methods that we developed in the 1980s and 1990s, we then converted the virus-specific DNA by simple in vitro biochemical manipulations into authentic poliovirus particles.

On paper, the synthesis looked simple and, not surprisingly, it was immediately predicted — correctly — that a similar method could be used to synthesize any virus, including smallpox.

Poliovirus, is a human virus that replicates in the gastrointestinal tract after ingestion.

In rare instances, the virus invades the central nervous system where it destroys motor neurons that control muscle movement.

This results in a terrifying disease, called poliomyelitis, which leads to irreversible paralysis and even death.

The empirical formula of poliovirus is $C_{332,652}H_{492,388}N_{98,245}O_{131,196}P_{7,501}S_{2,340}$.

There might be little practical use in describing poliovirus by its empirical formula, but it persuasively portrays the virus as a chemical.

It was believed that without parental genomes, no daughter cells or progeny viruses would arise.

We have broken this fundamental law of biology by reducing poliovirus to a chemical entity, which can be synthesized on the basis of information stored in the public domain — **an experimental proof of principle that is applicable to the synthesis of all viruses.**

The synthesis of a replicating 'organism' in the absence of a natural template was without precedent at the time of its publication in 2002.

Leaving the scientific aspects aside, there were two factors that we believe contributed to the emotional, and sometimes **contradictory, reactions.**

"Whether or not viruses should be regarded as organisms is a matter of taste," according to André Lwoff.

Viruses have been excluded from classification as living entities because they **do not consume 'food' or produce 'waste', because they lack metabolism.**

Our experience of synthesizing poliovirus has inspired us to pursue viral genome synthesis for medical applications, for example, to explore novel strategies in vaccine development.

Poliovirus cannot be declared extinct because the sequence of its genome is known and modern biotechnology allows it to be resurrected at any time in vitro.

This is true for all viruses, including smallpox.

Another landmark publication in virology was the resurrection of the Spanish influenza virus by chemical synthesis (Tumpey et al, 2005).

A tentative genome sequence of the Spanish influenza virus was deciphered from specimens uncovered eight decades (80 Years) after the pandemic." - in "The test-tube synthesis of a chemical called poliovirus: The simple synthesis of a virus has far-reaching societal implications", EMBO Rep., July 2006.

Its the Mosquito Fault - Farce

The World Health Organization (WHO), directs both DDT application (for mosquito control), and Polio Vaccination worldwide.

Please bear in mind that neither viruses exist, not it is possible to kill (eradicate), all mosquitoes in the world.

Thus the Polio Virus Farce is a Business Venture of the Pharmaceutical Industry, the Medical Trade and the United Nations, so-called World Health Organization.

When DDT and BHC were phased out from the developed nations and at the same time vaccination programs were dramatically credited with saving these countries from the ravages of the poliovirus.

However, the banned pesticides continued with higher than ever total distribution in the under-developed countries thanks to WHO anti-mosquito campaigns, where to this day acute flaccid paralysis (AFP), polio, and DDT/BHC still prevail.

DDT application, DDT phase-out programs, and polio vaccination programs are all being directed in these countries concurrently by the World Health Organization.

In 1983, via new legislation, DDT was allowed back into the U.S. marketplace, but only in pesticide blends.

Within only a few months of this re-entry, a new kind of polio epidemic suddenly occurred.

> ***"From August 1984 through January 1985, 9 cases of paralytic disease and one case of aseptic meningitis due to wild poliovirus type 3 were reported in Finland. "*** *- in "Poliomyelitis Outbreak - Finland, 1984-1985", MMWR, CDC, 14 February 1986.*

> ***"There have been no confirmed cases of paralysis due to polio caught in the UK since 1984. Although some poliovirus has been found in sewage from London*** *recently, the risk of getting it remains extremely low." - in "Polio", NHS, 16 September 2022.*

It was labelled "post-polio", the re-emergence of polio symptoms in former victims.

This has involved approximately 600,000 victims.

Central nervous system diseases other than polio continue in the U.S. and throughout the world:

Acute Flaccid Paralysis,
Chronic Fatigue Syndrome,
Encephalitis,
Meningitis,
Muscular Sclerosis, and
rarely in humans, Rabies.

It is clear that the Medical Trade and the Pharmaceutical Industry is out of control and a threat to Humankind, Civilization, the Animal and Natural World.

Epidemic Intelligence Service - 1951

"The CDC disease-control mission was increasingly being regarded as obsolete, prompting serious discussions about abolishing the CDC altogether.

The situation changed in 1949 when the CDC brought on board Alexander Langmuir, an associate professor at the Johns Hopkins University School of Hygiene and Public Health.

Langmuir was the CDC's first VIP, bringing with him both his expertise in epidemiology (the statistical study of epidemics) and his high-level connections - including his security clearance as one of the few scientists privy to the Defense Department's biological warfare program.

Langumuir and talked public officials and Congress into giving the CDC contingent powers to deal with potential emergencies.

In July of 1951 he assembled the first class of the Epidemic Intelligence Service (EIS), composed of 23 young medical or public health graduates.

After 6 weeks of intensive epidemiological training,

these EIS officers were assigned for 2 years to hospitals or state and local health departments around the country.

Upon completing their field experience, EIS alumni were free to pursue any career they desired, on the assumption that their loyalties would remain with the CDC and that they would permanently act as its eyes and ears.

The focus of this elite unit was on activism rather than research and was expressed in its symbol - a shoe sole worn through with a hole.

According to British epidemiologist Gordon Stewart, a former CDC consultant, the EIS was nicknamed the Medical CIA." - Dr Peter H. Duesberg, Professor of Molecular and Cell Biology, University of California, in "Inventing The AIDS Virus", 1996.

1999

"5 Nobel prizes and 12 various other esteemed prizes have been awarded for virus studies relating to attempts to find in the phenomena of the Rous sarcoma, a virus cause for cancer.

In spite of the prizes, these studies have all proved fruitless (Duesberg, op. cit.).

No prizes or recognition has been awarded for the discovery of the toxic cause of sarcoma, nor the symbiotic role of tumors.

It appears that **this virology of the 1920's represents the foundation for modern virology, vaccine technology, molecular biology, and genetic engineering.**

This foundation has been based upon the material, effects, and data derived from poisoning.

Methods of "poisoning", along with the continued redefinition and substitutions for the word "poison", with only nucleic acid and genetically manipulated tissue, are now being developed that are incredibly complex in their economic (medical, agricultural) and politically strategic significance (covert and overt policies regarding medical, agricultural, and military).

The number one corporation involved in Genetic Engineering is the premier poison manufacturer, Novartis (Ciba-Geigy), the developer of DDT and the owner of malathion." - in "Carrel's Experiments Regarding Toxin-Caused Sarcomas", HARpub, 1999.

2002

"The presence of DDT, BHC and other persistent pesticides correlate with Neurological Disease Epidemics during the 20th century, though a complex curve.

Apparently, disease investigations are greatly biased against toxicology; witness the usual omission and avoidance of toxicology.

Virology stands on relatively weak ground, having created its own standards of proof for causation that would never hold in any other science.

Money influences the Theatre of Medical Science and viruses have few Dollars to spend on lawyers and laboratories, whereas chemical poisons are defended by the world's largest corporations.

Mere association seems sufficient to identify and declare a virus the culprit." - Jim West, in Rapid response to: "It is time to dismiss calls to ban DDT", BMJ, 3 December 2002.

2012

"Interference in Respiratory and Gastrointestinal Infections has been reported after receipt of live oral Poliovirus Vaccine." *- in "Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine", Clin. Infect. Dis., 15 June 2012.*

2017

£100 Million Pledge in Fight to Make Polio History

"Bill Gates has hailed a "fantastic" pledge from the UK, which leads a final global push to eradicate polio.

International Development Secretary Priti Patel has unveiled an additional £100 Million of support for worldwide efforts to tackle the disease.

The package will help immunise up to 45 million children against polio each year until 2020 – when it is hoped the world could be declared polio-free.

Gates, chairman of the **Bill & Melinda Gates Foundation**, said:

> ***"It's fantastic to see such a generous pledge from the UK to the global effort to eradicate polio."***

- in "Bill Gates hails UK's 'fantastic' £100 Million pledge in fight to make polio history", The Sunday Post", 4 August 2017.

Insecticides Neurotoxic Actions

"Approximately 200 active ingredients have been commercialized as insecticides since World War II.

Pesticide innovation was our primary objective in arranging the symposium, **knowledge of the neurotoxic actions of pesticides has other important applications.**

It is critical to understanding the toxicological consequences and hazards of exposure to nontarget organisms.

Also, if we view insecticides as potent and specific biological probes, they tell us much **regarding normal nervous system functions and processes.**

We therefore feel confident that the contents of this book will be **of interest to mammalian and environmental toxicologists,** neurobiologists, and entomologists, **as well as to a more specific audience concerned with pesticide chemistry, biochemistry, and physiology.**

The **emphasis would have been strongly on the cholinergic aspects of the nervous system and particularly on cholinesterase inhibitors.**

> ***"Cholinergic agents that act upon the neurotransmitter acetylcholine, the primary neurotransmitter within the parasympathetic nervous system. The parasympathetic nervous system, which uses acetylcholine almost exclusively to send its messages, is said to be almost entirely cholinergic. Neuromuscular junctions, preganglionic neurons of the sympathetic nervous system, the basal forebrain, and brain stem complexes are also cholinergic."***

This area is now relatively neglected.

The regenerative nature of N-methyl-D-aspartate (NMDA) responses, which some authorities consider is likely to account in part for **excitotoxicity (toxic actions of excitatory neurotransmitters, primarily glutamate, where the exacerbated or prolonged activation of glutamate receptors starts a cascade of neurotoxicity that ultimately leads to the loss of neuronal function and cell death), in the vertebrate Central Nervous System, may be a central factor linking certain disorders such as Epileptic Seizure activity, Ischemic Damage, Neurodegenerative disease and Neurodepressive phenomena."** - in "Sites of Action for Neurotoxic Pesticides", 1986.

Neurotoxic Effect of Medical Trade Drugs

"In 1946 Molitor and his co-workers reported that repeated doses of Streptomycin administered to weanling rats caused retardation of growth and pronounced nervous hyperexcitability, while no such changes were observed in adult rats.

These observations suggest that **the immature subject may be more susceptible to the neurotoxic effects of streptomycin than the adult.**

Streptomycin and Dihydrostreptomycin destroy the central vestibular mechanism subtotally.

Hanson in his report on **the use of streptomycin in the treatment of 5 patients suffering from Ménière's disease** states that each of the patients had attacks of vertigo many months after completion of therapy but that these attacks were milder.

Lurie (1947), and I believe very wisely so, suggested that this drug should not be used in the treatment of Ménière's disease because of the damage to the central nervous system which it produces.

The streptomycin group of drugs frequently damage the cochlear and vestibular mechanisms centrally and possibly the peripheral end-organ also.

It attacks the central vestibular mechanism and possibly other brain structures as well." - Dr Julius Winston MD, in "Clinical problems pertaining to Neurotoxicity of Streptomycin Group of Drugs", Archives of Otolaryngology, 1953.

Streptomycin

"Streptomycin is an Antibiotic Medication used to treat a number of bacterial infections.

Its Use By The Medical Trade

Infective endocarditis: An infection of the endocardium caused by enterococcus; used when the organism is not sensitive to gentamicin.

Tuberculosis: Used in combination with other antibiotics. For active tuberculosis it is often given together with isoniazid, rifampicin, and pyrazinamide. It is not the first-line treatment, except in medically under-served populations where the cost of more expensive treatments is prohibitive. It may be useful in cases where resistance to other drugs is identified.

Plague (Yersinia pestis): Has historically been used as the first-line treatment. However streptomycin is approved for this purpose only by the US Food and Drug Administration (FDA).

In Veterinary Medicine, streptomycin is the first-line antibiotic for use against gram negative bacteria in horses, cattle, sheep, etc. It is commonly combined with procaine penicillin for intramuscular injection.

Tularemia infections have been treated mostly with streptomycin.

Streptomycin is traditionally given intramuscularly, and in many nations is only licensed to be administered intramuscularly, though in some regions the drug may also be administered intravenously.

Its Use As A Pesticide

Streptomycin also is used as a Pesticide, to combat the growth of bacteria beyond human applications.

Streptomycin controls bacterial diseases of certain fruit, vegetables, seed, and ornamental crops.

A major use is in the control of fireblight on apple and pear trees.

Serious Side Effects

As with other aminoglycosides, are Kidney Toxicity and Ear Toxicity.

Transient or Permanent Deafness may result.

The vestibular portion of cranial nerve VIII (vestibulocochlear nerve) can be affected, resulting in:

Tinnitus,

Vertigo,

Ataxia,

Kidney Toxicity, and can potentially interfere with diagnosis of kidney malfunction.

Common Side Effects

Include vertigo, vomiting, numbness of the face, fever, and rash.

Fever and rashes may result from persistent use.

Deafness has been reported in children whose mothers received streptomycin during pregnancy.

World Health Organization (WHO), United Nations (UN)

It is on the World Health Organization's List of Essential Medicines.

The World Health Organization (WHO, UN) classifies it as critically important for human Medicine." - in Wikipedia, 21 May 2023.

Diseases and Disorders Relevant to Neurotoxins

"There has been an awareness of nerve poisons from ancient times.

At the dawn of the twentieth century, the actions and mechanisms of these poisons were uncovered by modern physiological and biochemical experimentation.

However, the era of selective neurotoxins began with the pioneering studies of R. Levi-Montalcini through her studies of the neurotrophin "nerve growth factor" (NGF), a protein promoting growth and development of sensory and sympathetic noradrenergic nerves.

An antibody to NGF, namely, anti-NGF – developed in the 1950s in a collaboration with S. Cohen – was shown to produce an "immunosympathectomy" and virtual lifelong sympathetic denervation.

These Nobel Laureates thus developed and characterized the first identifiable selective neurotoxin.

Other selective neurotoxins were soon discovered, and the compendium of selective neurotoxins continues to grow, so that today there are numerous selective neurotoxins, with the potential to destroy or produce dysfunction of a variety of phenotypic nerves.

AIDS

Infection with human immunodeficiency virus (HIV)-1 not only targets and compromises cells of the immune system and eventually causes AIDS but also triggers **a variety of neurological problems that can culminate in frank dementia.**

Several lines of evidence suggest that HIV-1 strikes at the brain in at least 2 ways:

1. By causing **toxicity leading to neuronal injury and death.**
2. By **impairing neurogenesis without killing neural precursors.**

Both of the pathogenic mechanisms share **the involvement of neuroinflammatory mediators**, and both processes seem to be influenced by host and viral factors, including the interferon response, age and viral subtypes, as well as treatment and comorbidity factors, such as drug abuse.

Development of both HIV-associated neurocognitive disorders (HAND) and AIDS goes hand-in-hand, and despite viral control and life-prolonging effects of combination antiretroviral treatments (cART), neuroinflammation and concomitant activation of macrophages and microglia accompany the continued development of HAND in HIV patients.

Besides intact HIV-1, **6 of its proteins have been linked to neuronal injury.**

Drug Neurotoxicity

On the basis of laboratory and clinical studies, the potential of chemicals, including therapeutic and abused agents, to induce neurotoxic effects has been assessed, with considerations of abuse **drugs neurotoxicity encompassing several factors that may accelerate and complicate prevailing conditions.**

The level of Neurotoxicity or Neurotoxic propensity remains a singularly important regulatory drug issue.

Normal brain development follows a preprogrammed pathway, whether at neuronal, circuitry, or regional levels, that differentiates specific and distinctive regional structural characteristics, phenotypes, and functions in the infant, adolescent, and adult.

The course of brain development may be altered by a wide range of exogenous agents thereby threatening the integrity of affected brains with permanent consequences that culminate in dire neurodevelopmental and neuropathophysiological outcomes.

The enormous range of exogenous agents capable of disrupting the integrity of the affected brain, within defined parameters and conditions, may wreak damage that is all too often permanent and irreversible." - in "Handbook of Neurotoxicity", Springer, 2014.

Aspects of Nervous Tissue Which Make it Susceptible to Toxicological Insult

"The compounds that the toxicologist studies are ones that we as a society think are responsible for the conversion of health to ill health.

These compounds produce pathological change.

The nervous system is unique in the capacity and the requirement to maintain this system and all of the components that go into the system.

A second **unique feature of the nervous system is the myelin sheath and it is possible for the myelin to be affected by toxic chemicals.**

If we know that the myelin sheath around the nerve is affected by a Toxic Chemical we might not yet know how to treat but we will know how to diagnose and evaluate the problem.

A third unique feature of the **nervous system are the neurotransmitters and related enzymes.**

The possibility is that **chemicals can interact with either the synthesizing enzymes, the integrity of the nerve terminal, the neurotransmitter or the processes associated with neurotransmission.**

Clearly, **these are specific points at which the nervous system might be susceptible to attack.**

It is these unique characteristics which if understood, may reveal **how chemicals interact with nervous tissue** and thus allow us diagnose, treat, and prevent **the damage produced by these chemicals**." - A.M. Goldberg in "Mechanisms of neurotoxicity as studied in tissue culture systems", Toxicology, 1980.

"Little is known about the long term effects of cytotoxic drugs used in different protocols for childhood malignancies. Cytotoxic drugs, given in combination with radiotherapy however there is a definite risk of permanent impairment of cerebral function." *- in "Neurotoxic Side Effects of Drugs Used During Therapy of Brain Tumours and Other Malignancies in Children", Neuropediatrics 1979.*

The Cause Of The Children's Trouble?

"Wrong Thinking, Wrong Feeding, and Wrong Habits, Food Poisoning, due to ignorance and indifference, made much worse in Hospital; and Constipation."

Few indeed of the childish ailments and illnesses are unavoidable.

They are mostly the direct consequence of Wrong Thinking, Wrong Feeding, and mistakes in general supervision; and are therefore a reflection upon the mother's methods.

Chicken-pox, Measles, Whooping-Cough, Diphtheria, Are Not Diseases of Childhood; they are Disorders of Ignorance and Mismanagement.

They Are Not Diseases At All.

They are acute illnesses; and therefore reactions, curative in intent, against existing disease.

If children were brought up sensibly they would never occur.

Nor would "Infantile Paralysis", Tuberculosis, or other evidences of mental and food foolishness." - Dr Ulric Williams, MD, Surgeon, in "Hints on Healthy Living", 1939.

The Polio Vaccine Farce

"Polio Vaccine Disadvantages: IPV induces very low levels of immunity in the intestine.

As a result, when a person immunized with IPV is infected with wild poliovirus, the virus can still multiply inside the intestines and be shed in the faeces, risking continued circulation.

IPV does not stop transmission of the virus." - in "Inactivated poliovirus vaccine", Global Polio Eradication Initiative, 24 July 2023.

The Diphtheria Vaccine Farce

""Diphtheria toxoid, does not prevent the carrier state nor stop the spread of infection" because it only creates antibodies to a toxin released by this bacteria, not to any antibodies to the diphtheria bacteria itself." - in "Diphtheria immunization. Effect upon carriers and the control of outbreaks", Am. J. Dis. Child., March 1972.

The Pertussis Vaccine Farce

"aPVs [pertussis Vaccine], cannot avoid infection and transmission, aPV pertussis Vaccines do not prevent colonization. Consequently, they do not reduce the circulation of B. pertussis, and do not exert any herd immunity effect." - in "Pertussis Prevention: Reasons for Resurgence, and Differences in the Current Acellular Pertussis Vaccines", Frontiers in Immunology, 2019.

Bill Gates Says Vaccine Investment Offers Best Returns

"Gates, who said his top priority was helping to eradicate Polio worldwide, also met health ministers from countries including Afghanistan and Pakistan **where the Virus continues to paralyze unvaccinated children.**

> ***"Vaccines are an extremely elegant technology.***
> ***They can be inexpensive, they are easy to deliver and they are proven to protect children from disease.***
> ***At Microsoft, we dreamed about technologies that were so powerful and yet so simple.***
> ***Vaccines are one of the best investments that we can make in the future."***

- Bill Gates in Annual Assembly of the World Health Organization (WHO) attended by Health Ministers from 193 states, "Gates Says Vaccine Investment Offers Best Returns", Reuters, 17 May 2011.

Several Toxic Chemicals can produce Neurological Disorders Associated with what the Medical Trade calls "polio".

Thus, it is clear that the Clinical Manifestations of Polio are those of the effects of Toxic Chemical contamination, upon the central nervous system.

Thus, in essence, the condition known as polio is the result of Chemical Toxicity.

Polio thus, derives from at least one chemical contaminant, which transported by the blood circulation system, affects inevitably the Central Nervous System.

It is well known that there are several Chemical substances, capable of producing "polio" like symptoms, among these are specifically the Synthetic Chemical Pesticides, widely used, and mass produced in industrial quantities, around the world.

Chapter 9

The Rabies Virus Farce

In this section, should be noted that, if the reader has already read the previous books in this series, published by us, then the reader should be aware that the so-called "Experiments" and "Vaccine" on Rabies, conducted by Pasteur are in fact Fraud.

The 3 books published so far on Mr Pasteur so-called "Scientific" Work, and in particularly the last book published a few years ago, show in detail the Fraud which is both Mr Pasteur and the Rabies "Virus".

In the previous books we give both excerpts on the conclusions of these 3 books and also their Titles and Year Publication.

Here we just go throughout the nonsensical research done by this creatures of Laboratory, so-called specialists of "Virology".

They absurdity, and lack of common sense and brains is quiet alarming.

Vaccinomania

"The failure of the system is attested by the deaths.

Whole hecatombs of animals have been ruthlessly sacrificed in the quest after the virus, and well might Vincent Richards condemn the slaughter which has taken place without, as we assert, benefit to the human race, nay, even to its injury.

A new terror is now added to the bite of the dog.

The good old Dr. Berkenhout, writing about rabies in 1783, told us that he knew not of any human attempt which had more resemblance to the Knight of La Mancha's tilting at a wind-mill, than that of combating popular errors and reasoning against popularly received opinions.

During late years, the clinical observer has been pushed on one side by the men who are supposed to be engaged purely in "original research", the men who work simply and solely in laboratories, who look through microscopes at infinitesimal organism or who apply complicated instruments to curarized frogs to measure their heart beats, or who take up the more fashionable pursuit of bacteriology, as if the clinical observer were not equally entitled to claim that he was engaged in original research.

As the consequence of fashion, we have a vast literature of the modern school, but unfortunately not valuable in proportion to its vastness. It is a mass of undigested, crude material, produced in accordance with the wants of the market.

Theories have been started, based on imperfect experiment, and these have been in turn superseded by newer theories.

Bacteriological research being encouraged by endowments and by the fashion of the day, naturally has thriven.

The chemist and the bacteriologist may do us some service, but they must be kept in the place of servants.

Laboratory experiments on dead tissue or on living matter out of place cannot alone solve for us the problems of life or disease.

Have we any treatment that is satisfactory, based on these discoveries?

There can be only one answer to this question, No.

Clinical observers may take heart, there are some signs of the lifting of the cloud, and of the emancipation of medicine from the trammels of what has been so well called "Vaccinomania." - Dr Thomas Dolan, MD in "Pasteur and Rabies", 1890.

Trust - The Laboratory Scientific Work

"There still remain persons who are skeptical concerning, or even deny the existence of, rabies as a distinct disease.

No attempt will be made to enter into controversy with them.

If they are fair minded and possess an average amount of intelligence, a visit to a laboratory where scientific work in this direction is being done will suffice to dispel their objections even if their faith in human nature is so slight that they are able to regard those investigators who have

devoted years of disinterested study to the subject as untruthful or very badly mistaken.

Rabies is an ancient and widespread disorder perpetuated among the lower animals, chiefly the dog family, transmitted in nature to other animals and to man by the inoculation of virulent saliva through bites.

The period of incubation is variable, but relatively long, usually between 1 and 2 month." - in "Facts and Problems of Rabies", 1912.

These Are Obviously Symptoms and Signs of Organic Toxaemia

"That some of the symptoms of rabies: fever, leucocytosis, hemorrhages, are those which we have come to recognize in other diseases as toxic." - Babes

"A general increase of reflex excitability is early noted.

The centers for respiration and deglutition are especially severely attacked, with spasm or paralysis as a result. General convulsions of central origin frequently occur, paralysis of spinal origin may attack the extremities.

The psychical functions are disturbed in degrees varying in their manifestation from morbid anxiety to delirium and mania.

Pathological changes of a characteristic nature are confined principally to the nervous system.

Crelius Aurelianus, in his description of hydrophobia in man, makes mention of the following symptoms, which are sufficiently distinctive to show that he was familiar with the same disease which we recognize today:

> *"In the beginning of the attack, 'anxiety with no reason for it; irritability and malaise, restless movements, sleep light and disturbed, insomnia, stretching and continual gaping, and an unremitting desire to vomit, an unusual susceptibility to air, no matter how quietly the patient may: have been resting, intoleration and loathing of liquids, little desire to drink.*
> *When the disease is established, there is thirst and at the same time dread of water, at first at the sight of it, later of the very sound or mention of it.*
> *This fear extends to oily preparations.*
> *The pulse is small, hard, and irregular; in certain cases there is a light fever.*
> *There are eructations; heaviness of the limbs.*
> *The diaphragm: is displaced upward and the functions of the intestines suppressed.*
> *Urination becomes frequent and of small amounts.*
> *There is nervous spasm and trembling."*

It remained for Pasteur to devise the method of subdural inoculation of material from the central nervous system, and from him the modern study of the disease may be said to date.

The History of Rabies, as shown by its literature, is extremely instructive, as showing how much and how little was known in past ages.

For instance, in Krugelstein's work in 1826, we learn that the following observations had already been made, some of them centuries before:

That **long haired dogs had rabies less frequently than short haired ones.**

Birds also are susceptible of inoculation, but seem to have a relative immunity, as old fowls and pigeons if they take the disease at all, frequently recover and their nervous system is innocuous to rabies.

That the disease is an infectious one i. e., produced by the invasion of a pathogenic microorganism emanating from a previous case of the diseases, is strongly suggested by the symptoms and the manner of conveyance, and is proved by the fact that all the parts of the nervous system, as well as some glandular structures and secretions, produce the same symptoms and results when inoculated experimentally into a healthy animal.

The liver, spleen, and spermatic fluid appear never to harbor the virus.

The pancreas, lachrymal glands, and suprarenal capsules, however, seem to be virulent in a large number of instances." - in "Facts and Problems of Rabies", 1912.

Clear Signs of Toxaemia Affecting The General Nervous System

"The first symptom of the disease in the rabbits was a general nervousness; the entire body seemed to be trembling and, if the animal was startled by the sudden clapping of hands, it would stagger and apparently have great trouble in maintaining its balance.

Soon a limping of the left hind leg was noticed and, if the rabbit was taken from the cage and made to hurry across the floor, that leg gave way entirely.

In a short time a weakness in the corresponding front leg developed, then in the neck, as in acute ascending paralysis.

Hence when the animal attempted to walk it would move

around the cage clockwise, supporting its weak left side against the wall.

A few of the rabbits had convulsions, and when that happened they rolled over and over from light to left.

The initial site of paralysis was the "left hind leg", and this in a short lime developed into a left hemiplegia, the paralysis eventually becoming general." - in "Rabies A Pathognomonic Sign Generally Overlooked", JAMA, 5 April 1913.

"Rabies is a fatal, acute, infectious disease of all warm-blooded animals, usually transmitted through the bite or scratch of an affected dog's teeth, at which time is introduced the virus contained in the virulent saliva.

While it is not absolutely necessary that the introduction or inoculation of the human with rabies virus must be through the medium of the bite of a rabid dog, yet it is the usual manner of transmission not only to the human family but to the canine family and other animals.

Outbreaks occur from time to time, due to the nature of the disease in dogs, which causes them to run wild, running long distances and attacking en route, thereby spreading the disease to remote parts.

One uncontrolled case of rabies in the dog at the stage of the disease when he is furious or running will infect or inoculate at times a large number of animals or persons.

In controlling rabies another important feature must always be taken into consideration-the incubation period.

If, like many other infectious diseases, there was an approximate period between the time of inoculation and the development of the syndromic manifestations, rabies could be easily controlled or perhaps eradicated by quarantine methods, if universally applied to all the canine and feline species.

However, the so uncertain incubation period of rabies, the elapsing time being from 12 days to 3 months, but may be as long as 1 year.

Vaccination is being rapidly pushed throughout the

empire with the expectation of eradicating rabies from the country.

American producers of single treatment antirabies vaccine do not claim more than one year's immunity after vaccination with their product." - George E. Corwin, in "The Control of Rabies in Connecticut", Deputy Commissioner on Domestic Animals, Hartford, Connecticut Read, New Haven County Public Health Association, 6 March 1924.

The Incubation Period Farce

"Incubation Period in 65 cases

10 to 20 days:11
21 to 30 days: 19
31 to 40 days: 9
41 to 60 days: 8
Over 2 months but less than 4 months: 10
4 to 6 months: 3
6 to 12 months: 2
Over 12 months: 3

The average incubation period of all cases, excluding those over 1 year, was 49.25 days." - in "Rabies in the United States during the Year 1911", Public Health Reports, 12 July 1912.

"The virus may gain access to the blood stream without causing any symptom indicative of its presence. It may even reach the central nervous system and become fixed there without causing an attack of hydrophobia. In the nervous system it may remain in an absolutely latent condition for a very long time, until by some unknown mechanism it is suddenly wakened into activity." *- in "The Heredity of Rabies", Vet. Rev., 1919.*

The Rabies "Virus" Isolation Farce

"In view of the great interest now taken in this subject in consequence of the brilliant investigations of Pasteur, I think it desirable to take an early opportunity of stating that I have found the microbe which appears clearly to constitute the virus of this disease.

I have repeated his methods carefully.

Neither does it occur within the nerve fibres, as he states; and, lastly, it is fully 3 times the dimensions which he gives.

I may add that it does not occur in the same situation, treated by the same methods, in normal animals." - in "The Microbe of Rabies", The Lancet, 12 June 1886.

"It is doubtful whether previous attempts to transmit the virus of epidemic encephalitis to animals have ever been successful." - S. Flexner, in Journal of the American Medical Association, 1923.

"The symptoms produced in experimental animals by the encephalitic virus of Kobayashi and by the virus of rabies are similar, and are accompanied by lesions which are indistinguishable, and since a cross-immunity is demonstrable between the 2 viruses, the conclusion is advanced that the specimen of so called encephalitis virus isolated by Kobayashi is in reality a specimen of rabic virus." - E. V. Cowdry, from the Laboratories of The Rockefeller Institute for Medical Research, in "Comparison of a Virus Obtained by Kobayashi from cases of Epidemic Encephalitis with the Virus of Rabies", Journal of Experimental Medicine, 1 May 1927.

"The following experiments were carried on with a hope of securing some evidence which might aid in establishing the true nature of the Negri bodies.

It has been frequently observed that, in the earlier stages of rabies, the Negri bodies either may not be demonstrable at all.

Cultivation of the supposed organism was attempted as follows: the medium used was fresh brain matter taken from a normal dog.

The following media were tried:

Brain material under sterile dog serum and oil;
Brain material under sterile cerebrospinal fluid and oil;
Brain material under Ringer's solution and oil;
4 parts plain agar + 1 part brain substance thoroughly mixed;
1 part brain + 9 parts salt solution, emulsified by shaking with glass beads, and filtered through a coarse Berkefeld filter.

This filtrate under a layer of sterile oil was used as a culture medium.

Inoculations were made with a drop of emulsified rabid brain substance, and the medium incubated at 380C. for from 8 to 15 days, both aerobically and under strict anaerobic conditions produced by a combination of vacuum, displacement by hydrogen, and absorption of oxygen by KOH + pyrogallic acid.

Smears were then made and stained with rosanilin violet + methylene blue as described by Williams and Lowden.

This is not considered as estabhshing definitely that the artificial cultivation of the virus of rabies has been accomplished, but as encouraging evidence that some modification of the methods described may lead to its successful cultivation." - in "The Organism of Rabies and Experiments in Its Artificial Cultivation", The Journal of Infectious Diseases, Oxford University Press, September 1913.

How the Laboratory Medical Trade Clowns Induce Rabies in Animals

"Dogs were inoculated with street rabies by the direct injection of emulsion of rabid brain into a nerve trunk. Various nerves were employed, but most satisfactory results were obtained by introducing a long needle into the orbital cavity below the eyeball and making the injection at the point where the optic nerve emerges through the optic foramen." - in "The Organism of Rabies and Experiments in Its Artificial Cultivation", The Journal of Infectious Diseases, Oxford University Press, September 1913.

The Estimate of Prevalence of Rabies

"The estimate of prevalence of rabies in a community is usually based on the number of positive microscopic examinations of animals submitted to public health laboratories by interested persons.

Many factors render such information unreliable as a basis for computing total incidence.

The actual number of animal heads examined depends upon the availability of laboratory facilities and the extent to which the public utilizes such facilities.

The latter fluctuates with public consciousness of the disease, and this, in turn, is influenced from time to time by sensational events such as the death of a person from rabies, the ramblings and viciousness of a particular rabid animal, and the amount of newspaper and radio publicity sporadically directed to the public from various sources.

The rat has been named on several occasions as a likely reservoir of rabies.

It was thought that in Birmingham the high endemicity in dogs might favor a collateral reservoir in rats.

During November and December, 1938, 500 rats were trapped in various locations.

In no instance did rabies develop in the inoculated mice, and the conclusion seems justified that in Birmingham the rat does not play an important part in the transmission of rabies.

An equal number of rats from Montgomery, Alabama, were examined by the same method and with identical results." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

The Big Business of Canine And Other Animals Vaccination

"It is apparent that field studies, undertaken to determine the efficacy of prophylactic canine vaccination, are of questionable value unless an examination for rabies is extended to include all dogs which die from any cause." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

Human Mortality from Rabies

"Human mortality (from rabies) is remarkably low." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

When Humans Are The Guinea Pigs

Bear in mind that Pasteur was a de facto fraudster, just imagine, the damage his frauds have permitted to be inflicted both upon humanity and the animal kingdom.

"In 1884, Louis Pasteur, from Paris, asked the Brazilian Emperor Dom Pedro II to authorize the use of anti-rabies vaccine trials in prisoners sentenced to death in the South American country.

Though the disturbing fact is that the rabies vaccine had so far only been tested on dogs by Pasteur, and the request involved imprisoned, subjugated, and vulnerable subjects, not at risk of developing rabies previously the vaccination.

On 15 November 1880, Pasteur, in his letter to Pedro II, deals with yellow fever and says that he is sending the work Critical review of posthumous writing by Claude Seward on fermentation.

On 7 July 1882, Pasteur talks about the need to study yellow fever in a country where it had its origin and regrets not being able to come to Brazil for reasons of health and age.

> *"But even though I have multiplied the examples of rabies prophylaxis in dogs, it seems to me that my hand will tremble when I have to move to the human species." - Louis Pasteur*

Pasteur also addresses rabies, whose study he was currently engaged in.

In the other important letter, he addresses rabies, cholera, and the rabies vaccine. He mentions that he intended to come to Rio de Janeiro to study the subject, especially the contagion and the medicines that should be used.

"If I were king or Emperor or even president of the republic, here is how I would exercise the right of pardon on death row inmates.
I would offer to the lawyer for the convicted person, the day before the execution of the latter, to choose between imminent death and an experiment which would consist of preventive inoculations of rabies to cause the constitution of the subject to be refractory to rabies.
Employing these trials, the life of the condemned man would be saved.
If it were, and I have the persuasion that it would indeed be, – as a guarantee vis-à-vis the society which condemned the criminal, it would be subjected to surveillance for life." - Louis Pasteur

In the draft of the reply, the Emperor says that Pasteur's visit to Rio de Janeiro could provide an excellent service to humanity, but bringing the latest news about the studies of yellow fever.

In the letter of 23 February 1885, Pasteur refuses the invitation made by the Emperor to come to Brazil to study yellow fever.

Pasteur urged to follow a next delicate step "when Guinea pigs are human" - in "Louis Pasteur and Dom Pedro II engaged in rabies vaccine development", Journal of Prev. Med. Hyg., March 2021.

Rabies From a Non-Rabid Dog

"Now what seems strange to the "laity", is the fact that the dog which bit the calf is still alive and apparently well, except the gunshot wound on the leg.

That the calf died of "Hydrophobia" or "Rabies", I cannot doubt, and that the disease developed in consequence of the bite upon the ear by a dog not affected with Rabies I cannot deny, unless Rabies is not necessarily fatal." - in "Rabies from the Bite of A Non-Rabid Dog", The Veterinary Journal and Annals of Comparative Pathology, June 1876.

The Rabies "Virus" Quantitative Rather Than Qualitative in Character

"Until the investigations of Pasteur threw light on the mystery surrounding rabies, it was not realised that there was a virus of the disease, or a rabific microbe as the Causa Causants of the virus.

By keenest clinical observers the existence of either of these agents was viewed as at best problematic.

Even where the germ-character of rabies was not denied, it was deemed most probable that, as surmised for untold ages, it was strictly of "spontaneous generation", or that the virus-germ underlying the disease was itself a diseased product and in reality but a virulent growth of canine morbid conditions exclusively in the salivary gland.

The phenomena of attenuation and of intensification, as induced by a transmission of rabies through the animal kingdom, were unknown.

That there were an intensifying and an attenuating division of the animal kingdom was never even remotely suspected.

Nevertheless, it is hardly too much to say that this disclosure was one of the most important of Pasteur's research.

M. Pasteur has inaugurated a new epoch in the history of medicine, having in the realm of germ-disease originated amidst the lesions and the dry bones of morbid anatomy a very renaissance itself.

His research of rabies is that of a master-mind which has vitally influenced and moulded every subsequent investigation of germ disease.

It would appear, then, that one form of rabies differs from another, the completely convulsive, for example, from the convulso paralytic, and this in its turn from the exclusively paralytic, in the amount rather than in the intrinsic nature of the rabies-microbe.

In spite of the "virus", which was used, being only a canine-virus, it induced in the massive form in which it was inserted into the subcutaneous areolar lymph-sacs, not a convulsive-rabies, but a pronounced paralytic-rabies.

No such phenomenon would result from the most massive inoculation of any

small pox-virus, or anthrax-virus, or even of tetanus-virus, or of that of many more germ-diseases.

In such germ-diseases, on the contrary, neither the site, nor the amount of infection, determines the character of the resulting malady; one amount of the same virus-germ, and one site being as effective as another.

But varying quantities of the same rabic medulla, whatever its intrinsic rabific quality, whilst they will undoubtedly rabidise the rabbit or any intensifier, even irrespective of the site, will by no means induce in each case the same rabies, or necessarily reproduce the rabies from which they have, one and all, been derived.

Since a varying quantity of virus-gem is so essential to the production of the varying forms of rabies, without which there never probably would be any variation in the disease at all; since the virus-germ of rabies is a quantitative one, and induces a rabies strictly proportioned to the amount employed; is it not probable that the virus or poisonous product of the rabific microbe, itself, apart from the quantity of the micro-organism, is the direct and exclusive cause of all the morbid phenomena.

The pathological effects of Strychnine, Morphia, Alcohol, Arsenic, and of every other virulent product, organic or inorganic, are strictly proportioned to the amount of the product injected or administered.

The pathological effects of the "virus" or virulent product of such germ-diseases as have proved capable of being separated from their productive micro-organisms, such as Koch's tuberculin, the bacillary product of diphtheria and of tetanus, and of many others, are in like manner strictly proportioned to the amount of the virus employed.

They are quantitative viruses.

This quantitative relationship is absolute.

The train of morbid phenomena set up is strictly commensurate with the amount of the virulent product elaborated in the disease.

From this circumstance, therefore, it may be unhesitatingly asserted that the virulent product ultimately evolved by the rabific microbe, and not the rabific microbe, is, per se, the cause of every form of the disease to be met with; and that without such virulent product, and suddenly secreted in the nerve centres, there never would be rabies.

But although the virulent product evolved in the disease solely induces it, it by no means follows that the rabific microbe which elaborates this virus does not invariably accompany or precede it even to the deepest centres of the cerebrospinal axis.

Were this not so, mere change of site would make no difference whatever in the action of the toxic product or virus.

As with Strychnine, alcohol, morphia, tuberculin, all sites of infection would be equally effective.

In the monkey, the dog, and probably man, and in the entire attenuating division of the animal kingdom, every form of rabies on transmission becomes less transmissible and progressively attenuated to extinction." - Dr David Sime, MD in "Rabies: Its Place Amongst Germ-diseases, and Its Origin in the Animal Kingdom", 1903.

Concerning "Rabies" as a Manifestation of Toxicity

That which the Medical Trade calls "Rabies", is a manifestation of toxicity affecting the Central Nervous System.

This toxicity can come from different sources, the most common one is the obvious Auto-Intoxication from the contents of any human or animal state of the bowels, in its contents, in which there is a myriad of living organism, mainly bacteria, which feed and multiply rapidly in the case of a state of disarray of the physical body.

The greater the bacteria the greater the amount of its excreta from same, the excreta of the bacteria if not allowed to be swiftly removed from the body, the the toxicity of same will certainly be causing interference with all the organs of the body thorough the blood circulation, and eventually the lymphatic circulation as well.

Of all the symptoms, that such toxicity causes to the body organs, the most notable ones are those in which it affects to Nervous System.

In such cases of Rabies and others, misleadingly calling them "Viral Cases", from a living "Virus", this is totally wrong and untrue.

In these circumstances, the produce of certain bacteria, not one specific, but of several, for it is the many and not the few that have the capacity to cause disarray in any living organism by the presence of their excreta in large amounts, then those amounts that are normal.

For these bacteria, and this is important to understand, bacteria and other microorganisms, are already co-habilitating the interior of any living body and the exterior as well.

The Role of Vaccines And Who Actually Should Produce Them

So, to cut a long story short, it is possible and desirable to have vaccines to certain types of bacteria, but not to have vaccines against imaginary so-called "viruses", for there is virulence as a quality but not actual "viruses" as a living entity.

In any circumstance, private companies should not be allowed to fabricate neither Vaccines nor so-called Medical Trade Drugs.

These if any, should be only done by organizations either charitable or governmental, but not for profit organizations, and less international multinationals.

Further more the Medica Trade and the Pharmaceutical Trade should be banned.

"In 1866, while engaged in preparing a work on Animal Plagues in general, my attention was more particularly directed to the extension of Rabies, within a certain period, to countries in which it had been previously unknown; and also to the unusual number of deaths occurring in this country, and especially in Lancashire, in that year: no fewer than 36 persons having been reported as dead in England from hydrophobia.

In 1868 the disease was assuming greater proportions among the canine species, and West Lancashire appeared to have become a centre from which it spread in various directions, until it became widely disseminated, and had attained the dimensions of a serious epizoöty-formidable alike to mankind, as well as to the other domesticated animals.

There can scarcely be any doubt that this prevalence and extension of rabies is largely due to the ignorance prevailing with regard to its nature, as well as to the existence of dangerous errors, which have become so deep-rooted in the popular mind through their transmission from generation to generation.

While, so far as the other domesticated animals are concerned, I am not aware that anything of any note has been done to elucidate the malady in them; and I believe no proposal has yet been made with a view to limiting or suppressing

it by well-devised legislative measures, founded on an intimate knowledge of its nature.

The disease is popularly, but erroneously, designated Hydrophobia.

This term, which literally means "dread of water", is only applicable to what is sometimes a symptom of the malady in mankind the aversion to water or other liquids being but seldom, if ever observed in any of the animals affected, and it is even rare in man; besides, it is not a special or characteristic symptom when present, as a repugnance to fluids is occasionally witnessed in various affections, such as phrenitis, hysteria, gastritis, and other disorders of the human species.

The apparent dread of liquids in general is merely the result of an instinctive dislike induced by difficult and painful attempts to swallow, and this dislike is exaggerated in man, in which the symptom is most marked-by the imagination when fluids are attempted to be swallowed, or at the sight or even thought of these, which causes spasms oi the pharynx, oesophagus, and adjacent organs.

The designation is, therefore, and particularly with regard to the lower animals, inappropriate, and is liable to mislead and prove most dangerous ii its literal meaning be alone relied upon to distinguish the disease from other maladies.

What renders the story of this malady still more sad and alarming is the fact, that it is generally derived from the most faithful and numerous of our domestic pets and servants the dog, whose attachment to, I had almost said "veneration" for, man brings this animal at all times and everywhere to share his company, to join with him in sport, pastime, toil, or hardship, and whose motto justly deserves to be Semper Fidelis.

Mental Treatment of Rabies

The influence of mental emotions in the development of hydrophobia would appear to be almost unquestionable, and there is every reason to inquire whether the greater mortality resulting from the bites of rabid animals

in adult than in young persons may not be attributable, to some extent at least, to this cause.

The diseased mind may favour the generation and expedite the recrudescence of the mortal malady, and anything that can soothe or cure the former may aid in retarding or averting the latter.

> ***"I remain convinced that the practices or medications, whatever they may be, which address themselves to the moral of those who are the victims of rabaic inoculations, may prove very useful.***
> ***It has sometimes happened that I have caused persons who were labouring under the dread of hydrophobia to take some innocent beverage as an infallible specific; and the memories I entertain of the immense contentment it has produced, have always confirmed me in the belief that it is not good to destroy such illusions and belief, but, on the contrary, to create them."***
> *- M. Bouley*

We may even refer to the fact that the disease is not so readily transmitted as is supposed.

M. Renault, after a careful examination of the statistics of the malady in France, concluded that 2/3 at least of the individuals accidentally bitten by street-dogs, rabid or suspected, escaped the consequences, even without any treatment." - Dr George Fleming, FRGS, MAI, President of the Central Veterinary Medical Society, in "Rabies and Hydrophobia. Their history, nature, causes, symptoms, and prevention", 1872.

"To sum up the results of my experience in the treatment of rabies, I may say that I have seen some palpable cases of spontaneous recovery." *- in "The Lancet", 22 September 1838.*

Pasteur Treatment

"Soon after Pasteur had perfected the vaccine for Anthrax, which was about 1880, his attention was called to a little girl in a ward of a hospital dying of rabies.

As a result of the study that followed, Pasteur by experimenting on the lower animals perfected the vaccination method which is still used to vaccinate and protect the lives of people when bitten by a rabid dog.

As early as 1880 it was a recognized fact that drying practically destroyed the virus of rabies.

Pasteur took advantage of this fact by drying the cord of rabbits dead of rabies, over potassium hydrate thus attenuating it , and making a vaccine.

By injecting a certain portion of the cord, so treated for 14 days, under the skin, in the form of an emulsion, followed once a day with a like injection, gradually using cord less attenuated, in 21 days the person is immune from the disease and the treatment is complete." - in "Rabies", Colorado Agricultural College, July 1910.

Chapter 10

The Virus Isolation Farce

"A few years back WHO had published simple guidelines on how to establish a virology laboratory in developing countries. There have been many technological advances since then. Newer geneticbased methods have become available.
However, isolation of viruses and their characterization continues to remain as the gold standard in virology." *- Dr Poonam Khetrapal Singh, Regional Director, World Health Organization (WHO), 2017.*

"The idea of culturing a bacteria or virus to therefore prove it's existence..., we no longer have to do that now because we are in the level of genetic sequencing." *- Dr Sabine Hazan, MD in "High Wire Talk", 21 April 2023.*

There's a Lot of Guesswork Involved

"Shaun Hendy at work at his kitchen table, modelling the country's Covid-19 spread.

"It's the first time we've ever done anything like this in New Zealand so ***there's a lot of guesswork involved."*** *- Shaun Hendy, University of Auckland*

Te Pūnaha Matatini, the centre for research excellence that Hendy leads, studies complex systems and networks." - in "The man modelling NZ's Covid-19 spread from his kitchen table", RNZ, 27 March 2020.

The Clown World of Virology

Taking into consideration that NO "VIRUS" HAS EVER BEEN ISOLATED.

Let me repeat that, taking into consideration that NO "VIRUS" HAS EVER BEEN ISOLATED. This claim is to say the least poor sand dust in the eyes of the uneducated.

There is not 1 (one) paper that has shown that a so-called "virus" has been isolated. Particles that where claimed to be viruses turned out not to be so, and actually did the opposite of what a "virus" should do.

"Viruses", obviously didn't receive the memo from the Virologists.

Even if so-called "viruses" existed, it would remain impossible to isolate RNA and DNA particles, this is impossible to do.

So the question remains how on hell have these so-called Virologists Clowns isolated viruses in the past. The answers is they never did, it is a Fraud.

The Medical Trade is a Fraud, Virology is just one aspect of the Medical Trade Fraud.

The Viruses Variant Farce

"We are told this story of a clean progression of variants around the world.

There's no precedent, none, zero precedents in biology for any phenomenon of an RNA virus to do such a thing.

In America, 3 Million people die every year, nobody said that. Nobody told us that every week between 50 and 70,000 Americans die.

So, when they say 1,000 people died of Covid — it sure sounds crazy.

The goal, again, is to integrate a total surrender of individual sovereignty, and removing these basic human rights and granted permissions." - Dr Jonathan Jay Couey, PhD former professor of Immunology and Biology, School of Medicine at Pittsburgh University, in "National Citizens Inquiry", Red Deer, Canada, 28 April 2023.

The Virus Theory Farce

"We published an article by Dr Herbert Snow, MD a well-known London Surgeon.

This article is replete with food for reflection, and contains material, we feel, of the greatest interest.

As the author says:

> *"The Germ Theory offers such a simple explanation of so much that is profoundly mysterious and obscure that, in spite of every difficulty, belief in it has come to be an obsession overwhelming and unapproachable by reason."- Dr Herbert Snow, MD*

> ***"Microbes are always found where there is disease.***
> ***They are also found where there is no appreciable disease, and may be the result and not the cause of disease."*** *- Dr Rudolph Virchow, MD, 13th Triennial Session, International Medical Congress, Paris, 1903.*

The Measles Virus Farce

"Measles is a Highly Contagious, Vaccine-preventable Infectious Disease Caused by Measles Virus." *- in "Wikipedia", 10 July 2023.*

"In January 1950, Siamese twins, Masha and Dasha Krivoshlyopova were born.

The delivery was by caesarean section.

Dasha and Masha conjoined twins who shared a blood system but had separate nervous systems were ideal objects for research.

Soviet Medical Authorities took the girls away to a Medical Institute in the Moscow region, for a series of experiments.

During childhood one twin got Measles and the other did not." - in "Siamese twins tortured by Stalin's scientists - and how one condemned herself to death when her sister died", Mirror, 10 August 2017.

"A second agent was obtained from an uninoculated culture of monkey ***Kidney Cells. The cytopathic changes it induced in the unstained preparations could not be distinguished with confidence from the Viruses obtained from Measles."*** *- Enders, Peebles, in "Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles", Proc. Soc. Exp. Biol. Med., 1954.*

"The drugs which are administered for the cure of scarlet fever and Measles, kill far more than those diseases do. I have recently given No Medicine In their Treatment, And Have Had Excellent Success." *- Professor B. F. Barker, MD, in "The Health Reformer", 1869.*

The Germ Theory of Disease

Dr Herbert Snow, MD, London Cancer Hospital

"The Journal of Osteopathy" April 1913

"The "Germ Theory" of Disease, so prominent in medical literature and practice, began with the unsuccessful efforts of the chemist Pasteur to apply to human, maladies which, not being a doctor, he only knew academically deductions drawn from the phenomena he had observed in fermentation.

There has never been anything approaching scientific proof of the casual association of micro-organisms with disease; and in most instances wherein such an association has been pretended, there is abundant evidence emphatically contradicting that view.

Yet most unfortunately this lame and defective theory has become the foundation of a very extensive system of Quackery, in the prosecution of which millions of capital are embarked, and no expense spared to hoodwink the public with the more credulous members of the Medical Faculty.

It may then not be out of place to survey, as judicially as may be, the position in which the "Germ Theory" now stands; with the Ill-consequences very conspicuously resulting from its premature adoption as a proven axiom of Science.

Those ill results are demonstrated and lucidly set forth in categorical detail, by the recently published Minority Report - whereof Dr George Wilson is author of - the Royal Commission on Vivisection.

The subject naturally falls into 2 divisions:

1. The Microbe or Germ as asserted to cause, febrile and infectious maladies;
2. The same as the supposed source of suppuration in wounds, and of the basis of Lister's exploded "Antiseptic Theory". The former appertains to Medicine, the latter to Surgery.

I
Microbes as the Asserted Cause of Fevers, Consumption Diphtheria, Etc.

The majority of symotic-maladies are unquestionably due to some sanitary defect, as dirt, foul air, polluted water, innutritious food, deficient light, etc.; and when the fault has been remedied, the disease is prevented or cured.

But these are its gross causes.

Of the subtler agencies whereby illness is produced, our ignorance is crass indeed.

Hence a natural temptation, whenever a micro-organism is found in connection with a malady to assume that the latter is directly due to the former, and to overlook necessary links in the chain of scientific proof.

The "Germ Theory" offers such a simple explanation of so much that is profoundly mysterious and obscure that, in spite of every difficulty, belief in it has come to be with the bulk of medical practitioners - and so with the public who place implicit confidence in "Medical Science" - an obsession overwhelming and unapproachable by reason.

The first of these difficulties is the fact that in spite of the most diligent and persevering efforts, no investigator has ever yet been able to detect any causative germ whatever in some of the most familiar and prevalent maladies of this zymotic class.

Vaccine lymph we have always with us, and in forms peculiarly well adapted to the methods of laboratory research.

More than 20 years since, the Grocer's Company offered a prise of $5,000 to the discoverer of its "germ".

That prise is still open and has never been even claimed.

No one has yet discovered any micro-organism in association with:

Measles,
Scarlatina,
Small-Pox,
Chicken-pox,
Mumps.

One has lately been put forward as the source of Whooping-cough, but proof of the statement is wanting; and the same with Pfeiffer's – Influenza – bacillus, Pasteur, the Apostle of the Germ Theory, could detect no microbe (in spite of assiduous search) in Hydrophobia; not of course a zymotic malady.

Of Cancer, some 19 distinct micro-organisms have been proclaimed the cause; but no one beyond the discoverer has ever accepted this discovery.

Per contra, a micro-organism has been discovered in more or less frequent association with the lesions of Diphtheria, Tuberculosis, Cholera, Bubonic Plague, Tetanus, Typhoid Fever, Spinal Meningitis, and a few more.

In each instance it has been put forward as the cause; and on that assumption a serum or vaccine has bean commercially exploited as cure or as preventive of the particular disease in question.

Let us briefly inquire into the credentials of some of these germs: and consider how they would satisfy the requirements of genuine Science.

Koch's Postulates

But first it may be presumed that germs in general are of extremely numerous varieties, and that morphologically these varieties often bear so dose a resemblance to each other, that even a highly skilled microscopist has the greatest possible difficulty in distinguishing one from another by its appearance under the microscope.

Also the micro-organisms found in disease are commonly mixed and blended in almost inextricable confusion.

Hence Professor Koch, of Berlin, the discoverer of the Cholera and Consumption bacilli, laid down 5 postulates with which any germ must comply, before it could be scientifically admitted the "vera causa" of any malady

whatever.

At the time Koch was practically the head of the Bacteriological world, and his dictum was unhesitatingly accepted by bacteriologists.

Apart from expert opinion.

It obviously appeals to common sense.

In order that a micro-organism may be scientifically held causal, it must:

1. Always be discoverable in association with the particular disease.

2. Never occur in conditions of health or in other disease than the one indicated.

3. Be capable of cultivation for many generations outside the body of the host.

4. Always produce the same disease when subsequently inoculated into the body of another animal.

5. Then always by found in this second animal host.

Not a solitary germ yet discovered has succeeded in fulfilling all these conditions.

In fact, no single microbe put forward by bacteriologists as the cause of a disease has yet complied with more than one, and - which is a point of particular significance - that one is the third of the above.

In other words every micro-organism yet found in association with disease has utterly failed to fulfil 4 out of 5 tests which the leading bacteriologist of his day laid down as absolutely essential before it could be counted a genuine cause, or held in any sense aetiological.

Witness the following examples:

The Bacillus of Diphtheria

The microbe to which Diphtheria has been for the past 17 years attributed and whose presence in the throat-mucus now constitutes the official and sole acknowledged test for the presence of that malady, was discovered by Messrs. Klebe and Loeffler and is called by their name.

They could not detect it in 35%, (1 in 4) cases of undoubted Diphtheria.

See also: Osier's Practice of Medicine, Page 138, where Osier, practically the leader of modern Medicine, admits its frequent absence even in bad cases.

Since its discovery as above the bacillus has also been found in abundance in the throat-mucus of innumerable healthy people; and this by many independent observers.

Hitter detected it in 127 perfectly healthy school children.

Hewlett and Murray found it in 15% of children in hospital with various maladies other than Diphtheria (British Medical Journal, 15 June 1901).

> *"Rober has made an extensive series of observations upon the presence of diphtheria bacilli in the healthy throat. There were 128 persons examined who had been in contact with cases of diphtheria, and 600 who had not knowingly been exposed to the disease. Of the 128 persons, the diphtheria bacillus was found in 10, a percentage of 8%; and of the 600 persons, it was found in 15, or 2.5%. Further inquiry among these 15 showed that 10 could be considered to have been exposed, directly or indirectly, to the disease, reducing the percentage of unexposed individuals who carried the bacilli in their throats to 0.83%.*
> *The organisms among the persons who had been exposed to the disease were all virulent, but of the non-exposed only 5 were virulent."- in "On A Common Source Of Diphtherial Infection And A Means Of Dealing With It", British Medical Journal, 15 June 1901.*

The organism has a very wide distribution.

It has been detected microscopically in the contents of vaccine vesicles, in tuberculosis and emphysematous lungs, in mucus from ordinary catarrhal sore throat, in stomatitis, rhinitis, conjunctivitis, in eczema and other skin eruptions, in gangrene, noma, ozoena, etc.

Injected into the body of another animal the Klebs-Loeffler bacillus invariably fails to produce disease in any way resembling human Diphtheria.

The horses so treated for the purpose of manufacturing Diphtheria-Antitoxin, from their blood-serum, show no

symptoms apart from general malaise, of that malady.

(See evidence of Professor C. J. Martin, Proc. of Royal A-V, Commission, Q. 11897).

Tuberculosis

The Tubercle-bacillus was discovered by Professor Koch in 1881.

He endeavoured to prove that it is the cause of Tubercular Consumption, but entirely failed to do so; all his conclusions were promptly contradicted by Professor Middendorp and others. Nevertheless, this microbe has since been elevated to the baleful potency of a malignant African fetish.

It has caused Unhappy consumptives to be shunned like lepers; is now dangerously threatening the milk trade, the agricultural interest, and even the general arrangements of industry at large.

The germ does not make its appearance in the sputum of consumptives until that disease has continued for several months.

Dr H. J. Loomis (Medical Record, 29 July 1905), gives the average date of its detection at 3 and 1/3 months from inception, as fixed by the physical signs.

Dr Muthu's extensive experience at the Mendip Sanatorium enables him to affirm that it is not infrequently absent from the expectoration of patients with very advanced-disease and “extensive mischief in the lungs.” (Pulmonary Tuberculosis and Sanatorium Treatment, 1910).

Professor Middendorp denies that the bacillus exists in any tubercular nodules of recent formation, and prior to the onset of degenerative processes.

Spina, Charrin, and Kuskow failed utterly to detect it in Acute Military Tuberculosis, wherein, were the causal theory of Koch genuine, it must needs be specially abundant.

A noteworthy element of fallacy in reference to the value of inferences from experiment with the Tubercle-bacillus upon the lower animals lies in the fact that most of such experiments take place with the guinea pig.

In 1868 Dr Wilson Fox, proved that it was easy to produce Tuberculosis in that animal by almost any tissue-irritation, and by inoculation whit miscellaneous substances very varied in character.

11 of 13 guinea-pigs became tubercular through the subcutaneous injection of pneumonic lung-substance, 4 out of 5, by that of putrid muscle, others by the insertion into their tissues of silver-wire, cotton thread, and the like. (Lecture Royal College Physicians, 15 May 1868).

Dr Fox's conclusions were confirmed by Dr Waldenburg and have never been contradicted.

They appear to invalidate the bulk of "scientific" researcher including those most elaborate and prolonged investigations by the Royal Commission on Tuberculosis.

The Microbes of Plague, Cholera, Tetanus, Etc.

The Times of 13 January 1896, quotes a Report to the Plague Commission at Agra, by Mr. Hankin, Bacteriologist for the North West Provinces.

> ***"There was no doubt that cases of Plague occurred among human beings in which no microbes were visible at the time of death. This fact was first proved by the members of the German and Austrian Plague Commission."***

The "Comma bacillus" was discovered by Koch, who proclaimed it to be the cause of Asiatic Cholera.

Dr Klein, who was about to proceed to India to investigate the origin of that disease, did not believe in Professor Koch's statement and experimentally drank a wine glassful of comma bacilli in "pure culture".

No effect followed; and Dr Klein remains alive and well to this day.

At Hamburg Pettenkofer and Emmerich swallowed the actual dejecta of a cholera patient with results similarly negative.

Pettenkofer Concluded That the Specific Virus of Cholera Does Not Arise From the Comma Bacillus, But Is Evolved in the Human Organism

Tetanus is ascribed to a microbe resident in garden soil, which gains access to wounds.

That cannot be true, because such wounds among gardeners and agricultural laborers must be most common; yet they are very rarely attacked.

Also, tetanus not seldom occurs without external wound and Dieulafoy has recorded 35 cases following the injection of highly sterilised serum.

In India, Italy, and America, severe outbreaks of Tetanus have followed the use of Diphtheria, Anti-toxin.

The bacillus typhosus, the pretended cause of typhoid fever, is found in healthy persons, and according to Major Horrocks, R.A.M.A. (British Medical Journal, 6 May 1911) has no specific character whatever.

He finds that it is easily changed into other forms (B. Coli, B. Alcaligenes, etc.) by cultivation.

It has never been found in the water, to which many virulent epidemics of typhoid have plausibly been ascribed.

Dr Thresh, the well-known Medical Officer of Health, told the jury in the Malvern Hydro case, that he had accidentally swallowed a wine glassful of the "pure culture" of virulent typhoid bacilli - without the smallest ill-consequence.

On experiments involving the like conclusion, Dr J. W. Hodge remarks:

> *"In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of, the active bacillus typhosus, the supposed cause of typhoid fever. These fully virulent cultures have also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed... with no other effects than those resulting from the puncture or abrasion."*

He makes a similar statement about the bacillus of Anthrax; and says that so far as his knowledge extends, all such experiments with other microbes reputed pathogenic have been negative. (American Journal of Neuropathy, February, 1911).

These remarks are specially pertinent at the present time because of the recent official order that the whole United States Army is to undergo inoculation with Anti Typhoid serum, a remedy resting in toto on belief that the B. Typhosus is the source of Enteric fever.

It is admitted that the microbes asserted to generate Spinal Meningitis, Anthrax, Influenza, etc..., cannot be detected in all the victims of these disorders by the most careful search.

No pathogenetic germ has ever been found in the air.

Mosquitoes and Malaria

The present position of the favourite official view of a germ as the cause of Malarial fevers, and conveyed by the mosquito, may be here glanced at on the "General Theory", it may be remarked that Malaria abounds where the insects are entirely, or almost entirely, absent; as in the tropical highlands generally and the elevated regions of Rhodesia (Bantock).

That the fever is at its maximum when there are hardly any mosquitoes about, and at its minimum when these are most numerous.

That the malady is apt to follow a chill, after long years of Immunity in temperate Europe.

Secondly, we note that although the theory has been current for nearly 10 years, wherever it has been acted on, it has totally failed in actual practice. Wherever operations for the destruction of the mosquito (per se) have been carried on as at Miam Mir, for 7 or 8 years (Lancet, April 1909), they have proved useless. The malady is as prevalent as ever, in spite of the great labor and sacrifices involved.

So far as it is possible to obtain unbiased official testimony, we learn that only the gross measures of sanitation count.

II

Microbes and Suppuration
The Obsolete Antiseptic Theory

The Antiseptic System of Surgery, to the introduction of which the fate Lord Lister owed his extraordinary fame, was based on the theory that certain specific micro-organisms cause suppuration in wounds; and that by destroying them before they could gain access thereto, suppuration was prevented.

Hence the invention of the Carbolic Spray, and all its accompanying cumbersome technique, which in the 70's of last century wearied the heart of the surgeon, and not seldom killed the patient.

It was eventually discovered that no human power could possibly devitalise the millions of microbes which gain access to every wound during the briefest operation.

Lord Lister had to confess at Liverpool, on 16 September 1896, that his whole theory was erroneous, and that it was only "the grosser forms of septic mischief" which had to be reckoned with in surgery.

The Carbolic Spray, and even the "Antiseptic washing and irrigation", had been authoritatively abandoned by him 6 years earlier, with an expression of regret for the introduction of the former.

> *"I feel ashamed that I should ever have recommended it (the spray) for the purpose of destroying the microbes in the air."*

Antiseptic surgery was then replaced by Aseptic; which being translated simply signifies careful and wholesome cleanliness — that and nothing more.

Instead of striving to kill the germs, we severely let them alone, concentrating all our attention upon that cleanliness

of patient, of doctors, of nurses, and of dressings, which assuredly in this matter is not merely next to godliness, but is infinitely preferable.

Lister, was wrong, and frankly confessed it.

Yet to the end of time should his fame continue, for he worked indeed a great miracle, which to those who, like myself, remember the days previous, would seem almost inconceivable.

He actually made surgeons and dressers wash their hands and carefully cleanse their nails — a thing almost, unknown before!

A marvellous transformation there has been.

Oh, the mal-odors of the wounds and the wards, and the busy hands of doctors, students, and nurses at work therein, during the pre-Listerian period!

Oh, the foul black nails of justly celebrated surgeons, I can remember in that not very remote epoch!

But for the germs themselves, the "pyogenic" micrococci, the streptococci and staphylococci, "et iis similia" — these bogeys were quickly found to be unentitled to the high estate conferred on them by Lister; and had it not been for medical obsession by the "Germ Theory", must have fallen into utter contempt.

It was proved that in all the natural mucous secretions of the body they exist in myriads.

They are perfectly normal inhabitants, to all appearance perfectly innocuous, of the bronchial tubes, nose, mouth, throat, etc.

Lister admitted that his carbolic sucked them into its vortex, carried them into the operation wound in far vaster numbers than would have penetrated otherwise, and was not strong enough to kill them.

Lockwood found it all but impossible to sterilize the skin of his own hands, let alone that of the patient completely; and further that on areas such as the scrotum where micro-organisms specially abound his operation wounds appeared to heal the better for their presence.

Corrosive Sublimate, the most potent killer of germs known, entirely precludes healing as every surgeon knows;

the wound obstinately continues raw.

Pus is known to be frequently present without any micro-organism, and to be readily caused by various chemical agencies such as painting the skin with iodine, rubbing it with mercury or Croton oil.

Of 50 agar plates prepared from pustules produced in twenty patients by the last-named, 45 were perfectly sterile (Kreiblich of Vienna Experiments in the Production of Pus, quoted by Bantock, Op. Cit., page 161. See also Medical Press and Circular, 19 June 1901.)

With Lister, Lockwood practically concluded that it was only "the grosser forms of septic mischief" whereof the surgeon had to beware, and that **perfect sterility is impossible in surgery.**

With wholesome cleanliness, drainage, and careful subsequent precautions to maintain dryness — freedom from moisture — of the parts involved in a surgical operation no suppuration takes place — whether microbes are to a certain extent excluded (they cannot be entirely so) — or whether they are allowed to swarm in by the billion.

Such is my own experience in a lengthy hospital career, and it concurs I think with that of every other practical operator, peritoneal or otherwise.

I mention this last because the rules of peritoneal (abdominal) surgery differ materially in detail from those of other departments (a point apt to be overlooked), and inference from one to the other is not always safe.

The peritoneal membrane it was that most suffered by absorption of the poisonous carbolic acid when the spray was in vogue.

Probably it was for this reason that the great Lawson Tait persistently depreciated Lister.

He ascribed the invention of surgical cleanliness to Syme.

With Bantock, he abominated the spray even when its vogue was overwhelming, and experience proved the justice of their contention.

III

The Fallacies of the Bacteriologist and the Tricks of Trade

But unfortunately both in the medical and surgical departments of the healing art, powerful vested interests had by this time (i.e., 1890, when Lister at the Berlin Congress officially discarded his "Antisepsis") arisen, **and, in combination with still more Powerful Financial Forces outside the faculty, were compelled to prop-up the decaying "Germ Theory" by every possible method and at all hazard.**

Consequently, when Aseptic Surgery displaced Antiseptic, it was officially proclaimed publicly that the former was only the corollary of the latter — which it really negatived entirely.

Lister was induced to ally himself with the successful new school, and to confer upon its edicts and practical prescriptions the unparalleled lustre of his worldwide reputation.

At the Royal Medico-Chirurgical Society on 20 June 1901, the Antiseptic method in surgery was solemnly buried in the presence of its author, but proclamation was also made that the new Aseptic "was the outcome of the Listerian method."

The proposition is ingenious; but one might as well describe the locomotive as the outcome of the stage coach.

So much for surgery.

But in medicine, still greater forces were indissolubly pledged to the maintenance of the belief in special micro-organisms as the cause of specific diseases.

Pasteur has invented Serum-Therapy, beginning with fictitious cures, whose validity he signally failed to prove, for Rabies and Anthrax.

Millions of Capital were being Invested in Commercial Enterprises for the Manufacture of sera to cure or to prevent human maladies, and Sold on the credit of the "Germ Theory".

Hence it was impossible to suffer public belief in the evil potency of Germs — by this time thoroughly established — to be trampled out by the hard facts of Science.

So nothing was spared that could serve to prevent a perception of the actual truth.

The total failure of every one of these nostrums to accomplish its ostensible object was concealed; their frequent dangerous effects disguised, and the statistics of disease manipulated towards the desired end, or often purposely falsified upon a most extensive scale.

In the whole wide field of Serum-Therapy so far, not a solitary genuine success has been scored.

The fact is categorically demonstrated by Dr. Wilson's Report in the recent Blue Book.

For all who can read between the lines it stands admitted to all intents and purposes, by the Majority Report of the Royal Commission on Vivisection (q. v.).

The Therapeutic Failure of Sera and Vaccines

The most striking example of non-success in a supposed remedy introduced on the faith of the "Germ Theory" is afforded by the Diphtheria Antitoxin now manufactured and sold in such large quantities throughout the civilized world.

As with the other Sera in the markets it is not exactly what it professes to be. To the blood-serum, of the inoculated horse must necessarily be added a small quantity of some chemical preservative — carbolic acid, iodine, formaline, etc.,— to prevent that rapid decomposition which would otherwise quickly ensue.

Hence each hypodermic injection of such agents involves the introduction into the blood of a minute dose of a powerful, commonly poisonous drug, having special effects for good or for evil, of its own.

It can excite no surprise therefore when we find that nearly all are prone to cause sudden death, with a host of minor ill-consequences often of the graver character.

** For the many evil sequelae of the Diphtheria-Antitoxin see "The Bacteriology of Diphtheria", by Drs. Nuttall and Smith, Cambridge, 1908. For the danger of Tubercular treatment, "Serums, Vaccines, and Toxins", by Messrs. Bosanquet and Eyre, 1909. For the bad results of Serum-Therapy in numerous instances consult article,"Serum Exhibition and Serum Rashes", by Dr James Dundas, The Hospital, 29 August 1909.*

At a discussion of the Royal Society of Medicine at Brussels, reported in the "Bulletin", November 1910, **numerous deaths from the injections of various sera were referred to.**

To show a surplus of cures by the Diphtheria-Antitoxin it was only necessary to introduce an absolutely erroneous mode of diagnosis, which has since completely falsified all the published statistics of treatment.

Instead of the white throat-pellicle and other obvious clinical signs whereby practical doctors who knew their work were accustomed to recognize a case of Diphtheria when they saw it, rarely making a mistake, the presence or absence of the aforesaid Klebs-Loeffler bacillus became the sole test.

For obvious reasons no figures of successful treatment had under such circumstances the slightest pretension to scientific accuracy; thousands of harmless sore throats being thus swept into the net, to demonstrate the beneficial effects of the Antitoxin.

In spite of this most unwarrantable and unscientific proceeding the annual percentage of deaths from Diphtheria has considerably increased, since the "cure" was introduced (in 1894).

For the 10 years previous it was only 205 per million persons living.

In the 10 years following, the deaths rose to 235 per million, i.e., in England and Wales.

It only remains to add that Diphtheria is of all contagious maladies the most easily and promptly curable by simple and innocuous remedies, well-known to the faculty:

Sulphurous Acid having been found the most efficient in the writer's own hand.

259 cases treated by other remedies without a single fatality are reported in the Journal de Medecine Paris, 24 November 1894.

So long ago as 1859, Markinder treated 400 cases of Diphtheria at Gainsborough with only a single death (Medical Record, 27 May 1899).

Haffkine's "Vaccine" for Plague may be next considered in view of the grievous harm it has actually caused, both directly and indirectly.

It is a culture of the bacillus pestis in beef-tea, and came into active use under the inventor's own superintendence on the outbreak of the epidemic which occurred at Bombay in September 1896.

A plague-epidemic dies out of its own accord, if not interfered with, in an average period of 8 months.

This one, however, was encountered with the above "Vaccine," and has continued ever since, i.e., for 15 to 16 years.

From Bombay it has spread over nearly the whole of India.

In 1907, the official mortality return for the year amounted to 1,315,880 — that was the high-water mark.

From September 1896, to the end of October 1911, the total deaths from Plague — in this single epidemic — have amounted to 7,621,255. (See official returns.)

And the end is not yet.

In 1911, to the end of October nearly 800,000 victims perished.

Recent accounts state that Haffkine's Vaccine has at length been given up as useless.

With this ghastly result — from a practical application of the "Germ Theory" — may be contrasted the Plague-epidemic which broke out in Egypt in 1899.

No inoculations were resorted to, but by isolation and common-sense measures of hygiene, the scourge was practically stamped out in 6 weeks (Egypt And The Soudan, The British Medical Journal, 21 April 1900).

"Lord Cromer's reports on Egypt have always been among the most readable of Parliamentary papers, and this year his report on the Soudan, which follows that on Egypt proper, adds not a little to the interest of the document.

Major R. H. Penton, D.S.O., R.A.M.C., the Principal Medical Officer of the Egyptian army, is able to report that vast improvements in sanitation have been effected in the town of Omdurman since its occupation by the Egyptian army.

Its condition was at first such as to render it quite unfit for human habitation.

The numerous cesspits, stagnant pools of water, and other nuisances have been abolished, with the result that disease directly attributable to filth, including dysentery, have been greatly diminished.

Cerebro-spinal Fever has been entirely absent, while in 1898 it spread as an Epidemic, causing great mortality.

Malarial Fever, the curse of the Blue Nile.

In the report on Egypt proper the passages of greatest medical interest are those which describe the means taken to check the outbreak of plague last May in Alexandria.

Sir John Rogers, who was Director General of the Medical and Sanitary Department at the time, was succeeded as Director-General of the Sanitary Department during the course of the year by Mr H. H. Pinching, and a memorandum by the latter officer is attached to Lord Cromer's report.

The disease was recognised officially on 20 May 1899, and it is thought that only 2 cases had occurred previously.

As soon as the truth was known the emergency was boldly faced.

Money was voted by the Government, and the whole responsibility for carrying out the necessary sanitary measures was taken over from the municipality by the Sanitary Department. If death

had already occurred, the body was removed to the mortuary.

In either alternative, all persons who had been in contact with the patient were taken to the quarantine station, where they were kept for 7 days, being fed meanwhile and compensated for loss of time.

On arrival at the quarantine station these "contacts" were required to remove all clothing, take a bath, and dress in clothes provided by the Government while their own were being disinfected.

Only 1 case of plague occurred among the "contacts".

In dealing with an infected house, all clothing, bedding, furniture, carpets, etc., were removed in special carts and disinfected by superheated steam.

The house was disinfected.

The house was then closed until the proprietor came out of the quarantine station.

Before this, all rubbish, such as old grass mats, soiled rags, cushions, etc., had been taken outside the city and burnt, the mats and cushions being replaced by new ones at the expense of Government.

These energetic measures were rewarded, for no second case of plague occurred in any house which had been disinfected.

Whenever a succession of cases was reported from any part of the city, a systematic cleansing of the whole quarter was at once undertaken; and the houses were cleansed and limewashed.

As no fewer than 21 deaths occurred out of hospital, the system was put to a severe strain, out of which it came triumphantly.

Mr Pinching, whose memorandum is dated 30 January 1900, is careful to observe that:

"Whether the disease has been entirely extinguished in Alexandria, it is yet too soon to say; it is now nearly 3 months since the last typical case occurred, though, a single suspicious

case was reported as recently as the 7th instant. ***The mortality of the town since June has been lower than the average of the last 10 years."***

> **He adds that all the precautionary measures, inspection, limewashing and cleansing of dirty quarters and examination of the dead, were being carried out with the greatest strictness**, and would not be relaxed for at least 2 months.
>
> **No cases have since been reported, and it seems reasonable to hope that the triumph of sanitation is permanent**, though continued vigilance will be necessary to detect either a recrudescence of the old infection or the importation of new cases.
>
> **In dealing with the Epidemic reliance was placed entirely on sanitary measures**, and Mr. Pinching expresses the belief that, when early notification of the first cases is received and stringent measures are at once taken, the disease may be dealt with as effectually as Small-Pox or Scarlet Fever; a comparison which will be thought by some in this country rather ominous than reassuring.
>
> It should be added that **attention is being given to measures for the improvement of both the water supply and the drainage of Alexandria**" ("Egypt And The Soudan", The British Medical Journal, 21 April 1900).

There is hardly anything to be said in favour of any one among the numerous other sera or vaccines which have been brought forward as remedial or preventive in human and lower animal disease, and are exploited commercially at a large advertisement outlay.

Sir Almroth Wright (Studies in Immunization, page 301), affirms that Serum-Therapy in general is devoid of any rational basis.

The Royal Vivisection Commission has elicited from Medical Official witnesses an unqualified admission of the failure of sera or vaccine, introduced for Cholera,

Consumption (Koch's Tuberculin), Pneumonia (Marmorek), Anthrax (Pasteur), Dysentery, Puerperal Fever, and Tetanus.

Statistics adduced as showing the value of the Typhoid-fever inoculations were completely balanced **by others indicating their inutility, and South African doctors, with practical experience of the results, emphatically state that they do far more harm than good, delaying recovery, increasing the mortality, and in no way serving to prevent the disease (British Medical Journal, 20 April 1901).**

> *"**Enteric Fever:** There are several points of interest in connection with enteric fever here. Constipation is the rule, and it is uncommon to get diarrhoea or haemorrhage. Phlebitis is of very frequent occurrence, and is very much more common than in England. Patients who have been exposed to excessive fatigue and those who have been conveyed long distances in an ambulance during the early stages of the disease frequently succumb ultimately to cardiac failure, although the attack has not otherwise been severe. I have had the opportunity of watching a number of cases of enteric fever from the beginning, and I have frequently noticed that they have been preceded by short attacks of pyrexia.*
>
> ***Inoculation:** With regard to the value of inoculation, I am satisfied from clinical observation that it does not modify the disease. Mild, severe, and fatal cases occur among the inoculated and non-inoculated, and, as far as one can judge, with the same frequency. Whether inoculation diminishes the incidence of enteric fever can only be determined by extensive statistics. From my own personal experience I should not think that the incidence is diminished. It is possible that inoculation protects for a few months, and that it may thus be of some limited utility; but in view of the pain and inconvenience caused by inoculation, I cannot feel that it will be of much practical value in the future.*

In this connection I may note that I have observed a not inconsiderable number of second attacks of enteric occurring within a year, and in one case, at least, the second attack was fatal.

Dysentery: *"During the past 3 or 4 months the cases of dysentery have been few and of a mild type.* ***An interesting point some-times arises in connection with diagnosis. During recovery from dysentery it is not uncommon to get an accumulation of faecal matter in the intestines.***
On the other hand, chronic constipation due, no doubt, to the nature of the food is common here, and in some of these cases the accumulation of faeces gives rise to dysenteric symptoms tenesmus and the passage of mucus and blood.
In both cases the treatment is the same the careful administration of enemata and purgatives.

Phlebitis: *I have already mentioned that phlebitis is an exceptionally frequent complication of enteric fever in South Africa. I have also seen a number of cases in which it has followed upon some other condition or has arisen without any definite cause. In one instance a severe case of phlebitis of the femoral vein followed a short febrile attack which I had diagnosed as influenza; and in other cases a doubtful gouty diathesis was the only assignable cause.*
There appears to be something in the food the absence of fresh vegetables or the presence of some ingredient in tinned foods which pre-disposes to phlebitis."- Dr J. W. Washbourn, MD, FRCP, in "Medical Notes from the Imperial Yeomanry Hospital at Pretoria", British Medical Journal, 20 April 1901.

Diagnosis

A very important misuse of the Germ Theory lies in the

substitution, sometimes enforced officially, of artificial and unreliable diagnostic methods for the previous reliance upon clinical signs.

This is in the highest degree prejudicial to medical education, tending to develop an academic race of practitioners devoid of practical acquaintance with their calling as healers of men, relying upon book-knowledge and artificial tests for disease, bigoted and narrow in an extreme degree.

The fallacy of a microscopic test founded on the presence or absence of a particular germ, for any special malady whatever, is conspicuous in every single instance already stated.

No microbe can invariably be detected in cases indisputably of the malady with which its name has been associated.

Every such micro-organism has been over and over again detected when there could be no suspicion of the malady it was supposed to bring.

Also there is no badge whereby a pathological microbe can be differentiated from one confessedly harmless.

The former is always very closely simulated in appearance by sundry varieties or forms of the latter, and bacteriologists of the highest skill confess themselves liable to be deceived.

Thus the Klebs-Loeffler bacillus of Diphtheria cannot be morphologically distinguished, even by bacteriological experts, from Homann's bacillus, confessedly innocuous, Koch's Tubercle bacillus cannot be discriminated from the harmless Timothy-grass bacillus and the Smegma bacillus.

It also closely resembles the Bacillus Typhosus of Typhoid, for which the Timothy-grass baccilus is again apt to be mistaken.

The gonococcus is very like the common micrococcus catarrhalis of the nasal cavity, and the diplococcus intracellularis of Weichselbaum, which is given out as causing Spinal meningitis, though Flexner himself confesses it is often absent.

The Micrococcus Melitensis, the asserted cause of Malta Fever — said to be due to goats' milk, though it prevails where goats are not, and in people who have never drunk their milk — is admitted to bear a highly suspicious resemblance to ordinary fat globules.

And so on throughout the whole list.

* Bacilli indistinguishable in size, form, and colouration by staining media from the tubercle-bacillus of Koch were found by Lydia Rabinowitsch (entrusted by Koch with the investigation) in every sample of butter purchased in Berlin and Philadelphia.

They produced tuberculosis when injected into the guinea-pig.

The only difference stated was that growth in cultures was quicker and more luxuriant. The fact is significant in reference to impending legislation on the milk traffic.

It may be noted that whenever a so-called "pathogenic" germ is closely mimicked in appearance by others against which no charge of morbific "lese-majeste" has been brought, and which are assumed to be harmless, the bacteriologist applies the epithet "pseudo" to the latter.

Thus we read of a "pseudo" Diphtheria-bacillus, a "pseudo" Typhoid- bacillus, and I know not how many more. The fact is significant as well as frequent; at once indicating the unreliability of current bacteriological tests.

Every practical surgeon or physician who himself works with the microscope — I fear there are not too many such — will admit the extreme danger of implicit reliance upon almost any microscopic test in the diagnosis of disease.

Too many fallacies in every direction have to be reckoned with. I can personally testify to the numerous perfectly needless operation for supposed Cancer which have been performed in past years upon organs perfectly free from that fell disease, through the erroneous interpretation of microscopic indications. And in these last, resort to high powers of the microscope, such as used in Bacteriology, and which must obviously vastly enhance the sources of error, is rarely needed.

The True Position of the Microbe with Respect to Disease

Conclusions: The Lancet of 20 March 1909, in a powerful editorial, confesses the inadequacy of the "Germ Theory", and practically throws it overboard as a scientific explanation of morbid phenomena.

It says:

> ***"It is not at all rare to fail to find the causal organism in an individual case of the disease... .***
>
> ***Many organisms which are considered causal are frequently to be found in healthy persons. The organisms of enteric-fever, of cholera, and of diphtheria, may be cited as examples. When a 'causal organism' is injected into an animal, often it happens that it gives rise to a disease bearing no resemblance to the original malady."***

No scientist has yet ascertained with precision what part in morbid phenomena germs really play.

The most plausible view is that advanced by Dr Granville Bantock in his admirable resume of the subject, to which, in compiling this article I have been greatly indebted (The Modern Doctrine of Bacteriology, 1902); that they simply act as scavengers, disintegrating the dead or diseased tissues into their component elements.

We only know for certain that their presence in any given malady is by no means invariable; that in numerous zymotic diseases many years of assiduous research have failed to detect a solitary trace of any germs whose absence must therefore be inferred; that such as have been found cannot be causal, and can never be made to reproduce the special disease, when inoculated into animals, apart from the "virus" associated inseparably with them.

The editor of The Lancet states in the article quoted above that "in many instances" — for which we should

read "never" — "the causal organism is not capable by itself of inducing the disease, and a 'tertium quid' must be assumed," even in the relatively few maladies which bacteriology has plausibly associated with a special germ.

There is always some unknown quantity beside this, **the microbe "per se" is not enough.**

That is the limit of our positive knowledge, which at present can deal with nothing beyond gross causes.

We see the zymotic fevers always engendered by some obvious septic condition, or else by some conspicuous breach of hygienic law.

We succeed in preventing them by sanitation, and by careful heed to the laws of nature.

In what element the contagion which most of them exhibit resides we are absolutely ignorant; nor do we know anything in minute detail, of their first origin.

But however fascinating the hypothesis that they somehow are caused by the infinitely small organisms which swarm everywhere around, we cannot legitimately avail ourselves of it, for the simple reason that science cannot show any even plausible foundation for it, in ascertained facts.

Experimentation in the laboratory and elsewhere with so-called "pure cultures" of micro-organisms, casts no light whatever upon their real nature and functions.

They are so infinitely small — many billions, or even trillions, to the cubic inch — that it is impossible ever to regard them as perfectly divested of the environment they have carried with them from the blood, or spinal fluid, or diseased tissues whence they were originally taken.

And even with that the inoculations never succeed in reproducing the original disease — the inoculated animal may become ill; but it invariably fails to afford convincing or even plausible proof that it suffers from Diphtheria, or Malta Fever, or Typhoid, or whatever the special fever in question may be.

Nevertheless, the bacteriologist always assumes that the specific disease is reproduced, and sets to work accordingly to invent a lucrative anti-toxin.

He entirely overlooks the abundant sources of fallacy, such as the decomposition of the culture-medium, the conveyance of virulent material as well as the specific microbe, the introduction directly into an animal's blood-current of a huge mass — billions or trillions — of bacterial elements, the abnormal and usually very unhealthy condition of the usually caged animal experimented upon, etc., etc.

All these points count in explanation of illness produced by such inoculations, and invalidate scientific inferences from the symptoms of the victims.

Daily the "Germ Theory" is being more and more pressed into the service of commercial enterprise on the false pretence of a warranty by Science which it has never received, and which in twenty years since Pasteur it has been unable to acquire.

It obsesses the faculty.

It has secured the indiscriminating approval of officials, often in very high places - Haffkine's Plague - vaccine owed its huge vogue very largely to the advocacy of Lord Curzon, though now a universally confessed failure.

The sale of the Diphtheria Antitoxin is being similarly "pushed" at home, though doctors had far better results before it was invented.

The American soldier is undergoing compulsory inoculation against Typhoid, to the huge pecuniary benefit of the serum manufacturers.

From the disastrous consequences shown in the preceding pages and many other of which space forbids even the mention, I would strenuously urge that it is time for the learned and the really scientific to reconsider their attitude on this matter and to look for some other explanation of morbid phenomena than that afforded by the supposed action of germs, with all the mischief that attitude has so far brought, and the vast increase of disease (as proved by Mr. Coleridge) in every single department wherein it has been adopted.

On the facts as they stand, we may reasonably cast the "Germ Theory" into the limbo where already rest so many

Crude Medical Fancies of the past, which autocratically dominated the thought and the practice of their day.

It is the bounden duty of the conscientious searcher for truth to free himself and his kind from a particularly baleful incubus to medicine and the whole Ars Medica." - Dr Herbert Snow, MD, London Cancer Hospital, in "The Journal of Osteopathy", April 1913.

This Undoes the Whole Medical Science and Proves it a Fraud

"One of the Most Important Investigations Ever Made, has just been completed by a great body of Scientists, "The Germ Theory of Disease", by Dr Herbert Snow, MD, London, Late Senior Surgeon (23 years Surgeon), Cancer Hospital.

And in his report Dr Herbert Snow, MD, says that Microbes Never Caused a Disease.

They Are Scavengers and Help You.

But That the Ignorant Are Kept Believing it so that: Vaccinations of All Kinds of Serums May Be Sold, As There Are Millions in it And That Vaccinations of Serum Increase the Death Rate, And in no Way Prevent Diseases

If That Is So, Who Killed Your Loved One?

It Is Far More Intelligent to Believe in Witches than Microbes.

This Undoes the Whole Medical Science and Proves it a Fraud Pure and Simple, and that it is not a science at all any more than witch-craft but does far more harm because the percent of deaths are so much greater from the poisons used as remedies.

This has given rise to the spread of all drugless sciences and beliefs as they save thousands of lives by teaching people to restrain from taking drugs and serums as their intemperate nature makes them strictly against the teachings of the Bible which has been the Basis of all True Sciences from the beginning of the world, and we have

only progressed when we come back to its teaching and it deals with every phase of life from the cradle to the grave.

Be temperate, be clean, be virtuous.

Daniel knew this and purposed in his heart he would not defile himself with the King's foods, nor drink of the King's wines.

And the cleanliness taught, forbids the injection of any poisonous serums into the human body. For if you come in contact with anyone who has any kind of an issue from the flesh, go bathe they self.

> ***"Go and wash in Jordan seven times, and thy flesh shall come again to thee, and thou shalt be clean."*** *- 2 Kings 5:10*

And is in perfect accord with the conclusions of these great Scientists.

That cleanliness is the draining of swamps, to keep their poisons from being inhaled into the system and isolating one's self from contagious persons lest the poison matter from them poison the same parts of your system and thus produce the same disease in you provided the nerve has already been weakened to that part by drugs, stimulants or excesses, so stagnant blood has been allowed to accumulate for the poison to settle in and produce the "virus evolved in the human organism" necessary to produce the disease which these scientists say produces the disease, and not the Bacillus.

And without these exhaustive conditions to an organ there is an absence of stagnant blood and that person can take no disease.

Hence you will notice the splendid continued health of people who take

Osteopathic Treatment and their immunity from disease and perfect control in the curing of all diseases.

Diphtheria, Scarlet fever, Lung fever, Appendicitis for the stagnant decaying blood, the real cause of all diseases are thrown out by freeing the exhausted nerve to that part, and the cause of the disease removed, the blood rebuild the part just as it did when it first made it and result is invariably a

cure, unless the patient has let it run so long before the Osteopath was called that the system was too weak to throw it out as in last stages of consumption and in cancers.

The ability of the Osteopaths to handle all diseases of eyes, ears, nose, throat, lungs, stomach, livers, appendix, kidneys, heart, asthmas, rheumatisms, spinal meningitis and all female and children's diseases, has been so thoroughly demonstrated by the handling of 8,000 cases here in El Paso, Texas with by far the largest percent of cures ever known.

That the most sceptical cannot help but be convinced if they will only go there and talk with those that were and are being cured and see for themselves and they will be satisfied that this great association of Scientists were right, and that **all diseases originate from within the human organism from the accumulation of stagnant, decaying blood making a receptacle for the poisons from without and that the remedy is all within yourself and is removed by restoring the circulation of the blood so it can carry out these impurities and build up the part again and you are whole**.

"For it is the life of all flesh; the blood of it. (Leviticus 17:14)." - in the "El Paso Herald", 3 May 1913.

Do Germs Cause Disease?

Part I

Conflicting Theories

"The germ-theory is that certain particular microorganisms — on the border-land between plant and animal — are responsible for diseases, a different germ for each disease.

The great scientist Alfred Russel Wallace wrote:

> *"Th e medical profession appear to hold the view that pathogenic or disease-producing microbes exist for the purpose of causing disease in otherwise healthy bodies to which they gain access — that they are, in fact, wholly evil. It is also claimed that the only safe guard against them is some kind of 'anti-toxin' with which every one must be inoculated to be saved from the danger of attack by some, or all, of the large number of such diseases which affect almost every organ and function of the body.*
> *This view seems to me to be fundamentally wrong, because it does not show us any use for such microbes in the scheme of life, and also because it does not recognize that a condition of health is the one and only protection we require against all kinds of disease; and that to put any product of disease whatever into the blood of a really healthy person, is to create a danger far greater than the disease itself."*

Bechamp's Theory

Now there is an alternative theory, which is that all these micro-organism s (which simply consist each of one cell) are the living remnants of dead bodies; that is, when they are not particles of living bodies.

Think of it.

According to this theory the air is peopled with the dust of all dead people and animals, even of the insects, that have lived on this earth.

When one thinks of the rapid multiplication of some forms of life, and their countless numbers, the intellect reels at the idea of all the dead bodies, the materials of which cannot leave the earth's atmosphere after the individual is what is called dead.

Of course, they get worked up into flesh forms; but still the air must be thick with them!

Dead bodies are not resolved into their constituent gases at the stroke of a wand.

All bodies are conglomerations of cells, and what more natural than that, when death releases them, these cells should wander off separately into the air, where they would persist for a time till the last atom were resolved into gas?

The most orthodox believer in germs will tell us that the air is everywhere peopled with them, except in the moteless atmosphere of high mountains, at the poles in certain seasons, and possibly in some of the greater deserts.

In other words, they are only absent where living creature s are absent.

Is not this a suggestion that living creatures are the creators of germs, for where there are no living creatures, and there only, there are no germs?

My point is, then, that these germs may be just the remnants of once living bodies or parts of actually living bodies

What the Microscope Shows

But when the microscope first revealed these tiny organisms, speculation became rife as to their purpose, and because some of them happened to be found in certain cases of disease, the conclusion was jumped to that they were the cause of the disease.

At that time it was not suspected that those very same germs could be found also in healthy persons.

If it had been known, probably the theory would never

have been propounded and accepted.

Men's feet once set in the rut, it was easier to make excuses for the failures than to give up the theory.

Most people believe that a case of diphtheria is quite easy to detect because it is swarming with diphtheria bacilli; that tuberculosis, anthrax, cholera, plague, and so on are quite easily diagnosed because the germ is always there in great abundance, and they actually believe that no other germ s are there.

If the case were really so simple, however, once microscopes were made strong enough to see the germs, there should have been no difficulty in deciding which was the particular one causing the particular disease.

And we know that in each disease numerous germ s have been claimed and believed in, and many disputes have arisen until one was fixed upon which commanded a pretty general acceptance.

This shows that in every case there is a large variety to choose from, and the association of each disease with its particular germ is by no means so common as has been taught.

Part II

How The Germ-Theorists Have Been Positive in Error

How is it that a number of trained observers can be quite certain that a particular germ causes a certain disease, and can persist in that belief for a number of years, and be very angry with anybody who ventures to doubt the connection — and yet, in time that germ can be discarded altogether as having no relation to the disease at all?

This has occurred in many cases.

At the first Royal Commission on Vivisection a great argument was brought forward on behalf of experiments on animals that through them we had learnt to identify the microbe of sheep-pox.

And as the vivisectors, in spite of all proof to the contrary

would lead one to suppose that when once you know the specific germ of a disease you can proceed to cure it straight away, the wonderful advantage that we possessed of "studying the contagion as the habits of a fern or moss can be studied" was hailed as if it were a cure for sheep-pox.

But though pictures were made of the germ, and reams written about its doings, it was eventually found, to quote Sir Stewart Stockman before the second Royal Commission, that "sheep-pox is not due to these organisms."

Failure of Vivisection.

Please observe — experiments on animals, the one thing that is said to prove the germ-theory, had been conducted wholesale in order to make the discovery.

These experiments, then, can "prove" what is false.

Again, there was Sanarelli's germ of yellow fever.

Mr. Stephen Paget, of the Research Defence Society, devoted pages of his classic defence of vivisection (the book entitled "Experiments on Animals") to this.

He even made the assertion that Sanarelli had submitted his serum —prepared, of course, through the agency of these germs — to "the utmost test that was possible!" And he added the usual kind of statistics with which we are so familiar.

Sanarelli's germ fulfilled all the experimental tests; it is the way of germ s to fulfil their discoverers' wishes for a time, until — an other becomes fashionable!

Then, apparently, they cease to fulfil them.

The upshot was that Mr. Paget expunged the whole of Sanarelli's triumphs (which were given in detail in the first editions) from his book. Once again, experiments on animals had "proved" what was not true.

And it is by experiments on animals alone that the germ-theory is established.

Again, there was a microbe, or bacterium, declared to be the cause of sleeping sickness.

It was guaranteed by a Portuguese Commission, and our Royal Society "confirmed" the discovery.

This — let us hope, in the interest at least of their loyalty to their own system — meant that they guaranteed that the

all-conclusive animal experiments had been carried out and had proved the cases.

Yet once again they had "proved" a mistake.

For now our scientific authorities are agreed that the origin of sleeping sickness is not a bacterium, but a trypanosome, or animal parasite.

The Royal Commission on Vivisection very wisely remarked that, in view of the numerous false claims that had been made, "there is need for caution in accepting a trypanosome as the cause."

But neither our medical men as a class, nor our medically inspired newspapers and magazines have accepted the hint.

I give these examples to show that the germ-theory cannot possibly be Science, because science is never at any time positive of that which is false.

It is error, not Science, that produces this phenomenon.

The Germ-Theory is regulated by certain tests.

The suspected germ must first be isolated from a case of the disease — that is, separated from all the other germs found in the body of the patient (except, of course, the "ultra microscopic" ones, often confidently asserted to produce such diseases as small-pox, but here conveniently forgotten!').

After colonies of this supposed isolated germ have been grown, they must be injected into an animal, and the animal must get the same disease.

That, it is said, would prove that the germ really was the germ that originally caused the disease.

It sounds so simple!

And it is because it is simple, so crude that a child can grasp it, that it is so easily and generally accepted by unthinking people, and those with a smattering of science.

Now it is quite clear, from the examples I have given, that these tests must often act in a contrary manner.

It is no use saying that the experimenters were to blame.

The tests were the same tests, and if the results varied, the experimenters may just as well have been wrong the second time as the first; and yet it has been accepted that the second tests upset the first.

Some Flaws in the Germ Theory

The last part of the test is one in which considerable imagination is needed, for an animal does not suffer identical diseases with a human being; there are always differences in the symptoms.

But arguing in a circle from his delightfully accommodating theory, the germ- theorist says that the animal has the disease because it has the germ.

First he puts the germ into the animal to see if it produces the disease, and then he says the animal has the disease because it has the germ.

If it has fever instead of sneezing — that is the animal's way of manifesting a cold.

If it has blood-poisoning instead of diphtheria — that is the animal's way of manifesting diphtheria.

The symptoms do not matter if the germ is there!

By this argument that "a disease is a germ and a germ a disease" anything can be proved.

And, as we have seen, its advocates have proved all sorts of errors.

Is it not clear that the fault is in the theory itself?

Koch laid down the following rules:

1) The germ should always be found in a case of the disease.

2) It should not be found apart from the disease.

3) It should be isolated from the body and cultivated in a test-tube.

4) It should then be injected into an animal and produce the same disease.

Postulates Which Break Down Every one of these postulates breaks down in practice.

This fact has been admitted by the editor of the Lancet, who wrote on 20 March 1909:

"It must be acknowledge that all these postulates are complied with very rarely indeed, if ever.

1. It is not at all rare to fail to find the causal organism in an individual case of the disease.

2. Again, many organisms which are considered to be causal are frequently to be found in healthy persons.

3. When a causal organism is injected into an animal, often it happens that it gives rise to a disease bearing no clinical resemblance to the original malady.

Thus we cannot rely upon Koch's postulates as a decisive test of a causal organism."

Thus the very foundation upon which the current Germ Theory is built, crumbles to atoms.

The editor of the Lancet was, no doubt, subjected to some expostulation for having thus frankly admitted the failure of an accepted orthodox creed, or he would hardly have written subsequently, in reply to Dr. Hadwen, in the Standard:

> *"The article from which the words are quoted was a speculative inquiry as to how far, while our knowledge of epidemiology rapidly increases, all new developments could he explained by Koch's postulates, and the general conclusion arrived at was that, with slight modifications, Koch's postulates hold good, speaking generally."*

The editor's effort to minimize the admission he had made, when compared with that admission itself, is surely a monument of weakness and ambiguity!

Absurdities of the Germ Theory

The "germ-carrier" theory has been simply invented in order to hide the failure of one of Koch's postulates.

The presence of these "dangerous" germs in perfectly healthy people, who persisted in not getting the disease they were supposed to cause, simply made the devotees of the theory invent the plea that the germs could be harboured by healthy people, while at the same time preserving their

dangerous character to everybody else.

Recklessly compiled histories of people have been built up on this theory, one of the most notable being the case of Mrs. Roberts, of Wrexham, who was said to have infected some pork pies she had never seen with the germs of a fever she had never had; a source of great merriment in that town.

The case of Mary Mallon, the unfortunate cook who has been imprisoned for years on an island in New York Harbor, affords another example of this crowning absurdity.

A culmination of folly was reached when our leading military doctors wrote to the papers the warning that our soldiers in the field would probably be in great danger of contracting typhoid — not by reason of the horrible condition of the trenches, with putrefaction all around , or because their water supply might be cut off, but because they might come into contact with a healthy germ-carrier!

Consider the amazing limitation of vision which could make this the paramount fear in war-time!

We must get rid of the idea that these hobby-riders, who have the ear of those in power, are too "scientific", too "eminent", altogether too imposing, to be criticised by the light of the ordinary man's plain common-sense among my acquaintance recently, there occurred a case of illness difficult to diagnose.

My friend said, "Is it a chill?"; "We don't have chills now, it must be a microbe", said the doctor.

What material these things would have provided for Moliere's pen!

But Moliere's successor has risen to the occasion.

George Bernard Shaw has finely satirised the germ theorists in his play, "The Doctor's Dilemma," the full humour of which will perhaps be better appreciated by the next generation.

Florence Nightingale was amongst those who stoutly refused to believe that germs are created to cause particular diseases.

Consequently, as her biographer, Sir E. T. Cook, relates, "she loathed and mocked at inoculation."

"There are no specific diseases", she was wont to say; "there are specific disease conditions."

She described how she had watched disease arising, without the possibility of infection, one disease passing into another, according to the conditions of the ward.

She regarded all diseases merely as a departure from the normal in the functioning of the body.

And now lets see how the germs themselves seem to corroborate that.

A short time ago Mme. Victor Henri, at the Pasteur Institute, was said to have made a great discovery.

Under violet rays she saw the germs turning into one another!

She took the rod-shaped anthrax bacillus, and it turned under treatment into an entirely different germ — a round coccus.

Injected into a guinea-pig, this original anthrax bacillus did not cause anthrax, but a disease which she said differed from anthrax in every respect. After this, how can any germ lie said to be specific of any given disease?

Not only can they change their shape, but also their character.

There had been hints of this before.

In the New York Journal, in 1912, Dr. Runge wrote that Dr. Roux, the director of the Pasteur Institute, had succeeded in experimentally decreasing and increasing the virulence of the "Klebs-Loifler bacillus," and that Von Hoffman had shown that what Dr Roux did purposely in altering the germs is often done by Nature.

He says:

> ***"The diphtheria bacillus is capable of relinquishing, spontaneously and completely, its most characteristic property, its infectiousness. This being the case, we are justified in assuming the possibility of the same bacillus changing spontaneously from a state of virulence into one of non-virulence."***

If the diphtheria germ is sometimes non-virulent and non-infectious, how can it be essentially a disease-producing organism, causing diphtheria which can exist without it?

The complications which would arise from this discovery have been pointed out by various writers.

A child has a sore throat, and we want to know if it is a case of diphtheria.

We get a scraping of the throat and send it off to be examined at the lab oratory; but on the journey the germ changes its properties.

When it arrives it is quite innocent, and the diagnosis "not diphtheria" is returned.

Or the case may be reversed.

What errors in treatment must result!

Ap art from this possibility of the germ changing, the practice of sending up squabs to be bacteriologically examined is always absurd.

It seems to be simply carried on as a matter of routine, because staffs are employed with nothing else to do.

Dr Carmalt Jones, of the Westminster Hospital (late of St. Mary's Hospital), wrote in the British Medical Journal, November 1913:

> ***"It is undoubtedly possible to send specimens of the same serum for examination to different laboratories, conducted by capable authorities, and to get different results from each of them."***

Anything more absurd and wasteful than to wait from 3 to 5 weeks to see if a guinea pig dies because it is injected with some germs which may be those of diphtheria or tuberculosis can hardly be imagined.

Is it not better to treat the patient at once according to the clinical symptoms?

But the germ-religion being established, its ritual must be carried on.

Major Horrocks, of the R.A.M.C., writing on 6 May 1911, to the British Medical Journal, said he thought the alleged cholera bacillus had no specific character, and "could easily be converted into other forms."

Pettenkofer thought that "specific virus of cholera does not arise from the common bacillus, but is evolved from the human organism."

A little more knowledge will probably prove that the same can be said of every germ.

As to dysentery, there is a quarrel as to which of two germs is the cause, so the doctrine (to quote an article in the Statesman, 26 September 1914's that "dysentery is really two distinct diseases.

One is due to an animal parasite, and another to a bacillus discovered in Japan in 1898 by Dr. Shiga."

The experimenters apparently adopted Solomon's plan of cutting the disputed baby in two.

Paratyphoid is said to be distinguished from typhoid only by the "difference in severity, and the type of the organism that causes it!" In spite of what is said about "severity" this disease frequently causes death.)

Seeing that its symptoms are identical with those of typhoid, the germ-theory here creates an altogether fictitious distinction.

In the Lancet of 31 October 1914, appears an article by Dr Gordon, who relates several cases of fatal tetanus in which the chief germ discovered seemed to be a different one from the usual "tetanus germ."

He lays stress on the importance of bruising, and of a "mixed infection" in the genesis of tetanus.

"There is reason for doubting if it is even now clearly realized how very important associated bacteria may be", we read.

That is a hard glow to the specific germ theory.

So also Sir Douglas Powell says the tubercle bacillus is more virulent when it is mixed with other germs.

In view of all this evidence, it seems remarkable that the specific character of each separate germ should be insisted upon.

Many years ago, simply because it was a universal custom to consume strong drink, and had been so for generations, it had never occurred to anybody to question its wholesomeness.

Doctors universally prescribed wine to build up the system; it never occurred to them that anything so taken for granted could be injurious.

Why did no medical critic of alcohol arise in the days when beer was consumed at breakfast instead of tea or coffee?

Simply because nobody had thought of inquiring into the matter.

Alcohol was accepted as a matter of course.

The earliest total abstainers were ridiculed, and it was considered seriously unsafe to insure their lives.

After they had persevered for some time, and it was found that they were quite healthy and long-lived, the doctors for the very first time began to look into the thing, and then there arose a formidable body of medical opinion as to the injurious effects of alcohol.

These injurious effects had always been there, but they had not been suspected because the spirit of inquiry concerning alcohol had never been awakened.

It may be noticed that it was the action of those who were disgusted at the excesses of conduct induced by alcohol that led to the scientific investigation of its properties.

First the moral revolt, then the scientific.

If alcohol had not led to excesses of conduct, the chances are that its injurious effects would not even now be suspected.

In the same way as the moral revolt against alcohol led to the scientific investigation of its claims, so the moral revolt against the cruel experiments which are the outcome of the germ theory of disease have led some anti-vivisectionists — and especially medical men, well qualified for the investigation — to inquire into the scientific justification of that theory.

Having had that spirit of critical inquiry awakened (which is not awakened in those persons outside the anti-

vivisection movement), they made discoveries as to flaws in the theory, which finally discredited it altogether in their eyes.

Summary of the Argument

A consideration of the evidence that has been adduced will lead to the following position:

1. Koch's postulates, which would prove the germ theory, have not been fulfilled.
2. There is accumulative proof that the germs are not immutable, but variable entities. Therefore, they cannot be fixed causes of disease.

It is the most moderate claim that an attitude of doubt, in the present state of our knowledge, is far more suitable than a blind belief in an easy, plausible theory for which the evidence breaks doyen when examined." - Beatrice E. Kidd, in "The Abolitionist", Secretary, British Union for Abolition of Vivisection, 1915.

"I do not deny that some diseases, like small-pox, are contagious (and also, in my belief, spontaneous, but ***I do assert that infection is grossly magnified to suit the germ theory. If all that germ theorist doctors preach were implicitly believed, they themselves would seen the to be greatest danger to the public existing, because they simply cannot escape contact with germs. In fact, if germs were dangerous as they allege, the race of doctors would soon be extinct."*** *- Beatrice E. Kidd, Secretary, British Union for Abolition of Vivisection, "Cambridge Daily News", 14 March 1919.*

The Germ Theory of Disease

> *"Some day I shall have a tombstone put over me and an inscription upon it.* ***I want only one thing recorded on it, and that to the effect that he laboured to divert his profession from the blundering which has resulted from the performance of experiments on the sub-human groups of animal life****, in the hope that they would shed light on the aberrant physiology of the human groups.* ***Such experiments never have succeeded and never can, and they have, as in the case of Koch, Pasteur and Lister not only hindered true progress but have covered the profession with ridicule."***

In these words written to the "Medical Press and Circular", a few weeks before his death in June 1889, Professor Lawson Tait gave final expression to the faith that was in him with regard to the evil effect produced by the practice of experimentation on living animals upon the progress of the healing art and upon the reputation of the medical profession.

The aspect which called down upon it the condemnation of Professor Tait, in which were included not only the researches of Pasteur himself but those of Professor Robert Koch and the late Lord Lister.

It was out of the researches conducted within the bodies of living animals **by this trinity of investigators that there came forth the triple issue of the germ theory of disease, the modem methods of medication based upon that theory in which vaccines and sera are the principal therapeutic agents, and the antiseptic system of surgery.**

Dr Bantock was brought as a result of the correlation of his own observations and expediences with the results yielded by the researches of those who have studied the growth, habits, customs and transformations of bacteria in the normal processes of nature and in the biological laboratory.

Along these fines of research much valuable work has

been done, and, as Dr Bantock pointed out in his précis, it was long since discovered that in order to convert filth and dead organic matter into **harmless constituents, Nature employs micro-organisms as her indispensable agents.**

Thus in **the modem septic tank, it is the action of micro-organisms which dissolves sewage; it is their action which converts manurial matter into the saline constituents essential to plant life, and in the natural purification of filth polluted streams and in many other directions it is admitted that they play a beneficent part.**

Indeed we are told by a writer in Popular Science Siftings, that if it were not for bacteria the world might be piled up with dead plants and animals, and, he says, quoting Mr. R. L. Kahn, although it is well to emphasize the relation of bacteria to disease:

> ***"Their purpose seems to be not to cause disease and death, but life and health."***

Generally speaking, the conditions which give rise to the beginnings of disease are wrong thought and feeling, wrong diet, wrong social conditions, overwork and strain, impure living. These are the things which drain the vitality of the cells and cause them to break down, and the micro-organisms set free in the process of disintegration take up the devitalised, poisoned matter and change it into something less harmful to the blood.

Sometimes it may be the body is so badly poisoned and the cells break down so rapidly that the microbes are themselves poisoned in their efforts to disperse the products of disease and in these circumstances they may add to the amount of toxic matter within the body.

> *"Accumulation of poisons do the damage," says Dr. Bean, "not the accumulation of germs, and every effort should be made to do away with the accumulation of poisons. Measures that will prevent and do away with the accumulation of poisons are very different from those put forth to kill germs."*

The British Medical Journal of 17 October 1914, remarked:

> *"It is the fashion of modern times to attribute everything to microbes, but it is probable that the microbes would make little headway if the ordinary rules of hygiene were followed and the soil for their development kept in physiological condition."*

Mention must be made of the significant admission of Sir James Goodhart, Bart., MD, LL.D., on 18 October 1912, in delivering to the Royal College of Physicians the Harveian Oration of that year.

In the course of his oration this eminent authority said:

> *"Pathology is still shifting. We have not yet reached finality.*
> ***Even bacteria are probably results and not causes."***

Reference must be made also to the witness borne by Professor Dixon, F.R.S., in the year 1913, to the beneficent influence of the bacterial flora of the human intestinal tract.

"The body," he said, "depended on these extraneous organisms for the effectiveness of digestion."

Further, special attention must be drawn to the remarkable article by the medical correspondent of the Times, which appeared in the issue of 20 June 1920, in which in discussing "New Teaching in Medicine," he refers to "the bacteriological age which has just closed," and to the "revolution" in thought which is taking place in the medical schools.

He says:

> *"The bacteriological age, which has just closed, had as its motto*
> *Stamp out bacteria and you will stamp out disease.*
> *That doctrine was inculcated into the students of yesterday, and was accepted almost without a murmur.*
> *The student of to-morrow will hear it, but only as an echo.*
> *The truth is you cannot stamp out bacteria. They are*

everywhere, in nose and throat, on skin and in bowels, in the lungs, it may be even in the blood. And — here is the point of revolution — for the most part they are harmless. In general, for there seem to be exceptions, bacteria will not of themselves cause disease. A third partner is needed. There must be a soil, there must be seed, but there must also be the unknown quantity or circumstance, which unites seed and soil to produce growth — i.e., disease."

Popular Science Siftings of 2 September 1919, in which the writer asserts that

"Medical theories concerning our commonest and most deadly germ diseases have been entirely upset. Independent investigations in various parts of the world have led to this conclusion. Medical science found the various kinds of bacteria swarming in the different germ diseases and had no doubt they were the cause of the trouble. Now science has shown that that view of the cause of disease is almost entirely wrong.
The old microbes were present in the disease, of course, but it has been found, we are assured, that they were comparatively Harmless, perhaps beneficial, because they ate up dead organic waste matter in the system. It had long been known that certain kinds of microbes were useful in cleaning up decaying matter in the outside world, but if is now proved that they perform the same duty within the human body."

Writing in the British Medical Journal, 16 January 1915, Dr McWalter declared:

"The more recent biological and microbic conceptions of disease lead to even more crude therapeutics. Disease being caused by the presence of a pathogenic organism the problem apparently was to kill the microbe. Hence there came an era of microbicidal treatment. It mostly ended in failure."

"There seems to be little doubt that almost all our meddlesome methods of medication do more harm than good." - Dr McWalter, MD, in "British Medical Journal", 12 June 1915.

In the British Medical Journal, 8 June 1912, states:

"It seems at first sight to be quite preposterous for anyone to assert that the work of Pasteur and Lister has in some respects had a retarding effect upon medical science, but that such is the case can, I think, be demonstrated beyond question."

"Matters pathological are thought about almost exclusively in terms of bacteria and bacterial diagnosis to the neglect of those methods of research which are based upon more universal factors."

Mr. Paget says that in days gone by medical men occupied themselves with "the constitutional personal aspect of a case of infective disease", which he considers they over-estimated.

He says that "they studied with infinite care and minuteness the weather, the environment, the family history, the previous illnesses of the patient — everything except the immediate cause of the trouble" — the immediate cause being, of course, the germ.

To such an extent, however, have these methods of research been banished by bacteriological methods that we have the danger to which the British Medical Journal has called attention, viz., the danger that too great concentration on laboratory findings may divert attention from the condition of the patient as a whole, and the additional danger created by the fact that:

"Some patients now have time to die or get well before a really scientific diagnosis is reached, and there is a greater chance than formerly for the patient to be forgotten in the pursuit of his disease." - British Medical Journal, 11 May 1918."

- in "The Herald Of The Star", 1923.

The Contagion Farce

"All Medical Authorities are Agreed, that the risk attending on entering a room in which there are cases of Infectious Disease is infinitesimally small to the healthy individual; and that even where a person actually assists in removing a patient sick of an infectious disorder to another apartment or to a conveyance.

While the risk is greater, it is in reality very small to the sound constitution.

As a rule, it is rare to find nurses affected who live for hours, and days at a time in the same atmosphere with the sick, and who at the same time make use of the simplest precautions.

It is still rarer to hear of medical men sickening of infectious diseases caught in their practice.

And is well known that medical men never, or very rarely, bring the infection of such diseases to their households.

For 25 years I have been engaged in active sanitary work, and have had, with very limited staff, to cope with serious outbreaks of Cholera, Small-pox, Fever, Scarlatina, Measles, and Hooping-cough.

And although I have during that period brought up a large family, I have never communicated any of these diseases to my children or dependents, nor am I aware that any of the numerous sanitary inspectors who have acted under me have ever contracted or communicated these diseases while in the public service.

To live in constant fear of infection is one of the surest methods of courting the risk of an attack.

It is a popular, and I believe a true, saying with regard to Cholera, that the fear of it kills more than the scourge itself.

This holds equally good for other forms of infection; and the Sanitary Inspector; to be an efficient public servant must be assured of this cardinal fact, that infectious germs of all kinds have no power of successfully attacking the healthy individual." - Dr Henry D. Littlejohn, MD, Medical Officer to the Scottish Board of Health, in "The Poor Law Magazine and Parochial Journal", 1880.

The Avian Influenza Virus Farce

"Centers for Disease Control and Prevention (CDC), Atlanta GA 30333, 5 May 2022

Dear Ms. Massey,

This letter is in response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of 24 April 2022, for:

> *"All studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC), and/or the Agency for Toxic Substances and Disease Registry (ATSDR), that describe anyone on Earth finding and purifying any "Avian Influenza Virus" directly from a sample (i.e. bodily fluid / tissue / excrement) taken from any diseased host (animal or human) where the sample taken from the host was not first combined with any other source of genetic material (i.e. a cell line; fetal bovine serum).*

Please note that I do not require and do not wont studies/reports where researchers failed to purify on alleged "virus" from the sample and instead:
- Cultured something, and/or
- Performed an amplification test (i.e. PCR}, and/or
- Fabricated a "genome"; and/or
- Produced electron microscopy images of unpurified things.

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and that a strict application of Koch's Postulates would not be possible even if theoretical "viruses" existed.
I do not require records describing the replication of on alleged "virus" without host cells, or strict fulfilment of Koch's Postulates, or a suspected "virus" floating in a vacuum, or private patient records.
I simply require records that describe purification (separation from everything else in the sample that was taken from the host, or per standard laboratory practices for the purification of other very small things).
I require any study/report matching the above details, authored by anyone, anywhere since the alleged discovery of this alleged "virus."
If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each one with certainty (i.e. title, author(s), date, journal, where the public may access it).
Please provide URLs where possible."

A search of our records failed to reveal any documents pertaining to your request.

Sincerely,
Roger Andoh, CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399, Fax: (404) 235-1852" - in Letter "#22-01384-FOIA", CDC, 5 May 2022.

Chapter 11

Some Observations and Reflections on the Theory of the Microbic Origin of Disease

"The history of medicine abounds in examples of curious and grotesque pathological doctrines.

It has been marked by epidemics of medical fashions and fads, as well as by epidemics of disease.

For more than 2000 years medical men have vied with one another in attempts to discover the cause of disease.

Countless theories have been devised, each for a time having had a following of those who accepted it as the thing to be desired.

It is a deplorable fact that many a fallacious theory has for a considerable time attained the reputation of a well-founded truth.

The history of medical theories has been a history of errors and blunders rather than one of discovery.

This statement applies with especial fitness to the history of so-called "regular," "rational" or "scientific" medicine, as its exponents are pleased to call it.

The closing decades of the nineteenth century are destined to become memorable in the annals of history for the rise and spread of the most delusive pathological doctrine that has ever been devised.

This doctrine, commonly known as the "germ theory," of disease, ascribes the cause of infectious diseases to the invasion of the body by, and the development therein of "pathogenic" micro-organisms, or "disease" germs.

For the last few decades the doctors of the self-styled "regular" school of medicine have been industriously inculcating this doctrine which postulates that most diseases

are of microbic origin and may be cured by the use of microbe-killers or germicides.

The adherents of this doctrine emphatically declare that the origin and development of all infectious diseases are certainly due to the growth and multiplication within our bodies of micro-organisms which have gained entrance thereto.

With an assurance born of enthusiasm the germists declare that bacteria not only cause disease, but also convey it from one person to another through the medium of the air we breathe, the water we drink and the food we eat.

The micro-organisms to which many diseases or morbid processes are alleged to owe their origin have been differentiated, isolated, cultivated, studied, described and pictured in vast numbers and great varieties.

The study of these minute organisms is called bacteriology.

The literature of this 'so-called "science" is prodigious, many elaborate works on the subject having been written and published.

Orthodox medical journals teem with lengthy dissertations on this fascinating subject which seems to have captivated the majority of medical men.

Every medical school and hospital has its professional bacteriologist who devotes himself almost exclusively to the study and cultivation of these supposed causes of disease, and to expounding to his classes the mysteries of this perplexing subject, the most striking features of which seem to be uncertainty, mutation and variability.

After all the learned researches and elaborate dissertations on this vexed subject, there appears to be no general agreement among bacteriologists respecting any particular phase of this pretended science.

I have been unable to observe any unanimity of opinion as to what bacteria are.

There seems to be no scientific definition or classification of these minute organisms.

There is no consensus of opinion as to what names they should receive.

They are called by many and various terms, such as disease-germs, bacilli, bacteria, microbes, etc.

There appears to be no general agreement among bacteriologists as to the real meaning of the above mentioned terms, which are based upon the morphological characters of these organisms which are subject to great variations.

Bacteriologists after all their "learned" researches and brilliant discoveries are not yet agreed as to whether these tiny creatures belong to the vegetable or the animal kingdom.

I have been unable to find any unanimity of opinion in the writings of those who contend for the pathogenic properties of these micro-organisms, as regards the precise role they play in the production of disease.

Some of the germists regard them as being distinctly and essentially disease-germs, each species being capable when implanted into the tissues of the body **under favorable conditions**, of bringing forth its peculiar disease, just as seeds implanted into the soil of the earth reproduce their respective plants.

Others contend that these bacteria cause disease by a sort of fermentation.

Still others, like Lister, in his Liverpool address, assert that:

> ***"The secretions of the bacteria possess poisonous qualities of astonishing intensity and cause disease by the toxic action of these secretions."***

The conclusions which Pasteur arrived at in his investigations were to the effect that:

> ***"Not the Bacteria but the Toxins produced thereby were the cause of disturbances in the human organism."***

So great is the confusion that reigns among the adherents of the "cult of the microbe" that the expectation that order will ever come out of such chaos seems well-nigh hopeless.

Bacterianism seems to be synonymous with variability.

Whereas, the earlier bacteriologists considered the microbe, per se, to be the "whole thing" in the causation of disease, and conceded nothing to predisposition or personal susceptibility, now the most radical hotspurs of the "cult of the microbe" maintain that nobody ever doubted the significance of external and internal influences.

This admission is in line with the same drastic shifting of attitude towards the fundamental problem as was ushered in by anti-microbic therapy with the transition from antisepsis to asepsis.

Is There Any Rigid Proof Available in Substantiation of the Claim That Micro-Organisms Are the Essential Etiological Factors in the Generation of Disease?

The presence of these tiny organisms in the lesions of a diseased body is not of itself sufficient evidence of their etiological relation.

It is admitted by orthodox bacteriologists that many cases of undoubted diphtheria, for instance have been met with in which not a single Klebs-Loeffler bacillus was found after careful and repeated examinations by competent investigators.

This circumstance, considered with the fact that "fully virulent" Klebs-Loeffler bacilli have been repeatedly discovered in the throats of large numbers of healthy children and adults who had not suffered from diphtheria and did not get it afterwards, makes it difficult for a logical mind to believe that the bacilli are the cause of this disease.

Bacteriologists now generally concede that the germ of tuberculosis is seldom found in a tuberculous patient during the first 3 months of the disease, and conclude, therefore, that the absence of the specific bacillus does not insure against the development of this disease.

A Hopeless Muddle

For instance, W. T. Councilman, MD, writer of the article on Tuberculosis in the last edition of the Reference Handbook of the Medical Sciences, defines tuberculosis as: "An infectious disease caused by the bacillus tuberculosis".

The statements throughout his article rest upon the unwarranted assumption that consumption owes its origin to the tubercle bacillus, and that in the absence of this parasite tuberculosis can not occur.

In the Medical Record of 29 July 1905, p. 166, was printed a paper from the pen of Dr Henry P. Loomis, MD (New York), whose opportunities for investigating tuberculosis have been, perhaps, as extensive as those of any man in America, in which he says:

> *"The analyses all showed that three and one-third months were the average time that elapsed from the actual beginning of the disease, as estimated from the history of physical examination and the first time tubercle bacilli were found in the sputum.*
> ***The presence in the sputum of tubercle bacilli is not by any means an early development in my estimation."***

The logic of the germ-hypothesists is past all understanding.

In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of the active bacillus typhosus, the supposed cause of typhoid fever.

The bacillus typhosus in cultures has also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed for the purpose of facilitating absorption, with no other effects than those usually resulting from the puncture of the hypodermic needle and the abrasion of the integument.

In like manner cultures of the "fully virulent" bacillus anthracis have been introduced into the tissues of the

healthy human organism — in every case without having produced any apparent morbid effect.

Into the apparently healthy human subject cultures of the so-called "virulent" Klebs-Loeffler bacilli have beeen inoculated without any apparent effect.

The bacilli have also been applied to the mucous membrane of the human fauces as well as to abrasions of the skin without having been followed by any appreciable effect.

There are also recorded instances in which it is stated that the tubercle bacilli in pure cultures have been repeatedly introduced into the body of the human subject by the various methods above mentioned without apparent effect.

Dried tuberculous sputum, which is regarded by the germ-theorists as the common vehicle of infection, has been introduced by insufflation into the lungs of the human body, and always with negative results.

It is stated that the sputum used in these experiments was procured by a competent bacteriologist from a patient dying of phthisis pulmonalis, carefully desiccated and ten grains of the dried sputum taken by direct insufflation into the lungs.

In all these experiments with the various "pathogenetic" bacilli not a single instance has been recorded of any disease whatsoever having thus been induced.

In the light of these experiments it would seem to be apparent that the germ-hypothesis of disease is a snare and a delusion.

Metchnikoff also says:

> ***"The bacilli of typhoid fever have been found in inhabited localities where typhoid fever has never been known to occur."***

These statements have been corroborated by many other bacteriologists and disputed by none.

Bacteriophobia And Health-Board Folly

By means of false premises and erroneous deductions the bacteriologists have established, in opposition to all reason and common sense, the dogma that all infections diseases are due to bacteria, and that all diseases in the lesions of which so-called "pathogenic" bacteria are found are infectious diseases.

This unsubstantiated teaching has unfortunately become so popular that it is a matter of common comment in the daily press, and the gullible public are driven to a morbid bacteriophobia lest some microbe alight upon them and set up disease.

The bacteriophobists who scent the bacillus everywhere tell us that we are constantly surrounded and menaced by these insidious foes; that the air we breathe, the food we eat, the water we drink, and the clothes we wear all swarm with these invisible enemies ever ready to assault us.

By this pernicious teaching the credulous public are led to believe themselves the defenseless prey of unseen enemies which constantly surround and threaten them.

On the baseless assumption that bacteria are the sole cause of disease many silly, obnoxious and oppressive health-board measures have been inflicted upon the public, and many laws antagonistic to public health and personal liberty have been passed by legislative incompetents at the instigation of medical factions.

I here recount a few of the many farcical and nonsensical proposals and recommendations that have from time to time been seriously advocated by the adherents of the absurd hypothesis called the "germ-theory."

It has been proposed and recommended that the hundreds of thousands of consumptives in the United States be removed from their homes and segregated in State sanitoria: that pest-houses for consumptives be established to which these unfortunates shall be transferred (by force if necessary), and that everybody and everything in the remotest degree related to consumption be placed under Health Board surveillance.

Many such preposterous measures formulated by Health-Boards, coupled with their hysterical declamations about the communicability of tuberculosis, have put consumptives before the public in the attitude of criminals, besides inflicting upon, this class of patients many other genuine hardships.

It has been recommended that all domestics be examined by official inspectors before being admitted into a household;

that all school pupils have their throats officially inspected every morning before entering school;

that all the children in our public schools be injected at stated intervals with antitoxin in order to immunize them against diphtheria;

that it is dangerous for even a healthy person to spit upon the side-walks;

that it is not safe for men to wear whiskers;

that it is dangerous to frequent the town post-office or the court-room unless these are daily disinfected;

that it is not safe to enter a department store, a theatre or a trolley car that is not daily fumigated;

that it is dangerous to receive letters written by a consumptive, or handled by consumptive clerks or carriers;

that it is not safe to use plates, cups, knives, forks, or spoons in restaurants or hotels because the simple rinsing of these articles in boiling water is not sufficient to kill the microbes;

that it is not safe to drink water which has not been sterilized;

that it is unsafe to eat vegetables that have not been washed in sterilized water;

that it is dangerous to eat the flesh of the bovine species until it has been cooked sufficiently to destroy the tubercle bacilli;

that for the same reason it is dangerous to eat butter, cheese, cream or milk that has not been Pasteurized." - Dr J. W. Hodge, MD, New York, in "Medical Century", March 1906.

Zoonotic Diseases "Caused" by Germs that Spread Between Animals and People Farce

*"**Zoonotic diseases** (also known as zoonoses) **are caused by germs that spread between animals and people.**" - in "Zoonotic Diseases", Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), 1 July 2021.*

"Key facts:

A zoonosis is any disease or infection that is naturally transmissible from vertebrate animals to humans

There are over 200 known types of zoonoses

Zoonoses comprise a large percentage of new and existing **diseases in humans**

Some **zoonoses, such as rabies, are 100% preventable through vaccination and other methods**

A zoonosis is an infectious disease that has jumped from a non-human animal to humans.

Zoonotic pathogens may be bacterial, viral or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water or the environment.

They represent a major public health problem around the world due to our close relationship with animals in agriculture, as companions and in the natural environment.

Zoonoses **can also cause disruptions in the production and trade of animal products for food** and other uses.

Zoonoses comprise a large percentage of all newly identified infectious diseases as well as many existing ones.

Some diseases, such as HIV, begin as a zoonosis but later mutate into human-only strains.

Other zoonoses can cause recurring disease outbreaks, such as Ebola virus disease and salmonellosis.

Still others, such as the novel coronavirus that causes COVID-19, have the potential to cause global pandemics." - in "Zoonoses", World Health Organization, UN, 29 July 2020.

"This last warning is given by the bacteriophobists notwithstanding **the fact that Koch, emphatically declared in 1901, after a thorough investigation, that the bacillus of bovine tuberculosis is a specific variety which does not produce human tuberculosis.**

Koch further announced that the bacillus of human tuberculosis does not cause tuberculosis in cattle.

From American Medicine, 31 December 1904, I quote the following:

> *"Recent news from Berlin states that the Imperial Commission appointed by the government to investigate Bovine and Human Tuberculosis.*
>
> ***Reports that investigation shows that Bovine and Human Bacilli are Absolutely Distinct, Biologically, and that one never changes, nor develops into the other."***

M. Rich, a French physician, in an article which appeared in "Modern Medicine," stated that he found 175,000 microbes in a cubic centimetre of ice, and recommended, therefore, that no ice be used until it has been thoroughly boiled.

Notwithstanding all this bacteriophobic excitement, lovers who remain true to the eternal laws of nature and ignore the changing postulates of medical theorists do not appear to be more frequently the victims of so-called germ-diseases than are the rest of mankind.

It now remains for some germ-crazed enthusiast to make the startling discovery that this germ infected planet is no fit abode for human beings who would better make haste in

"getting off the earth" than to remain here in constant dread and danger of being pounced upon by the ever-present disease germ.

All the above-mentioned recommendations and many more equally absurd and senseless have been seriously advocated in medical journals, orthodox medical works, and in treatises on bacteriology.

It has also been urged from the same quarters that for the purpose of carrying out these various recommendations a special corps of salaried medical directors, inspectors, assistant inspectors, fumigators and disinfectors be appointed by the health boards and paid by the people.

One has only to note the patent fact that physicians and the members of their families are not by any means more frequently attacked by infectious diseases than are other individuals, who have nothing whatever to do with infectious maladies.

Has the Discovery of the So-Called "Pathogenic' Bacteria and the Employment of Anti-Microbic Measures Been of Any Appreciable or Demonstrable Value in the Prevention or the Cure of So-Called Parasitic Diseases?

When Koch, in 1882 announced his wonderful discovery of the tubercle bacillus, and shortly thereafter introduced his wonder-cure (the tuberculin treatment), great were the hopes entertained that "the white plague" was soon to be banished from the earth.

But, alas, for medical theories and human prescience! What was proclaimed as the saviour proved to be the destroyer.

Tuberculin and all its modifications were found to be worse than useless to the phthisical patients on whom it was employed.

It was for a time, however, a great bonanza for the proprietor and purveyor of this high priced nostrum which at first commanded exhorbitant prices. Similar failures followed the use of all the antitoxic serums and antiseptic injection-preparations for the treatment of tuberculosis.

One after another was tried upon the sick with such positively baneful results that they had to be discarded.

Medicated inhalants, creosote, guaiacol, id genus omne, as well as scores of other nauseating "antiseptic" and "germicidal" remedies based on the theory of the bacillary origin of disease, have been tried upon the sick with injurious effects.

All the "specifics" and "sure cures" for consumption have one after another been relegated to the vast heap of forgotten baubles that in their day had also been mistaken for verities.

During the last 2 decades Billions of Dollars of the People's Money have been expended by our government in waging a relentless warfare against the invincible microbe, **and in carrying out absurd Health-Board measures based on the germ-theory**, for the prevention of this disease.

What has been the result of all this anti-microbic activity?

Has tuberculosis, pneumonia, typhoid fever or any other disease been "stamped out" or mitigated by this germicidal crusade?

Today after the lapse of nearly a quarter of a century since the discovery of the tubercle bacillus (the supposed cause of consumption), and after the assiduous employment of anti-microbic therapy and the use of prophylactic measures based on this "discovery," what do we find? Tuberculosis is still the greatest scourge of) the human race.

Many physicians, even among the unsuspecting adherents of the microbian doctrine, share these same views.

From the November (1905; issue of the "Medical Times" a staunch adherent of the "germ-theory" of disease I quote the following extract from an editorial on "The Trend of Modern Phthisiotherapy":

> *"It is indeed an odd phase of medicine that the specific cause of consumption having been so brilliantly discovered,* ***no means designed essentially for its destruction and elimination has been successful.***

Nay, worse than this, it is now generally agreed that such therapeusis has been actually baneful."

At the present writing I believe I am safe in stating that the consensus of opinion among the ablest exponents of old school therapy is that drugs of all kinds are worse than useless in the treatment of consumptives.

One allopathic authority whom I have already quoted goes so far as to declare that in his opinion not a case of consumption has ever been cured by any drug in the Materia Medica.

Disease Is Not Amenable to Drug Treatment

Cyrus L. Topliff, member of the "National Association for the Study and Prevention of Tuberculosis," in speaking of consumption, says:

"After several generations of study and experimentation the medical profession, of the entire world has finally come to the conclusion that this ***disease is not amenable to drug treatment."***

It is a sad commentary on the medical profession that notwithstanding the fact conceded by the ablest physicians of the old school that their drug-treatment of tuberculous patients is worse than useless, still the rank and file of allopathic practitioners go right on drugging, secundum artem, the unfortunate victims of this disease.

It is now generally agreed among the ablest practitioners and teachers of the old school that the only hope of salvation for the tuberculous patient is to be found in the remedies of old renown, viz;

Fresh Air,
Sunshine,
Nutritious Food,
Out-of-door life.

Pneumonia

Let us next turn to pneumonia.

Professor William Osler answer this question. "Pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally without a dose of medicine having been administered.'' (Practice of Medicine (fifth edition), by Wm. Osler, p. 134.)

"Many trials have been made of the curative value of anti-pneumococcic serum in the treatment of pneumonia. Thus far it has not been shown that the serum influences in any marked degree the course of the disease in man." (Practice of Medicine, pp. 113-114.)

"The Pneumonia Commission", whose proceedings were published by the Rockefeller Institute, have not resulted in any positive progress.

The best that can be gleaned from their report is of a negative character.

The Medical Standard has summed up the results of their efforts in the following statements:

1. The diplococcus lanceolatus was found in indiscriminate frequency and numbers in the secretions of healthy and pneumonious subjects
2. Several varieties of the germ were located, of which it was impossible to differentiate any special one as the pathogenetic organism of pneumonia.
3. The inoculation of the various species of lanceolatus into healthy animals furnished no sufficiently constant results upon which to base a principle of micro-organic etiology.

From an article by Geo. B. H. Swavze, MD of Philadelphia, Pa., which appeared in the Medical Times for October 1905, I take the following extract:

> *"Through the courtesy of the chief medical inspector I obtained these relevant official statistics.* ***In Philadelphia for the 6 years immediately preceding the adoption of this rigid bacterian repression by the local board of health, the average deaths from diphtheria were 490 annually. For the equivalent 6 years immediately following when these germicidal tactics were pressed into official vogue the deaths from diphtheria in Philadelphia numbered the significant average of 1,070 annually."*** *"Such," adds Dr Swayze, "is an authentic demonstration of the futility of fighting the helpless bacillus."*

The treatment of diphtheria by the anti-diphtheritic serum, he tells us, has been pushed in Philadelphia for all it is worth by the combined forces of the agents of the local board of health, by gratuitous distribution of serum, by the potential enginery of professional obeisance and by public fear.

What has all this costly warfare waged against the helpless microbe amounted to in the prevention or the cure of disease, and what good has come of all this meddlesome official interference with the rights and liberties of the people?

Has consumption, diphtheria, pneumonia, scarlet fever, typhoid fever or any other disease been "stamped out" by these germicidal crusades?

Let a distinguished and scholarly adherent of the germ-theory answer.

Prof. O. Rosenbach, MD of Berlin, an eminent old school clinician and teacher of wide experience, says:

> ***"In my opinion, neither by quarantine measures, nor by antiseptic deeds, nor by bacillary investigations are we able to prevent either the outbreak or the spread of any malady."*** *(Physician vs. Bacteriologist, 1905. by O. Rosenbach, p. 220.)*

Any person who has a modicum of common sense in his make-up can readily perceive that if the ubiquitous microbe

infests the world in such vast numbers as the bacteriologists allege, it is wholly impracticable and utterly impossible to materially diminish the risk of encountering them and utterly hopeless to attempt to escape them by concerted efforts at their destruction.

The present status of the "germ-theory" may be briefly summed up in the following words of one of its ablest exponents:

> ***"Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease."***

The above quotation is from an address delivered by Dr. Rudolph Virchow at the thirteenth triennial session of the International Medical Congress held in Paris in 1903 Virchow's candor and honesty deserve the admiration and respect of every lover of truth.

Medical Delusions, Past and Present

Medicine, like millinery, has its fashions and fads.

The practices of one generation of doctors become the laughing stock of the next.

About 100 years ago it was the prevailing fad with the self-styled "scientific" doctors popularly known, as allopaths to inoculate into the bodies of well people the contagion of small-pox under the pretext of "stamping out" small-pox.

The wholesale inoculation of healthy communities with the infectious matter of small-pox was at that time recommended and practiced just as vaccination is to-day.

This ruinous custom rested on the preposterous theory that small-pox could be eradicated by disseminating its contagion among the people.

At the time of its introduction variolous inoculation was hailed by the doctors of the "regular" school as the greatest and grandest of medical discoveries, and the encomiums lavished upon it equalled those that have since been

bestowed upon vaccination.

While in vogue, small-pox inoculation was always spoken of by orthodox medical teachers and writers as "one of the best attested facts in medical science."

In 1754 this loathsome rite was authoritatively sanctioned by the Royal College of Physicians (allopaths), who pronounced it "highly salutary to the human race."

In spite of the frightful havoc wrought by variolous inoculation, this disastrous delusion continued to flourish for more than 150 years.

Probably more than all other things combined this practice contributed to keep small-pox alive by constantly disseminating its infection among the people.

Viewed in the light of our present knowledge, small-pox inoculation is seen to be a disastrous delusion.

Instead of being the "entirely harmless and beneficent invention" that it was claimed to be in 1721, it was found to be so pernicious a practice and so destructive of public health as to be branded a crime in 1840, when it was found necessary for a British Parliament to make it a penal offense.

Alas, for medical theories and human prescience!

What had been proclaimed as the savior proved to be the destroyer.

Under the sway of this disastrous rite hecatombs of human victims were sacrificed on the bloody altar of this medical Moloch.

We smile with pity at **the credulity and ignorance of those who were led to believe in such glaring absurdities, but it is no laughing matter when unwilling parents are urged by Health Board Officials, and almost forced by law, to submit their healthy children to the assaults of the official vaccinators** who are willing to pollute their pure blood with the poisonous matter from a sore on a diseased beast.

It is indeed a deplorable state of affairs when a mere hypothesis is forced into the position of a dogma, adopted as infallible, and made to dominate the actions of daily life, and especially when men of learning become partisans of erroneous teaching, lose their common sense judgment and

act in obedience to some ancient authority.

No doubt many of the Century's readers remember the craze which swept over the medical profession when Lister announced his views on the presence of disease-germs in the air, and his elaborate plan for their extermination by means of his famous carbolic spray.

I need hardly remind my readers that Lister's views and practice were received with acclamation and adopted with enthusiasm in almost every part of the world.

In Austria, Germany and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister received the most fulsome adulation from every quarter. Through the fame acquired by his ridiculous proposal to get rid of imaginary disease germs in the air by means of his carbolic spray machine he was made a peer.

The English Government. wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and injurious plan for killing disease-germs.

It is needless to state that Lister's carbolic spray machine together with all its accessories has long since been discredited and discarded by the entire medical profession.

Listerian antiseptics rested on the absurd hypothesis that the air contained the germs which were the most active and pernicious in producing disease.

This theory proved to be as empty as a soap bubble. It is now conceded by the germ faddists themselves that air contact is the least to be feared of all.

Thus do the medical fads of one generation of "scientific" doctors become the laughing stock of the next.

From the Lancet (London) of 24 February 1900, I quote the following:

> *"Until 50 or 60 years ago disease was regarded as an entity distinct from the body, to be expelled from it by drugs, whereas we how regard it as a state affecting the entire man."*

If I may be permitted to prophesy, I venture the prediction that the "germ-theory" of disease will in due time follow the long procession of medical blunders into the limbo of exploded pathological doctrines." - Dr J. W. Hodge, MD, New York, in "Medical Century", March 1906.

The Immunisation of the Masses

"The Immunisation of the Masses has been undertaken with almost a religious fervour.

The enthusiast rarely stopped to wonder, where it would all finish, or whether the fulsome promises made to the public in the form of "Propaganda" would ever be honoured.

Without propaganda, there can, of course, be no large-scale immunisation.

But how perilous it is to mix up propaganda with scientific fact.

If we baldly (in plain or basic language), told the whole truth it is doubtful whether the public would submit to immunization.

Accidents and mistakes must inevitably happen, and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition.

Those who have had to take detailed notice of the immunisation accidents of the past few years, know that to get the truth of what really went wrong generally calls for the resources of something like the secret service." - Dr Charles Cyril Okell, MD, Past Professor of Bacteriology, University College Hospital, London, Editor of The Journal of Hygiene, in "From a Bacteriological Back-Number", The Lancet, 1 January 1939.

"Charles Cyril Okell, attained an outstanding position in his particular field of science and exerted an influence that spread far beyond it.

In 1921 he joined the staff of the Wellcome Physiological Research Laboratories, where he worked for nearly 10 years.

In 1921 he took his bachelor's degrees in Medicine at Cambridge and membership of the Royal College of Physicians in 1932.

He was equally attracted by the practical application of the reagents he helped to prepare and standardise in the prevention and treatment of disease.

He never fell into the error of regarding the walls of the laboratory as the natural boundaries of medical science or of believing that the general principles that applied within them were inapplicable in the world outside.

It appeared to him merely stupid to take great care to determine the effect of immunological reagents on experimental animals without taking equal care to measure their prophylactic or therapeutic effect in man." - in "Charles Cyril Okell", The Journal of Pathology, 1939.

"The Journal of Hygiene has sustained a grievous loss by the death on 8 February of its editor, Dr Charles Cyril Okell.

When it became necessary to appoint a successor to the late Prof. G. H. F. Nuttall at the end of 1937, it was apparent to all who knew him that Okell was pre-eminently suited for the post.

He had wide knowledge and experience of many aspects of preventive medicine, to the science of which he had himself made notable contributions.

He had also a retentive memory and a fluent pen, and his leanings towards journalism, which found little scope during the early stages of his medical career, reasserted themselves towards its close.

From 1930 onwards he gave much of his spare time to reviewing bacteriological literature, and from 1932 to 1937 he acted as assistant editor of the Journal of Pathology and Bacteriology.

In the autumn of 1937 he had to retire from his Chair of Bacteriology in the University of London because of a distressing and crippling polyarthritis, but the malady appeared to have become quiescent, leaving him weak in body but with his brilliant intellectual faculties unimpaired.

His many friends had hoped that the destiny of this Journal would be under his tutelage for many years. Unfortunately his term of office was ended all too soon.

Okell took the M.B., B.Chir. Cambridge, and obtained the M.R.C.P., London, in 1921 and the D.P.H., London, in 1923.

Later he extended his knowledge of tropical diseases, and obtained the D.T.M. and H. in 1930.

In 1921 he joined the staff of the Wellcome Physiological Research Laboratories as assistant bacteriologist under the late A. J. Eagleton, and from 1923 to 1930 was head of the bacteriological department.

During this period he had extensive experience of research in bacteriology and allied subjects and of the application of the results of laboratory investigations to field work in preventive medicine.

He had exceptional opportunities for studying the various directions in which the bacteriologist and the public health officer or fever hospital physician could be mutually helpful both in research and routine.

Between 1921 and 1930 Okell made a number of contributions, either alone or in collaboration with others, to the bacteriology and immunology of diphtheria, scarlet fever, and other streptococcal infections, tuberculosis, leptospiral jaundice, bacillary dysentery and other diseases.

He was closely associated with some of the earliest work in the British Isles on modern methods of prevention of diphtheria.

He had extensive experience of the Schick test and active immunization, and described a new method, which involved the use of the Schick test, for controlling an outbreak of diphtheria. The newer forms of diphtheria prophylactic [Toxoid (1924), Toxoid-Antitoxin-Floccules (1926), and Alum Precipitated Toxoid (1930)] were in the first instance either tested by him or with his collaboration.

He also studied the Ramon flocculation test, the intradermal virulence test in the guinea-pig, and the relationship between virulent and avirulent diphtheria bacilli.

Okell was also associated with the introduction into this country of the Dick test and active immunization against scarlet fever.

The first Dick test in England was made on his forearm.

The toxin he had prepared was a potent one, and produced a large reaction with "pseudopodia" and red lines along the lymphatic channels of his arm.

He investigated the nature of dysentery (Shiga) toxin and the titration of the antitoxin and made them the subjects of useful papers." - in "The Journal of Hygiene", May 1939.

Novel "Coronavirus" Transmission Farce

"At this stage, **there is no clear evidence of human-to-human transmission in the novel coronavirus (2019-nCOV)** outbreak in Wuhan, China. However, the Chinese authorities continue intensive surveillance and follow-up measures, including environmental investigations." - in "World Health Organization", **12 January 2020.**

"Preliminary investigations conducted by the Chinese **authorities have found no clear evidence of human-to-human transmission of the novel coronavirus (2019-nCOV)** identified in Wuhan, China." - in "World Health Organization", **14 January 2020.**

We Were Shocked to Find Out

"We found out yesterday, when we asked if Pfizer tested their medical product [Covid-19 Vaccine], [it] is stopping the spread of the virus?

We were shocked to find out, that I haven't tested their [Covid-19] Vaccine to see if it's stopping the spread of the virus!

So, we are now more than a year after the Green Certificate, the Digital Covid Certificate was imposed in the European Union, and people were forced to be vaccinated with the medical product [Covid-19 Vaccine], in order to exercise their basic fundamental rights.

We find out now, after more than a year, that when they requested the special marketing authorization, they haven't tested the vaccine to see if it's stopping the spread of the virus.

We heard yesterday, I was shocked.

There's another issue right now raised all across Europe **the excess mortality rate in the month of July according to Eurostat in the month of July 2022 the exact mortality rate all across European Union went up 16% more than the average of 2016 and 2019.**

The countries with the highest vaccination rate have right now the highest mortality rate so obviously we asked is there a connection between being vaccinated and having a higher mortality rate everybody's avoiding answering this.

There's another issue, a year ago I requested European Medicines Agency (EMA) to submit some details, and data to me, because I wanted to have an informed decision when I voted in favour or against the Green Certificate, and one of the questions that I asked the European Medicines Agency (EMA) [was] to send me the all the Clinical Trials, that all these medical companies had done either in animals or in humans, before they requested the marketing authorization.

So in the case of Pfizer, here's something interesting: when Pfizer submitted the information and the Clinical Trials, they submitted along with the request, they **[Pfizer] submitted a Clinical Trial that started in 14 January 2020.**

I asked yesterday, the representative of Pfizer and she declined to answer.

How is it possible that we the world found out in December of 2019 that there is a Covid or Coronavirus as is called in China December of 2019 on 11 January 2020 the Chinese Government released the DNA data, or a segment of it to the public, and 3 days later, Pfizer already started the tests for this vaccine.

How is that possible?

She did not answer!

In the case of Moderna, and, I've asked the CEO of Moderna 3 weeks ago, when he was here [EU], they submit the trials since 2017.

How is it possible that when we found out in December of 2019 about this virus they submitted tests of their vaccines [two] years before we found out about the virus.

And I'm still asking that question now how is that possible?

So, these are the legit questions that we all asked, and that people are asking us, and unfortunately they are declining to answer." - Francesca Donato, MEP, (Italy), Cristian Terhes, MEP (Romania), Virginie Jeron, MEP (France), Sylvia Limmer, MEP (Germany), Ivan Sincic, MEP (Croatia), Christine Anderson, MEP (Germany), in "Members European Parliament, Press Conference the day after Albert Bourla, Pfizer CEO, refused to participate in the EU Covid Committee and answer questions in front of European Parliament", 11 October 2022.

"Viruses" in Sewage by PCR Test Farce

"More than 140 virus types that cause a broad variety of illnesses in humans can be found in water as a result of contamination with waste. Sewage influent contains pathogens shed by infected individuals, and the molecular detection and characterization of human viruses in urban sewage has been used extensively to derive information on the viruses circulating in a given population.

Several of these viruses have been implicated in waterborne outbreaks of gastroenteritis including rotavirus A (RV-A).

Despite the difficulty in determining the proportion of gastroenteritis cases resulting from waterborne infection, a significant percentage of the cases can be associated with poor water quality." - in "Detection of rotavirus A in sewage samples using multiplex qPCR and an evaluation of the ultracentrifugation and adsorption-elution methods for virus concentration", Journal of Virological Methods, December 2010.

Detection of Viruses by Real-Time qPCR

"Most of the fecal-oral-transmitted viruses are highly resistant in the water environment, where they may persist at high levels despite the decontamination processes commonly used for drinking water and sewage treatment.

Most of them are nonenveloped viruses, such as norovirus, enterovirus, Aichi virus, parechovirus, hepatitis A and E viruses (HAV and HEV, respectively), astrovirus, rotavirus, and adenovirus (Ad).

These viruses cause outbreaks or sporadic cases with a wide range of symptoms from mild to severe gastroenteritis to meningitis, respiratory disease, conjunctivitis, paralysis, or hepatitis.

Human norovirus (HuNoV), a positive-sense RNA virus, is one of the leading gastroenteritis agents and has become an increasing public concern worldwide.

Most persons infected with enterically transmitted viruses shed large amounts of virus in feces for days or weeks, both before and after onset of symptoms. Therefore, viruses causing gastroenteritis may be detected in wastewater, even if only a few persons are infected.

In this study, the presence of eight pathogenic viruses (norovirus, astrovirus, rotavirus, adenovirus, Aichi virus, parechovirus, hepatitis A virus [HAV], and hepatitis E virus) was investigated in sewage to explore whether their identification could be used as an early warning of outbreaks.

Primers for hepatitis A virus (HAV), hepatitis E virus (HEV), rotavirus, adenovirus, Aichi virus, astrovirus, and parechovirus were used at a concentration of 600 nM, and the primers for norovirus detection were used at a concentration of 900 nM.

A 200 nM concentration of the probes was used in the quantitative PCR (qPCR) for 7 of the viruses.

The approach used in this study with molecular-based qPCR may increase the level of detection of the investigated viruses. However, it may also detect genomes from noninfectious virus particles.

Even if only viral fragments are identified, it will still give a good indication as to which viruses circulate in the population and which viruses infect persons that do not seek medical attention.

Future studies should also include viruses that are excreted in urine and investigate the presence of additional enterically transmitted viruses in order to get a powerful tool that can be used for both epidemiological purposes and early warning of outbreaks." - in "Detection of pathogenic viruses in sewage provided early warnings of hepatitis A virus and norovirus outbreaks", Appl. Environ. Microbiol., November 2014.

"Viruses are ubiquitous and persistent in raw wastewater and treated wastewater as well as in the receiving water bodies. One of the main sources of viruses, including viral pathogens in wastewater is the human fecal matter, particularly that from infected persons.

High-throughput sequencing has been used in the comprehensive studies of wastewater treatment systems, allowing for a large number of samples to be processed simultaneously.

This approach has been shown to be important in studying the fate of viruses during and after wastewater and sludge treatment processes, in evaluating efficiencies of the treatment systems, and in identifying paths of transmission of human diseases through exposure to wastewater or sludge.

Research needs identified in this review include further validation of the processing methods for wastewater samples, with a specific focus on ascertaining concentrations of emerging viruses such as SARS-CoV-2 using seeded samples.

Further validation of assays that use primers specific to SARS-CoV-2 in wastewater matrices should also be conducted.

Further studies should also include SARS-CoV-2 infectivity assays of influent, effluent and sludge samples.

Future research on the presence of viruses in aerosols emitted from wastewater or sewage systems must also be conducted.

The development of rapid, and sensitive methods could also be considered to complement the molecular methods to provide timely information about presence and abundance of viruses in wastewater samples, as part of routine monitoring or as part of a WBE approach to investigate ongoing or emerging disease outbreaks." - in "Viruses in wastewater: occurrence, abundance and detection methods", Sci. Total Environ., 25 November 2020.

Infection Occurred Through Respiration of Aerosols Created by Toilet Flushing or Faulty Plumbing Systems

"It was suggested that the SARS-CoV-1 infection occurred through respiration of aerosols created by toilet flushing or faulty plumbing systems.

Similar to SARS-CoV-1, RNA of the newly emerged SARS-CoV-2 has been detected in stool samples as well as wastewater.

Therefore, it has been postulated that wastewater, a sustainable source of freshwater, could be an indirect infection pathway during SARS-CoVs outbreaks.

Entry of the virus into the sewer system results in a variety of potential transport pathways that must be considered in the context of faecal–oral transmission." - in "Rethinking wastewater risks and monitoring in light of the COVID-19 pandemic", Nature Sustain, December 2020.

Sewage Could Reveal True Scale of Covid Pandemic

"Wastewater testing could also be used as an early-warning sign if the virus returns.

More than a dozen research groups worldwide have started analysing wastewater for the new coronavirus as a way to estimate the total number of infections in a community, given that most people will not be tested.

The method could also be used to detect the coronavirus if it returns to communities, say scientists.

A microbiologist at KWR Water Research Institute, Netherlands.

Monitoring effluent at this scale could provide better estimates for how widespread the coronavirus is than testing, because wastewater surveillance can account for those who have not been tested and have only mild or no

symptoms, who has detected SARS-CoV-2 genetic material — viral RNA — in several treatment plants in the Netherlands.

Health authorities are only seeing the tip of the iceberg." - in "How sewage could reveal true scale of coronavirus outbreak.", Nature, 3 April 2020.

KWR Water Research Institute

"Water is the basis of life.

It is essential for nature, people, food production and economic development. The availability of sufficient clean water has become a societal issue all over the world.

In our water-wise world research programme we work on the optimal organisation and management of the water cycle, with a circular economy as a key driver and the United Nations (UN) Sustainable Development Goals in mind.

KWR has been a Collaborating Centre (CC) on Water Quality and Health of the World Health Organization WHO since 2013.

As a CC, KWR engages in a range of activities in the service of global public health.

KWR is a Collaborating Centre (CC) on Water Quality and Health of the World Health Organization, a specialised organisation of the United Nations. This designation was renewed for the second time in late 2021.

Working under the WHO umbrella, CCs can initiate their own research. WHO is a major player in the field of international health policy.

Through CCs, WHO gains access to the high-quality institutional capacity it needs to do its work and attain its objectives. Among other things, KWR provides specialist advice based on more than 50 years of research in water quality and health. CCs enter into long-term alliances with WHO. Worldwide, 13 CCs in the field of water and sanitation collect data for WHO reports, organise meetings or develop guidelines.

"WHO collaborating centres are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programmes.

Currently there are over 800 WHO collaborating centres in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies." - in "Over 800 institutions in over 80 countries supporting WHO programmes", Collaborating Centres, United Nations, 1 August 2023.

Bridging Science to Practice

"Bridging Science to Practice" is KWR's motto.

Our researchers work at the interface of science, business and society.

We have built a solid reputation as top-level innovation accelerators and international network builders, and increasingly play a coordinating role in national and international collaborations.

Our global, European and national ambitions, which are further explained in our mission statement, have been translated into 5 KWR research programmes that make a concrete contribution to this:

1. Health
2. Sustainability
3. Society
4. Looking ahead
5. Enabling technologies

To make this water-wise world possible, KWR wants to build bridges between science and practice at all these levels.

This is the only way we can realise technical and social solutions.

We consider water in the broad context of the Water-Energy-Food Nexus.

The Circular Economy is already leading in many of our research initiatives.

The KWR Water Research Institute is part of The Global Water Research Coalition (GWRC), a global network of leading research institutes in the water sector, which is dedicated to research and knowledge sharing." - in "KWR Water Research Institute", 1 August 2023.

The Global Water Research Coalition

"The Global Water Research Coalition (GWRC) is a non-profit organisation that serves as the collaborative mechanism for water research.

he aim of the GWRC is to leverage funding and expertise amongst the participating research organisations, coordinate research strategies, secure additional funding not available to single country research foundations, and actively manage a centralised approach to global issues.

The present members of the GWRC

Canadian Water Network (Canada)
KWR Water Cycle Research Institute (Netherlands)
PUB (Singapore)
Suez (France)
Stowa - Foundation for Applied Water Research (Netherlands)
DVGW TZW- German Water Centre (Germany)
UK Water Industry Research (UK)
Veolia (France)
Water Research Australia (Australia)
Water Research Commission (South Africa)
Water Research Foundation (US)
Water Services Association of Australia (Australia)" - in "The Global Water Research Coalition", 1 August 2023.

Workers To Be Kept Safe From Covid-19 In Sewage

"The controls already in place to protect persons working around wastewater are based on keeping workers safe from much more readily transmissible and established faecal-oral pathogens (such as norovirus, adenovirus, hepatitis A virus, Cryptosporidium, Giardia and Campylobacter).

The key point is that existing, standard approaches, already used for working safely with wastewater, still apply, and no special or specific changes need to be made due to the COVID-19 Virus.

The COVID-19 Virus is just one of many pathogens including viruses potentially present in wastewater." - in "COVID-19 Virus", The Global Water Research Coalition, 25 May 2020.

The Profitable Search for the So-Called "Virus"

"No fund would be available for financing the search for causes of morbid conditions which have none in the generally accepted meaning of the word "cause," and no Institutes would have been founded for the express purpose of discovering the nature of a manifestation of disease, which is impossible without discovering the nature of disease itself.

In 1897 a fund was raised for the purpose of financing the search for the cause of cancer.

As all the progress which has been made during the past 50-odd years has resulted in the knowledge of more and more about cancer cells, and particularly about the so-called "virus" which may be found in them, and less and less about the nature of cancer, the suggestions inevitably follow that possibly, in the first instance, the raising of the fund was a mistake; and secondly, that it led to the wrong approach being made in the attempt to solve the very

problem for whose creation the raising of the fund may have been responsible.

I will examine these suggestions in greater detail below, and if they are found to be valid, I will attempt to discover an approach which promises a greater hope of solving the problem than does the one that is being made at the present time.

The year 1897, when the fund for cancer research was opened, merely marked a peak in the present practice, and it was the fruit of the barren idea that the raising of money would facilitate the making of discoveries.

In proof of the barrenness of that idea are the facts that all the medical discoveries of the present century have been the results of accidents; that cancer has been made a problem such as it never was in the ancient period; and that the list of problems which cancer heads has been steadily added to ever since the time **when what is no more than a morbid condition was advanced to its present false position of being a disease.**

No hope exists of solving any of these problems, until they are removed from that list and restored to the general picture of disease as a whole, the approach to which must once again be made by the front door of health, and by the re-employment of the old general principles in their modern guise." - Dr J. E. R. McDonagh, FRCS, in "The Nature or Disease", 3rd Annual Report 1951.

Medical Trade Virus Theory

"The role of theories is not to be exact, but to be useful." *- Henri Poincaré*

Varicella-Zoster Virus Farce

"Shingles (Herpes Zoster)

Clinical Overview: Herpes zoster, also known as shingles, is caused by the reactivation of the Varicella-Zoster Virus (VZV), the same virus that causes varicella (chickenpox).

Primary infection with VZV causes varicella. Once the illness resolves, **the virus remains latent in the dorsal root ganglia. VZV can reactive later in a person's life** and cause a painful, maculopapular rash called herpes zoste

Complications: Postherpetic Neuralgia (PHN) is the most common complication of herpes zoster. PHN is pain that persists in the area where the rash once was for more than 90 days after rash onset. PHN can last for weeks or months, and occasionally, for years." - in "Shingles (Herpes Zoster)", National Center for Immunization and Respiratory Diseases, Division of Viral Diseases, CDC, 5 October 2020.

The Etiology and Osteopathic Manipulative Treatment in 17 Cases of Herpes Zoster

"In a series of 17 cases of herpes zoster, Cressman found articular lesions in all but 2. The lesions presented involved the vertebrae, ribs, or sacroiliac joints, and in every instance they showed a direct segmental relationship to the pain and eruption.

No case failed to respond to lesion correction.

Even in the 2 cases where specific lesions were not found, manipulative treatment given empirically to increase mobilization of the joints involved brought about satisfactory results.

The manipulative treatment in all of the cases was performed as quickly and with as little trauma as possible.

No other manipulations such as soft tissue treatment were given.

Most patients received only a single treatment.

No sedatives were needed.

In 7 cases, treatment was given in the early stage of the disease, at the onset of neuralgic pain or at the first appearance of the eruption. In these cases the attack was unusually mild, the so-called abortive herpes zoster.

The question may well be asked: "Why does the virus select and affect certain of the sensory nerves and not others?"

The answer may be found in a traumatic factor, such as the osteopathic articular lesion. In addition, herpes zoster often follows trauma to the head or spinal column, following tooth extraction, lumbar puncture, etc. Pressure on the sensory neurone as a result of spinal caries, tumor, etc., may also be a factor." - Dr Edwin H. Cressman, DO, in "Concerning the Etiology and Osteopathic Manipulative Treatment in Seventeen Cases of Herpes Zoster", The Osteopathic Digest Philadelphia, November, 1938.

"Osteopathic Manipulative Treatment (OMT) included: correction of cranial strains, inhibition, myofascial release,

balanced ligamentous tension, and facilitated positional release. In one week, the patient reported a reduction in pain from 10/10 to 2/10.

Two weeks later, he reported complete resolution of his initial symptoms.

OMT ensures the restoration of normal anatomical structure and therefore function through correcting somatic dysfunction, providing optimal conditions for body to heal itself, normalization of blood supply, peripheral nervous system regulation, muscle tone and lymphatic drainage therefore providing pain relief and reducing the need for additional medications.

OMT can be successfully used as an adjunct therapy in cases of Herpes Zoster and Postherpetic Neuralgia (PHN)."
- Dr Mikhail Volokitin, DO, et al., in "Osteopathic Manipulative Treatment of Herpes Zoster Ophthalmicus/Postherpetic Neuralgia", Cureus Journal of Medical Science, 8 May 2021.

Chapter 12

The Virus Farce

A Theory Which Attempts To Reduce The Complex Epidemic Process To A Single Microbial Factor

''**All Truth Passes through 3 Stages:**

1st it is Ridiculed.
2nd it is Violently Opposed.
3rd it is Accepted as Self-Evident.'' - Arthur Schopenhauer

"Why are common infective diseases not of deadly virulence?
Death of host involves death of organism.
Invasion of tissues by virulent saprophyte involves change in foodstuffs - relationship between altered metabolism and acquirement of toxicity - possibly a change in excretion following change in assimilation -
Experimental Evidence:
(a) B. coli does not attack proteid if carbohydrate present,
(b) B. diph. does not yield toxin if much carbohydrate present - suggest toxins may result from alteration in food material.
Altered metabolism of saprophyte facilitates invasion of tissues - *this supposed alteration in metabolism does not always confer toxicity* ***- toxins may be regarded as an excretion or as a secretion - or as product of enzyme****." - Dr S. Gurney-Dixon, MD, in "The Transmutation of Bacteria", 1919.*

"Another theory as to the etiology of colds is that of a filtrable virus as brought forth by Kruse in 1914, but this theory was also definitely demonstrated as being untenable through a

series of experiments by Robertson and Graves in 1924. *" - Dr Volney S. Cheney, MD, in "The Common Cold Etiology, Prevention and Treatment", American Journal of Public Health and the Nations Health, January 1928.*

"When the Dutch microbiologist Martinus Willem Beijerinck published his findings in 1898, he called the infectious, ***filtered substance*** *contagium vivum fluidum -* ***a contagious, living fluid****. As a shorthand, he reintroduced the word* ***"Virus"*** *from the Latin for a* ***Liquid Poison*** *to refer specifically to this new kind of pathogen. The early pathologist added to the porcelain filter experiments with a second kind of filtration system that used a gelatin called agar to prove that no microorganisms survived the first filtration. Bacteria get stuck on top of the gelatin, but the* ***mysterious mosaic-causing pathogen diffused through it****. By re-filtering the pathogen from an infected leaf and using it to cause mosaic disease on another plant,* ***but strangely, it couldn't reproduce without them****." - Theresa Machemer in "Smithsonian Magazine", 24 March 2020.*

If the particles where living things, living cells they would be attached to the agar, obviously the size and nature of the poisonous substance the effete matter of bacteria would not attach to the agar, which is a nutrient for a living cell, since the excrement is not a living cell needs not to attach itself to the nutrient agar medium. **The Virus Theory is based in the fallacious presumption, that a single organism (if it ought to exist), would be able to provoke death to animal and human life. This is a theory of fear, of terror, to terrorise the population into compliance, submission. And for what?** What aim? What is the agenda? **The virus hypothesis is based either: on fraud, or upon uneducated guesses. The virus theory** is repudiated by logic and **contradicts the Sciences of Biology, and of Chemistry.**

If one is conscious of the published research (meaning that the evidence of facts of common clinical knowledge), it

rests only to the view, that the interpretation of events, as they have arouse, in the early weeks of January 2020, concerning the mediatic events, in **a single hospital in China**, and then those images from **a single Hospital in Italy**, where the **enacting of a deliberate scare pandemic.**

Covid-19
2019 – 2021

Country	Deaths	Population
Slovakia	**8037**	**5 Million**
Greece	6797	10 Million
Guatemala	6479	16 Million
Panama	5934	4 Million
Israel	5922	9 Million
Croatia	5621	4 Million
Bosnia	5297	3 Million
China	**4838**	**1.398 Billion**

Source: COVID-19 Map - Johns Hopkins Coronavirus Resource Center, 9 March 2021.

China	Date	Covid-19 Deaths
Population	**9 March 2020**	**3,140**
1.398 Billion	**9 March 2021**	**4,838**

Source: COVID-19 Map - Johns Hopkins Coronavirus Resource Center, 9 March 2020; 26 February 2021.

Is 4,838 in 1,398 Billion Citizens a Pandemic?

"The viruses are only increasing in a body damaged by drugs and toxins, in order to help eliminate the waste. If it must, they destroy the whole of the still living human being, who has culpably transformed himself into a waste bucket." - Franz Konz (1926-2013)

The Similarity Between ACE-Inhibitor Cough And Covid-19 Cough

Bradykinin is a peptide that promotes inflammation. A class of drugs called angiotensin converting enzyme inhibitors (ACE Inhibitors) increase bradykinin levels by inhibiting its degradation, thereby increasing its blood pressure lowering effect.

ACE inhibitors are FDA approved for the treatment of Hypertension, and Heart Failure, they work by causing relaxation of blood vessels as well as a decrease in blood volume, which leads to lower blood pressure and decreased oxygen demand from the heart.

Frequently prescribed ACE inhibitors include:

1. Benazepril.
2. Zofenopril.
3. Perindopril.
4. Trandolapril.
5. Captopril.
6. Enalapril.
7. Lisinopril.
8. Ramipril.

Common side effects include: low blood pressure, cough, hyperkalemia, headache, dizziness, fatigue, nausea, and kidney impairment.

"The first clue was really that severe Covid-19 infection was more common in hypertension, and hypertensive patients are really not predisposed to infection at all, so that was very odd.

ACE-2, that's an enzyme that's well known to cardiologists.

I knew in particular that ARBs cause very substantial overexpression of ACE-2.

So that suggested perhaps this predisposition to severe

Covid-19 infection in hypertension could possibly be a drug effect mediated by ARBs which upregulates ACE-2, and potentially predisposes to infectivity but also in particular, severe infection." - Professor Murray Esler, in "ACE-inhibitors, ARBs and Covid-19: What GPs need to know ", News GP, 18 Mar 2020.

Why Is Hypertension Appearing to Be a Primary Driver of Covid-19?

"The incidence of hypertension is noticeably high in patients with COVID-19 and the high degree of targeting of older individuals is very unusual.

A recent study (Covid-19 in a Long-Term Care Facility, King County, Washington, 27 February 9 March 2020), by the US Centers for Disease Control and Prevention, CDC, regarding the Kirkland Nursing home observed:

"**The Most Common Chronic Underlying Conditions** among facility residents, were:

1. Hypertension 69.1%
2. Cardiac Disease 56.8%
3. Renal Disease 43.2%
4. Diabetes 37.0%
5. Obesity 33.3%
6. Pulmonary Disease 32.1%."

- Kevin Kavanagh, MD, in **"Evidence Continues to Link ACE Inhibitors to Severe Covid-19 Symptoms"**, Infection Control Today, 26 March 2020.

"Hypertension is one of the most frequent coexisting chronic conditions among patients with COVID-19." - Dr Franz Wiesbauer, MD, in "Covid-19 Update 19: ACE Inhibitors and Covid-19", 8 May 2020.

The similarities between the ACE-Inhibitor cough and the cough of Covid-19 prompted Dr Colin Brown, MD to investigate further.

"Our proposition is that the Covid cough is directly caused by bradykinin as well as by damage in the lung." *- Dr Colin Brown, MD in "Is Bradykinin Responsible for Covid-19 Cough", 26 August 2020.*

"The clinical presentation of patients with Covid-19 and ACE2 modulation are strikingly similar.

For example:

Endotoxin inhalation in a mouse model causes a drastic reduction in pulmonary ACE2 activity, and the extended longevity of des-Arg9-bradykinin exacerbates lung inflammation, with a presentation similar to Acute Respiratory Distress Syndrome (ARDS) as seen in patients with Covid-19.

An impairment of cytokine degradation, evident by an increase in the level of C-reactive protein, **has been implicated as being the primary mechanism of angioedema under the use of ACE inhibitor drugs, which greatly resembles the dramatic release of proinflammatory cytokines caused by SARS-CoV-2 infection.**

C-reactive protein also stimulates interleukin-6.

Both C-reactive protein and interleukin-6 **have been shown to be above the normal range in most patients with Covid-19 and C-reactive protein was shown to be elevated in both cases of angioedema in patients with Covid-19.**

Patients with Covid-19 also have markedly elevated plasma angiotensin II level that is linearly associated with viral load and lung injury.

Interestingly enough, the characteristic side effect of ACE inhibitor therapy, a dry cough, closely resembles the coughing in patients with Covid-19 as well." - Dr Ekjot Grewal, MD, et al., in "Angioedema, ACE inhibitor and COVID-19", 9 September 2020.

Etymology of the Word Virus

*"**English Etymology of the Word Virus:***
*Borrowed **from Latin vīrus "poison, slime, venom"**, via rhotacism from Proto-Italic weisos, from Proto-Indo-European wisós "**fluidity, slime, poison**"." - in "Virus", Wikipedia, 2021.*

If, the science of Virology is true (and we accept it as Gospel), then, both the Sciences of Biology, and of Chemistry have to be wrong.

For Virology, contradicts both the same Scientific bases of Biology, and of Chemistry.

In the following pages, it will be shown, in great educational and minute detail, that the Medical Trade "virus theory", like the much of its modern "science", is not Gospel, it is a lie, with the aim to fleece the public purse under false pretensions, in the pursue of endless profits, at the cost, of generating endless misery to the world population.

The Medical Trade has become, a cancer to this civilization.

A History of Contradictions

*"**Making sense of discrepancies in the literature.** HIV-1 is a major global health challenge. In 2011, approximately 34 million individuals were living with HIV-1, resulting in 2.5 million new infections and 1.7 million deaths (AIDS). HIV-1 Nef is a multifunctional viral protein that contributes to higher plasma viremia and more rapid disease progression. Nef appears to accomplish this, in part, through modulation of T-cell activation; however, **the results of these studies over the past 25 years have been inconsistent. Here, the history of contradictory observations related to HIV-1 Nef and its ability to modulate T-cell activation** is reviewed." - Tristan J Markle, Philip Mwimanzi, Mark A Brockman, in "HIV-1 Nef and T-cell activation: A History of Contradictions", 8 April 2013.*

Contradictions in the Promotion of Publishing Academic Scientific Journal Articles

"Two responses could be potentially provided to the above question:

1. There seems to be a significant gap between our theoretical knowledge and practice.

2. Many scholars and scientists publish papers only to have a longer list of publications, and therefore publishing is viewed as a personal objective, rather than for improving communities public health.

What is the main purpose of publishing articles?

Is the main aim of published articles really to raise public awareness and to promote critical thinking within scientific communities to combat diseases?

All academic-scholarly journals have their own stated objectives, agenda and scope.

On the other hand, although it seems paradoxical, considering the advances in health and medical sciences, Emerging Infectious Diseases (EIDs) have become more frequent in recent decades." - in "Contradictions in the promotion of publishing academic and scientific journal articles, and the inability to cope with the new coronavirus (COVID-19)", Antimicrob Resist Infect Control, January 2021.

Evaluation of Facts of the Variability of Influenza Virus Antigenic Structure and Criticism of Certain Concepts

"**The Antigenic Structure and the Biological Type of the Host.**

Study of the effect of cultivation of influenza viruses in the bodies of various species of animals or in tissue cultures of them has made it possible to accumulate data which are quite contradictory.

Francis (1947) compared 2 lines of the same influenza virus strain (PR8), of which 1 was passaged for a long time in mice; the other, in chick embryos.

He came to the conclusion that **the strain variants show certain serological differences from one another.**

In experiments with cross immunization of mice a mouse-adapted strain was found to be 100 times more immunogenic than a strain passed through chick embryos.

In neutralization experiments in mice with sera the titer of the latter was higher for the homologous than the heterologous strains.

These data coincide with the earlier experiments of the author (Francis and Magill, 1935).

In 1949 in Holland during an influenza epidemic all 3

types (P, Q, R) of influenza viruses were isolated, and during the influenza pandemic of 1950-1954 in South Africa and Australia, from where the epidemic of the Liverpool type had come **in the opinion of Isaacs and Andrewes**, both the P- and Qtypes of virus were also isolated; they have also been isolated in Europe.

A Theory Which Attempted to Reduce The Complex Epidemic Process to a Single Microbial Factor

Therefore, **there is not a single fact** which confirms the hypothesis being analysed.

However, **this hypothesis is untenable for 2 other reasons:**

1. First, **it diverges from attempts to explain the variability in the influenza virus antigenic structure really observed.**

Indeed, the hypothesis of the P-Q variations assumes a kind of closed circle of phasic transformations of the influenza virus: the P-phase produces the epidemic, and when general immunity occurs the virus changes into the Q-phase, in which it is found until the immunity of the population weakens.

If such is the case; **why then does a change occur in the antigenic structure of the viruses into which the previously circulating strains were divided?**

Isaacs and Andrewes circumvent these questions.

2. Secondly, the hypothesis being analyzed attempts to explain the cause of influenza epidemics through only some of the changes in the biological properties of the virus, without even putting the question of the causes of these changes. This is a variant of an old theory which has been rejected long ago, which explained the causes of epidemics by the variations in the virulence of the microbe, a theory which attempted to reduce the complex epidemic process to a single microbial factor, a theory in

which the cause (epidemic process), is taken for the effect (variability of the virus).

Everything which has been stated permits us to reject Isaacs and Andrewes conception decisively as being **without scientific foundation.**

Viruses Have No Sexual Process

In summarizing the results of the investigations of the reaction of viruses in mixed cultures, Burnet (1953) treats them from the point of view of the gene theory. The forms of viruses obtained, which have the properties of both strains (parent strains) is considered to be a "gene recombination", and he presents formulas for the exchanges of genes.

Thus, in his opinion, if we designate the MEL strain by the formula ABCDE and WSN strain by the formula abcdF (the experiments were performed in chick embryos), then the "mutant strains" occurring as the result of gene recombination will have the formula: M + = ABcDeF and WS - ef = abCdEf.

Hence, he draws the conclusion that the Cc and Ee factors are transmissible, and in the given case a genetic reaction occurs.

In another work (Lind and Burnet, 1953) the recombinants M+ and WS+, distinguished serologically and by other properties, were obtained as the result of the reaction of the MEL and WSE viruses, and then, as a result of the reaction of these recombinants, inverse recombinants were obtained which in their properties were similar to the original MEL and WSE strains.

Careful examination of the factual material presented in the works mentioned permits us to draw the conclusion first that **there is a lack of correlation between Burnet's explanation mentioned and the factual material which he obtained.**

As a matter of fact, the recombinants obtained, which have a number of properties of the parent strains, at the same time possessed a number of other properties which were absent from the parent strains.

These properties (for example, the unusual degree of thermoresistance of the hemagglutinin, which was higher than in the parent strain with a thermoresistant hemagglutinin) could not have gone unnoticed by the experimenters them selves.

Therefore, the consideration of the strain variants as the result of the mechanical combination of various characteristics of the parent strains simply does not correspond to the facts.

Even with these reservations the facts observed by no means fit into the framework of the gene-mutation theory and, moreover, contradict it, because the viruses have no sexual process.

The Erroneous Theory Enters Into An Unsolvable Contradiction With The Factual Material

Therefore, Hirst working with the A and B viruses (Gotlieb and Hirst, 1954) and who also take the positions of formal genetics, come to the conclusion that in the given case there is a "**phenotypic mix-up"**.

In his subsequent works Burnet (1954) had to admit that in the experiments with virus recombination too many deviations are obtained to explain them from the standpoint of the gene theory (Burnet and Lind, 1954).

After this, what remains of "gene recombination" and of attempts to explain the phenomena observed by the gene-mutation theory?

Even in this case the erroneous theory enters into an unsolvable contradiction with the factual material.

The Theory of Permanent Mutations

If we direct our attention to the last summary by the foreign investigators concerning the variability of influenza viruses, in which the generalizing articles of Burnet (1954) and Magnus (1954) are represented, we find nothing new here either.

The entire discussion centers around the theory of permanent mutations, combinations of a limited number of antigenic components, selection of antigenic mutants by incomplete immunity and gene combination factors, that is, everything is in this cycle of concepts of limited variability in the form of combination of permanent characteristics.

The facts observed of the variability of influenza virus antigenic structure can obtain their correct explanation only from the standpoint of creative Darwinism.

Such attempts have been made in recent years by Zhdanov and Solov'yev (1951, 1952), Zhdanov (1953), Gorbunova (1953), and somewhat earlier were expressed in a general formula by Smorodintsev (1948).

The latter believes that the influenza virus is plastic and accessible to a deep-seated effect of definite environmental factors and that the immunological effect on virulence and the antigenic structure of the virus are of principal importance.

These conclusions were made chiefly on the basis of work of Andrewes (1942) and were not confirmed by his own factual material.

The untenability of Burnet's and Hirst's attempts to explain the facts which they observed has been shown above.

Variability of Influenza Viruses and Evolution of Them

We have analysed the main facts concerning the variability of influenza viruses in the epidemic process and in the laboratory experiment, directing special attention to a change in the pathogenic properties, immunogenicity and antigenic structure as the most essential properties of the influenza viruses.

A tremendous number of facts which have accumulated at the present time, show with perfect evidence; that the changes in the biological properties of the influenza virus, are strictly

determined by and adequate to the changes in the environmental conditions, and primarily to the effect of the human body, the bodies of experimental animals, and tissue cultures in which the activity of the influenza virus is occurring.

Attempts to understand these acts from the standpoint of Weismannism-Morganism of different shades (the theories of O-D-variations, P-Q variations and gene exchange) have been shown to be completely worthless.

The Hypothesis is Fantastic and Erroneous

It seems expedient, in conclusion, to analyse the roots of variability of the influenza viruses and the problems of their evolution.

From this point of view certain theories deserve analysis which pertain to general problems of variability and evolution of influenza viruses (Andrewes, Burnet, Fal'kovich).

In one of his works, Andrewes (1942) has presented certain considerations concerning the routes of variation of the influenza viruses and of their evolution.

He correctly points out the dependence of changes in the antigenic structure of influenza viruses on the specific immunity of the population to them.

Unfortunately, this correct idea is swamped in a sea of speculative reasoning and erroneous inferences.

Andrewes advances the idea of the existence of a "basic virus" which is incapable of producing the disease in man.

This virus then goes through 6 stages of increase in its virulence, becoming "epidemic" and a "pandemic" virus.

Andrewes measures the degree of virulence (virulence generally not for man!) by the capacity of involving ferrets and mice. Something in the nature of a cyclic development on the type of the R-S-R cycle in bacterial forms is obtained.

Here, everything is incorrect; everything is turned topsy-turvy.

Instead of interpreting the influence of the epidemic process on the variability of the influenza virus the variability itself is revealed as the cause of the epidemic process - **a throwback to an old theory attempting to reduce the complex epidemic process to just a single microbial factor.**

Virulence is treated by the author as some kind of abstract concept unrelated to the organism against which it is directed.

The standpoint that "the basic virus" can be converted either into an A virus or into a B virus is completely speculative.

The entire variability of influenza viruses is regarded as movement around a tight circle rather than as a progressive process or development.

The idea of the existence of a large number of influenza viruses aside from those known has very little basis.

Therefore, Andrewes hypothesis is fantastic and erroneous.

Burnet (1946) in his monograph "Virus as Organism" devotes a special chapter to influenza.

Certain general considerations which he expressed in this book deserve attention.

Among them are, for example, the standpoint that infectious diseases should be studied primarily as an ecological problem of interaction between two species of organisms.

Unfortunately, much of the author's reasoning is based on speculative analogies or not very reliable data.

Thus, for example, based on the hypothesis of the origin of the majority of epidemic diseases of mankind from similar animal diseases, Burnet draws the conclusion that swine constitute the reservoir of the influenza virus, although afterwards he makes the reservation that any attempts to establish the history of the influenza virus evolution are premature.

This, however, does not keep him from continuing to construct his analogy and expressing the idea of the latent carriage of the influenza virus by man and of the

liberation of the latter from cells under the influence of nonspecific infection or an external stimulus.

In discussing further the theory of O-D-variations which he propounded he reduces all the phenomena of influenza virus variability to the survival and spread of the fittest mutants and even considers that **a single such mutant occurs spontaneously in every million particles of influenza virus.**

The factual side of this problem and the methodological error of Burnet's conception were analyzed above.

Nor did he succeed in making any generalizations concerning the lines of variability of the influenza viruses although he had promised that he would at the beginning of the chapter.

A preconceived notion of the possibility of occurrence of dangerous mutants stimulated him a priori to reject the method of immunization against influenza through the respiratory passages using live vaccine virus which he had suggested.

The views of Fal'kovich concerning the interrelationship of the influenza virus and the Bacillus Influenzae of Afanas'yev-Pfeiffer are constituted by a distinct recurrence of pleomorphism.

In a number of works Fal'kovich and other workers in the Moscow Institute imeni Mechnikov (Fal'kovich and Yanushevich, 1947; Fal'kovich, 1947; Ginzburg, 1947) show that the Bacillus Influenzae has much in common with the virus of influenza. In experiments on mice they showed a corresponding effect of the Bacillus Influenzae on the development of Influenzal Pneumonia.

The sera of animals immunized with Bacillus Influenzae produced neutralization and complement fixation with the influenza virus.

After subjecting the Bacillus Influenzae to freezing and thawing or to grinding of washings containing it with agar, Fal'kovich infected mice with this material and produced a chronic pneumonia which was transmitted in subsequent passages.

The basic idea of this work is the not always distinctly

expressed **idea that the influenza virus and the Bacillus Influenzae are stages in development of the same pathogen.**

Otherwise, it would be difficult to understand the hazy expression **"interrelationship", which, as the director of all these works, Krestovnikova interprets specifically in this sense (Krestovnikova, 1947).**

The authors speak of **"the interrelationship" between the influenza virus and the Bacillus Influenzae, basing their conclusions on the similarity of the antigenic structure of both causal organisms.**

> *It was shown that lysates (a fluid containing the contents of lysed cells) of the Bacillus Influenzae absorb the influenza virus onto themselves,* ***which latter exists in the air*** *and on articles in the rooms in which the experiments were being performed with infection of mice with the influenza virus (Kravchenko and Sekretta, 1949).*

It has been shown that in the course of the epidemic process a continuous change in the antigenic structure of the influenza viruses occurs under the influence of specific immunity to it which develops in the population.

Finally, it was established that the pathogenic properties are elaborated by the virus in the course of overcoming the protective forces of the organism. Shope (1941, 1943) injected H. Influenzae (bacteria) suis intramuscularly and produced virus influenza in apparently healthy animals.

Clinical Characterization of Influenza

General Symptoms

Influenza is distinguished by its high degree of infectivity and is accompanied by general toxic and catarrhal signs.

The toxic state usually is manifested beginning with the very start of the disease; the catarrhal lesions of the mucous membrane of the respiratory tract may occur after a delay or

may be absent. Most often, influenza begins suddenly, without prodromal signs.

The general toxic state is expressed in a chill, headaches, sometimes dizziness, fever, depression and rheumatic type pains, as well as adynamia, hypotension, nausea, vomiting once or repeatedly, tendency towards perspiration, cutting pains in the eyes, etc.

Along with the general toxic signs a facial hyperemia develops, with congestion of the conjunctivae, sometimes of the sclerae, lacrimation, and photophobia.

The condition of many patients appears extremely severe.

Thereby, the severity of the clinical picture increases very rapidly, sometimes during the course of several hours, which distinguishes influenza from certain diseases which develop gradually (typhus and typhoid fevers, etc).

The patients are sluggish, apathetic, drowsy, sometimes somewhat excited, and suffer from insomnia.

This acute, severe condition lasts usually for a short time, one to 2 to 3 days, and rarely 4 or 5 days if the cause of the disease does not have any serious complications.

After this, a considerable improvement occurs in the patient's condition, and he recovers during the course of several days.

Of the general toxic signs adynamia lasts longest, and this may make itself felt for quite a long time (1 or 2 weeks or more) after the disappearance of all the other pathological signs.

The pneumonias described above by various authors are apparently secondary complications of influenza and are caused by the microbial flora (pneumo- and streptococci, Bacillus Influenzae).

Pneumonias of hemorrhagic nature (bleeding into the lung) were encountered particularly frequently during the pandemic of 1918-1919 (pneumonias of the "Spanish Flu" type).

As has been mentioned above, secondary influenzal pneumonia is the result of a mixed additional infection, a superinfection.

The influenza virus injures the epithelium of the mucous

membrane of the respiratory tract (Smorodintsev, 1938; Malomuzh, 1950, 1952).

It depresses the protective forces of the body and reduces the resistance of the mucous membranes when microbes act on them.

Among the latter, the X-group of pneumococci, hemolytic streptococci, staphylococci, Bacillus influenzae, the Micrococcus catarahlis, which increase considerably in numbers in the nasopharynx and pharynx during the first few days of the disease (by a thousand times according to Smorodintsev) are of principal importance.

According to Zil'ber and Baydakova (1945), the influenza virus increases the permeability of the pulmonary epithelium.

Mention was made above concerning the virus nature of the primary hemorrhagic pneumonias.

It is very probable that the fulminating fatal pneumonias of the "Spanish Flu" type (1918-1919), **although various bacteria were also isolated in them** not uncommonly (Heath, 1919).

When the pneumonia occurs during the period when the body is free of the influenzal toxic state it has a more benign course, because the organism can cope more readily with this new additional infection.

This has been noted also by Tushinskiy, Korovin and Kovalev (1946).

Pneumonias which develop at the beginning of influenza can proceed with a normal leukocyte count or even with leukopenia.

Sometimes catarrhs of the respiratory tract are taken for influenza, as well as catarrhs which have been produced by chemical or mechanical agents - dust, gases and others.

In persons suffering from chronic diseases of respiratory organs, throat, nasal sinuses (rhinitis, nasal polyps or deviation of the nasal septum, sinusitis, tonsillitis and others), certain symptoms (coryza, pain on swallowing, cough) accompanying these diseases are usually taken for "the main" symptoms of influenza.

Sometimes, dysentery or acute gastrointestinal diseases

are considered to be influenza, because the physicians associate them with the gastrointestinal form of influenza about which they have heard while they were still students.

Most often, it occurs in the presence of a febrile reaction in persons suffering from chronic but not from acute catarrhal disease of the respiratory tract.

This is how the diagnosis of influenza is made, sometimes with an interpretation of it as a gastrointestinal or toxic form, etc.

Analysis of Various Manifestations of the Toxic State

Chill: The chill is not always marked. Most often, the disease begins only with a chilly feeling, and sometimes the chill is absent entirely. Not uncommonly, the patients note a chilly feeling on the 2nd day of the disease, and from time to time, on the 3rd day.

Dizziness: As an expression of the toxic state dizziness occurs-beginning with the first few days of the disease. It can occur also when the patient is lying down. Not uncommonly, a brief period of dizziness observed in the later periods of the disease (3rd to 4th day) occurs if there is any violation of the bed-rest routine.

Headache: Headache may be very severe and is usually concentrated in the anterior half of the head - in the supraorbital area, in the temples, in the forehead, which distinguishes influenza from a number of other infectious diseases in which the pains are felt throughout the head.

The patients rarely complain of pains in the parietal area, in the occiput or in the entire head. Headache lasts for a short time and usually disappears when the temperature drops.

Fever: Certain infectious diseases are distinguished by a very-typical temperature reaction, for example, malaria or relapsing and typhoid fevers. May this be said also with respect to influenza?

Depression, rhemuatic pains, pains in the bones, muscle, less often in the joints, lumbar region, extremities, back or

throughout the body occur beginning with the onset of the disease and lasts for a short time, 1, 2, 3 days, **disappearing with the decrease in the fever and the other signs of the toxic state.**

Adynamia: General weakness may be marked at the beginning of the disease. It begins to decrease with the improvement in the general condition of the patient and lasts longer than all the other signs of the toxic state.

Nausea and single or repeated vomiting as well as other signs of a functional involvement of the nervous, vascular system, etc. also observed from time to time at the beginning of the disease belong to the signs of the toxic state. Vomiting can sometimes be associated with the taking of drugs, for example sulfonamides.

The vascular system usually suffers in influenza, whereby this is sometimes extremely severe, bringing the patient to a state or collapse and a fatal outcome.

This is understandable from the pathogenesis of influenza, which usually leads to an involvement of the blood vessels and a depression or the sympathetic functions of the vegetative nervous system as a result of the toxic influence of the vasomotor nerves.

These changes depend on the general toxic affect of the infection on the vegetative nervous system, which regulates the gastric secretion, with the predominance of a sympathetic effect in some patients and a parasympathetic effect in others. **After the body has been freed of the influenzal toxic state and of its consequences the secretory function of the stomach gradually becomes normal.**

Locomotor Organs: Pathological phenomena in the organs of locomotion (bones, muscles, joints) represent an expression of the toxic state in the acute stage of influenza.

The patients complain of a feeling of depression, rheumatic type aches, pains in various parts of the body, in the extremities, lumbar region, in the back, in various muscle groups, in the calves, in the chest, cervical or spinal muscles, etc., and less often in the joints.

From time to time in our hospital arthralgias and sometimes myalgias have been noted in the acute stage of

the disease, **in addition to the general toxic signs in the form of depression and rheumatic pains, in various bones, muscles and joints; these were observed in 60% to 81% of the cases of influenza.**

Toxic signs observed in influenza - chill, fever, depression, etc. - attest to the involvement of the central nervous system.

The patients are frequently apathetic, drowsey, "as in encephalitis."

According to the data of Stuart-Harris and co authors (1938), insomnia was noted in 32% of them.

Sometimes ephemeral cerebral and meningeal signs are observed.

Certain clinical signs, for example, facial hyperemia, hyperemia of the mucous membranes of the respiratory tract, eyes, tendency toward perspiration, increased secretion of the nasal mucosa, changes in the capillaries, hypotension, etc. represent the result of vegetative nervous system involvement, which is expressed in an increase in its parasympathetic and a depression (Medvedev, 1954) in its sympathetic functions.

At the climax of the disease increased reactions are observed from various peripheral nerves.

The authors frequently noted neuralgias of various branches of the trigeminal nerve, intercostal and other nerves, involvement of the facial nerve as well as radiculitides, different kinds of hyperesthesias and anesthesias, Homer's syndrome, anisocoria, **and a whole series of other nerve signs the majority of which disappeared simultaneously with the decrease in temperature and with the cessation of general toxic signs.**

Man'kovskiy, Mints and Raygorodskaya (1952) write about the exacerbations of chronic nervous diseases in influenza and of relapses and provocations of nervous system infectious processes of other etiologies (multiple sclerosis and others). **The Toxic signs constitute the principal general signs of influenza, in comparison with which the local catarrhal lesions at the beginning of the disease become less prominent.**

Sense Organs: The sense organs suffer considerably in influenza. Definite signs of involvement of them are observed, and sometimes also serious complications.

Changes in the eye observed at the climax of the disease (cutting feeling, pains in the eyes, etc.) occur simultaneously with the disappearance of the toxic state.

A certain (temporary) decrease in hearing may be observed as a result or the toxic state or or complications in the ear.

The olfactory disturbance may be the result of a toxic process and perhaps of a pathological one in the olfactory nerve, as has been shown in the laboratory of Professor Vinnikov (Tret'yakova, 1952)

Rozenberg also notes a gustatory disturbance in influenza; Barkhash (1939) indicates a loss of taste.

Not uncommonly, influenza patients complain of a reduction in taste sensation, or an absence of it, or tastelessness of the food at the climax of the disease.

These signs are usually associated with a loss or appetite and possibly with a toxic involvement of the gustatory nerves. They disappear rapidly with the improvement of the general condition and with the mitigation of the toxic state.

Some of the most pronounced signs of the toxic state including fever, which comprise the clinical basis of influenza, may be absent. When fever is absent we have the so-called "afebrile or non-febrile" form of influenza.

In children under 1 year of age influenza is accompanied by signs of intoxication, whereby the toxic states has its own definite characteristics.

For the purpose of including all the clinical forms of influenza and taking account of the severity of the course we are suggesting the following classification of influenza.

Usually (80% or more) cases are observed in which the main signs of influenza are present: signs of a toxic state (fever, headache, adynamia, and others), in varying degrees of severity, and catarrhal signs of the respiratory tract (coryza, cough, etc) occurring from the beginning of the disease or after a certain delay.

This form is usually "typical" of influenza and can occur without complications or give rise to complications in various organs and systems.

All kinds of diseases accompanied by a general toxic state are taken for influenza." - V. M. Zhdanov, V. D. Solov'ev, F. G. Epshtein, with contributions by A. S. Gorbunova, L. L. Fadeyeva, L. Ya, Zakstel'skaya, in "The Study of Influenza", 1958.

Editor Note:

"This Part needs to be explained in order to be correctly understood, in its happenings, and the experiments and observations of same.

First and foremost it is imperative to know that the absolute smallest living thing in the physical world is a uni-cell structure, thus, germs such as bacteria and other microorganism.

This germs, because they are alive, and everything that is alive produces metabolic waste. Some germs, bacteria, micro-organisms, their metabolic waste is more poisonous in composition than others. It is absolutely imperative to understand a so-called "virus" is no more no less than metabolic waste from micro-organism. The good news is that our body systems can cope with this blood poisoning metabolic waste, as these micro-organism live inside and outside of all living matter.

These metabolic waste substances only become an endurance to the body system when the the amount of the pathogenic germs over grow in the body the amount of the good germs.

Life without germs is impossible, in fact without germs animal life could not exist (experiments have been done in lab, in mice and attest to this, they become deformed, and cannot function properly).

When it says that:

> *"It was shown that lysates of the Bacillus Influenzae absorb the influenza virus onto themselves, which latter exists in the air."*

The written observation is their understanding.

Which is partially correct, in their assumptions.

What is actually happening is that the so-called "virus" (metabolic waste) is absorbed, but rather excreted.

And yes the most common manner, for bacteria such as the Bacillus Influenzae (**which lives and is commonly found as a member of the normal flora of the nasopharynx**) can and it does, be transmitted by sneezing from one person to the other.

Now, as an example, if a person is with a cold, chances are that the person will have a greater mount of pathogenic bacteria, and when it sneezes the other person will acquire, inadvertently, an extra amount of germs.

And because germs are alive they multiply, and the more germs of the pathogenic kind, the more metabolic waste (virus) will produce.

Remember that all excrement, from all living things, is poisonous, even the excrement of bacteria is poisonous to the same bacteria which excretes its metabolic waste.

If the person is in a good health condition and its blood is slightly alkaline, the same blood within the system will keep a check on the capacity of development within the system.

If the person, for example, has enough Vitamin C (all vitamins are antimicrobial, antibacterial), in their blood stream, then a good metabolic state of body health, combined with an adequate amount of sunlight and a healthy diet, with will fence of any serious cold.

> *"**Pneumonias of hemorrhagic nature** (bleeding into the lung) were encountered particularly frequently during the **pandemic of 1918-1919** (pneumonias of the **"Spanish Flu" type**)."*

Please note that the 1918-1919 period coincides with the end of the World War I, and both the military and the civilian population where affected by the type of gases used such as: chlorine, mustard gas, bromine, and phosgene.

So the effect on the lungs of those who inhaled it was fatal, that with the cold of winter, just brought an extra burden to the body system. Further more to add insult to injury the Medical Trade where treating the flu with aspirin, which further, damaged the lungs." - Editor

The Toxicity of Pneumonic Lungs

"In lobar pneumonia the toxemia is ascribed largely to toxic substances from virulent pneumococci.

Numerous investigations have shown that pneumococci do not produce appreciable amounts of soluble toxin in cultures, although the work of Neufeld and Dold,

Rosenow and Cole indicate that **a toxic substance is produced from the cocci or contained within them which, when liberated, is capable of producing death in animals with symptoms and lesions suggestive of anaphylaxis.**

Cole regards this pneumotoxin as preformed in the bacterial cell; the studies of Cohen, Weiss and Kolmer generally confirm these observations.

While this toxic substance may be elaborated during lobar pneumonia in sufficient amounts to account in large part for the toxic symptoms in addition to probably influencing enzymic processes, our experiments show that its production in vitro is quite irregular, that large numbers of virulent pneumococci are required for its production, **and that relatively large amounts of it are required to produce intoxication of animals.**" - Charles Weiss, John A. Kolmer, Edward Steinfield, McManes Laboratory of Experimental Pathology of the University of Pennsylvania, in "The Toxicity of Pneumonic Lungs", 1918.

"Influenza": Comes from the Italian expression; "lnfluenza di Freddo", the Effect of Cold.

Mechanism of Adaptation Are Not Diseases

"In the end of the 17th century in Europe we have an English Observer, Thomas Sydenham, that observers that in the North Hemisphere **in the beginning of autumn, the transition from summer to winter, the organism, and the human communities enter in a change of temperature**.

In general pain, in appetite, and in respiratory manifestations, and digestive manifestations in others.

This is what is denominated Influenza A. Which comes from the Latin and it means transition from one season to another. From; Hot to Cold.

The British continue to use the term correctly, and historically to clarify the concept. Why does it coincide that in the North Hemisphere in the months of March and April, and May and June in the South Hemisphere, with these symptoms of tiredness, pains, lack of appetite, respiratory symptoms and digestive symptoms? Because there are some conditions that occur; which are mechanism of adaptation, which are not diseases. They have called it a disease, and with that they have closed our mouths. The Mechanisms of Adaptation, **which are called the symptoms, want to say things; that when you pass from a season to another the system as to regulate its thermic system, that is synonym of immune system.**"- Dr Xavier Uriarte, MD, in "Conferencia sobre la gripe, Covid-19", 18 January 2021.

Thomas Sydenham (1624-1689) was an English physician. Author of "Observationes Medicae", which became a standard textbook of medicine for 2 centuries so that he became known as "The English Hippocrates". Among his many achievements was the discovery of a disease, Sydenham's chorea, also known as St Vitus' Dance.

Homeostasis and Thermal Stress

"The signs of Heat Stroke are: **Fever increased body temperature (up to 47°C), Dizziness, Weakness, Confusion, Drowsiness, Nausea, Anorexia, Anxiety, Headache, Disorientation, Tachypnoea and Hyperventilation leading to alteration in acid base balance.** Treatment involves reducing the heat load, increasing heat loss, **prevention of any convulsions and seizures and establishing correct water, salt and acid base balance.** These and the physiology, biochemistry and clinical aspects of heat stroke." - in "**Heat Stroke and Temperature Regulation"**, 1983.

The Effects of the Toxic Burden Upon the Body Varies with the Time of Year

"During the course or investigations which have been made during the past 2 years on the transmission or immunity to diphtheria toxin in guinea-pigs it was observed that a seasonal variation in the dose was necessary in order to cause the death of control animals.

This variation was seen to follow somewhat the time or year at which the teats were made, so that during summer a larger dose was necessary than during the winter.

We found also that in winter a guinea-pig took a longer time to come up to the standard weight of 250 grms., than in summer, and that the lethal dose varied directly with its age.

The loss in weight of guinea-pigs in the first few days after an injection may often be taken as an indication of the day upon which the animal will die.

The ratio between the loss in weight and day of death **varies with the time of year.**

Summary

1. A larger dose of toxin is necessary to kill a guinea-pig of the same weight in summer than in winter.

2. The rate of growth of guinea-pigs is more rapid in the summer months.

3. The weights of guinea-pigs are least affected by lethal doses in summer.

4. For guinea-pigs of the same weight the fatal dose increases with the age.

Conclusion

These results show that it is of importance when dealing with the fatal dose of a toxin, or with any conclusion drawn from the loss in weight of an animal, **to take into consideration the time of year when the experiment was performed."** - Henry J. Südmersen, A. T. Glenny, **from the Wellcome Physiological Research Laboratories,** London, in "Variation in susceptibility of guinea-pigs to diphtheria toxin", Journal of Hygiene, November 1909.

Water The Principal Chemical Constituent Of The Human Body

"Water (total body water) is the principal chemical constituent of the human body.

For an average young adult male, total body water is relatively constant and represents 50% to 70% of body weight.

Variability in total body water is primarily due to differences in body composition.

Total body water is distributed into intracellular fluid (ICF) and extracellular fluid (ECF) compartments.

The ICF and ECF contain about 65% and 35% of total body water, respectively. The ECF is further divided into the interstitial and plasma spaces. Water balance represents the net difference between water intake and loss.

When losses exceed intakes, total body water is decreased. When body water deficits occur from sweat losses, a hypertonic hypovolemia generally results.

Plasma volume decreases and plasma osmotic pressure increases in proportion to the decrease in total body water.

Plasma volume decreases because it provides the fluid for sweat, and osmolality increases because sweat is ordinarily hypotonic relative to plasma.

Human water and electrolyte needs should not be based on a "minimal" intake, as this might eventually lead to a deficit and possible adverse performance and health consequences." - in "Human Water and Electrolyte Balance", Present Knowledge in Nutrition, 2006.

"Toxemia can cause stroke, as well as blood clotting difficulties. High blood pressure always warrants the attention." - in "Foods & Nutrition Encyclopedia", 1993.

"About one third of deaths today are due to disease of the heart and circulation. Any generalized Toxaemia may be associated with cardiac weakness. Severe pneumonia (particularly those due to staphylococci and Frielander's bacillus), typhoid fever etc. **can all be associated with myocardial damage."** - in "Essential Cardiology", 2012.

The Murky Theory of Viruses

"**The evolutionary history of viruses represents a fascinating, albeit murky, topic for virologists and cell biologists.** Where viruses came from is not a simple question to answer.

One can argue quite convincingly that certain viruses, such as the retroviruses, arose through a progressive process. Mobile genetic elements gained the ability to travel between cells, becoming infectious agents.

One can also argue that large DNA viruses arose through a regressive process whereby once-independent entities lost key genes over time and adopted a parasitic replication strategy.

Perhaps today's viruses arose multiple times, via multiple mechanisms. **Perhaps** all viruses arose via a mechanism yet to be uncovered." - David R. Wessner, Ph.D., in "The Origins of Viruses", Nature Education 2010.

"In the summer of 1935, Wendell Meredith Stanley of the Rockefeller Institute for Medical Research emerged as a major scientific celebrity.

Newspapers, Magazines, and Radio Broadcasts hailed his work as revolutionary, comparing him to Louis Pasteur, and many scientists credited him with finding the key to the riddle of life.

By successfully isolating the tobacco mosaic virus (TMV) in apparently pure crystalline state, Stanley seemed to have demonstrated that the mysterious submicroscopic organisms were protein molecules, or a special class of enzymes.

His discovery, for which he received the 1946 Nobel Prize in chemistry, has also come to be viewed, with much justification, as the symbolic beginning of molecular biology, having inspired several scientists to approach the gene on a molecular level-especially Max Delbruck, who went on to establish a research program in viral genetics.

Yet Stanley's work was flawed by technical errors and misconceptions.

How can we explain these technical and conceptual errors in the light of the international recognition bestowed on the young Stanley and his leadership in science?

A close examination of Stanley's early career at the Rockefeller Institute reveals that Stanley entered the virus field with few preconceived ideas but soon adopted the intellectual program and biases of the institute.

Moreover, **most of Stanley's physical theories of crystal growth in relation to enzymes and viruses had been derived from the aborted protein theories of the physicist Irving Langmuir, and his later application of virus research to genetics depended largely on concepts, some of them erroneous**, suggested by H. J. Muller." - Lily E. Kay, in "W. M. Stanley's Crystallization of the Tobacco Mosaic Virus, 1930-1940", Isis, September 1986.

> ***"Viruses may be highly specific, so specific that a given virus will infect and cause disease only in one kind of cell in one kind of animal, and hence under many conditions may not be infectious at all."*** *- "Medicine Today, Report on Decade of Progress", 1960.*
>
> ***"Virus may cause cancer and a virus may destroy cancer."*** *- in "Proceedings of the American Philosophical Society", Vol. 101, 1957.*

"In the sub-section dealing with micro-organisms which cause so-called "infections" from within, regress, rather than progress has been made; and this has come about from the assumption that viruses are the cause of the equivalent manifestations in plants, animals, and man, which go by the names of "mosaic", "distemper", and "influenza", after having been unable to find specific bacteria as causative agents of these wrongly-called infections."

The only true infections are those which originate from micro-organisms which cause infections from without. These micro-organisms developed from those which play a role (that is, only a subordinate one) in the production of so-called "infections" from within; and there exist still other micro-organisms which unite the two groups.

Viruses are not micro-organisms, but minute parts of the protein, chloroplasts, red blood corpuscles, and cytoplasm of cells (inclusion bodies) which are broken off in the process of the over-expansion which these cells are made to undergo by the protein over-contracting.

Ammonium sulphate, owing to its breaking down properties, may release sufficient of the right kind of "activity" to stimulate plant growth, but, once this supply has been used up and the soil has been denuded of its life content, either the plants wilt, show evidence of mosaic, and become the habitat of bacteria, fungi, and animal parasites, as a result of the protein in the sap first over-expanding and later over-contracting, thus causing the acute and sub-acute manifestations; or they become dwarfed and hypertrophy as a result of the protein in the sap over-contracting at the junction between the attractor-and storer-functioning portions, thus causing the chronic and inherited manifestations. Wilting is the most acute manifestation, and it is the result of the over-expansion of the protein in the sap being reflected directly upon the cytoplasm of the cells of the structures.

More often, the reflection on the cytoplasm is the reverse of the damage suffered by the protein.

In other words, if the protein over-contracts before the cytoplasm over-expands to produce manifestations of disease, mosaic is one of the, first manifestations to appear in this way, because the damage suffered by the protein is reflected upon the chloroplasts before it is reflected upon the structures. The overexpansion of the chloroplasts causes the uppermost part of the radiator-functioning portion, which is composed of potassium chloride, ribose, and nucleic acid, to be separated from the head, which consists solely of nucleic acid.

The separated part of the product is known as the "virus" and as the "inclusion body" when the cytoplasm of the cells of the structures suffers the same fate. Viruses and "inclusion bodies" are thus seen to be products, and not causes, of disease, and to be in no way related to microorganisms.

No better example than that of the formation of viruses can be adduced to show the danger of the practice of differentiation, especially in the oecological field.

This practice has made authority decree that viruses are the causes of distemper, and influenza, which are the equivalents in animals and man of mosaic in plants, and of most of the other manifestations of disease in plants, animals, and man, whose causes have eluded discovery.

Viruses should be a lesson to governments never to bureaucratise research, and, were they to pay heed to this and to remember that more progress is made by individuals than by collective bodies, there would be fewer authorities to stand in the way of advance." - Professor Dr James Eustace Radclyffe McDonagh FRCS in"The Nature of Disease Institute, First Annual Report", 1948.

The Relation of Viruses (Metabolic Waste), to Cellular Constituents and to Cellular Functions

"**A common question asked by high school students and their teachers is whether viruses are alive.**

They are indeed alive, at least **from the time they enter cells** and **until infectious progeny egress the cell**.

In the case of herpes simplex viruses 1 and 2 (HSV-1 and HSV-2), the initial events post entry into cells determine both the nature and outcome of viral lifespan.

Thus, on encounter with appropriate cell surface receptors, the viral envelope fuses with the plasma membrane, the capsid is transported to the nuclear pore and

the 152+ kilobase linear double stranded DNA is released through the pore into the nucleus.

In sensory neurons, the outcome of nuclear entry is the repression of the viral genome, with the exception of the gene encoding the LAT (Latency Associated Transcript or LAT) RNA that persists in the infected neuronal cell.

In nonneuronal cells, a series of events leads to sequential transcription of viral genes, suppression of host responses to viral infection and ultimately to the synthesis and assembly of viral progeny.

The focus of this article is on the relatively short interval between viral DNA entry into the nucleus and the full blown transcription of viral genome." - Bernard Roizman, Haidong Gu & Gail Mandel, in "The First 30 Minutes in the Life of a Virus: **unREST in the Nucleus**", Cell Cycle, August 2005.

> ***"All, nitrogenous food, animal or vegetable, contains a potential poison. Whether untoward effects are produced or not depends entirely upon the metabolic efficiency of the individual in respect of the particular protein concerned. If the metabolic capacity of an individual is insufficient to deal with this poison, without undue reaction, manifestations are produced." - Dr R. Curtis-Brown, MD, in "BMJ", 24 January 1925.***

Certain Large Protein Molecules (viruses)

"**Certain large protein molecules (viruses) possess the property of multiplying within living organisms.**

This process, which is at once so foreign to chemistry and so fundamental to biology, is exemplified in the multiplication of bacteriophage in the presence of susceptible bacteria." - Dr Emory L. Ellis, Max Delbruck, Fellow of The Rockefeller Foundation, William G. Kerckhoff Laboratories, Biological Sciences, California Institute of Technology, Pasadena, in "The Growth of Bacteriophage", he Journal of General Physiology, 20 January 1939.

The Indoctrination Of A Theory Without Logical Bases

1. Certain Large Protein Molecules (viruses).

- Natural body Metabolic Waste, that can be both from, as the result, of the products of digestion, and the excrement, wast molecules from both bacteria, and other germs.

2. Possess the property of multiplying within living organisms.

- There in no multiplication, there is contamination, followed by corrosion, disintegration of uni-cell structures such as leucocytes (white blood cell), or a uni-cellular living organism a bacteria or germ. Uni-cellular (1 cell), organisms are the absolute chemically possible structures to hold, represent and express live. To state, that "Certain Large Protein Molecules", which aren't even a cell have the capacity of reproducing, without having a brain nor a central nervous system. In other words this simple but unchangeable physical, chemical and biological law, the smallest form of life is one cell (1 cell), uni-cellular.

"Living" "viruses", or the concept which the common man or individual has been made to believe, that "viruses" (Certain Large Protein Molecules from metabolic waste) are some how natural living organisms, exist only in their depiction in Holywood movies, and in computer generated graphics.

3. This process, which is at once so foreign to chemistry.

- It is illogical and totally contrary to the laws of chemistry, that a non living thing (life-less), and lacking the needed and very basic chemistry components to represent life.

4. **And so fundamental to biology, is exemplified in the multiplication of bacteriophage in the presence of susceptible bacteria.**

- "And so fundamental to biology", this is misleading, what is: "so fundamental to biology"? Does the laws that apply to chemistry don't apply to biology?

Does biology allows for "Certain Large Protein Molecules": life-less and not uni-cellular to become alive?

"The multiplication of bacteriophage in the presence of susceptible bacteria", in other words; the "multiplication of bacteriophage", requires the "presence" of certain "susceptible bacteria". In other words, the theory of "viruses" requires the pre-existence of (not all), but certain specific bacteria to be present.

One just wanders, if **by any chance this "susceptible bacteria", include by any coincidence, for example any of the more than 400 types of bacteria, and germ that are known to produce Pneumonia.**

> *"We concur with d'Herelle that the bacteriophage is a particulate substance. Being particulate does not in and of itself imply its living nature. We question the theory of its being an ultramicroscopic virus in that adequate proof is lacking for this conception.* ***However, it is possible to conceive of an ultramicroscopic particulate substance, diastatic in its action, granular in form and inanimate, which may be derived from the bacterial cell during a stage in its life cycle as a result of the influence of tissue cells of the host have had upon it.****" - Earl B. McKinley, Margaret Holden, Department of Bacteriology, College of Physicians and Surgeons, Columbia University, New York, in "The Nature of Bacteriophage", The Journal of Infectious Diseases, December 1926.*

> *"Conflicts of interest cloud vaccine safety research. Sponsors of research have competing interests that may impede the objective study of vaccine side effects. Vaccine manufacturers, health officials, and medical journals may have financial and bureaucratic reasons for not wanting to acknowledge the risks of vaccines." - Gayle DeLong, in "Conflicts of Interest in Vaccine Safety Research", Accountability in Research, 2012.*

Indoctrination by Proxy

Sensing that the both Academia and Medical Trade Practitioners where not buying into the living virus theory.

"The Lancet" a commercial for profit publication, that serves as a mouth piece for the Medical Trade, well-known for its pages being used to coerce Foreign Governments ("Yet, perhaps the biggest threat to Brazil's COVID-19 response is its president, Jair Bolsonaro", COVID-19 in Brazil: "So what?", Editorial, The Lancet, 9 May 2020).

Published again the following indoctrination push, in its editorial of 10 September 1927:

> *"It is difficult to admit that such a phenomenon may be due to a living virus since it introduces a new conception. We have long been accustomed, quite irrationally, to regard bacteria as the smallest of living bodies limiting our purview to the accidental powers of the immersion lens and to shut out of our minds the possible existence of still smaller bodies leading individual or parasitic lives. Whatever the nature of the bacteriophage may ultimately prove to be, the phenomenon shows that large molecular groups upon the borderline of what we call life may possess some whilst lacking other of its attributes which we find so difficult to define." - in Editorial "The Lancet", 10 September 1927.*

1. **It is difficult to admit that such a phenomenon may be due to a living virus**

- You can bet, it is impossible to swallow such illogical and unproven nonsense.

2. Since it introduces a new conception.

- You can bet it is "**a new conception"** that has never been proven, as they say in "Old Ye England", the proof is in the pudding, in other words "the proof of the pudding is in the eating".

3. We have long been accustomed, **quite irrationally,** to regard bacteria as the smallest of living bodies limiting our purview to the accidental powers of the immersion lens and to shut out of our minds the possible existence of still smaller bodies leading individual or parasitic lives.

- There is nothing **"quiet irrational"** on understanding that uni-cellular organisms are the smallest possible living structures. In fact it is "quiet logical", should we say "solid logical", to understand and comprehend that one cell (1 cell) is the de-facto lowest possible structure and form capable of sustain life in a three dimension space. For a body to exist it needs to have at least the very minimum a cell in this case one cell (1 cell).

4. Whatever the nature of the bacteriophage may ultimately prove to be, the phenomenon shows that large molecular groups upon the borderline of what we call life may possess some whilst lacking other of its attributes which we find so difficult to define.

- **"Whilst lacking other of its attributes which we find so difficult to define"**, thus, it is this **"lacking other of its attributes",** that shows how lacking is this theory of viruses being build upon, which is no more than a sandcastle.

The Action of Ultraviolet Light Upon the Bacteriophage

"**In a recent communication we have called attention to the action of ultraviolet light upon the bacteriophage.** Exposure, for 40 minutes at 30 centimetres distance, of a given concentration of bacteriophage active against a strain of B. coli which we designated "B. coli D" because of its diffuse growth in broth, **was sufficient to destroy the lytic principle. The susceptibility of the bacteriophage to the action of ultraviolet rays is suggestive of its living nature though it is well known that enzymes are also destroyed by them and such a criterion would not serve in proving this point.**" - Earl B. McKinley, Margaret Holden,

Department of Bacteriology, College of Physicians and Surgeons, Columbia University, New York in "The Nature of Bacteriophage", Journal of Infectious Diseases, Dec., 1926.

The question then arises:

Knowing this that "Exposure, for 40 minutes at 30 centimetres distance, of a given concentration of bacteriophage, was sufficient to destroy the lytic principle."

Why people been forced to be indoors during the "Pandemic" of Covid-19, in some countries for a period greater than 9 months, without the benefit of sunlight, and its abundant ultraviolet light?

"Alive" from the Time they Enter Cells

Let's ponder for a second, so **viruses are not alive on their own**, but are alive only, and are **only alive when they enter a cell!**

In other words there is no living virus, there is no living cell, what there is, is debri, either a particle, or metabolic waste.

Now (as an illustrative example) lets call the human body, a person and individual = a cell.

So a human body is a cell.

And lets call deep fried food in seed oils (metabolic waste) = a virus.

Thus if a person eats for a month only, and exclusively in deep fried foods, the person will eventually experience the following cutaneos eruptions of the skin (the cellular wall).

The person will start by having the effect from the metabolic waste, produced from the the type of food ingested, for example from: Unhealthy deep fried food, and from highly processed food consumption (as an example), the following symptoms will inevitably start to appearer progressively, in succession:

1. Acne (in the beginning),
2. Eczema, Rosacea, Lupus, Etc... (in between),
3. Psoriasis (in the end).

So, the so-called "Certain Large Protein Molecules" "virus" (metabolic waste), are the "virus" which aren't alive.

But when (for example): hydrogenated fried oil, is consumed in the form of fried foods, the body - which is the cell - becomes "infected" by the "virus" (metabolic waste).

So: Acne, Cold Sores, Actinic keratosis, Eczema, Rosacea, Lupus, Psoriasis, Etc, etc....

Are causes by "viruses" (metabolic waste).

So when you see the so-called living viruses, when the Medical Trade shown images of so-called viruses, they are showing body cells, such as lymphocytes (or any other cells). This cells are being affected by coming in contact with the debri (metabolic waste) which acts upon the cells changing its external appearance of their outer surface, in the same way, and manner, that the metabolic waste produced by the exclusively consumption of unhealthy deep fried food during a month will produce in the skin of any individual. The pathological changes upon the skin of each individual will start to show, as soon as the organs of excretion become over whelmed by the amount of metabolic waste that needs to be removed from the body system.

The Nature of Bacteriophage

"In spite of our lack of knowledge of the nature of the principle, it must be admitted that its action is more in the nature of a virulence. Valence applies only to the degree of combining power of an element or radical. Its biological use is not only rare but does not apply to the action of bacteriophage. Furthermore, the term polyvirulent has found favour among authorities on this subject. In a recent issue of the Journal of the American Medical Association an editorial appeared entitled Bacteriophagy as a Therapeutic Agent. **Bacteriophagy is the name of an action and not of a substance**." - N. W. Larkum, Immunologist, Michigan Department of Health, in "The Lancet", 2 Nov. 1929.

The Herpes Simplex "Virus" Farce

"Dr. J. M. H. Macleod considers that Erythema multiforme and Herpes iris, are one, and the same disease; that both are nearly allied to Lupus Erythematosus, and that all are due to Intestinal Toxis." *- in "Polyclinic", 22 February 1904.*
"The writer has treated two cases of arsenical poisoning in makers of artificial flowers (paper), one of whom developed a typical herpes zoster." - Dr William Hermann Deffenbach, MD, in "Hydrotherapy; a brief summary of the practical value of water in disease, for students and practicians of medicine", 1909

"I can corroborate this statement from a case under my care in which no headache was ever experienced during the most obstinate constipation until after an attack of Herpes Zoster in the right frontal region, since which time the slightest degree of constipation is presaged by headache in this part." *- Dr Alexander Bryce, MD, DPH, in "Modern Theories of Diet and Their Bearing Upon Practical Dietetics", 1912.*

*"**Other Nervous Phenomena are**: Slight Fatigue, Tremor and Convulsions (Huntington's Chorea), Hypersensitivity, **Herpes Zoster**, Dercum disease, Neuralgia, which may be present in Polyneuritis and often considered as "rheumatic" (eg; sciatica **can be caused by intestinal putrefaction and especially by irritation from pressure of the full rectum**)." - Dr. August Von Borosini, MD in "Gymnacolon Intestinal Bath Institute", 1930.*

"That is not due to a toxemia from the ordinary focal infections, seem to me to be caused by the absorption of colonic toxins from the small intestine, because treatment that is based upon clinical and x-ray findings in the colon promptly and effectively relieves these toxic manifestations, while treatment that is not based upon a temporary or constant colonic stasis is unsuccessful." - Dr Lawrence P. Crawford, MD, in "Treatment of Acute Intestinal Intoxication Based Upon Clinical Findings in the Colon", NEJM, 17 September 1931.

*"**Herpes labialis is sometimes found in infection of the intestinal tract, the afferent impulse coursing over the vagus, and stimulating centrally the 5th cranial nerve. While it is most common in colds and pneumonia, I have seen it in intestinal infections as well. This seems to be one of the axon reflexes. Herpes is a common pulmonary parasympathetic reflex expressed through the trigeminus nerve. It is particularly common in pneumonia, but it is sometimes found in other affect ions of the lung. It also occurs in common colds and some gastrointestinal conditions**." - Dr Francis Marion Pottenger, AM, MD, FACP, in "Symptoms of Visceral Disease", 1944.*

"**Rosenow, in 1902, showed the definite relationship between focal infection and such a widely divergent group of diseases as**: Endocarditis, Acute Rheumatic Fever, Appendicitis, Erythema Nodosum, Ulcers of the stomach and duodenum, **and certain cases of Herpes Zoster**. The literature is full of articles upon this subject.

Herpes is a common pulmonary parasympathetic reflex expressed through the trigeminus nerve.

It is particularly common in pneumonia but it is sometimes found in other affections of the lung.

It also occurs in common colds and some gastrointestinal conditions. The afferent impulse, in the case of the lung, travels centralward over the sensory fibers of the vagus, the efferent passes outward over the sensory fibers of the trigeminus." - Dr Elliott M. Hendricks, MD in "Southern Medical Journal", June 1941.

Herpes Zoster and the Limb Plexuses of Nerves

"In the following pages an attempt is made to indicate the cutaneous distribution in the limbs, of nerve fibres connected with the various spinal nerve roots, by a study of the local distribution of the eruption in cases of herpes zoster.

After briefly pointing out the intimate association of cutaneous symptoms with visceral disease, the subject will be discussed shortly (1) with reference to the results obtained by the study of developmental, anatomical, and pathological data; (2) the irregularities in the distribution of the spinal nerves; (3) the main subject of the paper, the delimitation of the cutaneous areas supplied by individual spinal nerves, by a reference to the areas occupied by herpetic eruptions; followed (4) by a brief reference to instances in which the post-mortem examinations have demonstrated the seat of the causal lesion in cases of herpes zoster." - Dr James Mackenzie, MD, Honorary Medical Officer, Victoria Hospital, Burnley, in "The Journal of Pathology", 1893.

"The limitations of Koch's postulates, evident in the 1800's, are even more pronounced today. Organisms such as Plasmodium falciparum and herpes simplex virus or other viruses cannot be grown alone, i.e., in cell-free culture, and hence cannot fulfil Koch's postulates." *- David N. Fredricks, David A. Relman, Departments of Medicine and Microbiology & Immunology, Stanford University School of Medicine, California, in "Sequence-Based Identification of Microbial Pathogens: a Reconsideration of Koch's Postulates", Clinical Microbiology Reviews, January 1996.*

"Sporadic examples of apparent one-to-one relation between gene and enzyme or elementary metabolic process have been known almost since the rediscovery of mendelian heredity." - Professor Sewall Wright, in "Genes and Physiological Agents", The American Naturalist, July 1945.

"Somatic cells can undergo mitotically transmitted changes in state that do not result from permanent changes in genetic constitution. These alterations in cellular heredity are called epigenetic changes to emphasize their role in the somatic transmission of developmental (i.e. epigenetic) information and to distinguish them from rare, spontaneous mutations (Nanney 1958). Epigenetic changes are defined operationally as directed cell-heritable, phenotypic changes that are potentially reversible and not transmitted meiotically (Meins 1980 & Lutz 1980). An alternative class of mechanisms is suggested by the concept of dynamic systems inheritance, which was first brought to the attention of biologists by Delbruck (1949) and later extended to multicellular organisms by Monod and Jacob (1961).

Certain systems of chemical reactions can exist in alternative, stable, steady states. These states most commonly arise in positive feed back loops in which a reaction intermediate either triggers its own synthesis or

inhibits its own degradation. Thus, in principle, genetically identical cells or groups of cells with loops of this type can exhibit different stable states depending on their history.

The stability and variety of phenotypes would depend on the kinetic parameters of the system and, hence, ultimately the genetic constitution of the cells. Moreover, provided the loop persists when cells divide, the different phenotypes could be transmitted both mitotically and meiotically.

There is strong evidence that a positive autoregulatory model in which cell-division promoting factors induce their own synthesis can account for cytokinin habituation, a type of epigenetic change that occurs in cultured plant cells (Meins & Binns 1978; Meins 1989)." - Frederick Meins Jr., Christian Kunz, in "Silencing of Chitinase Expression in Transgenic Plants: An Autoregulatory Model", Homologous Recombination and Gene Silencing in Plants, 1994.

"It is well known from the work of Bryan and of Beard that animal cancer **viruses may alternately be filterable and hence infectious** and then **nonfilterable and hence appear noninfectious."** - Wendell M. Stanley, (in 1931 took up a post as Assistant at the Rockefeller Institute until 1948, Associate Member in 1937, Member in 1940.

Served on the Councils of many academic, medical and other learned societies, and as consultant and advisor to the **United States government** and the **World Health Organization**. He continues as Director-at-large, **American Cancer Society** and as a Member of the Board of Scientific Counsellors of the **National Cancer Institute**.

He is a member of many scientific societies.) Director of the Virus Laboratory University of California, in "Annual Report of the Board of Regents of the Smithsonian", 1957.

> ***"It is indeed not sufficient to make a novel observation such as the filterability of an infectious agent but it is also necessary to interpret the observation correctly and to grasp the significance of an unexpected experimental finding."*** *- M.H.V. van Regenmortel in "Nature of Viruses", 2008*

This importance in this paragraph is paramount, thus we have:

1. One-celled organisms, like Bacteria, Fungi, Protozoa

"**Nonfilterable** and hence appear **noninfectious**."
To make it more clear;

Nonfilterable = Noninfectious

The reason they are nonfilterable is because they are living organisms.

Nonfilterable = Living Organisms

2. Metabolic Waste, organic tissues and debri (bacterial virus particles)

"Viruses may alternately be filterable and hence infectious."

Filterable = Metabolic Waste

Viruses = Filterable Metabolic Waste

It is principally the virulence quality of the Metabolic Waste from the Bacteria, and other one-celled organisms that, in their quality of a structural poison, in constituents or acidity makes, and causes for when it is present in high sufficient levels in the organism of any host, and their emunctories are not capable to remove the toxicity from the blood stream, this Metabolic Waste from any type of one-celled organism can cause havoc, and eventually cell necrosis in any living tissue in which and by which any such Metabolic Waste products from one-celled organism come in contact with and the body system is overburden by other present conditions.

"Rous discovered in 1911 that a virus was the cause of a certain kind of malignant sarcoma in chickens." - in "Archives of Virology", 2008.

"Both simultaneity of expression and mutual exclusion of expression imply that intercommunication and **metabolic linkage** are important characteristic features of epigenetic systems. The current concept of a primary genetic material (DNA), replicating by a template mechanism, is opposed to a homeostatic system operating by, perhaps, **self-regulating metabolic patterns.**" - D. L. Nanney, in "Epigenetic Control Systems", Proceedings of the National Academy of Sciences, USA, 15 July 1958.

"**Cellular Growth Controls and the Cancer Cell:**

The sites of action of hormones on **cell functions are mainly metabolic**.

The immunological control mechanisms act presumably through specific "marker groups", located mainly on cellular surfaces and acting as receptors for antibodies. Alteration of immunological controls may result.

Local regulation among neighbouring cells may be exerted by accumulation of metabolites, by transport of macromolecular constituents, or even by direct exchanges through cytoplasmic bridges.

This is reflected in the so-called **"progression" toward the fully malignant state**, in which a number of cellular properties can be altered in a series of discrete steps.

At the metabolic level, promising candidates for key roles in the normal repression of cell division may be pathways that waste or destroy metabolites necessary for the synthesis of DNA.

The virus is often difficult to transmit to uninfected animals." - S. E. Luria, in "Viruses, Cancer Cells, and the Genetic Concept of Virus Infection", Cancer Research, June 1960.

"Two years ago T. F. Anderson (1945) reported the remarkable discovery that certain strains of **bacterial virus** (T4 and T6) **require organic substances as co-factors for the process of adsorption of the virus on the bacterial host.**

Tryptophan in its L form is the substance most active in promoting adsorption of phage to bacterium. Other substances, like phenylalanine and tyrosine, and several tryptophan analogues are also active.

Inhibition of Adsorption by Metabolic Products of Tryptophan

Tryptophan is a substrate actively metabolized by E. coli.

Therefore, if tryptophan is incubated with bacteria, it will disappear in due course. It was thought that the cofactor activity of tryptophan might be used to follow quantitatively the progress of the disappearance of tryptophan. It turned out, however, that the bacteria produce from tryptophan a substance or substances that actively inhibit the adsorption of the cofactor-requiring phages.

The idea that indole acts by establishing a competitive block at the points where tryptophan (or its analogues) reacts with the phage implies that it should inhibit the adsorption of all those, and only those, phage mutants that require tryptophan (or one of its analogues) as **co-factors**.

It must be clearly understood that the term "adsorption", as it is used in virus research, refers to the occurrence of an irreversible, specific union between **virus particles** and host.

For want of a better term we will call this intermediate step the **"invasion"**, meaning a **chemical reaction**, presumably enzymatically controlled, by which the physically adsorbed particle effects an entry into the host cell. **That there do exist links between the metabolic and the resistance pattern is certainly to be expected, and indeed such links have been shown to exist in several instances** (E. H. Anderson, 1944, 1946; Wollman, 1947).

It might be worth while, however, to look more closely

into the details of the metabolism of tryptophan and related substances in connection with the resistance pattern." - Max Delbrück, in "Biochemical Mutants of Bacterial Viruses", Journal of Bacteriology, July 1948.

Max Delbrück

"Max Delbrück (1906-1981), a German–American biophysicist, helped launch the molecular biology research program in the late 1930s. He stimulated physical scientists interest into biology, especially as to basic research to physically explain genes, mysterious at the time. **Formed in 1945 and led by Delbrück along with Salvador Luria** and Alfred Hershey, the Phage Group made substantial headway unraveling important aspects of **genetics**.

The 3 shared the 1969 Nobel Prize in Physiology or Medicine "for their discoveries concerning the replication mechanism and the genetic structure of viruses"." - in Wikipedia.

It is important to note that some of the research published by Max Delbruck was "Aided by grants from the **Rockefeller Foundation**".

Max Delbruck was responsible for inventing, making up much of the early concepts in which present virology has been found, and specially forcing the idea, constructing the idea, against all logic and evidence, that "viruses" are living things.

Another point worth mentioning is that there is always a few individuals (normally individuals paid by the **Rockefeller Foundation**, or the **Wellcome Trust Charitable Health Foundation**).

Thus we see for example in one publication:

"Interference between bacterial viruses; the mutual exclusion effect and the depressor effect", Journal of Bacteriology 1945, by Max Delbruck

Of the 13 references given, 5 are publications of his own.

The field of "Virology", "science" of "virology", the ideas of "virology", and what are "viruses", where created, commissioned, and invented by a couple organizations.

And those in its active propagating virus as living things theory, where always the same, a handful of individuals being paid by the same organization.

The Controversies Regarding the Nature of Bacterial Viruses

"The following factors are held to be chiefly responsible for recent progress in the field of bacterial viruses: the proof that **virus-resistant mutants originate independently of the presence of virus**.

The first bacterial viruses were encountered by Twort (1915) and by d'Herelle (1917).

D'Herelle (1918) conceived the idea that bacterial viruses might be used therapeutically for the treatment of infectious diseases and that bacterial viruses play in some cases an important role in the normal processes of recovery from diseases caused by pathogenic micro-organisms.

There was an argument whether d'Herelle's agent was "particulate or molecular", whether it was "like a virus or like a micro-organism", whether it was "a virus or a self-reproducing enzyme".

Finally, there developed a controversy whether the agent is or is not "living". **It is quite obvious now that the term "living" will be among the last to be redefined when the whole field is better understood. Perhaps it may then be redefined so as to include even simple molecules."** - Max Delbruck, in "Bacterial Viruses or Bacteriophages", Biological Reviews, January 1946.

"**Conclusions: Increased Negative Air Ions (NAI) and decreased Particulate Matter (PM) ameliorated respiratory function by increasing energy production, improving anti-inflammation and anti-oxidation capacity. Decreased Particulate Matter PM improved cardiac autonomic function by increasing energy production and anti-**

inflammation capacity." - Shan Liua, et al., in "Metabolic linkages between indoor negative air ions, particulate matter and cardiorespiratory function", Environment International, May 2020.

Virulence

The poisons of certain One-Celled Organisms are virulent. That does not mean that there are "living" viruses, for such a theory is a fallacy.

Virulence is a quality not a living thing The Medical Trade "Virus Theory", is like a fishing net, full of holes.

The Dissemination of Pathogenic Germs in the Infected Body

"In their distribution in the body the microorganisms differ greatly.

The most perfect example of local distribution is furnished by the tetanus bacillus, which, when introduced into the tissues, causes only slight local changes and exhibits practically no invasive powers, **the symptoms being due to the absorption of toxin.**

In many infections caused by tubercle bacilli and by the various pyogenic cocci, the process remains local, due most probably to a low degree of virulence of the infecting organisms as related to the immunity of the infected person.

While the bacillus of diphtheria and the cholera vibrio remain in a sense local, entering the circulation only exceptionally, both show marked power to extend along the mucous membranes upon which they customarily cause infection.

Infectious germs may be disseminated in the body by extension, as in the invasion of the whole respiratory tract by the influenza bacillus, in the spread of erysipelas, etc.

Microorganisms are disseminated also by metastasis, by which is meant the establishment of more or less far spread secondary foci from a primary focus as the chief centre of distribution.

In metastasis by the blood, secondary localizations occur in different organs, as in the abscesses of pyemia.

Tuberculosis, leprosy, syphilis, glanders, pest, blastomycosis, pneumococcal and pyogenic processes, furnish good examples of circulatory metastasis.

Lymphatic metastasis is of frequent occurrence, the primary lesion being often located in the skin or mucous membranes.

Upon mucous membranes mechanical factors may convey infectious material from established lesions to new points, as in aspiration pneumonias.

Many diseases caused by filterable viruses", [metabolic waste], **"contain the virus",** [metabolic waste], **"in the blood (yellow fever, etc).**

Malaria and trypanosomiasis are blood infections; in the latter disease, however, the parasites also occur in the connective tissue of the organs. In typhoid fever and in pneumonia bacteriemia probably is present always in the earlier stages.

The factors that determine the invasion of the blood, especially by the organisms that do so only occasionally (streptococci, gonococci, staphylococci), are not clearly understood, but **virulence, i.e., the power to resist and overcome the phagocytic and other anti-infectious powers of the blood - undoubtedly plays a most important role.**

Both microbic virulence and the resistance of the body are variable conditions made up of complex factors that are difficult or impossible to analyse completely in a given case.

As microbes are distributed in the body some show a distinct preference for certain tissues. This affinity may be surmised to depend on subtle chemical attractions between constituents in the microbes and the cells.

Association of microbes in mixed and secondary infections practically always tends to increase the danger

to the patient. In human pathology we have no positive knowledge of one infection being antagonistic to any other infection. **Judging from experiments it seems more likely that bacterial associations tend to increase the virulence of one or other of the associated bacteria.**

Roux and Yersin came to the conclusion that the simultaneous infection with diphtheria bacilli and streptococci results in an increased virulence of the diphtheria bacillus; v. Dungern, on the other hand, concluded that the virulence of the streptococcus was heightened.

Experimental tuberculosis assumes a more acute form in the presence of pyogenic bacteria which is in harmony with the fact that in human tuberculosis fresh eruptions of tubercles appear to follows secondary infections.

The change that occurs in many infectious diseases with the advent of severe secondary streptococcus infections is an ominous one. Here the effects of the secondary infection are often overwhelming. The occurrence of measles in a tuberculous child is followed frequently by exacerbation of the tuberculosis.

The great influence of the anatomical location of the point of entrance is shown particularly well by streptococcus infections: in the dense and tense connective tissue of the finger it causes a local inflammation; in the subcutaneous tissue, phlegmon; in the lymph vessels of the skin, erysipelas; in the peritoneum, peritonitis—**conditions that differ greatly in their course though caused by the same microbe.**

In the establishment, progress, and nature of an infectious disease much always depends upon that property of the microbe concerned called virulence.

If we understand by virulence the degree of pathogenic power of which a microbe is possessed, analysis reveals that virulence in this sense depends on various properties.

It is not necessarily synonymous with invasiveness, because toxicogenic bacteria in the strict sense (B. diphiherice, B. tetani) possess great toxic power and relative slight or no invasiveness. **In these bacteria virulence**

depends more on the power to produce toxins, and the body responds by the formation of antitoxins, whereas the production of antibacterial substances is relatively insignificant.

In microbes in which the disease-producing substances are assumed to be locked up in the cells or split off from the microbic proteins, and set free only as the germs reach the tissues of the body, virulence is necessarily connected with power to multiply and invade.

Virulence may be reduced by different methods, e. g., exposure to sunlight or the addition of chemicals. **The virulence of some bacteria may be reduced for one species by repeated passage through members of some other species.**

High virulence for animals is generally regarded as indicating virulence for man; but **Koch and Petruschky found that streptococci of high virulence for rabbits did not cause erysipelas in man, and animal-virulent streptococci occur in normal throats.**

The highly virulent bacilli of bovine tuberculosis seem to have little power of invasiveness in human beings. In pathogenic bacteria, virulence is a variable quantity, changeable at the will of the experimenter.

As a general rule, bacteria are most virulent when taken directly from the animal, and lose virulence, some more rapidly than others, the invasive more rapidly than the toxicogenic, when cultivated on artificial media.

Increased Virulence of the Microorganism

There can be no doubt that the virulence of given strains of the pneumococcus varies greatly from time to time. This fact no one who has seen many cases of pneumonia, or who is familiar with the literature can doubt. The organism apparently tends to increase in virulence with each passage through a human subject, just as it tends to decrease in virulence when cultivated artificially. These facts are particularly brought out when we investigate various epidemic outbreaks.

A Cold

It is generally believed that hunger, fatigue, and exposure to cold are predisposing factors. Pneumonia is very frequent in very early and in very advanced life.

The effect of cold upon the organism has been explained as causing a retention of waste products of metabolic activity, variation in blood pressure, slowing of the blood stream, impairment of cellular metabolism, and reflex action." - Sir William Osler, MD, in "Modern Medicine, its Theory and Practice", Vol.1, 1913.

"Sydenham, mentions the Jaundice as no uncommon symptom in hysteric cases, where there is no disorder of the gall or gall-ducts.

Hysteric complaints be so very frequent: and it requires but a very moderate understanding to see, after it has been pointed out, what could not have been discovered but by one of superior sagacity.

A perfect Jaundice is said by physicians of unquestionable authority to be an attendant upon some fevers, and particularly upon the yellow fever of the West Indies." - Dr William Heberden, MD, in "Commentaries on the History and Cure of Diseases", 1813.

> ***"Not more than one in three turn yellow that dies of black vomit. This black stuff is often found in the bowels when not vomited up and not more than one in every three that die throw it up."*** *- Dr Greensville Dowell, MD, Professor of Surgery in Texas Medical College, in* ***"Yellow Fever and Malarial Diseases, embracing a History of the Epidemics of Yellow Fever in Texas; New Views on its Diagnosis, Treatment, Propagation, and Control; Descriptions of Dengue, Malarial Fevers, Jaundice, the Spleen and its Diseases, and Diarrhoea Haemorrhagica;*** *with Practical Remarks on their Successful Treatment, etc...", 1876.*

"A study of the influence of some extracts and filtrates of the pneumococcus and of a few chemical reagents on the virulence of pneumococci. It was shown that purpura developed in mice inoculated with the extract prepared by repeatedly freezing and thawing the pneumococci.

If the mice received the extract 24 hours preceding the inoculation of a pneumococcus culture of borderline virulence, they were protected against the infection.

This protection persisted only as long as purpura was observable.

When fresh filtrates of virulent pneumococci were inoculated simultaneously with the culture of low virulence a large number of the mice at autopsy showed a fibrino purulent pleuritis.

The most potent filtrates were obtained when the cultures grew in the presence of salts that lower the electrophoretic potential of microorganisms.

Found in those dying several days after injection of living and dead pneumococci, acute degeneration of the walls of some of the large blood vessels and local hemorrhage." - Margaret Pittman, Mercy A. Southwick, Department of Hygiene and Bacteriology and the Department of Pathology, University of Chicago, in "Studies on Respiratory Diseases XXXV. The Pathology of Pneumococcus Infections in Mice", Journal of Bacteriology, 1930.

"The discovery during the past few years of dozens upon **dozens of hitherto unknown viruses in human beings**.

These consist of the ECHO viruses isolated from the human i**ntestinal tract**, the adenoviruses isolated from the **upper respiratory tract** and **eyes** of man, and a group of viruses isolated from human **sera**.

New viruses of man are discovered almost every week.

Thus we now have many more human viruses than we know what to do with.

Another fact which may prove of the greatest importance in this connection is that treatment of certain lysogenic strains of bacteria with physical and chemical agents, such

as X-rays, ultraviolet light, nitrogen mustard, certain chemical-reducing agents or iron-chelating agents, results, after a latent period, **in the lysis of the bacterial cells and the release of large amounts of bacterial virus particles**.

These agents are called "inducers" and you may recognize some as carcinogenic agents for man and animals." - Wendell M. Stanley, Professor of Biochemistry, Director of the Virus Laboratory University of California, in "The Nature of Viruses, Cancer, Genes, and Life - A Declaration of Dependence", Annual Report of the Board of Regents of the Smithsonian, 1957.

Microbial Toxicity

> *"Microbial toxins are toxins produced by micro-organisms, including bacteria and fungi. Microbial toxins promote infection and disease by directly damaging host tissues and by disabling the immune system. Some bacterial toxins, such as Botulinum neurotoxins, are the most potent natural toxins known." - in Wikipedia*

"Microbial Toxins are toxins produced by microorganisms. Microbial toxins are important Virulence Determinants responsible for microbial pathogenicity.

Bacterial Toxin, is a type of toxin that is generated by Bacteria.

They are classified as either:

1. Exotoxin.
2. Endotoxin.

Exotoxins: are generated by the bacteria and actively secreted.

Endotoxins: are part of the bacteria itself.

Subtilase cytotoxin (SubAB) is the recently recognised prototype of a new AB5 toxin family secreted by Shiga toxigenic Escherichia coli (STEC).

Pasteurella multocida toxin (PMT) is the major pathogenic determinant of Pasteurella multocida.

The species P. multocida causes various diseases of animals and humans." - Anju Agrawal, Krishna Gopal, in "Microbial Toxicity Studies", Biomonitoring of Water and Waste Water, 20 December 2012.

Critical Pathways in Microbial Virulence

"The Virulence of a Microbial Pathogen is generally defined as the degree of pathogenicity or ability of the organism to cause disease measured by an experimental procedure. It represents a combination of highly complex parameters and depends upon both the relative infectivity of the organism and the severity of the disease produced.

However, in all cases these 2 parameters of infectivity and disease severity are profoundly influenced by the nature and status of the host organism or the site of colonization in that host. Thus, a breach in the normal defensive barriers of the host, through, for example, trauma, immunosuppression/dysfunction or co-infection by another organism, can dramatically increase the virulence of a given organism. Hence, any description of microbial virulence is fundamentally reliant on an understanding of the relative susceptibility of the colonized host.

The accepted definitions of a microbial pathogen and microbial virulence have been formulated largely from the study of infections caused by a single aetiological agent and build upon the meticulous and rigorous investigations of Robert Koch on diseases including anthrax and tuberculosis.

Koch's resultant postulates were an essential guide to identifying the specific causation of infectious diseases:

1. The parasite occurs in every case of the disease in question and under circumstances which can account for the pathological changes and clinical course of the disease.

2. The parasite occurs in no other disease as a fortuitous and non-pathogenic parasite.

3. After being fully isolated from the body and repeatedly grown in pure culture, the parasite can induce the diseases anew.

Specific gene products (presumptive virulence factors) are required to facilitate each of these processes, and these products will vary from organism to organism." - M. Curtis, J. Slaney, J. Aduse-Opoku, MRC Molecular Pathogenesis Group, Centre for Infectious Disease, Institute of Cell and Molecular Science, Barts and the London Queen Mary's School of Medicine and Dentistry, London, UK, in "Critical pathways in microbial virulence", Journal of Clinical Periodontology, 2005.

Microbial Virulence Factors

"**Microbial virulence factors encompass a wide range of molecules produced by pathogenic microorganisms**, enhancing their ability to evade their host defences and cause disease.

This broad definition comprises secreted products such as toxins, enzymes, exopolysaccharides, as well as cell surface structures such as capsules, lipopolysaccharides, glyco- and lipoproteins.

Intracellular changes in metabolic regulatory networks, governed by protein sensors/regulators and non-coding regulatory RNAs are also known to contribute to virulence.

Furthermore, some **secreted microbial products have the ability to enter the host cell and manipulate their machinery, contributing to the success of the infection.**

The knowledge, at the molecular level, of the biology of microbial pathogens and their virulence factors is central in the development of novel therapeutic strategies to combat microbial infections.

The virulence factors that the bacteria use to cross the blood-brain barrier and cause meningitis is reviewed by Herold et al.

Meningitis remains a worldwide problem often associated with fatalities and severe sequelae. **After reviewing important traits of the central nervous system barriers to bacterial entrance, the authors review the various stages of the virulence processes of bacterial meningitis**, including the processes of attachment and invasion, the routes used to enter the central nervous system, and the general mechanisms used to survive intracellularly.

The roles played by virulence factors produced by bacteria when crossing the central nervous system is also addressed, followed by the review of the specific traits of bacterial species more commonly associated with meningitis

Bacterial small non-coding regulatory RNAs (sRNAs) have emerged over the last decade as key regulators of post-transcriptional regulators of gene expression, being involved in a wide range of cellular processes, including bacterial virulence. In their review, Pita et al., updated knowledge on sRNAs from 2 pathogens associated with respiratory infections and lung function decline of patients suffering from Cystic Fibrosis, P. aeruginosa, and bacteria of the so-called Burkholderia cepacia complex (Bcc)." - Professor Jorge Leitão, Institute for Bioengineering and Biosciences, in "International Journal of Molecular Sciences", August 2020.

"Bacterial pathogenicity involves the attachment of the pathogen to a body surface, the penetration of host tissues, and the multiplication in vivo in spite of the body's defence systems. Damage to host tissues may be caused directly by bacterial products, including toxins, or may be caused by reaction against bacterial constituents. The presence of genetic information specifying resistance to antibiotics,

which may make strains refractory to chemotherapy, may also be considered as a virulence factor.

Exotoxins and Extracellular Products

Exotoxins are classified as those toxins that are secreted by the bacterial cell and are usually proteins.

A few bacterial toxins are highly specific in their action, but most are toxic for several different tissue and cell types. Enterotoxins are produced by a variety of bacteria.

Cholera enterotoxin also transfers ADP-ribose to a target protein, which in this case is a protein regulating adenylate cyclase activity.

Other toxins produced by a wide variety of bacteria may be classified as neurotoxins, cytolytic (membranedamaging) toxins, or epidermolytic toxins.

For more detailed information about toxins the reader is referred to the book edited by Bernheimer (Mechanisms in bacterial toxinology, 1976).

Production of certain enzymes that degrade host tissues may contribute to the virulence of pathogenic bacteria.

These enzymes include proteases, lipases, hyaluronidases and nucleases.

Conclusion: It is easy to think of pathogenic microorganisms as organisms armed with various factors designed to injure the host. However, Lewis Thomas in "Germs", pp 88-94, "The lives of a cell", 1974, has pointed out that, **considering the huge populations of bacteria on earth, pathogenicity is a property of only a small number of species. There is nothing to be gained in an evolutionary sense by the microorganism that causes illness or death**." - Brian J. Wilkinson, Department of Biological Sciences Illinois State University, Clinical Microbiology Newsletter, 1981.

"We live in a world where the microbes are always trying to get at us, to tear us cell from cell, and **we only stay alive and whole through diligence and fear. We still think of human disease as the work of: an organized,**

modernized kind of demonology, in which the bacteria are the most visible and centrally placed of our adversaries.

We assume that they must somehow relish what they do. They come after us for profit, and there are so many of them that disease seems inevitable, a natural part of the human condition; if we succeed in eliminating one kind of disease there will always be a new one at hand, waiting to take its place. These are paranoid delusions on a societal scale, explainable in part by our need for enemies, and in part by our memory of what things used to be like.

Until a few decades ago, bacteria were a genuine household threat, and although most of us survived them, we were always aware of the nearness of death.

We moved, with our families, in and out of death.

We had lobar pneumonia, meningococcal meningitis, streptococcal infections, diphtheria, endocarditis, enteric fevers, various septicemias, syphilis, and, always, everywhere, tuberculosis.

Most of these have now left most of us, thanks to antibiotics, plumbing, civilization, and money, but we remember. **In real life, however, even in our worst circumstances we have always been a relatively minor interest of the vast microbial world.**

Pathogenicity is not the rule

Indeed, it occurs so infrequently and involves such a relatively small number of species, considering the huge population of bacteria on the earth, that it has a freakish aspect.

Disease usually results from inconclusive negotiations for symbiosis, an overstepping of the line by one side or the other, a biologic misinterpretation of borders.

Some bacteria are only harmful to us when they make exotoxins, and they only do this when they are, in a sense, diseased themselves.

There is nothing to be gained, in an evolutionary sense, by the capacity to cause illness or death.

Pathogenicity may be something of a disadvantage for

most microbes, carrying lethal risks more frightening to them than to us.

The man who catches a meningococcus is in considerably less danger for his life, even without chemotherapy, than meningococci with the bad luck to catch a man.

Most meningococci have the sense to stay out on the surface, in the rhinopharynx. During epidemics this is where they are to be found in the majority of the host population, and it generally goes well. It is only in the unaccountable minority, the "cases", that the line is crossed, and then there is the devil to pay on both sides, but most of all for the meningococci." - Dr Lewis Thomas, MD in "The lives of a cell; notes of a biology watcher", 1974.

Marburg Virus

"The Discovery of the Marburg virus was first described in 1967. During the 1960s it was noticed during small outbreaks of Marburg virus disease in the German cities Marburg and Frankfurt and the Yugoslav capital Belgrade.

German workers were exposed to tissues of infected grivet monkeys (the African green monkey, Chlorocebus aethiops) at the city's former main industrial plant, the Behringwerke, then part of Hoechst, and later part of CSL Behring. During these outbreaks, 31 people became infected and 7 of them died." in Wikipedia

Please read the book: "Medicine The Lies, The Greed & The Death".

Marburg Virus Disease Outbreaks

Year	Location	Cases	Deaths
1967	Marburg and Frankfurt, West Germany, and Belgrade, Socialist Federal Republic of Yugoslavia	31	7
1975	Rhodesia and Johannesburg, South Africa	3	1

Year	Location	Cases	Deaths
1980	Kenya	2	1
1987	Kenya	1	1
1988	Koltsovo, Soviet Union	1	1
1990	Koltsovo, Soviet Union	1	1
1998–2000	Durba and Watsa, Democratic Republic of the Congo	154	128
2004-5	Angola	252	227
2007	Uganda	4	1
2008	Uganda, Netherlands, United States	2	1
2012	Uganda	18	9
2014	Uganda	1	1
2017	Uganda	3	3

The Curious pattern of "Viruses", either appear in far-far-away places, or go to far-far-away places.

The predilection of the "Viruses" is tropical countries in Africa, South America and South Asia.

Normally this countries are, or have in place a network NGO accustomed to receive foreign aid, from the richer northern countries.

Nobel Laureates On The Virus Theory

1946

Wendell Meredith Stanley USA
John Howard Northrop USA
"for their preparation of enzymes and virus proteins in a pure form."

1954

John Franklin Enders USA
called the Father of Modern Vaccines.
Frederick Chapman Robbins USA
Thomas Huckle Weller USA
"for their discovery of the ability of poliomyelitis viruses to grow in cultures of various types of tissue"

1965

François Jacob France
André Lwoff France
Jacques Monod France
"for their discoveries concerning genetic control of enzyme and virus synthesis."

1966

Peyton Rous USA
"for his discovery of tumour-inducing viruses"

1969

Max Delbrück USA
Salvador E. Luria Italy / USA
Alfred D. Hershey USA
"for their discoveries concerning the replication mechanism and the genetic structure of viruses."

1975

David Baltimore USA
Howard Martin Temin USA
Renato Dulbecco Italy / USA

"for their discoveries concerning the interaction between tumour viruses and the genetic material of the cell."

2008

Harald zur Hausen Germany

"for his discovery of human papilloma viruses causing cervical cancer."

Françoise Barré-Sinoussi France
Luc Montagnier France

"for their discovery of Human Immunodeficiency Virus (HIV)."

HIV was originally called LAV (**lymphadenopathy** A**ssociated** Virus), in 1983.

The Nobel Prizes in Virology

"There have been a number of Nobel Prizes directly awarded for discoveries in the field of virology proper as well as in related fields. **It started in 1946, when one half of the Prize in Chemistry was shared by Northrop and Stanley.** Stanley had managed to produce crystalline structures containing tobacco mosaic virus, a virus that has played a particular role throughout the history of virology. Much later, another Prize in Chemistry was given to Klug. A considerable part of Klug's work concerned the fine structure of TMV, and this project was an extension of the prematurely disrupted pioneering crystallographic work by Rosalind Franklin at **Imperial College,** London, during the mid-1950s.

The remaining Prizes in the field have, not surprisingly, been given in Physiology or Medicine, in the following referred to as Medicine. These Prizes can be divided into different categories. Five Prizes have been given for discoveries concerning animal viruses and the special kind of ultrafiltrable agents called prions.

Four more Prizes have been given for genetic studies using bacteriophages. Finally, there is a group of 5 Prizes given for discoveries of general molecular biological principles involving studies in which various animal and plant viruses were used. Examples of such discoveries are reverse transcriptase, cellular oncogenes and split genes.

Ever since 1948, and into the mid-1990s the discipline of virology has been personally represented among the 5 members of the Nobel Committee (normally limited to a 6 year appointment) or among adjunct members.

This latter category was formally introduced in 1970, and since that time the committee has generally been composed of 5 ordinary members and 10 adjunct members. This enlargement has been deemed necessary to cover the wide and diversified field of medical sciences.

Until 1972, Gard carried the responsibility of representing virology, and thereafter it was my privilege to serve in this function. Gard was the professor of virus research at the Karolinska Institute between 1948 and 1972.

He was very influential in the work of the Nobel Committee at the Institute. Gard's first major engagement concerned evaluations that led to a Nobel Prize to Theiler in 1951. He did the critical examinations of Theiler's work only to be side-stepped in 1951 by the chairman of the committee and vice-chancellor of the Institute, Hilding Bergstrand, a professor of pathology. In order to be considered for a Nobel Prize, a candidate has to be proposed by an invited nominator before 31 January of the year it is to be given.

In the absence of outside nominations, Bergstrand nominated Theiler. During 1952–1954, Gard made seminal evaluations that led to a Prize in 1954 to Enders, Weller and Robbins for their success in growing poliomyelitis viruses in cultures of various types of tissue.

Throughout the 1960s, Gard **introduced 2 more groups of awardees.**

The founding fathers of the field of phage genetics, **Max Delbruck** (received a **Rockefeller Foundation** fellowship in 1937, he met the chemist Emory Ellis, who was **working with phages in the context of cancer research**. **Delbruck**

saw the potential of working with phages for genetic purposes), Hershey and **Salvador Luria**, eventually got a Prize in 1969, and the Prize motivation refers to their studies of the replication mechanism and the genetic structure of viruses.

"**Uncertainties about the conditions of the virus in the living cell**."

However in the final discussions in the committee Tiselius apparently changed his mind, and the committee decided, somewhat surprisingly, to divide the Prize and give half of it to Sumner ''for his discovery that enzymes can be crystallized'', and the other half jointly to Northrop and Stanley." - Erling Norrby in "Nobel Prizes and the emerging virus concept", Archives of Virology, 30 April 2008.

"In recognition of the huge importance of these discoveries to public health, the Nobel Assembly stated that "**never before has science and medicine been so quick to discover, identify the origin and provide treatment for a new disease entity**".

The discoveries have paved the way for tests to diagnose the diseases and for the development of antiviral drugs to combat HIV-1 infection.

In addition, "**the availability of a vaccine against HPV is now a reality thanks to the original discovery of the virus**", said London-based researcher Adriano Boasso (BBC News , 6 October 2008)." - Lucy Bird in "Nobel prize to virus detectives", Nature Reviews Immunology, November 2008.

"Around 1940 Max **Delbrück**, Hershey and **Luria** became interested in bacteriophage, a type of **virus that infects bacteria, rather than ordinary cells**. **As a result of infection, both virus and cell undergo drastic changes.**

The so-called cell-virus-complex behaves as an essentially new system.

The metabolic activities which it releases can lead in a matter of minutes to the formation of hundreds of new virus particles.

The work of **Max Delbrück**, Hershey and **Salvador Luria**

has had a great impact on biology in general. Bacteriophages have served and continue to serve as models for the more complicated and less approachable systems represented by animal and human cells." - in "The Nobel Prize in Physiology or Medicine 1969", The Nobel Prize, 2020.

"**The road to the Nobel Prize is always open for those who go to medical school. The discovery of aetiological agents and entirely new antimicrobials for prevalent diseases could always earn the Nobel Prize.**

A surprising infectious aetiology of a health problem with a high morbidity, such as dementia, schizophrenia, obesity, inflammatory bowel diseases, and diseases known to be autoimmune in origin could strongly attract the Nobel Prize.

A highly predictive epidemiological tool that includes all the potential confounding parameters and is directly applicable to daily life would be a useful solution that could increase the capacity to combat outbreaks and could attract a Nobel Prize." - in "Who can get the next Nobel Prize in infectious diseases?", International Journal of Infectious Diseases, April 2016.

> *"Louis Pasteur's achievements rank him as one of the greatest scientists of all time. But in at least 2 significant cases, the 19th century French researcher apparently lied about his scientific methods, appropriated an idea from a competitor and conducted human experiments that would be considered unethical then as well as today. Pasteur's notebooks revealed that he had regularly manipulated raw data in order to fit his own preconceived ideas.* ***Pasteur's message for contemporary science, was to puncture the "hopelessly misleading" image of science as "simply objective and unprejudiced", a myth that scientists have perpetuated in order to advance their work and attain a "privileged status".*** *" - Cristine Russell in "Louis Pasteur and Questions of Fraud", The Washington Post, 23 February 1993.*

The HIV Virus Farce

"We have not been able to discover any good reasons why most of the people on earth believe that AIDS is a disease caused by a virus called HIV." - *Kary Mullis, in "Inventing the AIDS Virus", 1996.*

Kary Mullis, Nobel Laureate in Chemistry, 1993 and other distinguished scientists have stated that: The HIV-causes-AIDS hypothesis is; **False, Unproductive, and Unethical.**

"AIDS itself, which had first been recognized 2 years earlier in Los Angeles, was labelled a disease of "the four H's": Homosexuals, Heroin addicts, Hemophiliacs, and Haitians." - in "The Rise and Fall of Projet SIDA", Science, 28 November 1997.

"At first sight it appears that there is no common factor, apart from HIV infection, linking the various AIDS risk groups. However, homosexuals are exposed to relatively ***high levels of nitrites and anally deposited sperm, drug abusers to opiates and nitrites, hemophiliacs to factor VIII. All these are known potent oxidizing agents."*** *- E Papadopulos-Eleopulos , V. F. Turner, J. M. Papadimitriou, in "Oxidative Stress, HIV and AIDS", Research in Immunology, February 1992.*

"A number of drugs the extent of rectal absorption has been reported to exceed oral values, which may reflect partial avoidance of hepatic first-pass metabolism after rectal delivery. This phenomenon has been reported for morphine, metoclopramide, ergotamine, lidocaine (lignocaine) and propranolol." *- Evan Hoogdalem , A. G. de Boer, D. D. Breimer, in "Pharmacokinetics of Rectal Drug Administration", Clinical Pharmacokinet,1991.*

*"**The clinical value of rectal formulations has been demonstrated for various drugs.** In general, rectal bioavailabilities tend to be lower than the corresponding oral values, but for **drugs such as ergotamine and morphine**, the opposite has been reported, possibly reflecting the partial avoidance of hepatic first-pass metabolism after rectal absorption." - Ewoud J. van Hoogdalem, Albertus G. de Boer, Douwe D. Breimer, in "Pharmacokinetics of Rectal Drug Administration", Clinical Pharmacokinet,1991.*

*"**The administration of drugs by the rectum has been practised from the earliest times**. Prescriptions for suppositories were found in the Ebers Papyrus (Bryan, 1930). It would appear that these suppositories were intended for the local treatment of disease of the proctodeum. In more recent years, the idea arose that the rectal route could be used for systematic medication, either as supplementary to the oral route or as an alternative when medicine could not be given by mouth. The absorption of **potassium bromide, sodium salicylate and sulphanilamide given per rectum has been studied. It has been shown that when given in solution, all these substances are readily absorbed from the rectum.**" - J. W. A. Mackenzie, MD, in "Absorption of drugs from the rectum", Archives of Disease in Childhood, March 1943.*

*"**Medications Administered per Rectum (PR) are ideal for local or systemic treatment, as the rectal mucosa has a blood and lymph supply that is capable of effective systemic absorption.**" - in "Rectal Drug Administration in Adults: How, When, Why", Nursing Times, 22 February, 2016.*

*"**There is not a single organism that is the cause of AIDS**, and there should exist AIDS patients who do not test positive for HIV . **It is an overwhelming number of distinct organisms, which causes the immune dysfunction. These may individually be harmless**." - Kary B. Mullis, in "A hypothetical disease of the immune system that may bear some relation to the Acquired Immune Deficiency Syndrome", Genetica, March1995.*

*"**HIV (Human Immunodeficiency Virus) is a virus that damages the cells in your immune system** and weakens your ability to fight everyday infections and disease. AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when **your immune system has been severely damaged by the HIV virus. While AIDS cannot be transmitted from 1 person to another, the HIV virus can**." - in "HIV and AIDS", NHS, 3 April 2018.*

Virus Mania

*"Dr Claus Köhnlein, MD is surely one of the world's most critical thinkers when it comes to the analysis of virus epidemics he has co-authored a book called: "**Virus Mania: Corona/COVID-19, Measles, Swine Flu, Cervical Cancer, Avian Flu, SARS, BSE, Hepatitis C, AIDS, Polio. How the Medical Industry... Making Billion-Dollar Profits At Our Expense, 2020**", which, boldly challenges mainstream biology theory. The book exposes the lack of evidence behind many of the claims regarding viruses being promoted by members of the medical establishment and media." - Dr Sam Bailey, MD, 27 Oct 2020.*

The Test Pandemic

"I'm an internal medical doctor and since 1993 I'm in my own practice, and I'm treating a lot of people who are critical of Antiviral Treatment especially AIDS patients, HIV positive patients who are trying to avoid Antiviral Treatment. Twenty years ago I was at the Oncologic Department at the University of Kiel at that time and I came across my first AIDS patient who was suffering from a Lymphoma, I asked, and all of the sudden I was told: he has aids now, and I asked how comes he has AIDS now? Yesterday he was suffering from a Lymphoma! Then they told me, well he's got a positive HIV test. That's not a new epidemic it might be an epidemic of a new test because it was not a new clinical disease this lymphoma. And years later i recognized that the whole thing was a test pandemic it went around the world like Covid19, today by our testing.

There were no new clinical diseases, it started with Pneumonia in previously **healthy young man, that was actually the first paper, that was published about the first AIDS cases.** It was 5 previously healthy young men who died from pneumonias in their 30s.

> *"In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed Pneumocystis Carinii Pneumonia at 3 different hospitals in Los Angeles, California. All 5 patients had laboratory-confirmed previous or current Cytomegalovirus (CMV) infection and Candidal mucosal infection.* ***The diagnosis of Pneumocystis Pneumonia was confirmed for all 5 patients antemortem by closed or open lung biopsy. All 5 reported using inhalant drugs, and 1 reported parenteral drug abuse.*** *Reported by MS Gottlieb, MD, HM Schanker, MD, PT Fan, MD, A Saxon, MD, JD Weisman, DO, Div. of Clinical Immunology-Allergy; Dept. of Medicine, UCLA School of Medicine; I Pozalski, MD, Cedars-Mt. Siani Hospital, Los Angeles; Field services Div., Epidemiology Program Office, CDC.*

Editorial Note: *Pneumocystis pneumonia in the United States is almost exclusively limited to severely immunosuppressed patients. The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and Pneumocystis pneumonia in this population. All the above observations suggest the possibility of a cellular-immune dysfunction related to a common exposure that predisposes individuals to opportunistic infections such as pneumocystosis and candidiasis. The possibility of P. carinii infection must be carefully considered in a differential diagnosis for previously healthy homosexual males with dyspnea (shortness of breath) and pneumonia." - in "Pneumocystis Pneumonia - Los Angeles", Epidemiologic Notes and Reports, Morbidity and Mortality Weekly Report, MMWR, CDC, 5 June 1981.*

They were drug abusing homosexuals who especially used one drug which was Isoamyl Nitrite, which was very upcoming in that time, after the gay liberation.

You can see it in the in the sale numbers of Nitrite Inhalants exploded at that time.

"Popper is a slang term given broadly to drugs of the chemical class called alkyl nitrites that are inhaled.
Most widely sold products include the original ***Isoamyl Nitrite*** *or isopentyl nitrite, and isopropyl nitrite. Popper use has a relaxation effect on involuntary smooth muscles, such as those in the throat and anus.* ***It is used for practical purposes to facilitate anal sex by increasing blood flow and relaxing sphincter muscles. The drug is also used for recreational drug purposes, typically for the "high" or "rush" that the drug can create. Poppers were part of club culture from the mid-1970s disco scene and returned to popularity in the 1980s and 1990s rave scene."*** *- in "Poppers", Wikipedia*

Nitrite Inhalant Abuse and Kaposi's Sarcoma

"Kaposi's sarcoma appears to be concentrated in gay men with AIDS and is rare in others. HIV alone does not appear to cause Kaposi's sarcoma in AIDS. Nitrite use by gay men has been on the decline since AIDS was first described. AIDS-related Kaposi's sarcoma found on the face and chest, especially the nose, is consistent with the areas of skin most heavily exposed to inhaled nitrite vapours. Conversion of nitrites to nitrosamines and/or cholesteryl nitrites (known carcinogens) in the skin and blood vessels has been proposed. Nitrite inhalants may be a Kaposi's sarcoma cofactor." - in "Ellenhorn's Medical Toxicology", 1997.

"The role of inhaled nitrites in the development of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) has been almost as perplexing as the disease itself. Initially, investigators hypothesized that inhaled nitrites were the etiologic agent for AIDS or a cofactor in the development of Kaposi's sarcoma, a vascular cancer common in homosexual men in the early stages of the AIDS epidemic. Less attention was paid to the role of nitrites. ***In summary: The results of this study suggest that simultaneous use of nitrite inhalants during unprotected receptive anal intercourse increases the risk of transmission of HIV more than unprotected receptive anal intercourse alone.*** *This effect was observed after controlling for both confounding and the HIV status of the study partner.* ***It is therefore important to educate homosexual men about the risk of HIV infection from unprotected receptive anal intercourse and simultaneous nitrite use.*** *" - in "The Relation between Nitrite Inhalants, Unprotected Receptive Anal Intercourse, and the Risk of Human Immunodeficiency Virus Infection", American Journal of Epidemiology, 1 January 1992.*

"Conclusions: **The results showed a nitrite-induced Lymphopenia resulting from a relatively short exposure to moderate doses.** *Further, a non specific, perhaps compensatory, immunostimulation following exposure to amyl nitrite was compatible with the suggestion that the nitrites may aggravate symptoms by enhancing HIV replication." - Dax, EM et al., in "Effects of nitrites on the immune system of humans", Health Hazards of Nitrite Inhalants, March 1988.*

These drugs are very toxic, they are immunologically toxic, and they are cancerogenic. And that was a cause of the AIDS epidemic. In the early days it was seen as a lifestyle problem. It first was called GRID for Gay-Related Immune Deficiency, which it is still today.

Via the HIV Test it's spread all over the world, and because the HIV Test cross reacts with:

Tuberculosis
Antigens
Lipoarabinomannan

Lipoarabinomannan which is a content of the cell wall of fungi.

There's quite a good correlation between tuberculosis and fungal diseases.

That's why the distribution of HIV was high in Africa.

After the introduction of the test in Africa the president of South Africa was told his land is in the grip of a very hard AIDS epidemic. And he didn't notice anything. So he did one thing, which was very clever he asked his undertakers how is the situation, is it booming, have you a lot of business. And they said there's nothing, we haven't any more funerals.

And the same situation we have now with COVID19.

We have no excess mortality in Germany, nothing. I asked our undertakers here in Kiel, they said the first quarter of this year was a catastrophe." - Dr. Sam Bailey, MD in "PCR Pandemic: Interview with Virus Mania's Dr Claus Köhnlein", 27 October 2020.

More Information

For more detailed information on the HIV "Virus" Medical Trade Farce, see Chapter 26 in the Book:

"Medicine The Lies, The Greed & The Death: Includes - COVID-19 THE UN-TOLD STORY", 2020.

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The Street Virus Farce

"L. T. Webster, in a review of the literature up to 1936, published in "American Journal of Hygiene, Vol. 30, 1939, concluded that ***there is no good experimental evidence that rabies vaccine given after the injection of street virus will prevent the development of the disease. Since that date we have not found published experiments on this phase of rabies immunization."*** *- Carl Tenbroeck, From The Rockefeller Institute for Medical Research, Princeton, N. J., in "Prevention of Street Virus Infection by Vaccine", Experimental Biology and Medicine, November 1950.*

"**Shortly after the introduction of the vaccine, fatal cases of paralysis, occurring during or after treatment, were recorded. These were ascribed by Pasteur and his supporters to the street virus producing "dumb" rabies; in other words, the vaccine had failed to protect.**

They insisted that the fixed virus of the vaccine was harmless.

It must be appreciated, therefore, that during or after treatment with rabies vaccine, paralytic rabies, due either to the street virus or to the fixed virus, may well be encountered. Both these conditions are accepted as fatal.

Some 3 years after the introduction of the vaccine there were reported cases of a condition considered to be paralytic rabies.

Laveran (1891) described a case of transient paralysis of the legs commencing 8 days after the start of treatment.

Within a short time a number of cases were reported, and it would appear that the authors considered that the condition was due to modification of the street virus.

Tonnin (1901) reported such a case and concluded that the causal factor was present in the vaccine. Remlinger (1905) had collected records of 40 cases occurring among 107,712 persons treated. To this condition the term **"paralytic accident of Pasteur treatment"** has been given.

Tumskaya (1931) reviewed the time relationship between onset of symptoms and commencement of treatment, and concluded that the accident occurred in 25% of cases in the first 10 days, in 62% during the 3rd week and later in the remaining 13%.

Stuart and Krikorian (1928) considered that the accident occurred within 35 days in practically 100% of cases.

Longer periods have been recorded, for example Imrie (1944) reported the onset of the complication 45 days after starting treatment.

The reported incidence of Neuroparalytic Accidents of Rabies Vaccination is reviewed.

In Hong Kong in the years 1949 to 1952, 14,119 patients were given the Semple Vaccine and 17 cases of **Neuroparalytic Accidents** were known to have occurred, **an incidence of 1 : 831.**" - A. J. S. McFadzean, G. H. Choa, in "The Neuroparalytic Accidents of Rabies Vaccination", Transactions of the Royal Society of Tropical Medicine and Hygiene, September, 1953.

Urinary Toxicity and Measles

"Two cc. of the urine of children affected with measles intravenously introduced into guinea-pigs and rabbits caused death of the latter with anaphylactic phenomena.

Similar effects were noted with urines derived from patients with serum exanthemata.

The urinary poison is the result of a pathological metabolism, is not influenced by heat or cold, is dialysable, but does not protect against new infections.

The urinary toxicity continues for various periods and may prove of differential-diagnostic value." - Dr H. Aronson, MD, Dr P. Sommerfeld, MD, in "Urinary Toxicity in Measles and other Infectious Disease", Deutsche med. Wochenschr., 12 September 1912.

Urinary Toxicity in Measles and Other Infectious Disease

"**The increased urinary toxicity determined by Aronson and Sommerfeld in the case of measles, occurs also in other diseases and even in healthy children.**

H. Mautner, Deutsche med. Wochenschr., 21 November 1912, found it 3 times in each, Measles and Diphtheria, and once in each, Scarlet Fever, Peritonitis, Chronic Arthritis, and Heart Disease." - in "Archives of Diagnosis", 1913.

Treatment of Measles with Red Light

"The Journal has referred to Chatiniere announcement that; Red Light has an abortive influence on measles (vol. Xxxi, p. 1129).

In Presse Med., April 1928, he reports 9 more cases treated exclusively with this phototherapy; the windows covered with red curtains and the room lighted at night with a photographer's red lantern. In each case the disease was unmistakably aborted. The eruption disappeared in 6 hours in most instances; fever, laryngeal and bronchial manifestations were promptly attenuated, and patients had recovered and were allowed to go out of doors by the 3rd to 5th day after the first manifestations of the disease.

The eruption disappeared first on the regions exposed to the light. He suggests that the effect may be due to the reinforcing of the natural powers of the organism by the action of the red light. He has noted marked nervous phenomena in workmen employed in making photographic plates by red light. Some neurologists claim that red is force-producing. **It is a custom in the Caucasus to dress the children in red garments in case of eruptive disease, especially measles.**" - in "Journal of the American Medical Association", 2 June 1900.

> ***"Among the most recent therapeutic measures is the Treatment of Measles with red light, as suggested by Chatinière, who has treated 22 cases simply by hanging red curtains over the windows and other sources of light of the room, exposing the child as much as possible to these rays. He has found the disease to run an exceptionally mild course with rapid defervescence, fading of the rash, and absence of complications.*** *(La Presse Méd., 10 Sept. 1898, and 28 Apr. 1900; Arch. de Méd. des Enf., Sept., 1900; Rev. Mens. des Mal. de l'Enf., Oct., 1900)." - in "American year-book of medicine and surgery", Vol. 7, 1902.*

The Measles Virus Farce

"**Science can be considered science only if its claims are verifiable.**

Medical sciences has lost touch with reality for quite some time.

Anyone who has knowledge of biology and the genesis of life, of the development and functions of the tissue, of the body and of the brain, will automatically question the assumptions about viruses.

Any reading scientific papers about pathogenic viruses can realize that such viruses do not exist and what is being described are only typical components and characteristics of cells. After introducing chemical examination techniques in biology, it was discovered that there are thousands of types of phages and that phages of one type always have the same structure.

They consist of a particular molecule, made of nucleic acid, which is covered in a shell of proteins of a given number and composition.

It was only later discovered that merely the bacteria which had been highly inbred in the test tube could turn into phages themselves, by contact with phages, but this never applied to natural bacteria or bacteria which had just been isolated from their natural environment.

In this process, it was discovered that these "bacterial viruses" actually serve to provide other bacteria with important molecules and proteins, and that the bacteria themselves emerged from such structures.

These tests represent the biochemical characterization of the phages. **In almost every case, these results have been and are being published in only one publication.**

The control experiments for these tests use liquid from bacteria which do not form phages and thus cannot present any biochemical proof.

The existence of approximately 2,000 different types of phages was "scientifically demonstrated" this way.

A vaccine was to help eradicate the alleged virus.

After the polio vaccine was introduced, the symptoms were then re-diagnosed among other things as:

1. Multiple Sclerosis,
2. Flaccid Acute Paralysis,
3. Aseptic Meningitis,
4. Etc...

And later polio was claimed to have been eradicated. During his experiments, Enders et al. sterilised the tissue cultures in order to exclude the possibility of bacteria killing the cells. The sterilisation and the treatment of the cell culture when preparing it for the alleged infection was exactly what was killing the cells. Instead, he interpreted the cytopathic effects as the existence and the action of polio viruses, without ever having isolated a single virus and described its biochemistry.

The necessary negative control experiments, which would have shown that the sterilisation and the treatment of the cells prior to the "infection" in the test tube was killing the cells, **have never been performed.**

However, for this "performance" Enders received the Nobel prize in 1954.

Thus, the measles vaccines do not contain viruses, but particles of dead monkey kidney tissue or human cancer cells. To date, no negative control experiments have been done with respect to the so-called measles virus either, which would have shown that it is the laboratory procedures that lead to the cytopathic effects on the cells.

The easiest thing for anyone to notice is that in all these publications, as well as in all other publications on the "measles virus" and other pathogenic viruses, no control experiments were ever performed.

No researchers used the density gradient centrifugation technique; instead, they only centrifuged cellular debris at the bottom of a test tube. **From a logical and scientific perspective, it can be said that in all publications on so-called "pathogenic viruses", the researchers demonstrated in fact only particles and characteristics of cells.**

Prof Lüdtke's relevant review (1999).

He noted that at the early beginnings of virology, the majority of virologists always concluded that the structures they had mistaken for viruses turned out to be components of the cells and thus, they were only the result of the experiment and not the cause of the changes observed.

In 1992, the dogma stating that the nucleic acid is the genotype of all cells was retracted in the scientific community.

The dogma of pathogenic viruses, however, is still being promoted." - Dr. Stefan Lanka, Biologist, in "Dismantling the Virus Theory; The Measles Virus as an Example", 2015.

The Federal Supreme Court has Lost Faith in Viruses

"In the 5-year" Measles Virus Process ", the Federal Court of Justice in Karlsruhe on 1 December 2016 confirmed the sensational judgment of the Stuttgart Higher Regional Court on 16 February 2016.

As of 1 December 2016, the highest court ruling in Germany is that all lawsuits related to measles infection, measles vaccines and the measles virus have no scientific basis. The justification of the verdict confirmed by the judge includes the clear nomenclature of the facts, which not only refute **all the claims about measles infection, measles vaccines and the measles virus, but also about all the so-called "viruses causing diseases" and vaccines.**

Now the world is waiting for a first trial, which will bring the jurisprudence of this supreme judge, by which a compulsory vaccination, school exclusion, interference with the rights of parents or the right to choose a profession, the recognition of the harm of vaccination or unsustainability of the state vaccination recommendations issued.

This can and should, first in Germany and then throughout the world, lead to the approval of negative phenomena in medicine and the beginning of a truly scientific public health education.

The Federal Court of Justice is Losing Faith in Viruses

As a precaution, Judge Matthias Schneider, at the beginning of the trial, forbade me from being allowed to ask the expert questions. The judge knew that he had scientifically published experience in the field of virology to be negotiated and that the unskilled judicial expert had no scientifically published experience in the field of virology.

The court attempted the balancing act and wrote world history. He elegantly exposed, now legally effective, the erroneous belief in the "measles virus", the transferability of "measles" and the possibility and effectiveness of the so-called "measles vaccine". Not between the lines, but on the lines of the sentence, facts should be read that all claims about all disease-causing pathogenic viruses have been disproved. The Stuttgart Regional Superior Court had several problems with the facts presented when formulating the judgment. Some tried to legally neutralize him, others simply put him in the room without comment, without legally judging him.

For example, all the written and oral statements made by the judge, Prof. Podbielski, on which the entire procedure is based, are clearly and demonstrably incorrect.

At my appointment, I rejected all statements of the advisor. The quote also included 5 expert opinions, each of which refutes Prof. Podbielski's statements.

The 4th Report confirms that Professor Podbielski, as a mere bacteriologist, has no published and practical competence in the field of virology. It should never have been used as an expert.

Another problem for the judges of the Regional Superior Court, who were optimally prepared for the procedure and obviously relaxed, was: the scientific counter-evidence to the claims of existence of the "measles virus" in the form of the 5th Report. This report clearly refutes all existing claims of a "measles virus". For this I refer to the fifth report on appeal, the contrary evidence report and my observations in this issue No. 2/2017 in WissenschafftPlus.

A major problem, which the Stuttgart Regional Superior

Court tried in vain to resolve, will continue to be addressed to the court in the future.

It is the fact that the pro-virus expert, prof. Podbielski, was refuted at trial in the Ravensburg District Court.

In the crossfire of the rapporteur's questions, Judge Ana-María Brutscher admitted that her previous central and written statements about the "measles virus" are false.

This central and judicially registered refutation of the expert itself was suppressed by the Stuttgart Regional High Court at trial, just as the Ravensburg District Court did.

This important and only true statement of fact by Prof. Podbielski in the trial record of 12 March 2015 was not removed or changed. The Stuttgart Regional High Court had to suppress this fact to protect the expert and the Ravensburg district court from possible negative consequences, despite the fact that this "refutation of the expert by himself" in the "permissible" appeal is repeatedly presented, explicitly and unequivocally. On the other hand, a brilliant move by the court was the handling of the Robert Koch Institute's more concrete objection to the "measles virus" claims of existence.

The Robert Koch Institute, the highest scientific and state authority in the field of infection lawsuits, objected to all claims of existence about the "measles virus" through a document introduced in the procedure.

The Robert Koch Institute in the person of Prof. Dr. Annette Mankertz, director of the National Reference Institute for Measles at the Robert Koch Institute, also objected to previous claims by government agencies that "measles vaccines" are well tolerated and have no side effects.

The expert, Prof. Podbielski, refuted not only the claims of existence of the "measles virus" with his statements in said document from the Robert Koch Institute, but at the same time the supposedly "scientific" evidence of all the "disease-causing viruses".

The Stuttgart Regional High Court decided to mention these facts, but not to evaluate and not use them. The court expected that no one would read the verdict.

As a diversion, the court charged the media with legally irrelevant bite-size pieces that were swallowed and reproduced undigested after the end of the trial.

Events on 16 February 2016 in front of the Regional Superior Court Stuttgart

On 16 February 2016, interesting things happened before the Higher Regional Court of Stuttgart. Which the media did not report. At the beginning of the hearing, the presiding judge, Judge Karl-Heinz Oleschkewitz, criticized the plaintiff for acting as highly irresponsible in filing a lawsuit and maintaining the action. The court dismissed the plaintiff, Dr David Bardens, MD from Homburg claims that he himself has not read the 6 publications that allegedly contain the proof of the "measles virus" and which he named in the Ravensburg District Court as proof of the existence of the measles virus.

Bardens confessed. In the written justification of the judgment, which the Stuttgart Higher Regional Court published on its website (Judgment of the Stuttgart Higher Regional Court of 16 February 2016, file number: 12 U 63/15), the court was a step ahead. Paragraph 30 of the judgment states that the plaintiff did not submit the 6 publications to the Ravensburg Regional Court.

The main content of the written judgment, Stuttgart Regional Superior Court 16 February 2016

According to paragraph 122 of the judgment, the Higher Regional Court concludes the appeal was successful because "the proof of the existence of the measles virus was not satisfied by the applicant." The court referred to the court-appointed expert, Professor Podbielski, who testified in writing before the trial court and orally stated that none of the 6 publications submitted by Dr. Bardens contained evidence of the existence of the "measles virus".

The expert explains the existence of the supposed "measles virus", on page 27 of his expert report of 17 November 2014:

> *"However, it is not enough to affirm the validity of one of the 6 articles, but that the declarations of the combinations of the 6 articles are necessary for the evidential declaration."*

The Stuttgart Regional High Court rejects the fact that "the statements of the combinations of the 6 articles are necessary for the evidence" in order to prove the supposed existence of the measles virus, for legal, logical and scientific reasons, unanimously decided, 3:0 Prof. Podbielski's construction of presenting scientific evidence of 6 non-evidence tests, which was followed by the Ravensburg District Court, is rejected by the Court of Appeal for reasons detailed in paragraphs 82, 85 and 86 of the written judgment.

Therefore, it has been established in the courts and is now the German jurisprudence, so it can no longer be doubted that none of the 6 publications contains any evidence of the existence of the "measles virus".

According to German jurisprudence, the first publication in the measles virus process, the publication of Nobel Prize winner John Franklin Enders and his 1954 colleagues, there is no evidence of the alleged existence of the alleged "measles virus".

What makes this fact so important is, on the one hand, that this publication is the sole and exclusive basis of all the other approximately 30,000 "scientific" publications on the subject of measles virus, measles contagion and "protection against measles". All statements regarding "measles virus", measles transferability, and measles vaccination are based solely and solely on this publication. In this central publication, Enders states that cells in the test tube with or without suspected "infection" die from suspicion of "measles virus" in the saliva or blood of sick people.

In this work, he concludes that cell death could be evidence of the presence and multiplication of the presumed measles virus or the action of unknown factors or the action of unknown viruses in the cells themselves.

Enders also admits in this paper that his experiments with cells in a test tube could have nothing to do with actual measles in humans. (John F. Enders, Thomas C. Peebles, in "Propagation in Tissue Cultures of Cytopathogenic Agents from Patients with Measles", Proceedings of the Society for Experimental Biology and Medicine, 1 June 1954)

Later in 1954, Enders received the Nobel Prize for Medicine for such speculation. He and his colleagues forgot their own refutations and doubts, the end of all science, and claimed that exactly this 1954 procedure would multiply the measles virus and at the same time be the basis for all future vaccine development.

Enders and his colleagues have been overlooked, under the influence of the Nobel Prize, and as a result all virologists to this day, who inadvertently starve and poison cells before the real "infection experiment" begins.

The cellular components were isolated from the mixture of dying cells, never a "virus".

Based on a well thought-out model of what a virus should look like, the cellular components found were mentally - not in fact - assigned to the virus model in a year-long consensus building process. These "viruses" do not appear anywhere in reality. Typical cellular components, for example, the sticky feet of cells, called Villi, were misinterpreted as "viruses" in cross-sectional images.

The measles vaccine, which is said to consist of attenuated "live measles viruses", consists exclusively of hungry and poisoned cells. It is clear why measles vaccination, in particular, causes significantly more vaccination damage in the form of mild to severe allergic reactions and, in the best scientifically proven sense possible, also autism.

Enders did not perform control tests to easily determine if a virus or hunger and poisoning were the cause of cell death.

To date, they have not been made by "science". We carry out these control tests as part of the "measles virus process".

The results demonstrate that the conditions that Enders established in 1954, starvation and poisoning of cells, lead to cell death without "infection".

On the other hand, that in the Regional Superior Court / Federal Court of Justice jurisprudence on the "measles virus" it is important that today all "disease-causing viruses" are "proven" using the method introduced by Enders in 1954.

This method, What Enders described in mid-1954 as "extremely cautious" speculation, became a "scientific fact" and the model and standard for all current detection methods for "sickly viruses" by the Nobel Prize in Enders on 10 December 1954.

On 16 February 2016, the Stuttgart Regional High Court not only wrote the world history on the "measles virus", but also refuted the "science" of the claims of all "sick viruses" and the usefulness of vaccines. of protection".

As of the announcement of the legal validity of the Superior Regional Court of Stuttgart judgment of 16 February 2016 by the Federal Court of Justice on 1 December 2016, all "measles vaccines" and enforcement measures in this regard are illegal. Measles vaccines per se and all related restrictive measures are prohibited as of 1 December 2016, as they are no longer justifiable and may be prosecuted to invade the fundamental rights to physical integrity and life, education, rights of parents and free choice of profession.

With respect to all other "disease-causing viruses" and their vaccines, the legal validity of these events must be determined by additional decision or judgment.

Refutation of the "measles virus" and refutation of the alleged safety of measles vaccination by Prof. Dr. Annette Mankertz of the Robert Koch Institute

The Robert Koch Institute, the highest scientific authority in the field of infection theories and vaccination established by the Federal Government, and the highest federal and state health authorities make all claims about infections and vaccines without any scientifically published basis.The reason for the refusal to carry out and publish research on the "measles virus" was made clear with the admission of the Robert Koch Institute on 24 January 2012. This document refutes the existence of the "measles virus" and claims that vaccination against measles is safe and effective.

The Robert Koch Institute writes in it:

> *"Measles viruses, like other paramyxoviruses, do not have a precise size or a precise diameter: they measure 120 to 400 nm in diameter and often also contain ribosomes inside them." - Letter from the Robert Koch Institute, 24 January 2012.*

"Ribosomes" are the very factories of cells that humans, animals, and plants use to make their proteins.

Since the "measles virus" is defined by the fact that it does not contain any "ribosomes", this admission by the Robert Koch Institute has refuted all claims of the existence of the measles virus!

The Robert Koch Institute has admitted that it works with normal components of life and cells rather than "measles viruses".

Additionally, the Robert Koch Institute has provided evidence why measles vaccination, above all other standard vaccines, produces the highest rate of vaccine damage in the form of allergies and autoimmune reactions.

Detection of the Ribosome Virus in Measles

> *"It is alleged that it has not been clarified whether ribosomes have not been found at the Robert Koch Institute within measles viruses and that this excludes ownership as a virus." - in paragraph 117 of the Judgment, Regional Superior Court.*

The court clearly expects readers to believe the court that the "ribosome argument" was resolved and invalidated by the court. In fact, this factual designation of the Robert Koch Institute was not clarified and it was not prosecuted.

The test: Even after 16 February 2016, measles vaccines are "vaccinated" against dozens of different skin diseases, which are only diagnosed as measles if the affected person reacts positively on the "measles virus test."

Depending on how these different "measles virus" testing procedures are set up, few, many, or all people with this test are "positive" regardless of whether they are healthy or sick.

We have achieved a small goal: through the complaint of Dr Bardens, MD and the resulting "measles virus process" became known to more citizens and leaders.

The process received huge national and global coverage.

We are grateful to Dr David Bardens, MD for having prevented, with this joint success, the politically required introduction of mandatory vaccination for particularly risky measles vaccination. The refutation of all virology and the expert Prof. Dr. Andreas Podbielski himself.

In paragraph 117 of its judgment of 16 February 2016, the Stuttgart Regional Superior Court mentions the refutation of all virology by the expert.

The expert is quoted as saying:

> *"The conceptual understanding of the virus is actually in flux." - Judgment of the Higher Regional Court of Stuttgart, file number: 12 U 63/15, 16 February 2016.*

When something is in flux, it is not scientifically defined and should not be claimed as fact in public.

What Professor Podbielski did not mention is the fact that the well-known "virologists", as in 1951 and 1952, are once again in the process of revolutionizing and redefining all virology. **They have recognized that structures that have been misinterpreted as "viruses" live and our cell nuclei have emerged from them.**

They pledge to ensure that these structures are recognized as the 4th kingdom of life, in addition to the "kingdoms" of life, the primary bacteria, the bacteria and the actual cells that have been discovered so far.

What is explained below is what the Stuttgart Regional Superior Court also tried to hide with its observations in paragraph 116 of the judgment of 16 February 2016.

In 1997, the world's largest scientific fraud to date was made public. All the data on the claims of the "Hepatitis B

Virus" and a Cancer Vaccine, involving hundreds of the most prominent AIDS, Gene, Immune, infectious and cancer scientists, were not only falsified, rather they were invented.

Dozens of prosecutors, parliamentarians and politicians called for scientific fraud to be punished. Acts are only punished if they were defined as a crime at the time of the act. The German Research Society (DFG), an association that distributes billions of research funds on behalf of governments, asked politicians who did not introduce the planned crime clause "scientific fraud".

The German Research Society claimed that science can only control itself. In order to convince politicians that they do not need to control science, the German Research Society appointed an international committee in 1997.

The task of the Committee was to draft scientific work standards that have always been in force and that are the same for all scientific disciplines, in the form of a binding set of norms, as the constitution of international science, and make them internationally binding. This also happened.

In Germany, since 1998, all scientists and institutions receiving state funding for research have been forced to comply with this ingenious, logical and simple set of rules in their work and in the preparation of expert reports.

The sole basis of all virology since 1953 is the assumption published by Professor Enders in 1954 that cell death in the reagent could be evidence of the action of viruses or unknown factors.

It was only through the Nobel Prize in late 1954 that these self-refuting speculations became a scientific fact:

"They are viruses when cells die".

Since he made no control attempt, Enders and all of his successors have not yet noticed that hunger and poisoning are the cause of death of cells in the test tube and unsuspected viruses.

Robert De Niro's son became Autistic at the time of Vaccination.

This demonstrates from a biological point of view that Vaccines can cause Autism." - Dr Stefan Lanka, Biologist, in "Der Bundesgerichtshof lässt den Glauben an die Viren untergehen", WissenschafftPlus, 2017.

Cellular Debris Not Virus

"All Viruses from HIV, EBV, CMV, Hepatitis C, West Nile Virus, Ebola, Measles, Zika, and Now the Coronavirus, are all "Phantom Viruses". Viral existence has never been scientifically demonstrated.

Enders et al., in "Propagation in tissue cultures of cytopathogenic agents from patients with measles", Proc. Soc. Exp. Biol. Med., June 1954, in this experiment, Enders et al., cut down dramatically on the nutrient solution and added cell-destroying antibiotics to the cell culture before introducing the allegedly infected fluid.

The subsequent dying of the cells was then misinterpreted as presence and also isolation of the measles virus. No control experiments were performed to exclude the possibility that it was the deprivation of nutrients as well as the antibiotics which led to the cytopathic effects.

The 2nd paper presented by the claimant in the "Measles Trial" was published in 1959 and, for the reasons presented above, **the authors concluded that the technique introduced by Enders was not appropriate for the isolation of any virus.**

This rebuttal is not only not being discussed by all the other researchers, but it is being ignored completely!

In a 3rd paper, the authors photographed typical cellular particles inside the cells and misinterpreted these as measles virus. They did not isolate any virus.

From the way the experiments were performed, one can only conclude that cellular particles were misinterpreted as viruses. We find the same situation in the 4th and the 6th publication put forward by the claimant as proof of the existence of a measles virus." - Dr Robert O Young, DSc, 19 June 2020.

The Out of Control Medical Trade and The Corruption of Medical Science

"1. Several False Statements Regarding HIV testing by Gallo, Geffen, Gonsalves, et al. (Gallo et al 2006).

On 4 March 2006, Robert Gallo, together with pro-antiretroviral HIV activists from the Treatment Action Campaign in South Africa, the Gay Men's Health Crisis in the USA, the Elizabeth Glaser Pediatric AIDS Foundation USA, and others (Gallo et al 2006), released an alleged rebuttal of an article by Celia Farber in the March 2006 issue of Harper's Magazine: "**Out of control: AIDS and the Corruption of Medical Science**", Farber 2006.

Regarding HIV testing, Gallo and his co-authors assert that (Gallo et al 2006):

> *"HIV tests were highly accurate from the time they were developed in 1984 and have become much more accurate over time as the underlying technology has evolved. HIV tests are amongst the most accurate available in medical science."*
>
> ***"A PCR test for the presence of the virus itself can accurately determine a child's HIV status."***
>
> *"An AIDS diagnosis cannot be considered definitive without an HIV test."*
>
> *"The risk of a false positive HIV test in Africa, as elsewhere, is very small if the correct protocol is followed. Some HIV antibody tests have been tested in Africa and found to be very accurate. These are the ones generally used. For example, the Abbott Determine rapid test used widely in South Africa has a*

specificity of at least 98% (and in some studies has achieved close to 100%). When this test is combined with a second rapid test or an ELISA test to determine HIV status, the risk of a false positive is negligible. The contribution of TB and malaria to false positives on today's tests is also negligible."

"A properly conducted HIV-test protocol (which involves at least 2 HIV tests) has very small chance of giving a false positive, irrespective of pregnancy status."

However, available scientific data do not validate these statements. Several established scientific facts supporting the contention that HIV tests cannot diagnose HIV infection are as follows:

2. Pharmaceutical companies acknowledge that HIV tests are not specific for HIV.

The primary tests for the diagnosis of HIV infection are two antibody tests. **None of these tests detect the HIV virus itself.**

Therefore, the pharmaceutical drug manufacturers acknowledge the fact that neither the ELISA, nor the Western blot, nor the Viral Load tests for HIV are specific to diagnosis HIV infection.

The only possible gold standard for the HIV tests is the human immunodeficiency virus itself, HIV. Since HIV has never been isolated as an independent, free and purified viral particle, it is not possible to properly define either the sensitivity or the specificity of any of these tests.

The large majority of AIDS researchers, journalists, lay people, and health care workers themselves do not understand the limitations of these tests because they do not have access to the relevant data. Additionally, little or no concern is expressed by medical faculties and research institutions with regard to communicating these facts to physicians, let alone to the general public.

3. HIV has never been either isolated or purified as a real virus.

However, neither Montagnier, nor Gallo, nor Levy et al. had adhered to these techniques when they claimed to have isolated "the AIDS virus" in 1983 and 1984 (Barré-Sinousi et al 1983; Papovic et al 1984; Gallo et al 1984; Levy et al 1984).

The first two steps were omitted; they did not provide the electron microscope evidence.

The alleged existence of HIV was asserted from the study of proteins, reverse transcriptase activity (RT), and RNA fragments that were found in culture supernatants, not from the direct analysis of purified viral particles.

Surprisingly, the existence of HIV was then claimed indirectly, on the basis of the presence in complex cell cultures. However, **none of these substances have been proven to belong to HIV.**

"The specificity of viral markers depends on the success of virus isolation and purification. Without fully demonstrated success in virus isolation and purification, identification of viral markers is extremely hazardous and can lead to severe misinterpretation of clinical data. An illustration of this is to be found in current HIV research.

HIV has never been either isolated or purified as intact viral particles. Therefore, there is no scientific data validating the contention that what is currently referred to as HIV is in fact a virus!

There does not exist a single test tube in any laboratory anywhere containing purified particles of HIV.

They are working with proteins, enzymes, or fragments of RNA that have been arbitrarily regarded as belonging to HIV. The fact that after 25 years of intense research HIV has been neither isolated nor purified in terms of classical virology indicates to us that the infectious view of AIDS as a contagious viral disease is based on an apparently non-existent microbe!

"The 'Viral Load' of newspapers and magazines, all over the world is extremely high, meaning the number of pictures of HIV published almost daily in the world's

press. These pictures are extremely attractive, and are frequently rich in artificial colours. They clearly exemplify the danger of misinforming the public with computer graphics.

"HIV viral load" cannot, therefore, diagnose HIV infection.

Some of the conditions that cause false positives on the so-called "AIDS test" are:

Past or present infection with a variety of bacteria, parasites, viruses, and fungi including tuberculosis, malaria, leishmaniasis, influenza, the common cold, leprosy and a history of sexually transmitted diseases; the presence of polyspecific antibodies, hypergammaglobulinemias, the presence of auto-antibodies against a variety of cells and tissues, **vaccinations**, and the administration of gamma globulins or immunoglobulins; the presence of auto-immune diseases like erythematous systemic lupus, sclerodermia, dermatomyositis and rheumatoid arthritis; the existence of pregnancy and multiparity; a history of **rectal insemination**; **addiction to recreational drugs**; several kidney diseases, renal failure and hemodialysis; a history of organ transplantation; presence of a variety of tumors and cancer chemotherapy; many liver diseases including **alcoholic** liver disease; hemophilia, blood transfusions and the administration of coagulation factor; and even the simple condition of aging and some **vaccinations, to mention the most important** (Johnson 1993, 1995, 1996; Hodgkinson 1996; Turner 1996, 1997/8; Shenton 1998; Papadopulos-Eleopulos et al 1993; Giraldo 1997, 2000).

Biochemically the body responds, non-specifically, to exposures to cocaine, sex lubricants, malnutrition, electromagnetic fields or to unclean water and parasites. The non specificity of these "stresses" was discovered by Hans Selye in the middle of the last century (Selye 1936, 1946; 1982). The successful nutritional and antioxidant therapies in the prevention and treatment of AIDS (Giraldo 2003) can now be better understood. **Let us unite with Love and Compassion to defend humankind from "AIDS and the Corruption of Medical Science.**"

- Dr Roberto A. Giraldo, MD, specialist in internal medicine, infectious and tropical diseases. Member of the South African Presidential AIDS Advisory Panel;

- Dr Etienne de Harven, MD, specialist in pathology, virology and electron microscopy, Emeritus Professor of Pathology, University of Toronto, Canada, Member of the South African Presidential AIDS Advisory Panel, President of Rethinking AIDS, France, in "HIV Test cannot diagnose HIV Infection, A reply to several of the numerous fallacies contained in the document entitled "Errors in Celia Farber's March 2006 article in Harper's Magazine", (Gallo et al 2006)", April 2006.

Concerning Virulence

*"**The qualities of virulence are of course among the most unstable of bacterial characters**; and immunity reactions of all sorts are quickly modified by the conditions of cultivation." - Dr S. Gueney-Dixon, MA, MD, MRCS, LRCP, in "The transmutation of Bacteria", 1908.*

*"**The more I see of acquired Disease, the more impressed I become with the Vascular System being the part of the body which bears the brunt of the attack of the ever-increasing Virulence of Intestinal Toxaemia.**" - Dr J.E.R. McDonagh, F.R.C.S., in "The Nature of Disease Institute Second Annual Report", 1949.*

Disease Germs are Product of Disease, Never its Primary Cause

"Germs are frequently associated with the disease process. They may produce or modify symptoms.

Normally their function is beneficent, protective.

Some are concerned with digestion; others are scavengers, facilitating removal of waste.

Germs exhibit a quality strangely reminiscent of their human hosts - they tend to assume the character of their environment. It has been demonstrated repeatedly by experiment that perfectly harmless and even beneficent germs may be metamorphosed, by altering their food, into varieties of the most deadly virulence.

> *"Behind the microbe* ***there is to be sought the cause of the microbe****, and this in every case is the state of the soil which permits him to flourish." - Leonard Williams*

Disease germs are a product of disease, and never, as the Medical Profession still blindly believes, its primary cause.

Attempts at "curing" disease, in bodies blocked with food poisons, by attacks upon the germs which may be comply eating the condition, kills many germs; but kills almost as many people, and can never heal disease.

People with clean systems are naturally immune; but disease germs, having appeared in the unhealthy, may disseminate disease among any whom unhealthy living has rendered susceptible.

But remove the cause, eliminate the accumulated waste, and germs and symptoms alike disappear.

We must concern ourselves not with the germs, but with the wrong conditions of living that make them a menace.

The best way to get rid of maggots and poisonous odours is to remove the garbage and prevent its collection - not dissipate energy in futile attempts to destroy the flies." - Dr Ulric Williams, MD, in "Hints on Healthy Living", 1939.

The Concept of Virus

"The man in the street generally considers viruses as the dangerous agents of infectious diseases. If one has to lecture before an assembly of microbiologists, one becomes aware of the fact that the real danger lies with the virologists.

When by reading their writings one tries to understand what a virus is, one reaches a sort of feeling of the possible

existence of some slight theoretical misunderstandings amongst virologists in which it may be dangerous to be involved. Some virologists are convinced that viruses are micro-organisms. This view is expressed in Sir MacFarlane Burnet's book : "Virus as Organism". Other virologists, like Wendell Stanley, feel that viruses should be considered as molecules. A third class is represented by F. C. Bawden and N. W. Pirie who write, "statements that viruses are small organisms should be regarded with as much suspicion as statements that they are simply molecules"." - A. Lwoff, in "The Concept of Virus", Journal of General Microbiology, August 1957.

The Origin and Nature of Viruses

"The appearance and existence of an organism **lacking a cohesive morphological structure, that is: its subsystems are not in structural continuity.**

Metabolism

After the virion or nucleic acid enters the host cell, the viral genome is decoded and the synthesis of viral proteins begins. These newly synthesized molecules belong to the virus and the process of their synthesis establishes viral metabolism (even if it is a "genetic metabolism"). In this stage, where whole viral molecules exist, **currently accepted theories do not satisfactorily explain how the viruses are individualized.**

In general, there are 3 points of view on this problem:

1. The so called "eclipse phase", which in fact signifies the "disappearance" of the virus after it enters the host cell, is no longer an answer.

2. The identification of viruses with only nucleic acid

inside of the host cell still persists although it is obvious that we cannot identify the virus with only a single molecule as long as there are other viral molecules in the host cell.

This Raises the Question: Is it correct to consider such dispersed subsystems as a superior system called the virus organism?

One of the most obvious differences between viruses and all other organisms is considered to be their possession of only one type of nucleic acid, either DNA or RNA in their ontogeny. This may be true for virions, but after the viral DNA enters the host cell it is transcribed to mRNA.

Should this RNA be considered as belonging to the host cell or to the virus?

Indeed, it is built from subunits of the cellular medium, but the information comes from viral DNA.

If we consider that this RNA is not of the virus, then we must also do the same with the new viral DNA molecules which are built on the same principle, and this is a nonsense.

It should be noted that the appearance of "RNA viruses" from cellular mRNA (**Salvador Luria;** J. E. Darnell, "General Virology", 1967) is not likely because it is difficult to imagine how a cellular mRNA could accidentally appear and have the proper "genes" tocontrol:

1. The synthesis of capsid proteins with exact biochemical affinity for the respective mRNA molecule;
2. The synthesis of RNA-replicase which must control multiplication of viral RNA in new host cell (this is in agreement with the actual evidence that in the host cell, the virus will not find such an enzymatic system);
3. The synthesis of various enzymes needed to assure the ontogenetic and phylogenetic individuality of the new system in relation to the cell. The third characteristic is of paramount importance for establishing the origin of viruses.

Even if one tries to determine the advantages the cell might have obtained by fixing genetic mutations which

would have lead to the endogenous appearance of viruses, these arguments seem weak." - Claudiu I. Bandea, in "A New Theory on the Origin and the Nature of Viruses", Journal of Theoretical Biology, 21 December 1983.

Attempts to Transmit the Virus of St. Louis Encephalitis to Newly Hatched Chicks

"The experiment was designed to determine the survival of virus under normal conditions in the living chick brain and also to detect increase in amount of virus.

The infectious agent was not recovered after 7 days in the chick brain and the titrations show no evidence of increase in amount.

It is apparent from the results recorded in this paper that in spite of the most favourable circumstances, attempts to establish either apparent or inapparent infection with encephalitis virus in the newly hatched chicks were unsuccessful.

It, therefore, appears doubtful that the chick could serve as a reservoir of the virus in nature." - S Edward Sulkin, Carl G. Harford, J. Bronfenbrenner, in "Attempts to Transmit the Virus of St. Louis Encephalitis to Newly Hatched Chicks", The Journal of Infectious Diseases. November 1940.

The Role of Vitamin C

"**For any virus that causes a biological change in the body, there is a substance that will prevent this "virus" from causing this biological change.**

We will call this substance an anti virus substance.

A mechanism where when Vitamin C is present the body can more easily manufacture the anti virus, other mechanisms, and the comparison of properties of humoral antibodies and interferon with suspected properties of anti viruses." - V. A. Nelson, in "Medical Hypotheses", July 1978.

Swine Flu Beaten With Vitamin C

"Remember King Country dairy farmer Allan Smith, written off as dead, by his doctors. His family insisted on intravenous vitamin C and Alan survived.

> ***"In a nutshell: I wouldn't survive, if I hadn't had the Vitamin C."*** *- Allan Smith*

Well after that story last month there was a clamour throughout the country families of swine flu victims demanded the same treatment." - in "Why can't we try?", 60 Minutes, New Zealand, September 2010.

> ***"Neutrophils are the most abundant type of granulocytes and make up 40% to 70% of all white blood cells in humans. They form an essential part of the innate immune system."*** *- in "Wikipedia"*

> ***"The polymorphonuclear neutrophil (PMN) is the primary defence against bacterial and fungal invasion. Defects of neutrophil number and function commonly present with recurrent and severe bacterial and fungal infections, often involving the skin and respiratory tract as well as deep tissue sites."*** *- in "Laboratory evaluation of neutrophil disorders", UpToDate, 15 April 2020.*

> ***"Though, sepsis is one of the major causes of mortality and impairs the function of neutrophil in acute liver failure. Neutrophillic dysfunction may play a signficiant role in predisposition to infection and potential of reactive oxygen species may be responsible. The present study was plan to assess the abnormality of neutrophillic function test and oxidative stress markers (lipid peroxidation, free radical***

antioxidant potential, Vitamin C, *Ceruloplasmin, Myeloperoxidase, Superoxide dismutase)* ***in patients with acute liver failure. Involvement of reactive oxygen species on neutrophils functioning in sepsis could be responsible and play a pivotal role in pathogenesis of acute liver failure. Thus, assessement of antioxidant potential and NBT test could be an early marker for acute liver failure patients."*** *- S Prakash, et al., in "Assessment of Oxidative Stress Markers and Neutrophilic Function in Patients with Acute Liver Failure", Indian Journal of Clinical Biochemistry, December 2007.*

*"****Sepsis, is a leading cause of morbidity and mortality worldwide. Decades of research have failed to identify any specific therapeutic targets outside of antibiotics****. More recently,* ***Vitamin C has emerged as a potential therapeutic agent to treat Sepsis.*** *Vitamin C has been shown to be deficient in Septic patients and the administration of high dose intravenous as opposed to oral Vitamin C leads to markedly improved and elevated serum levels.* ***Its physiologic role in Sepsis*** *includes:* ***Attenuating oxidative stress and inflammation, Improving vasopressor synthesis, Enhancing immune cell function, Improving endovascular function, and epigenetic immunologic modifications.*** *A plethora of laboratory, animal, and clinical studies are building a compelling case for a crucial role of HDIVC in the treatment of Sepsis.* ***Given the multitude of mechanisms of action, Vitamin C may succeed where other possible Sepsis treatments have previously failed."*** *- Dr Markos G. Kashiouris, MD, et. al., Virginia Commonwealth University School of Medicine in "The Emerging Role of Vitamin C as a Treatment for Sepsis", 22 January 2020.*

"I'll never forget this. It was about 12 years ago. We had 2 cages. We had a cage of mice that just got the faeces-induced peritonitis. Then we had another cage of mice with faeces-induced peritonitis, but 40 minutes after they got the faeces, we injected 200 micrograms per gram of body weight of the mouse of vitamin C. Put the cages aside. That was about 4:00 in the afternoon. And so the next morning I get into the laboratory, and there in front of me was a cage full of dead mice, and cage full of mice that were running around eating, and drinking. The mice who had received the vitamin C. And it was like electricity. We knew that something had gone on with the mouse model that interrupted the course of sepsis." - Dr Alpha A. Fowler III, MD, interview, in "The Effects of Vitamin C in Sepsis and ARDS", 1 October 2019.

***"Flu can led to Sepsis. Doctors have found that rates of sepsis and severe sepsis tend to go up during so-called flu season."** - in "Sepsis Alliance", 2021.*

*"By definition, sepsis involves life-threatening organ dysfunction caused by a person's dysregulated immune response to an infection. **Seriously ill Covid-19 patients are technically afflicted with sepsis,** a national sepsis expert says. **"For Covid-19 patients who require ICU care, by definition, nearly all of them have sepsis."** - Dr Steven Simpson, MD, professor of pulmonary and critical care medicine at The University of Kansas." in "Healthleaders", 25 November 2020.*

*"In 2 complementary hospital cohorts, **we found that sepsis contributed to 1 in every 2 to 3 deaths**, and most of these patients had sepsis at admission." - in "Hospital Deaths in Patients With Sepsis From 2 Independent Cohorts", JAMA, 2 July 2014.*

"Sepsis is the 2nd most common cause of death in non-coronary intensive care units and is the 10th leading cause of death in the United States (Angus 2001).

Annually, over 750,000 people are affected by sepsis with high morbidity (more than 210,000 deaths) (Angus 2001).

Sepsis contributes over 6% of total deaths in the United States, with an average increment of 1.5% every year.

Sepsis forecasts are predicting a catastrophic rise to about1 110,000 cases annually by 2020 (Melamed and Sorvillo, 2009).

The mortality rates associated with the Systemic Inflammatory Response Syndrome (SIRS) 7%, Sepsis 16%, Severe Sepsis 20%, Septic Shock 46%.

It leads to an increase in vascular permeability, changes in cardiac function and alteration of metabolic balance, which results in tissue necrosis, multiple organ failure, hypotension, hypoperfusion and finally death (Rittirsch 2008).

Sepsis occurs when the SIRS is accompanied by infections such as pneumonia and urinary tract infection.

Sepsis is inflammatory dys-regulation exhibited after bacterial infection.

Microorganisms have special structural components known as pathogen-associated molecular patterns (PAMPS), such as **LPS (endotoxin)** in Gram-negative bacteria and peptidoglycans in Gram-positive bacteria.

These foreign molecules interact with host cell receptors known as Toll-like receptors (TLRs) expressed by host immune response cells such as macrophages.

Among TLRs, TLR4 selectively recognizes **bacterial LPS or endotoxins** (Beutler, 2002) and transduces their signal to the interior of cells through NF-κB, **leading to transcription of pro-inflammatory cytokines** such as TNF-α, IL-1 and IL-6 (Anas 2010).

Chloroquine

Chloroquine, as well as its derivative hydroxychloroquine, by inhibiting HMGB1 release has been demonstrated to have therapeutic potential for lethal sepsis, and systemic inflammation in an animal model of lethal endotoxemia and sepsis in vivo (Yang 2013)." - Prashant Shukla, et al., in "Therapeutic interventions in Sepsis: current and anticipated pharmacological agents", British Journal of Pharmacology, 2014.

"Please read this last article twice and have the word Toxaemia in mind." - Editor

Intensive Care Unit Nurses on Vitamin C Therapy for Sepsis

"So, before we started this vitamin C protocol, we would have septic patients come in, and they would have multiple co-morbidities.

They would be critically ill, they would be maxed out on several pressors, antibiotics would be infused, blood cultures etc., we would basically be giving them life support.

We would just go day after day, their kidneys would get to the point that they would fail. And we would have to do around-the-clock dialysis on them, and I mean they just weren't getting any better in any length of time.

We come in there, pressures would be really low, elevated heart rates just on death door.

That was kind of our situation beforehand, and it was pretty difficult.

Dr Paul Marik, MD came on in, with his vitamin C protocol.

This finder of information, and he wanted to start giving patients vitamin C infusions, steroids and other vitamins as well.

I think a lot of us here we're a little sceptical about Dr Paul Marik, MD study.

We're kind of like everybody else, this had to be some sort of fallacy, it just seemed too simple.

And remarkably our patients were getting better.

We administered early on to some of our patients, and they started to turn around quickly, like within 12 hours, we thought it had to be a fluke, but then we started having patient, after patient, after patient that just had these remarkable results they would be at death's door, and 12 hours later they would be like 50% better 24 to 48 hours later. We literally have seen patients walk out of here we did not think would leave.

And now we're still working hard, and we're seeing better outcomes, and we're not coming in to work the next day and our patient passed away.

It sounds unbelievable until you experience it. But once you do. Sorry, I get goose bumps, now just thinking about how these patients get so much better so quickly." - in "ICU nurses at Eastern Virginia Medical School discuss their experience with new therapy for sepsis involving intravenous Vitamin C", EVMS, 23 May 2017.

It only took 70 years to get "discovered" after the first Doctor figured it out. Dr Klenner, MD, cured 60 out of 60 polio cases with IVC back in the late 40's and presented his results to the AMA. The silence was overwhelming.

Flu-like Symptoms Occur During Gouty Arthritis Attack

*"The inflammation that is part of a gout attack is systemic, so that **fever and chills, fatigue and malaise** are not uncommonly part of the picture of a gout attack." - Dr Theodore R. Fields, MD, FACP, in "Gout", HSS, 18 December 2017.*

"A high uric acid build-up in the body is called Gout.

When inflammation and pain develop, is called a Gouty Arthritis Attack.

In addition to joint pain and inflammation, Flu-like symptoms occur during a Gouty Arthritis Attack.

According to the American Academy of Family Physicians, this includes:

1. Low-grade fever.
2. Chills.
3. Generalized body aches.

Sometimes a spike in the white blood cell count, called leukocytosis, also occurs." - Katherine Bendickson, in **"Signs of High Uric Acid"**, Healthfully, 5 December 2018.

"Gout is a disorder caused by hyperuricemia, that results in the precipitation of monosodium urate crystals in and around joints, most often causing recurrent acute or chronic arthritis.

Symptoms and Signs

Acute gouty arthritis usually begins with sudden onset of pain. The **pain** becomes progressively more severe, usually over a few hours, and is often excruciating.

Fever, Tachycardia, Chills, and Malaise sometimes occur." - Dr Brian F. Mandell, MD, PhD, Cleveland Clinic, October 2020.

Sindbis Virus Farce

"**Pogosta disease is a viral disease.**

The symptoms of the disease include usually **rash, as well as mild fever and other flu-like symptoms**; in most cases the symptoms **last less than 5 days**. However, **in some cases, the patients develop a painful arthritis.**

It has long been suspected that the disease is caused by a Sindbis-like virus, a positive-stranded RNA virus belonging to the Alphavirus genus and family Togaviridae. **In 2002 a strain of Sindbis was isolated** from patients during an outbreak of the Pogosta disease in Finland, **confirming the hypothesis.** (Causative Agent of Pogosta Disease Isolated from Blood and Skin Lesions", 2004)." - in "Wikipedia"

*"**Cloning: The PCR amplicons were purified with QIAquick gel extraction kit (Qiagen, Hilden, Germany).** The amplicons were cloned with TOPO TA Cloning Kit for Sequencing (Invitrogen, Carlsbad, CA), following the manufacturer's instructions, and transformed into TOP10 chemically competent Escherichia coli cells on bacterial plates containing x-gal (5-bromo-4-chloro-3-indolyl-β-D-galactoside) and IPTG (isopropylthio-β-D-galactoside) for blue-white screening. **The plasmid DNA was isolated** with QIAprep Miniprep kit (Qiagen), and restriction analysis was performed. Vector-based primers M13 Reverse and T7 were used for **automatic sequencing with ABI PRISM (Perkin-Elmer, Foster City, CA)**." - Satu Kurkela, et al., in "Causative Agent of Pogosta Disease Isolated from Blood and Skin Lesions", Emerg Infect Dis.", May 2004.*

*"**A Plasmid** - is a small, extrachromosomal **DNA molecule within a cell** that is physically separated from chromosomal DNA, and can replicate independently. They are most commonly found as **small circular, double-stranded DNA molecules in bacteria**." - in "Wikipedia"*

Global Epidemics: Is it "Viruses" or Sepsis?

Goodbye to "Virus" Theory

"The global burden of Sepsis is estimated as 15 to 19 Million cases annually, with a mortality rate approaching 60% in low-income countries." *- Dr Paul E. Marik, MD, FCCP, Dr Vikramjit Khangoora, MD, Dr Racquel Rivera, PharmD, Dr Michael H. Hooper, MD, Dr John Catravas, PhD, FCCP, in "Hydrocortisone, Vitamin C, and Thiamine for the Treatment of Severe Sepsis and Septic Shock", Chest Journal, 3 February 2017.*

"**According to recent studies, Sepsis kills 11 Million people each year. It disables millions more.**

"The world must urgently step up efforts to improve data about sepsis so all countries can detect and treat this terrible condition in time. ***This means strengthening health information systems and ensuring access to rapid diagnostic tools, and quality care including safe and affordable medicines and vaccines."*** *- Dr Tedros Adhanom Ghebreyesus, WHO Director-General.*

Sepsis occurs in response to an infection. When sepsis is not recognized early and managed promptly, it can lead to septic shock, multiple organ failure and death.

Patients who are critically ill with severe COVID-19 and other infectious diseases **are at higher risk of developing and dying from Sepsis.**" in "WHO calls for global action on sepsis - cause of 1 in 5 deaths worldwide, 8 September 2020.

Lets Read What They Say

1. "**Sepsis kills 11 Million people each year.**"

Since the first confirmed death was in Wuhan on 9 January 2020, to the 15 of February 2021, according the Johns Hopkins University & Medicine, COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE): there where 2,401,392 Global Deaths.

Sepsis Annual Deaths	2019	11.000.000
Tobacco Annual Deaths	2019	8.000.000
Covid-19 Annual Deaths	2020	2.401.392

Numbers of: Sepsis Annual Deaths, and Tobacco Annual Deaths; according the the WHO website, 15 February 2021.

2. "Strengthening Health Information Systems,
Rapid Diagnostic Tools,
Affordable Medicines,
Vaccines."

Lets now digest this words, and lets think: **Where they fit with the interests of the "Bill & Melinda Gates Foundation", the interests of the "Wellcome Trust", The Medical Trade, the Multi Trillion Dollar Pharmaceutical Industrial Complex, and the interests of the vast network of individuals and institutions that live world wide at the expense the WHO?**

3. "and "other infectious diseases."

What do they mean by "other infectious diseases"?

"Infectious diseases are disorders caused by organisms - such as bacteria, viruses, fungi or parasites. Many organisms live in and on our bodies. They're normally harmless or even

helpful. *But under certain conditions, some organisms may cause disease."- in "Infectious diseases", Mayo Clinic, 15 February 2021.*

4. "But under certain conditions, some organisms may cause disease."

If we understand that **"certain conditions"** are:

"Adults of any age with **certain underlying conditions** are at increased risk for severe illness from the virus that causes COVID-19.

Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- **Cancer**
- **Chronic kidney disease**
- **COPD (chronic obstructive pulmonary disease)**
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m^2 or higher but < 40 kg/m^2)
- Severe Obesity (BMI ≥ 40 kg/m^2)
- Pregnancy
- Sickle cell disease
- **Smoking**
- **Type 2 diabetes mellitus**

"COVID-19 is a **"new disease."**

Adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m^2, but < 30 kg/m^2)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- **Type 1 diabetes mellitus**" - in "People with Certain Medical Conditions", National Center for Immunization and Respiratory Diseases, Division of Viral Diseases, CDC, 3 February 2021.

So, in other words: If you have good health, you are not going to be at the risk of the "virus".

If you have a metabolic disease, if you have health problems, don't over eat in winter, and eat healthy. The "virus", is selective in 2 ways:

1. The "virus" selects the winter season, or, in the case of the tropics the rainy season.
2. The "virus", is selective in those who it "attacks", e.g.

   a. Individuals with health conditions.
   b. Adults over 60's.

The $7 Billion Dollar Question

That is the Budget of the CDC for 2021.

Every 12 months the US Congress gives in a golden plate to the CDC "Scientists", "Laboratorians", and "Disease Detectives", (Medical Trade), Billions of Dollars, every 12 months for them to study and find out the causes of diseases (please read the Book the Unknown Causes of Disease, or, The Idiopathic Nature of Medicine, 2021).

That is 588 Million Dollars per Month ($588,575,500)

1. How does the "virus", knows when is the winter season?

2. How does the "virus" know if the person has at least one disease?

"The Fiscal Year (FY) 2021 budget request for CDC and ATSDR includes a total funding level of $7,062,906,000 in discretionary budget authority, Prevention and Public Health Fund (PPHF), and Public Health Service (PHS) Evaluation funds.

CDC scientists, laboratorians, and **disease detectives** will continue to work **around the clock** and **around the world** to identify, prepare for, and respond to disease threats.

CDC's work is exemplified in the following priority initiatives included in the request:

- Ending the HIV Epidemic: A Plan for America
- Global Health Security
- Influenza Planning and Response
- Public Health Data Modernization
- Addressing the Rising Threat of Vector-borne and Tickborne Diseases." - in "CDC Financial Year 2021 Congressional Justification", 23 March 2020.

"Tickborne Diseases" Another Medical Trade Fantasy Or the Art of Looking for Diseases in the Wrong Place

Tickborne Diseases – This is another farce.

There is 0 (zero) evidence of this claim.

This is another scam, that can be easily shown by treating those who have this so-called "Tickborne Diseases", and by forcing the CDC to enact the transmission of "Tickborne Diseases", in front of a live audience.

The individuals, who have been "diagnosed" by the Medical Trade, have a severe lesion in the along the spinal cord (which can be easily treated), and, or, severe reaction to toxicity, either commercial contaminants (Aluminium, Teflon, Pesticides, Herbicides, Paints, and other contaminants), or contaminants from Pharmaceutical origin, such as Medical Trade Poisonous, such as; drugs, vaccines ingredients, etc.

"The proof is in the pudding - or the turkey if you please." - Henry Dircks, in "Joseph Anstey", 1863.

The Powerful Prince CDC

"The volume which records the transactions of statesmen, often suggests the remark that **the success of mediocrity, affords a valuable lesson to the world**, a lesson the more extensively useful, because the example is calculated to operate upon a far more enlarged scale than the feats of rare endowments.

In private individuals, moderate talents, however misused by disproportioned ambition, can produce little harm, except in exposing the folly and presumption of their possessors.

But in princes, moderate talents, unaccompanied with discretion and modesty, are calculated to spread the greatest misery over whole nations.

The pursuit of renown, when confined to maladministration at home, is extremely mischievous." - in "Historical Sketches of Statesmen", 1839.

How Can You Tell The Difference Between a Cold and the Flu?

"Because Colds and Flu share many symptoms, it can be difficult (or even impossible) to tell the difference between them based on symptoms alone." *- in "Cold Versus Flu", National Center for Immunization and Respiratory Diseases, CDC, 31 August 2020.*

What is the Difference Between Influenza (Flu) and Covid-19?

The Striking Similarities of Covid-19 and Flu

"Common Symptoms of Covid-19 and Flu:

1. Fever or feeling feverish/chills.
2. Cough.
3. Shortness of breath or difficulty breathing.
4. Fatigue (tiredness).
5. Sore throat.
6. Runny or stuffy nose.
7. Muscle pain or body aches.
8. Headache.
9. Some people may have vomiting and diarrhoea.

Difference of Covid-19 and Flu

Flu	COVID-19
	Covid-19, different from Flu **may** include; Change in, or **Loss of Taste, or Smell**

- in "What is the difference between Influenza (Flu) and COVID-19?", National Center for Immunization and Respiratory Diseases, CDC, 27 January 2021.

So in accordance to the CDC, the only deference is the maybe ("**may** include"); "Change in, or **Loss of Taste, or Smell**."

Why You Lose Your Sense of Smell and Taste When You Have a Cold

> ***"When you have a cold, the swelling causes inflammation and obstruction, which impairs your smell.*** *The flavour of food is produced only after taste is combined with a smell, so if* ***a stuffy nose impairs your sense of smell, it will also decrease your perception of taste."*** *- Lauren Burley Copley, in "Why* ***you lose your sense of smell and taste when you've got a cold,*** *Health 24, 18 April 2016.*

Temporary Loss of Taste and Smell a Symptom of Cold

"We all get one sooner or later. But that doesn't make it any easier to accept when we do get one.

We're talking about the common cold, of course.

And even though its effects are usually mild, the cold is one of the most common diseases afflicting man.

What makes the common cold Public Enemy No. 1.

Is responsible for more ill health, disability and general all-around grumpiness, than any other malady.

The Cold Season extends from September to May.

And during that period nearly 14% of the American population will catch a cold.

We all know the Common Cold Symptoms:

1. Watery eyes.
2. Headaches.
3. Fever.
4. Chills.
5. Sore muscles.
6. **Temporary loss of taste and smell.**

Not only is it a drag to catch a cold, it's a pain - an expensive one, too in the you - know - where.

The common cold costs Americans an estimated $5 Billion annually in lost wages, sick pay and medical bills.

Proper nutrition is one of the most important preventive measures that can be taken against a cold." - in Runner's World, Iss.1, Vol.16, 1981.

"Colds Symptoms Include:

1. Blocked or runny nose.
2. Sore throat.
3. Coughing.
4. Headaches.
5. Sneezing.
6. **Loss of your senses of smell and taste.**
7. Muscle aches." - in "Colds and Flu: What you need to know", Holland & Barrett, 30 January 2019.

> *"**If you recently suffered from the flu and have not recovered your sense of smell, you aren't alone**, researchers say. **Some patients complain that they are unable to smell things or to taste food after a bout of influenza.** Researchers at the University of Pennsylvania and the University of Connecticut first reported the problem and have been looking into it." - John Nolan, in "Sense of Smell Can Be Victim of Bout With Flu", Los Angeles Times, 21 February 1988.*

Loss of Taste or Smell

*"Observe and **understand the possible reason for the loss of taste or smell. Some illnesses alter or inhibit the taste sensations."** - Barbara W. Narrow, Kay Brown Buschle in "Fundamentals of Nursing Practice", 1982.*

Corticosteroids

"Corticosteroids are a class of steroid hormones that are produced in the adrenal cortex of vertebrates, as well as the synthetic analogues of these hormones. Two main classes of corticosteroids, glucocorticoids and mineralocorticoids, are involved in a wide range of physiological processes, including stress response, immune response, and regulation of inflammation, carbohydrate metabolism, protein catabolism, blood electrolyte levels, and behaviour." - in "Wikipedia"

"Budesonide (BUD), sold under the brand name Pulmicort among others, **is a medication of the corticosteroid type**.

It is available as an inhaler, pill, nasal spray, and rectal forms.

The inhaled form is used in the long-term management of asthma and Chronic Obstructive Pulmonary Disease (COPD).

The nasal spray is used for allergic rhinitis and nasal polyps.

The pills in a delayed release form and rectal forms may be used for inflammatory bowel disease including Crohn's disease, ulcerative colitis, and microscopic colitis.

Common side effects with the inhaled form include respiratory infections, cough, and headaches.

Common side effects with the pills include feeling tired, vomiting, and joint pains." - in "Wikipedia"

Budesonide

"**US Brand Names:** Entocort EC; Pulmicort Respules; Pulmicort Turbuhaler; Rhinocort Aqua

Canadian Brand Names: Entocort; Gen-Budesonide AQ; Pulmicort; Rhinoco, Turbuhaler

Mexican Brand Names: Aerosial; Pulmicort; Rhinoco

Therapeutic Category: Adrenal Corticosteroid

Patient Information: do not increase dosage or discontinue abruptly without consulting prescriber.

Report acute nervousness or inability to sleep; severe sneezing or nosebleed, **difficulty breathing**, sore throat hoarseness, **or bronchitis; respiratory difficulty or bronchospasms**; disturbed menstrual pattern; vision changes; **loss of taste or smell perception**; or worsening of condition or lack of improvement. **May be more susceptible to infection.**" - in "Drug information handbook", 12 Ed., 2005.

The Global Corticosteroids Market

"The Global Corticosteroids Market is expected to grow from $4.47 Billion in 2020, to $4.56 Billion in 2021. The change in growth trend is mainly due to the companies stabilizing their output after catering to the demand that grew exponentially during the COVID-19 pandemic in 2020. The market is expected to reach $5.33 Billion in 2025." *- in "Corticosteroids Global Market Report 2021: COVID 19 Implications And Growth to 2030", The Business Research Company, January 2021.*

Loss of Taste Often Accompanied by Distortion of Taste & Smell

"Annals of Medicine about idiopathic Hypogeusia, a condition that involves **loss of taste acuity, often accompanied by distortion of taste & smell.**

Tells how Dr Robert I. Henkin, MD researched the disease, discovered its source, possible causes and how to cure it when he was **Chief of the Section of Neuroendocrinology, Experimental Therapeutics Branch, of the National Institutes of Health (NIH), in Bethesda, Maryland.**

Tells about 3 cases of the disease, in particular the one of Rudy Coniglio, which Dr. Henkin gave a comprehensive work-up.

Tells how he found the symptoms to be caused by a deficiency in the supply of zinc brought to the taste buds by saliva.

Zinc relieved the symptoms of the disease." - in "Annals of Medicine, all I could do was stand in the woods", The New Yorker, 12 September 1977.

Zinc Deficiency

"Zinc deficiency affects approximately 1/3 of the population worldwide and is considered a global nutritional problem, affecting population groups in both developed and developing countries.

According to a WHO report, zinc deficiency is responsible for ~1.4% (800,000) of annual deaths.

It is also considered one of the main causes of morbidity in developing countries, and it is estimated that 500,000 women and children die per year in these countries due to zinc deficiency.

Worldwide, about 16% of lower respiratory tract infections occur due to zinc deficiency.

According to epidemiological data, most deaths from COVID-19 are concentrated in the elderly with common comorbidities such as hypertension, diabetes or obesity.

In general, this group of individuals has a higher prevalence of zinc deficiency." - in "Zinc, Vitamin D and Vitamin C: Perspectives for COVID-19 With a Focus on Physical Tissue Barrier Integrity", Frontiers in Nutrition, 7 December 2020.

"**Zinc is essential for multiple cellular functions including immunity. Many investigators have used zinc supplementation in an attempt to affect the outcome of various diseases.**

Beneficial therapeutic response of zinc supplementation has been observed in:

1. Diarrhoea of children.
2. Chronic Hepatitis C.
3. Shigellosis (Shigella bacteria infection).
4. Leprosy.
5. Tuberculosis.
6. Pneumonia.
7. Acute Lower Respiratory Tract Infection.
8. Common cold.
9. Leishmaniasis.

Zinc supplementation **was effective in decreasing incidences of infections in the elderly, in patients with Sickle Cell Disease (SCD), and decreasing incidences of Respiratory Tract Infections** in children.

Zinc supplementation has prevented blindness in 25% of the elderly individuals with dry type of AMD.

Zinc supplementation was effective in decreasing oxidative stress and generation of inflammatory cytokines such as TNF-a and IL-1b in elderly individuals and patients with SCD.

Zinc supplementation has been successfully used as a therapeutic and preventive agent for many conditions.

Zinc functions as an intracellular signal molecule for immune cells." - Dr Ananda S. Prasad, MD, in "Zinc: role in immunity, oxidative stress and chronic inflammation", Current Opinion in Clinical Nutrition and Metabolic Care, 2009.

Excess Alcohol Consumption A Factor that Contributes to Zinc Deficiency

"The observed zinc deficiency in ALD is related to multiple mechanisms at systemic, cellular, and molecular levels.

Among these causes, generation of oxidative stress during alcohol metabolism is likely a key player in mediating alcohol-induced zinc dyshomeostasis at the molecular level.

Zinc transporters and zinc-binding proteins, as the major players in zinc absorption and excretion, are sensitive to oxidative stress and impaired by alcohol, which further exacerbates zinc deficiency.

Long-term excessive alcohol consumption is a risk factor for many chronic diseases, including cancers, neuropsychiatric conditions, cardiovascular diseases, liver diseases, and pancreatitis. Among these, alcoholic liver disease (ALD) is one of the major causes of liver-related mortality worldwide. The spectrum of ALD involves three progressive stages: alcoholic steatosis (fatty liver), hepatitis, and cirrhosis. Alcoholic steatosis is the earliest manifestation of ALD, which is characterized by macrovesicular and/or microvesicular lipid droplet accumulation in the hepatocytes, and is generally reversible with abstinence. Alcoholic hepatitis encompasses changes ranging from asymptomatic derangement of biochemistries to fulminant liver failure. It is featured by inflammation and necrosis in the liver. Alcoholic cirrhosis, the most advanced form of ALD, refers to the replacement of normal liver tissue with fibrous tissue and regenerative nodules, which may result in clinical manifestations of portal hypertension and liver failure. Alcohol-related deaths account for 48% in the United States, and 60%–80% of liver deaths in Europe." - Wei Zhong, Zhanxiang Zhou, in "Sealing the Leaky Gut Represents a Beneficial Mechanism of Zinc Intervention for Alcoholic Liver Disease", Chapter 8, Dietary Interventions in Gastrointestinal Diseases, 2019.

Vitamin D Deficiencies

"Free Vitamin D supplements will be delivered to almost 3 Million clinically vulnerable people and care home residents, in order to help protect them during the pandemic.

The stocks are to be sent out by the Government, after a review of the evidence about whether the **"sunshine vitamin" can reduce the risk of dying from Covid.**

Under current health advice, everyone in the country is told to consider taking Vitamin D, amid concerns that lockdowns have deprived many of sunshine, which is key to its production." - in "Vitamin D to be sent to three million clinically vulnerable people to help protect against Covid-19", Telegraph, 28 November 2020.

> ***"Vitamin D supplementation began with the discovery in the early 1920s that vitamin D prevented rickets and was further driven by the recognition of other potential roles of vitamin D in non-skeletal outcomes, including immune function, cardiovascular health, and cancer."*** *- in "Vitamin D and COVID-19", The Lancet Diabetes & Endocrinology, 11 January 2021.*

Vitamin D Cuts by 60% Covid Deaths of Patients in Hospital

*"**Vitamin D for patients admitted to hospital could cut Covid deaths by 60%,** double the benefit of the best current drug, new research suggests. Scientists from the University of Barcelona showed that patients prescribed calcifediol, an intensive dose of Vitamin D usually used for people with chronic kidney failure, had their risk of admission to intensive care dramatically cut and death rates significantly lowered." - in "Telegraph", 14 February 2021.*

"The Fine Gael TD said that in a study in Spain, 50 out of 76 patients admitted to hospital with Covid-19 received activated vitamin D and all were discharged without complications. Of the 26 patients in the study who did not receive vitamin D, half of them ended up critically ill in Intensive Care Unit. "In Connolly Hospital, Blanchardstown, our medics have seen first-hand that patients with low levels of vitamin D are more likely to require admission to ICU and 3 times more likely to require a ventilator." - in "Minister urged to recommend vitamin D supplements in Covid-19 strategy", The Irish Times, 15 February 2021.

The Link Between Vitamin D Status and Covid-19

"The association between lower SARS-CoV-2 positivity rates and higher circulating 25(OH)D levels remained significant in a multivariable logistic model adjusting for all included demographic factors (adjusted odds ratio 0.984 per ng/mL increment, 95% C.I. 0.983–0.986; p<0.001).

SARS-CoV-2 positivity is strongly and inversely associated with circulating 25(OH)D levels, a relationship that persists across latitudes, races/ethnicities, both sexes, and age ranges.

Our findings provide impetus to explore the role of vitamin D supplementation in reducing the risk for SARS-CoV-2 infection and COVID-19 disease." - H. W. Kaufman, et. al., in "SARS-CoV-2 positivity rates associated with circulating 25-hydroxyvitamin D levels", PLOS One, September 2020.

"Our bodies do manufacture vitamin D on exposure to sunshine. To achieve a 25(OH)D blood levels of at least 30 ng/mL, the Endocrine Society Guidelines recommends infants, children and adults receive 400-1000 IUs, 600-1000 IUs and 1000-1500 IUs of vitamin D daily respectively.

The links between vitamin D status and COVID-19 emerged early in the pandemic.

In September 2020, scientists from Boston University, reported that, compared to people with sufficient levels of vitamin D (blood level 25-hydroxyvitamin D of at least 30 ng/mL), people with a vitamin D deficiency (blood level 25-hydroxyvitamin D less than 20 ng/mL) have a **54% higher SARS-CoV-2 positivity rate.**" - in "House Resolution aims to recognize vitamin D's benefits for COVID-19", NutraIngredients USA, 15 February 2021.

What Have We Learned So Far

We have leaned so far the following:

Body Condition	Name of New Disease
Flu + Lack of Zinc (Individuals with Flu, with poor levels of Zinc, and, with symptoms of "change in, or Loss of Taste, or Smell") is called	**Covid-19**
Flu + Lack of Vitamin C (Individuals with Flu, with poor levels of Vitamin C, and, with a body in a bad metabolic state) is called	**Covid-19**
Flu + Lack of Vitamin D (Individuals with Flu, with poor levels of Vitamin D, and, not enough exposure to sunlight) is called	**Covid-19**

Cold, Flu and Covid-19

Symptoms	Cold	Influenza (Flu)	Covid-19
Fever	Rare	Usual; lasts 3-4 days	Fever
Aches	Slight	Usual; often severe	Muscle or body aches
Chills	Uncommon	Fairly common	Chills
Fatigue, weakness	Sometimes	Usual	Fatigue
Sneezing	Common	Sometimes	Congestion
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can be severe	Shortness of breath, difficulty breathing,

Symptoms	Cold	Influenza (Flu)	Covid-19
			cough
Stuffy nose	Common	Sometimes	runny nose
Sore throat	Common	Sometimes	Sore throat
Headache	Rare	Common	Headache
New loss of taste or smell			New loss of taste or smell
Nausea or vomiting			Nausea or vomiting
Diarrhea			Diarrhea

- in "Flu Symptoms & Complications", CDC, 31 August 2020; & "Symptoms of Coronavirus", CDC, 22 December 2020.

Covid-19 is not a Disease and Definitely not a New One Either

In Ye Old England we call it Flu.

And Here is clear to see, that **this is not a disease, but the progressive symptoms of the present body condition affecting an individual, in conformity to his or her metabolic state of the body.**

Now add Flu to an individual, which has already one or more co-morbidities, he has an increased chance of getting Pneumonia, leading to Sepsis.

> *Osler wrote that,* ***in patients with pneumonia, "the toxaemia outweighs all of the other elements in the prognosis****; to it, is due in great part the terrible mortality from this common disease." - Dr W. Osler, MD, in "On certain features in the prognosis of Pneumonia", Am. J. Med. Sci., 1897.*

Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza

"The postmortem samples we examined from people who died of influenza during 1918-1919 uniformly exhibited severe changes indicative of bacterial pneumonia. Bacteriologic and histopathologic results from published autopsy series clearly and consistently implicated secondary bacterial pneumonia caused by common upper respiratory–tract bacteria in most influenza fatalities. ***The majority of deaths in the 1918–1919 influenza pandemic likely resulted directly from secondary bacterial pneumonia caused by common upper respiratory–tract bacteria. Less substantial data from the subsequent 1957 and 1968 pandemics are consistent with these findings. The examination of recut lung tissue sections from 1918–1919 influenza case material revealed, in virtually all cases, compelling histologic evidence of severe acute bacterial pneumonia. The majority of the cases examined demonstrated asynchronous histopathological changes, in which the various stages of development of the infectious process, from early bronchiolar changes to severe bacterial parenchymal destruction, were noted in focal areas. Bacteria were commonly observed in the sections, often in massive numbers. That the causes of death included so many different bacteria, alone or in complex combinations, argues against specific virulent bacterial clones."*** *- David M. Morens, Jeffery K. Taubenberger,* ***Anthony S. Fauci****, in "****Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza****: Implications for Pandemic Influenza Preparedness", J Infect Dis., 1 October 2008.*

"If Osler were writing today, he too might call the toxemia of fatal H5N1 influenza a "cytokine storm." This leads us to ask, are there any connections between the toxemia Osler observed in patients with pneumonia more than a century ago and the cytokine storm observed in patients with H5N1 influenza today?. If so, do these 2 conditions share features in common with other clinical disorders?" *-David S. Fedson, in "Was Bacterial Pneumonia the Predominant Cause of Death in the 1918–1919 Influenza Pandemic?", The Journal of Infectious Diseases, 1 May 2009.*

"Typhus Fever - The special elements in the etiology of typhus are as Hirsch tersely puts it, "Die Geschichte des Typhus ist die des menschlichen Elends." ***Overcrowding, lack of cleanliness, intemperance and bad food are predisposing causes. Complications and Sequelae: Broncho-Pneumonia*** *is perhaps the most common complication. Death usually occurs toward the close of* ***the second week and is due to the Toxaemia. In the third week it is more commonly due to Pneumonia."*** *- Sir William Osler, MD, in "The Principles and Practice of Medicine", 1895.*

"Can the Flu turn into Pneumonia? Absolutely. The flu can become pneumonia. In fact, about 1/3 of all pneumonia cases in this country (USA)." *-Dr Sanjay Gupta, MD, in "Everyday Health", 8 February 2016.*

Covid-19 Versus Pneumonia

Symptoms	Covid-19 (1)	Pneumonia (2)
Fever	Fever	Fever
Aches	Muscle or body aches	Muscle pain
Chills	Chills	Chills
Fatigue, weakness	Fatigue	Fatigue
Sneezing	Congestion	Cough
Chest discomfort, cough	Shortness of breath, difficulty breathing, cough	Shortness of breath, rapid breathing, chest pain
Headache	Headache	Headache
New loss of taste or smell	New loss of taste or smell	Loss of appetite
Nausea or vomiting	Nausea or vomiting	Nausea, vomiting
Diarrhea	Diarrhea	Diarrhea

1. "Flu Symptoms & Complications", CDC, 31 August 2020.
2. "Pneumonia", John Hopkins Medicine, 17 February 2021.

Now add the **"Fear" Factor**, such as the one which both the; Media, and Certain Government, who have been waging, a relentless campaign of media terror and fear.

Thus you certainly have a "new disease":

Flu + Fear : is a fatal combination - (specially in the elderly, or those already in hospital, or asthmatics), in this individuals and in those with co-morbidities, fear combined with flu can facilitate, and may lead, to Pneumonia which then becomes Covid-19.

The Epstein-Barr Virus Farce

In the mid-1980s, the Chronic Fatigue Syndrome (CFS) became labelled "Chronic EBV" by "scientists" speculate that it might be caused by the Epstein-Barr Virus (EBV).

Evidence casts doubt on the theory that EBV could be the sole agent causing Chronic Fatigue Syndrome (CFS).

Elevated levels of EBV antibodies have now been found in some healthy people as well as in some people with CFS.

"Epstein-Barr Virus (EBV) is a common worldwide human **pathogen that causes Acute and Chronic Infections and Cancers.** It is intimately associated with immune-mediated diseases especially Multiple Sclerosis (MS).

EBV vaccine could prevent or reduce the severity of some, if not all, of these conditions.

Nevertheless, an EBV vaccine is not yet available for general use. The challenge is to assemble a group of individuals dedicated to its development and identify the resources needed so that EBV vaccine can be given to all those who could benefit from it." - Henry H Balfour Jr., in "Progress, prospects, and problems in Epstein-Barr virus vaccine development", Current Opinion in Virology, June 2014.

Diagnosis

"Primary Epstein-Barr Virus (EBV) infection can be diagnosed with certainty **only by utilizing the appropriate laboratory tests.** Patients with a typical infectious mononucleosis syndrome are still a diagnostic challenge because their signs and symptoms are not very sensitive or specific for EBV infection.

For example, a recent report found that the classic triad of; **Fever, Sore Throat, and Lymphadenopathy** (abnormal lymph nodes) had a sensitivity of 68.2% and a specificity of 41.9% for EBV infection." - Henry H. Balfour, Jr., et al., in "Progress and Problems in Understanding and Managing Primary Epstein-Barr Virus Infections", Clinical Microbiology Review, January 2011.

Causes of Neurotic Troubles

"Among the exciting causes of not only neurotic troubles, but of organic diseases as well, there are none, in my estimation, that take precedence over those digestive and metabolic disturbances and derangements in which the system is filled with the poisonous products of incomplete digestion, thus not only throwing upon the Emunctories, especially the kidneys, an unusual amount of work in secreting an increased quantity of the natural excretory products, but bring into contact with them abnormal elements whose toxicity is injurious to, if not destructive of, their more delicate tissues.

Another evil result of these metabolic disturbances is seen in the lowering of the alkalinity, or the "reactivity to acids", of the blood, thereby reducing the vital resistance; for there is undoubtedly a direct relationship between the blood's alkalinity and its defensive and anti-bactericidal power.

Sajous says that:

> ***"The defensive properties of the body fluids; the blood, lymph and serum, can be exercised efficiently only when their alkalinity is adequate."***

Charrin gives the blood's alkalinity first place in the immunizing processes of the body." - Dr J. T. Drake, DO in "Urinalysis in Diseases of the Alimentary System", The Journal of the American Osteopathic Association, December 1912.

Another Blow to Putative Cause Of Chronic Fatigue Syndrome

"The link between "Xenotropic murine leukemia virus-related virus" (XMRV) and Chronic Fatigue Syndrome (CFS) has sparked debate since it was first reported (Science, 23 October 2009).

Singh's analysis is the latest of several that have failed to find XMRV in CFS patients, but the first to test samples from patients involved in the original study.

As Singh and her colleagues reported 4 May in the Journal of Virology, they used several tests for XMRV, including fishing for viral sequences with the ultrasensitive PCR assay, trying to grow the virus in cell cultures, and scouring the blood for antibodies to viral proteins." - in "Science", 13 May 2011.

> *"In the 1980s, patients suffering from unexplained fatigue and what seemed like a prolonged attack of acute mononucleosis were given the diagnosis of chronic mononucleosis or chronic infection with the Epstein-Barr virus.* ***Although the diagnosis has great appeal, the Epstein-Barr virus does not cause the syndrome (CFS) of chronic fatigue, which has been renamed and redefined chronic fatigue syndrome to remove the inference that the virus is its cause.****" - Dr D. Greenberg, MD in "Neurasthenia in the 1980s", Psychosomatics, 1990.*

Mouse Virus Doesn't Cause Chronic Fatigue Syndrome

"Vincent Lombardi at the Whittemore Peterson Institute in Reno, Nevada, thought he had found the cause of the tiredness and muscle pain of Chronic Fatigue Syndrome (CFS), after discovering a mouse virus called xenotropic murine leukaemia virus-related virus (XMRV) in blood samples from 68 of 101 people with CFS compared with just 8 of 218 samples from healthy volunteers.

Now, Jay Levy at the University of California, San Francisco, has drawn a blank when screening for XMRV in 61 people with CFS, 43 of whom had tested positive in Lombardi's study ("**No Evidence of Murine-Like Gammaretroviruses in CFS Patients Previously Identified as XMRV-Infected**, Science, 2 June 2011)." - in "NewScientist", 11 June 2011.

Viral Cause Excluded for Chronic Fatigue Syndrome

"New research suggests that Chronic Fatigue Syndrome (CFS) does not occur as a result of infection with xenotropic murine leukemia virus-related virus (XMRV) or polytropic murine leukemia virus (pMLV).

The results contradict those of previous research that implicated the 2 viruses as potential causative factors for the disorder.

"The bottom line is we found no evidence of infection with XMRV and pMLV. These results refute any correlation between these agents and disease", Ian Lipkin, study author Columbia University, New York)." - Helen Albert, in "MedwireNews", 19 September 2012.

Multiplicity of Toxic and Metabolic Factors

"Depressed mood and the psychiatric diagnosis of Major Depressive Episode (MDE) are common findings in patients with Chronic Fatigue Syndrome (CFS). CFS is an atypical manifestation of MDE; depression is the result of CFS as either an organic mood syndrome or an adjustment reaction; CFS and MDE are covariates.

Cognitive impairment and MDE: Major Depressive Episode (MDE). Complaints of alterations in cognitive functioning are frequent in the population with CFS.

Muscle metabolism and function and MDE: Abnormalities in muscle metabolism remain as one of the most persuasive arguments in favour of the existence of CFS as a bona fide discrete disease.

Depression as a Result of CFS: The depression that is characteristic of CFS may not be the cause of the syndrome but rather an effect or result of it.

Depression as an effect of CFS theoretically could occur by at least two mechanisms - as the result of an OMS or as an adjustment reaction to the disability that is associated with the syndrome.

CFS and OMS: An Organic Mood Syndrome (OMS) is a mood disturbance in which a specific organic factor can be implicated as the etiologic agent.

A multiplicity of toxic and metabolic factors has been implicated in OMS's, including medications, endocrine disorders, carcinoma of the pancreas, structural disease of the CNS. Mild cognitive impairment often occurs as an associated feature of OMS." - Abbey, Garfinkel, in "Chronic Fatigue Syndrome and Depression: Cause, Effect, or Covariate, Clinical Infectious Diseases", January 1991.

Clear Signs of Toxic Load in Chronic Fatigue Syndrome (CFS)

Symptoms of High Level of Toxicity
in the
Blood Stream
Affecting the Central Nervous System
in
Chronic Fatigue Syndrome

"An enigmatic, ill-defined malady of persisting overwhelming fatigue of sudden onset afflicts previously healthy, vigorous, productive, young or middle aged adults.

By definition, the persisting or relapsing fatigue of CFS reduces an affected person's activity level to below 50% of his/her normal activity level for a period of at least 6 months.

Complaints include:

1. Low-grade Fevers
2. Chills
3. Sore Throats
4. Painful anterior or posterior cervical or axillary Lymph Nodes
5. Muscle Weakness
6. Myalgias/ Arthralgias
7. Generalized Headaches
8. Migratory Arthralgias
9. Vague Neurocognitive Abnormalities
10. Disturbances of Sleep

Additional Symptoms of CFS:

1. Light-headedness (wooziness, non-rotational in type) of varying severity and duration without any known antecedent cause;
2. Vague, dull, pressure-like chest ache (substernal, over the left breast and sometimes including the left shoulder)

coming on with increasing fatigue at the end of the day, and not related to exertion;

3. Palpitations;

4. There is also often tachycardia with minimal or no exertion, which may persist for long periods of the day."

- A. Lerner, et al.,in "A Unified Theory of the Cause of Chronic Fatigue Syndrome", Infectious Diseases in Clinical Practice, May, 1997.

Toxaemia & Toxic Load in CFS

"**Antibodies to Diverse Microorganisms and Their Correlation with CFS**

Studies have suggested that infection with Gastrointestinal Pathogens could be related to Chronic Fatigue Syndrome (CFS) onset.

Raised serum concentrations of IgA and IgM to LPS of **Gram-Negative Enterobacteria, such as; Pseudomonas aeruginosa, Morganella morganii, Proteus mirabilis, Pseudomonas putida, Citrobacter koseri, and Klebsiella pneumoniae, in CFS patients have been reported.**

Vaccination and CFS

Several studies have been conducted intended to examine either the risk for CFS on-a set associated with vaccination or the effect of using vaccines in patients diagnosed as having CFS.

One study performed by Moraq et al. tested the likely association between specific psychological variables, raised titers of antibodies against rubella, and later onset of CFS.

They concluded that specific psychological variables could be used to predict raised levels of post-vaccination fatigue.

Regarding other vaccines, vaccination against Q fever, although safe, could provoke acute disabling disease and, in its late course, could be complicated by fatal (e.g., endocarditis) or debilitating disorders, such as CFS onset.

Another study suggested that vaccination involving aluminum containing adjuvants could trigger the cascade of immunological events, which are associated with immune-disrupting conditions, including CFS and macrophagic myofasciitis." - Ortega-Hernandez, Shoenfelda, in "Infection, Vaccination, and Autoantibodies in Chronic Fatigue Syndrome, Cause or Coincidence?", Annals of the New York Academy of Sciences, September 2009.

The Toxic Load and its Effects from Vaccination

"In 1999, Jackman and colleagues reported the successful production of a recombinant gp350 vaccine.

An Epstein-Barr Virus (EBV) vaccine containing this antigen was subsequently employed in 4 clinical trials.

A phase 1 study evaluated the safety and immunogenicity of a 3-dose regimen of vaccine containing 50 mg of gp350 given intramuscularly.

EBV antibody-negative and antibody-positive subjects 18 to 25 years of age were randomized to receive the vaccine adjuvanted with 3-O-desacyl-40-monophosphoryl lipid A and **aluminum salt known as Adjuvant System 04 (AS04) or aluminum salt alone.**

A phase 1/2 study randomized EBV-naive subjects 18 to 37 years old to receive unadjuvanted vaccine, vaccine adjuvanted with **Aluminum salt Adjuvant System 04 (AS04), or vaccine adjuvanted with aluminum salt only.**

The aggregate data from 138 subjects showed that the vaccine was safe with one notable exception: **10 days after receiving a 2nd dose of vaccine adjuvanted with AS04, an EBV antibody-positive subject was hospitalized for an apparent autoimmune reaction consisting of Meningismus and Arthritis of the knees, ankles and lower back**." - Henry H Balfour Jr., in "Progress, prospects, and problems in Epstein-Barr virus vaccine development", Current Opinion in Virology, June 2014.

Chronic Fatigue Syndrome

"The term Chronic Fatigue Syndrome was introduced in 1988 in response to reports of widespread illnesses that emerged in the United States in the mid-1980's.

Typical Symptoms of Chronic Fatigue Syndrome:

1. Severe Disabling Fatigue
2. Headache
3. Malaise
4. Short-term Memory Loss
5. Muscle Pain
6. Trouble Concentrating
7. Joint Pain
8. Depression
9. Abdominal Pain
10. And Many Others

This multiplicity of symptoms causes great problems in characterizing and diagnosing the disorder.

Bell (1995) draws an analogy with AIDS:

> *"The parallels in the history of the recognition of AIDS as a specific disease and the recognition of CFIDS are remarkable. For years physician and health care administrators said that no illness could explain fatigue, weight loss, lymph node cancer, unusual parasitic pneumonias, and the purple spots of Kaposi's sarcoma. Because patients with AIDS were dying, it was finally and somewhat reluctantly agreed that this constellation of unusual symptoms and events was not psychosomatic. And with the discovery of the HIV virus, a theory could be put forward that explained these findings."*

Disease Characterization

Before causal inference can get underway, there needs to be a disease to be explained. This is problematic, however, in cases such as AIDS and chronic fatigue syndrome, in which many different symptoms are involved.

Historically, it has not been easy to demarcate symptoms, syndromes, and diseases.

AIDS was initially identified as a syndrome but has been recognized as a disease since the causal factor HIV was identified as common to all cases.

Chronic fatigue syndrome will likely remain just that - a syndrome - until the causes and mechanisms are better understood." - Paul Thagard, in "How Scientists Explain Disease", 1999.

The Gut-Brain Axis Could be Involved

> *"**Evidence has shown that SARS-CoV-2 may affect directly Central Nervous System.** CNS disturbances could also result from the immune response to SARS-CoV-2 or as the consequence of the virus **effects on the Gastrointestinal Tract, thus both the brain-immune and the Gut-Brain Axis could be involved."** - Jaouad Bouayed, Torsten Bohn in "Journal of Medical Virology, 2021.*

If an individual is in a state of intoxication, it is obvious that the Central Nervous System is going to be affected.

The Issyk-Kul Virus Farce

"The Issyk-Kul virus (etiological agent of the Issyk-Kul fever) was originally isolated from bats (Nyctalus noctula Schreber, 1774 (Chiroptera: Vespertilionidae)) and their parasites ticks (Argas (Carios) vespertilionis Latreille, 1796 (Parasitiformes: Argasidae)) in Kirghizia. Sporadic cases and epidemics of the Issyk-Kul fever are observed in Central Asia since 1979.

The ISKV genome was de novo sequenced using the next-generation sequencing technology.

According to the molecular-genetic and phylogenetic analysis, the ISKV is a member of a novel group in the genus Nairovirus (Bunyaviridae).

Based on the data obtained, molecular-genetic methods can be used for ISKV detection (Polymerase Chain Reaction PCR) for the Issyk-Kul fever monitoring and diagnosis in the endemic areas."- S. V. Al'khovskiĭ, D. K. L'vov, et al., in "The taxonomy of the Issyk-Kul virus (ISKV, Bunyaviridae, Nairovirus), the etiologic agent of the Issyk-Kul fever isolated from bats (Vespertilionidae) and ticks Argas (Carios) vespertilionis (Latreille, 1796)", Vopr. Virusol., Sep-Oct 2013.

"The forecast of the existence of natural foci of viruses transmitted by Ixodid and Argasid ticks and mosquitoes (Lvov 1969; 1972; 1978d; 1983a,b; Lvov, Lebedev 1974; Lvov et al., 1967) and midges (Lvov 1982) **was worked out with the aid of mathematical models on the basis of our ideas of the ecology and the peculiarities of circulation of various ecological groups of arboviruses in different climatic zones of the world.**

By 1974, Dhori, Baku, Zaliv Terpeniya, Tahyna and Uukuniemi viruses brought the number of viruses isolated in the USSR up to 17 (Lvov, Lebedev, 1974).

Ten years after the study started the number of viruses isolated had reached 37 and by 1984 it was 44.

If 27 influenza A viruses and 2 paramyxoviruses isolated from natural sources are included with those recovered from

arthropods, the total number of viruses isolated from natural foci of infections reached **73 by the end of 1984.**

Every year the number increases." - D. K. Lvov, in "Sov. Med. Rev. Virol.", Vol. 1, 1987.

The Genome Announcement

"Issyk-Kul virus (ISKV)

Clinical symptoms include:

1. Fever (39 to 41°C).
2. Headache
3. Myalgia
4. Nausea.

Fatal outcomes are uncommon, although convalescence may take up to 6 weeks.

ISKV is likely to have a reservoir in both bats and ticks, with **transmission to humans being associated with tick bites, exposure to bat urine/feces, or a possible involvement of mites.**

The virus was tentatively assigned to the Bunyaviridae family based on electron microscopy; **however, to date, no confirmatory data have been published in English**." - in "Complete Genomic Sequence of Issyk-Kul Virus", Genome Announc., Jul-Aug 2015.

The Elusive 100% Virus Replication is Never Achieved

"The sequence data for ISKV described here align with independent ISKV virus genome data published during our investigations (GenBank accession numbers KF892055 to KF892057), with only 5 point mutations across all 3 segments." - in "Complete Genomic Sequence of Issyk-Kul Virus", Genome Announc., Jul-Aug 2015.

The Story of the PCR Test

"Polymerase Chain Reaction (PCR) DNA amplification, was invented in 1983 by the American biochemist Kary Mullis at Cetus Corporation.

Its inventor received the Nobel Prize in 1993, the only one awarded for research performed at a biotechnology company.

After a major funding crisis at Cetus, the company sold the patent rights of the PCR process to the giant Swiss pharmaceutical company F. Hoffmann-La Roche AG.

In March 2020, the Roche Diagnostics division reached a significant milestone with the FDA-approval of its high-volume Sars-CoV-2 diagnostic test, capable of analyzing 1,400-8,800 samples within 24h on the proprietary cobas 6800/8800 molecular testing system. In May 2020 the company announced it had acquired US-based Stratos Genomics for an undisclosed amount. In September 2020 the business acquired Ireland-based Inflazome, for €380 million, gaining control of its NLRP3 inflammasome inhibitors." - in "Wikipedia"

What Is PCR?

"Sometimes called **"molecular photocopying"**, the Polymerase Chain Reaction (PCR) is a fast and inexpensive technique used to "amplify" - copy - small segments of DNA. Because significant amounts of a sample of DNA are necessary for molecular and **genetic analyses, studies of isolated pieces of DNA are nearly impossible without PCR amplification.**

Often heralded as one of the most important scientific advances in molecular biology, PCR revolutionized the study of DNA to such an extent that its creator, **Kary B. Mullis, was awarded the Nobel Prize for Chemistry in 1993.**

What is PCR used for?

Once amplified, the DNA produced by PCR can be used in many different laboratory procedures. PCR is also valuable in a number of laboratory and clinical techniques, including DNA fingerprinting, detection of bacteria or viruses (**particularly AIDS)**, **and diagnosis of genetic disorders**." - in "Polymerase Chain Reaction (PCR) Fact Sheet", NIH, 16 June 2015.

The PCR Test Farce

"**If they could find this "virus in you at all".**

And with Polymerase Chain Reaction (PCR) if you do it well, you can find almost anything, in anybody.

It starts making you believe in the sort of notion that everything is contained, and everything else.

Right, I mean, because **if you can model, amplify one single molecule, up to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have, at least, one single one of them in your body.**

So that could be thought of as a misuse of it, just to claim that it's meaningful." - Kary B. Mullis, Inventor of the Polymerase Chain Reaction (PCR) Test, in Video, 1997.

It's Just Dead Nucleotides Period

"If you get a cycle threshold of 35 or more, the chances of it being replication competent are minuscule. *You almost never can culture virus from a 37 threshold cycle, so I think if somebody does come in with 37, 38 even 36 you got to say you know,* ***it's just dead nucleotides period."*** *- Dr Anthony Fauci, MD, NIAID, July 2020.*

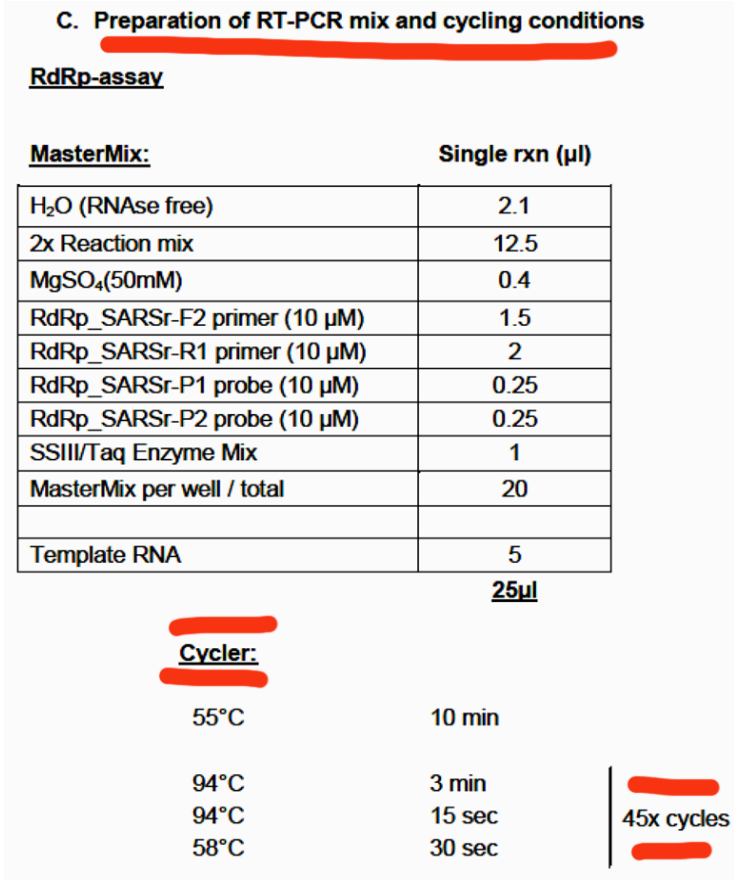
"Standard tests diagnose large numbers of people carrying

insignificant amounts of virus.
A cycle threshold >35 is too sensitive.
A more reasonable cutoff is Ct 30-35 or even Ct <30.
In NY state lab, 50% of recent positives had Ct >35.
In MA, 85-90% of positives in July had Ct >30.
Cycle threshold is never included in the results sent to clinicians. For outbreak tracing, cheap and abundant rapid tests are needed, even if less sensitive." *- Dr Marie L. Landry, MD, Director, Clinical Virology Laboratory, Yale New Haven Hospital, in "Your Coronavirus Test is Positive. Maybe It Shouldn't Be", New York Times, 29 August 2020.*

"In an article published in Clinical Infectious Diseases, Bullard et al reported that patients could not be contagious **with Ct >25 as the virus is not detected in culture above this value.**

At Ct=35, the value we used to report a positive result for PCR, <3% of cultures are positive (the probability of a person receiving a false positive is 97% or higher)." - in "Correlation Between 3790 Quantitative Polymerase Chain Reaction", Clinical Infectious Diseases, 28 September 2020.

Guidance and Standard Operating Procedure COVID-19 Virus Testing in NHS Laboratories



C. Preparation of RT-PCR mix and cycling conditions

RdRp-assay

MasterMix:	**Single rxn (µl)**
H_2O (RNAse free)	2.1
2x Reaction mix	12.5
$MgSO_4$(50mM)	0.4
RdRp_SARSr-F2 primer (10 µM)	1.5
RdRp_SARSr-R1 primer (10 µM)	2
RdRp_SARSr-P1 probe (10 µM)	0.25
RdRp_SARSr-P2 probe (10 µM)	0.25
SSIII/Taq Enzyme Mix	1
MasterMix per well / total	20
Template RNA	5
	25µl

Cycler:

55°C	10 min	
94°C	3 min	45x cycles
94°C	15 sec	
58°C	30 sec	

- in "Publications approval reference: 001559", Version 1.0 VIRUS TESTING, NHS England, 16 March 2020.

PCR Test to Detect SARS-CoV-2 Reveals 10 Major Scientific Flaws at the Molecular and Methodological Level

"In the publication entitled "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020) the authors present a diagnostic workflow and RT-qPCR protocol for detection and diagnostics of 2019-nCoV (now known as SARS-CoV-2), which they claim to be validated, as well as being a robust diagnostic methodology for use in public-health laboratory settings.

This paper will show 10 serious flaws in the Corman-Drosten paper, the significance of which has led to worldwide misdiagnosis of infections attributed to SARS-CoV-2 and associated with the disease COVID-19.

We are confronted with stringent lockdowns which have destroyed many people's lives and livelihoods, limited access to education and these imposed restrictions by governments around the world are a direct attack on people's basic rights and their personal freedoms, resulting in collateral damage for entire economies on a global scale." - in "External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results", 27 November 2020.

Test Pandemic
Here We Go Again

"The £500 Covid cashpoint: Minister eyes "astonishing" plan to give Everyone who tests positive for virus a one-off payment to ***"encourage more swabs"****... at cost of £453 Million a week. According to The Guardian, plans for the new support payments were drawn up by Health Secretary Matt Hancock's advisers." - in "The Daily Mail", 21 January 2021.*

The PCR Tests House of Cards

"The thing I want to talk to you about today, mainly, is these PCR Test, Polymerase Chain Reaction Tests.

Because, if we take these Polymerase Chain Reaction Tests, these cases, these asymptomatic people, if we take this out of the equation there's actually very little to see in this pandemic.

Yes, people are dying, as they do every year.

Yes, the hospitals are busy, as they have been every year for decades, and believe me I have worked through a lot of it. There is nothing unusual going on.

If we take this measurement, which measures not illness, nor the ability to transmit illness to somebody else.

But simply; it's a biochemical process, which seems to me, to be used by governments in order to drive a narrative.

To drive people into fear, to make people believe that they are the problem, that they are the biohazards, and that they are toxic to their fellow human beings.

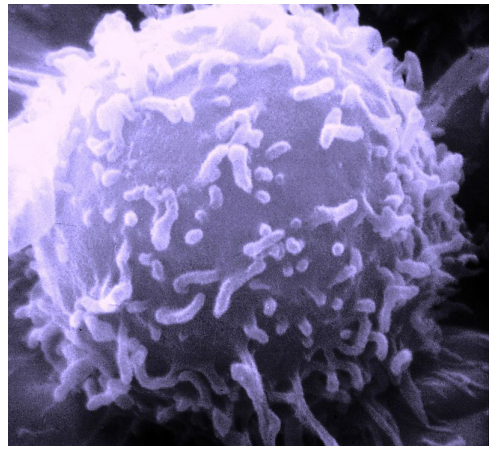
If you take the PCR Test out of this equation, the whole house of cards falls down." - Dr Anne McCloskey, MD in "PCR Tests", Youtube, 3 February 2021.

Medical Trade Virus Theory
Science Fiction to Science Farce

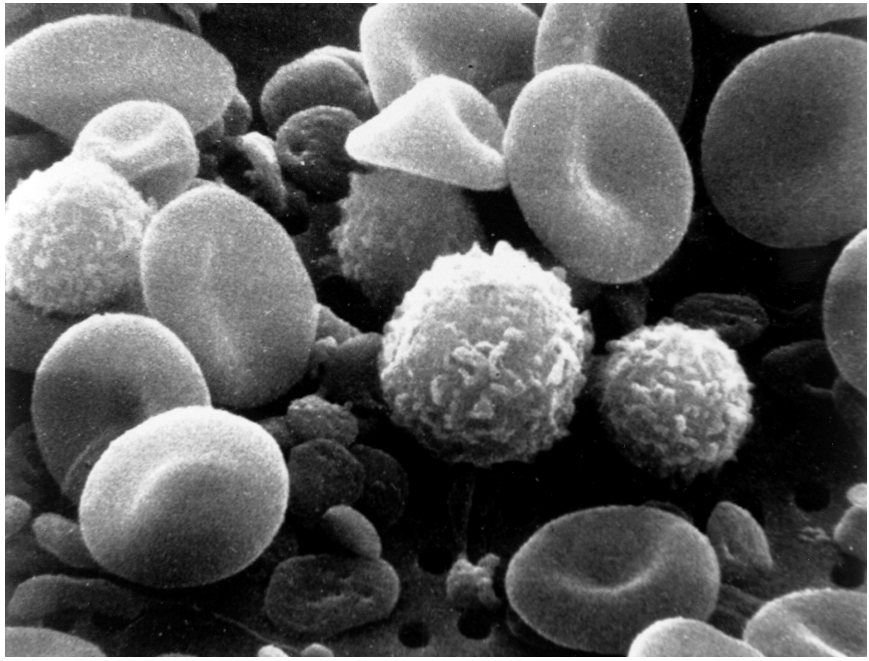
Medical Trade is well known to be **"at best dubious, and at worst fraudulent"**.

*"It is **at best dubious and at worst fraudulent** to attempt to define "subgroups" of patients in trials who have responded particularly well or particularly badly to a treatment - unless there was a pre - specified hypothesis about this. There are substantial risks of exaggerated claims of treatment effects arising from post-hoc emphases across multiple analyses. Subgroup analyses are particularly prone to over-interpretation, and one is tempted to suggest "don't do it" (or at least **"don't believe it"**)." - Susan Assmann, Laura Enos, Linda Kasten, in "Subgroup analysis and other (mis)uses of baseline data in clinical trials", 2000.*

*"First use in the computer context by David Gerrold in his 1972 book "When HARLIE Was One", contains one of **the first fictional representations of a computer virus** (preceded by Gregory Benford in 1970), and one of the first uses of the term "virus" to describe a program that infects another computer." - in "Virus", Wikipedia, 2021.*



"Electron microscopic image of a single human lymphocyte", in Wikipedia



"A scanning electron microscope image of normal circulating human blood showing red blood cells, several types of white blood cells including lymphocytes, a monocyte, a neutrophil and many small disc-shaped platelets." - in Wikipedia

Observe the so-called "viruses", and look at the cells, and compare them with other cells that come in contact with Bacterial Metabolic Waste.

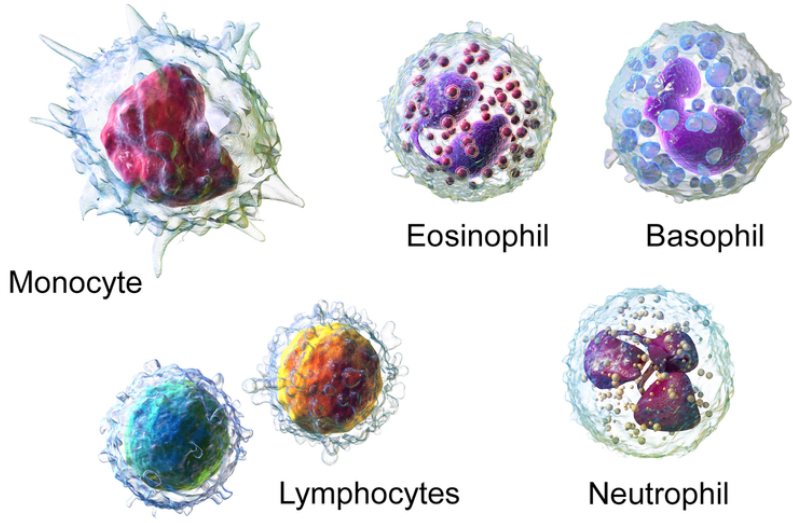
It is of the utmost importance to understand that the body microbiome is greater than the amount of body cells.

> *"A "reference man" (one who is 70 kilograms, 20–30 years old and 1.7 metres tall) contains on average about 30 Trillion Human Cells, and **39 Trillion Bacteria**" - Ron Milo, Ron Sender, Weizmann Institute of Science, Rehovot, Israel, in "Nature", 8 January 2016.*

Knowing this, you can understand that per each human cell there is 1 or more bacteria.

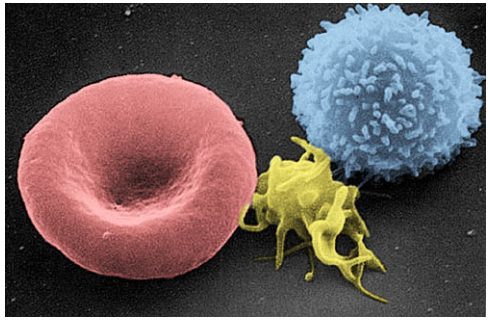
The waste from the metabolism of all these bacteria will inevitably have to come in contact with the cells of the body and those of the blood stream.

And even more so if there is an overgrowth of bacteria due to a state of toxaemia in the body, triggered either by factors such as constipation or bad dietary habits, such as heavily processed foods, and or, fried foods.

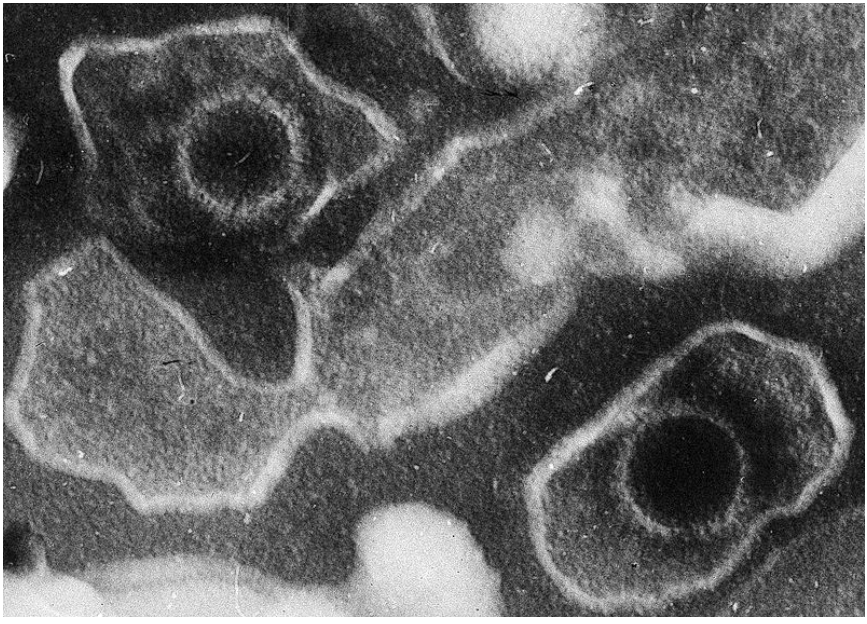


White Blood Cells

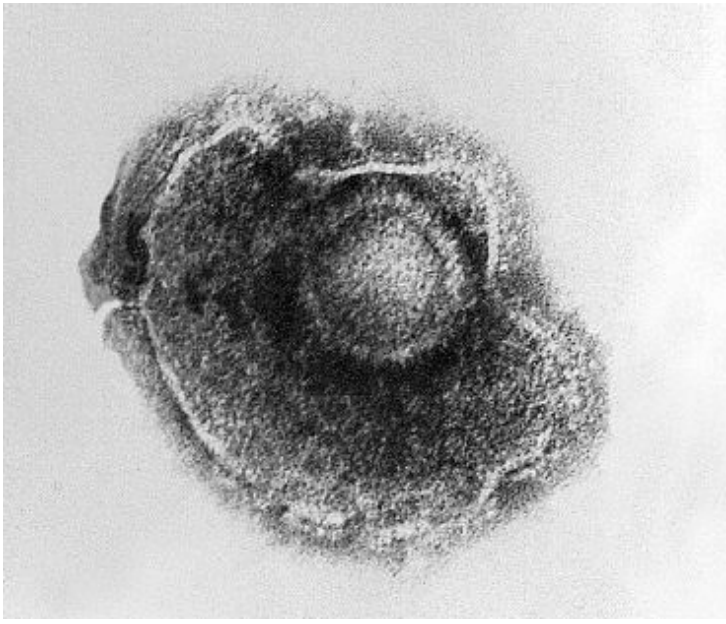
"3D rendering of various types of white blood cells" - in Wikipedia



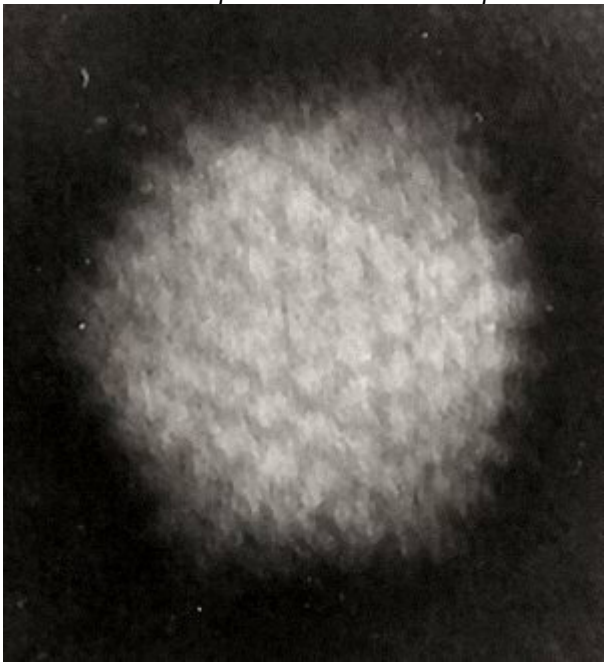
"Scanning electron micrograph: Red Blood Cell, Platelet, T lymphocyte" - in Wikipedia



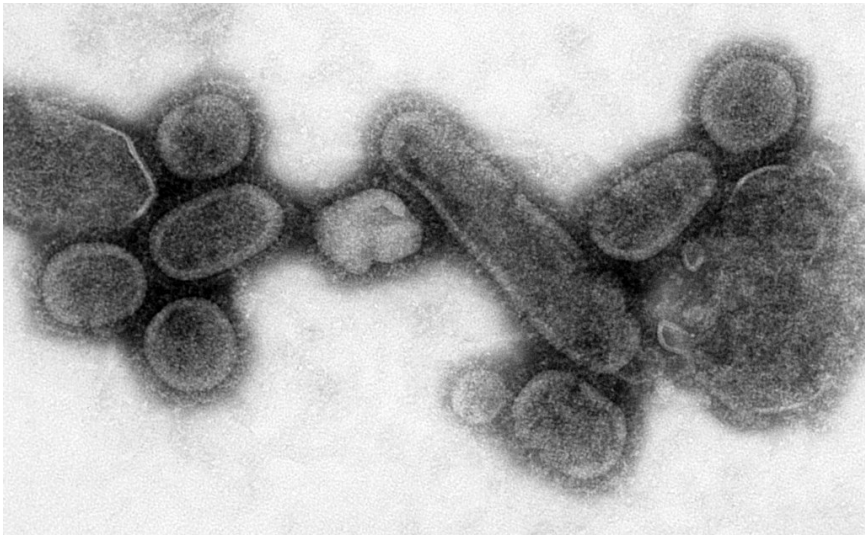
"Electron micrograph of 2 Epstein–Barr virions (viral particles) showing round capsids loosely surrounded by the membrane envelope" - in Wikipedia



"Chickenpox Virus" - in Wikipedia



"Electron micrograph of Adenovirus" - in Wikipedia



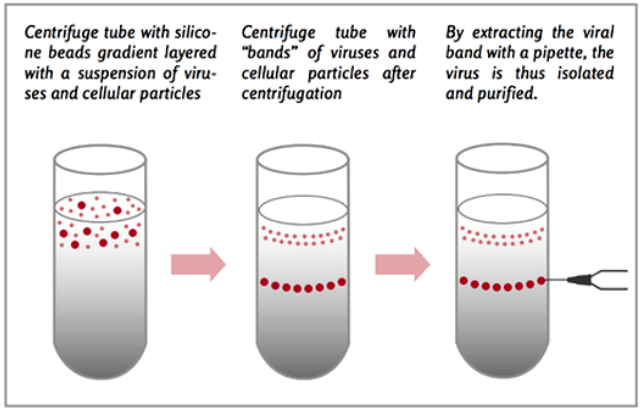
"Electron micrograph (TEM) showed recreated 1918 influenza virions that were collected from the supernatant of a 1918-infected Madin-Darby Canine Kidney (MDCK) cell culture 18 hours after infection. In order to sequester these virions, ***the MDCK cells were spun down (centrifugation)****, and the 1918 virus present in the fluid was immediately fixed for negative staining."*
- in Wikipedia

In other words:

When you pick up a few cells, or bacteria, and then you place them in a laboratory tube, to centrifuge them, any cell or bacteria will become disfigure.

The density gradient centrifugation is the scientifically required standard technique for the demonstration of the existence of a virus.

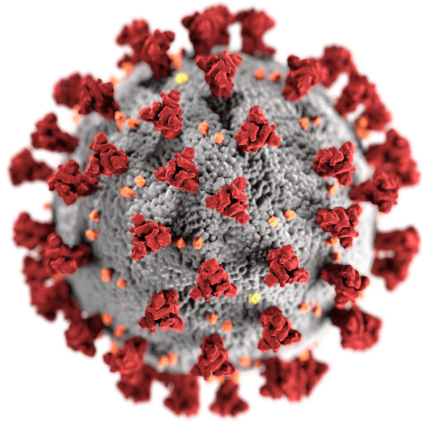
Despite the fact that this method is described in all microbiology manuals as the "virus isolation technique", it is never applied in experiments meant to demonstrate the existence of pathogenic viruses.



Dr. Stefan Lanka, Biologist, in "Dismantling the Virus Theory", WissenschafftPlus, 2015.

Centrifugation: How Convenient, Finding Particles Better Than Finding Viruses

"Traditional viral culture has been generally superseded by shell vial culture, in which the sample is centrifuged onto a single layer of cells and viral growth is measured by antigen detection methods. This greatly reduces the time to detection for slow growing viruses such as cytomegalovirus, for which the method was developed. In addition, the centrifugation step in shell vial culture enhances the sensitivity of this method because after centrifugation, the viral particles of the sample are in close proximity to the cells." *- in "Wikipedia", 8 April 2021.*



A Science Fiction Computer Generated image, now world famous supposedly representing; "Covid-19".

What is shown is a graphic. This is the best the Medical Trade can come up with, the depiction of a uni-cell (1-cell).

Which this membrane is either; in this natural form, or appearance, or it has been shaken by centrifugation, and it starts to disintegrate, or its outer membrane is having an actual natural reaction, as if when some one comes into contact with a chemical upon his skin, it starts a process of abrasion.

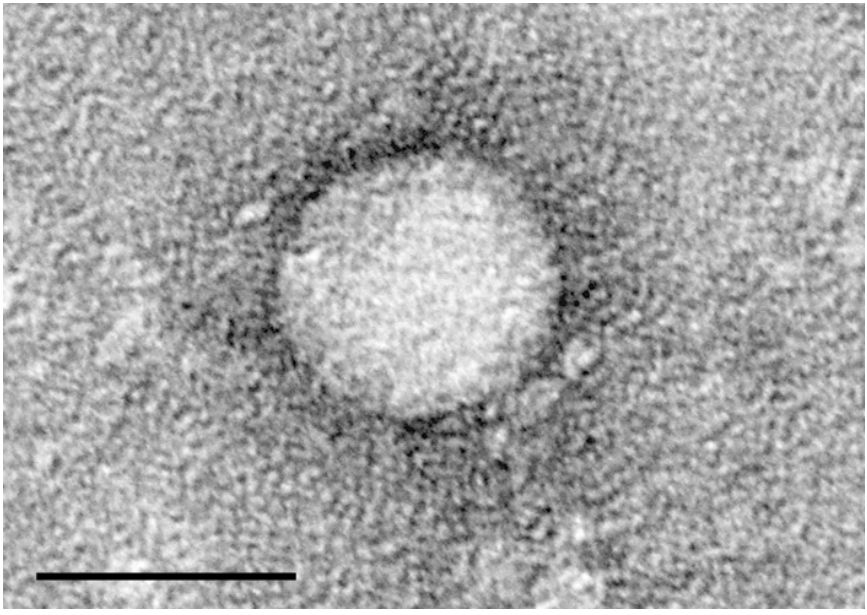
But the Medical Trade Science have just claimed that:

> ***"Viruses are not classified as cells and therefore are neither unicellular nor multicellular organisms."*** *- in "What is a Cell?", Science Primer, Purdue University Cytometry Laboratories, 2020.*

So why is the Medical Trade showing us a uni-cell (1 cell).

For sure if viruses exist, (and they might be billions of them around, we never know, do we?), then it should be "easy peasy", to show the world not 10, but only 1, yes just 1 virus (we make it easy for the medical trade to come up with 1 virus).

The Hepatitis Virus Farce



*"Electron micrographs of **hepatitis C virus** "purified" from cell culture. Scale bar is 50 nanometers. Courtesy of the Center for the Study of Hepatitis C, **The Rockefeller University.**" - in "Positive-strand RNA virus", Wikipedia*

1980 - Where Is the Hepatitis C Virus?

"Non-A, non-B hepatitis is apparently caused by one or more viruses, but getting a handle on them has proved exceptionally difficult. The results of the tests are very controversial. Many investigators argue that their own test is specific for the virus and
that the other tests are nonspecific, detecting autoantibodies or other liver components. And so the race to find a test for NANB hepatitis continues." *- in **"Where Is the Hepatitis C Virus?"**, Science, 28 November 1980.*

2001 - Still No Hepatitis C Virus

"Where is the Hepatitis C Virus? Has anybody seen it?" - *Michael Houghton, in "8th International HCV Congress", Paris, 2001.*

"Hepatitis C: Toxins such as alcohol, heroin and medical drugs, suffice as explanation." - *Dr Claus Köhnlein, MD, Dr Samantha Bailey, MD, in "Virus Mania", 2020.*

Looking to find the "holy grail", Also Known As, a Medical Trade "virus".

We looked in the mighty all knowing Wikipedia, under the entry of "Positive-strand RNA virus", and alas what we find is another image, another representation of a so-called "virus", which is nothing more than what is clearly showing another cell, a uni-cell (1-cell).

Again we where trying to see the "virus" and the only thing that the Medical Trade is showing us is a uni-cell (1 cell).

Sequences of the So-called SARS-COV-2 Are Found Both in Humans and Microbes

"Let's see in detail the procedure taking as an example the initiators of the French protocol. Once on the BLAST website (https://blast.ncbi.nlm.nih.gov/Blast.cgi), we chose Microbes to search the microbial genome databases and moved to the next page. Then a form appeared in which we entered the sequence of the forward initiator of the French protocol; that is **ATGAGCTTAGTCCTGTTG**, we selected the option Highly similar sequences and pressed the BLAST key.

Just a few seconds later the results appeared - we took a

screenshot, and we were shown **100 sequences of microbes, particularly bacteria and archaea, with a coincidence of between 77% and 100% with an identity percentage of 100%.**

We then returned to the home page and that second time, we chose Human to search the human genome, we repeated the same operation and after a few seconds the result appeared which we screen captured again.

And it turns out that the sequence entered coincides with 74 sequences of the human genome, with a coincidence of between 66% and 100%, and a percentage of identity of 100%.

The sequence of that initial PCR primer, that is supposed to be specific to SARS-CoV-2, actually corresponds to 74 fragments of the human genome and a hundred microbial fragments as well." - in "'Frauds and Falsehoods in the Medical Field", Discovery Salud, No.242, 8 November 2020.

Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2 Institut Pasteur, Paris

Primers and probes

Name	Sequences (5'-3')	Length (bases)	PCR product size	Ref.
RdRp gene / nCoV_IP2				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTTGTTGTGTTGT	18		
nCoV_IP2-12696bProbe(+)	AGATGTCTTGTGCTGCCGGTA [5']Hex [3']BHQ-1	21		
RdRp gene / nCoV_IP4				
nCoV_IP4-14059Fw	GGTAACTGGTATGATTTCG	19	107 bp	1
nCoV_IP4-14146Rv	CTGGTCAAGGTTAATATAGG	20		
nCoV_IP4-14084Probe(+)	TCATACAAACCACGCCAGG [5']Fam [3']BHQ-1	19		
E gene / E_Sarbeco				
E_Sarbeco_F1	ACAGGTACGTTAATAGTTAATAGCGT	18	125 bp	2
E_Sarbeco_R2	ATATTGCAGCAGTACGCACACA	20		
E_Sarbeco_P1	ACACTAGCCATCCTTACTGCGCTTCG [5']Fam [3']BHQ-1	20		

1/ National Reference Center for Respiratory Viruses, Institut Pasteur, Paris.
2/ Corman et al. Eurosurveillance[1]

USA

29 February 2020
"Covid-19 Virus" Arrives In The USA

"29 February 2020: 1st death reported in United States.
17 March 2020: Coronavirus now present in all 50 states.
20 March 2020: New York City declared US outbreak epicenter.
New York City state reports that more than 15,000 people have tested positive for COVID-19 and account for roughly half of the infections in the country." - in "Timeline: How coronavirus got started", ABC News, 22 September 2020.

Toronto Public Health

"Individuals who have died with COVID-19, but not as a result of COVID-19 are included in the case counts for COVID-19 deaths in Toronto." *- @TOPublicHealth, in "Twitter", Toronto Public Health, 4:27 PM, 24 June 2020.*

Europe

1 December 2020
No Quantified Virus Isolates of the 2019-nCoV Available For CDC

"The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies.

Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA

(N gene; GenBank accession: MN908947.2) of known titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) **to mimic clinical specimen.**" - in "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel", Revision 6, CDC, DDID, NCIRD, Division of Viral Diseases, 1 December 2020.

17 March 2020
All Countries within Europe Had Confirmed case of COVID-19

"As of 17 March 2020, all countries within Europe had a confirmed case of COVID-19, with Montenegro being the last European country to report at least one case. At least one death has been reported in all European countries, apart from the Vatican City. As of 18 March 2020, more than 250 million people were in lockdown in Europe." - in "Wikipedia

"Nevertheless **it is difficult to link scientific publications to specific CE-marked devices as the latter do not disclose the RNA sequences detected by the test.**

Detection of Viral Status

RT-PCR

A) Evaluation of evidence

The most crucial information concerning RT-PCR based methods developed for the detection of SARS-CoV-2 are the sequences of the oligonucleotides (primers and probe) used for the amplification of the cDNA.

That information allows to establish a RT-PCR based method, as it targets a precise sequence in the genome of the virus.

It is important to note that, except for a few cases, no information on the actual sequences of the primers and probes in the device could be found.

Literature review - general observations

ART69 (Annex 2) compared a new set of primers for the RdRp gene with **the method recommended by WHO developed at the Charité Universitätsmedizin Berlin, Germany.**

The method shows in vitro a very low limit of detection (LOD) with viral RNA transcripts (11.2 RNA copies/reaction).

All the published papers presented LAMP combined with a reverse transcription assay (RTLAMP) which had been developed for the detection of multiple respiratory RNA viruses to avoid the need for expensive technologies.

The LAMP technique is highly specific through the combined detection of 3 genes of the coronavirus.

It is claimed by manufacturers that this would possibly increase the accuracy of detection to almost 99%.

However, it is reported that the use of one of the 3 genes alone would reduce the diagnostic sensitivity or specificity of the test, causing false positive or false negative results.

The protocols suggested by WHO are currently the most recurrent ones in the literature, because some of their primer/probe sets are commercially available.

However, many of them present background noise that render the interpretation of results difficult at low viral load and a proper validation of these RT-PCR methods is recommended.

Analytical performance

Limit of detection (LOD)

The LOD can be determined by limiting dilution studies using sufficiently characterised samples and should be provided.

Since no virus isolates with a quantified amount of the SARS-CoV-2 are currently available, assays designed for detection of the SARS-CoV-2 RNA could be tested with characterised stocks of in vitro transcribed RNA

containing the target of interest of a calculated titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human cells in viral transport medium (VTM) to mimic a clinical specimen.

(Analytical) Specificity

The analytical specificity of the assay (also named inclusivity testing). **A search for significant homologies with other SARS coronaviruses, the Bat SARS-like coronavirus genome and the human genome and human microflora should be performed to evaluate and predict potential false positive RT-PCR results."** - in "Current performance of COVID-19 test methods and devices and proposed performance criteria", 16 April 2020.

New Zealand – Covid-19 Virus Isolation Freedom of Information Request

"A colleague in New Zealand and I have been submitting Freedom of Information requests to various institutions in Canada, NZ, Australia, Germany, the UK and the US, **seeking any records that describe the actual isolation of a SARS-COV-2 virus** from any diseased patient." - Christine Massey, in "UK Department of Health and Social Care has no record of "COVID-19 virus" isolation", February 2021.

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the office of the Associate Minister of Health on 15 October 2020 for:

"All records in the possession, custody or control of the Associate Minister of Health Hon Jenny Salesa describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient

*sample was not first combined with any other source of genetic material (**i.e. monkey kidney cells aka vero cells**; lung cells from a lung cancer patient)."*

This office does not hold any information pertaining to your request. For this reason, I am refusing your request under section 18(e) of the Act, as the information requested does not exist.

Under section 28(3) of the Act you have the right to ask the Ombudsman to review my decision to refuse your request.

Hon Jenny Salesa, Associate Minister of Health
20 October 2020

Australia – Covid-19 Virus Isolation Freedom of Information Request

From: FOI <FQI@health.qov au> 24 Aug 2020,12:10
Subject: Freedom of Information Request - Studies re isolation of SARS-COV-2 [SEC=UNOFFICIAL]

Dear,

I refer to your request to the Australian Government Department of Health (department) below:

*"All records in the possession, custody or control of The Department of Health describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (**i.e. monkey kidney cells aka vero cells**; lung cells from a lung cancer patient)."*

The department does not hold the documents you

are seeking access to.

Kind regards,
FOI Officer

Cell Culture of SARS-CoV-2 and Electron Microscopy

"Vero/hSLAM cells (African green monkey Kidney Cells transfected to express the human signaling lymphocytic activation molecule (SLAM; also known as CDw150)1 were grown at 37°C, 5% CO2 in maintenance media consisting of 10mL Earle's minimum essential medium (EMEM), 7% fetal bovine serum (FBS) (Bovogen Biologicals, Keilor East, AUS) 2mM L-glutamine, 1 mM sodium pyruvate, 1500mg/L sodium bicarbonate, 15 mM HEPES and 0.4mg/ml geneticin to 95% confluency in 25cm2 flasks.

For reverse transcription, 4 μL RNA and 1μL SISPA primer A (5' – **GTTTCCCACTGGAGGATA** - N9–3', 40 pmol/μL) were combined and incubated for 5min at 65°C and then cooled to 4°C for 5min.

Amplification of cDNA was performed using 5μL reaction mixture as input to a 50μL AccuTaq LA (Sigma-Aldrich, St. Louis, MO, USA) reaction mixture with 5μL AccuTaq LA 10x Buffer, 2.5μL 10mM dNTP mix, 1μL DMSO, 0.5μL AccuTaq LA DNA polymerase, 35μL nuclease-free water and 1 μL SISPA primer B (5' – **GTTTCCCACTGGAGGATA – 3**'), with PCR cycling conditions of 98°C for **30s, 30 cycles** of 94°C for 15s, 50°C for 20s, and 68°C for 2min, followed by 68°C for 10min.

Amplified cDNA purified using AMPure XP beads (Beckman Coulter, Brea, CA) at a 1:1 ratio (ie, 50μL beads to 50μL reaction volume) and eluted in 48μL nuclease-free water.

cDNA was quantified using a Qubit high-sensitivity double-stranded DNA (dsDNA) kit (Thermo Fisher Scientific, Waltham, MA, USA), **according to manufacturers'**

instructions." - in "Appendix to: Caly L, Druce J, Roberts J, et al. Isolation and rapid sharing of the 2019 novel coronavirus (SAR-CoV-2) from the first patient diagnosed with COVID-19 in Australia", Medical Journal of Australia, 27 March 2020.

Ireland - Covid-19 Virus Isolation Freedom of Information Request

Dear,

I refer to the request, which you submitted under the Freedom of Information Act 2014 to the Health Service

Executive for access to the following information:

"How many amplification cycles are being used in the PCR testing approved/implemented by HSE Have the number of cycles been constant throughout the testing period (Mar'20 - present)
If the number of amplification cycles varies among providers, can you give a breakdown of test provider, no of tests carried out, and number of amplification cycles used."

In general, the majority of PCR assays runs for between 40 & 45 amplification cycles. However, for commercial assays, the number of cycles required Is determined by the manufacturer. All HSE laboratories are using the commercial PCR assays in accordance with tire manufacturers instructions.

As a result the number of cycles will vary during the period referred to.

This Information Is not compiled centrally. In line with CE-IVD legislation, laboratories utilise diagnostic reagents in line with the manufacturers instructions.

Office of the Chief Executive Officer
Health Service Executive, Dublin

Note: HSE provides all of Ireland's public health services in hospitals and communities across the country with public funds.

United Kingdom - Covid-19 Virus Isolation Freedom of Information Request

Public Health Scotland

Dear Athanasios Kandias,

I refer to your request of 9 September 2020 under the above legislation for information about:

> *"All records in the possession, custody or control of Public Health Scotland, describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells)."*

I am writing to advise you that following a search of our records, I have established that under Section 17(1) of the Freedom of Information (Scotland) Act 2002, Public Health Scotland (PHS) does not hold the information you requested.

PHS has not been involved in any studies where methods of isolation described have been performed. Such studies may have been performed in a number of Universities but PHS is not aware of any specific studies to be able to direct you to them for more information.

Vicki Bibby
Head of Strategy, Governance and Performance
Public Health Scotland
7 October 2020

We Relied on Social Media Reports Announcing Detection of a SARS-like Virus

"The ongoing outbreak of the recently emerged novel coronavirus (2019-nCoV) poses a challenge for public health laboratories as virus isolates are unavailable while there is growing evidence that the outbreak is more widespread than initially thought.

According to the World Health Organization (WHO), the WHO China Country Office was informed of cases of pneumonia of unknown aetiology in Wuhan City, Hubei Province, on 31 December 2019.

A novel coronavirus currently termed 2019-nCoV was officially announced as the causative agent by Chinese authorities on 7 January 2020.

A viral genome sequence was released for immediate public health support via the community online resource virological.org on 10 January (Wuhan-Hu-1, GenBank accession number MN908947), followed by four other genomes deposited on 12 January in the viral sequence database curated by the Global Initiative on Sharing All Influenza Data (GISAID).

The genome sequences suggest presence of a virus closely related to the members of a viral species termed severe acute respiratory syndrome (SARS)-related CoV, a species defined by the agent of the 2002/03 outbreak of SARS in humans.

Before public release of virus sequences from cases of 2019-nCoV, we relied on social media reports announcing detection of a SARS-like virus. We thus assumed that a SARS-related CoV is involved in the outbreak.

We downloaded all complete and partial (if > 400 nt)

SARS-related virus sequences available in GenBank by 1 January 2020." - in "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", Euro Surveillance, 23 January 2020.

How Do You Isolate A "Virus"

Question - Can you explain the process of HIV Virus isolation?

> ***"Well you isolate a virus by ah, ah, ah. Didn't Dr Gallo did that? He actually isolated it, so huh, why should I do all of this? This is all text book stuff you are at. I don't want to be your text book, I have other things to do."*** *- Professor David Baltimore, PhD, American Biologist, University Administrator, 1975 Nobel laureate in Physiology or Medicine, President Emeritus and Distinguished Professor of Biology at the California Institute of Technology, USA, in "Interview".*

> ***"I am not quite sure of what is behind your question about isolation."*** *- Dr Robin Weiss, PhD, Professor of Viral Oncology, University College London, in "Interview".*

"Many people are thinking about viruses, and so they're using terms they may not be familiar with like "isolate", "variant" and "strain". **Unfortunately, there is no universally accepted definitions for the terms "strain", "variant" and "isolate", in the virology community, and most virologists simply copy the usage of terms from others. Most of the time we take this nasopharyngeal swab in the solution, we just do the genome sequence, and we don't actually have a physical isolate virus and that's very important."** - Professor Vincent Racanello, Department of Microbiology and Immunology at Columbia University's College of Physicians and Surgeons, author of "Principles of Virology", 2021.

Does Your Electron Micrographs Show The Purified Virus?

A letter was sent by Researcher Torsten Engelbrecht, Author of the Book "Virus Mania: Avian Flu (H5N1), Cervical Cancer (HPV), SARS, BSE, Hepatitis C, AIDS, Polio: How the Medical Industry Continually Invents Epidemics, Making Billion-D", with the question: **"Does Your Electron Micrographs Show The Purified Virus?"**, to the authors of the following Covid-19 Papers:

Paper No.1

February 2020

> ***"Novel Coronavirus from Patients with Pneumonia in China, 2019."*** *- Dr Wenjie Tan, MD, et al., China Novel Coronavirus Investigating and Research Team, NHC Key Laboratory of Biosafety,* ***National Institute for Viral Disease Control and Prevention, Chinese Center for Disease Control and Prevention (CDC China)****, Center for Biosafety Mega-Science,* ***Chinese Academy of Sciences****, in "New England Journal of Medicine", 20 February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

> ***"[We show] an image of sedimented virus particles, not purified ones."*** *- Dr Wenjie Tan, MD, 18 March 2020.*

Paper No.2

February 2020

"Virus Isolation from the First Patient with SARS-CoV-2 in Korea." *- Wan Beom Park, et al., Department of Internal Medicine, Seoul National University College of Medicine;* ***Laboratory of Infection & Immunity, Seoul National University Hospital Biomedical Research Institute, Seoul, Korea****, in "Journal of Korean Medical Science", 24 February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"We did not obtain an electron micrograph showing the degree of purification." *- Wan Beom Park, 19 March 2020.*

Paper No.3

February 2020

"Identification of Coronavirus Isolated from a Patient in Korea with COVID-19." *- Myung-Guk Han, et al., Division of Viral Diseases, Center for Laboratory Control of Infectious Diseases,* ***Korea Centers for Disease Control and Prevention (CDC Korea)****, Cheongju, Korea, in "Osong Public Health and Research Perspectives", February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"We could not estimate the degree of purification because ***we do not purify and concentrate the virus*** *cultured in cells." - Myung-Guk Han, 6 May 2020.*

Paper No.4

27 February 2020

"Emergence of a novel human coronavirus threatening human health." *- Malik Peiris, et al.,* ***School of Public Health, LKS Faculty of Medicine, The University of Hong Kong****, in "Nature Medicine", 27 February 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"The image is the virus budding from an infected cell.
It is not purified virus." *- Malik Peiris, 12 May 2020.*

Paper No.5

June 2020

"Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia" *- Jason A. Roberts, Julian Druce, et al.,* ***Victorian Infectious Diseases Reference Laboratory, Melbourne Health at the Peter Doherty Institute for Infection and Immunity****, Melbourne, Victoria, Australia, in "The Medical Journal of Australia", June 2020.*

Question: Does Your Electron Micrographs Show The Purified Virus?

"The nucleic acid extraction was performed on isolate material recovered from infected cells. This material was not centrifuged, so ***was not purified*** *through sucrose gradient to have a density band as such. The EM images were obtained directly from cell culture material." - Jason A. Roberts, Julian Druce, 5 October 2020.*

Victorian Infectious Diseases Reference Laboratory

"Victorian Infectious Diseases Reference Laboratory (VIDRL) is a leading Australian infectious diseases reference laboratory located in Melbourne, Victoria, has its origins in the Department of Pathology, at the specialist infectious diseases hospital Fairfield Hospital, which closed in 1996. VIDRL was formally designated as a Victorian public health reference laboratory supporting the Victorian Department of Health in 1992. After Fairfield's closure VIDRL transferred to what is now Melbourne Health, and relocated to North Melbourne in 1998. **In 2006 VIDRL took over the management of the WHO Collaborating Centre for Reference and Research on Influenza, which subsequently relocated to VIDRL's facilities in 2007.** In 2014 VIDRL relocated into the Doherty. **VIDRL provides the Victorian Department of Health with virology and Mycobacteria public health reference laboratory services, including surveillance, outbreak investigations, reference testing and research. VIDRL has national reference laboratory designations to the Commonwealth Department of Health for polio and enteroviruses, measles, viral haemorrhagic fevers and smallpox. VIDRL also has a strong commitment to international health programs through WHO now in its 47th year. VIDRL has WHO Collaborating Centre designations for Reference and Research on Influenza, Mycobacterium ulcerans, and Biosafety together with WHO Regional Reference Laboratory designations for poliovirus, measles and hepatitis B, and is a WHO National Influenza Centre.**

Funding

VIDRL's major funders are the Department of Health, Victoria and the Commonwealth Department of Health.

VIDRL depends on fee for service diagnostic testing for approximately 35% of its income." - in "History, About, Funders", VIDRL, 20 April 2021.

What Is An Isolate

"An isolate is a virus, that we have isolated from an infected host, and we have propagated that in culture. You put that sample in cells, and culture which is how we grow viruses and you grow virus and now you have an isolate." *- Professor Vincent Racanello, Department of Microbiology and Immunology at Columbia University's College of Physicians and Surgeons, author of "Principles of Virology", 2021.*

"To refer to positive results in these tests as "isolates" must be incorrect since they have not been grown and, in the case of stool viruses, often cannot be grown - nor can they be said to be free of other organisms". *- C. R. Madeley, Virologist, Department of Infectious Diseases, Ruchill Hospital, Glasgow, Scotland, in "IV International Conference on Virology",1978.*

The First New Zealand Lab To Isolate Covid-19

"Two researchers and a high-containment lab stood in the breach as the Covid-19 pandemic reached our shores. Bruce Munro talks to Otago professors James Ussher and Miguel Quinones-Mateu about their life-saving work during and after the Level 4 lockdown and asks why it is so vital New Zealand helps find a vaccine. **His team was able to grow the SARS-CoV-2 virus and isolate its RNA, its genetic material; the first New Zealand lab to do so."** - in "On the offensive: Otago Uni's fight against Covid-19", Otago Daily Times, 13 June 2020.

Official Information Act Request To Otago University

"In response to your Official Information Act request of 2 March 2021, which sought:

> ***"All studies and/or reports in the possession, custody or control of the University of Otago, describing the purification of "SARS-COV-2" said to have caused disease in humans (via maceration, filtration and ultracentrifuge also referred to at times by some people as "isolation"), directly from a sample taken from a diseased human.*** **Where the patient sample was not first combined with any other source of genetic material."**

The university in fact holds no records which fall within the scope of your request. We decline your request pursuant to section 18(g) of the Act on the basis that the request is not held by the University." - Otago University, New Zealand, 30 March 2021.

Severe Acute Respiratory Syndrome Coronavirus 2 Isolate Wuhan-Hu-1, Complete Genome

GenBank: MN908947.3

LOCUS **MN908947** 29903 bp ss-RNA linear VRL 18-MAR-2020

DEFINITION Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1, complete genome.

ACCESSION MN908947

VERSION MN908947.3

SOURCE Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

ORGANISM Severe acute respiratory syndrome coronavirus 2
Viruses; Riboviria; Orthornavirae; Pisuviricota; Pisoniviricetes; Nidovirales; Cornidovirineae; Coronaviridae; Orthocoronavirinae; Betacoronavirus; Sarbecovirus.

REFERENCE 1 (bases 1 to 29903)

AUTHORS Wu,F., Zhao,S., Yu,B., Chen,Y.M., Wang,W., Song,Z.G., Hu,Y., Tao,Z.W., Tian,J.H., Pei,Y.Y., Yuan,M.L., Zhang,Y.L., Dai,F.H., Liu,Y., Wang,Q.M., Zheng,J.J., Xu,L., Holmes,E.C. and Zhang,Y.Z.

TITLE A new coronavirus associated with human respiratory disease in China

JOURNAL Nature 579 (7798), 265-269 (2020)

PUBMED 32015508

REFERENCE 2 (bases 1 to 29903)

AUTHORS Wu,F., Zhao,S., Yu,B., Chen,Y.-M., Wang,W., Hu,Y., Song,Z.-G., Tao,Z.-W., Tian,J.-H., Pei,Y.-Y., Yuan,M.L., Zhang,Y.-L., Dai,F.-H., Liu,Y., Wang,Q.-M., Zheng,J.-J., Xu,L., Holmes,E.C. and Zhang,Y.-Z.

JOURNAL Submitted (05-JAN-2020) Shanghai Public Health Clinical Center & School of Public Health, Fudan University, Shanghai, China

COMMENT On Jan 17, 2020 this sequence version replaced MN908947.2.

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// - Professor Yong-Zhen Zhang, in " Novel 2019 coronavirus genome", Virological, January 2020.

Homo Sapiens Chromosome 8, GRCh38.p13 Primary Assembly

NCBI Reference Sequence: NC_000008.11

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  "CONSRTM   International Human Genome Sequencing
Consortium
    TITLE     Initial sequencing and analysis of the
human genome
    JOURNAL   Nature 409 (6822), 860-921 (2001)
     PUBMED   11237011
    REMARK    Erratum:[Nature 2001 Aug
2;412(6846):565]
  COMMENT     REFSEQ INFORMATION: The reference
sequence is identical to CM000670.2.
              On Feb 3, 2014 this sequence version
replaced NC_000008.10.
    Assembly Name: GRCh38.p13 Primary Assembly
    The DNA sequence is composed of genomic sequence,
primarily finished clones that were sequenced as part
of the Human Genome Project. PCR products and WGS
shotgun sequence have been added where necessary to
fill gaps or correct errors. All such additions are
manually curated by GRC staff. For more information
see: https://genomereference.org

  ##Genome-Annotation-Data-START##
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ORIGIN  1 ctccctttgt tgtgttgt //" - in "Homo
Sapiens Chromosome 8, GRCh38.p13 Primary Assembly",
Nature, 2001.
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CTCCCTTTGT TGTGTTGT

=

CTCCCTTTGTTGTGTTGT

Please look at the Pasteur Institute Covid-19 "Virus" sequence: nCoV_IP2-12669Fw

Primers and probes

Name	Sequences (5'-3')	Length (bases)	PCR product size	Ref.
RdRp gene / nCoV_IP2				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG ←	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTTGTTGTGTTGT	18		

- in "Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2, Institut Pasteur, Paris", 2020.

CSC 23485 First UK COVID-19 vaccine approved Ptizer/BioNTech

Medicines and Healthcare products Regulatory Agency (MHRA)

MHRACustomerServices@mhra.gov.uk

Our reference: CSC 23485

Dear Frances Leader,

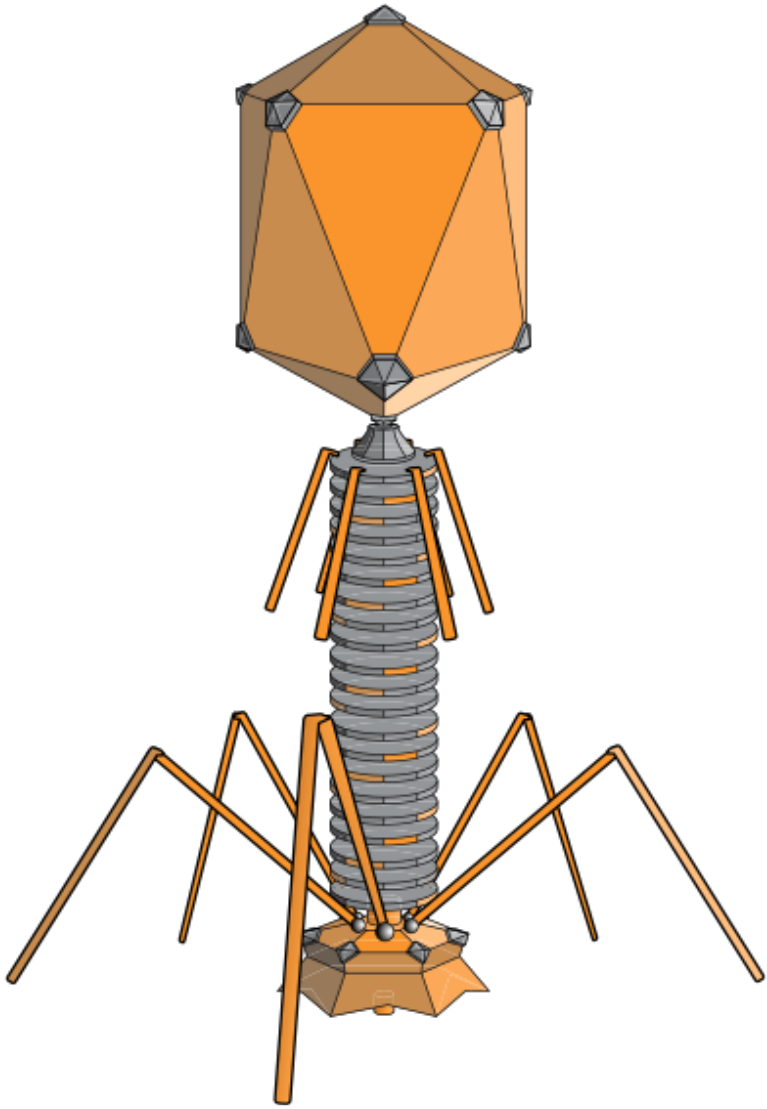
A quality target product profile for the finished product has been established taking into consideration the World Health Organization's "WHO Target Product Profiles for COVID-19 Vaccines".

The DNA template used does not come directly from an isolated virus from an infected person.

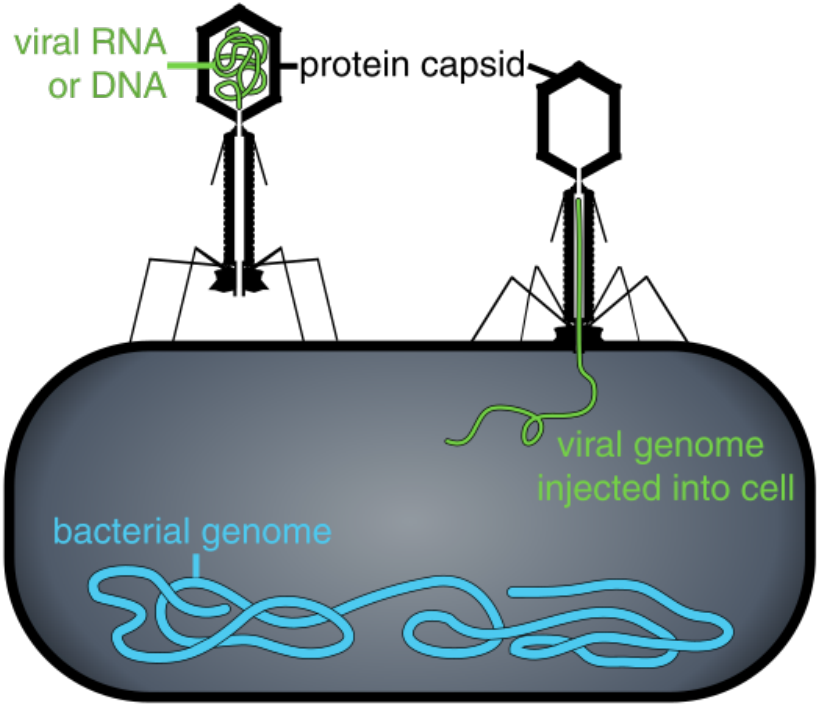
The DNA template (severe acute respiratory syndrome coronavirus 2, GenBank: MN908947.3) was generated via a combination of gene synthesis and recombinant DNA technology.

MHRA Customer Services
21 December 2020

From Science Fiction To Science Farce



Science Fiction Farce:
"The structure of a typical Myovirus Bacteriophage" - in Wikipedia



The Science Fiction Farce so-called: *"Bacteriophages injecting their genomes into Bacterial Cells" - in Wikipedia*

"The "new", rather re-discovered perspective ***could only originate outside of the official "science"****: one of the reasons for this is that the people involved in scientific institutions do not fulfil their first and most important scientific duty - to permanently doubt and double-check every theory.* ***Otherwise, they would have already discovered that the misinterpretation had been taking place for a long time already and had become a dogma only by extremely unscientific activities in the years 1858, 1953 and 1954."*** *- Dr. Stefan Lanka, Biologist, in "The Misconception called Virus", WissenschafftPlus, 2020.*

The Virus Mutation Farce

"The mutations appear to occur sporadically and spontaneously. ***No links between the small number of patients infected with the mutated virus have been found and the mutation does not appear to spread.*** *Many* ***mutations do not alter any important features of the virus or the illness it causes. No evidence currently suggests that these mutations are leading to an unusual increase in the number of H1N1 infections or a greater number of severe or fatal cases.*** *" - in "Public health significance of virus mutation detected in Norway Pandemic (H1N1) 2009 briefing note 17, WHO, 20 November 2009.*

"The organism appears to be elusive in that it keeps changing its character, coming in "types" and again in "strains" within the types. Mutations were bound to occur. It changes characteristics in certain environments and keeps changing its immunological properties so that a different form can evolve. This makes it difficult to develop a specific type vaccine affecting the population." - Dr Donald A. Dahlin, DC in "Are Epidemics and Vaccinations Billion Dollar Scams?", 2010.

"The molecular mechanisms of replication and multiplication of RNA viruses are burdened by error - mutations - in their genetic code, that lead to the production of new viruses*. These are frequent events, and so a viral population from a single strain is actually composed of a cloud of variants, with diverse mutations. Among these mutations, some will confer a selective advantage to a given variant in the population: in the case of arboviruses (such as* ***dengue, chikungunya, West Nile, yellow fever). The new strain in question thus bears a stronger likelihood of causing a new epidemic.*** *In addition to identifying and characterizing these 2 new mutations in the context of the*

Indian Ocean strain of chikungunya, this work is an innovative tool to ***identify new variants with epidemic potential, well ahead of when they could be identified in nature. Such an approach could help better choose what strains to include in vaccine preparations."*** *- in "****Predicting mutations that lead to epidemics****", This study was* ***funded by the Bill et Melinda Gates Foundation****, Institut Pasteur, 12 June 2014.*

"The influenza virus mutates faster than we previously thought. Every year the World Health Organization Influenza Surveillance Network reviews staggering amounts of data to help predict which strains of influenza virus will be suitable candidates for a flu vaccine for the coming influenza season (Barr et al., 2010). This review is necessary because of the appearance in most years of new mutant strains that can bypass the immunity provided by the previous year's vaccine." *- in "Virus Evolution: A new twist in measuring mutation rates", eLife Sciences, 14 July 2017*

"What is less clear is why the mutation rates of many viruses are so high, and why there is so much variation in mutation rates among species." *- in "Complexities of Viral Mutation Rates" - in Journal of Virology", July 2018.*

"RNA viruses have high mutation rates - **up to a Million (1,000,000) times higher than their hosts**. **Their mutation rates are almost disastrously high, and a small increase in mutation rate can cause RNA viruses to go locally extinct.**

The **Fabled** mutation rates of RNA viruses appear to be partially a consequence of selection on another trait. **Many mutations cause organisms to leave fewer descendants over time**."- Siobain Duffy, in "Why are RNA Virus Mutation rates so Damn High?", PLoS Biol, 13 August 2018.

Mutate Into New Variants Forever

"Mr Speaker, policies are often easy to announce and difficult to end.

The Chief Scientific Advisor says that Covid is with us forever. It will presumably continue to mutate into new variants forever. And I listen carefully to the answer to the question, but i didn't hear it.

When is this policy (lockdowns) going to end. If ever because if the virus continues to mutate surely the risk is going to be there forever." - Mark Harper, MP for Forest of Dean, Chair of the Covid Recovery Group of Conservative MP's, in "House of Commons", UK, 9 February 2021.

> ***"The risk of the mutations, absolutely can and will be managed through the evolution of vaccines."*** *- Matt Hancock, Secretary of State for Health, in "House of Commons", UK, 9 February 2021.*

The "Viruses" Variants Farce

> ***"We have only in March 2021, in the FIOCRUZ network notified the health authorities of two variants: The N9 variant, and the N10 variant. Both are evolutions of lineage 33.*** *- Felipe Gomes Naveca, Vice-Director of Research, Fiocruz Amazônia, in "Advancing the variant of the covid-19 in Brazil worries specialists", DW Brazil, 19 April 2021.*

Brazil - Oswaldo Cruz Foundation (FIOCRUZ)

"FIOCRUZ has historically maintained a strong international presence through cooperation and exchange with health and science and technology institutions in various countries. This work is coordinated by the **Center for International Relations in Health (CRIS).**

The Foundation also maintains close relations with the international areas of the **Brazilian government**, especially the:

1. Ministry of Health, through its International Health Advisory Division (AISA), and the;
2. Ministry of Foreign Relations, through its various technical divisions and the; 3. Brazilian Cooperation Agency (ABC).

FIOCRUZ thus reaffirms its position as a strategic Brazilian national institution and an important protagonist for exchange in global health.

FIOCRUZ also enjoys recognition by the Pan American Health Organization (PAHO), and World Health Organization (WHO).

Importantly, 7 Collaborating Centers have been designated at FIOCRUZ in the PAHO/WHO international network, thereby confirming the Foundation's excellence in global health.

In France, FIOCRUZ is the only Brazilian institution that belongs to the Pasteur World Network, which maintains projects with the Alliance Nationale pour les Sciences de la Vie et la Santé (Aviesan), a French national institution that includes the Institut National de la Santé et de la Recherche Médicale (Inserm), Institut de Recherche pour le Développment (IRD), Centre National de la Recherche Scientifique (CNRS), and Institut Pasteur itself, in addition to agreements with various French universities.

Financial Support

In the United States, the main partnerships are with the National Institutes of Health (NIH), which provide financial support to various research projects at Fiocruz.

In addition, the Centers for Disease Control and Prevention (CDC) maintain partnerships with several units at FIOCRUZ, as do various American universities.

The Canadian International Development Agency (CIDA) [CIDA is a member of the Global Health Workforce Alliance, WHO], Japan (JICA), and Germany (GIZ) support tripartite projects together with Fiocruz and developing countries. With the support of the European Commission (EU), Fiocruz coordinates the EU-LAC Health Project, including a consortium of organizations from various countries (Germany, Argentina, Brazil, Costa Rica, Spain, Italy, Mexico, and Switzerland), aimed at policymaking to support cooperation in Research and Development (R&D). Fiocruz also has agreements with universities in the United Kingdom, Portugal, Spain, Australia, and Belgium, among others." - in "International relations", "International partnerships", Oswaldo Cruz Foundation (FIOCRUZ), 20 April 2021.

The Center for International Relations in Health (CRIS)

"The Centre for Health and International Relations (CHAIR) was founded (2003) in the belief that there are compelling reasons for linking international relations, foreign policy, security and health.

CHAIR is based in the Department of International Politics, Aberystwyth University, Aberystwyth, Wales.

Professor Colin McInnes

The founder and director is Professor Colin McInnes, Pro Vice Chancellor (Research, Knowledge Exchange and Innovation) at Aberystwyth University and holds a personal professorial chair in the Department of International Politics there, where **his research focuses on global health politics.**

In 2014 he was appointed by the Secretary of State for International Development as a Non-Executive Director of the UK National Commission (UKNC) for UNESCO, with special responsibility for the Social and Human Sciences, and represents the UK on UNESCO's Social and Human Sciences Commission.

Was elected Chair of the UKNC in 2019 and in this role works closely with the British government, UNESCO designations and UNESCO HQ in Paris.

He was also Chair of the British International Studies Association; a member of the ESRC's Strategic Research Board and I**nternational Advisory Committee; member of WHO's expert group on Global Health Diplomacy.**

From 2007-2018 held the UNESCO Chair in HIV/AIDS.

In 2019 he was a Consultant to the World Health Organisation (WHO), developing their framework for civil-military collaboration in health emergencies. Colin McInnes' research currently focuses on global health politics, and especially the role of militaries in health crises. He has published widely on the security implications of HIV/AIDS, on health and foreign policy, on global health security, and on global health governance.

His more recent research addressed the use of social media during health crises, and the nature of risk in global health. He is the co-editor of the "Oxford Handbook on Global Health Politics", (2020)." - in Wikipedia, 20 April 2021.

"The hypothesis being analyzed attempts to explain the cause of influenza epidemics, through only some of the changes in the biological properties of the virus, without even putting the question of the causes of these changes. This is a variant of an old Theory which has been rejected long ago, which explained the causes of epidemics by the variations in the virulence of the microbe, a Theory which attempted to reduce the complex epidemic process to a single microbial factor, a Theory in which the cause (epidemic process), is taken for the effect (variability of the virus), conception decisively as being without scientific foundation, viruses have no sexual process."
- V. M. Zhdanov, V. D. Solov'ev, F. G. Epshtein, with contributions by A. S. Gorbunova, L. L. Fadeyeva, L. Ya, Zakstel'skaya, in "The Study of Influenza", 1958.

The Virus Replication Farce

"**Holland and coworkers demonstrated long ago that the mutation rates of viral RNA polymerases cannot be increased much over wt values without massive loss of virus titers and these viruses are replicating at the edge of error threshold.**

Selection of lower fidelity mutants results in changes that are relatively minor, between 50% and approximately threefold.

Mutator strains of RNA viruses replicate faster but have lower specific infectivities.

A mutator CHIKV showed an interesting phenotype.

Although the strain did not show major replicative defects in mammalian cells, replication in mosquito cells was limited and RNA synthesis was impaired.

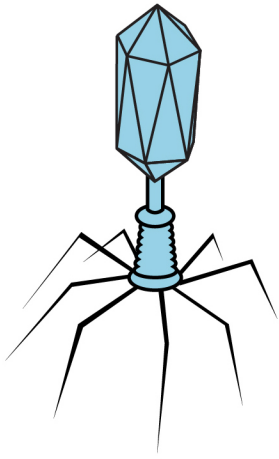
The virus was attenuated in mice **and replication was virtually eliminated in mosquitoes**.

A mutant engineered in Sindbis virus showed a similar behaviour, except that some replication took place in mosquitoes.

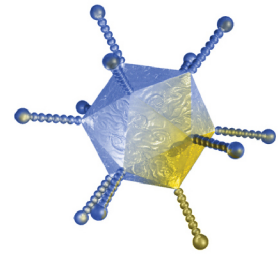
Once again, lack of defect in cell culture did not match the results in vivo, and the virus did not replicate well in fruit flies.

Many of the strains failed to spread to target organs and some were unable to establish persistent infections. Interestingly, the authors were unable to generate stable high fidelity variants." - Novella, Presloid, Taylor in "RNA replication errors and the evolution of virus pathogenicity and virulence", Current Opinion in Virology 2014.

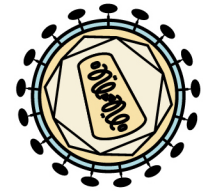
Types of "Viruses"



Bacteriophage



Adenovirus



Human Immunodeficiency Virus

"**A virus is a small collection of genetic code, either DNA or RNA, surrounded by a protein coat.**

A virus cannot replicate alone.

Viruses must infect cells and use components of the host cell to make copies of themselves.

Often, they kill the host cell in the process, and cause damage to the host organism.

Viruses have been found everywhere on Earth.

Researchers estimate that viruses outnumber bacteria by 10 to 1.

Because viruses don't have the same components as bacteria, they cannot be killed by antibiotics; only antiviral medications or vaccines can eliminate or reduce the severity of viral diseases, including AIDS, COVID-19, measles and smallpox.

Viruses are submicroscopic, which means that you cannot see them in the microscope.

What's interesting about viruses is that they have 2 or 3 components.

Starting from the inside, you will have a nucleic acid, which can be either RNA or DNA, and in both cases the nucleic acid can be either single-stranded or double-stranded.

Then surrounding the nucleic acid will be a protein coat that's in the form of capsid, or little small units that are assembled in a certain way. **That is what all viruses have.**

Viruses are very interesting in that they can only survive inside a living cell.

So they must have a living cell in order to survive and replicate.

Antibiotics are not effective against viruses, but vaccines are, as well as some antivirals." - Bettie J. Graham, PhD, in "Virus", National Human Genome Research Institute, NIH

"The word "virus" has its roots in the Latin term for "poison." Their demotion to inert chemicals came after 1935, when Wendell M. Stanley and his colleagues, at what is now the Rockefeller University in New York City, crystallized a virus - tobacco mosaic virus - for the first time.

They saw that it consisted of a package of complex biochemicals. But it lacked essential systems necessary for metabolic functions, the biochemical activity of life.

The advent of the nucleus - which differentiates eukaryotes (organisms whose cells contain a true nucleus), including humans, from prokaryotes, such as bacteria - cannot be satisfactorily explained solely by the gradual adaptation of prokaryotic cells until they became eukaryotic.

Rather the nucleus may have evolved from a persisting large DNA virus that made a permanent home within prokaryotes.

Some support for this idea comes from sequence data showing that the gene for a DNA polymerase (a DNAcopying enzyme) in the virus called T4, **which infects bacteria, is closely related to other DNA polymerase genes in both eukaryotes and the viruses that infect them**." - Luis P. Villarreal in "Are Viruses Alive?", Scientific American, December 2004.

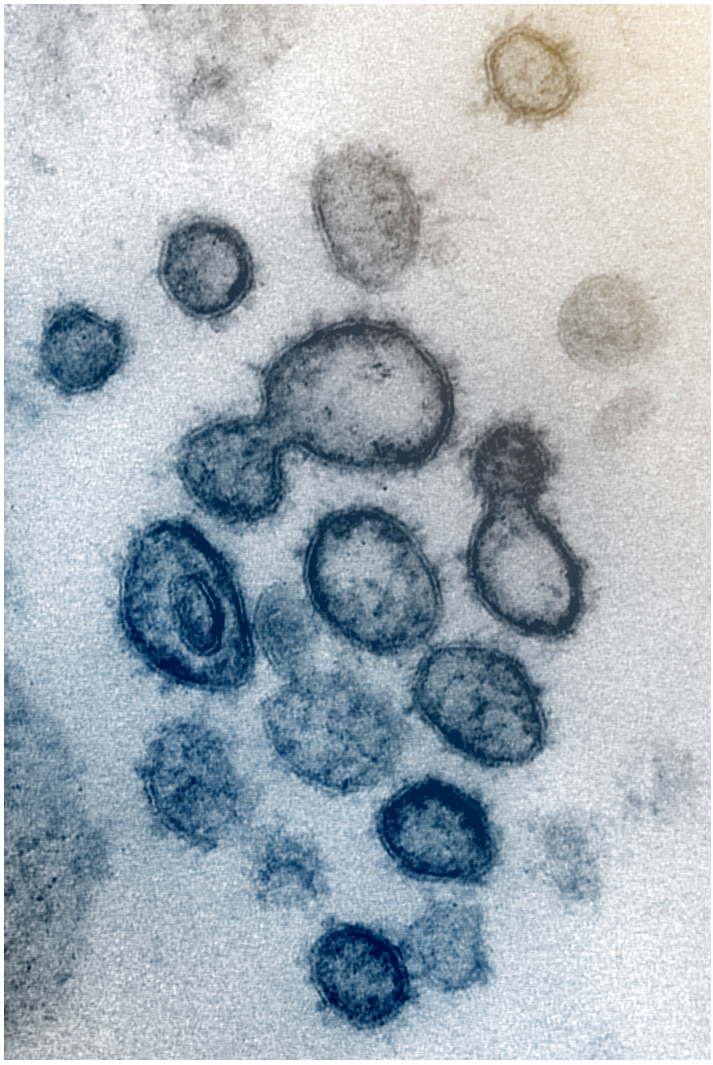
"When W. M. Stanley in 1935 announced (Science, 81, 644) that he had isolated from tobacco plants infected with mosaic disease a **crystalline protein** having the **characters of the virus.**

The majority of virus workers received the news with a certain scepticism.

Their doubt did not concern the facts but their interpretation, for it seemed possible that the virulence of this crystalline preparation **was due** not to the **protein** but to mosaic virus **present as an impurity**.

In every case the crystalline protein was highly virulent.

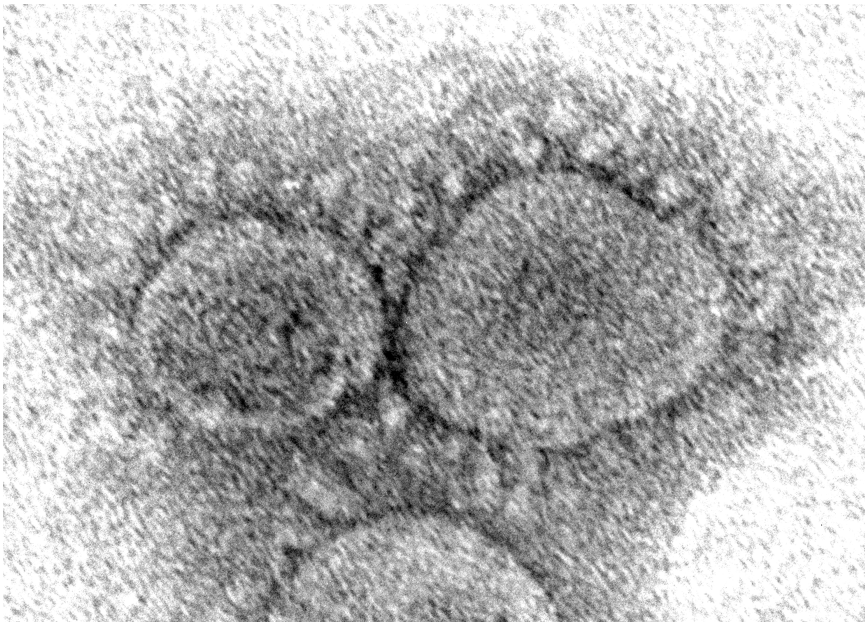
They appear to belong to the non-living world." - in "Are Viruses Alive", The Lancet, 3 July 1937.



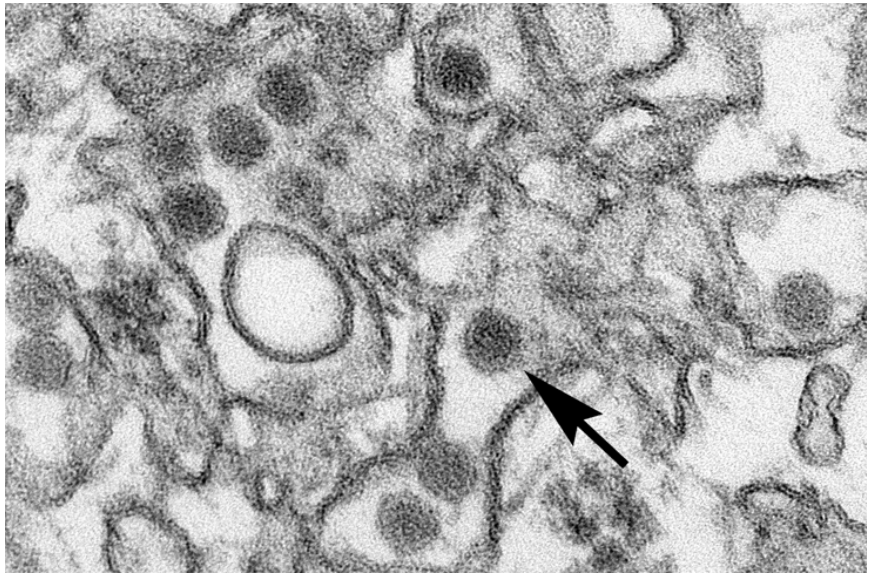
"This transmission electron microscope image shows SARS-CoV-2—also known as 2019-nCoV, the virus that causes COVID-19—isolated from a patient in the U.S.

Virus particles are shown **emerging from the surface of cells** cultured in the lab.

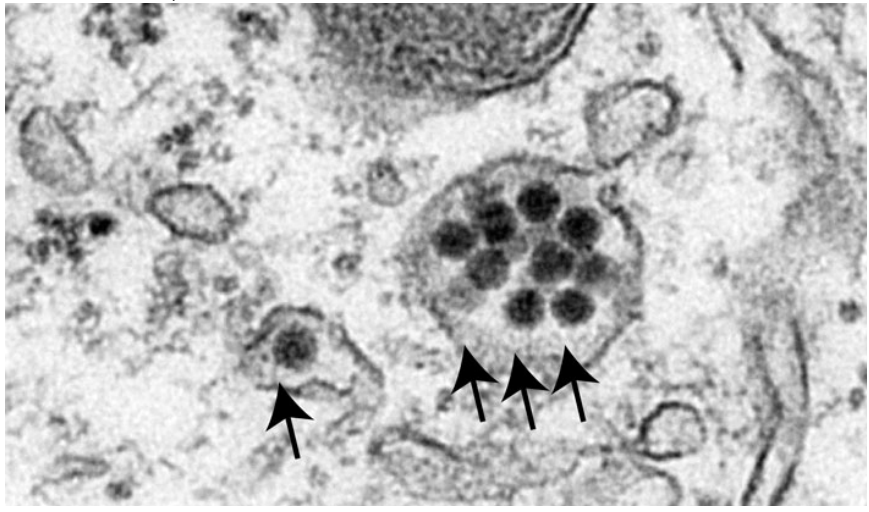
The spikes on the outer edge of the virus particles give coronaviruses their name, crown-like. Image captured and colorized at NIAID's Rocky Mountain Laboratories (RML) in Hamilton, Montana." - in "NIAID, Novel Coronavirus SARS-CoV-2", 14 February 2020.



"Electron microscopic image of a negatively stained particle of SARS-CoV-2, causative agent of COVID-19. Note the prominent spikes from which the coronavirus gets its name for "corona", or "crown-like"." - in "CDC/ Hannah A. Bullock and Azaibi Tamin", 2020.



"This is a transmission electron microscopic (TEM) image of the **Zika Virus**, which is a member of the family, Flaviviridae. Virus particles are 40nm in diameter, with an outer envelope, and an inner dense core. The arrow identifies a single virus particle." - in "CDC/ Cynthia Goldsmith", 2016.



"Electron micrograph of a Zika-infected neural cell, showing uptake of **Zika virus** particles in **membranous vesicles**. Scale bar is 0.5 μm. Image by Claudia Sanchez/Chiu lab." - in "UCSF", 13 July 2016.

Checking the Fact-Checking

"The virus that causes COVID-19 exists and was identified and isolated multiple times by independent research groups." *- in "Health Feedback", Science Feedback, 1 January 2021*

"Health Feedback is a non-partisan, non-profit **organization dedicated to science education**. Our reviews are crowdsourced directly from a community of scientists with relevant expertise. **We strive to explain whether and why information is or is not consistent with the science and to help readers know which news to trust.** Science Feedback has received accreditation from the International Fact-Checking Network (IFCN) at The Poynter Institute." - in "Science Feedback", 25 October 2019.

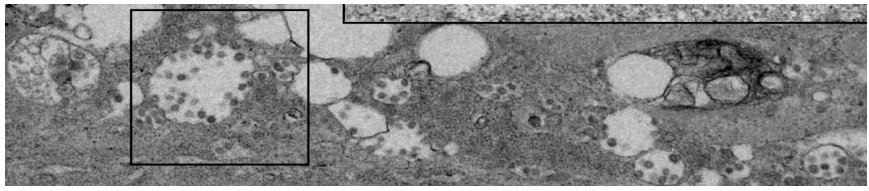
The Poynter Institute

"**Craig Newmark** is a board member of the Poynter Foundation and donated $1 Million to it in 2015.

In 2017, the Poynter Institute received $1.3 Million from the **Omidyar Network** and the **Open Society Foundations** in order to support new projects in 3 main areas: **fact-checking technology**, impact tracking, and financial awards through innovation grants and crowdfunding matches." - in Wikipedia

1. Craig Newmark: "**In 2014, he was one of 60 Democratic Party donors.**" - in Wikipedia
2. Omidyar Network: "Omidyar **is a major donor to Democratic Party candidates and organizations.**" - in Wikipedia
3. Open Society Foundations: "Soros pumps more than $28 Million into Democratic groups for 2020", in "Politico", 10 April 2020.

The Proof Is In The Pudding



"Viral particles in the ultra-thin sections were imaged using electron microscopy at 200 kV. The sample was from virus-infected Vero E6 cells. **The inset shows the viral particles in an intra-cytosolic vacuole**." - in "A pneumonia outbreak associated with a new coronavirus of probable bat origin", Nature, 3 February 2020.

The Authors of this paper are staff members of: CAS Key Laboratory of Special Pathogens, **Wuhan Institute of Virology**, Center for Biosafety Mega-Science, **Chinese Academy of Sciences, Wuhan, China, which are funded both by the US CDC and the Bill & Melinda Gates Foundation.**



"Slices through tomographic **reconstructions of SARS-CoV-2 virions.** Scale bars, 30 nm." - in "In situ structural analysis of SARS-CoV-2 spike reveals flexibility mediated by three hinges", Science 9 October 2020.

The authors of this paper are staff members at several institutions such as:

1. European Molecular Biology Laboratory
2. Goethe University Frankfurt
3. Paul-Ehrlich-Institut

Independent Research Groups?

European Molecular Biology Laboratory

"**European Molecular Biology Laboratory**

Date: July 2010

Purpose: to support the development of strategies to protect cereals against rust pathogens and diagnostic tools for rust research

Amount: $478,458

Topic: Agricultural Development

Program: Global Growth and Opportunity

Grantee Location: Cambridge" - in "Bill & Melinda Gates Foundation", July 2010.

How we are funded

"As part of the European Molecular Biology Laboratory (EMBL), the largest part of our funding comes from the governments of EMBL's member states.

The global importance of our work is reflected in the fact that we also attract significant funds from external sources, including some beyond Europe.

With thanks to our funders

We gratefully acknowledge the continued support of EMBL member states and other funding organisations. Our funders make it possible for us to deliver open data resources, perform excellent research and provide professional training for the global scientific community.

In 2019 our funders included:

Australian National Health and Medical Research Council
Biotechnology and Biological Sciences Research Council
British Council
British Heart Foundation
Cancer Research UK
Chan Zuckerberg Initiative
European Commission
European Molecular Biology Organisation
European Research Council
Foundation of the National Institutes of Health
Bill & Melinda Gates Foundation
Gordon and Betty Moore Foundation
Human Frontier Science Program
Innovate UK
Medical Research Council
National Institutes of Health
National Science Foundation
Research Councils UK
Wellcome Trust

Goethe University Frankfurt

Some of the leading authors of the paper are staff members of the "**Goethe University Frankfurt**, 60438 Frankfurt am Main, Germany", which receives regularly grants from the Bill & Melinda Gates Foundation.

Paul-Ehrlich-Institut

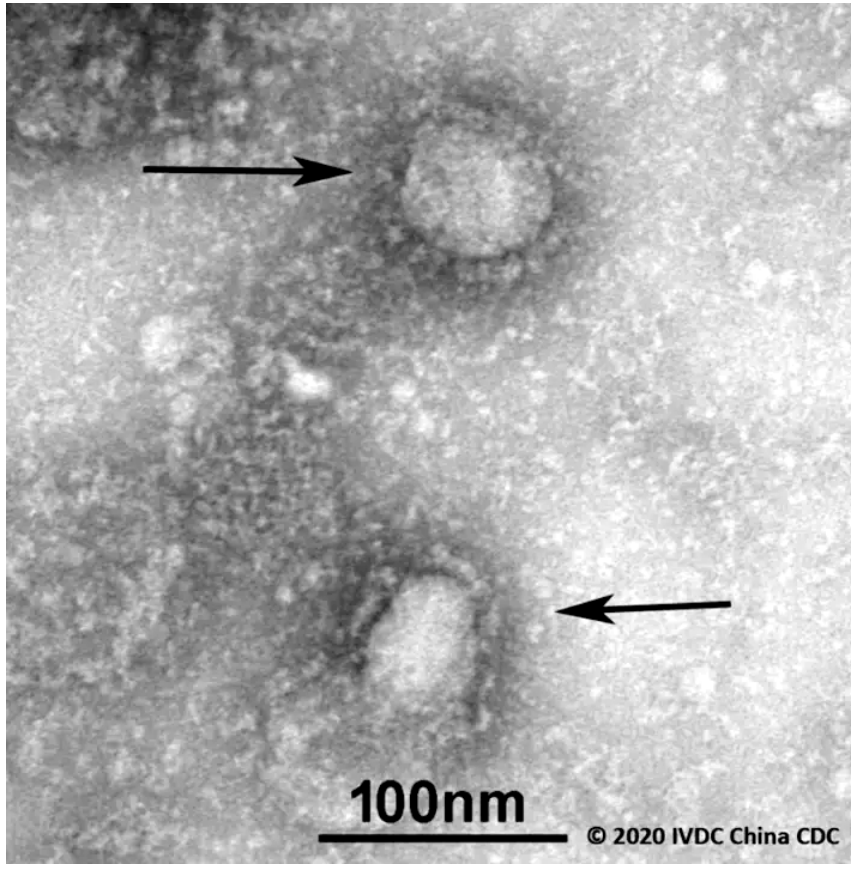
Other authors are members of the **Paul-Ehrlich-Institut**, which also receives funding from the Bill & Melinda Gates Foundation:

"From 30 July to 7 August 2018, Dr. David Mukanga of the Bill & Melinda Gates Foundation (BMGF) visited the **Paul-Ehrlich-Institut** (PEI) to inform himself on the institute's commitment and expertise in the field of marketing authorizations of medicines. Both players are committed to strengthen national health systems in Africa and to push through the implementation of international health regulations. The PEI has been involved in the Global Health Protection Programme (GHPP) of the German Federal Ministry of Health ever since 2017." - in "Paul-Ehrlich-Institut is committed to the global health protection – exchange with international foundation", July 2018.

Please see the list of members and participants of the World Health Organisation, Department of Immunization, Vaccines and Biologicals:

www.who.int/immunization/research/meetings_workshops/PDVAC-2020_virtual-session-VIPS-8-July_LOP_FINAL.pdf

First Image of "Covid-19"

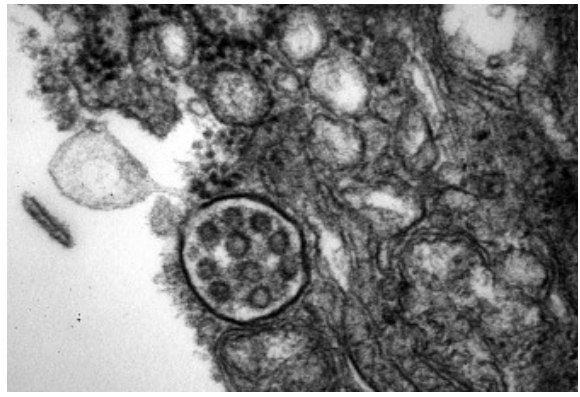


First image from the Covid-19, CDC, Wuhan, China, released to the press on the 10 January 2020. **Please note that this is a specific close up, and please notice the position of the first "virus" in relation to the position of the second "virus".**

What Is The Corona, The Spikes

"Multivesicular dense body: membrane-bordered organelle, containing small vesicles, possibly derived from the endosomal compartment." - Fergus J. Doherty, R. John Mayer, in "Intracellular protein degradation", 1992.

Multivesicular Bodies (MVBs)



*"**Multivesicular body in a podocyte** of a patient with Lupus Nephritis who **Tested Negative for Covid-19**"*

"It is now well known that patients with novel coronavirus disease 2019 (COVID-19) due to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) **commonly have kidney complications, including Acute Kidney Injury, Proteinuria, and Hematuria**.

Recent publications in Kidney International used Electron Microscopy to detect the virus in autopsy or biopsy specimens of the kidney.

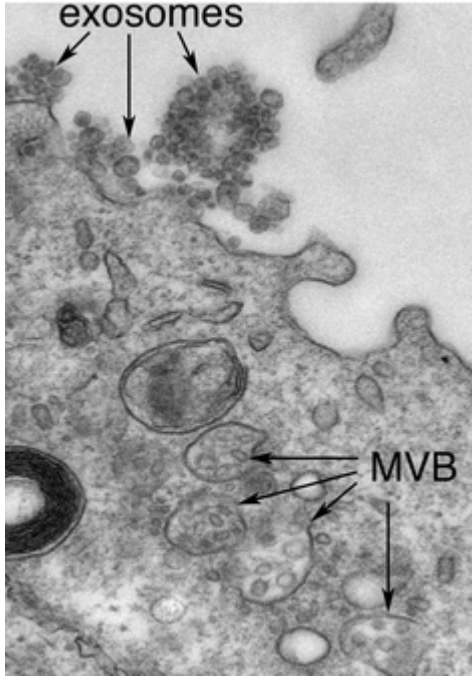
Most of the published images depicting the suspected virus are very similar, if not identical, to Multivesicular Bodies (MVBs).

MVBs have been well-known since the 1960s and their appearance and occurrence is detailed in the classic monograph of Feroze Ghadially; however, their exact significance and function is unclear. **We suspect that the EM images of SARS-CoV-2 published to date are in fact MVBs.**

There are numerous structures found by Electron Microscopy that resemble viruses (so-called viral-like particles).

Two recent case reports of collapsing glomerulopathy in COVID-19 positive patients failed to identify the virus in the kidney biopsy by in situ RNA analysis.

Another case report describing a patient with collapsing glomerulopathy also failed to find viral RNA in tissue extracted from the biopsy but demonstrated "viral particles" (with the appearance of MVBs) in podocytes." - in "**Multivesicular Bodies** mimicking SARS-CoV-2 in patients without COVID-19", Kidney International, 10 May 2020.



"**Multivesicular Bodies** (MVB) can be seen which can deliver content to lysosomes for degradation or can fuse with the cell surface to release intraluminal vesicles as Exosomes, indicated by the arrows at the top of the picture" - James R. Edgar, in "What are Exosomes, exactly?", 20 November 2019.

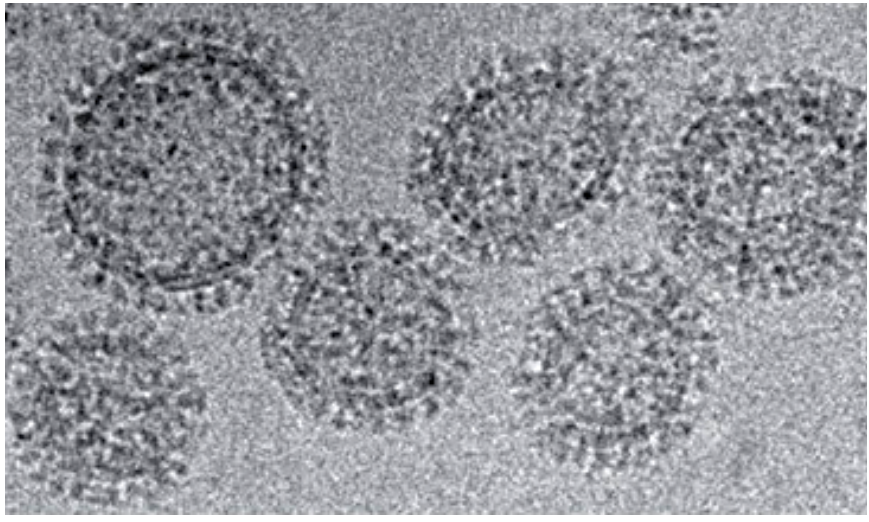
Membranous Vesicles

"Membranous Vesicles are small closed fragments of membrane.

They are released from **Multivesicular Bodies** (exosomes), or shed from the **Surface Membrane** (microvesicles).

Membranous Vesicles have been identified in snake venoms. The **Membranous Vesicles present in the venom were Microvesicles, since they originated from Microvilli on the apical membrane of secretory cells.** They contained cytoplasmic proteins, and proteins from the plasma membrane, Endoplasmic Reticulum (ER), and Golgi membrane.

The release of Microvesicles may be a mechanism to control the size of the cell membrane of the secretory cells, after intense exocytosis (process of moving materials from within a cell to the exterior of the cell)." - in "Origin and characterization of small **membranous vesicles** present in the venom of Crotalus durissus terrificus", Toxicon, 15 September 2017.



Membranous Vesicles with integral epithelial fusion failure



Vesicles undergoing fusion, slice through a tomogram, scale bar 20 nm

"Cell–cell fusion is the principal mechanism by which all multicellular organisms merge cells. It is required in biological processes as diverse as fertilization, development, immune response and tumorigenesis. Biological lipid bilayers do not fuse spontaneously. Specific membrane proteins, called fusogens, are required to modulate lipid-bilayers and thereby facilitate membrane merging. A number of specific cell–cell fusogens have been identified, **structural information has remained elusive.** Fusogens are membrane proteins that remodel lipid bilayers to facilitate membrane merging. Although several fusogen ectodomain structures have been solved, **structural information on full-length, natively membrane-anchored fusogens is scarce.** Here we present the electron cryo microscopy three-dimensional reconstruction of the Caenorhabditis Elegans (transparent nematode) epithelial fusion failure 1 (EFF-1) **protein natively anchored in cell-derived membrane vesicles.** This reveals a membrane protruding, asymmetric, elongated monomer. Flexible fitting of a protomer of the EFF-1 crystal structure, **which is homologous to viral class-II fusion proteins."** - in "The full-length cell–cell fusogen EFF-1 is monomeric and upright on the membrane", Nature Communications, 28 May 2014.

Electron Microscopic (EM) Images as Evidence

"Together with Dr Mario Ortiz Buijsse, Biochemist, we made a video ***"PCR test is far from clinical diagnosis"*** *13 August 2020, about SARS-CoV, [the computer generated image of Covid-19] which we see here in the background. Hopefully we will never see that again. I have it now by way of, I do not think anyone has ever seen it.* ***As a joke I showed it now, because it is a computer-generated animation model, nobody has ever seen it with their own eyes. So it is really fictitious, but hopefully we are going to visualize it for the last time, and then we should be finished with "Corona Gate".****" - Flavio Pasquino, in "The PCR Test is faltering", Blckbx, 29 November 2020.*

"The images in these publications show putative virus particles that lack sufficient ultrastructure for an unambiguous identification as virus. Some of these particles definitely represent other cellular structures, such as rough endoplasmic reticulum, multivesicular bodies, and coated vesicles. Of "viral particles" in interstitial cells, which are clearly non-viral structures, such as coated vesicles." *- in "Why misinterpretation of electron micrographs in SARS-CoV-2-infected tissue goes viral", The Lancet, 31 October 2020.*

"We read with concern the articles that report the presence of coronavirus in kidney based on electron microscopic evidence. Neither article demonstrates the presence of coronavirus in the kidney. Purported virus particles in the cytoplasm of kidney tubular epithelium and podocytes. These structures are not viral particles, but rather clathrin-coated vesicles, normal cell organelles involved in intracellular transport. Their "spikes" (peplomers) are in contact with the cytosol, as are those on clathrin-coated vesicles" *- in "Visualization of putative*

coronavirus in kidney", Kidney International, 10 May 2020.

"However, we believe the Electron Microscopic (EM) images in the correspondence do not show coronavirus particles but instead show cross-sections of the rough endoplasmic reticulum (RER)." *- in "Electron Microscopy of SARS-CoV-2: a challenging task", The Lancet, 30 May 2020.*

We are told that:

"Coronavirus is an RNA virus consisting of ***positive-sense single-stranded RNA*** *of approximately 27–32 kb."- in "Identification of Coronavirus Isolated from a Patient in Korea with COVID-19", February 2020.*

By this description, **a virus seems more like a chemistry set than an organism**.

Thus all we can make up of what they are showing us, the supposed "virus", is a uni-cell (1 cell), and not a 27-32 kb single-stranded of RNA.

The Synthetic Virus Farce

"The next Epidemic could originate on the computer screen of a terrorist intent on **using genetic engineering to create a synthetic version of the smallpox virus** or a super contagious and deadly strain of the flu."- Bill Gates, in "Munich Security Conference", 17 February 2017.

"**What is certain, however, is that we will be confronted with other emerging infectious diseases in the decade ahead, and that most of these diseases will arise from an animal reservoir. The synthetic reconstruction of an infectious bat-SARS-like precursor virus.**" - J. S. Malik Peiris, University of Hong Kong, Pasteur Research Centre Hong Kong, China, in "Molecular Biology of the SARS-Coronavirus", 2010.

"To test a possible route of emergence from the **noncultivable** Bat-SCoV to human SARS-CoV, we designed a consensus Bat-SCoV genome and replaced the Bat-SCoV Spike receptor-binding domain (RBD) with the SARS-CoV RBD (Bat-SRBD). Recent examples include **RNA viruses such as severe acute respiratory syndrome coronavirus (SARS-CoV), Ebola, Hanta, Nipah, and Chikungunya viruses. The determinants regulating successful trans-species movement remain poorly understood.** Zoonotic SARS-CoV strains were isolated from **civets and raccoon dogs**, the **epidemic likely originated from strains circulating in bats**. Bat CoVs cluster in both major mammalian CoV taxonomic groups, raising the possibility that **Bat CoVs may be progenitors to all 4 known pathogenic human CoVs**. **Bats are also predicted to function as reservoirs for other important emerging human and animal viruses. Because none had been recovered in culture, the infectivity of the reported viral genomic RNA sequences was hypothetical, having been derived from RTPCR sequencing of bat faecal or rectal swab samples.** Sequence databases have error frequencies from 1/500 to 1/10,000, making viable genome reconstruction problematic with increasing size. The defined and functional SARS-CoV 5' UTR and transcriptional regulatory sequences were used because the 5' UTRs of the Bat-SCoVs were incomplete recover and passage infectious Bat-SCoV failed." - Robert E. Johnston, Carolina Vaccine Institute, University of North Carolina, Conflict of interest statement: R. E. J. is a coinventor of the Venezuelan Equine Encephalitis expression vector technology and holds an equity interest in AlphaVax, Inc., the company that has licensed this technology from the University of North Carolina; et al., in "Synthetic recombinant bat SARS-like coronavirus is infectious in cultured cells and in mice", PNAS, 16 December 2008.

"**Vaccines containing whole cell toxins as antigens tend not to require a separate adjuvant because the whole cell toxin acts as its own adjuvant.** However, **newer vaccines containing partial cell toxins or synthetic toxins are greatly enhanced with the use of a separate adjuvant**." - Richard Flarend in "Aluminium and Alzheimer's Disease The Science that Describes the Link", 2001.

Fear Mongering

"In 1918, a particularly virulent and deadly strain of flu killed between 50 million and 100 million people."- Bill Gates in "Munich Security Conference", 17 February 2017.

This is fear mongering. No one knows how many people died. Records where poor kept, and in the majority of cases are non-existing. We know, that there where many deaths that winter, as the World War I came to an end, those in the war front where subject for the first time, to the use of Mustard Gas. Peoples lungs where damaged, and contaminated, and those working in the factories, in the war effort where inhaling the noxious gases from the furnaces and factory ovens.

Deaths Have Been Wrongly Certified as Covid-19

"**Grieving families said deaths had been wrongly certified as Covid-19.**

Medical experts have cited pressure on doctors to include Covid-19 as a cause of death.

MPs also insisted they were "certain" that too many fatalities were being blamed on the virus.

"The way Covid has been recorded, and reported is a national scandal." *- Funeral director, North West*

> ***"The Government should call a public inquiry into the handling of the pandemic immediately with an interim investigation into all Covid deaths that should report as soon as possible".*** *- Layla Moran MP, Chair of the all-party parliamentary group on coronavirus.*

Bel Mooney, revealed the death of **her 99 year old father, suffered from dementia and Chronic Obstructive Pulmonary Disease (COPD), was recorded as coronavirus.**

In another case, relatives where told that Covid was listed because it was difficult to distinguish it from Triple Pneumonia, which is what was suffering from.

His daughters did not catch the virus, despite visiting their mother in the final days." - in "What IS the truth about Covid deaths? Grieving relatives along with MPs and top medics demand inquiry as families reveal more loved ones they believe were wrongly certified as virus victims", The Daily Mail, 26 February 2021.

> *"**CBS News** admitted to a "mistake" on Monday after airing footage of an overcrowded hospital room that was allegedly in New York City but **was actually from a Hospital in Italy.**" - in "Fox News", 30 March 2020.*

"**CBS This Morning, 1 May 2020** have been caught broadcasting fake footage where they attempted to make things look a little bit more desperate than they actually were, outside a hospital testing facility.

"We knew they where coming, we had no clue that we were going to do fake patients. We pretended. There were a couple of real patients, which made it worse."

Project Veritas posted footage, and inside voice recordings by staff proving that **CBS wanted more people in the line, and had hospital workers pose as patients to make coronavirus testing lines look longer."** - in "CBS caught broadcasting 'fake news on the coronavirus'", Sky News Australia, 7 May 2020.

The Virus Clinically No Longer Exists In Italy

"**In reality, the virus clinically no longer exists in Italy.**

The swabs performed over the past 10 days have showed a viral load that is absolutely infinitesimal in quantitative terms compared to those carried out 1 month or 2 months ago.

Someone has to take responsibility for terrorizing the country." - Dr Alberto Zangrillo, MD, Head, Intensive Care and Anesthesia Unit, Full professor, University Vita-Salute San Raffaele, Vice-rector for clinical activities, Vita-Salute San Raffaele, Milan, Chief Physician of San Raffaele Scientific Institute, doctor of Italy's former President Silvio Berlusconi, in interview on RAI Television, 31 May 2020.

The Virus Transmission Farce

"**There were no outbreaks linked to crowded beaches.**

There's never been a Covid-19 outbreak linked to a beach ever anywhere in the world to the best of my knowledge. There was evidence going back to March and April 2020 that the virus is not transmitted well outdoors.

There's been very, very little evidence that any transmission outdoors is happening in the UK." - Prof Mark Woolhouse, Epidemiologist who advises Downing Street through the Sage's sub-group Spi-M., in "Science and Technology Committee", UK Parliament, 17 February 2021.

No Evidence of Transmission of Covid-19 in 10 Million People in Wuhan, China

"The citywide nucleic acid screening of SARS-CoV-2 infection in Wuhan recruited **nearly 10 Million people, and found no newly confirmed cases with COVID-19**.

The detection rate of asymptomatic positive cases was very low, and **there was no evidence of transmission from asymptomatic positive persons to traced close contacts.**

A total of 1174 close contacts of the asymptomatic positive cases were traced, and they all tested negative for the COVID-19." - Cao, S., Gan, Y., Wang, C. et al., in "Post-lockdown SARS-CoV-2 nucleic acid screening in nearly Ten Million residents of Wuhan, China", Nature Communications, **Received 18 August 2020**, Accepted 27 October 2020, **Published 20 November 2020**.

"Thucydides observed that people who like himself, fell ill and survived the "Plague of Athens" ***(the flu in Greece during the 2nd year (430 BC) during the Peloponnesian War), did not fall ill a second time****, and where able to care for the sick. The "plague" returned in the* ***winters*** *of 429 BC, 427/426 BC." - Rui Alexandre Gabirro, Emunctologist*

The Covid19 Virus Farce

German Coroner Concludes After 140 Autopsies:
"There is no killer virus"

"German coroner Klaus Püschel, Professor at the University Medical Center Hamburg-Eppendorf has examined more than 140 corona deaths in Hamburg. He said on German TV that the hysteria surrounding the corona virus has been exaggerated. All the people who died had underlying conditions and would have died quickly anyway, with or without the virus, adding that there is no "killer virus."

> *"This may sound harsh, but they would all have died this year", 80% of the patients suffered from cardiovascular disease and the mean age was 80 years." - in "Rair Foundation", 7 May 2020.*

Wuhan Pool Party shows China is over the Covid-19 Lockdowns; the Rest of the World, not so much

"Crowds packed out a water park over the weekend in the central Chinese city of Wuhan.

The sight of partygoers in Wuhan, China piling into a water park without masks or social distancing seems like a cruel joke to nations where no measures, however disruptive, seem to be helping against the Covid-19 pandemic.

The Wuhan pool party has now become a Rorschach inkblot test, with both sides of the debate seeing it as proof of their position. The one thing everyone will agree on is that the Chinese don't seem to be too concerned about Covid-19 anymore." - in "RT", 17 August 2020.

The Wuhan Tourist Board has Invited Tourists to Return to the City

"The Wuhan Culture and Tourism Bureau has released a new video, entitled "Let's meet in Wuhan".

The City has not recorded any cases since May." - in "Wuhan launches tourism campaign to tempt back visitors", Independent, 19 November 2020.

> *"**Fear always beats logic.** And it will take a long time for people to realize, and there had been trillion of dollars spent on a absolute scare campaign." - Professor Ian Plimer, in "Sky News Australia", 29 January 2021.*

Up to 90% of People who test positive for Covid Barely carry any virus, and are not contagious. Every Stat about the Disease is Bogus

"It has been revealed that the standard tests being used in the US to diagnose Covid-19 cases are far too sensitive, with the vast majority of people marked down as being positive actually turning out to be negative. Data from 3 US states: New York, Nevada and Massachusetts, shows that when the amount of the virus found in a person is taken into account, up to 90% of people who have tested positive should actually have been negative, as they are carrying only tiny amounts of the virus, are not contagious, pose no risk to others, and have no need to isolate.

This means that only a fraction of the daily "cases" being reported so hysterically in the mainstream media are actual, bona fide Covid-19 sufferers, and need treatment and to separate themselves from others.

The FDA has only now been forced to concede that they have no idea how different testing companies determine which the positive and negative tests are: they just accept whatever data they are given. What these findings bring is absolute assurance that the testing to this point has been an utter waste of time, and that not one statistic concerning this pandemic – from cases to deaths to infection rates – can be believed. **Something has gone, not just wrong, but totally haywire, when the might of the world's scientific establishment is trained with the zeal of a Witch Finder General on one particular microscopic particle.**

Not even a particularly dangerous particle; the latest data show it is the eighth most common cause of death in England, and it doesn't make the top ten in Wales.

Meanwhile, in Wuhan, the original source of this disease, the pool parties are in full swing."- Peter Andrews, Science Journalist, has a background in Life Sciences, a graduated from the University of Glasgow with a Degree in Genetics, in "RT", 3 September 2020.

Only 6% Died of COVID-19

"Comorbidities: Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). **For 6% of the deaths, COVID-19 was the only cause mentioned.**

For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." - in "Conditions contributing to deaths involving coronavirus disease 2019 (COVID-19), by age group and state, United States", CDC, 23 September 2020.

No one has died from the Coronavirus

"I asked, 'Is there a difference in the autopsy of a person who died from the coronavirus and of another person who died from the seasonal flu?' And Dr. Moch answered that to this point from what he has seen in the autopsies there is no difference in the pathology of the person who died from coronavirus and someone who died from seasonal flu.

In Bulgaria we've done 3 autopsies [on people whose deaths were attributed by COVID-19], [conducted] by Dr. Nia Serbianova [head of clinical pathology at Pirogov Hospital].

She asked the same question about this antibody to experts from Italy and Spain.

They replied that there's no such monoclonal antibodies.

What all the pathologists said is that there's no one who has died from the coronavirus.

And I will repeat that: **no one has died from the coronavirus. When we say that the patient died because of the coronavirus, we mean that the coronavirus led to interstitial pneumonia, afterwards leading to the death of the person, with no other diseases in other organs and in other systems. But such facts haven't been found; nobody has reported this.**

It's the first time in my practice – I've been practising for 30 years as a doctor – that the WHO is announcing a pandemic before it has facts to support this. They didn't not announce an epidemic but instead a pandemic. Pandemic means that people will die from the coronavirus. I don't know why many governments and country leaders are saying that people are going to die from it.

The real term we use is that the people in Italy and France and in Spain are dying with the coronavirus - not from the coronavirus - on the top of their very poor clinical picture from their illness [i.e., they had serious comorbid disease(s)].

The coronavirus infection is an infection that does not lead to death. And the flu can lead to death.

At the moment it's a total resistance of the pathologists in Europe, in China, as well as in Australia and in Canada [because] the pathologists have been pushed and pressured: if the patient has a coronavirus, the reason for the death is to be written that it's nothing else but the coronavirus. That's quite stressful for us." - Dr. Stoyan Alexov, President of the Bulgarian Pathology Association, in 'COVID-19: Unprecedented Challenges in Pathology Departments Across Europe', 8 May 2020.

Thailand Population 66 Million People

"83 Dead."- in "Covid-19 Dashboard, Center for Systems Science and Engineering (CSSE), Johns Hopkins University", 26 February 2021.

São Salvador, Bahia, Brazil

"According to the Axé Project, from the Public Ministry of the State of Bahia, Brazil (MPE-BA), **more than 14,000 people live on the streets of the capital city of the state of Bahia, São Salvador. If added to those who make their living from the streets, the number reaches 20,000 people."** - in "Agência Brasil", 16 April 2017.

30,000 Homeless in São Salvador = 0 Deaths

"As they are not in an adequate hygiene and protection situation, homeless people are the most vulnerable to Covid-19 contamination.

However, **according to City Hall data, there have been no records of deaths from the disease so far in this population.**

There is no notification of deaths in hospitals dedicated to the care of Covid-19 that has verified the death of a vulnerable individual due to the disease." - in "City Hall does not register deaths by Covid-19 in homeless people in the capital of Bahia", Muita Informacao, 25 September 2020.

"COVID-19 has a mortality of around 0.01%, in accordance with the death statistics from many countries." - Dr Søren Ventegodt, MD, Dr Joav Merrick, MD, in "A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers", 20 April 2020.

Australia's Leading Killers

"Cancers	26.06%
Hearth Disease	17.52%
Alzheimer & Dementia	10.80%
Stroke	**7.99%**
Lung Disease	**6.58%**
Diabetes	3.53%
Flu & Pneumonia	**2.89%**
Covid	**0.87%"**

- Alan Jones, in "Sky News", Australia, 4 October 2020.

Covid-19 Mortality Rate

Cambridge University	**1.4%**
Imperial College London	**1.2%**
Australian Study	0.75%
World Health Organization	**0.6%**
Harvard University	0.5%
SAGE (UK)	**0.5%**
German Study	0.37%
Stanford University	0.2%
Qatari Study	**0.01%**

"According to Cambridge University the Covid-19 mortality rate is at 1.4% , followed by Imperial College London with 1.2% and an Australian study with 0.75% Dr Yeardon cites the Stanford study, saying:

"**After extensive world wide surveys, pre-eminent scientists such as John Ioannidis, professor of epidemiology at Stanford University in California, have concluded that the mortality rate is closer to 0.2%.**" - in "Three facts No 10's experts got wrong: Dr Mike Yeadon says claims that the majority of the population is susceptible to Covid, that only 7% are infected so far and virus death rate is 1% are all false", Daily Mail, 30 October 2020.

Average Age of Death from Coronavirus is 82.4 Years

"The average age of people who died from Covid-19 in England and Wales since the pandemic began is **82.4**.

That figure – computed from Office of National Statistics data by experts at Oxford University – is significantly higher than **the average age reached by people recorded as dying from all other causes, which is 81.5.**" - in "Data shows the average age of death from coronavirus is 82.4 years", The Daily Mail, 8 October 2020.

Combined Weekly Flu & COVID-19 Report

"This report summarises the information from the surveillance systems which are used to monitor the Coronavirus Disease 2019 (COVID-19) pandemic in England. The report is based on data from week 39 (between 21 August and 27 September 2020). References to COVID-19 represent the disease name and SARS-CoV-2 represent the virus name. This will be the last COVID-19 surveillance report, ***as of 8 October 2020, the information in this report will be published in a combined Weekly Flu and COVID-19 Surveillance Report*** *on GOV.UK." - in "Weekly Coronavirus Disease 2019 (COVID-19) surveillance report Summary of COVID-19 surveillance systems", Public Health England, Week: 40, 2020.*

Immunosuppressive Drugs

"Immunosuppressive drugs, also known as immunosuppressive agents, immunosuppressants and antirejection medications are drugs that inhibit or prevent activity of the immune system." - in Wikipedia

"In this cohort study of 981 confirmed COVID-19 patients consecutively hospitalized at a large North West London hospital, immunosuppressant use was associated with significantly higher mortality rates." - in "Clinical characteristics and outcomes of immunosuppressed patients hospitalized with COVID-19: experience from London", Journal of Internal Medicine, 9 September 2020.

Lower Plasma Zinc levels Associated with Increased Risk of Death in COVID-19 Patients

"Dr Roberto Güerri-Fernández, Hospital Del Mar, Barcelona, Spain, and colleagues, involved a retrospective analysis of symptomatic Covid-19 patients admitted to a tertiary university hospital from 15 March to 30 April 2020.

Mean baseline zinc levels among the study cohort of 249 patients was 61 mcg/dl.

Among those who died (n=21, 8%), baseline zinc levels were significantly lower at 43mcg/dl vs 63.1mcg/dl in survivors.

Having a plasma zinc level lower than 50mcg/dl at admission was associated with a 2.3 times increased risk of in-hospital death (95% CI 1.06-5.01; P=0.034) compared with the patients with a plasma zinc level of 50mcg/dl or higher." - in "ECCVID 2020: Lower plasma zinc levels associated with increased risk of death in COVID-19 patients", 23 September 2020.

Hydroxychloroquine, Ivermectin, Vitamin D and Zinc

"My name is Dr Ramin Oskoui, I am a board certified cardiologist, and internist who practice who is licensed to practice in DC, Maryland, and Virginia.

I have treated several dozen of Covid19 patients since the outbreak of the pandemic my remarks are directed in part to the differing roles and responsibilities of scientific researchers and government agencies and practising physicians in the health care crisis.

Why then, with a disease we had never seen before in late March 2020, are practising physicians being condemned, ridiculed or shamed, in some cases for doing what practising physicians have always done; using their

professional skills and expertise to make the best practical life-saving use of the existing scientific research.

The Health Policy Establishment's criticism of the front-line doctors was over the top and it was unfounded.

For example drugs like Hydroxychloroquine, Ivermectin, which are FDA approved for certain uses, have extensive safeguards even for non-approved uses.

They were both approved decades ago and have an established record of efficacy, and a comprehensive information on possible side effects.

Earlier this year (2020) we faced a health crisis like any other crisis with an unknown and unproven enemy we cannot rely exclusively on the tried and true.

But it was worse than that, affirmative steps to keep physicians and patients ignorant were taken.

Indeed censorship of scientific research, indeed medical McCarthyism became the norm.

In terms of the data I provided the clerk of this committee of numerous clinical trials on many of these drugs, not limited but including:

1. Hydroxychloroquine.
2. Ivermectin.
3. Vitamin D.
4. Zinc.

And a few other medications, and those trials are there.

But the fact that we have had 3rd world countries, 2nd world countries, that have been more innovative, and have outperformed us in terms of survival. I think is something that warrants questioning.

And one has to wonder, if our bloated Research Academic Bureaucracy has been more of a hindrance, than a help during this Healthcare Crisis." - Dr Ramin Oskoui, MD, in "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution", Senate Committee on Homeland Security and Governmental Affairs, 8 December 2020.

Until June 2021 Medical-Forensic Reports to be Made Solely on Existing Medical Documentation

"**Article 16 -** Forensic medical examinations and psychosocial teams.

Until 20 June 2021 inclusive, medical-forensic reports may be made based solely on existing medical documentation at their disposal, which may be required from health centers or affected persons to be sent by telematic means, provided that this is possible.

In the same way, the psychosocial teams for minors and the family and the units for the comprehensive assessment of violence against women may act." - in "Law 3/2020, of September 18, on procedural and organizational measures to deal with COVID-19 in the field of the Administration of Justice", State Agency Official State Gazette, Spain 19 September 2020.

Covid-19 is an Acute-on-Chronic Health Emergency

"Covid-19 is an acute-on-chronic health emergency," said Richard Horton, the Lancet's editor-in-chief.

He described the coronavirus pandemic combined with high global rates of **obesity**, **diabetes** and other chronic diseases as a "syndemic".

"The 'syndemic' nature of the threat we face demands

that we not only treat each affliction, but also urgently address the underlying social inequalities that shape them."

He said chronic conditions such as high blood pressure, high blood sugar, obesity and high cholesterol suffered by millions around the world had played a critical role in driving the more than 1 million deaths caused by COVID-19 to date." - in "World caught in "syndemic" of chronic diseases and COVID-19, global study says", Reuters, 15 October 2020.

Over 50% of Adult Americans Are Pre-diabetic or Diabetic That is Beyond Epidemic

"**Did you know that a paper last year over 50% of adult Americans are now pre-diabetic, or diabetic.**

And pre-diabetic, diabetic, insulin resistant, hyperinsulinemic, to an engineer these are all the same spectrum.

Over half of Americans, essentially of diabetic dysfunction.

Wow, over half of the population of a specific dysfunction, that's kind of beyond epidemic.

And if you use crafts test which is far more sensitive probably over 65% of adult Americans have a level of diabetic dysfunction.

Dr Alan J. Garber, MD, PhD, MACE, a leading expert on diabetes, reckons it's probably above 70% from his patients." - Ivor Cummins BE(Chem) Ceng, MIEI, PMP, Chief Program Officer for Irish Heart Disease Awareness, in "Wanna know how to collapse your heart disease risk? Ok then", 19 July 2016.

> *"Those with cardiovascular disease not identified with diabetes, are simply undiagnosed." - Dr Joseph R. Kraft*

Toxemia from the Standpoint of Perverted Metabolism

"Toxemia is a condition characterized by the overloading of the blood with normal or abnormal products of food or tissue metabolism.

This condition, therefore, is purely endogenous in character, and is sharply separated from those conditions associated with toxic symptoms due to exogenous products as well as from those toxemic states arising in the course of infectious diseases.

Toxemia related to abnormal intestinal activity may be due to bacterial action to some extent, but the bacteria concerned in such processes are normal habitants of the intestinal tract, and may, therefore, be considered aside from those producing the acute infections. **Toxins elaborated by the activity of specific microorganisms upon the various classes of tissue of the body, cause, often times, such an intense poisoning of the system that death results.**

Time will not permit a differentiation, both chemical and pathological, of these 2 types of toxemia; I can do no more than refer to the fact that in all infectious diseases specific toxic products are formed, the influence of which depends upon the resistance of the system as characterized by the presence and activity of antibodies, such as antihemolysins, antitoxins, anti-agglutinins, opsonins, etc.

These subjects are becoming of prime importance in the study of infections.

It should be further remembered that excessive normal or abnormal activity of one organ may so influence the activity of other organs that a toxemia may follow as a result of perverted secondary metabolism.

The close relation or coordination of the various tissues of the body has been well treated by Starling in his assumption of the various "hormones".

Perverted Metabolism

Accepting, then, that the toxemia under discussion is

endogenous in character, is usually non-bacterial, and is influenced by the inter-relations of the many organs of the body, is there any basis for the belief that it is due to perverted metabolic activity of any organ or group of organs?

It is more or less common, to hear of intestinal, hepatic, renal, thyroid, orchitic, and other toxemias, as well as of those conditions occasionally accompanying more or less physiological states, such as pregnancy.

It is evident, therefore, that such conditions are associated, in the minds of the profession, with abnormal activity of the organ in question.

It is reasonable to suppose, and definite proof can be given, that abnormal activity, that is, **perverted metabolism, of any organ results in the overloading of the blood with products which may, per se, lead to various symptoms of the toxemic type, or may so influence the activity of other organs that abnormal relations obtain.**

Moreover, the activities of many organs, depending as they do on the presence of certain substances elaborated by other organs, and passed by them into the blood stream, are influenced to abnormal activity by their absence, due to disease or to perverted metabolism of the coordinated organs. It is necessary, in support of this view, only to cite the influence of the thyroid, ovary, testicle, pancreas, suprarenal, and hypophysis on the general body functions. Remove them and the results are well known.

Intestinal Toxemia

In the study of this condition we have to consider several factors. **It is evident that the activity of the intestinal juices is dependent on the quality and quantity of the food introduced, the quality and quantity of the intestinal juices, the power of absorption, and the motility of the intestine.** Normally, no great variation in the decomposition processes, both those due to the intestinal ferments and those due to intestinal bacteria, is observed.

Yet any abnormality in any of the factors above mentioned will lead to markedly abnormal decomposition processes.

Thus the intake of an excessive amount of food or drink leads first to disturbance of the gastric functions, as shown by the symptoms of nausea and vomiting, and later to marked intestinal disorder, as evidenced by the symptoms of enteritis. While such disturbances do not, necessarily, lead to general symptoms, yet the common complaint of weakness, headache, rapid, weak pulse, etc., show that a general influence is present.

Moreover, a direct effect upon the intestinal activity is observed after the intake of a large amount of food.

The digestive powers of the juices are pushed to the limit to take care of the excess, but unless abnormal motility of the bowels is present, this excess cannot be handled. We thus observe an effort on the part of the bowel to overcome these effects.

Diarrhoea, under these conditions, is a conservative process, since without it the digestive juices cease to act, according to the law that an accumulation of the products of activity of an enzyme will retard or prevent further activity.

In case the motility of the bowel is normal, the food remains in a partly digested state, and is then subject to the activity of the bacterial flora of the intestines.

Such latter activity is not the same as is that of the digestive juices, except to a certain degree, and abnormal products are formed.

The ordinary processes which occur in the bowel abnormally are fermentation of the carbohydrates, putrefaction of the proteins, and conversion of the fats to lower fatty acids. Normally fermentation occurs in the lower parts of the small intestine, while the putrefactive processes take place, almost exclusively, in the large bowel.

Occasionally we find these latter changes in the small intestine, and in such cases the decomposition products, as found in the urine, are much increased, owing to the greater absorptive power of the small bowel.

It is clear that an abnormal condition of the digestive

juices will lead to a lessened digestive, and, hence, to a lessened absorptive power of the bowels.

Without such conditions food has little energy value, and symptoms of under nutrition slowly but surely supervene.

I cannot discuss the metabolism of this condition, but I can say that perverted metabolism of all organs is present.

Toxemia of intestinal origin is due to the absorption of abnormal amounts of normal products or to normal absorption of abnormal products.

By this I mean that excessive intake of food or deranged intestinal activity will lead, under certain conditions, to absorption of large amounts of the products normally or abnormally present.

This excess taxes the liver in its effort to convert the nitrogenous products into urea, in its effort to elaborate the carbohydrates into glycogen, and in its attempt to furnish sufficient bile to permit of the absorption of the fat.

Failing in this, the liver must allow the excess to pass from it in the unelaborated state. Such a condition overloads the blood with purin bodies, with amino-acids, with sugar, and with other substances, which exert toxic effects on the system, in case the accessory organs are unable to handle them.

I cannot discuss the influence of excess of uric acid or of sugar in the blood beyond the statement that well known conditions arise from such an excess.

It is, however, with the abnormal decomposition products of intestinal activity with which I desire to deal in this discussion.

Where can we draw the line between normal and abnormal decomposition in the bowel? That the products formed may exert some toxic action on the system is true, but we must not exaggerate these influences.

We are indebted to Bouchard for the doctrine of intestinal auto-intoxication, and, since his publications, a general belief has prevailed that decomposition in the intestines plays a large role in the production of disease and errors of metabolism.

The question is very apropos - To what extent and under

what conditions may normal products of putrefaction and fermentation cause disease?

The number of putrefactive products which occur in the intestine only under pathological conditions, and to which any toxic action can be attributed, is remarkably small.

Skatol, indol, etc., may cause headache, neuralgia, neurasthenic symptoms, etc., yet, as Rovighi has shown, symptoms of poisoning are evident in dogs only when 1 gram per kilo is injected.

The production of acetone and diacetic acid in the bowel has been assumed by Peters, Litten, von Jaksch, Lorenz, and others to be a sign of intestinal intoxication leading directly to a state of acidosis, which markedly affects the general metabolism.

Keller, Pfaundler, Czerny, and others have made this condition accountable for the cyclic vomiting in children.

We now know that, although these acetone bodies are formed to some extent in the bowel, yet they occur as common accompaniments of starvation, especially as regards the carbohydrate foods.

Ptomaines, such as putrescin and cadaverin, have been found in the urine and faeces by Udransky and Baumann, Stadthagen and Brieger in cases of cystinuria, which were associated with abnormal protein decomposition.

It is quite possible, when the true nature of this disorder of metabolism is known, that these substances may be found to be derived from abnormal tissue metabolism and not from that of food products.

It is true that abnormal decomposition in the intestine is associated with abnormal products.

It seems to me that the results observed following intestinal disorders are to be explained by the effect of the products of abnormal decomposition upon the metabolism of other organs rather than by the direct effects of the products themselves.

The question of intracellular activity is more fertile as a field of research than is the constant study of the products of bowel activity.

No question can be raised that intestinal toxemia occurs.

It may be that some product may be found that is sufficiently toxic to account for the effects, yet the secondary metabolic effects seem to me the more plausible.

Hepatic Toxemia

The liver, owing to its many functions, is one of the most important organs of the body. While its secretory activity is confined to the elaboration of bile, its so-called internal secretory functions are of great influence upon the general metabolism. It is in the narrow space of the liver cell that we find localized the formation of glycogen from sugar, the conversion of the aminoacids and ammonium compounds into urea, the neutralization of extrinsic and intrinsic toxins, the conjugation of aromatic bodies with sulphuric and glycuronic acids, as well as the storing up of fatty acids and soaps. Any disturbance in any of these functions is promptly felt by the system as a whole.

In the discussion of toxemia of hepatic origin I shall not consider the toxic effects due to stagnation of bile.

The formation of bile is a specific vital function of the liver, and it is self-evident that its involvement or abolition, as a result of pathological changes in the organ, cannot continue without severe reactions upon the system in the sense of an auto-intoxication (Weintraud).

Such metabolic results of jaundice of short or of long standing are too well known.

The bile acids, with their known effect of producing hemolysis and slowing the pulse, will likewise be passed over, as such activity is not due to a direct disturbance of metabolism, but rather to a specific action of these compounds.

While it is true that jaundice, acute yellow atrophy, cirrhosis, phosphorus poisoning, etc., have definite influence upon the local and the general metabolism, yet in this discussion I do not have reference to specific disease of the liver, but rather to the toxemia as a result of insufficiency of this organ.

It may be said that there are no functional disturbances of

the liver cells that are pathognomonic of absolutely definite changes in the hepatic parenchyma.

As every disturbance of the activity of the cells influences the proper performance of other functions, a number of phenomena are combined in this symptom-complex of hepatic insufficiency.

One of the most important functions of the liver is its antitoxic power.

As Weintraud has well said:

> *"The antitoxic functions of the liver may be, to a great extent, comprehended by recognizing a protective action in each of the numerous metabolic indications by which the functional activity of the normal liver cell manifests itself, and by seeing an intoxication in the disturbance of these functions. At all events, the normal composition of the tissue juices is altered, and they depend upon hepatic integrity for their adequate maintenance. Just as the synthesis of urea from the toxic ammonia permits the harmless urea to be excreted, so the formation of glycogen from the carbohydrates prevents an overloading of the system with glucose. The poisonous products of digestion of protein are converted, during their passage through the liver, into non-toxic compounds, while the free fatty acids and soaps, which arise in intestinal digestion of fats, and which are toxic in large amounts, are retained and stored up in the liver. The formation of bile likewise frees the body from other injurious products of cell activity."*

Although there may not be enough constancy in the so-called hepatic insufficiency to warrant the assumption of a clinical symptom-complex, vet there are many evidences of this condition, which lead us to believe that a toxemia may arise from such a source. Few of the tests advanced as diagnostic of such a condition have stood the fire of criticism, but the finding of Strauss, that levulosuria follows

the ingestion of 100 grams of levulose during fasting, has remained fixed.

While it is difficult to say just how far other organs may be functionally influenced by the toxic action arising from disturbances of the liver, there can be little question that certain toxemic symptoms may be manifested by disorder of any of the hepatic functions.

Although I cannot go into a discussion of the hepatogenous form of diabetes, due to the insufficiency of the liver to handle the sugar brought to it by the portal vein, or of the various disorders related to the so-called uric acid diathesis, yet these should be borne in mind.

It is evident that any perversion of the normal functions of the liver will lead to the accumulation of abnormal products. Normally, autolytic processes are going on in the liver cells, which result in the formation of definite products.

These are rendered inert by the same liver cells that produce them.

In other words, the liver cell is capable of breaking down and resynthesizing its own constituents.

These autolytic products are, as Magnus-Levy has shown, of the acid type, and pass into the circulation unmolested, providing the liver is not capable of exerting a sufficient antitoxic effect. Thus arises a condition of acidosis, whose influences are fairly well known.

It is not to be understood that the liver, under abnormal conditions, is the only seat of formation of such bodies, but it is one of the most important.

Usually the pathological changes associated with such processes are fatty in nature, as evidenced by the fact that in phosphorus poisoning, acute yellow atrophy, and delayed chloroform poisoning, fatty degeneration of the liver is associated with an increased output of amino-acids and acetone bodies.

A second series of changes which give rise to signs of hepatic toxemia are those associated with disturbance in the conversion of aminoacids, etc., into ammonia, and thence into urea.

Here we find an ammoniemia along with irregular

autolysis, leading to an increased acid formation either of the amino or oxy series.

This condition is quite distinct from that discussed above and has a separate function of the liver to deal with.

The combination of these two conditions has lead to the assumption by Croftan and others that the liver is more at fault in the causation of uremia than is the kidney.

Yet we must remember that were the kidneys not involved uremia would not occur, although symptoms somewhat resembling it may obtain.

The general metabolic effect of such a condition is more in the foreground in such cases than is the hepatic or renal disorder, yet the hepatic insufficiency is, in some degree, accountable for the overloading of the system with such products, while the renal insufficiency prevents their excretion.

Another class of hepatic toxemias is found in a low-grade infection of the gall-bladder.

I have recently seen, through the courtesy of one of our leading physicians, a patient who had been treated for 10 months for dilatation of the heart without the slightest effect. Indeed, the trouble had progressed.

On simple drainage of the gallbladder, although no symptoms pointed to this organ, the cardiac symptoms became better, and within a few days had almost subsided, the heart being reduced to about normal size.

This points, it seems to me, to some obscure toxemia, with the gall-bladder as its source. As the bile excretes many of the toxic substances carried to the liver, it seems rational to suppose that, through some perversion of metabolic activity, such products, possibly of bacterial origin, were either not excreted into the bile, but were passed into the circulation, bringing about a toxemia, or, being excreted, a low grade inflammation of the gall-bladder ensued, which may have induced the condition found.

We all know that the myocardium is extremely sensitive to untoward influences, so that the above assumptions do not seem far-fetched. We must grant, therefore, that many metabolic perversions of the liver may lead to definite

toxemia, although this may not always be manifested by a clear etiology. Certain it is that some of these toxemias of hepatic origin are associated with urinary and blood findings, which are not, it is true, pathognomonic, but do point to the probable source of the trouble.

Renal Toxemia

That toxemia of renal origin occurs is unquestioned, but the cause of such a state is unknown. All gradations of such intoxication, from the intense acute uremic state to the slow chronic form, are observed. The theories advanced regarding the causation have for the most part as a basis the idea of overloading of the blood with urinary constituents as a result of an insufficient kidney.

One must mention the findings of Gumlich and Richter, that ammonia, alloxur bodies, and extractives were markedly increased in the urine of uremics.

As von Noorden states:

> *"A thorough inquiry into the localization of these substances and into their toxic action in cases of renal insufficiency is much needed. It will also be necessary to ascertain how and to what extent glands, such as the thyroid and suprarenals, react to the intoxication; whether by insufficient or excessive secretion, or by the production or neutralization of the products of metabolism. When we are acquainted with all the factors which probably go to determine the appearance, progress, and prevention of uremia, it will no longer seem strange that it cannot be correctly estimated or adequately explained either by the deficit in the metabolic balance or by quantitative analyses of the blood."*

It is certain that no definite explanation of this toxemia can be given at present, although many attempts have been made to account for it. It is well known that complete anuria may obtain and yet no symptoms of toxemia be present. This should prove that it is not alone the retention of waste

products that brings about this syndrome, but rather some unknown influence acting upon the general or special metabolic activity.

Thyroid Toxemia

The thyroid is of great importance in the general metabolic activity of the system. When this organ is lacking, owing to disease or to removal, a marked lowering of the general energy relations ensues, while in cases in which its function is exaggerated a great increase in the total consumption of energy is noted.

There is no organ, with the possible exception of the working muscle, which exerts such an influence on the energy relations as does the thyroid (Magnus-Levy).

The thyroid excretes in its colloid substance an active product, thyreoglobulin, which is combined with the specific iodothyrin.

This substance is, no doubt, the one to which a great deal of the influence of the thyroid is due.

The internal secretion of the gland finds its way through the lymph stream into the blood, whence it passes to the various organs upon which its influence is exerted.

It is known that definite signs of toxemia follow both the excessive and the deficient action of this organ.

It is necessary only to cite the symptoms in a well marked case of Basedow's disease, such as hyperidrosis, exaggerated reflexes, restlessness, tachycardia, tremor, etc., as well as those of myxcedema or of cachexia strumipriva, to carry my point.

Many other conditions, which may be classed as toxemic, are observed following perverted metabolism of the suprarenal glands, of the hypophysis, of the ovaries, and of other organs.

The symptoms of such toxemias are not so well marked, in all cases, that an absolute diagnosis may be established, yet the etiological factor at the bottom may often be discovered by careful consideration of the normal functions of the various organs mentioned.

Conclusions

Toxemia, aside from that following the acute or chronic bacterial processes, is always of metabolic origin. The toxemias are more the effects of a general metabolic perversion than of a direct organic disorder."- Dr Ralph W. Webster, MD, Instructor in Medicine, Rush Medical College, University of Chicago, in "The American Journal of Medical Sciences", 1908.

The Empty Hospitals of Belarus

"**Hospital of a country without confinement Belarus.**

I am visiting Hospital Number 1 in the city of Minsk, the hospital has a normal occupancy for this time of the year, the doctors I have spoken to say that the situation is the same as in any other year with flu. **The Hospitals are not collapsed, nor are they overflowing with patients.**

No one is using masks and the only persons using masks are the operation personnel." - Rubén Gisbert, Hospital de un país Sin Confinamiento, 5 September 2020

"Healthcare Institution 1-st Municipal Clinical Hospital is a multi-functional Healthcare institution working under Healthcare Committee - Minsk City Executive Committee and provides full range of medical care for adult population of Minsk City and citizens of the Republic of Belarus, citizens of other states and stateless person in order and on conditions determined by Belarusian law.

The capacity of the institution is the following: a hospital for 650 beds and 4th women's consultation - 180 visits per shift serving Polyclinic №. 13, Children's Polyclinic № 1, № 17.

The main activities of the institution: Provision of first and emergency aid to patients with acute and sudden illnesses and other accidents, the timely provision of specialized medical care to in-patients with impaired cardiac, gastro-intestinal tract, endocrine disorders and nephrological, rheumatological profile, obstetric and

gynecological care." - Healthcare Institution 1-st Municipal Clinical Hospital 220013, Belarus, Minsk, Nezovisimosti ave., 64.

> *"I'm a trained general practitioner, and, above all as a doctor, I could no longer tolerate this approach contemptuous to health and human beings, as it is in stark contrast to the professional understanding and ethics of all of us. This permanent fear or panic mongering, the resulting psychological and social damage to be expected, the gigantic medical and economic collateral damage, and last but not least, the massive interventions in all our cultural lives and cohabitation, are, in my opinion as a holistically oriented physician, reason and motivation enough to stand up and fight this insanity." - Prof. Haditsch, ACU, the Corona Extra-Parliamentary Inquiry Committee, Germany, July 2020*

Covid Killed off the Flu Influenza Cases Nosedive by 98% Across the Globe

"In the Southern Hemisphere, where the flu season happens during our summer months, the WHO data suggests it never took off at all.

In Australia, just 14 positive flu cases were recorded in April, compared with 367 during the same month in 2019 – a 96% drop. By June, usually the peak of its flu season, there were none. Australia has not reported a positive case to the WHO since July.

In Chile, just 12 cases of flu were detected between April and October. There were nearly 7,000 during the same period in 2019.

South Africa, surveillance tests picked up just 2 cases at the beginning of the season, which quickly dropped to zero over the following month – overall, a 99% drop compared with the previous year." - in "The Daily Mail", 24 October 2020.

The Predicted Pandemic with Millions of Deaths

"At the beginning of the pandemic, the measures were understandable and widely supported, even if there were differences in implementation in the countries around us.

The WHO originally reported in March that the death rate among the registered covid-19 cases was 3.4%.

Millions of deaths were thus foreseen, and an extremely contagious virus for which no treatment or vaccine was available. This would put unprecedented pressure on the intensive care units (ICUs) of our hospitals.

This led to a global alarm situation, never seen in the history of mankind: "flatten the curve" was represented by a lockdown that shut down the entire society and economy and quarantined healthy people. Social distancing became the new normal in anticipation of a rescue vaccine.

The facts about covid-19

Mortality turned out to be many times lower than expected and close to that of a normal seasonal flu (0.1-0.5%). Gradually, the alarm bell was sounded from many sources: the objective facts showed a completely different reality. **The course of covid-19 followed the course of a normal wave of infection similar to a flu season.**" - in "Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media", Docs4opendebate.be, 5 September 2020.

Anything is Covid19

"What are the most common symptoms of Covid: fever, cough, shortness of breath, it's also common to have body aches.

Covid-19 is sometimes more than just a respiratory disease, or sometimes not a respiratory disease at all. It can mimic just about any illness. Sometimes it looks like a common cold, sometimes it looks like influenza, sometimes it looks like a stomach bug with belly pain diarrhoea, maybe some nausea vomiting, loss of appetite it can cause pink eye, loss of taste and smell, sometimes even whole body rashes or areas of swelling and redness of the skin in just a few spots. It's also kidney damage, heart damage.

Severe disease is causing blood clots to form in a lot of patients, when blood clots are found in the lungs they're called pulmonary emboli, some Covid patients have presented with a stroke as a result of having blood clots in their brain.

Covid has also presented in other ways sometimes with seizures also Guillain-Barre Syndrome this makes it incredibly difficult to diagnose and even harder to treat **this disease can present in so many ways, there's never been a disease in the history of mankind that's presented in so many different ways.**" - Dr Mike Hansen, MD, in "What Doctors Are Learning From Autopsy Findings of COVID Patients", 6 May 2020.

Stroke Statistics

"In 2018, **1 in every 6 deaths from cardiovascular disease was due to stroke.**

Someone in the United States has a stroke every 40 seconds. Every 4 minutes, someone dies of stroke.

Every year, more than 795,000 people in the United States have a stroke. About 87% of all strokes are ischemic strokes, in which blood flow to the brain is blocked. Stroke is a leading cause of serious long-term disability. Stroke reduces mobility in more than half of stroke survivors age 65 and over." - in "Stroke Facts", CDC, 8 September 2020.

"The exact cause of Guillain-Barre syndrome is unknown. ***But 2/3 of patients report symptoms of an infection in the 6 weeks***

preceding. These include respiratory or a gastrointestinal infection or Zika virus. *" - in "Guillain-Barre syndrome", Mayo Clinic, 2021.*

UK Government Confirms Covid19 Harmless to 99% of the Population

"The great majority of people will not die from this. Most people, a significant portion of people will not get at all at any point **in the epidemic which is going to go on for a long period of time.**

Of those who do, some of them will get the virus without even knowing it, they will have the virus with no symptoms at all asymptomatic carriage.

Of those who get symptoms the great majority probably 80% will have a mild or moderate disease might be bad enough for them to have to go bed for a few days, not bad enough them to have to go to the doctor.

An unfortunate minority will have to go as far as hospital.

But the majority of those will just need oxygen and will then leave Hospital, and then a minority of those will end up having to go to severe and critical care, and some of those sadly will die but that's a minority, **it's 1% or possibly even less than 1% overall**, and even in the highest risk group this is significantly less than 20%, **the great majority people even the very highest groups if they catch this virus will not die**." - Dr Chris Whitty, MD, UK Chief Medical Officer, with Boris Johnson, UK Prime Minister, in "Downing Street Corona Briefing", 11 May 2020.

Neither Tubercle nor the Bacillus is a Disease

"The lymphatic glands and the network of the lymph spaces, and the progress of bacteria along them were studied in this preserologic era of bacteriology, but the network of

the surface cells shared no recognition as the first and, on the whole, as the most important bulwark of defence against infection, and as such they are not studied today.

It was not long, however, before the downfall of Koch's postulates moved out of our way one obstruction to the progress of thought as to infection.

I find them quoted with derision in another old paper (New York Medical Journal, 21 September 1895) some 5 years later.

They were:

1. In every disease due to microorganisms, the offending etiologic organism is always present in that disease.
2. It was never found in man without the disease. **By this time (1895) the falsity of this statement was notorious**.
3. Inoculation with it always caused the disease, **but exceptions to this began to be noticed.**

The bacterium as an exclusive factor in the etiology of even bacterial disease seems every day less enlightened as our knowledge of the laws of nature progresses.

"What is it allows the bacteria to penetrate sometimes in some conditions and not at other times or in other conditions, which usually for long periods of time, usually in fact forever, keeps them out?"

Prudden had shown that he could produce a lesion identical with tubercle without the tubercle bacillus and helped the postulates of Koch (his old teacher), over the rim of the horizon, and a French author had said inversely, "the bacillus is not enough, we must have the characteristic lesion - the tubercle" - to make a diagnosis, and it might have been added, even having both is not enough.

Neither tubercle nor the bacillus is a disease; a disease is the reaction between them, and the animal organism in which they for the time lie, which makes the concept of tuberculosis. A bacillus and a tubercle are material facts; a diagnosis is a concept.

A man may have the tubercle and the tubercle bacillus too

in his body the whole of a long life and never have a sick day - not necessarily even a diseased imagination.

In my paper "The Difference in the Behavior of Dust from that of Bacteria in the Tonsillar Crypts", New York Medical Journal, 6 January 1906, referring on the equilibrium in the tonsillar crypt, I remarked that, "there is good presumptive evidence that pathogenic bacteria, which in a state of equilibrium are harmless habitants of the tonsillar crypts are under certain conditions absorbed through tonsillar epithelium.

The shock of a bone fracture, the nerve collapse accompanying a profuse hemorrhage, even the small shock of a nasal operation, the irritation of uric acid, the shock of cold to the surface, may apply the nerve stimulus necessary to open the portals to an infection of osteomyelitis, profound sepsis, perhaps rheumatism or a cold in the head, but man or beast does not practically acquire these affections or their like by having a laboratory practitioner blow in his throat a pure streptococcus culture. He cannot artificially produce that concatenation of circumstances which forms the practical etiology of nature."

The excitation carried thither over nerve routes, in combination with the excitation of the sympathetic nerve system elsewhere, may easily be imagined due to peripheral or internal irritation in the metabolism of the human body." - Dr Jonathan Wright, MD in "Pages from the Ancient History of Bacterial Infection Through Mucous Membranes", Annals of Otology, Rhinology & Laryngology, March 1928.

> *"All workers in science must recognize the danger of speculation. It is that of drifting out of the known and knowable into the quicksands of metaphysics, and erecting thereon hypotheses which, for a time, resist the demonstration of facts and blind us as to their significance. It only requires a slight acquaintance with medical history to reveal to us the frequency with which medical science has been led astray and into extravagances by*

prematurely adapting to its exigencies the general ideas of scientific speculation. The inductive method as an exclusive method in science is absurd. We must go back to the fundamental attributes of atoms and molecules for an understanding of many of the phenomena of immunity." - Dr Jonathan Wright, MD in "The Primordial Forces Exerted Against the Penetration of Bacteria Beneath the Surface of the Body", New York Medical Journal, 20 January 1906

The Rate of Mortality from Pneumonia

"Notwithstanding the phenomenal progress of medical science during the last two decades, recent statistics inform us that the rate of mortality from pneumonia is slowly but quite perceptibly rising.

Why should this be so? Every physician should carefully study this question and do all in his power to solve the problem.

The writer has given some thought to the subject for the last 15 years and offers a few suggestions:

First, there are many more cases of pneumonia than formerly.

This is possible, because the people of the present time indulge in habits which break down our bodily defences far more than the people of the previous generation.

Overeating is one of our national sins.

Not only do the majority of the American people partake of 3 "square meals" each day, but very many of them often indulge in banquets in the night, at which rich viands are served, consisting of many courses, which greatly overwork the digestive organs, requiring all of the reserve energy of the body to digest the excess of food and eliminate it from the body.

This gluttony also overtaxes the excretory organs, fills the blood with waste materials, producing an autotoxemia

which makes the gourmand an easy victim to any disease.

A second factor is the sedentary habits of many professional people.

They take very little exercise beyond what is necessary to ride from residence to office and back to residence again, and to sit in an upholstered chair.

A third factor in the causation of the high mortality rate, in the writer's opinion, is that we, as physicians, do not administer or recommend the treatment that will promptly correct the unbalanced condition of the circulation until red hepatization is fully established.

We are far too apt to write a prescription for some medicine, tell the friends to get it filled at the drug store, say we will call again next day and depend upon the medicine to do the work. This is so much easier and so much more dignified than what follows.

How then may we correct the unbalanced condition of the circulation while there is still a chance to avoid red hepatization?

First place the patient in a hot, full bath at about 99° F., and gradually raise the temperature to 104° F. or 105° F.

Keep him there till the skin is red and the superficial blood vessels are dilated and filled with blood.

This will relieve the congestion of the lungs and other internal organs.

Then put him in a warm bed and place hot-water bottles to sides, thighs, legs and feet, and an ice bag filled with crushed ice to each side of the thorax below axillae, and an ice-cold compress over chest in front covered with several thicknesses of flannel, and cover the patient up well in blan1cets.

These cold applications should be kept cold by frequent changing. By these measures the congestion in the thorax will be very soon relieved, the pain wilt be gone and the patient saved from a dangerous attack of pneumonia.

While this method is being followed, for quick relief other means may also be applied.

The bowels should have attention, the proper evacuant administered and a sedative to the heart if necessary; but if

the above treatment has been skillfully given no aconite will be necessary in most cases.

If full bath conveniences are not at hand a hot blanket pack can be substituted and equally good or better results expected.

The cold applications should be adjusted as above described, while the patient is in the hot pack, also the hot-water bottles. After an hour in the pack the superficial vessels will be well dilated and the treatment suggested to follow the hot bath should be given." - Dr D. W. Reed, MD, in "Prophylaxis and Treatment of Pneumonia", The Medical Council, 1911.

Fear a Factor in Epidemic Influenza

The great four and one-half year war was responsible for the loss on the field of battle of seven million lives. Immediately following the war , the "Spanish Flu".

Prophylaxis - Obscure Channels of Infection

"So it becomes increasingly important to learn measures of prophylaxis.

"An ounce of prevention is worth a pound of cure."

How the infection is carried is not known, for a series of experiments carried on last year at Atlantic City, proved that our knowledge of this infection is still theoretical.

"Cultures of germs scraped from the throats of infected subjects as well as the direct exudations themselves were transferred to the throats of healthy individuals but nothing happened. Again the healthy individuals were permitted at the bedsides of persons at all stages of influenza; not merely to sit there, but to lean over

and place their mouths close to the mouths of the infected individuals, inhaling their breath and the exhalations of sneezes and coughing. Still nothing happened. Various modifications of the experiment were devised. The virus was sprayed into the nostrils and throats, placed in contact with the eyelids, even swallowed; a filtrate made from the virus was injected hypodermically into a number of volunteers on one occasion, yet none of the persons subjected to these various attempts to give them influenza took sick in any way."

This from the Philadelphia Record:

"Something is the matter with the germ theory, or the bluejackets are tougher than the rest of us. A 'poison squad' of 100 sailors, at Gallup Island, Boston, have used influenza germs as snuff, and as seasoning for their food, and have been injected with germ cultures, but have absolutely refused to develop influenza. On the contrary, their appetite increased and they manifested more vigorous health. Of course, the experiments will be continued. Those men have got to have influenza. The germ theory must and shall be maintained."

The Farce of Wearing Masks

During the epidemic of last winter in some California towns, a person was subject to arrest if he appeared upon the streets without wearing a mask.

Undoubtedly these persons thus muffled had their resistance reduced by depriving them of the maximum of fresh air, for these masked individuals were required to breathe their own breath over and over again.

Face masks cause people to neglect other supposed paths of infection, such as soiled hands, common drinking cups, restaurant dishes, soda fountains, roller towels, infected foods, etc.

If "Flu" was disseminated by coughing and sneezing why did families on secluded farms take the disease, why did isolated lighthouse keepers and their families come down with it? If germs through "carriers" were responsible, how did it reach far northern Arctic districts?

Doubtless atmospheric conditions of which we know little are a causative factor. It is observed that the worst outbreaks usually follow a strong north-east wind.

The Ineffectiveness of Quarantine

If germs, or at least a specific germ, was not the causal factor, why quarantine? Why close public buildings? Why mask? The disease was less prevalent in New York City, where schools and theatres were allowed to remain open, than in Boston, Philadelphia and Washington, where they were closed.

The authorities saw that the churches and schools were closed and in consequence street cars were more crowded than ever and so also were the saloons.

The Influence of Proper Living

A mixed infection, a multiplicity of germs, as the staphylococci, streptococci, Pfeffer and other bacilli, and pneumococci may or may not be a causal factor.

But we wish to emphasize the importance of proper living, of personal efficiency, of a normal health co-efficient, as the effective factors in preventing and combating the disease. Dyspeptics and heavy flesh eaters were apparently very susceptible, while those who were sanitary in habits, vegetarians by choice, careful in diet, and cheerful in disposition, seemed to have escaped.

There are 2 factors in this as well as other infectious diseases: One is the invading element, the other is the element invaded.

The invading germ may be known, as in diphtheria, typhoid fever, tuberculosis; or it may be unknown, as in smallpox, measles and influenza.

The most important factor is the condition of the soil at the time of invasion, the health of the patient or his reactive powers against disease.

"The first thing to do in order to avoid disease is to become healthy and remain healthy."

Germs must have soil favourable to their growth, otherwise they will not grow.

Low Vitality Predisposes to Disease

In the great majority of cases it is not the man who is enjoying excellent health, normal circulation and good elimination that, as a rule, succumbs to the disease, but it is usually the man of low vitality, suffering local congestion, general depletion and poor circulation, caused by improper elimination and alimentation.

The tissues of this man prove a fruitful soil, a culture media for the rapid development of invading bacteria.

"Chronic Toxaemia is the basis of all chronic diseases. There is a oneness of disease in that the basis of cancer, tuberculosis, Bright's disease, is toxaemia; and toxaemia is brought on by enervation, and enervation is induced by wrong habits of living. Disease is but the effort of nature to overcome toxaemia. Acute disease is her supreme effort. To treat the fever get rid of the toxaemia."

The Cold

Keep up the fences and look to your defences.

Build up resistance. As one principal preventive of the "Flu." do not catch cold; and you will not catch cold if you keep your blood stream and your tissues clean. It is essential that one have a certain amount of exercise out of doors daily.

The chilling lowers the resistance and bacteria find a ready entrance.

A cold is caused by a chill on the surface of the body and resulting congestion of some internal organ; ordinarily the nervous system sets up a reaction and the blood is returned and caused to flow in the capillaries in the skin in even greater quantities than before; but if these same nerves are benumbed by the presence of body poisons (auto-intoxication we call it), then they will lack the power to carry stimuli and the message will not be carried and delivered to the various structures; so these structures remain congested; repeated congestions mean chronic colds and catarrhs.

A chronic cold, means that the body is poisoned, that the nerves of reaction are blunted, that the vitality of the system is lowered, the bars are let down, the defences fail; there is a germ invasion and a battle ensues.

Then either the germs are victors or they become victims of the leucocytes and phagocytes of the blood; here the invader is invaded and destroyed.

So the best preparation to meet the "Flu" is to become "cold proof," and the best way not to catch cold is to build a wall of defence around the body by cleaning out and toning up the system (the bowels are nearly always loaded), and keeping it clean.

By avoiding a cold you certainly avoid the "Flu" and many other diseases.

The group of influenza bacilli probably occasion the primary symptoms, rapidly lowering the resistance, so other bacteria readily find entrance and cause the complications of the disease; such as Pneumonia, for instance, which is responsible for the high mortality.

Food and Influenza

Influenza germs, are always with us, but the disease itself comes and goes. Why are the germs not active all the time? Why only occasionally, and why, if always present, do they affect only a part of the people?

The germs must find a suitable habitat for rapid growth.

They must have a prepared soil, in a depressed system.

They flourish in a congested mucous membrane, a depressed glandular system, and enervated body.

Vital forces must first be lowered by improper habits of living, **by gormandizing and the use of improper foods.**

Acidosis, or the uric acid state, prepares the system for colds, asthmas, catarrhs, glandular affections, pyorrhea, rheumatism, gout and colitis, and in addition to this long list of disorders we may add infective fevers including influenza, for it furnishes an open door for their entrance.

> *"Meats are the principal acid-forming foods. Vegetables, greens and fruits are the alkali-forming foods."*

Raw foods are vitalized; they contain the enzymes which are necessary for bacterial control.

Germs are organized ferments; enzymes are unorganized ferments. The vitamin has its seat in the enzymes. Perhaps the iodine, calcium and iron salts answer to the vitamins.

Cooking destroys some vitamins. The enzymes present in foods are necessary to aid in the work of cell digestion.

Fruits, are rich in enzymes, pectoses and pepsins, and so are all the succulent vegetables as celery, lettuce, beet greens, radishes, carrots and onions.

Plenty of raw food and leaf and stem vegetable salads will supply an abundance of pepsins, pectoses, enzymes, mineral salts and vitamines, and these will inhibit and destroy all bacterial growth.

Then, to destroy the "Flu" germ, to keep up the body forces, to strengthen the system's defences, eat plenty of vital foods.

Cooked or devitalized foods more readily undergo fermentation and serve us better food for the culture of bacteria.

Those who eat freely of cooked foods to the exclusion of vital foods are the ones who develop toxaemia or acidosis.

The live foods, those containing mineral salts, enzymes and vitamins, as fruits, salads and vegetables, are alkaline and develop the alkalinity of the blood and thus overcome toxaemia by neutralising the acid state - the acidosis.

The Importance of Ventilation and Hygiene

Influenza begins its ravages as we house up in the fall.

The germs do not like fresh air.

Live where the birds do, live out of doors; dose housing is a fruitful source of infection. Bring the out-of-doors into your houses by adequately ventilating your living and sleeping rooms. Sleep with your head near an open window, wear proper clothing by night and day, not too warm and not too cold. Doctor Page's belief is that influenza is principally due to an excess of clothing on an animal by nature naked. The skin is a true breathing organ and its millions of blood vessels are gasping for air, while they are often smothered under heavy clothing.

If by chance you are exposed to wet or cold, immediately dry your feet, take a hot drink and a hot bath to equalize the circulation, and thus keep well.

Drink plenty of water, avoid crowds, ventilate night and day, avoid fatigue and secure plenty of rest; especially give the stomach a little rest and time to recuperate from the previous meal.

The stomach should be empty at bedtime.

The Deleterious Effects of Fear

"There is nothing so depressing and nerve annihilating as fear. ***Fear so weakens resistance that the influenza kills.*** *Fear is a child of ignorance. Intelligence banishes fear."*

Symptoms of influenza (lightning catarrh) may sometimes develop in the susceptible - the suggestible - through mental impressions made by so much talk of the disease.

Doctors coming into a sick room should therefore instil hope and not fear into the minds of their patients, greeting them with a smile.

One physician suspects the psychological factor the direct cause of a great many cases treated.

Some of them had a depressing fear of the disease and when they got it they simply quit and said:

"No use, I am gone and you or any one else can't save me."

To some of this class the physician told them they did not have the "Flu," just a severe cold, and they got along fine.

After they were well he did tell them they had the "Flu", and they said:

"If I had known that I would have died".

The coloured population of the South are optimistic. They are improvident but content. They have no worries, no cares, no fears. The white man has a habit of borrowing trouble.

He worries, he frets, he fears, and the "Flu" "gets him." The death rate from influenza was higher among the white than among the coloured race. **Imagination alone may kill.**

Cast's of such are on record. Good cheer never kills. Cultivate it and enjoy life. Have fun and laugh. Keep smiling and smiles will return to you with interest. Seek the association of those who are congenial. **Fear nothing. Fear is a curse.** "Perfect love casteth out fear." When we are well we fear we will get sick. When sick we fear we will die.

Live according to the law; live the healthful and radiant life and you will have no reason to fear.

Treatment

When you get the "Flu" take a hot bath; take a warm Enema; take a dose of Epsom salts or one-half glass of citrate of magnesia to clean the bowels. Avoid heavy food for a few days. Drink plenty of fruit juices and water.

Go to bed, apply heat to the feet, ventilate well.

Keep warm, maintain a good circulation in the skin and extremities to prevent internal congestion.

This is accomplished by means of the hot bath or the full hot blanket pack and drinks of hot lemonade, partaken freely, followed by a witch-hazel rub to prevent chilling, for chilling leads to Pneumonia.

In some institutions where Hydrotherapy was carefully and scientifically applied the mortality was less than 1%.

In uncomplicated eases fever usually terminates on the third day; therefore it is sometimes called a "3 day fever."

Stay in bed, after the fever falls, for 3 days, subsisting upon a very light diet of fruit, etc.

Stay there until you are strong. Take plenty of time for convalescence. Never try to wear out the disease.

Unless you take good care of yourself after an attack of influenza, there may be danger of reactivating old infections, such as tuberculosis. Oxygen vapour, passed through essential oils, as eucalyptol and pine-needle oils, producing a terpine peroxide, is splendid as an inhalent. These oils can also be inhaled by vaporizing or 1 drop or 2 on taken several times a day. The terpine peroxide increases the hemoglobin of the blood, which adds to resistance.

Where pneumonic symptoms develop, make use of a camphorated turpentine stupe over the chest, covered with a fomentation. Precipitated sulphur, vaporized and sprayed in the nostrils, is excellent in coryza and "Flu."

Another method suggested, which we have not had an opportunity to try, is inhaling the fumes of burnt sulphur.

The method of employing it is to place a pinch of common sulphur on a hot stove and inhale the vapour." - Dr A. W. Herr, MD in "Medical Council", January 1920.

"I spent most of my professional career as a General Practitioner in my home-town of Derry. What has happened from early last March 2020 has affected everybody in society. And certainly it's made enormous changes to my life. I was working as a General Practitioner and I left there to go into politics. I was elected as a Counsellor, but I had to resign my post as a Counsellor because

I saw that Derry & Strabane District Council were implementing rules guidelines laws, implementing policies which were directly harming the people that we were tasked to try and make their lives better. As a doctor I went back to work because of the "supposed emergency", and as a doctor I saw first-hand not people sick or dying of respiratory viruses, but people push to despair, people pushed to conflict within their families, people pushed to drug and alcohol misuse, people pushed to the brink of suicidality because of the government policies, not because of any disease but because of the way that their lives were being distorted by this narrative." *- Dr Anne McCloskey, MD in "VOICES Anne McCloskey", Youtube, 30 January 2021.*

"Malnutrition is common in renal failure patients and is associated with increased morbidity and mortality. In Continuous Ambulatory Peritoneal Dialysis (CAPD) patients, dialysis adequacy is important for satisfactory nutrition. Persistent acidosis is a major factor of malnutrition in renal failure patients." *- Teresa Yuk-Hwa Wong, et al., in "Oral Sodium Bicarbonate for the Treatment of Metabolic Acidosis in Peritoneal Dialysis Patients", J. Am. Soc. Nephrol., 2003.*

The Much Discussed Influenza

"We know that most of those who succumbed did so because of the toxic action of an agent whose form and habitat has hitherto eluded our vigils.

We know also that pulmonitis was a concomitant factor in most, if not all, who failed to recover.

We know, moreover, that some variety of micro-organism which causes pulmonitis is omnipresent in the air-passages, especially in the nose, the epipharynx and the paranasal antra.

The fact that not all of us are victims of pulmonitis of some form or another must be ascribed to the beneficent influence of vis medicatrix (the healing power), who, by means of the bactericidal power of a healthy mucosa is able to overcome the attempted pernicious activity of the battling foe. It is consequently of paramount importance that the mucosa of the upper air passages be kept in a healthy condition.

Developing Immunity and Treatment

After all, is it not best that a few, say, a selected few, micro-organisms should enter the nasal cavities?

When the mucosa is invaded by pathogenic bacteria the toxins produced by such pathogenic bacteria stimulate the mucosa to the formation of specific antitoxins which are capable of neutralizing the deleterious activity of the bacterial toxins, provided always that the mucosa in question is in a healthy condition and provided further that the body as a whole is healthy.

Thus gradually the body is rendered immune toward such bacteria. This being the case, there is but one rational treatment against influenza - timely provision for a healthy mucosa, for a healthy body.

The first objective symptoms, as far as my individual observations are concerned, were hyperemia of the mucosa of the nose and throat, followed within a short time by a stuffiness of the head, a chilliness, especially along the spine.

This was the time to institute proper proceedings, put the patient to bed, cleanse the nasal cavities with a warm 0.9%, saline douche, followed by an Enema, then a Hot General Bath, and aconite to equalize the circulation, if necessary. Usually within 48 hours the patient has fully recovered." - Dr F. A. Grafe, MD, in "The Medical Council", February 1920.

"How much longer, will medical men expend brain and labour, and waste pen ink, and paper, in looking for a thing, which is no thing at all, and in trying to find a seat for a disease which has no localized existence?" *- Dr Russel Thacker Trall, MD in "The True Healing Art", 1862.*

The Origin and Nature of Disease

"**In entering on the study of the Origin and Nature of Disease, where half truths are frequently as dangerous as whole errors, and more difficult to get rid of, this ought constantly to be kept in mind.**

In the so-called zymotic maladies (acute infectious diseases), with their complex processes and products, the subject of Contagion - its nature and diffusion - meets us on the threshold.

The questions which it raises may naturally seem vague and uninviting; but passing in review their present aspects, perhaps there may be something met with which is not only interesting in itself, but instructive in the lessons which it teaches.

To begin with, the new school of pathology tells us that the mysteries which so obscured the subject are now perfectly disposed of; that the agent, active and efficient, has been found; the morbid germ exists!

We know it does, and of many kinds and cultures.

Still, may not this be an incidental fact in bio-chemics - something kindred to that of Nature's abhorrence of a vacuum in physics?

But the morbid fact admitted - and no one now denies it - are its votaries warranted in constructing on such slender bases universal theories and systems, bio-chemical, pathological, therapeutic, and prophylactic, material no doubt precious for the pages of our modern medical romance, but little calculated to withstand the test of a scientific criticism worthy of the name?

From our present state of knowledge it is impossible to say in what Contagion essentially consists, or what the intimate nature of the action which it exerts on the organic elements which it infects may be.

Chemists, when referring in general terms to acts of fermentation, speak of certain processes in a language too vague for scientific purposes, but which sufficiently indicate that forces lie beyond the range of their detection, and for which there is no name.

In this imperfectly examined field of chemical dynamics we are supposed to have the clue to the disclosure of this scientific puzzle: and this is more than probable, for, in their special field, pathologists have recognized the fact that certain morbid elements of contagious character are intimately related to common ferments and ferments of putrefaction. **Bacteria are found as uniformly accompanying some general and local morbid conditions as they are those putrefactive and fermentive**; so that the general question as to the significance of this co-existence again calls forcibly for explanation.

Are the organic forms associated with such morbid processes the sole cause or inciters of those conditions? or are they merely the concomitant products of such morbid processes initiated in their absence and, so to say, independent of them?

The former view is maintained by those who so regard bacteria, and their allied forms, as the contagious elements of communicable diseases." - Dr A. M. Brown, MD, in "The Origin of Contagia: in relation to prevailing theoretic views and scientific applications", 1884.

These are the U.S. States Without Mask Mandates

The following U.S. States never issued mandates requiring the wearing of masks state wide during the Covid-19 so-called Pandemic 2020-2021:

1. Alaska
2. Arizona
3. Florida
4. Georgia
5. Idaho
6. Mississippi
7. Nebraska
8. Oklahoma
9. South Carolina
10. South Dakota
11. Tennessee

Mask Wearing in "Pandemics"

"Oxygen is the greatest source of health and its lack the root of all disease. Oxygen deficiency is the difference between being healthy or not." *- Dr Shizuo Inoue, MD, President of the Japanese Oxygen Association, has researched the functions of oxygen movement in the human body for 38 years, wrote the book "Aerobic Respiration Exercise and Health", 1990.*

Carbonic Acid Gas

Carbonic acid gas is formed in i very large quantities by decaying vegetable matter. Living vegetables also, give it off during the night; but consume it during the day.

Much the greatest source of it, however, is animal respiration and perspiration.

Hence; crowded assemblies in hospitals, prisons, etc., rapidly consume the oxygen of the air, and produce carbonic acid gas, and consequently, if such places are not well ventilated, the air will soon become impure: causing difficulty of breathing, vertigo, or dizziness of the head, nausea, faintness, trembling, relaxation of the voluntary muscles, slow and feeble pulse, spasms, asphyxia, and death. In this manner the lives of many have been

destroyed; but a vastly greater number have been cut off by plagues, and typhus and other fevers, **brought on or excessively aggravated by impure air.**

And it is principally owing to the effect which a dense population has on the atmosphere, and to the want of proper ventilation, that cities are less healthy than the country." - Sylvester Graham, in "On Air", The Journal of Health, 1852.

Study Finds Masks Hurt Schoolchildren Physically, Psychologically and Behaviourally

"The health issues and impairments observed in this study were found to affect 68% of masked children who are forced to wear a face covering for an average of 4.5 hours (270 minutes) per day. Impairments caused by wearing the mask were reported by 68% of the parents; a total of 17,854 health complaints submitted by parents.

Health issues found:

60% Irritability
53% Headache
50% Difficulty concentrating
49% Less happiness
44% Reluctance to go to school/kindergarten
42% Malaise
38% Impaired learning
37% Drowsiness or fatigue
30% Experience more sleep issues than previously
29.7% Experienced shortness of breath
26.4% Experienced dizziness
25% Developed new fears
22.7% Dry neck

17.9% Unwillingness to move or play
17.1% Itching in the nose
16.6% Nausea
14.7% Feeling of weakness
13.5% Abdominal Pain
12.2% Accelerated respiration
9.7% Disease feeling
8% Tightness in chest
2.2% Short-term impairment of consciousness/fainting." in "Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children", Research Square, 5 January 2021.

Face Masks & Related Health Risks

"The department said while graphene was reported to have "antiviral" and "antibacterial properties", research showed it had "some potential" **to cause early lung toxicity in animals when inhaled.**

> ***"The potential for people to inhale graphene particles from face masks and related health risks are not yet known."*** *- Health Canada*

Face Masks containing both graphene or biomass graphene, are being removed from the market." - in "Canada recalls Face Masks containing graphene until it assesses safety", Sky News Australia, 4 April 2021.

The Vaccine Task Force

"UN Chief Calls on Rich Nations to Implement Global Vaccine Task Force." - in Voa News, 17 February 2021.

Objectives of the Taskforce

The Vaccine Taskforce (VTF) was set up to drive forward the development and production of a coronavirus vaccine as quickly as possible, bringing together government, academia and industry.

The Taskforce was asked to deliver 3 objectives:

1. Secure access to promising vaccine/s for the UK population
2. Make provision for international distribution of vaccines
3. Support industrial strategy by establishing a long-term vaccine strategy plan to prepare the UK for future pandemics

The VTF is a team within the Department for Business, Energy and Industrial Strategy (BEIS) consisting of a mix of civil servants, military, external secondees from industry, and contractors.

This is to make sure that the Taskforce has access to the deep, specialist expertise in vaccine preclinical and clinical development, regulatory issues, manufacturing and project management necessary to deliver its objectives. As at November 2020, the VTF has just under 200 staff.

"The Vaccine Task Force was set up to identify and buy vaccines. Can you explain exactly what your job is now having done that.

Why does it seem like you're going to be here perhaps even in perpetuity?

"It was set up to procure vaccines which we did last year. I took over from Kate Bingham who did a tremendous job, and thought, well I am just going to help soft land all the vaccines, now get them there ready for the public to have in their arms.

And then, these variants started emerging and although they're not dangerous at the moment they are a threat, they're an emerging threat, *and therefore I was asked to work with the task force again,* ***and re-energize it to look to see how we treat those variants*** *and there's plenty of scope to do.* ***We expect to move from being a task force to being normal business at some point, where it's just what the health system does."*** *- Clive Dix, chair of the Vaccines Taskforce, in "Vaccine Taskforce boss "optimistic" on two jabs being available by August", Sky News, 16 February 2021.*

Clive Dix

Clive Dix is CEO of C4X Discovery, a pioneering drug discovery company. Clive was co-founder and Chief Executive of Convergence Pharmaceuticals Ltd, which was acquired by Biogen in January 2015. Clive was previously Co-Founder and Chief Executive of PowderMed Ltd, a vaccines development company acquired by Pfizer in November 2006. Before that he was Senior Vice President, research and development and a Board member of PowderJect Pharmaceuticals plc until its acquisition by Chiron Vaccines in 2003. Clive began his career in industry at Ciba-Geigy and then GlaxoWellcome, where he left as UK research director in 2001.

Kate Bingham

Kate Bingham, a venture capitalist with ties to the Medical Trade and the Pharmaceutical Industry, for more than 26 years. Kate Bingham is the wife of Jesse Norman Financial, The Secretary to the Treasury.

Kate Bingham was appointed Chair of the UK's Vaccine Taskforce, a group set up by the UK Government Chief Scientific Adviser Patrick Vallance, Deputy Chief Medical Officer Jonathan Van-Tam, Business Secretary Alok Sharma, and Health Secretary Matt Hancock to lead UK efforts to find and manufacture a COVID-19 vaccine.

All those who have set up, and those who have been placed in the "Vaccine Taskforce", have strong links to multinational Corporate Finance Institutions, the Medical Trade and the Pharmaceutical Industrial Complex.

"Kate is temporarily stepping back from her full time role as Managing Partner at SV Health Investors, a leading international life sciences venture capital firm to take on this role as Chair of the Taskforce.

At SV she is responsible for biotech investments and activities in the UK and serves or has served on the boards of companies in the UK, US, Ireland, Sweden and Germany.

Her investments include small-molecule drug discovery and development projects, biotherapeutic development projects, and drug discovery platforms in a broad range of clinical areas.

Kate played a leading role in setting up the UK's Dementia Discovery Fund (DDF) and serves on the DDF Investment Committee. The DDF was created by 6 leading pharmaceutical companies (Biogen, GSK, Johnson & Johnson, Eli Lilly, Pfizer, Takeda)." - in "Kate Bingham appointed Chair of UK Vaccine Taskforce", Pharma field, 18 May 2020.

Third Shot May be Needed to Combat New Coronavirus Variants

"A third dose of coronavirus vaccine may be needed to prevent serious cases of new variants of the disease." Bill Gates, comments come amid to the growing concern that current vaccines are less effective against the South African and Brazilian variants." - in "Third shot may be needed to combat new coronavirus variants, Bill Gates says", CBS News, 17 February 2021.

Pan-Virus Vaccines

"The next pathogen to emerge might be less accommodating. A vaccine could take much longer to make.

Even **SARS-CoV-2 could be becoming more problematic for vaccines, because of the emergence of new variants.**

We call for an alternative approach to pandemic preparedness.

A special class of protective antibodies called broadly neutralizing antibodies "Pan-virus vaccines" **acts against many different strains of related virus - for example, of HIV, Influenza or Coronavirus.**

Such antibodies could be used as first-line drugs to prevent or treat viruses in a given family, including new lineages or **strains that have not yet emerged.**

More importantly, **they could be used to design vaccines against many members of a given family of viruses.**" - Dennis R. Burton, in "**Variant-proof vaccines - invest now for the next pandemic"**, Nature, 8 February 2021.

Competing Financial Interests

Dennis R. Burton is a consultant for the **International AIDS Vaccine Initiative (IAVI) on AIDS vaccine work involving broadly neutralizing antibodies to HIV**, some of which are licensed.

Is on the science advisory board for Adimab, which has formed the company Adagio to make neutralizing antibodies to SARS-CoV-2, including pan-SARS-CoV-2 antibodies; is a founder and consultant for Mabloc, a company that is looking to make neutralizing antibodies to flaviviruses in particular, but also SARS-CoV-2 and coronaviruses.

Vaccination Hesitancy And Assessed Impact On Immunisation Uptake

"Financial incentive-based Intervention: Financial compensation in exchange for free vaccination.

Non-financial incentive-based Intervention: Provision of food or other goods to encourage vaccination.

Theme categories for PICO questions:

i) Dialogue-based, which included the involvement of religious or traditional leaders, social mobilisation, social media, mass media, and communication or information-based tools for health care workers;

ii) Incentive-based (non-financial), which included the provision of food or other goods to encourage vaccination, and;

iii) Reminder/recall-based, including telephone call/letter to remind the target population about vaccination.

The authors would also like to thank Dr Gian Luca DiTanna and Dr Pauline Paterson of the **London School of Hygiene and Tropical Medicine** for their assistance.", in "WHO SAGE working group dealing with vaccine hesitancy", WHO, October 2014.

Covid-19 Vaccines: Ethical, Legal, Practical Considerations

"7.3 with respect to ensuring high vaccine uptake:

7.3.1 ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;

7.3.2 ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated." - in "Resolution 2361 (2021)", European Union, Text adopted by the Assembly on 27 January 2021 (5th Sitting).

"Is it faintly possible the missing 1,000 people who would normally have died of Flu and Pneumonia are the ones who succumbed to COVID when it first arrived? Or might the fact that in the past 30 years Britain has reduced the number of hospital beds from 300,000 to 140,000, while adding 10 Million to its population, shed some light on the situation? Sweden, the poster nation for personal freedom during the pandemic, has recorded a 2020 death rate that has not been matched in its history since 2015." *- Steve Waterson, in "Covid made far worse by our weak politicians", The Australian, 26 February 2021.*

The Virus Transmission Farce in Argentina

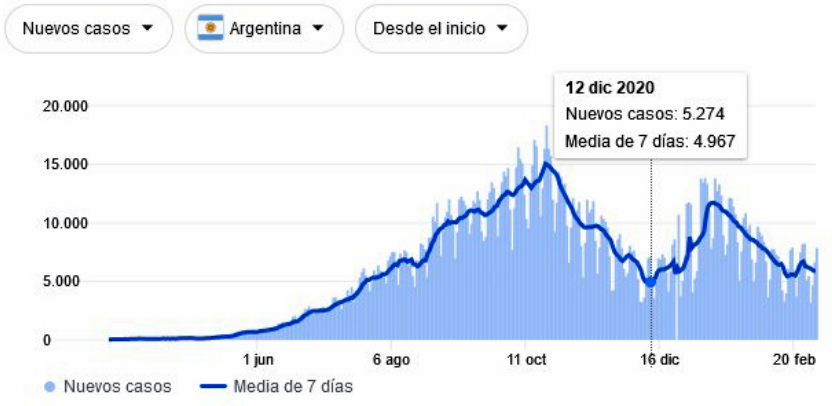
On the 26 of November 2020 was the funeral of Diego Maradona, the famous Argentina football player.

In the following days after the announcement of his death the concentrations in Buenos Aires where massive and chaotic.

> *"The footie legend's coffin was set to be on display for public viewing for a 3 day period, so fans could pay their respects to the national treasure." - in "The Sun", 27 November 2020.*

> ***"Maradona's funeral provokes conflict in Argentina. Thousands of people accompanied Diego's inert body from his death to his burial in the Bella Vista cemetery.*** *His last goodbye, was marked by the chaos and riots that occurred in the Casa Rosada.* ***The protocols against the Covid-19 pandemic were non-existent."*** *- in "Maradona's funeral: Chaos, riots and outrage to Diego's corpse", 28 November 2020.*

16 days after the funeral, there was a decrease in new cases, it was actually registered a new low in cases.



The Human Papillomavirus Farce

"What we know, is that, if you look at all the women who get an Human Papillomavirus (HPV) infection, approximately 70% of those are going to clear that infection all by themselves within the first year, with no help from anybody, you don't have to detect it, you don't have to make it go away, it's going to do it, the body is going to take over, and do it.

Within 2 years about 90% of all of those HPV infections are going to clear all by themselves.

Now by 3 years you've got 10% of that original group of women that have HPV infections that are left, and by 3 years half of those infections have progressed into what we call a CIN 2-3 lesion or a precancerous lesion so approximately 5% of HPV infections are going to go into a precancerous lesion.

So, now you have that small group of women who have precancerous lesions, and now let's look at that moving into invasive carcinoma, what we know then is that amongst women with CIN 3 lesions. So that's a little bit more severe than the other group, it takes 5 years for about 20% of them to become invasive carcinomas.

That's a pretty slow process, it takes about 30 years for 40% of them to become invasive cervical carcinomas." - Dr Diane Harper, MD in "One more girl", 2013.

> ***"Many HPV infections cause no symptoms and 90% resolve spontaneously within 2 years."*** *- in "Human papillomavirus (HPV) and cervical cancer", WHO, 5 August 2016.*

The first HPV vaccine became available in 2006. As of 2017, 71 countries include it in their routine vaccinations, at least for girls. It is on the World Health Organization's List of Essential Medicines.

> ***"Medical history is after all nothing but natural history, and various diseases represent results only of life histories of bacteria****, when we consider the question of conditions fundamentally and as a whole." - Dr Roberts T. Morris, MD, in "Microbes and Men", 1915.*

Toxic Shock Syndrome

"Toxic Shock Syndrome (TSS) was originally described as a disease entity in 1978, when the condition was reported in 7 children from age 8 to 17 years.

Symptoms of Toxic Shock Syndrome:

1. High fever.
2. Headache.
3. Sore throat (pharyngitis).
4. Inflammation of the whites of the eyes (conjunctivitis).
5. Muscle aches and pain (myalgia).
6. And/or certain digestive symptoms, nausea, vomiting, profuse watery. diarrhoea.
7. Listlessness.
8. Dizziness.
9. Confusion, and/or disorientation.

10. A characteristic "sunburn-like" skin rash typically develops within a few hours of onset, with later scaling and peeling (desquamation) of skin.

11. In severe cases, blood pressure may fall dangerously low (hypotension), with an inadequate blood supply to body tissues (shock).

12. Additional complications may include kidney and/or liver failure, heart dysfunction, adult respiratory distress syndrome, and/or other abnormalities. Adult respiratory distress syndrome is characterized by shortness of breath (dyspnea), abnormally rapid breathing, and insufficient levels of oxygen in the circulating blood.

Symptoms of the following disorders may be similar to those of Toxic Shock Syndrome (TSS)

Comparisons may be useful for a differential diagnosis:

1. Streptococcal Toxic Shock Syndrome may be characterized by TSS-like symptoms and findings, the sudden onset of shock, and impairment of various organ systems due to infection with certain toxin-secreting strains of streptococcus bacteria (group A beta-hemolytic streptococci).

2. Scarlet Fever is an infectious disease of childhood usually caused by certain toxin-secreting strains of streptococci bacteria (group A beta-hemolytic streptococci).

3. Kawasaki Disease is a rare inflammatory disease of unknown cause that most commonly affects infants and young children.

4. The Ehrlichioses are rare infectious diseases caused by bacteria in the Ehrlichia family, 3 forms of Human Ehrlichial infection have been identified, including Human Granulocytic Ehrlichiosis (HGE), Human Monocytic Ehrlichiosis (HME), and Sennetsu Fever. **The bacteria that cause HGE and HME are carried and transmitted by certain ticks.**

5. Leptospirosis is a group of infectious diseases caused by bacterial organisms known as spirochetes (Leptospira),

which are transmitted in the urine of certain domestic and wild animals, including dogs, raccoons, and rats.

The diagnosis of Toxic Shock Syndrome (TSS) has been defined by the Centers for Disease Control (CDC) clinical and laboratory criteria. Other infectious diseases or inflammatory syndromes may potentially cause certain symptoms and findings similar to those associated with Toxic Shock Syndrome." - in "National Organization for Rare Disorders", (NORD), March 2021.

Paediatric Inflammatory Multisystem Syndrome (PIMS)

> ***"Since the first reports from London UK, in late April, 2020, many countries have reported children presenting severely unwell with features of substantial inflammation temporally related to the COVID-19 pandemic."*** *- in "The Lancet, Child & Adolescent Health", 1 February 2021.*

"This pathology is directly related to Covid-19 and mostly affects children and adolescents. It is characterized by inflammatory shock, cardiac involvement, continuous gastrointestinal upset (abdominal pain, nausea and vomiting), and fever for several days." - in "Concepción: child death confirmed by PIMS, illness related to Covid-19", TVU, 23 March 2021.

"Paediatric Inflammatory Multisystem Syndrome (PIMS) is a new condition that happens weeks after someone has had the virus that causes coronavirus (COVID-19).

How is PIMS diagnosed? You may already have had nose and throat swabs to confirm you had COVID-19 but PIMS seems to develop after the virus is infectious. The doctors need to rule out other more common conditions that cause similar symptoms – this includes things like **Kawasaki Disease, Sepsis and Toxic Shock Syndrome.**

What are the symptoms of PIMS? The main symptom of PIMS is a high temperature that lasts for a few days.

You might also have other symptoms such as:

1. A rash.
2. Tiredness and weakness.
3. Tummy pain or cramps.
4. Red and cracked lips.
5. Swollen hands and feet.
6. Peeling skin on your hands and feet.
7. Headache.
8. Red eyes.
9. Muscle aches and pains.
10. Diarrhoea and vomiting.
11. Swollen neck glands.
12. Unexplained irritability."

- in "Great Ormond Street Hospital for Children", NHS Foundation Trust, November 2020.

The Yellow Fever Virus Farce

Yellow Fever is a state of Jaundice, in an individual who is afflicted by fever. In other words: Any individual with an unhealthy state of his liver, being at the same time afflicted by fever, will inevitably lead to Yellow Fever, for the sake of the constitution, of the individual appearance and the state of his gastrointestinal disarray, in the causation of the fever.

"Stimson in 1907 which showed that death was due not to Yellow Fever but to Leptospiral Jaundice (Weil's disease, most frequently attributed to hemolysis and intrahepatic biliary obstruction). It is thus obvious that in New Orleans in 1905 and in Guayaquil in 1919 cases of leptospiral jaundice were regarded as typical examples of yellow fever." - in "Yellow Fever and Leptospiral Jaundice", The Lancet, 27 April 1940.

"Beeuwkes (1936) regards albuminuria as probably the most striking feature of yellow fever. More recently Duff

(1941) has referred to this symptom. During 1941, 31 specimens of liver were received for investigation for yellow fever, in the majority of instances from patients who had suffered from unexplained jaundice. Clinical and histological notes are recorded of 14 cases clinically suggestive of yellow fever. In 6 of the cases the histological findings were considered to be those of subacute necrosis." - E. C. Smith, "Hepatic Findings Excluding Yellow Fever in Fourteen Cases of Jaundice in West Africa", Annals of Tropical Medicine & Parasitology, 1942.

"In the spring of 1928 the accumulated evidence concerning the etiology of yellow fever presented seeming discrepancies which suggested that more than one independent disease had been investigated as yellow fever. To help overcome this confusion the International Health Division of the Rockefeller Foundation undertook to bring together in one laboratory the yellow fever viruses of West Africa and South America and to determine their relationship, The study was begun in June 1928, at The Rockefeller Institute for Medical Research.

The yellow fever now in South America, the present yellow fever of Africa and the historic yellow fever of Panama and other American countries are the same disease. This conclusion is based on cross immunity tests in monkeys with strains of yellow fever virus from Africa and Brazil and on tests of sera from 25 persons, who had recovered from yellow fever in various places and at various times, for the power to protect monkeys against African or Brazilian virus strains. Cases of leptospiral jaundice (Well's disease) were present among those diagnosed as yellow fever in the recent epidemic in Rio de Janeiro. The isolation of leptospirae by Nogrchi and other investigators from the blood of occasional patients in past epidemics of yellow fever in a number of American countries indicates that leptospiral jaundice was present then as well and was diagnosed clinically as yellow fever." - in "The Relationship of Yellow Fever of the Western

Hemisphere to that of Africa and to Leptospiral Jaundice", Journal of Experimental Medicine, March 1930.

The question arises: **How do you see a "virus", when "viruses", can only be seen by Electron Microscopes, and the first Electron Microscope (EM) was produced in 1938.**

"The electron microscope is an extremely expensive and complicated instrument that only research institutes or universities may have." - in "**Can You See Viruses Under a Microscope?**", Rs' Science, 2021.

"At the University of Toronto in Canada, Cecil Hall, James Hillier, and Albert Prebus, working under the direction of **Eli Burton, produced an advanced 1938 Toronto Model electron microscope that would later become the basis for Radio Corporation of America's Model B, the first commercial electron microscope in North America. Ruska at Siemens in Germany produced the first commercial electron microscope in the world in 1938."** - Tim Palucka, in "Early History of Electron Microscopy: 1931 to 1960", Dibner Institute for the History of Science and Technology, 10 December 2002.

Genetic Capacity of the Gut Microbiome Dwarfs That of the Human Host

"In 1,267 faecal samples were sampled and examined using shotgun metagenomics. So looking at all of the microbes and all of the genes encoded by the microbiome in those 1,267 samples. **And what staggering is, 9,879,896 microbial genes, almost 10 Million were found just across those 1,267 individual faecal samples. We're at a watershed moment in Human Biology. We've just discovered that we have this ancillary microbial genome, that really influences our health, that shapes how our cells work, and influences our health status. Whether the small molecules**

produced by an altered Gut Microbiome, could hold the secret to the response to the viral infection? What happens in the animals that receive the live Lactobacillus Johnsonii. Now, we see 2 days after the viral infection in the airways this immense capacity to produce a whole range of amino acids, peptides, but in particular lipids, and when we saw this list of lipids, we got super excited. **Because in this list of lipids, are a whole range of things like polyunsaturated fatty acids, that we know dial down inflammation.** And so; that suggested to us that, **when we alter the Gut Microbiome of these mice, we change the metabolic output not just of what's in the gut, but what's in the circulation of these animals, and that that's what leads to the protection against the viral infection in the airway."** - Susan V. Lync, PhD, UCSF Division of Gastroenterology, in "The Human Microbiome: A New Frontier in Health", University of California, 7 November 2019.

A Toxin Pathway

"Bacteria secrete a variety of enzymes (leukocidins, hemolysins, coagulases, hyaluronidases, fibrinolysins), any of which are disruptive in the body.

Vaccination Results

Does the vaccinal approach produce wellness or any health benefit? Kalokerinos & Dettman point out that statistics in England and Wales, presented at the British Association for the Advancement of Sciences (Porter, 1971), show that **deaths of children under 15 years of age attributed to scarlet fever, diphtheria, whooping cough and measles saw a 90% decline from 1850 to 1940. Yet, antibiotics and compulsory (i.e., widespread) vaccination against diphtheria were not introduced until 1940.** The death rate due to these illnesses dropped from over 6,000 per million children, in 1850 to under 1,000 per million children in 1940, **a period marked by vastly improved public health, sanitation and nutrition.** Along the same

lines, an English doctor, D. Powles, observed:

> ***"The major contributing factor toward improved health over the past 200 years has been improved nutrition. Nearly 90% of the total decline in the death rate in children between 1860 and 1965 due to whooping cough, scarlet fever, diphtheria and measles occurred before the introduction of antibiotics, and widespread immunization against diphtheria."***

The greatest danger of the germ theory half-truth is its promulgation and acceptance as the whole truth, thus diverting attention from endogenous factors, primarily host ecology-resistance and susceptibility." - Robert Young, in "International Journal of Vaccines and Vaccination", 2016.

"The Gut-Brain Axis: **So message to fix your brain you need to fix your gut! Toxicity can cause the outgrowth of pathogens like Clostridioides difficile."** - Prof. Simon Carding, Institute of Food Research, Norwich Medical School at the University of East Anglia, in "Gut bacteria and mind control: to fix your brain, fix your gut!", 15 May 2015.

"The medical trade, has become a misleading and evil science. A science of deceit.

The cause of virulence, is toxicity. When presenting "viruses", the medical trade shows us cells, infected with a "virus", but aren't capable on showing us a virus.

This "viruses", are never seen, and never shown.

For the medical trade tells us that "viruses", can only become "alive" inside a cell.

This pathetic concoction, in the misrepresentation of biological and chemical laws, is the extent that the medical trade goes in constructing such falsehood, in order to conceal the fact that Toxaemia is the cause of organic disease." - Rui Alexandre Gabirro, Emunctologist

"The Germ Theory (Virus Theory), really comes down to one sentence:

There is one Cause.

One Disease.

One Cure, which is Vaccines.

And there is one Test, which is a PCR Test.

And there is Money, in every one single of those points, a lot of money." - Dr Sam Bailey, MD in "Viruses do not cause disease", 15 July 2021.

The Germ Theory of Disease The Relation of Bacteria and Allied Organisms to Virulent Inflammations and Specific Contagious Fevers

"Bacteria if not actually to be found within the blood-vessels of healthy persons nevertheless habitually exist in so many parts of the body in every human being, and in so many of the lower animals, as to make it almost inconceivable that these organisms can be causes of disease. In support of this statement I have only to say, that even in healthy persons they may be found in myriads in and about the epithelium of the whole alimentary tract from the mouth to the anus; they exist throughout the air-passages, and may be found in mucus coming from the nasal cavities. There are distinct species amongst these lower organisms, some of which are harmless though others are poisonous (or so-called "germs" of disease). The experiments of many investigators prove that the alleged causes of disease may be actually introduced into the blood-vessels of lower animals by thousands without producing any deleterious effects in a large proportion of the cases." - Dr H. Charlton Bastian, MD, Professor of Pathological Anatomy, University College. in **"The Germ Theory of Disease: being a Discussion of the Relation of Bacteria and Allied Organisms to Virulent Inflammations and Specific Contagious Fevers"**, The Lancet, 10 April 1875.

Chapter 13

Bacteriophage Theory & Farce

"Medical science?.. . Dat iss a contradiction in terms. Dere is no such thing. You should begin with the chemistry of proteins, as I do." *- Jacques Loeb, in "The Professor, the Institute, and DNA", 1976.*

Bacteriophage Not Organism, Says Bacteriologist

"A systematic study of the properties of bacteriophage failed to substantiate its living nature." *- Dr. J. Bronfenbrenner, Professor of Bacteriology, Washington University School of Medicine, in "Address at the Society of American Bacteriologists", Journal of Bacteriology, 1930.*

"**The evidence seems to indicate that the bacteriophage is an inanimate chemical product of bacterial metabolism, having no cell-dissolving properties of its own.**

Bacteriophage has been hailed as a most potent germ-killer, being made itself from germs, but ever since its discovery by Dr. F. D'Herelle it has been a subject of scientific controversy.

"It seems to exhibit a stimulating effect on homologous or closely related bacterial species. As a result, the rate of intracellular metabolism is abnormally increased with a consequent increase in osmotic pressure within the cell, and if water is available in the surrounding medium, bacteria take it up, swell, and finally burst.

The activity of the phage in suppressing the effects on animal tissue of a definite germ without harming the tissue was compared with activity of certain chemicals. *The phage was active at a much wider range of dilutions than any of the 5 chemicals: Mercuric Chloride, Phenol, Formalin, Tincture of Iodine, and Chloramine." - John E. Walker of the research laboratories of E. R. Squibb and Sons*

This phage was active at dilutions ranging from full strength to a dilution of 1 to 512, while the nearest chemical, mercuric chloride, could only be diluted to one-sixteenth of the strength causing tissue destruction and still be active." - in "Science Service", Vol. 17, 1930; "Journal of Chemical Education", July 1930.

"Due to the belief that these invisible structures were killing the bacteria, they were called phages / bacteriophages, "eaters of bacteria". Only later it was determined that merely highly inbred and therefore almost non-viable bacteria can be made to turn into phages, or bacteria which are being destroyed so fast that they do not have time to form spores. The introduction of the electron microscopy led to the discovery of the structures resulting from the transformation of bacteria when these were suddenly dying or when the metabolism of the highly inbred germs was overwhelmed by processes triggered by the adding of "phages". - Dr. Stefan Lanka, Biologist, in "Dismantling the Virus Theory; The Measles Virus as an Example", 2015.

An Active Principle Not a Bacteriophage

"**A systematic study of the properties of bacteriophage failed to substantiate its living nature.**

The bulk of evidence seems to indicate that bacteriophage is an inanimate chemical product of bacterial metabolism.

This substance seems to possess no lytic properties of its own. It seems to exhibit stimulating effect on homologous or closely related bacterial species.

As a result, the rate of intracellular metabolism is abnormally increased with a consequent increase in osmotic pressure within the cell, and if water is available in the surrounding medium, bacteria take it up, swell, and finally burst. The intracellular hydrolysis preceding and causing the swelling and bursting of bacteria is indicated by the marked increase in concentration of the products of hydrolysis of bacterial protein in the medium.

However, if water in the surrounding medium is immobilized by the addition of hydrophilic colloids, the swelling and bursting of bacteria is prevented.

Thus, instead of visible lysis (the breaking down of the membrane of a cell) under these conditions there is observed, on the contrary, a rapid multiplication of bacteria due to the addition of phage.

The **Active Principle** (bacteriophage) is present in the medium in the form of discrete units.

This is due to ready adsorption of the bacteriophage on colloidal aggregates of the medium and not to organized nature of the agent.

When purified, **bacteriophage-containing solutions fail to respond to most sensitive tests for protein, even when concentrated to 1/1000 of the original volume.**

If concentration is carried on to dryness, it can no longer be brought in solution and its lytic activity is lost.

Chemical analysis of the residue thus secured indicates that it may be a carbohydrate containing a small amount of nitrogen either in its molecule or as an impurity." - J.

Bronfenbbenner, Department of Bacteriology, School of Medicine, Washington University, St. Louis, Mo., in "Studies on the Nature of Bacteriophage", Journal of Bacteriology, 1930.

> ***"First attempts were made to identify the substance chemically and to study its role in the intoxication accompanying pneumonia, thus placing the research within the evidential context of toxicity of bacteria."*** *- Alfonse R. Dochez, Oswald T. Avery, "The elaboration of specific soluble substance by pneumococcus during growth", JEM, 1917.*

The Bactericidal and Toxic Action of the Blood of the Insane

"D'Abundo in "Rivista Sper. di Freniatria e di Med. Legale, Vol. XVIII.

The author describes experiments made with the blood of various insane persons in order to determine its toxicity and bactericidal power.

He used blood taken from cases of general paresis, melancholia, paranoia, mania, idiocy, and pellagrous insanity, 86 observations were made.

The toxicity was determined by the injection of defibrinated serum into the auricular veins of rabbits, while the bactericidal power was tested upon the anthrax bacillus.

Ten cubic centimeters to the kilogramme of normal blood kills rabbits by acute intoxication.

He found that the toxicity and bactericidal power of the blood in depressed conditions was diminished, but in all other forms of in sanity it was increased." - in "American Medico-Surgical Bulletin", 15 February 1894.

> *"Schmidt-Ott in "The Penetration of Infectious Agents into the Regional Lymph Glands and the Blood Stream after Cutaneous lnfection (Ztschr. f. Hyg. u. Infelctionslcranlch., 1927), in studying the problem of local as contrasted to general infection,*

considers probable that the local reaction, which usually occurs after a period when the microorganism can be regularly demonstrated in the blood stream, represents a general reaction with its greatest manifestation locally because there are more microorganisms or toxins in this local site." - in "The American Journal of the Medical Sciences", January 1928.

Toxins from Bacterial Growth

"Murphy and Brooks have found it necessary to repeat the work of previous investigators in order that a complete series could be formed from which to draw rational conclusions.

The latter are, that in intestinal obstruction, a toxin, the result of bacterial growth, is formed, which, when absorbed in sufficient amounts, produces definite symptoms and pathologic lesions and death.

The chemical and physical characteristics of this toxin seem to vary with the length of time the obstruction has been in existence.

The Toxaemia following obstruction may be independent of infection of the peritoneal cavity or of the general circulation, and may be caused by the toxin gaining entrance into the circulation by way of the thoracic duct.

Of prime importance in the Toxaemia are those factors which make absorption possible, and of these factors; interference of the circulation of the obstructed intestine is the chiefest.

The authors are able to trace a resemblance between the symptoms following intravenous injection of the toxin and those following intravenous injection of certain of the ptomain poisons." - Dr Edward H. Goodman, MD, in "Progressive Medicine", 1915.

"Many bacterial toxins are able to cause severe damage to the host, even at very low concentrations. Most bacterial toxins are enzymes, which act catalytically and with high specificity on the

functional molecules of host cells, resulting in the marked modulation of the host homeostasis." - Yukako Fujinaga, International Research Center for Infectious Diseases, Research Institute for Microbial Diseases, Osaka University, in "Transport of Bacterial Toxins into Target Cells", Journal of Biochemistry, 2006.

"Air once breathed is poisonous and the organism is killed by that which is cast off from its own lungs.

If bacteria are cultivated in nutrient media their multiplication continues until a time when their growth ceases, even if there remain a surplus of nutriment. The media are found to contain a substance which is unfavourable to the growth of germs which is clearly the result of the metamorphosis is of the nutrient media by the bacteria. They too cast off a substance which is harmful to themselves.

If the kidneys, through destructive processes in their substance or obstruction of their efferent ducts are unable to perform their eliminative functions, the animal soon dies, and with clinical phenomena which are fairly constant in different animals. If obstruction of the bowel lumen occurs and an organism is unable to eliminate faecal residues, poisonous symptoms soon ensue and unless the condition be relieved they terminate in death.

In the tissues, if waste materials are retained too long, cellular death and lesions result, for if a cell is not separated from the products of its metabolism its life cannot continue.

For example, if the ducts of the pancreas become occluded and its specific secretion finds no outlet, pancreatitis and necrosis is likely to occur.

These facts are illustrative of a biological truth, that the end-products of metabolism are harmful to the organism from which they proceed, and to the resulting phenomena the appropriate name of auto-intoxication or self-poisoning has been given.

It is "the poisoning of an organism by matter produced within itself" to be sure, since the toxins of all infectious

diseases are produced within the organism." - Dr W. Louis Chapman, MD, in "Auto-intoxication as a Cause and Complication of Disease", 1903.

The Influence of Bacterial Endotoxins on Phagocytosis

"It was shown in a paper communicated by us to the Royal Society in April, 1910.

a. That bacterial endotoxins have the power of inhibiting phagocytosis; that in some cases this action is general, but in most cases it is specific.

b. That the endotoxic substance is unaltered by prolonged exposure to high temperatures.

c. That, as far as our experiments then carried us, the inhibition of phagocytosis appeared to result from an interaction between endotoxin and serum." - Leonard S. Dudgeon, P. N. Panton, H. A. F. Wilson, in Proceedings of the Royal Society of London, 1910.

The Study of Bacterial Toxins

"The study of the toxins produced by bacteria is one of the most important branches of bacteriological research.

The solution of some of the main problems of immunity and disease depends upon the knowledge that can be gained with reference to the nature of the bacterial toxins and their mode of action upon the animal body.

The number of infective diseases that have been definitely associated with the action of bacteria is considerable, e.g. tuberculosis, cholera, diphtheria, typhoid fever, etc.

The laboratory experiments made with the diphtheria and tetanus organisms demonstrated that the poisons were soluble products of the bacterial cells in question, and were excreted into the nutrient fluids in which they had been cultivated." - Allan Macfadyen, in "Nature", 18 June 1903.

Bacterial Toxins

"We have been led by observation of many facts concerning the pathogenic bacteria and their action in the various infectious diseases. ***The specific poisons of the pathogenic bacteria are formed within the bacterial cells, and constitute a part of the organism itself.*** *" - Dr Victor C. Vaughan, MD, Dr Thomas B. Cooley, MD, in "The Bacterial Toxins", Journal of the American Medical Association, 23 February 1901.*

"Toxins remain a significant cause of disease today, not just in the developing world, where they are a major cause of death, but also in the west.
Many toxins damage the cell membrane, by organising several of their molecules into a ring shape and inserting this into the membrane to form a hole, or pore, in it.
These toxins were discovered in the early 1980s and there are hundreds of them. The ability to provoke damage to our cells is the key attribute of pathogenic bacteria that distinguishes them from harmless bacteria. Toxins clearly fulfil this destructive function extremely efficiently. However, one group of bacteria behaved as if they made toxins, although none could be identified, and it was unclear how they caused disease. This group includes bacteria well known through their constant appearance in the news. Most notorious was Yersinia pestis which causes the plague." - Alistair J. Lax, in "Toxin The Cunning of Bacterial Poisons", Oxford University Press, April 2005.

"Healthy humans are colonized and co-exist with over 100 trillion bacteria.

These microorganisms, thus, outnumber human cells by about 10–100-fold and constantly interact with the surrounding environment. Microbial infection is highly

relevant to the biological functioning of the respiratory system and, thus, to disease pathogenesis in the host.

The immune system is crucial to protect the lung from infection, as evidenced with, e.g., severe neutropenia or acquired immune deficiency syndrome, where pneumonia frequently occurs and is by far the most frequent infection.

Bacterial toxins play a key role in the pathogenesis of lung disease.

Pulmonary disorders resulting from these toxin actions include:

1. Acute Lung Injury (ALI)
2. Acute Respiratory Syndrome (ARDS)
3. Severe Pneumonia

When acute infection converts to persistence, i.e., colonization and chronic infection, lung diseases, such as Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), and Cystic Fibrosis (CF) can arise.

In conclusion, bacterial toxins may play a key pathogenic role and are thus of highest relevance in many instances of infection.

The site-and situation-dependent role of bacterial toxins and the adaptive interplay with the host are crucial factors for the infective potential of the pathogens.

Indeed, the role of bacteria and their toxins seems to be determined by both general and highly specific, time-dependent local host and environmental factors, as well as by the ecological status of the microbiome" - Rudolf Lucas, et al., in "Impact of Bacterial Toxins in the Lungs", Toxins, 2 April 2020.

Bacterial Infection & Bacterial Intoxication

"Koch distinguishes between Bacterial Infection and Bacterial Intoxication:

1. In Bacterial Infection; the micro-organism enters the body of the susceptible individual, increases rapidly in numbers and swarms throughout all the tissues. Their bad effects are caused mechanically by blocking the capillaries and thus arresting the circulation and functional activity and by robbing the tissues of nutrition, particularly oxygen.

2. Bacterial Intoxication; is caused by toxines. The bacteria tend to grow only on certain tissues in certain localities, producing local diseases, but the toxines entering the circulation, are carried throughout the body, and acting as an irritant to the sensitive tissues, produce the given disease.

These toxines are of 2 kinds:

1. Ptomaines
2. Toxalbumins

The former are crystalline, alkaloidal bodies, the latter are colloidal.

The role these poisons are to play is seen when we know that they can be produced outside of the body, and when introduced into the susceptible individual, with or without their organism, they produce the given disease.

We now know that an animal may have immunity of 2 distinct kinds:

1. From Bacterial Infection
2. From Bacterial Intoxication

An individual can have one without the other.

This gives us an inkling into how, by the right use of these

processes, infectious diseases in the future are to be treated or prevented.

Investigation into this condition of bacterial intoxication seems to establish the fact that there is in the blood serum a chemical substance or substances of vital origin called defensive proteids, which render pathogenically inert the ptomaines and toxalbumins in all cases of bacterial intoxication; also that the organism can produce these antitoxines as they are required for the individual's protection, until their protective activity in the blood, in more than normal ratio, is demonstrable.

When by suitable treatment an individual is able to receive with impunity what is ordinarily a fatal dose of toxalbumin or ptomaine, he is then said to be poison-proof. This immunity may be acquired, and the possessor, if a female, may transmit it to her offspring. Experiments show that the blood of the poison-proof animal has high curative powers in cases of the given disease occur ring in his own kind or in man." - Dr Henry Reed Hopkins, MD, in "Prophylactical Artificial Immunity", The Sanitarian, 1894.

Intoxication of the Organism

"The peritoneum is inflamed by the bacterium coli commune only when this micro-organism is introduced into the abdominal cavity along with some irritating vehicle.

It exerts a local or general action only when it finds in the peritoneum a suitably prepared soil.

The researches of Barbacci, like those of Grawitz, have shown that the entrance of faecal masses into the peritoneal cavity is not harmless, but their entrance is not capable of producing a pathological condition such as is manifested in perforative peritonitis.

On the other hand, **the intestinal gases discharged into the peritoneal cavity in cases of perforation of the intestine act as violent inflammatory irritants.**

Perforation peritonitis, with its violent local and general phenomena, is the result of a number of synchronously

acting causes (**faeces, intestinal gases, and micro-organisms**); and the characteristic pathological features are generated only when these aetiological factors act in unison upon the serosa.

By virtue of their chemical action, the faecal masses and intestinal gases which are emptied into the abdominal cavity in intestinal perforation, produce an extensive alteration of the serosa, and thus prepare a favourable soil for the subsequent development of micro-organisms.

Of the microorganisms discharged with the intestinal contents, the bacterium coli commune alone retains its vitality, while all others are incapable of development, and soon die.

The fatal termination of perforation peritonitis, like the disease itself, is the result of a number of causes which, acting together, produce an intoxication of the organism.

The poisons acting here are liquid and gaseous bodies from the intestine, and toxic metabolic products of micro-organisms. - The Aetiology and Pathogenesis of Perforative Peritonitis, C. Barbacci, Sperimentale, 1893; Schmidt's, Jahrb., 1894." **-** in "American Medico-Surgical Bulletin", 15 June 1894.

Experimental Infection with Single Virulent Bacteria

"It was further shown that **with the smaller doses the death, of the mice was delayed**." - in "The American Journal of the Medical Sciences", January 1928.

Toxicological

"Dr. E. Centanni, MD in "The Fever Toxin of Bacteria", Deutsche Med. Woch., 1894.

He concludes as follows:

1. **The phenomena of bacterial fever are produced by a general intoxication with a poison (pyrotoxina bacterica) which is formed within the bacteria, and which is distinguished by its behaviour from the better known bacterial poisons (Ptomaines, Enzymes, Toxalbumins)**.

2. **This poison is universally distributed, and common to all bacteria, for it occurs in the most varied species, pathogenic as well as non-pathogenic, and it always possesses the same peculiarities**." - in "American Medico-Surgical Bulletin", 1 July 1894.

Aetiology of Arteriosclerosis

"There are 4 great factors in the causation of Arteriosclerosis:

1. Normal wear and tear of life.
2. Acute Infections.
3. Intoxications, and those combinations of circumstances which keep the blood tension high.

Unquestionably the 3 former play a great role in the production of hypertension." - Dr W. Osler, MD, in "Modern Medicine: Its theory and practice in original contributions by American and foreign authors", 1908.

The Aetiology Pathogenesis and Treatment of Pneumonia

"**Croupous Pneumonia is one of the most common and wide-spread diseases.**

In a few days it becomes a matter of life and death; its inception is rapid, preceded by but few prodromic symptoms; it runs a course, which, although brief, is severe and requires energetic and prompt treatment.

Frankel's diplococcus, therefore, by virtue of its power to produce toxic products, determines on the one hand a specific process in the lung, and on the other a general intoxication, which is more or less intensely reflected upon the central nervous system and the cardio-vascular system.

This bacterio-chemical theory explains the morbid unity of the acute pulmonary diseases (croupous, lobular, and secondary pneumonias), that is, admitting the formation of different toxines by the same diplococcus.

When chemistry shall have succeeded in isolating the various toxines formed in different infections, and an accurate biological analysis shall have plainly revealed the symptomatology of the intoxications which they produce, we will be able to accurately explain the development of infectious diseases.

Able investigators are now at work in this direction, seeking to isolate toxines and to study their action.

Roger has found a culture product (toxine) from a particular microbe found in the body of a patient dead of septicaemia consecutive to cholera, which has a notable action on the heart, so that in an animal poisoned with moderate quantities of this substance, the heart no longer reacts to the strongest excitations of the pneumogastric, and the most powerful stimulation of myocardium is unable to modify the tracings.

The same writer, in a more recent communication to the Academy of Medicine, in Paris, refers to the action possessed by the products of the bacillus septicus putridus upon the heart, as compared to that of the proteus. The products of the septic bacillus positively lessen the

excitability of the heart, while the proteus has no such action. The toxines of the diphtheritic bacillus slow the heart, and at the same time produce a diminution in the extension of the heart beats.

What we have said would seem to explain clearly the reason why pneumonia, which always shows Franrel's diplococcus as a determining cause, now runs its course without severe general symptoms, now takes a very severe general toxic form of an adynamic character, again displays a dyspnoeic form (not in proportion with the pulmonary lesions), or else assumes the tetanic variety, or still other forms.

According to individual differences, by reason of varying resisting powers, or because some present a virgin culture soil, whereas others have already been invaded by pathogenic microbes of other varieties, so the same pathogenic agent in its life of exchange will give out different products or toxins, which, being true poisons, so modify the organic ambient and the functions of the various organs and apparatus as to determine, always in relation to their chemical entity, the varying special intoxications.

Finally, I believe that there exists an serological unity of the acute pulmonary affections (lobar, lobular, and secondary), they being produced by the same pathogenic agent which, in different soils, develops different toxines, whence the anatomical varieties and the clinical forms observed." - Dr. N. Ferrara, MD, Institute of Pharmacology and Therapeutical Clinic of the Royal University of Naples, conducted by Prof. Mariano Semmola, MD, in "American Medico-Surgical Bulletin", 1 August 1894.

Bacterial Endotoxins

"The crystallization during the early 1950's of Dr Jacob Fine, MD views, which were derived from ingenious experimentation, and lucid analysis of the data obtained, led to the hypothesis that Bacterial Endotoxin plays a key role in inducing or aggravating the peripheral vascular

injury, that terminates in irreversible collapse of the circulation and death.

This theory first startled and, in the 1960's, convinced many students of the subject of its validity.

This work has brought us to the threshold of an effective treatment for what is currently considered refractory shock by showing that this state can be cured by providing a temporary substitute for the severely damaged reticuloendothelial (RE) system.

The view that evolved from these studies was that the refractory state of traumatic shock arose from ischemic damage to the reticuloendothelial (RE) system in liver and spleen, which in turn permitted endotoxin (a neurotoxin of bacterial origin absorbed from the gut) to produce fatal collapse of the peripheral circulation.

The variations in tolerance of shock that occur among a group of seemingly comparable animals or patients arise from differences in the capacity of the reticuloendothelial (RE) system to detoxify endotoxin and the availability of this system for clearance of this poison, which is continually entering the circulation from the gut or from any other site of gram-negative bacterial activity." - Dr Arnold M. Seligman, MD, in "Jacob Fine: Academic Surgeon Three Decades of Research", Surgical Clinics of North America, June 1969.

Septic Shock

"Any prolonged shock, through vasoconstriction, impairs the endotoxin-detoxifying function of the reticuloendothelial system.

The title of this communication is "Septic Shock".

The thesis put forth is that **shock from any cause will become septic shock** if it lasts long enough, because the generalized vasoconstriction that shock evokes **will impair, among other functions, the endotoxin-detoxifying function of the reticuloendothelial system.**

This will allow the endotoxins absorbed from the intestine, if from no other source, to exert their property of

intensifying vasoconstriction. The inevitable anoxic damage this inflicts and the further sustained decline in splanchnic flow eventually leads to paralysis of vascular muscle, so that venous return to the heart falls to a level at which cardiac output can no longer sustain the minimum requirements of vital organs.

The central importance of the splanchnic circulation is demonstrated by the fact that if vasoconstriction is prevented in this area, there is no progressive failure of cardiac output, the circulation recovers, and the victim survives.

The elimination of bacterial toxins is obviously a desirable objective." - Dr Jacob Fine, MD, in "Septic Shock", JAMA, 4 May 1964.

Theory of Epidemics

"These experimental findings on host factors, together with others referable to the infecting agent, have modified the current theory of epidemics as follows.

We now believe epidemics are caused in hitherto uninfected populations by the introduction and spread of a highly virulant yet stable infecting agent.

In populations already infected the agent remains stable, and the epidemic is caused by a lowering of population resistance, through some generally depleting factor, such as inadequate diet.

This lowered susceptibility is followed by multiplication of the causative agent in already infected hosts and consequently an increase in dosage of the agent to which the community at large is exposed.

This increase in dosage is the immediate cause of the epidemic whether the agent be introduced from without or be already present within the population." - Dr Leslie T. Webster, The Rockefeller Institute for Medical Research, New York, in "Journal of Heredity", September 1939.

The Relations Between Endotoxins and Toxins

"The symptoms of intoxication of many infectious diseases, e. g., cholera, typhoid, plague, dysentery, tuberculosis, are caused by Bacterial Endotoxins, that is, substances set free on microbic disintegration as distinguished from toxins which are regarded as true secretions, was advanced by Pfeiffer about 16 years ago.

Accordingly there is no real secretion of toxins by the bacteria in question, at least not of such kind and amount as to account for the intoxication; on the contrary, the endotoxins are so firmly bound to the bacterial cells that they are liberated only by severe, disintegrative procedures, and in the infected body they are held to be set free only as the bacteria disintegrate and pass into solution under the influence of the antibacterial substances of the blood.

The observation Pfeiffer made on guinea-pigs injected intraperitoneally with living cholera germs: Before long the peritoneal contents and blood were sterile, the cholera germs being rapidly killed, and yet the animals died from intoxication caused, he concluded, by poisons contained in the bacterial substance itself.

Analogous results were obtained with typhoid and other bacteria, and the intra peritoneal injection of bacteria killed by heat, toluol or chloroform produced the same symptoms and the same results as the injection of virulent living bacteria. Subsequently when prophylactic inoculations of killed bacteria came to be practiced on human beings it was soon learned that they may cause marked intoxication of human beings also, so that careful dosage is required.

Certain clinical observations also harmonize well with the endotoxin theory. Thus in typhoid and paratyphoid fever the symptoms of intoxication do not reach their height when the bacteria in the blood are most numerous, namely, in the beginning of the attack; the severe intoxication sets in as the agglutinating and bactericidal powers of the blood increase above normal and the bacteria disappear more or less completely. Whatever toxins are secreted early are tolerated

readily, it would seem, but the liberation of endotoxins on bacterial solution causes severe symptoms.

On the basis of results obtained by himself and others, Kraus claims that poisons endowed with antigenic powers, hence neutralizable by specific antitoxins, constitute the real pathogenic agents in cholera, plague, typhoid, dysentery and cerebrospinal meningitis." - in "JAMA", 6 March 1909

Endotoxins

"Pfeiffer lead the discussion and quite properly claimed that his research on the cholera poison was the first work that quite clearly indicates that the bacterial cellular substance contains a poison.

Pfeiffer holds that the poison is firmly bound in the bacterial cell; it cannot be extracted except by deepreaching chemical changes; it is not a secretion in any proper sense, and it is not set free nor can it injuriously affect the animal until the bacterium not only ceases to live, but is broken down, and its component parts pass into the solution.

Pfeiffer states that he has never held that the endotoxins may not possess antigenic properties; but he has stated and still holds that in cholera and typhoid fever there is no evidence that an antitoxin is or can be produced.

The dead cells of cholera bacilli are distinctly poisonous to man and experimental animals.

This has been demonstrated beyond any question.

The same is true of the cellular substance of the typhoid bacillus, and Friedberger has shown that the intravenous injection or only one-twenty-fifth of a milligram or the dead tpyhoid bacillus may cause most marked and prolonged toxic symptoms.

However, the toxicity of the pathogenic bacteria is widely variable.

Along with exquisitely toxic species are those that are relatively harmless; moreover, the susceptibility of animals to the endotoxins is also widely variable." - in "The American Journal of the Medical Sciences", 1909.

"**Max Delbruck and Salvador Luria Developed a simple model system using phage for studying how genetic information is transferred to host bacterial cells.** Studied a type of bacterial virus called the T phage that consists of a protein coat containing DNA.

Bacteriophages or phages – viruses that infect bacteria. Bacteriophages contain DNA or RNA, not both nucleic acids as living cells do.

They lack their own ATP generation, do not have a cytoplasmic membrane, and are rather complex macromolecules of nucleic acids and proteins.

They are metabolically inert in their extracellular form, replicating only after contacting/recognizing and infecting a suitable bacterial host cell.

Current basic studies of bacteriophages are focused on:

Theoretical Modelling of the evolution of such replicators (viruses/phages and related mobile selfish genetic elements like plasmids) versus reproducers (cells)." - E. Vandammea, Kristien Mortelmansb, in "A century of bacteriophage research and applications: impacts on biotechnology, health, ecology and the economy!", Jour. Chem. Technol. Biotechnol, 2018.

> ***"In view of the rising ineffectiveness of antibiotic treatments against once readily treatable bacterial infections, and the often negative health and environmental effects caused by chemical pesticides in the crop and agricultural sectors, it is long overdue to revisit phage therapy."*** *- Pirnay, De Vos, et al., in "The phage therapy paradigm: Prêt-à-Porter or Sur-mesure?", Pharm. Res., 2011.*

Toxic Shock Syndrome

"Staphylococcus Aureus and Streptococcus pyogenes (group A streptococci) are gram-positive pathogens capable of producing a variety of bacterial exotoxins, including a family of toxins known as superantigens (SAgs).

SAgs interact with antigen-presenting cells (APCs) and T cells to induce T-cell proliferation and massive cytokine production, which leads to fever, rash, capillary leak, and subsequent hypotension, the major symptoms of toxic shock syndrome (TSS). A syndrome of fever, myalgias, sore throat, edema, scarlitiniform rash, and desquamation associated with Staphylococcus aureus infection was first described in 1927." - Dr Donald E. Low, MD, FRCP, in "Toxic Shock Syndrome, Major Advances in Pathogenesis, But Not Treatment", Critical Care Clinics, 2013.

"Staphylococcus includes at least 40 species. Many species cannot cause disease and reside normally on the skin and mucous membranes of humans and other animals." - in Wikipedia

Staphylococcal Toxic Shock Syndrome

"Staphylococcal Toxic Shock Syndrome (staphylococcal TSS) is an acute disease mediated by the production of superantigenic toxins, caused by a Staphylococcus Aureus Bacterial infection, characterized by:

1. High fever
2. Skin rash followed by skin peeling
3. Hypotension
4. Vomiting
5. Diarrhoea
6. Potentially leading to Multisystem Organ Failure

Etiology: Staphylococcal TSS is due to an infection with Staphylococcus aureus, that releases toxins and causes a

massive immune reaction involving mainly cytokines and chemokines. It was originally often associated with high absorbency tampon use, but also intravaginal devices (i.e. barrier contraceptive, menstrual cup) and **infections following surgical procedures.**

Currently, many cases of Staphylococcal TSS are complications of suppurative infections or upper airways colonization.

Clinical description: Staphylococcal TSS is seen most commonly in adult women, can also be observed in men and children.

Onset is sudden and includes:

1. High fever (> 38.9°C)
2. Nausea
3. Diarrhoea
4. Vomiting
5. Myalgia
6. Abdominal pain
7. Sore throat

Unlike Streptococcal TSS, a generalized rash is seen in most cases of Staphylococcal TSS, occurring within the first 2 days of symptom onset and affecting both the mucosa and the skin.

Later during convalescence, skin peeling also occurs.

More serious manifestations include:

1. Confusion
2. Shock
3. Renal dysfunction
4. Myocardial dysfunction
5. Acute Respiratory Distress Syndrome (ARDS)

Acute Respiratory Distress Syndrome (ARDS) is the most common cause of death seen in Staphylococcal TSS." - in "Orphanet" , 12 November 2020.

Streptococcal Toxic Shock Syndrome

"Streptococcal Toxic Shock Syndrome (STSS).
All patients developed Shock and Organ Dysfunction
78.0% Developed Coagulopathy
70.7% Neurologic Dysfunction
68.3% Respiratory Failure." - in "Clinical characteristics of children with group A streptococcal toxic shock syndrome admitted to pediatric intensive care units", Eur. J. Pediatr., 2011.

The Role of Cell Necrosis and Bacterial Invasion in Surgery

"According to recent reports of the Allied Medical and Surgical Congress the failure to cure: Shock, Wound Diseases, and Pneumonia is an admitted fact.

The treatment of Pneumonia, which often follows the wounds, seems to have been left precisely where it was.

Pneumonia still remains the most terrible scourge of our cantonments.

The Public Health Association reports (Dec. 9-12, 1918) that during the months of September, October, and November 400,000 deaths from Pneumonia occurred in the United States alone. Colonel Vaughan states the case plainly:

> *"So far as respiratory diseases are concerned we know no more than our ancestors knew one hundred years ago, and we may as well admit it. I say that in the face of the greatest pestilence that ever swept our country, we are just as ignorant as the Florentines were in the plagues described in history."*

Resume of the Writer's Previous Work:

Now in opposition to these startling and disheartening statements concerning the treatment of shock, wound disease, and Pneumonia, I beg leave to place before you the

results of nearly 30 years of laboratory investigation concerning these diseases.

I am confident that we are going forward and that it is possible not only to cure a large percentage of wounded men, but to check the scourge of Pneumonia.

Let me begin by stating in the plainest possible way that my work, experimental and clinical, has led me to the conclusion that shock and all other manifestations arising from wounds, as well as other secondary **conditions such as ulcer or Pneumonia, are produced by the absorption of a poison which is a product of necrosed and disintegrated cellular tissue.**

In other words, I have found that man's greatest enemy is his own decaying tissue. I have demonstrated that these destructive agents called polypeptids are the death-dealing forces which act in Pneumonia as well as in cases of wound and shock.

Furthermore, I have proven that not only are these products of necrosed tissue the cause of death in wounds and Pneumonia, and the factors of such diseases as neuritis and various forms of Rheumatism, but that they are the chief means of transmitting disease from man to man.

Bacteria merely assist in the process. It is wasted energy to conceive that the poison of the cells is psychogenetic, or that it is the direct result of a foreign body called a germ.

It is true that where necrosis occurs from any injury germs are afforded a chance to grow, and by their catalytic action they undoubtedly speed the progress of disintegration, but they do not furnish the poison.

The high viscosity and coagulation of the blood and body fluids which cause sickness and death are due not to germs but to the poisonous products arising from decaying cells.

In all my research work clinical observations have been carefully checked up by means of laboratory experimentation.

For 25 years I have continued, almost daily, to work in my laboratory and to make immediate and careful comparison

between that work and my clinical experience. The value of my conclusions depends entirely upon that method.

My early conception of the fact that the necrosed cellular tissue furnished the most destructive of man's diseases came from the treatment of a patient in 1893 suffering from the effects of alcohol.

The use of alcohol had been discontinued for some months and the alcohol had all passed out of the system, and still the necrosis and the effect of the poison of the necrosed cells persisted.

Careful investigation led me to the conclusion that no effect of the protein poison took place until it reached the cells in the capillary area. I observed that the cells responded at once to the poison.

Coagulation of the tissue fluids took place and this increased viscosity of the blood was passed on to the veins.

Later I demonstrated that where this coagulative phenomenon occurred suddenly death was instantaneous.

If the process went on more slowly a chronic condition resulted.

In subjecting this conception to experimental test I treated the stomach mucosa of animals with reagents which caused immediate death of the tissue.

In these experiments the different agents used to produce cell necrosis included acetic acid, tannic acid, chromic acid, silver nitrate, and mustard oil (in large and smail doses administered for months), chloroform, and ether.

The result in all instances was a breaking down of the cells and a change in the eplanchnic circulation as a result of the absorption of the toxic products from the cell necrosis.

In this condition of the tissues, if bacteria were introduced they more readily migrated and caused a further disintegration of the cells.

In these experiments I was able to cause gastritis.

Small doses acted like a stimulant, large doses caused cellular decay.

Where the necrosis was small in amount the resulting agents stimulated; if it was extensive, they caused disease and death. In these experiments, together with many others,

I proved that it made no difference how the death of the cell was caused, the products of disintegration upon, being absorbed produced autolysis, which when occurring in an area rich in ferments (such as the pyloric end of the stomach and duodenum) caused ulcers to form which ultimately perforated the muscle coat of the organ.

Other diseases, such as dilatation of the stomach and intestines, were found to be due to a similar toxic influence, not on the nerves but on the muscle cells of the stomach and intestines.

The results of these experiments make the fact stand out boldly that the role played by the bacteria is simply to increase the amount of toxins produced by increasing cell digestion, and that the cell toxins produced are the agents causing the further necrosis and against which immunity is to be established and not against the bacteria." - Dr Fenton B. Turck, MD, in "Medical Record", 22 March 1919.

"There is ample evidence to incriminate the products of bacterial activity as the cause of death in shock; and the intestine is a source of the products of bacterial activity. It is, therefore, probably correct to say that shock as a result of necrosis of the intestine is caused by bacterial activity." - Dr Jacob Fine, MD, in "The Bowel in Shock", The Lancet, 20 October 1962.

Staphylococcal Enteritis

"This is a disease with a causal organism and results from the unchecked production within the bowel of a specific enterotoxin.

It is usually a complication of antibiotic therapy. It has occurred spontaneously in the chinchilla (Wood et al. 1956) and can be produced in this animal by oral administration of Staphylococcus aureus from human patients, after suppression of the normal gut flora with tetracycline (Van Prohaska 1959).

Staphylococcal enteritis in contrast to pseudomembranous enterocolitis has become more common since the introduction of antibiotics, and nowadays the normal faecat carrier-rate of coagulase-positive staphylococci is more than doubled after a week's stay in hospital (Brodie et al. 1956).

Staphylococcal enteritis presents with fever and abdominal pain, and is not conspicuously associated with shock (Dearing et al. 1960).

It too is commoner among middle-aged males, but can occur in all age-groups, and is not rare in children (Choremis et al. 1954)." - Dr Adrian Marston, MD, FRCS, in "The bowel in shock. The role of mesenteric arterial disease as a cause of death in the elderly", The Lancet, 25 August 1962.

Pneumonia Secondary to Other Diseases

"**Pneumonia may be secondary to tuberculosis, emphysema, arteriosclerosis, hepatic cirrhosis, nephritis, diabetes, typhoid, influenza, diphtheria, and plague.**

Anaesthesia by ether is thought to predispose toward pneumonia by irritation of the respiratory tract.

The frequency of ether pneumonia in abdominal operations suggests the possibility of embolism as a factor.

Various microorganisms are found - colon bacillus, streptococcus,etc.

The physician may often fail to recognize this type because it is atypical, ill developed, or masked by the primary disease. Pathologically, the hepatization is rarely typical and is more lobular than lobar; the lung section is smooth and moist, and the exudation is more cellular than fibrinous.

Chronic Generalized Tuberculosis

The younger the child the less local and the more general is the tuberculosis. Measles, pertussis and influenza are very prone to arouse a latent tuberculosis in the bronchial glands. The course is generally less chronic than active, like that of tumors in children. Emaciation, anaemia, enlargement of the spleen and liver, moderate intumescence of such peripheral lymph glands as the cervical, inguinal, and occipital, are observed. Fever may occur only toward the end of the process. Hectic fever is seen chiefly in children over 3 years.

The sputum is swallowed, but washing the stomach recovers bacilli-laden sputum.

Bronchopneumonia

Bronchopneumonia is no specific bacteriological disease.

According to Netter, in adults about 1/3 of the cases show more than one organism, among which the Pneumococcus ranks first and the Streptococcus second; and about 2/3 show one germ, of which the pneumococcus constitutes 39%, streptococcus 31%, Friedlander's bacillus 23%, and the staphylococcus 7%; in children mixed infection is present in half the cases, the streptococcus predominating, while in the other half there is but one organism, the pneumococcus being the most common.

Others, as Deurck, maintain that most cases show mixed infection. Other germs found are the influenza, typhoid, tubercle and colon bacilli, Pfeiffer's Micrococcus catarrhalis, Micrococcus tetragenus, and meningococcus. The tubercle bacillus is often associated with the pneumococcus.

In some cases microbes may act directly on the lungs, as in the primary cases in children, in the influenza of adults, and in aspiration or inhalation pneumonia.

Enteritis is constant in some infections, from the action of microorganisms or their toxins, as in typhoid; it is frequent in others, as in sepsis, or influenza." - Dr Arthur R. Edwards, MD, in "A Treatise on the Principles and Practice of Medicine", 1907.

The Absorption of Intestinal Toxins

"I propose to summarize our work on the general topic of the **host's defence against massive tissue injury**.

This involves the intestinal circulation, and, in dealing with it, I am obliged to deal with **the splanchnic circulation as well.**

1. Data showing that bacteria and bacterial endotoxins are being continuously absorbed from the gastrointestinal tract, and

2. Data indicating that the antibacterial defence mechanisms are rapidly depleted in shock, so that invading, or injected bacteria that are readily destroyed in the normal animal cannot be destroyed and, in fact, multiply during shock.

Clearly, then, the reticuloflndothelial (RE) system (most of which resides in liver and spleen) must be severely damaged in shock.

Therefore, any process which induces severe, generalized, and prolonged vasoconstriction also weakens this system and inevitably allows an endotoxemia to develop.

Since bacterial endotoxins are themselves vasoconstrictor agents, they would serve to create a vicious cycle and induce an irreversible situation.

A lethal toxin was demonstrated in these bloods by infusing them into test recipients (dogs or rabbits) with a damaged RE system.

The recipients die in shock; but if these bloods have been perfused through a healthy spleen, the recipients survive.

Since perfusion of this blood through some other healthy organ like the kidney does not remove the toxin, the toxin is one which an RE system can extract **and is probably an endotoxin.**

This is strong support for the view that the shock is primarily due to bacterial endotoxin.

The most telling point about **the commanding importance of the state of the RE system in the liver** during

shock is the observation that; **most experimental animals and nearly half of the elderly patients that recover from severe and prolonged shock die later because of sepsis." -** Dr Jacob Fine, MD in "The Intestinal Circulation in Shock", Gastroenterology, February 1967.

"The severest and most rapidly fatal form of shock is that caused by overwhelming infection.

In some infections, e.g., in cholera, a critical loss of fluids may occur so rapidly as to produce shock and death within a few hours. Regardless of how shock is produced, the fundamental pathology is the same: there is an acute and persisting deficiency of flow of blood through the tissues.

This deficiency deprives the tissues of their normal complement of oxygen and a host of other substances provided by the blood, and impedes the removal of waste products. If unrelieved, this situation leads inevitably to failure of some vital function and to death.

The time of death depends on how soon any one of the vital functions fails.

From where Endotoxins come? There is no known reservoir except that in the intestine, and perhaps also in the mouth, nose, and throat.

Thus the intestinal bacteria stand as a constant threat to the organism. They threaten it not only in haemorrhage or in massive trauma, but also in less overt circumstances.

Illnesses like cancer, severe diabetes, ulcerative colitis, and so forth deplete the integrity of tissues in general and of the RE system in particular, and endotoxins are less and less effectively neutralized. A time arrives when the endotoxins no longer can be resisted. The actual cause of death in such diseases, then, may be a terminal state of irreversible shock due either to overt infection or intestinal bacteria rather than the disease itself.

Hence we have come to understand more fully one of the most common causes of death." - Dr Jacob Fine, MD in "In Search of a Poison", Daedalus, On Evidence and Inference, Fall, 1958.

Toxins of Colonic Bacteria and End-Products

"Various separate features of the neurasthenic condition have been considered by different specialists in the light of diagnostic entities belonging to their special department.

This has been a fault belonging to the present stage of our cultural period. In all progress we have first the era of superstition; then the era of analysis, during which vast numbers of facts are liberated by investigators. Finally comes the stage of synthesis, in which the associative faculty of the diagnostician in medicine can be employed for bending the parallel rays of specialists facts through the lens of his mind. At present we have not emerged from the analytic era in our consideration of the subject of neurasthenia.

The surgeon, for instance, has taken charge of the subject of loose kidney, considering it to be a diagnostic entity. On that basis he has passed through various experiences.

At first it was considered desirable to fix a loose kidney merely on the basis of knowledge that it was present.

Some patients were benefited, many others were not; and the next stage of observation was largely in the field of giving mechanical support to loose kidneys while looking after the general hygiene of the patient.

Now the surgeon returns to the point of believing that fixation of the loose kidney in selected cases will dispose of a large number of the secondary group of symptoms which are dependent upon the presence of loose kidney as a precipitating factor.

The psychiatrist takes up the subject from an entirely different viewpoint, forming a parallel ray with the viewpoint of the surgeon, the 2 rays not converging, but awaiting the coming of a synthetic mind.

The psychiatrist holds that the causes for neurasthenia rest in the psyche of the patient, and if he can give proper direction to the psyche, through suggestion to the patient, loose kidneys perhaps will go back into place and sagging colons may arise to their normal positions.

The neurologist follows another parallel ray, not bending toward that of the surgeon or toward that of the psychiatrist.

He believes that treatment which will increase the general nerve tone of a neurasthenic patient will dispose of the features belonging to both physical defect and to mental aberration. His parallel line of view also awaits bending by the synthetic lens.

In arriving at a diagnosis of the fundamental condition in neurasthenia, it seems to me that we are obliged to consider the close relation in general between structure and function, no matter whether this relates to the daily cell construction of various organs (belonging to flux of protoplasm) or whether it belongs to arrested development of organs, or to abnormal mechanical relation of organs one to another.

On this basis it is essential in making a diagnosis of the condition of neurasthenia to go back to our fundamental position, and ask why various defects in the protoplasm of cells, or arrangement of cells in organs, or abnormal position of organs in relation to each other should occur.

We know that cell construction, development of organs, and the position of organs, depend more or less upon the influence of hormones; that the secretion of hormones depends upon dictation by the secretion from ductless glands; and that physical cells of ductless glands are influenced by toxins.

We know further, that toxins which influence the ductless glands abnormally are largely derived from the bacteria of the colon.

More than 60 species of colonic microbes, bacterial, protozoan, or infusorial, have been described.

The toxins produced by many of these in the course of their development are definitely known to be injurious to the cells of organs.

The endotoxins, of proteid character, liberated from the bodies of microbes killed by other microbes, are also known to be injurious to the protoplasm of cells in many instances. Under conditions of modern civilized life of our present cultural period, an abnormal proportion of various

colonic microbes develop; and our methods for oxidizing their toxins or for carrying them through safe metabolic processes are not as yet arranged from a basis of science.

Our methods of treating the neurasthenic patient are at present chiefly upon the basis of art at the hands of various artists.

Science - might be described as the art of classifying demonstrable data.

Art - might be described as the science of demonstrating classifiable data.

We have applied neither science nor art, in the full sense of either word, as yet in dealing with our cases of neurasthenia.

Protoplasm is the fundamental constructive unit of organic life. Toxins of a single group of colonic bacteria which produce the indols, skatols, and phenols, may when occurring in excess beyond the metabolizing efficiency of the individual, interfere with protoplasmic daily cell construction of the ductless glands.

Internal secretion of these glands is then abnormal in character and it stimulates the secretion of hormones which are not quite nom1al in character, all of this work being under control of the sympathetic nervous system.

The sympathetic nervous system, obliged to do work out of the ordinary, becomes exhausted. We may then have splanchnic neurasthenia, which allows relaxation of peritoneal supports of abdominal viscera; and they begin to sag. With splanchnic neurasthenia there is loss of efficiency of the secretions which carry on digestion.

I have spoken only of the colonic group of toxins. At this point one needs to keep in mind the idea of proportion.

Other toxins, the end-products of various proteolytic changes, no doubt are influential in causing injury to the protoplasm of cells.

Various products of waste improperly metabolized also as toxins. In making a diagnosis, however, of neurasthenia, or of the relative values of various phases of the condition, we must begin from the bacteriologist's report of colonic findings." - Dr Robert T. Morris, MD, Professor in Surgery,

New York Post-Graduate Medical School and Hospital New York, in "The Surgeons Diagnosis in Neurasthenic Conditions", The Archives of Diagnosis, January 1913.

"In closing this critical, but also, I hope, somewhat constructive review, I merely wish to add that no one appreciates more than I do the careful and persevering experimentation given to the study of the bacteriophage phenomenon by d'Herelle.

Moreover, it cannot for a moment be doubted that the majority of his observations possess a lasting value; nor that the failure of workers to recognize the bacteriophage as a parasitizing virus of bacteria will detract from the achievements in medicine which his work has already made possible.

Taken as a whole, the grounds for present controversy lie not so much in the recognition of established facts as in their interpretation. And modes of interpretation in matters of this sort have, unfortunately, been largely determined in advance by one's biologic perspective on what I regard, at present, as the most fundamental of all bacteriologic problems the question of monomorphism and the reproductive behaviour of bacteria.

The downfall of monomorphism carries with it, not only the virus theory, but also all other current theories of the lytic phenomenon; and it may be confidently hoped that the elaboration and support of such theories represent the last of the biologic errors that can be laid at the door of this false conception of the nature of bacteria and their reproductive mechanism.

The future views, not of transmissible autolysis alone, but of several other highly important aspects of bacterial behaviour, must, it seems to me, be rebuilt on a new and firmer foundation-on the clear recognition of the far-reaching significance of bacterial cyclogeny and the often curious, dissociative reactions which are its natural and inevitable consequents." - Philip Hadley, in "The Twort-D'Herelle Phenomenon", The Journal of Infectious Diseases, April 1928.

The Malaria Farce

"In 1940 the **Rockefeller Foundation** succeeded in the second course of action.

They eliminated An. arabiensis – another form of malaria-transmitting mosquito – from northeastern Brazil using disciplined work teams to dig irrigation ditches, fumigate houses and kill larvae.

But malaria, which was almost certainly introduced to South America through colonization and the slave trade, never completely disappeared from the Amazon basin, where An. darlingi is the main vector, and by the 1980s the disease was once again sparking epidemics across Brazil.

The Office of Malaria Control in War Areas was established. The Office also applied its expertise to the home front: in the American South, it monitored infections to ensure patients received rapid treatment with quinine.

The measures resulted in the elimination of malaria in the US in 1951, and The Office of Malaria Control in War Areas was transformed into a much larger public health organization: **The CDC.**

Encouraged by such successes, in 1955 the World Health Organization (**WHO**) launched a campaign to eradicate malaria worldwide.

Its principle weapons were the insecticide DDT and chloroquine, a cheap derivative of quinine.

In 1969, with mosquito resistance to DDT spreading, the WHO abandoned its efforts.

In 2002, the fight against malaria received a massive boost with the establishment of The Global Fund, which now accounts for 60% of the money spent on malaria control each year.

Other new sources of funding included the U.S. President's Malaria Initiative and the **Bill & Melinda Gates Foundation**." - in "Bill & Melinda Gates Foundation", 19 November 2019.

Malaria Vaccine Farce

"The vaccine has the potential to make a substantial contribution to malaria control when used in combination with other effective control measures, especially in ***areas of high transmission.*** *Funding:* ***GlaxoSmithKline****, Biologicals SA , and the* ***PATH Malaria Vaccine Initiative****." - RTS,S Clinical Trials Partnership, in "The Lancet", 4 July 2015.*

"**The biggest concerns, however, are about the vaccine's safety. In the largest trial, children who received Mosquirix had a risk of meningitis 10 times higher than those who received a control vaccine.**

A trial enrolled 15,000 children in 7 African countries between 2009 and 2011, and had mixed results.

Among babies who received their first shot between 6 and 12 weeks of age, protection against severe malaria was close to zero." - Jop de Vrieze, in "First malaria vaccine rolled out in Africa—despite limited efficacy and nagging safety concerns", Science, 26 November 2019.

The Treatment of Malaria with Iodine

"From the 15 of April last up to date, 50 cases of malarial fevers have been treated with Iodine, and how well it has acted and how beneficial it has been as a substitute for quinine, which came under my care during the time I officiated as Civil Surgeon and in medical charge of the Hyderabad Troops at Ellichpur.

Headaches, the result of malaria, have also been successfully treated by this drug.

Its superiority over quinine was especially exemplified in the case of a lady who suffered regularly as often sis once a fortnight at times, but always once in three weeks from very severe headaches which laid her up for 3 days.

This lady first contracted malarial fever in the Mailghat,

which after the usual treatment with quinine apparently was overcome, but was followed by these violent attacks of headache.

Under the Iodine treatment relief has been afforded, and she has been free for now nearly 2 mouths." - Apothecary W. E. Hendricks, Madras Medical Service, in "Treatment of Malaria Fevers with Tincture of Iodine", The Indian Medical Gazette, December 1885.

Iodine in the Atomic State

"Atomidine, a water soluble Iodine Compound.

Atomidine is a preparation standardized to liberate 1% o f iodine in an Atomic or Nascent form when in contact with tissue. Atomidine is the outcome o f twelve years of research and its production bids fair to create greater possibilities than had been anticipated.

The therapeutic potentialities of iodine in an atomic state not only exceed those of pre-existing forms of this remedy, but, in addition, reactions appear that were unknown in the latter. Because of its ready assimilation, minute doses are sufficient to produce therapeutic effects.

This is quite contrary to the iodides of which nearly 80% are excreted unchanged.

No massive dosing becomes necessary, thereby obviating depressant and toxic reactions. Atomidine exerts a true germicidal effect in infections of the body. It is an active and efficient gastrointestinal antiseptic. It has the property of reducing blood pressure in case of hypertension.

Atomidine is an efficient diuretic and urinary antiseptic, acting in either an acid or alkaline medium.

It undoubtedly activates general metabolism, stimulates endocrine function and cell secretion.

Atomidine is the remedy of choice wherever a powerful non-irritating antiseptic and germicide is required.

Atomidine, together with a thorough prophylactic treatment, is very beneficial in the treatment of pyorrhea.

Its continued use will arrest the most stubborn cases.

If all soreness of gums has disappeared, the patient can be

dismissed as cured. Iodine in the nascent form is one of Nature's fleeting, transitory states.

Atomidine

A Water Soluble Iodine Compound Controlled to liberate 1% Atomic Iodine in Solution.

Atomodine contains: 1% available Atomic Iodine.

Atomidine is a water soluble iodine compound capable of liberating in contact with tissue 1% of Atomic or Nascent Iodine. Atomidine has proved more active, less toxic and less irritating than molecular iodine.

Approximately 1/100 grain of iodine is present in one drop of the solution, 15 to 30 drops (1 or 2 droppers full) to 1/3 glass of cool water between treatments." - Schieffelin and Company, New York, 1929.

Iodosan

Iodosan is a special solution of iodine, not precipitated by water, but giving out iodine in the atomic state when diluted with tap water.

Since the activity of elements is the greater the more minute their division, this, which is the greatest possible division of iodine, explains its activity.

It is easy to verify the statement that the iodine is given off in the atomic state, because the colouration of a solution of iodine varies with its condition, whether molecular, in which case the colour is brown, or atomic, as in the case of the violet solution made by chloroform.

Iodosan is a liquid of intense red-brown colour.

When it is diluted with a considerable quantity of water, the mixture assumes the characteristic red-violet colour, due apparently to the passage of the iodine into the atomic from the molecular state.

By experiments, Ruata has shown that the reaction is less after the application of Iodosan than after tincture of iodine, but that the Iodosan is more rapidly absorbed, and penetrates much more rapidly into the anterior chamber.

Clinically, he has found Iodosan of great value in the treatment of:

1. Blepharitis
2. Hypopyon-ulcer
3. Acute Dacryocystitis

Wherever, in fact, a powerful and rapid intervention was required to combat the attack of bacteria which had invaded the tissues." - Harold Grimsdale, in "The Ophthalmoscope", 1914.

Why The WHO Faked A Pandemic

"The World Health Organization (WHO) has suddenly gone from crying "The sky is falling!" like a cackling Chicken Little to squealing like a stuck pig.

The reason: charges that **the Agency (WHO) deliberately fomented Swine Flu Hysteria.**

A WHO spokesman declined to specify who or what gave this "description", but the primary accuser is hard to ignore.

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is publicly investigating the WHO's motives in declaring a pandemic. Indeed, the chairman of its influential Health Committee, Epidemiologist Wolfgang Wodarg, **has declared that the "false pandemic" is "one of the greatest medicine scandals of the century." Within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr Ulrich Kiel, has essentially labeled the pandemic a hoax.**

> ***"We are witnessing a gigantic misallocation of resources ($18 Billion) in terms of public health"***

He said." - Michael Fumento, in "Why The WHO Faked A Pandemic", Forbes, 5 February 2010.

The SARS Outbreak of 2003 Farce

*"**The World Health Organization has warned that the death rate may rise to 10% or above.**" - in "WHO warns that death rate from SARS could reach 10%", British Medical Journal, page 999, 10 May 2003.*

*"According to the World Health Organization (WHO), a total of 8,098 people worldwide became sick with SARS during the 2003 outbreak. **Of these, 774 died.**"- in "Fact Sheet: Basic Information about SARS", CDC, 13 January 2004.*

Definition Updated One Month Before The 2009 Pandemic

"You can have a pandemic without a large number of deaths.

"The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is." - David Ozonoff

Until 4 May 2009, the WHO definition on its Web site: A pandemic flu causes "enormous numbers of deaths and illness."

After a CNN reporter pointed this out, WHO spokeswoman Natalie Boudou called back to say the definition was in error and had been pulled from the WHO Web site.

"It was a mistake, and we apologize for the confusion, was put up a while ago and paints a rather bleak picture and could be very scary."

The correct definition is that: "**pandemic" indicates outbreaks in at least 2 of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths."** - in "When a pandemic isn't a pandemic", CNN, 4 May 2009.

One Month After

One month after, on the 11 June 2009, the World Health Organization (WHO) officially declared that a so-called 2009 H1N1 virus had reached pandemic status. By issuing a statement to the press by its Director-General Dr Margaret Chan, that the "World now at the start of 2009 influenza pandemic".

The Lack of Honesty in Academia

*"After the SARS outbreak, the **World Health Organization reported 8,098 cases and 774 deaths—a mortality rate of nearly 10%.**" - in "Promising path found for COVID-19 therapeutics", University of Georgia, 11 June 2020.*

The Pandemic of Fake Science

90% of Studies are False

"Previous reports have suggested that close to 90% of cancer biology publications are irreproducible.

Reproducibility is nevertheless the central tenet of cancer biology, which assumes convergent pathways with relatively well-defined genetic changes.

Thus, in basic research, genetic changes are identified and therapies are then developed to target these changes.

The continual evolution of the underlying genetic architecture means that mutations are 'moving targets', both between and within individuals.

Target–Gene Therapy Operates Against Evolutionary Rules

From this perspective, target–gene therapy operates against evolutionary rules." - in "On the Low Reproducibility of Cancer Studies", National Science Review, 2 February 2018.

> *"**More than 70% of researchers have tried and failed to reproduce another scientist's experiments**, and more than half have failed to reproduce their own experiments. Those are some of the telling figures that emerged from Nature's survey of 1,576 researchers who took a brief online questionnaire on reproducibility in research." - in "1,500 Scientists Lift the Lid on Reproducibility", Nature, 25 May 2016.*

"As we report in a News story this week, a systematic effort to check some of these findings by repeating an initial 5 published cancer studies has reported that **none could be completely reproduced.**

The outbreaks are expensive, too: **in 2011, it cost public-health institutions up to US$ 5.3 Million to cope with 16 measles outbreaks that made 107 people ill.**" - in "Replication studies offer much more than technical details", pages 259-260, Nature, 19 January 2017.

The Vanishing Virus

"Severe Acute Respiratory Syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

SARS was first reported in Asia in February 2003.

Since 2004, there have not been any known cases of SARS reported anywhere in the world." - in "National Center for Immunization and Respiratory Diseases", Division of Viral Diseases, CDC, 6 December 2017.

"**SARS originated in China in 2002.**

The SARS infection quickly spread from China to other Asian countries.

The SARS pandemic was eventually brought under control in July 2003.

It's thought that a strain of the coronavirus usually only found in small mammals mutated, enabling it to infect humans.

Viral mutations: **Like all living things**, viruses are constantly changing and evolving.

Many global outbreaks of infectious illnesses (pandemics) that have happened in recent history are thought to have been caused by viruses previously only found in animals.

Since 2004, there have not been any known cases of SARS reported anywhere in the world." - in NHS, 24 October 2019.

Here I would like to call the attention to 4 points:

1. Did the virus appear in 2002 or in 2003?

It depends who you ask, the CDC or the NHS.

2."Like all living things."

Viruses are not alive, therefore they are not living things.

3. "Many global outbreaks of infectious illnesses (pandemics) that have happened in recent history."

The "many" have been none, or should we say 0 (zero).

What we have seen has been Fraud committed by the Medical Trade and affiliated institutions, along side many misguided or corrupt individuals who are either uneducated or lack a moral compass.

4. Since 2004, there have not been any known cases of SARS reported anywhere in the world.

If this is a well-known vanishing "virus" (SARS-CoV) Coronavirus, why is there plans to introduce compulsory vaccination for every single year?

> ***"Covid-19 has unleashed state corruption on a grand scale. Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency."*** *- in "Covid-19: Politicisation, "Corruption," and Suppression of Science", BMJ, 13 November 2020.*

> *"**Sir John Bell holds more than £773,000 of shares in pharma company Roche.** The company sold million of 'pointless' antibody screening kits to the UK.*
> ***Bell is a top Government adviser on Covid and professor at Oxford University.** In May, the Government agreed to buy £13.5 million of Roche's antibody tests." - in "**Government test tsar has £770,000 shares in drugs firm that sold us £13 Million of "pointless" antibody screening kits** - after it emerged that **Sir Patrick Vallance has a financial interest in company racing to find vaccine**", The Daily Mail, 26 September 2020.*

The Farce of the Swine Flu Pandemic 2009

"A brief reminder of the nowadays forgotten 2009 Swine Flu Pandemic will be very helpful for the assessment of the triggered and maintained corona crisis.

Back then, most of the German population was eager to get vaccinated against the supposed virus causing the swine flu.

The nationwide mass vaccination project had to be postponed due to the late delivery of the vaccines.

Apparently, the vaccines could not be pre-filled in syringes as the adjuvants, that were being used for the first time, would have damaged the vaccine fluid.

The proposed solution was to store the vaccine without the adjuvants in vials containing 10 doses and mix both shortly before the vaccination.

A scandal was lurking around the corner.

It was eventually made public that the adjuvants, without which the vaccine has no effect whatsoever, had never been tested and to make things worse, that they were made out of nanoparticles.

Nanoparticles are known to be very reactive due to their tiny size and they are widely used as catalysators in chemical reactions.

Not to mention the fact that the human organism is not able to metabolize or to eliminate these nanoparticles easily.

The story reached its climax as soon as the information spread among the public opinion that the chancellor Angela Merkel and the German army would get the same vaccine but without the adjuvants, while the police and the general population would be vaccinated with the vaccine containing nanoparticles that the human body cannot metabolize and eliminate.

The swine flu pandemic was not planned well enough to ensure massive vaccinations, but this did not prevent all involved epidemiologists, infectiologists and virologists to draw the necessary conclusions.

They analyzed the causes and published their conclusions

and recommendations for the future in the edition No. 12, dated December 2010, of the German Federal Health Bulletin under the meaningful title "Pandemics, Lessons Learned".

Which basically means: The lessons that we learned from the swine flu H1N1 failure!" - Dr. Stefan Lanka, Biologist, in "The Virus Misconception" Part II, WissenschafftPlus Magazin, Auszug, 02/2020.

The Farce of the Swine Flu Pandemic 1976

"**In 1976, officials responded with vaccination that killed more people than the flu.**

While others later suffered from Guillain-Barre syndrome, which damages nerves and can lead to paralysis." - in "Ex-CDC head recalls 76 swine flu outbreak", CNN, 2009.

"**The vaccine was linked with the Guillain-Barré Syndrome - an often paralyzing and sometimes killing side effect.**

First, how shall top lay officials, who are not themselves expert, deal with fundamental policy questions that are based, in part, on highly technical and complex expert knowledge - especially when that knowledge is speculative, or hotly debated, or when "the facts" are so uncertain?

When such questions arise, with how much deference and how much skepticism should those whose business is doing things and making policy view those whose business is knowing things—the scientists and the experts?

The National Influenza Immunization Program, the official title for this venture, was unprecedented in intended timing and in scope among American immunization efforts.

It aimed at inoculating everyone before December 1976 against a new flu strain that might conceivably become as big a killer as the flu of 1918, the worst ever.

The program was funded by Congress through a $135

Million appropriation, and it was later buttressed by special legislation in the field of liability.

It was conducted through state health departments, with technical assistance from health agencies in HEW.

Inoculations started late, October 1, 1976. They had been slowed somewhat by difficulties in deciding children's dosages and seriously stalled by liability issues.

On December 16, the program was suspended to assess statistical evidence of a serious side-effect.

Mass immunization never started up again.

As a full-scale operation, the program's life was thus not 12 months but 2 and a half.

The killer never came. The fact that it was feared is one of many things to show how little experts understand the flu, and thus how shaky are the health initiatives launched in its name.

Decision-making for the swine flu program had 7 leading features.

To simplify somewhat, they are:

1. Overconfidence by specialists in theories spun from meagre evidence.

2. Conviction fuelled by a conjunction of some pre-existing personal agendas.

3. Zeal by health professionals to make their lay superiors do right.

4. Premature commitment to deciding more than had to be decided.

5. Failure to address uncertainties in such a way as to prepare for reconsideration.

6. Insufficient questioning of scientific logic and of implementation prospects.

7. Insensitivity to media relations and the long-term credibility of institutions.

In the year of its formal existence from March to March, the swine flu program chalked up numbers of accomplishments which give it weight historically. In these

terms it may go down as a qualified success.

More than 40 million civilians were inoculated, twice the number ever reached before in one flu season.

A notable surveillance system was developed, better than anything before." - in "The Swine Flu Affair", 1978.

The CDC Identifies The Virus as Swine Flu

"**The program to immunize 210 million Americans against swine flu failed.**

It set back the Federal government's relations with state **Health Agencies, Private Physicians, Pharmaceutical Manufacturers, and the Insurance Industry.**

It increased mistrust of immunization programs and of government health programs in general.

The swine flu immunization program is over. There was no epidemic and as of 5 July 1977, the US Center for Disease Control (CDC) reported that about 45 million people had been vaccinated against swine influenza. The Center had originally hoped to immunize 210 million.

February 14, 1976: **The CDC identifies the Virus as Swine Flu.**

March 10, 1976: The CDC's Advisory Committee on Immunization Practices agrees that a **vaccine should be produced and a plan developed to administer it.**

March 26, 1976: Ford sends to Congress the Administration's **request for $135 million in supplemental appropriations for a national swine flu immunization program.**

April 5, 1976: **The bill to amend the Public Health Service Act to authorize and regulate the influenza immunization program** is introduced in the House.

It passes by voice vote.

There were only 3 laboratory isolations of the virus.

Because the program seemed unnecessary, it may be more difficult to convince people of the danger of the next incipient epidemic: **the swine flu program attracted such**

wide press coverage that the public health establishment was made to look overly alarmist.

The swine flu program was once widely seen and now is overwhelmingly recalled as a "fiasco," a "disaster," or a "tragedy."" - in "The Failure of the 1976 Swine Influenza Immunization Program", Sharon L. Begley, Science Newsweek, 5 August 1977.

> ***"With fears of swine flu engulfing the nation in 1976, Janet Kinney got vaccinated to make sure she would be able to take care of her children. Instead, her children ended up taking care of her."*** *- in "1976 Offers Some Lessons, and Concerns, Today", The New York Times, 8 May 2009.*

Mouth-to-Mouth Resuscitation Swine Flu Showed No Signs of Illness

> *"This virus was the cause of a pandemic in 1918 and 1919 that resulted in over half a million deaths in the united states as well as 20 million deaths around the world." - Gerald Ford, President of the USA, televised address to the nation on the Swine Flu, 1976.*

"The US government's publicity machine was cranked into action to urge all America to protect itself against the swine flu menace.

> *"Influenza is serious business during major flu epidemics millions of people are sick and thousands die this year you can get protection the vaccines are safe easy to take and they can protect you against flu so roll up your sleeve protect yourself." - USA Advert Flu "Roll up your sleeve, America", US Government TV Commercial Advert, 1976.*

"Why did this so-called deadly variety of flu where did it first hit back in 1976? It began right here at Fort Dix, New Jersey in January of that year, when a number of recruits began to **complain of respiratory ailments something like the common cold** an army doctor here sent samples of their throat cultures to the New Jersey Public Health laboratory to find out just what kind of bug was.

Four others who were sick, so **they sent those cultures to the CDC, a few days later they got the verdict Swine Flu.**

One of those samples was from a private David Lewis, who had left his sick bed to go on a forced march.

Private Lewis had collapsed on that march and his sergeant had revived him by mouth-to-mouth resuscitation but the sergeant showed no signs of illness.

A few days later private lewis died.

But that much publicized outbreak of swine flu at Fort Dix involved only private Lewis who died, and those 4 other soldiers who recovered completely without the swine flu shot." - Mike Wallace in "60 Minutes: Swine Flu", 1976.

Tests Leads to Epidemic That Wasn't

"When hundreds, or thousands of people are tested, false positives can make it seem like there is an epidemic.

"You're in a little bit of no man's land", with the new molecular tests, said Dr Mark Perkins, an infectious disease specialist and **chief scientific officer at the Foundation for Innovative New Diagnostics, a nonprofit foundation supported by the Bill and Melinda Gates Foundation.**

Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson:

"The big message is that every lab is vulnerable to having false positives. No single test result is absolute and that is even more important with a test result based on P.C.R."- in "Faith in Quick Test Leads to Epidemic That Wasn't", New York Times, 22 January 2007.

Arguments will seldom change the aspects or the views of any. And truth itself needs no champion, for it is of itself champion of champions and needs no defence.

The Effects of Diphtheria Toxin on the Heart

"The results of Roily's investigations are interesting from the light they shed on the causes of the cardiac symptoms which develop after infectious diseases, and on the locality in which the effect of the toxins is most felt.

He sums up his conclusions as follows:

1. In diphtheria poisoning paralysis of the heart immediately follows the fall of blood pressure caused by paralysis of the vasomotor centre, and, in spite of artificial respiration, soon leads to death.
2. This effect of the poison on the heart is a direct one, and appears independent of the central nervous system in the isolated hearts of warm-blooded animals.
3. The cardiac paralysis develops after a long latent period, at a definite time after the poison is administered. Even the direct injection of diphtheria poison, or the transfusion of diphtheritic blood taken just before death, never immediately affects the normal isolated rabbit's heart. A longer or shorter latent period is always necessary.
4. On the other hand, the heart isolated after being poisoned by the diphtheria toxins stops at the expected time, whether it is washed out with normal blood after the beginning of the first symptoms of intoxication or before them.
5. It follows that there must be a gradual accumulation and fixation of the poison in the heart, and explains why functional heart disturbances can appear after the acute infection has run its course." - in "The Boston Medical and Surgical Journal", 8 March 1900.

Influenza and the Heart

"In the Hunterian Lecture (lancet, 21 October), Sansom discourses on the effects of influenza upon the heart and circulation. After some general considerations on the character of the infection as a whole, and the likelihood of certain forms of it being mistaken for rheumatism, he gives a descriptive resume of cases coming under his own observation when the heart was especially implicated, reverting for statistical details to a former report by himself of 100 cases. Of these 100, there was tachycardia in 37; bradycardia in 5; irregularity in 25; pain at the heart in 23, and organic disease in 5.

He notes that whereas in the cases of tachycardia and irregularity the subjective symptoms were lacking or of slight importance, in several of the cases of bradycardia there was great distress, severe pain, or symptoms of syncope, making prognosis in this affection much less favourable than in the other two.

In most respects, however, these manifestations of functional irregularity of the heart's action, due probably to effect of toxins on the nervous system, do not differ from similar phenomena in other conditions." - in "The Boston Medical and Surgical Journal", 8 March 1900.

Scarlatina and Its Treatment

"Scarlatina is the effect of a certain mortific poison received into the blood, which has produced an infectious and contagious disease, and the scarlet rash is a means of elimination which nature adopts to rid the system of a noxious agent.

One of the generally received doctrines of physiology teaches, that when a poison has entered the circulation, a specific effect follows, and that a certain distinct process is required for its excretion. The specific effect of poisons is very evident.

Lead always produces muscular paralysis, mercury ptyalism (excessive saliva), the poison of measles never fails to produce measles, and the imbibition of the poison of scarlatina is always followed by scarlatina.

That a distinct process is required for the elimination of a poison is equally manifest. We see the selective affinity which the poison of typhoid fever has for the solitary and aggregate glands of Peyer. The skin, the conjunctiva!

And bronchial mucous membranes, are the chosen Emunctories for the poison of measles, the poison of scarlatina is eliminated by the skin, the tonsils, the pharyngeal mucous membrane, and the kidneys.

Much misconception has arisen from the use of a number of terms relating to one disease, such as scarlatina simplex, scarlatina anginosa, scarlatina maligna, and scarlatina latens.

These variations of degree, not of kind, confound the student and impede a clear knowledge of the pathology of an important disease.

All these various effects may, doubtless, be traced to the intensity of the poison, the condition of the patient at the time of infection, and the hygienic means made use of to facilitate the excretion of the materies morbi.

The treatment of scarlatina, therefore, resolves itself into a problem.

Given a patient infected with a certain poison, it is required to promote the elimination of that poison "tuto, cito, et jucunde", (swiftly, safely, and sweetly).

There is no antidote for the poison of scarlatina; nor can the disease be cut short.

In a large proportion of the cases, which come under the notice of the practitioner, little or no medicine is required.

How conducive to the advancement of medical science would be the adoption of a rational mode of treatment!

How injurious to the scientific character of the medical practitioner is the use and laudation of specific remedies!" - Dr T. E. Ruttledge, MD in "The British Medical Journal, 26 February 1859.

The Present Treatment of Disease

"Medicine is in its very essence a science of progress; discoveries in closely allied branches of scientific inquiry have had more or less marked influence on the Medical Art; and hence have resulted changes, both in theory and practice, too numerous to classify or even refer to.

The "ars mirabilis" has been reproached with this attribute as though it were a material infirmity, and in most respects with but insufficient reason.

The very conditions of an exact science are wanting; the postulates and definitions are not clearly laid down; and, though the field of inquiry be boundless, and its interest inexhaustible, **the landmarks even are undetermined.**

It is true, that the art and science of medicine is dependent on facts; **but these facts are not only few in number, and widely scattered over an extensive area of observation, but they present also only very slender links of connexion between themselves.**

The observer is naturally impatient of results, **draws his deductions from materials imperfectly arranged, vitiated, it may even be, by faulty lines of research, and thus forms structures of theory, brilliant in seeming, lasting for some short time, yet lacking a definite or reliable basis."** - Dr William Newman, MD in "The Present Treatment of Disease", The British Medical Journal, 25 April 1863.

Chapter 14

The "Pandemic Contagion" Yet Another Medical Trade Theory Farce

"One reason for the scepticism about Simond's claim was the difficulty of reproducing the experiment; contemporary scientists such as Dr J. A. Thompson, MD in Sydney and Verjbitsky in Kronstadt tried and failed." *- in* ***"Paul-Louis Simond and his discovery of plague transmission by rat fleas:*** *a centenary", J. R. Soc. Med., February 1998.*

"Power of any kind of flea to communicate plague not rigorously established as yet.
Direct experimental proof of a satisfactory character that it is in the power of any species of flea to communicate plague is at present wanting *and it should be observed that after it shall have been given, still the epidemiologist alone can say whether the disease actually is commonly so spread.*
The first outbreak in Sydney consisted in 303 cases, and the requisite particulars were learned in 289 of them.
Those 289 persons had lived in 276 dwellings; 266 of the dwellings had harboured but a single case apiece.
The evidence, then, collected under the usual conditions of civilised life in 1900 and in 1902, suffice to show that neither direct nor indirect communication with the sick is a factor in the causation of epidemics, and this fundamentally important judgment has been fortified by all the experience of subsequent years.

It carries with it the corollary that the infection spread in epidemic form by means which were:
(a) external to man, and
(b) independent of his agency.
The infection is associated in some way with locality.
The disease claimed many victims, although it did not spread from person to person.
The infected must have shared something, therefore." *- Dr J. Ashburton Thompson, MD, DPH, President of the Board of Health and Chief Medical Officer of the Government of New South Wales, Australia, in "On the Epidemiology of Plague", The Journal of Hygiene, October 1906.*

"This is no proof of contagion or yet of spontaneous origin. The poison of the disease has come from without, and will probably he explained by enquiry directed to the supply of water or milk, or the condition of the outlets from drains, Etc. It may almost be taken for granted that whenever an epidemic prevails there is some tangible cause to account for it.
The converse of this also holds good, as the experience of the past year proves with regard to Typhus Fever, a disease universally recognised as the peculiar result of room-overcrowding." *- in "Report of the Medical Officer of Health on the Sanitary Condition of Newcastle-Upon-Tyne, With Tabular Returns, Diagrams, Etc., of the Sickness and Mortality During the Year, 1873", 1874.*

The Contagion of Influenza Farce

"Epidemiology: No apparent grouping or localization of cases could be detected at any station nor could any relationship be traced between attacks at one station or ship and another, e.g., the receiving ship at Boston where the disease started, and was quite severe, had little or no contact with the United States naval radio school, Harvard University, Cambridge, Mass., where the disease is also epidemic, but did have close relationship with the United States naval section base, Boston, Mass., and the United States naval aviation detachment, Cambridge, Mass., where comparatively have occurred few cases have occurred as yet." - in "The Appearance of Influenza in Epidemio Form", Notes on Preventive Medicine for Medical Officers, United States Navy, Confidential, Bulletin No.42, 13 September 1918.

"It is reported from the U.S.S. Lebanon that during the recent Epidemic of Spanish Influenza no cases developed on board. Considering the character of the work performed this is believed to be rather remarkable, as the crew was exposed to all kinds of weather.

Men were frequently wet from the waist down and they worked long hours both day and night in the preparation of target rafts for gunnery practice.

No precautions were taken to prevent the introduction of influenza except that berthing spaces were well aired, bedding was sunned, and men were required to shift into dry clothing after the day's work was done." *- in "Notes on the Present Epidemic of Influenza", Notes on Preventive Medicine for Medical Officers, United States Navy, Bulletin No.51, 16 November 1918.*

All Quarantine and Disinfection Measures Proved Insufficient

"All quarantine and disinfection measures proved to be insufficient; cholera spread across the cordon line over all of Prussia and later over all of western Europe, too.

This catastrophe caused authorities to order not only the disinfection of letters arriving from the East, but also the outgoing mail from Prussia.

This measure was ordered by the chief of the "Immediate Commission for the Defense Against Cholera" von Thile, on 2 September 1831." - in "Caduceus: a museum quarterly for the health sciences", 1989.

The Disinfecting of Mail To Stop Cholera

"Finally, it shall be emphasized, that, even if it were conceivable for a letter to contain viable cholera germs, although nothing of that became evident until now, the effect of its disinfection would be completely illusory, for the facts show very conclusively that during its dissemination cholera almost always is spread in ways separate from the mail.

Even if it were possible to completely prevent the transmission of disease through mail by the most precise disinfection procedures, all the other ways which cholera usually disseminates would remain viable.

If you don't want to interrupt all other traffic, cholera would still be among us as before, when local and temporal conditions are present.

With these facts, the Royal Superior Board of Health cannot recommend continuation of the costly and ineffective procedure. [Signed] Dr von Pettenkofer." - in "Die Desinfektion der Postsendungen als SchutzmaPregel gegen die einschleppung der Cholera", L'Union Postale 6 (1884), zit nach Prague (1978):91-105.

The Non-Contagiousness of Epidemics

"The Committee on Epidemics of the American Medical Association is collecting valuable materials for a scientific account of the fevers in this country.

The first question is:

What is typhoid poison, what is its origin?
How do atmospherical climacteric peculiarities, how do peculiarities of occupation, regimen, and constitution modify the activity of the poison?
Why in certain cases is it determined to the lungs, why in others to the brain?
Why does yellow fever so generally affect the liver and the gastric mucous membrane?

We find some information on all these points in the book before us.
Yellow fever is the subject of the 9th chapter, and of the 2 following.
The disease was observed at Lisbon during the latter half of the year 1857, when an epidemic prevailed in that city.
These chapters are chiefly valuable for the history of that epidemic on which they are based.
The symptoms of yellow fever vary very much, making it even difficult of recognition, and requiring the adoption of forms or groups in a description.
Dr Wilson, speaks of an inflammatory and congestive form, each subdivided into 3 grades.
The inflammatory and congestive varieties, the typhoid, the malignant, the cold form.

Dr Lyons remarks:

> *"I can have no doubt that a great deal of the discrepancy of statement and conflict of opinion in the accounts we possess of*

the several epidemics of yellow fever occurring in various localities, has arisen from the different forms which the disease presents, being confounded in one common description, embracing the phenomena of all."

The 5 forms under which the disease is described are, the algid, the sthenic, the hemorrhagic, the purpuric, the typhus.

This algid form, during the Lisbon epidemic, occurred most frequently in persons of the very lowest classes, but was not limited to either sex or to any age; old and young alike being amongst its victims.

The prostration of strength was early and extreme, and the hemorrhagic tendency present to the most marked degree in a very large proportion of cases.

In only a few cases were typhus phenomena observed.

These were presented "in 2 orders of combination."

In 1 they appeared as the primary and essential characteristics from an early period of the febrile invasion, such cases resembling those of Typhoid Pneumonia, with Jaundice.

In other cases the patient passed through the sthenic or hemorrhagic forms, which were supplanted by the typhus.

There was an increase of temperature in these cases to an extent of 4 or 5 degrees; they proved fatal, and no follicular lesion was detected in any of them after careful examination.

In reference to Dr Clark's views of the connection of Cerebral Symptoms, and Black Comit with Congestion and imperfect action of the kidneys, we have looked with interest at what our author has to say on the renal function.

"Almost complete suppression was observed in certain cases. In other instances, and this not infrequently, the urine has been abundant, normal in specific gravity and reaction, at times high-coloured, of a rich straw or amber colour, at times highly loaded with lithates, and presenting the brick-dust sediment with more or less colouring matter in different cases. Under other conditions, the urine is found coagulable by

heat and nitric acid, and it is occasionally brownish-red, smoke-coloured, or variously tinged, from more or less admixture of blood elements. No deficiency of any of the normal constituents of the urine was observed by me in any single instance, where there was not a total or partial suppression of this secretion, which seems to stand in very intelligible relation with the generally depressed condition of the vital powers and the stagnation of the circulation more especially, and was only one of several similar states of suspended action in the system. In a few instances, albumen was found in the urine in connection with this depressed condition of the circulation. On referring to the results of the post-mortem examinations in yellow fever cases, it will be found that congestion of the kidneys, in common with most other internal organs, was sufficiently often observed."

The author speaks of urine with high specific gravity and with more or less abundant deposits of variously coloured lithates, as constantly attending the well-marked pyrexia of the sthenic cases, and of the same peculiarities being found in cases classed as hemorrhagic.

The excretion of colouring matter having the usual biliary reaction was often observed in connection with pyrexial and apyrexial states.

Parotitis (inflammation parotid gland), an efflorescent rash, bloody furuncles, are among the symptoms of yellow fever at which we look when we ask to what parts or glands is the poison especially determined.

"The state of the liver was the most remarkable, the most constant, and, to my mind, the most inexplicable condition presented in the post-mortem examination of fatal yellow fever cases. *I believe that it may be affirmed that some departure from the normal state of the organ was an absolutely constant condition in all cases which proved fatal. It was not only*

so with regard to the cases examined by myself, but the concurrent testimony of all my learned confrères in Lisbon pointed to the same result. The colour most frequently presented was that of a rich fawn yellow, or buff, various shades being observable in different cases."

M. Louis tells us also of the Epidemic at Gibraltar:

"That the most remarkable lesion of the liver was the alteration of its colour, which was more or less exactly the same in all the cases, and through the whole extent of the organ. This alteration consisted in a discoloration, the liver being sometimes of the colour of fresh butter, sometimes of a straw colour, sometimes of the colour of coffee and milk, sometimes of a yellowish gum colour, or a mustard colour, or finally, sometimes an orange inpistachie colour."

Dr Alonzo Clark, of New York, in 1852 found on microscopical examination of a yellow fever liver "a fatty state of all the secreting tube- cells, and such an abundance of free oil-globules of large and small size, as to cover and obscure every thin section which was made of the liver", and asked the question, "is not the change so constantly observed in the livers of those dying of fatty fever an acute fatty degeneration?"

Dr Lyons has also inquired into the specific gravity of the liver, and gives a table of 24 cases from which there is shown a general correspondence between fatty degeneration and low specific gravity, and that the specific gravity is a more accurate measure of the fatty change than that furnished by the colour of the hepatic substance.

In 10 cases an attempt was made to determine the absolute quantity of fatty matter by maceration of known quantities in sulphuric ether.

Proof was thus obtained that with the yellow, or buff-coloured, or even the chocolate-coloured state of the hepatic

substance, there was found a considerable, and in some instances a very marked increase of the fatty elements.

In chapter 11, marked as supplementary, there is given a summary of the chief climatological and other elements determined in connection with the Lisbon epidemic of 1857, extracted from an official report to the President of the General Board of Health at Lisbon.

Careful inquiry in all directions no evidence was found to warrant the conclusion that the "importation theory was even moderately well founded", though a belief in it was widespread and general, and not confined to any class of the community.

"All parts of the city largely attacked by the Epidemic presented in common certain conditions of insalubrity, which may be classed as follows:

1. Defective water supply.

2. Total absence of, or extremely deficient sewerage.

3. Total absence or incompleteness of house-drains, privies, and a consequently unclean state of the streets.

4. Badly-constructed dwellings, with deficiency of light and air, and want of thorough ventilation.

5. Absence or defective condition of tertiary and secondary sewers."

Thus we have additional proof of the great importance of effective sewerage

and of an abundant supply of water to the health of cities.

There was no proof of contagion, and no general belief in it." - in "A Treatise on Fever: or Selections from a Course of Lectures on Fever", The American Journal of the Medical Sciences, July 1861.

Final Words on the Non-Contagiousness of the Plague

The Non-Contagiousness of the Bubonic Plague in Western Europe "The Great Plague of Marseille"

"As for the transmission of the disease through contact, it is also rejected by Dr Deidier, as well as by his colleagues Chicogneau and Verny, Professors from Montpellier, who were also sent to Marseille by order of the king.

These doctors stayed a whole year in Marseille.

They were able, therefore, to observe the disease throughout its duration.

Note that they were very remarkable, very educated men, especially Chicogneau, who was, for many years, the king's first physician.

Well, these men, neither in practice nor in theory, recognized the contagious nature of the plague.

In practice, they treated many sick people, touched them, sat on beds of plague victims, and opened corpses without taking any precautions.

In theory, that is to say in the works that they published reporting the results of their observations, they declared themselves Anti-Contagionist."

We can be convinced of this by reading the great work by Ghicogneau, entitled:

"Treatise on the causes, accidents and of the cure of the plague", printed in Paris, by order of the King in 1774.

We will also read with lots of fruits, a smaller work, entitled: Observations and reflections suitable for confirming what is put forward by Ghicogneau, Verny and Soulier, in the relation of 10 October 1720, touching nature and treatment of the plague of Marseille, printed in Aix, by order of the Marquis de Vauvenargues.

Is it not remarkable to see that these are precisely those whom circumstances have brought to grips with the scourge who reject the doctrine of contagion, while this doctrine is accepted and propagated on the contrary by the men who have never witnessed the illness they are talking about.

It is therefore reasonable to admit with Ghicogneau, Verny and Deidier:

1° that the plague of 1720 was not imported to Marseille by ship;

2° that it was not contagious.

In 1721, a treatise by Pestalossi appeared in Lyon, associate doctor at the college of Lyon, entitled:

"Preliminary notice deposits against the contagious disease of Marseille".

In this small volume of 203 pages, dedicated to the Duke of Lorraine, the author shows himself to be very respectful towards Chicogneau who pushes knows charity to the point of sitting on the beds of the sick, being well convinced of the non-contagiousness of this disease.

A prodigious number of books have been written down to our days on the plague of 1720, by stewards, doctors, aldermen and people completely foreign to the science.

If we wanted to refute all these works, we would have to entire volumes; I will therefore limit myself to citing a few of them who still enjoy a reputation that they do not do not deserve, because they have never been able to observe the plague.

Such are: Fodéré, Baume, Robert, Anglada and some authors Marseilles foreigners to medicine, members of the Academy Belles Lettres de Marseille, Laforêt, for example, and Autran, who recently wanted to propagate old ideas of contagion among the Marseille public.

Instead of being useful to their compatriots, they were disastrous to them.

Laforêt's work is written in a remarkable manner.

On every page we find the brilliant imagination and poetics of the author.

However, I believe that we can contest the opportunity of such a publication, which was read at the Academy of Marseille, and which was sent to me by the author, at the time when cholera was rampant in our city.

It is also regrettable, from the point of view of science, that a serious man, that a writer of such merit, use his talent to propagate old errors contagionist.

The doctrine of contagion is fatal to peoples, among whom it profitlessly spreads distrust and fear.

The time has come, I believe, to push it back with energy in the name of civilization and in the interest of humanity.

It is, driven by this consideration, that I have come to publish today these few words on the plague of 1720.

Happy if my great experience, in such a matter, can be of some use to my compatriots!

Laforét's memoir was of no use, because we have a decree from HM Louis XV which contains all the details on the plague of 1720, an ordinance published in the Historical Mercury for the month of November 1720 that I keep treasured in my library.

Three pages of this volume and 26 articles are devoted to the promulgation of this edict, which characterizes an era completely infatuated with contagionist ideas." - Dr Antoine Clot, MD in "Final Words on the Non-Contagiousness of the Plague", 1866.

"Diseases are not entities that have entered into the body; they are not parasites that take root in the body; they merely show us the course of the vital processes under altered conditions." *- Virchow, 1847.*

The Contagion of Yellow Fever Farce

"The Propagation of Yellow Fever: Without entering into details, I may say that, in the first place, the Commission saw, with some surprise, what had so often been noted in the literature, that patients in all stages of yellow fever could be cared for by non-immune nurses without danger of contracting the disease. The non-contagious character of Yellow Fever was, therefore, hardly to be questioned. In the second place, it had been observed that patients discharged from the wards during early convalescence could be brought into intimate association with non-immune individuals without thereby establishing fresh foci of the disease. This did not seem to indicate that any specific agent was present in the excreta of the sick. Again, it had been noted that in certain cases of this disease no growth had been obtained on the ordinary laboratory media, either by frequent cultures from the blood during life or from the blood and organs after death.

Further, in the course of an investigation which the Commission were able to make during the last week of July 1900, concerning the origin and spread of a small epidemic of yellow fever that had appeared in a military garrison, numbering about 900 men, at Pinar del Rio, Cuba, they had seen that by reason of the false diagnosis of "pernicious malarial fever", which had been given to these cases no disinfection of bedding or clothing had been carried out; and yet there was no indication that this neglect had contributed in the least to the spread of the disease; nor had any harm come to those non-immunes who had slept in the beds vacated by the sick, or washed the supposedly infected garments of those who had recovered or died of this disease.

Then, too, **the endemic curve of yellow fever in the city of Havana, and its well-known epidemic curve in the United States, appeared to be more intimately associated with and more affected by the rise and fall of the annual temperature curve than was to be seen in any of the acute infections**, except malarial fever.

The peculiar behaviour of this disease (if I may use the expression) in rapidly spreading in certain localities, when introduced, as contrasted with its failure to propagate itself in other places, where the conditions for its increase were apparently just as favourable, seemed to point in the strongest manner to the necessity for some special agent or intermediate host in the dissemination of its specific cause.

From 21 December 1900, till 10 January 1901, this building was again occupied by 2 non-immune young Americans, under the same conditions as the preceding occupants, except that these men slept every night in the very garments worn by yellow fever patients throughout their entire attacks, besides making use exclusively of their much-soiled pillow-slips, sheets and blankets.

At the end of 21 nights of such intimate contact with these fomites, they also went into quarantine, from which they were released five days later in perfect health.

From January 11 till January 31, a period of 20 days,

Building No.1 continued to be occupied by 2 other non-immune Americans, who, like those who preceded them, have slept every night in the beds formerly occupied by yellow fever patients and in the night-shirts used by these patients throughout the attack without change.

In addition during the last 14 nights of their occupancy of this house they had slept each night, with their pillows covered with towels that had been thoroughly soiled with the blood drawn from both the general and capillary circulation, on the first day of the disease, in the case of a well-marked attack of yellow fever.

Notwithstanding this trying ordeal these men have continued to remain in perfect health.

The attempt which we have therefore made to infect Building No.1 and its seven non-immune occupants, during a period of 63 nights, has proved an absolute failure." - Dr Walter Reed, MD, Surgeon, U.S. Army, President of the Commission, in "Recent Researchs concerning the Etiology, Propagation, and Prevention of Yellow Fever, by the United States Army Commission", The Journal of Hygiene, 1 April 1902.

The Treatment of Contagious Diseases

"Now we will proceed to deal with the Treatment of Contagious Diseases.

They have a common origin, but, since small-pox is by far the most important of them, we will give a separate chapter to it, dealing with the rest in another chapter.

We are all terribly afraid of the small-pox, and have very crude notions about it.

In fact it is caused, just like other diseases, by the blood getting impure owing to some disorder of the bowels; and the poison that accumulates in the system is expelled in the form of small-pox.

There is absolutely no need to be afraid of small-pox.

If it were really a contagious disease, everyone should catch it by merely touching the patient; but this is not always the case.

Hence there is really no harm in touching the patient, provided we take some essential precautions in doing so.

We cannot, of course, assert that small-pox is never transmitted by touch, for **those that are physically in a condition favourable to its transmission will catch it.**

This is why, in a locality where small-pox has appeared, many people are found attacked by it at the same time.

This has given rise to the superstition that it is a contagious disease, and hence to the attempt to mislead the people into the belief that Vaccination is an effective means of preventing it.

The process of Vaccination consists in injecting into the skin the liquid that is obtained by applying the discharge from the body of a small-pox patient to the udder of a cow.

The original theory was that a single vaccination would suffice to keep a man immune from this disease for life; but, when it was found that even Vaccinated persons were attacked by the disease, a new theory came into being that the Vaccination should be renewed after a certain period, and today it has become the rule for all persons — whether already Vaccinated or not — to get themselves Vaccinated

whenever small-pox rages as an epidemic in any locality, so that it is no uncommon thing to come across people who have been Vaccinated 5 or 6 times, or even more.

Vaccination is a barbarous practice, and it is one of the most fatal of all the delusions current in our time, not to be found even among the so-called savage races of the world.

Its supporters are not content with its adoption by those who have no objection to it, but seek to impose it with the aid of penal laws and rigorous punishments on all people alike.

The practice of Vaccination is not very old, dating as it does only from 1798.

During this comparatively short period that has elapsed, millions have fallen a prey to the delusion that those who get themselves Vaccinated are safe from the attack of small-pox.

No one can say that small-pox will necessarily attack those who have not been Vaccinated; for many cases have been observed of unvaccinated people being free from its attack.

From the fact that some people who are not Vaccinated do get the disease, we cannot, of course, conclude that they would have been immune if only they had got themselves Vaccinated.

Vaccination is a very dirty process, for the serum which is introduced into the human body includes not only that of the cow, but also of the actual small-pox patient.

An average man would even vomit at the mere sight of this stuff.

The mere suggestion of tasting it fills us with indignation and disgust.

But how few of those who get themselves Vaccinated realise that they are in effect eating this filthy stuff!

Most people know that, in several diseases, medicines and liquid food are injected into the blood, and that they are assimilated into the system more rapidly than if they were taken through the mouth.

I cannot also help feeling that Vaccination is a violation of the dictates of religion and morality.

The drinking of the blood of even dead animals is looked upon with horror even by habitual meat-eaters.

Yet, what is Vaccination but the taking in of the poisoned blood of an innocent living animal?

Several of the most thoughtful men in England have laboriously investigated the manifold evils of Vaccination, and an Anti-Vaccination Society has been formed.

The members of this society have declared open war against Vaccination, and many have even gone to prison for this cause.

The Objections To Vaccination Are:

1. The preparation of the Vaccine from the udder of cows or calves entails untold suffering on thousands of innocent creatures, and this cannot possibly be justified by any gains resulting from Vaccination.

2. Vaccination, instead of doing good, works considerable mischief by giving rise to many New Diseases. Even its advocates cannot deny that, after its introduction, many New Diseases have come into being.

3. The Vaccine that is prepared from the blood of a small-pox patient is likely to contain and transmit the germs of all the several diseases that he may be suffering from.

4. There is no guarantee that small-pox will not attack the Vaccinated. Dr Jenner, the inventor of Vaccination, originally supposed that perfect immunity could be secured by a single injection on a single arm; but when it was found to fail, it was asserted that Vaccination on both the arms would serve the purpose; and when even this proved ineffectual, it came to be held that both the arms should be Vaccinated at more than one place, and that it should also be renewed once in seven years. Finally, the period of immunity has further been reduced to 3 years! All this clearly shows that doctors themselves have no

definite views on the matter. The truth is, as we have already said, that there is no saying that small-pox will not attack the Vaccinated, or that all cases of immunity must needs be due to Vaccination.

5. The Vaccine is a filthy substance, and it is foolish to expect that one kind of filth can be removed by another.

By these, and similar arguments, this society has already produced a large volume of public opinion against Vaccination.

In a certain town, for instance, a large proportion of the people refuse to be Vaccinated, and yet statistics prove that they are singularly free from disease.

The fact of the matter is that it is only the self-interest of Doctors (the Medical Trade), that stands in the way of the abolition of this inhuman practice, for the fear of losing the large incomes that they at present derive from this source blinds them to the countless evils which it brings.

Those who are conscientious objectors to vaccination should, of course, have the courage to face all penalties or persecutions to which they may be subjected by law, and stand alone, if need be, against the whole world, in defence of their conviction.

Those who object to it merely on the grounds of health should acquire a complete mastery of the subject, and should be able to convince others of the correctness of their views, and convert them into adopting those views in practice.

Those who object to Vaccination should observe all the more strictly the laws of health already explained; for the strict observance of these laws ensures in the system those vital forces which counteract all disease germs, and is, therefore, the best protection against small-pox as well as other diseases. If, while objecting to the introduction of the poisonous Vaccine into the system, they surrendered themselves to the still more fatal poison of sensuality, they would undoubtedly forfeit their right to ask the world to accept their views on the matter.

When small-pox has actually appeared, the best treatment is the "Wet-Sheet-Pack", which should be applied 3 times a day.

It relieves the fever, and the sores heal rapidly.

There is no need at all to apply oils or ointments on the sores. If possible, a mud-poultice should be applied in 1 or 2 places. The diet should consist of vegetables, and light fresh fruits.

Normally the sores should begin to heal under the "Wet-Sheet-Pack" in less than a week; if they do not, it means that the poison in the system has not been completely expelled.

Instead of looking upon small-pox as a terrible disease, we should regard it as one of Nature's best expedients for getting rid of the accumulated poison in the body, and the restoration of normal health.

After an attack of small-pox, the patient remains weak for sometime, and in some cases even suffers from other ailments.

But this is due not to the small-pox itself; but to the wrong remedies employed to cure it.

Thus, the use of quinine in fever often results in deafness, and even leads to the extreme form of it known as "quininism".

So too, the employment of mercury in venereal diseases leads to many new forms of disease.

The only sound system of treatment is that which attempts to remove the root-causes of disease by a strict observance of the fundamental laws of health.

After the vesicles on the body have given place to scabs, olive oil should be constantly applied, and the patient bathed every day.

Then the scabs rapidly fall off, and even the pocks soon disappear, the skin recovering its normal colour and freshness." - Mahatma Gandhi, in "A Guide to Health", 1921.

Varicella Zoster Virus Farce

"During the past year varicella has been widespread throughout New York City and made its appearance in our admitting pavilions.

An opportunity was therefore afforded us again to attempt immunization.

To this end we made use of the contents of the vesicles, but instead of applying this fluid to the surface of the skin, we injected it intravenously.

The technic was as follows:

In each instance only vesicles and not pustules were made use of the surfaces were very gently washed with sterile salt solution and the contents allowed to ascend into capillary tubes.

As much as possible of the clear fluid was obtained and was immediately mixed with sterile normal salt solution.

This diluted virus was diluted still further with salt solution before it was injected.

The dosage was entirely empirical; 3\4 inch of fluid, as measured in the capillary tube, was used in each instance.

In all, 38 children, about 3 or 4 years of age, were vaccinated intravenously after this method. None of the children developed any local or general signs of any eruption suggestive of varicella following the injection.

They were all, in the course of the epidemic, unavoidably in contact with one or more cases of chickenpox, but in spite of this proximity only 1 developed the disease; this one 36 days after the date of inoculation.

It would seem that most viruses are able to bring about their specific diseases only when they are introduced in their natural paths, or rather, that if they are introduced by other routes, an excessive amount of virus is required to produce a specific reaction.

Varicella, a disease of the lymphatic system, does not enter the body by means of the blood stream and its virus has not acquired the property of invading the human organism by this path.

Camus found, in his experiments on smallpox, that it required a very much larger amount of variola virus to produce this disease in rabbits when the intravenous, instead of the cutaneous, method was employed, and recently Noguchi noted a similar phenomenon in experimenting with his testicular virus.

The latter reports that in order to produce an eruption one thousand times more virus had to be introduced by way of the blood stream than when applied on the skin.

In view of the fact that the vesicular lymph, which is known to contain the varicella virus, did not induce the slightest disorder when applied in this way, it was evident that no disturbance was to be apprehended from a similar use of nasal mucus.

It will be seen from the table, however, that the number of these cases which came into intimate contact with the varicella were too few to allow us to judge of the success of these attempts at vaccination." - in "A Protective Therapy for Varicella, and a Consideration of Its Pathogenesis", Am. Jour. Dis. Children, 1918.

The Measles Virus Farce

"Measles is caused by a single-stranded, enveloped RNA virus with 1 serotype. It is classified as a member of the genus Morbillivirus in the Paramyxoviridae family." - in "Measles", 5 November 2020.

"The virus was identified in 1954 by Thomas Peebles and John Enders." - in "History of Measles", Presse Med., September 2022.

"Experiments upon the transmission of measles to lower animals have been carried out extensively with monkeys, principally those of the genus macacus, the injections having been made with blood and mucous secretions of measles patients.

Anderson and Goldberger employed 3 species of monkeys, using in all, more than 100 animals.

Apparently these 3 species were equally satisfactory, though **the symptoms were very mild and many individual animals failed to react.**

Anderson and Goldberger also inoculated monkeys with mucous secretions of measles patients.

Two monkeys inoculated on the mucous membrane with material taken 25 hours after the rash appeared, **developed no symptoms.**

Transmission to man - It has already been emphasized that the existence of the virus of measles in the circulating blood of a patient does not necessarily presuppose that the injection of such blood in a susceptible person would produce an infection.

My own work on the inoculation of volunteers with blood of measles patients has given only negative results, indicating that the injection of a patient's blood will not regularly and constantly reproduce the disease in individuals who are apparently susceptible.

Susceptibility of monkeys - Experimentally, one of the most important factors in the study of measles is the question of the susceptibility of monkeys.

This histologic picture is not pathognomonic.

We have, therefore, no convincing proof of the susceptibility of monkeys. Although my own attempts to infect monkeys have been disappointing.

Of the cardinal problems yet to be solved in measles we may mention:

1. The demonstration of the causative microorganism,

2. Its cultivation,

3. The infection of lower animals in such a manner as to provide a reliable and practical method for the recognition of the virus." - A. W. Sellards, Harvard Medical School, in "A Review of the Investigations Concerning the Etiology of Measles", Medicine, May 1924.

The Measles Virus Contagion Farce

"Judging from the following quotation Erasmus Darwin was either not familiar or not favourably impressed with Home's work:

> *"It is probable that inoculation might disarm the measles as much as the small pox, by preventing the catarrh, and frequent pulmonary inflammation, which attends this disease; both of which are probably the consequence of the immediate application of the contagious miasmata to these membranes.*
> ***Some attempts have been made, but a difficulty seems to arise in giving the disease;*** *the blood, I conjecture, would not infect, nor the tears; perhaps the mucous discharge from the nostrils might succeed; or a drop of warm water put on the eruptions, and scraped off again with the edge of a lancet; or if moistened with a little warm water? Further experiments of this kind would be worthy the public attention."*

Robert Thomas says that notwithstanding Home's success:

> ***"Inoculation for the measles is seldom or never practiced. The few who have been induced to attempt it, have not, I believe, made quite so favourable a report of it; on the contrary, it has been said to produce an aggravated disease."***

And Ronalds writes that Home's plan **"has been adopted since his time upon a small scale apparently without furnishing the desired results."** Themmen in particular calls attention to the possible danger of unrestricted inoculation of measles if the inoculation really transfers the disease; **indeed Girtanner is said to have warned against inoculation because it was sometimes followed by serious pulmonary and other affections.**

The conveyance of measles by the blood they consider as remarkable, to say the least, in view of the fact that Hoffmann had found that **in small pox the blood was not infectious.**

The wholly negative results of Themmen's own experiments.

He placed blood of measles patients, taken at the height of the exanthema upon small wounds on the arms of 2 children; cotton saturated with the tears of a measles patient upon a ruptured vesicle on the arm of an infant; in another case a similar experiment was made with cotton soaked in the perspiration of a patient thickly covered with the eruption of measles; and in the 5th experiment he placed cotton soaked in the tears of a patient with measles upon the intact skin of each arm of a girl.

"Though all these things were performed cautiously and in accordance with the precepts of the authorities, yet we saw no effects therefrom, and these 5 children, although they had not previously been attacked with measles, **remained entirely free from this disease"**, says Themmen, who acknowledges, however, that the children were apparently not very susceptible to measles because **they all lived in houses in which measles was prevalent and yet remained free from the disease.**

Themmen quotes Cullen (Anfangsgr, der Pract. Arzneyk, Leipz., 1789, 2, p.94) as having "declared in his lectures that the effects of inoculation were dubious, since, out of 12 infants, only 1 was afflicted with measles when inoculation was performed, and concerning this one it was by no means evident at the time, whether the measles which came upon him were really to be ascribed to inoculation, or rather to contagion received somewhere else.

Willan (On Cutaneous Diseases, 1809, 1, p.106, footnote), inoculated 3 children with the fluid of miliary vesicles in measles but without success.

And Chapman in Philadelphia in 1801 (MS. lectures cited by Dewes, "A Treatise on the Physical and Medical Treatment of Children", 1858), **tried in vain to inoculate measles by means of blood, tears, "the mucus of the**

nostrils and bronchia, the eruptive matter in the cuticle, properly moistened."

On this account Dewes thought that the contagious nature of measles could be fairly disputed." - in "Experimental Measles", The Journal of Infectious Diseases, 1 March 1905.

The British Epidemicists

"Puerperal fever is not a contagious disease.

By contagious disease we understand the sort of disease which itself produces the contagion by which it is propagated, and this contagion again produces in another individual the same disease.

Puerperal fever is not a contagious disease, but puerperal fever is conveyable from a sick to a sound puerpera by means of decomposed animal organic material.

As Simpson of Edinburgh said:

> *"Continental accoucheurs generally did not understand exactly the kind or description of evidence upon which British practitioners founded their belief in the contagious communicability of puerperal fever.*
> *Some of the Continental writers seem to imagine that British obstetricians believe that puerperal fever was usually propagated directly from one patient to another; and not seeing this, they imagine from this fact that they had a disproof of the opinion of the contagious communicability of the disease."*

Did Semmelweis really fail to understand the British view of contagion, or didhe choose to misrepresent them?

It could have been either, but Semmelweis's ability to ignore inconvenient facts was also shown by his **insistence that epidemics of puerperal fever were a myth.**

There never had been any epidemics of puerperal fever, he said, **because epidemics were invariably due to**

atmospheric, cosmic, or telluric influences and he had shown that puerperal fever was never influenced by such factors.

Semmelweis scorned all who disagreed **(especially the British), labelling them as "The Epidemicists."** - in "The Tragedy of Childbed Fever The Tragedy of Childbed Fever", 2000.

The Jumping Between Species Farce

Robert Koch is the father of Germ Theory:

> ***"Robert Koch, notable address before the Congress in London in 1901, in which he maintained that man, is not infected with bovine tubercle bacilli, which are of another species than the bacilli in man."*** *- in "Studies in the Frequency, Localization, and Modes of Dissemination of Tuberculosis, With Special Reference to its Occurrence in The Lymph Nodes and During Childhood", The Journal of Infectious Diseases, 1 March 1905.*

"Smith should be credited with being one of the first to observe differences between human and bovine tubercle bacilli.

In 1895, Smith visited Koch in Europe and described his findings.

By 1901, Koch had concluded that there was a difference between the bovine and human tubercle bacilli, but that there was little danger of transmission of the bovine bacillus to man.

Koch reported these findings at the 1901 Tuberculosis Congress in London, absent credit to Smith." - in "Bovine tuberculosis and the establishment of an eradication program in the United States: role of veterinarians", Vet. Med. Int., 17 May 2011.

The Dengue Virus Farce

"Having been instructed by the surgeon-general of the army investigate the cause of dengue and to determine the possibility the transmission of the disease by mosquitoes, we undertook the experiments detailed below when the opportunity was afforded by occurrence of the disease in epidemic form at Fort William McKinley, Rizal, Luzon, P. I., Manila.

At this post, during the months of July, August, September, and October, there occurred over 800 cases of dengue, 128 of which were transferred to our dengue hospital in Manila for observation and experiment.

For reasons which have been stated, of the 9 men exposed to the bites of infected mosquitoes, only 4 can be considered in estimating the results obtained.

Of these 4, 1 developed a typical attack of dengue following the bites of infected mosquitoes; but we do not consider that the 3 negative cases are of much value, as the conditions were such as to cause some doubt as to whether the men were bitten by the mosquitoes.

It is obvious that many factors have to be considered in making mosquito transmission experiments, and it is more than probable that in our negative experiments we were unsuccessful in reproducing the favourable conditions which must have been present in Experiment II, or the mosquitoes, if they became infected, may have perished before biting again.

Schaudinn has called attention to some of the difficulties which may be met with in attempting the experimental transmission of disease by mosquitoes.

We have dissected and examined a large number of mosquitoes that had bitten dengue cases, but we have never found any organism in the stomach or tissues suggestive of a stage in the life cycle protozoon.

We cannot confirm Graham's results in this respect, and we believe that in the mosquito, as well as in the blood of infected man, the dengue parasite is ultramicroscopic in size.

By reason of lack of suitable volunteers and the subsidence of epidemic, we have been forced to bring our mosquito experiments conclusion for the present.

We have been unable to investigate interesting questions regarding the transmission of dengue by mosquito.

We realize that the work that have been able to do as regards mosquito transmission is very incomplete and that a very great deal remains to be done before this feature of the etiology of dengue is fully elucidated.

Contagion in Dengue Fever

We have carefully studied this portion of our subject because its great practical importance, and believe that the following conclusively prove that dengue is not contagious in the least degree.

At the hospital at Fort William McKinley over 600 cases of dengue were treated in the general wards without a case originating among the other patients in the same wards, 4 men belonging to the Hospital Corps on duty at this hospital contracted the disease, 3 of them being night nurses on the wards and the other a cook having no contact with the patients.

No precautions were used to prevent contagion than the rigid use of mosquito-bars at night, the dengue and patients eating together, and being closely associated throughout the day.

It is noteworthy that the only men unprotected bars at night, i.e., the 3 night nurses, all developed the disease.

In our dengue hospital, where we treated over 120 cases of the disease, no instance of infection occurred among the attendants, although their association with the dengue patients was very intimate and continued for over 4 months.

Our experiments with fomites were all negative.

We endeavoured to produce the disease by the exposure of healthy men to fomites, the men experimented with living in mosquito-proof tents with patients suffering

from dengue, throughout the entire course of the disease.

These men slept in the dengue patients' beds, wore their underclothes and pyjamas, and ate and drank from the same table furniture, but in no instance did any of the men develop dengue.

In this way we experimented with 8 men, in some instances the exposure lasting for as long as 2 to 3 weeks.

We conclude, therefore, that dengue is not a contagious disease, and that patients suffering from it may be placed in the general wards of a hospital without fear of spreading the infection, provided precautions are taken to protect the patients from mosquitoes.

From our examinations of the blood in dengue consider that the following conclusions are justified:

There does not occur in the blood of dengue any visible organism, either bacterial or protozoal in nature, which can be considered as the cause of the disease.

Blood Cultures

With the exception of McLaughlin's researches which have mentioned, and which, so far as culture methods were almost valueless, we have not been able to find in the literature any detailed descriptions of experiments having for their object the cultivation of bacteria or protozoa from the blood of dengue patients." - in "Experimental Investigations Regarding the Etiology of Dengue Fever", The Journal of Infectious Diseases, 15 June 1907.

> *"It is suggested that the causative agent is a small diplococcus or a delicate bipolar staining bacillus closely resembling Pfeiffer's organism. It is probably transmitted by the respiratory tract, and* ***its virulence is much increased by the presence of the essential meteorologic factors and by overcrowding."*** *- in "Dengue in the Isthmian Canal Zone: Including a Report on the Laboratory Findings", JAMA, 21 January 1905.*

Ramping The Vaccination Campaigns of 2019

"While the establishment is currently ramping up their vaccination propaganda and various social media platforms are beginning to censor anti-vaccination information, stories keep appearing online of children suffering the consequences of being Poisoned by Vaccines." - in "Vaccination is Ineffective and Dangerous", Kareldonk, 8 March 2019.

Dengue Vaccine

"Rarely, Dengue can be severe and lead to death." *- in "Dengue and severe dengue", WHO, 17 March 2023.*

"The U.S. Food and Drug Administration (FDA), just approved one of the most sought after Vaccines in recent decades.

The Vaccine, called Dengvaxia.

The Vaccine seemed to increase the risk of a deadly complication called plasma leakage syndrome, in which blood vessels start to leak the yellow fluid of the blood.

Despite these concerns, in July 2016, the World Health Organization (WHO), went ahead and recommended the Vaccine for all children ages 9 to 16." - in "Rush To Produce, Sell Vaccine Put Kids In Philippines At Risk", NPR, 3 May 2019.

Philippines Rejects Dengue Vaccine

"Manila banned the sale, import and distribution of the Dengvaxia Vaccine following the deaths of several dozen children who were among more than 700,000 people given shots in 2016 and 2017 in a government immunization campaign." - in "Philippines Rejects Dengue Vaccine as Outbreak Leaves Hundreds Dead", VOA, 6 August 2019.

"At $57.5 million for procurement alone, the Dengvaxia campaign would cost more than the entire national Vaccination program for 2015. Among Asian children 2 to 5 years old, those who had received the Vaccine were 7 times more likely than Unvaccinated children to have been hospitalized for serious dengue in the third year after Vaccination. The World Health Organization (WHO), which provides guidance to countries on immunization policy, stated in a briefing paper on Dengvaxia that the hospitalizations of young Vaccinated children, when observed over several years, were not statistically significant.
Dengue Vaccination program began in April 2016.
Days later came the first report of a postvaccination fatality, of a boy with congenital heart disease.
The Philippines halted the vaccination program that December even as parents and the press responded with fury, recriminations and further reports of children's deaths." *- in "How the World's First Dengue Vaccination Drive Ended in Disaster", Scientific American, 1 April 2019.*

"The Department of Health (Philippines) suspended the dengue Vaccination program in 2017 after Sanofi Pasteur issued an advisory that the Vaccine could cause more severe cases of dengue if given to a person who had not been previously infected by the virus." - in "Garin, ex-DOH officials charged over Dengvaxia Vaccine", Rappler Philippine News, 25 October 2023.

Dengue Vaccine Leads to Criminal Charges

> ***"A prominent pediatrician and medical researcher in the Philippines has been indicted over the failed introduction of Dengvaxia, a vaccine against dengue that was yanked from the Philippine market in 2017 because of safety issues.*** *If convicted of accusations leveled at her by the national Department of Justice, the former Head of the Dengue Department of the* ***Research Institute for Tropical Medicine, could face up to 48 years in prison."*** *- in "Dengue Vaccine fiasco leads to Criminal Charges for Researcher in the Philippines", Science, 24 April 2019.*

"In 2016, WHO recommended that the Dengue Vaccine CYD-TDV (Dengvaxia), the first dengue Vaccine, licensed for use in adults and children aged 9 years or older.

In November 2017, an excess risk of hospitalisation for dengue and severe dengue in Vaccinees who had not had a previous dengue infection at the time of Vaccination was reported." - Annelies Wilder-Smith, serves as a consultant to **WHO, Peter G Smith,** reports personal fees from **Sanofi Pasteur** and Takeda, was member of the **WHO SAGE** Working Group on dengue vaccines, **Stefan Flasche, was member of the WHO SAGE Working Group on Dengue Vaccines, in "Vaccine-attributable severe dengue in the Philippines",** The Lancet, 14 December 2019.

"The U.S. Centers for Disease Control and Prevention (CDC), officially opened this month a new country office in Manila as part of its commitment to strengthen and expand its existing cooperation with the Philippine Department of Health (DOH) to advance a broad range of shared health priorities, including increased health security in Asia.

The DOH and the U.S. Department of Health and Human Services (HHS), also commemorated the signing of a Memorandum of Understanding on Health and Medical Sciences focused on increasing collaboration between the United States and the Philippines on public health emergency preparedness and response; the prevention and control of Vaccine-preventable and communicable diseases; and the prevention and control of non-communicable diseases." - in "CDC Opens New Country Office in the Philippines", US Embassy in the Philippines, 23 May 2022.

The Dangers of Vaccination

"Several students of the Lochaber Primary School in West Canje, East Berbice-Corentyne, had to be rushed for medical attention at the New Amsterdam Hospital after receiving Vaccines at the school.

The Vaccines were administered on Tuesday last and by the next day, several pupils had to be rushed to the New Amsterdam Hospital.

Several worried parents reached out to this publication and complained that they were not informed of any Vaccination programme.

According to Author, she was told that the nurse insisted that the pupils be administered the Vaccine even if the parents objected.

Author said she contacted the Education Ministry in Georgetown and received an apology from the Department of Education in Berbice.

Another mother, Candace Sulkar, mother of one, told this publication that her daughter suffered a similar fate after receiving the Vaccine.

"She said, 'Mommy! Some nurse come in to the school and they bore me".." - in "Several students rushed for medical attention after receiving Vaccines in school", Guyana Times, 3 March 2019.

"In the middle of the period in which tens of millions of people worldwide were Vaccinated against swine flu with the **Pandemrix Vaccine, pharmaceutical company GSK withheld information about a remarkably large number of serious side effects.**

The side effects included almost 150 cases of Anaphylactic Shock, a very serious allergic reaction.

There were also dozens of deaths.

The journal reports that at the end of November 2009 more than 1,100 reports of serious side effects of Pandemrix had already been received by manufacturer GSK.

For every million Vaccinations, 76 serious side effects occurred during that first Vaccination period.

That was more than 11 times as many as for Arepanrix, a virtually identical, different pandemic influenza Vaccine from GSK that has been widely used elsewhere in the world.

In the following months, too, the number of **Serious Side Effects from Pandemrix remained much higher than from the other GSK Vaccine.**

The information comes from GSK's Internal Documents released in a US lawsuit against the Pharmaceutical Company and the Irish health authorities.

According to the BMJ, they would have been aware of Pandemrix's safety problems but nevertheless continued the Vaccination campaign." - in "Informatie over bijwerkingen Mexicaanse griep-vaccin achtergehouden", NOS, 21 September 2018.

Paralysed After Polio Vaccine

"The World Health Organization (WHO), says a new polio outbreak in Sudan is linked to an ongoing Vaccine-sparked epidemic in Chad, a week after the U.N. health agency declared the African continent free of the wild polio virus.

WHO said 2 children in Sudan were paralyzed in March and April 2020.

Both had been recently Vaccinated against polio.

WHO said initial outbreak investigations show the cases are linked to an ongoing Vaccine-derived outbreak in Chad that was first detected last year and is now spreading in Chad and Cameroon.

WHO said it had found 11 additional Vaccine-derived polio cases in Sudan." - in "UN says new polio outbreak in Sudan caused by oral Vaccine." AP, 2 September 2020.

"In a world where advocates for Vaccine safety are increasingly persecuted, new data corroborated by the World Health Organization (WHO), has confirmed that more children are being paralyzed by the polio Vaccine than the original virus.
Their solution?
More vaccines.
Roughly a dozen African nations have now confirmed polio cases caused by the vaccine.

Several Asian nations have also been affected by vaccine-derived viruses, including the Philippines, Myanmar, China, Afghanistan, and Pakistan.
In November, Pakistani officials were accused of covering up an outbreak of type-2 poliovirus.
All of these cases have resulted in the paralysis of children under 5.
Sources say that the P2 virus came from the Vaccine, not the wild virus." *- in "More Polio Caused by Vaccine Than Wild Virus – WHO Confirms", 2 March 2020.*

Singapore Suspends Using Flu Vaccines After 48 patients Die In South Korea

"Singapore has temporarily halted the use of 2 Influenza Vaccines as a precaution after some people who received them in South Korea died, becoming among the first countries to publicly announce a halt of the Vaccines' use.

South Korea reported that 48 have died as of Saturday after getting Flu Shots.

The decision to halt the use of SKYCellflu Quadrivalent and VaxigripTetra was precautionary, the health ministry and the Health Sciences Authority (HAS) said in a statement." - in "Singapore suspends using two Flu Vaccines after 48 patients die in South Korea", South China Morning Post, 26 October 2020.

The So-Called "Viruses" Prefer Temperate Regions And Only Act in The Beginning & End of The Winter Season

"Most countries using influenza Vaccines are in temperate regions.

There are gaps in influenza vaccine availability between expiry of one Influenza Vaccine formulation and availability of the updated formulation for the same hemisphere.

These gaps are of little consequence in temperate countries with predictable winter influenza seasons, but many tropical countries have influenza seasonality that coincides with the Vaccine availability gaps.

While alternating use between northern and southern hemisphere formulations may allow a country to avoid availability gaps, it introduces additional challenges for Vaccine procurement, distribution, stock management, and waste removal." - in "WHO preferred product characteristics for Next Generation Influenza Vaccines", WHO, 2017.

The United Nations Foundation

"Instead of recommending cleanliness to the poor, we should encourage contrary habits. In our towns we should make the streets narrower, crowd more people into the houses, and court the return of the plague. In the country, we should build our villages near stagnant pools, and particularly encourage settlements in all marshy and unwholesome situations. But above all, we should reprobate specific remedies for ravaging diseases; and those benevolent, but much mistaken men, who have thought they were doing a service to mankind by projecting schemes for the total extirpation of particular disorders." *- Thomas Robert Malthus, in "An Essay on the Principle of Population", 1826.*

"A total population of 250-300 Million people, a 95% decline from present levels, would be ideal." *- Ted Turner, Founder of CNN, and major UN donor, in Interview in "Audubon Magazine", 1996.*

"Delivering $1 Billion for UN causes is the best investment I've ever made." *- Ted Turner, in "Why I Gave $1 Billion to Support the UN", United Nations Foundation, 18 September 2017.*

"Ted Turner, Founder and Chair of the UN Foundation Board of Directors; Founder of CNN.

Ted Turner founded the UN Foundation in 1998 because he believed **the United Nations is indispensable to tackling humanity's greatest challenges** and driving global progress.

The same belief guides us today.

We act as a strategic partner to help the UN mobilize the ideas, people, and resources it needs to deliver, and grow a diverse and durable constituency for collective action.

We focus on issues at the heart of the Sustainable Development Goals.

The UN Foundation was founded in 1998 by entrepreneur and philanthropist Ted Turner to support the UN and serve as **a strategic partner and resource for the UN in solving global problems.**

Ted's goals in establishing the Foundation were to demonstrate the value of investing in the UN, encourage new partners to work with the UN, and promote strong U.S. leadership at the UN.

In our first 20 years, **the Foundation mobilized over $2 Billion, numerous initiatives, and countless partners to support the UN and UN causes.**

This support helped the UN pioneer work in areas we all now take for granted, from supporting elections to the rights of adolescent girls to our shared interest in a clean energy future for all.

Today, the Foundation focuses on mobilizing ideas, people, and resources **to help the UN tackle some of the greatest collective action challenges of our time, including**

scaled collaboration to achieve the Sustainable Development Goals and the promise of the Paris Agreement on climate change." - in "United Nations Foundation", April 2024.

> *"That direful scourge, the **Asiatic cholera, is reported to be on its march westward, and the Newspaper press is beginning to warn local authorities of their duty with respect to the enforcement of proper precautionary measures.***
> ***It is only when some Epidemic rages, that matters affecting public health excite general attention.***
> *Then, indeed, **our municipalities seem keenly alive to the emergency; committees are appointed and elaborate reports prepared, public meetings are held, flowing speeches made, and promising resolutions passed by acclamation.***
> ***Parliament even catches the sanitary fervour, and Bills are hastily drawn up, and as hastily placed, as Acts, on the statute-book — in short, a virtuous, patriotic sense of duty appears to have seized the nation at large.***
> *But **a sense of duty that is created only by a panic**, is not likely to be permanent, and seldom, indeed, survives the cause that vivified it.*
> *Hence, we always find that, however earnestly sanitary measures may be discussed during the prevalence of an epidemic panic, interest in them gradually fades away as the panic subsides, and the measures enacted are suffered to remain, for the most part, a dead letter.*
> *Thus, at the present moment, in how very few cities and towns in Ireland or Great Britain, do the great mass of the people enjoy the advantages of those prime essentials of healthful existence — pure water to drink, and pure air to breathe in their habitations? Then how shamefully imperfect is our general drain, age, without which a proper sanitary condition is impossible." - in "Dublin University Magazine", 1873.*

Chapter 15

Where Is The Virus

Come, now, let us reason together!

A Virus Is A Fictitious Man Made Mental Theoretical Construct

Viruses don't exist in Nature, for neither have they ever been shown to exist, nor is the present-day technology able to see such, and even less is capable to differentiate between that which is not capable to see.

Thus, so-called virus Theory of the Medical Trade, remains a Fictitious Man Made Mental Theoretical Construct, which its idea, aimed at causing fear, and to mislead the population into needles Medical & Pharmaceutical Tests and Treatments, to protect man from a fictitious agent, that has never been seen, nor has anyone been able to isolate it from nature.

Health Service Executive (Ireland), No Record of the Virus

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hpsc

23rd December 2020

Following consultation with my colleagues, both from the scientific and medical areas of HPSC can confirm that we would hold no records in relation to your request. These are the reasonable steps I have taken to ascertain the whereabouts or existence of such records and unfortunately I must inform you that having undertaken these searches we were unable to locate the records in question. I am satisfied that all reasonable steps have taken to locate the records you have requested and must refuse therefore your request under Section 15.1(a) of the FOI Act 2014.

Yours sincerely,

Sinead Roche
FOI Decision Maker

APPENDIX [Note: highlighting in original from HSE]

Refusal on administrative grounds to grant FOI requests

15. (1) A head to whom an FOI request is made may refuse to grant the request where—
(a) the record concerned does not exist or cannot be found after all reasonable steps to ascertain its whereabouts have been taken.

"Following my [HSE decision maker] consultation with my colleagues, both from the scientific and medical areas of HPSC, [I] can confirm that **we would hold no records in relation to your request.**

These are the reasonable steps I have to taken to **ascertain the whereabouts or existence of such records and unfortunately I must inform you that having undertaken these searches, we were unable to locate the records in question.**

A head to whom an FOI request is made may refuse to grant the request where – (a) **the record concerned does not exist or cannot be found** after all reasonable steps to ascertain its whereabouts have been taken." - in "HSE", Letter, 23 December 2020.

Viruses Don't Exist

Scientists are realising that claims of the so-called Covid-19 "Virus" having been "isolated", and "proven to exist", are based on half-baked, made-up definition of "Virus-isolation."

Dr Saeed Qureshi PhD, Former Senior Scientist in Health Canada, calls out the "Virus Isolation" Fraud, on his blog Drug-Dissolution-Testing.com:

"During a discussion on LinkedIn with a microbiologist, I came to know how they described virus isolation, which is as follows;

> *"A virus isolate is a virus isolated from an infected host. The process is called "isolation", which separates viruses from the hosts."*

It means that for microbiologists and virologists, taking a swab sample, which separates virus from the host, is considered as "virus isolation."

This interpretation does not reflect the correct meaning and understanding of the subject of isolation.

But, they imply and promote the true meaning of the process of isolation, i.e., to obtain something by extraction, purification, and identification, reflected by well-known pretty pictures of the DNA/RNA, proteins, and viruses such as a spherical body with spikes (AKA coronavirus).

The virologists' version of the definition is incorrect and causing the problem. Wherever one looks for the virus, one always finds a suffix with it, e.g., "virus isolate," "virus culture," "virus lysate," etc., (which are soups, mixtures or gunks), never "virus" alone; however, it is presented and promoted as pure "virus."

The made-up definition of "virus-isolation" makes the story of the SARS-CoV-2 virus, its infection, and pandemic very clear, i.e., nothing is real about them, but all are fake. No one has seen the virus, found it, or isolated it as claimed. It is all bogus.

People might ask, then what about the PCR tests, DNA/RNA sequences, protein structures, etc.?

They are all reflections of ignorantly using highly sophisticated and costly chemistry equipment, to make people believe science is being followed. However, nothing is real or relates to the "virus."

The pure "virus" has never been isolated, one cannot have reference standards and calibrators; hence all the claimed experimentation becomes scientifically null and void, reflecting a fraud.

These are standard and must requirement, referred to as validation, for product assessment by the authorities, such as FDA and USP.

It is impossible to get products approved for marketing without this validation step. Currently, for the SARS-CoV-2 assessment, the work starts with the assumption that it exists. Without validating the techniques, some experiments are being conducted following ritualistic steps (SOPs) to generate "data" and pretty pictures to show that it exists. It is hard to believe that such deceptive practices can occur in modern-day science and escape authorities' scrutiny and audit. **Like the virus's assumed existence, it is further assumed that the associated disease (COVID-19) exists, is contagious, spreading uncontrollably, and potentially people are dying or will die in large numbers. There is no available scientific evidence to support these claims except counting the false-positive test results, obtained mostly from the non-validated and false, PCR test. It is important to note that there is no scientific evidence showing that "SARS-CoV-2" is causing the illness. It cannot be shown because the virus (SARS-CoV-2) is neither available nor exists.**

Hence, its link to the disease cannot be established.

As the virus does not exist, Vaccine administration and development become irrelevant; hence, they need to discontinue." - Dr Saeed A. Qureshi, Ph.D., Principal of Pharmacomechanics, Ontario, Canada, in "COVID-19: The virus does not exist - it is confirmed!", Principia Scientific International, 4 January 2021.

19 February 2021
No Virus Can Be Found

"No confirmation of "virus" existence can be found:

1. The structure and composition of something not shown to exist can't be known, including the presence, structure, and function of any hypothetical spike or other proteins;

2. The genetic sequence **of something that has never been found can't be known;**

3. "Variants" **of something that hasn't been shown to exist can't be known;**

4. It's impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19.

Since 1954, virologists have taken unpurified samples from a relatively few people, often less than 10, with a similar disease.

They then minimally process this sample and inoculate this unpurified sample onto tissue culture containing usually 4 to 6 other types of material — all of which contain identical genetic material as to what is called a "virus."

The tissue culture is starved, and poisoned, and naturally disintegrates into many types of particles, some of which contain genetic material.

Against all common sense of the English language this process is called "Virus Isolation."

This brew containing fragments of genetic material from many sources, is then subjected to genetic analysis, which then creates in a computer-simulation process the alleged sequence of the alleged virus, a so called in silico genome.

At no time is an actual virus confirmed by electron microscopy.

At no time is a genome extracted and sequenced from an actual virus. This is scientific fraud.

The observation that the unpurified specimen — inoculated onto tissue culture along with toxic antibiotics,

bovine fetal tissue, amniotic fluid and other tissues — destroys the kidney tissue onto which it is inoculated is given as evidence of the virus' existence and pathogenicity.

When anyone gives you a paper that suggests a virus has been isolated, please check the methods sections.

If the researchers used Vero cells or any other culture method, you know that their process was not isolation.

You will hear the following excuses for why actual isolation isn't done:

1. There were not enough virus particles found in samples from patients to analyze.

2. Viruses are intracellular parasites; they can't be found outside the cell in this manner." - Dr Tom Cowan, MD, Dr Andrew Kaufman, in "Statement On Virus Isolation", 19 February 2021.

7 March 2023
No Virus Isolates Were Available For CDC

"Limit of Detection studies determine the lowest detectable concentration of 2019-nCoV at which approximately 95% of all (true positive) replicates test positive.

The LoD was determined by limiting dilution studies using characterized samples.

The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies.

Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.

Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904).

Real-Time RT-PCR assays were performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use." - in "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel", CDC-006-00019, Revision: 08, CDC/DDID/NCIRD/, Division of Viral Diseases Effective: 03/07/2023.

The Spread of The "Virus" Farce

"Mathematically if there is a "Pandemic" there is a Spread, if there is a Spread, we must see the Spread!

It means that if there is a first person, who is sick, in a country, territory or somewhere.

This person will spread "viruses" or something, and contaminate people around him, and that, will make new sick.

People that will spread, and contaminate etc....

So, we got our first sick person, and around him we will see, more and more sick people, and if it's dangerous, more and more dead people.

So we can count more, and more dead people, and statistically we will see a spike, in a moment later there will be someone that will travel, to go far away.

And this person can start a new epidemic elsewhere, in this new place we will see the number of sick people rising, and the number of dead people rising.

So, we will see another spike, different from the first, if there is a pandemic, and if there is a spread, we will see different spikes, different spikes of sick people, and different spikes of dead people.

And I discovered that we never see different spikes.

Each winter in all Europa, the spikes are perfectly at the same time.

And during the Covid-19 "pandemic", when the States began to say "there is Covid-19", you can see that the spikes are perfectly at the same time.

As a Statistician, I say: "It can't be a spread, it's not a spread, it is impossible."

The Spikes have to be different, so there is no virologist that has an explanation why spikes are perfect, at the same time.

When I discovered it, is was not me, it was Dr Denis Rancourt, who is a Canadian.

He put me on the path to question it, and to understand, that it is impossible statistically that there was a spread.

So it's not an epidemic.

A pandemic if you say; that a pandemic or epidemic are a spread, there was no spread at all.

It's impossible that the spikes are all at the same time, on every country.

When you find that your model is wrong, that your conclusion is false, you have to question the hypothesis, you have no choice.

During the "First Wave" in France, elder people died, a lot, and my friend discovered that they died exactly as a time, in the moment, and in the number, and exactly when our government decided to stop healing elders for the Common Cold, or Flu.

And said that there was no place in Hospitals, but, the Hospitals were empty. There were no place for them in Hospitals, and the only thing that you can do, was to give them palliatives, especially a Medicine that is called Rivotril (Clonazepam) in France.

And he discovered that the number of this Medication was exactly the same of the number of deaths of "Covid-19" registered in France.

So, when you see the numbers, when you see the graphs, it show that when we are talking about the the "First Covid-19 Wave" in France, for the elders it is 100% explained by this Medication.

So this choice to not healing people, elder people that have the Common Cold or Flu, but to give them palliatives.

And we have exactly the same thing in England, when we have the number of dead elders, and Midazolam.

It's exactly the same.

And it was too hard to believe at first, and it was needed for me to study once again the statistics, and to show that there were no other explanation, and it was too perfect to be wrong.

They did the same protocols everywhere, in the world.

In France we had a Decree stating that Nurses can give

Rivotril (Clonazepam), because there wasn't not enough Midazolam.

The UK Government, USA Governments, and Canadians bought the old stocks, all worldwide stocks of Midazolam, and England bought the French part of the stocks, so we didn't have any Midazolam in France.

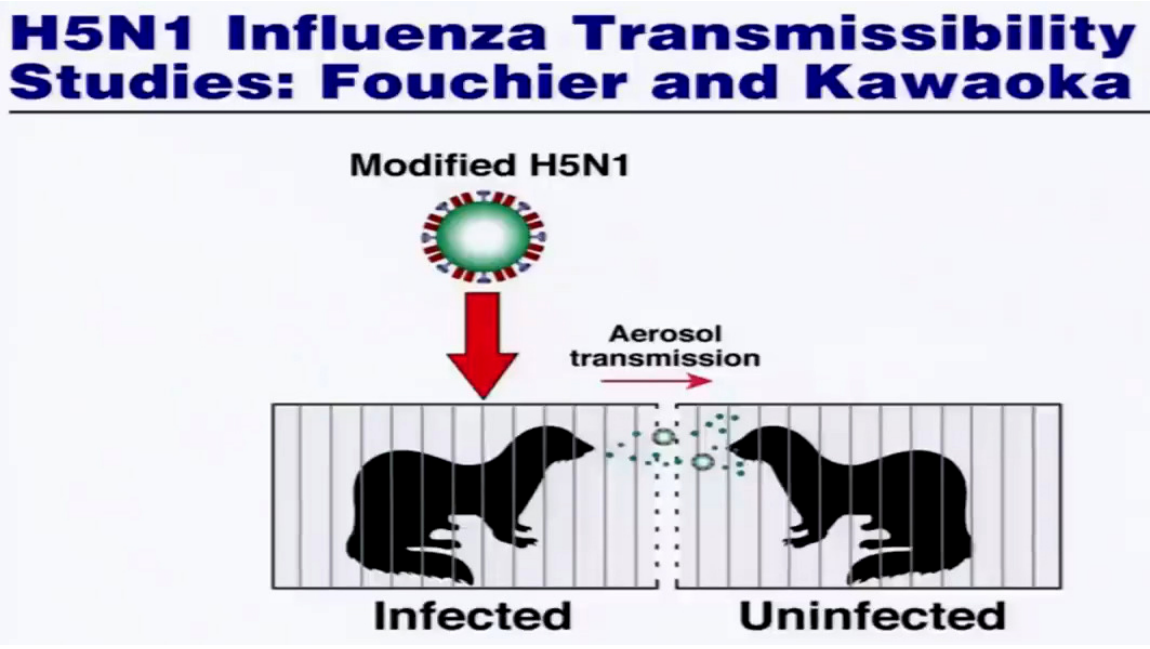
That's why we have a proof, and that's why we have statistics, because Midazolam is delivered by Hospitals, and we don't have any data's about what Hospitals give, but Rivotril was given by Pharmacies and we have the data's, we have the Pharmacies data.

So, that was a mistakes of the French Government, because they gave us the weapons of the crime, and all the data to have it, so it's a bit unique in France because we have all the data.

Because of that, we could find it.

But in countries that Medications were given by Hospitals, they don't have any data.

In France we have a real proof, that can be used worldwide, to accuse what was happening." - Pierre Chaillot, Statistician, National Institute of Statistics and Economics Studies, (INSEE), France, Author of "Covid-19: Decoding Official Data: Mortality, Tests, Vaccines, Hospitals", in "I'm Coming Out 'No Virus'", 21 June 2024.



The Transmissibility of "H5N1 Avian Influenza Virus" Farce

"A study showing that it takes as few as 5 mutations to turn the H5N1 avian influenza virus into an airborne spreader in mammals — and that launched a historic debate on scientific accountability and transparency — was released today in Science, spilling the full experimental details that many experts had sought to suppress out of concern that publishing them could lead to the unleashing of a dangerous virus.

In the lengthy report, Ron Fouchier, PhD, of Erasmus Medical Center in the Netherlands and colleagues describe how they used a combination of genetic engineering and serial infection of ferrets to create a mutant H5N1 virus that can spread among ferrets without direct contact.

They say their findings show that H5N1 viruses have the potential to evolve in mammals to gain airborne

transmissibility, without having to mix with other flu viruses in intermediate hosts such as pigs, and thus pose a risk of launching a pandemic.

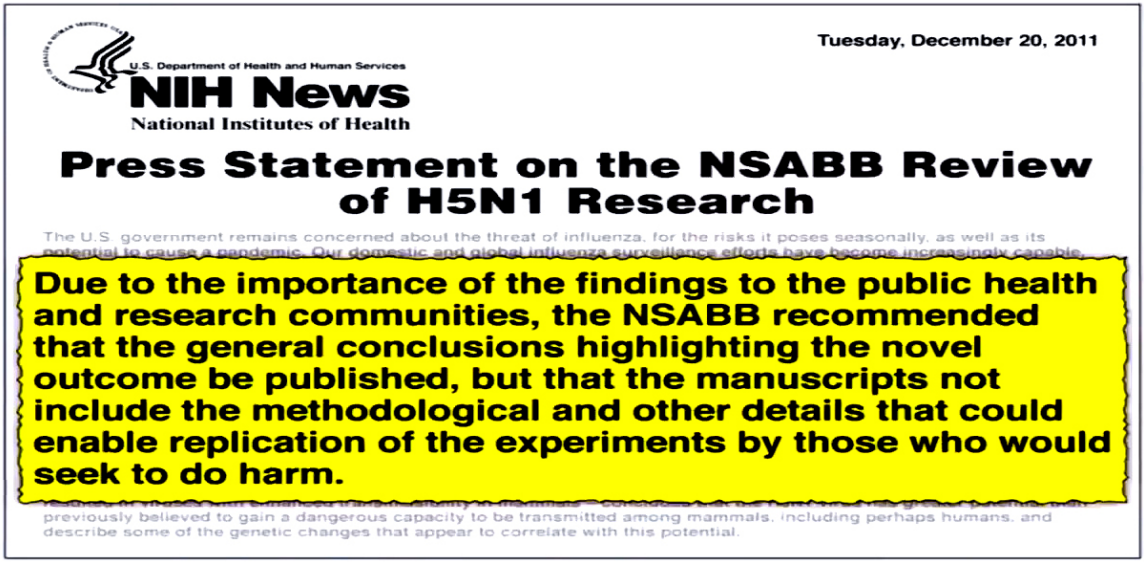
The Fouchier study is paired with another in which an **international team used Mathematical Modeling to reach the conclusion.**

In the course of the airborne transmission experiments, one of the **directly inoculated ferrets died, but all those infected via airborne viruses survived.**

Modeling study suggests possible threat

In the accompanying **modeling study, Cambridge researchers** sought to estimate the risk that an airborne-transmissible virus like Fouchier's could evolve naturally.

The findings are valuable for identifying which mutations in nature are most worrisome and for **guiding the development of H5N1 Diagnostic Tests and Vaccines."** - in "Fouchier study reveals changes enabling airborne spread of H5N1", Center for Infectious Disease Research & Policy Research and Innovation Office, University of Minnesota, 21 June 2012.



U.S. Department of Health and Human Services
NIH News
National Institutes of Health

Tuesday, December 20, 2011

Press Statement on the NSABB Review of H5N1 Research

The U.S. government remains concerned about the threat of influenza, for the risks it poses seasonally, as well as its potential to cause a pandemic. Our domestic and global influenza surveillance efforts have become increasingly capable,

Due to the importance of the findings to the public health and research communities, the NSABB recommended that the general conclusions highlighting the novel outcome be published, but that the manuscripts not include the methodological and other details that could enable replication of the experiments by those who would seek to do harm.

previously believed to gain a dangerous capacity to be transmitted among mammals, including perhaps humans, and describe some of the genetic changes that appear to correlate with this potential.

"The U.S. government remains concerned about **the threat of influenza**, for the risks it poses seasonally, as well as its potential **to cause a pandemic.**

Our domestic and global influenza surveillance efforts have become increasingly capable, along with expanded Vaccine Manufacturing capacity and assistance to other countries in their efforts to detect and respond to a pandemic.

To enhance the detection of and response to influenza outbreaks, the **U.S. government supports a broad range of domestic and global preparedness** and response efforts that include research on better **Diagnostics, Vaccines, and Therapeutics.**

Currently, **H5N1 avian influenza virus — the strain commonly referred to as "bird flu" — rarely infects humans and does not spread easily from person to person.**

However, many scientists and **public health officials are concerned that the virus could evolve in nature into a form that is transmissible among humans — an event that could potentially make this deadly virus an extremely serious global public health threat.**

Thus research on factors that can affect the transmissibility of the H5N1 virus is **critically important to international efforts to prepare and prevent threats to public health.**

Due to the importance of the findings to the public health and research communities, the NSABB recommended that the general conclusions highlighting the novel outcome be published, **but that the manuscripts not include the methodological and other details that could enable replication of the experiments** by those who would seek to do harm." - in "Press Statement on the NSABB Review of H5N1 Research", NIH, 20 December 2011.

The Robert Koch Institute in Germany, published the official documents from the time of the Covid-19 "Pandemic".

Which shows that the official authorities lied about every segment of the so-called Covid-19 "Pandemic."

https://www.rki.de/DE/Content/InfAZ/C/COVID-19-Pandemie/COVID-19-Krisenstabsprotokolle_Download.pdf

The Promotion of The Latest Viral Scare To Sell More Vaccines

"In 1982 AIDS was introduced as clinical term, and spoken of as a gay plague: an absolutely deadly epidemic, which from homosexuals to bisexuals would spread, and then on to women and their unborn babies in the womb.

Reagan exclaimed that the AIDS virus, which to date nobody had actually found, was Public Enemy No.1.

> ***"Since 1981, the distinct causal relationship between the toxic burden profile and the occurrence of the so-called AIDS-indicating diseases (opportunistic infections and Kaposi's sarcoma) was denied, albeit arbitrarily, in favour of the hypothesis of a "New Type of Microbe".***
> *On 13 April 1982, U.S. Representative Henry Waxman convenes the first congressional hearings on HIV/AIDS.*
> ***The U.S. Centers for Disease Control and Prevention (CDC) estimate that tens of thousands of people may be affected by the disease.***
> *It was the birth of an* ***epidemic dictate without an epidemic agent, however its discovery was imminently*** *expected after the allotment by the Reagan administration of* ***the largest investment of funds in Medical History."*** *- H. Kremer*

The Health Care Delivery System

Death by Iatrogenic Medicine Kills 750,000 people annually – more people in a year than either Cancer or Heart Disease. The demons of capital and "free market" ideology have **created an information monopoly by gaining control of the Pharmaceutical Industry, the Teaching of Physicians, the Major Media, including Medical Journals, and the flow of Research Dollars.**

They control a clandestine intelligence agency, the **Epidemic Intelligence Service**, which has silently infiltrated every major health department, hospital, newspaper, and medical journal across the nation enabling its control of information and the mounting of a consolidated response at a moment's notice.

The research dollars determine if there is going to be a "war on cancer", or a "war on AIDS", or **the promotion of the latest viral scare to sell more Vaccines or worthless "anti-viral" products such as Tamiflu or Relenza.**

Such wars are planned and mounted with the same organizational and strategic planning as the Pentagon employs.

What this ultimately leads to is the development of Bad Science and Toxic Drugs that are created ostensibly to fight cancer and AIDS, but in effect cause more cancer and more AIDS-which is the point of the war. People die in war, and the profiteers substantially increase their wealth and power.

The object of war is twofold:

1. To establish Power Relationships,
2. Profit.

A more pernicious outcome of these Medical Wars has been the silent loss of personal sovereignty and t**he loss of the most sacred and inalienable right to the sanctity and security of our own bodies and the free choice and right to select the medical treatment** that we deem best.

Information is power, but access to accurate medical information has become "proprietary" because of the privatizing of public resources?

The idea that an individual has the right to be adequately informed to make a medical decision has become an arcane notion.

An outcome of World War II, was the Bretton Woods Agreement, that created the World Bank (WB), and the International Monetary Fund (IMF), and the National Security Act of 1947.

The National Security Act created the Central Intelligence Agency (CIA), and the National Security Agency (NSA).

In 1951, the Epidemic Intelligence Agency was born.

These institutions have largely been run as protection and extortion rackets to reduce developing nations to beggary and destitution and to transform the armed forces of developed nations into itinerant mercenaries in service to private capital expansion.

After Vietnam, the drugs formerly run into Southeast Asia since the days of the British East India Company would now, with the help of the CIA, international organized crime networks, and other international clandestine agencies, be massively imported into Western countries, the U.S. being the largest target market.

The deliberate policies of creating accelerated over consumption of [Medical Trade] drugs [so-called Medications], and of other immune toxins in the West while simultaneously creating the economic conditions for the dumping of environmental pollutants and the under consumption of basic sustenance in less developed countries could not have but shocking and enormous public health and social impacts.

At the cellular level of human metabolism, the consequences of these macroeconomic policies-over consumption of [Medical Trade] drugs [Pharmaceutical so-called Medications], and environmental toxins as well as infectious and psychological stressors in the developed world and nutritional deprivation, psychological trauma, chronic infections, and miners' lung in the developing world

have led to the same outcome environmentally induced excessive reactive oxygen and nitrogen species.

As a result, both Nitric Oxide (NO) and glutathione (the master anti-oxidant) levels were reduced leading to energy deficiency and reduced redox capacity in the cells energy factories, the mitochondria.

Because Nitric Oxide is the poison gas produced by Th1 cells that kills intracellular parasites, patients presented commonly with opportunistic infections.

These biochemical deficiencies ultimately lead to reduced energy production, immune dysfunction, and even cancer.

The health consequence of cellular energy deprivation arising from parasitic macroeconomic policies is the perfect metaphor.

The abject poverty on the African continent can be directly traced to the policy of structural adjustment programs as a condition for loans by the international banking houses.

Both planned policies-massive illegal drug importation and economic structural adjustment programs-have had predictable physiological impacts on a subset of predisposed individuals within societies.

Phantom Virus

The medical consequences arising from these physiological stressors have a rational, logical, scientific explanation that has nothing to do with a **phantom virus and everything to do with what is known as deep politics.**

Missing Virus

All the conundrums of the AIDS Theory, the Missing Virus, the Non-Existent Pandemic, the opportunistic infections, the Kaposi's sarcoma, and the elevated antibody titers - can be explained logically and scientifically without having to get involved in Robert Gallo delusional whimsy.

The development of opportunistic diseases and of Kaposi's sarcoma was a predictable consequence of chronic

and irresponsible use of nitroso and other immune suppressing drugs combined with a lifestyle choice.

The diseases were not widespread in the homosexual community, only in a subset described as "fast track."

When there is a massive accumulation of oxidizing environmental stressors and the immune system has been depleted of the master antioxidant glutathione and other thiol-containing proteins, an evolutionary biologically programmed counterbalance will occur.

As a result of the depletion of the glutathione/ thioJl6 pool in the T-helper immune cells and other cell systems, there is a switch in the biologically programmed T cell counter regulatory balance from the T cells (Thl) that produce nitric oxide-a poisonous gas that kills intracellular opportunistic infections- to the T cells (Th2) that target extra-cellular organisms with a heightened antibody response.

This Thl to Th2 counterbalance of the immune system is what the virus hunters called AIDS.

The death prognosis was an expression of the limited application of knowable medical information.

The condition of acquired immune deficiency is not new.

What is new is the level of destruction that globalization and "free market" policies are having on individuals, communities, countries, ecosystems, and the entire planet.

Because those who institute these policies are cleverly psychopathic, they have become expert at diverting attention from the fruits of exquisite financial decisions by deftly shifting the blame from themselves, the predators, and using their vast resources to create phantom villains or to play the "Blame the Victim" game.

The villains in this war psychodrama change frequently.

This year it is the Bird Flu, last year it was SARS (Severe Acute Respiratory Syndrome, claimed to be caused by a "Coronavirus"). Who can forget the Swine Flu fiasco?

And, of course, when the drug epidemic in the West and the starvation epidemic in less developed countries exploded into collective consciousness through the speed of modern mass communications, a new villain had to be found.

Non-Existent Virus

This time it was a non-existent virus.

Like all villains created for mobilization purposes, truth suffers the first great defeat.

Selling the world on a particular point of view is what matters.

HIV fit perfectly the war model of social organization at the foundation of modern Western civilization.

War, subversively, has been declared the basic social system within which other secondary modes of social organization conflict or conspire.

The Medical Trade as a fundamental part of that system logically conspires.

The virus was the enemy.

Creating an enemy and making the people believe that they are under attack has become standard operating procedure of the massive government bureaucracies controlled by special corporate interests.

Another mobilization for another profitable war could be mounted to attack this new enemy and wipe it out.

That some would die was inevitable. Some always die in war, either directly or as "collateral damage."

It has been 25 years, and the war is dragging on with no end in sight.

HIV / AIDS
Sloppy Science Or the Art of Deception?

> ***"Much of what folks think is conspiracy is really many people acting in concert to make or protect their money."*** *- Catherine Austin Fitts, former Assistant Secretary of Housing and Urban Development (Federal Housing Commissioner)*

Beginning in 1913, the Rockefeller backed General Education Board donated Millions of Dollars to Medical Schools that disregarded Hydropathy, Osteopathy, and

Chiropractic, or any Non-Toxic Healing modality in favour of Medicine based on the use of surgery, radiation, and especially Pharmaceutical Chemical Drugs.

Aided by the American Medical Association (AMA), a Medical Monopoly was created.

One of the most cleverly nefarious educational schemes was the ingenious marketing technique of training a cadre of unsuspecting physicians as a sales force for the Drugs Manufactured by the Rockefeller Trust. The system allows the doctor to remain aloof from the dirty business of selling while giving him the special privilege of writing prescriptions for nostrums he has been trained by the very drug companies who manufacture them to prescribe.

Many of these drugs are used for the relief of chronic symptoms. They are not meant to cure, and they must by chemical composition and electron rotation patterns counter the body's basic biorhythms, internal bio-electric conductivity and biochemical systems.

As a result, t**hey have multiple Deleterious Effects, including Death.**

The effects lead to thousands of Deaths a year and untold Disabilities.

The culture has become anesthetized to this level of human waste and accepts it as "the cost of doing business."

As a result of this utilitarian mind set the metrics for measuring the value of a life become no more than an actuarial notation in a Pharmaceutical Drug Company ledger.

In the case of Vaccine Damage, the cost is passed indirectly onto the taxpayer and directly onto the parents, who bear the brunt and the cost of each damaged child.

The National Childhood Vaccine Injury Act (PL99-660) was signed into law by President Ronald Reagan in 1986.

In essence the law tacitly acknowledged that Vaccines Can Injure and Kill individuals by creating a Federal Vaccine Injury Compensation System.

However, federal health officials at the HHS have moved to systematically gut the law by using tax supported lawyers from the Department of Justice to fight these claims.

The taxpayers are paying government lawyers to protect the profits of the Drug Industry rather than the lives and health of American children, 3 out of 4 Vaccine Injured Children are turned away, and more than $1 Billion sits idle in the Vaccine Injury Trust. The impression is created by the Medical Establishment, that diseases such as adult onset diabetes, hypertension and even cancer cannot be cured and must be managed with lifelong drug intervention.

Not fully understanding that many chronic diseases can be reduced or reversed with lifestyle and diet modifications as well as biological compensatory therapy, many people accept the irreversibility of their disease diagnosis.

This creates a practically limitless repeat customer base for both physicians and the drug companies.

For profitability, diseases are managed, they are not cured. Just as the British East India Company learned from selling opium to the Chinese creating a market with repeat customers who demand and need your product is immensely profitable.

It is the essence of "free trade."

Medical Myths are then created, with aggressive enthusiasm, while denying the public accurate information about less expensive, but more valuable compensatory therapies." - Dr Nancy Turner Banks, MD, in "AIDS, Opium, Diamonds, and Empire; The Deadly Virus of International Greed", 2010.

The Epstein-Barr Virus Farce Part 2

"It seems difficult for some students of infectious diseases to visualize how the Epstein-Barr virus (EBV) could be the cause of 3 quite disparate diseases; one benign, infectious mononucleosis (IM), and two malignant, Burkitt's lymphoma (BL) and nasopharyngeal carcinoma (NPC). Because the first disease is largely limited to Western countries, the second most common on the African continent, and the third especially frequent in Southeast Asia.

The question as to how the EBV genomes become associated with the NPC cells has not been answered.

It has been proposed, but never demonstrated that oropharyngeal epithelial cells are the initial targets of EBV in IM. If that were so, why should the incubation period of this disease extend over 5 to 7 weeks?

Whatever the answer may be, in addition to EBV, other factors must contribute to the development of NPC and these most likely account for the regional difference in its incidence.

Other factors may be the Inhalation or Ingestion of Environmental Carcinogens, such as Nitrosamines and Tumor Promoters, or Malnutrition, such as a Vitamin A Deficiency.

In summary, seroepidemiologic and other considerations have provided reasonable explanations other than viral strain differences for the differential frequencies of the EBV-associated diseases in various parts of the world.

Infectious mononucleosis is not observed in areas where primary EBV infections occur early in life when they remain essentially silent.

Burkitt's lymphoma and nasopharyngeal carcinoma, while clearly EBV-associated, are not immediate consequences of primary EBV infections, but arise only years thereafter presumably due to rare, second events and facilitated possibly by other local factors." - in "Epidemiologic Aspects of Epstein-Barr Virus (EBV)-Associated Diseases", Annals of the New York Academy of Sciences, November 1980.

The Ultimate Aim Is To Administer The Vaccine To Infants

"Moderna's clinical trial is targeting people in the 18-30 age range, but given that so many people contract EBV as Children, The Ultimate Aim Is To Administer the Vaccine to Infants.

The advent of cheaper messenger RNA (mRNA) Vaccine Technology over the past 2 years, and the discovery that EBV appears to be the main cause of MS, has added new impetus for bringing such a Vaccine to Market." - in "Can we vaccinate against Epstein-Barr, the virus you didn't know you had?", The Guardian, 20 March 2022.

Note Concerning The Virus Theory

In this present section, and specially when dealing with subject matters such as the Medical Trade Theory of "Viruses", "Genetics", and any, and everything related to DNA or RNA these subjects among others, must be taken into consideration that; the information been published has not been verified by any other body (non Medical Trade, related or funded body), to verify the Farcical, Nonsensical and outright Fraudulent Claims made by The Medical Trade "scientists", all versed in something called "medical wisdom".

The entirety of the Medical Trade Theory of "Virus", and "Genetics", begs belief (this half baked Theories, simply don't add up).

> *"Biologists have a pronounced tendency to: Name, Classify and Order, their organisms of interest. This compulsion has been dignified by coiling it taxonomy or systematics, and has evolved into a science all of its own.* ***There are often violent disagreements as to assignments of organisms, which have often been resolved (as much by force of personality, as, by use of quantifiable data).*** *Much has been written on the relative merits of the use of morphological and biochemical criteria for biological classification (Crowe in "Molecules vs. morphology in phylogenetics: a non-controversy", Trans. R. Soc. South Africa, 1988). Evolutionary and biogeographic* ***speculations, are being made with increasing regularity, especially for viruses***

important to humans; ***like influenza and dengue fever viruses.*** *The first major problem is: that viruses are, in all probability, polyphyletic in origin, that is, several major groups of viruses arose by several different routes, independent of each other, at different times, and have separate evolutionary histories.* ***Thus, it would be impossible to have a "virus evolutionary tree".*** *- Edward Rybicki, in "The classification of organisms at the edge of life or Problems with virus systematics", Academy of Science for South Africa, April 1990.*

"The nucleocentric origin-of-life theory became "virocentric". Most of the data on viral genetics and biochemistry that have accumulated over the past 50 years strongly oppose this view, and support the idea that viruses are not alive. Furthermore, that viruses are not alive was officially acknowledged by the International Committee on Taxonomy of Viruses in 2000.

1. It is hard to accept that the definition of an organism necessarily requires portions of another organism. This would be akin to defining a tapeworm as the assembly of the parasitic flatworm and the human body that it requires for growth and reproduction.

2. No virus contains all the genes required to build a virus factory, as most of those genes, as well as the machinery to express the virus own genes, are provided by the host.

3. The use of the apparently appealing analogy of a virion as a spermatozoid, and a viral factory as a human is untenable. Viruses do not have sex and do not split any diploid genetic content into haploid gametes that, combined, have all the genes needed to develop the diploid stage of the Homo sapiens species.

Taken together, their inability to self-sustain and self-replicate, their polyphyly, the cellular origin of their cell-like genes and the volatility of their genomes through time make it impossible to incorporate viruses into the tree of life." - David Moreira, Purificación López-García, in "Ten Reasons to Exclude Viruses from the Tree of Life", Nature Reviews Microbiology, 7 April 2009.

"I propose an eleventh reason to exclude viruses from the tree of life: There is no such thing as a tree of life.
It is difficult to differentiate the "life" of viruses from many proteins, RNA and genes, and to differentiate the same genetic code from that of intracellular Bacteria. Moreover, large viruses have a similar size and life cycle, within a created vacuole, as intracellular bacteria." *- Dr Didier Raoult, MD in "There is no such thing as a tree of life (and of course viruses are out!)", Nature Reviews Microbiology, August 2009.*

What is a Virus?

"Earth's most abundant and simplest organisms: Viruses." - Biology Professor Ken Stedman, Virus Hunter, Portland State University, 2020.

Description of Viruses

Viruses contain Nucleic acid which are pieces of DNA or RNA, that can move between cells. Have exceptionally high rates of genetic mutation that are difficult to track. Fast-mutating microbes. Viruses are larger than proteins and smaller than bacteria. Thus in comparison viruses are sub-microscopic, and bacteria are microscopic in size.

Viruses are so small that they cannot reflect visible light.

Viruses do not have their own metabolism, thus science cannot say state if viruses are alive. Viruses cannot naturally reproduce without a host cell.

"If you get sick with the flu, for example, every infected cell in your airway produces about 10,000 new viruses. The total number of flu viruses in your body can rise to 100 Trillion within a few days. That's over 10,000 times more viruses than people on Earth." - Carl Zimmer in "An Infinity of Viruses", National Geographic Society, 20 February 2013.

"There are an estimated 1,031 viruses on Earth.

That is to say: there may be a hundred million times more viruses on Earth than there are stars in the universe.

The majority of these viruses infect microbes, including bacteria, archaea, and microeukaryotes, all of which are vital players in the global fixation and cycling of key elements such as carbon, nitrogen, and phosphorus.

These two facts combined — the sheer number of viruses and their intimate relationship with microbial life — suggest that viruses, too, play a critical role in the planet's biosphere." - in "The Scientist", 30 June 2013.

"There are more viruses on Earth, 10 to 100 times more than any other cellular organism." - Biology Professor Ken Stedman, in "Science Daily", 18 January 2018.

"Viruses are the most abundant, and one of the least understood biological entities on Earth. They are highly diverse, both in structure and genomic sequence, play critical roles in evolution, strongly influence terran biogeochemistry, and are believed to have played important roles in the origin and evolution of life. Viruses arguably have coexisted with cellular life-forms since the earliest stages of life, may have been directly involved therein, and have profoundly influenced cellular evolution." - Biology Professor Ken Stedman, in "Astrovirology: Viruses at Large in the Universe", Journal Astrobiology, February 2018.

"Increasing prevalence and severity of multi-drug-resistant (MDR) bacterial infections has necessitated novel antibacterial strategies. Ideally, new approaches would target bacterial pathogens while exerting selection for reduced pathogenesis when these bacteria inevitably evolve resistance to therapeutic intervention. One alternative for treating MDR bacterial infections is phage therapy: the use of lytic (virulent) bacteriophages (bacteria-specific viruses) as self-amplifying 'drugs' that specifically target and kill bacteria." *- in "Phage selection restores antibiotic sensitivity in MDR Pseudomonas aeruginosa", Scientific Reports, 26 May 2016.*

Problems of Virus Multiplication

"Viruses are recognized operationally as infectious agents by their ability to produce recognizable alterations in living cells and tissues.

The field of virus biology, and especially of virus multiplication, reflects the methodological consequences of the operational definition of viruses as infectious agents.

Even when we study the reproduction of viral materials in a more-or-less persistent non-infectious form (such as the "prophage" form of bacteriophage) we depend, for proof of the presence and multiplication of the viral material, on the ultimate production of some infectious virus.

Only occasionally can we infer complete or partial phenomena of viral multiplication by indirect observations, such as multiplication of elements resembling known virus particles in morphological or physico-chemical properties.

Viral multiplication is strictly intracellular.

Hence, we must consider as its essential process the production of viral materials within virus-infected or virus-carrying cells.

Viruses multiply not as organisms, but as subcellular entities, more on a level with organized, non-independent cell constituents." - S. E. Luria, Department of Bacteriology, University of Illinois, in "The Multiplication of Viruses", 1958.

"No DNA polymerase can start a de novo DNA chain." - *Sankar Mitra, in "DNA Replication in Viruses", Ann. Rev. Genet., 1980.*

29 January 2018

"Viruses are by far the most abundant microbes on the planet,with estimated 1030 virus particles in the oceans alone. They encompass much of the biological diversity on the planet, catalyze nutrient cycling, and affect the microbial makeup of communities through selective mortality.

We quantified the wet and dry deposition of (free and attached) Viruses, and Bacteria above the atmospheric boundary layer at the Sierra Nevada Observatory and Veleta Peak, Sierra Nevada in Spain, and demonstrated that: in each square meter, Tens of Millions of Bacteria, and Billions of Viruses are deposited each day.

The impact on the recipient ecosystems of the long-distance transport and **relevant deposition rates will depend on viability of these microbes, and in the case of viruses, the presence of suitable hosts for replication, as well as many other factors.**

There is evidence that bacteria, and viruses can remain viable after atmospheric transport, which is consistent with the wide dispersal of microbes across very distant ecosystems. Hence, significant downward fluxes of bacteria and viruses from the atmosphere may have effects on the structure and function of recipient ecosystems.

Rather than being a negative consequence, this deposition provides a seed bank that should allow ecosystems to rapidly adapt to environmental changes." - in "Deposition rates of viruses and bacteria above the atmospheric boundary layer", International Society for Microbial Ecology Journal, 29 January 2018

6 February 2018

"Every day, more than 800 Million Viruses are deposited per square metre above the planetary boundary layer, that's 25 Viruses for each person in Canada." - Professor Curtis Suttles, FRSC, Virologist, in "Viruses-lots of them-are falling from the sky", University of British Columbia, 6 February 2018.

"When we listens to the explanation of how a virus works, we don't really place too much attention on it, thinking that we might not understand it anyway.

But if we study, and read exactly what the Medical Trade Theoretical Conception of a virus is, and return to listen to what the Medical Trade so-called "science" is trying to sell to us, this become clear to us that the Virus Theory is both Illogical and Absurd.

The more you think about it, and the more you know about the Medical Trade Virus Mental Construct Theory, the more you know that this Theory, to be true, it needs to be more than a "virus", it needs to be a miracle.

Because, for something, which is not even a thing, but only a fragment, for this fragment to become a thing, only when inside of something else, is absurd.

Now, we are prepared to accept that pre-existing cellular organism; the same ones which the Medical Trade "science" claims to be "viruses", in contact with this particles so-called "viruses", these in contact with this same cellular organism, by their toxic effect upon them, make this cellular organisms even more virulent, in the sense that, this microscopic cellular organisms, become in their action, what today is referred to, as having a Virulent Capacity.

"As most of the micro-organisms which cause what I term "infections from within" (and it is from these that viruses would most readily develop) do not directly cause or invade the lesions for which they are responsible, another factor enters.
This factor is the most important of all, as it reveals that the ***host's main defensive mechanism is the chief invader. In other words, the manifestations of disease and the lesions which are formed result from the abnormal chemico-physical changes to which the protein in the sap and blood have been subjected by the primary invaders, which can be separated into chemical, physical, and microbial. The so-called "virus diseases" are best prevented and combated by mitigating the action of the primary invaders."*** *- Dr J. E. R. McDonagh, MD in "Virus Diseases", British Medical Journal, 25 February 1939.*

This concept, is the only one that any logical mind can accept.

The present conception of what constitutes a "virus", and that such are not "complete, but partial things only", that are neither dead nor alive, is a fallacy.

A false theoretical invention, proposed by the Medical Trade, and freely entertained by naive uneducated Politicians, if this Fraudulent Theory's of the Medical Trade are allowed to be maintained, they can only lead the present civilization into a society of Fear and Chaos." - Rui Alexandre Gabirro, Emunctologist, 14 May 2020.

"While the notional virus model has changed over time, **the underlying premise of a contagious disease causing entity has never been established.**

Nevertheless, its proponents have attempted to incorporate naturally-observed particles such as "bacteriophages" into the virological realm without establishing they are viruses, while portraying technological advances as the reason for their purported discovery.

Single "virus" genomics is yet another chapter in the technology-driven world of virology that remains embedded within a flawed model.

There has never been a tangible viral particle that could be naturally observed, described, isolated, characterized and tested for pathogenicity.

Hence, without a tangible asset for virologists to engage with, the term virus has taken on a protean quality, shimmying its way from one prêt-à-porter definition to the next in order to keep up with the latest viral theory.

A pervasive theme in virology's development is that the notion of some invisible contagious entity was imagined and then subsequent indirect observations have been advanced to support the hypothesized entity." - Dr Mark J. Bailey, MD, in "Virus, Bacteriophage & Single "Virus" Genomics", 20 July 2024.

The Coining of the Term "Virus"

"His **coining of the term "virus" for a new class of pathogens further marks the beginning of a new era in biology.**

Hence, it is not very fertile to debate the issue who was first in discovering a virus.

None of the pioneers could have known what he was talking about." - L. Bos, in "Archives of Virology", 140, 1995.

It Becomes Manifest That The Proof Is Not Complete

Sir John MacFadyen, Royal Commissioners on Vivisection, Scientist of European reputation, has arrived at very definite and important conclusions.

In commenting on the mistake made by scientists in reference to swine fever bacillus:

"When anyone, as part of the evidence proving that an organism is the cause of a particular contagious disease, claims that he has successfully employed pure cultures of that organism to reproduce the disease, he ought to show that the experimentally induced disease, when afforded the opportunity, spreads by contagion like the natural disease.

When one reflects on the nature of the evidence on which it has been held, and very generally accepted, that particular bacteria are the cause of contagious diseases, **it becomes manifest that in some cases the proof is no more complete than it was in the case of swine fever;** it is, therefore, not improbable that future investigations, conducted on the lines necessary for the detection of an ultra-visible virus, may bring on certain bacteria at present accepted as the cause of disease **the discredit which has already fallen on the so-called bacilli."** - Sir John MacFadyen, in "Proceedings of the Royal Society of Medicine", Vol. 2, Part 2, 1909.

The Virus That Cannot Be Found

"The Virus is so very small, You cannot make him out at all,
But many sanguine people hope To see him through a microscope. Oh! let us never, never doubt.
What nobody is sure about." *- Hilaire Belloc in "The Microbe", More Beasts for Worse Children, 1897.*

The Virus Theory

"There are two kinds of dangers, one is that we've arranged a society based on Science and Technology, in which nobody understands anything about Science and Technology, and this combustible mixture of ignorance and power, sooner or later is going to blow up in our faces. I mean: Who is running the Science and Technology, in a democracy if the people don't know anything about it?
And the second reason that I am worried about this is that; Science is more than a body of knowledge, it's a way of thinking, a way of skeptically interrogating the universe with a fine understanding of human fallibility.
If we are not able to ask skeptical questions, to interrogate those who tell us that something is true, to be skeptical of those in authority, then we're up for grabs for the next charlatan, political or religious who comes ambling along." *- Carl Sagan, in his last interview with Charlie Rose on 27 May 1996.*

"Dr Rivers ***(Rockefeller Institute),*** *emphasised the intimate relation that appeared to exist between the viruses and their host cells as evidenced by the occurrence in certain host cells of inclusion bodies one type of which, notably the Bollinger body of fowl pox, undoubtedly contains virus, and by the fact that* ***positive results in the course of attempts to cultivate viruses in vitro had been obtained only when living cells were present. He and his co-workers had failed to demonstrate growth of vaccinia virus in purely artificial media free of tissue cells."*** *- in "Problems of Filterable Viruses", Nature, 9 January 1932.*

"I recall a visit to the office of a physician in the United States. A man brought in his diabetic child for a routine check, and looking up his case record, the physician commented that he was some weeks overdue with his appointment.

The man explained that the child had been sick, for "the virus" had been going around their home. At the mention of the word virus, the physician leaned forward in his chair, turned to me and asked: "Do you have the virus in your country, doctor? We have it over here, but I have not found it yet." *- Dr John Lister, MD, in "Searching for the Virus", NEJM, 31 May 1956.*

"Those detailed studies that have been made show that what is apparently the same virus can have significantly different properties when coming from different environments." *- in "Principles of Classification Illustrated by the Problem of Virus Classification", 1962.*

"Owing to the confusion of influenza with other similar fevers it is not possible to trace it very far back in human history. *The first scientific demonstration of the existence of "filtrable viruses", as they came to be called, was made in 1892 by Iwanowsky, a Russian botanist, who was working with a disease of the tobacco plant known as "mosaic".* ***Viruses contain only one type of nucleic acid, DNA or RNA, never both, they can only replicate inside a living cell. Occult virus is used to describe the case where virus particles cannot be detected and in which the actual state of the virus cannot as yet be ascertained. It is preferred to "masked"****, since this word has been used in a number of contradictory meanings." - in "Introduction to Virology", 1980.*

"The truth about any important question cannot be found unless a certain amount of independent work is done*, and anyone who is afraid of work cannot possibly arrive at the truth." - Lenin*

The Definition Virus

"Loeffler in 1898 defined a filterable virus as "the virus of an infections diseases which is so small that it will pass through the pores of a Berkefeld or Chamberlain filter.

An ultramicroscopic virus, is a virus which is too small to be seen with a microscope."

It is most difficult to formulate a definition of a virus which will fit even the meagre facts known about viruses today and at the same time provide, a concept for H**ypothetical Viruses** of which we know practically nothing.

Undoubtedly we all have a mental concept or mind picture of what we consider a virus.

We may adhere tenaciously to the belief that all viruses are living agents or particulate units, or we may consider the vast majority of viruses in this light and recognize the further possibility that viruses may exist in an unorganized state. We may even be willing to admit of the possibility that some **viruses are non-living.**

The facts are that we do not know the exact nature of many so-called viruses.

We have impressions, ideas, and theories; we have personal convictions based on experience, experiment, logic and reason; but with regard to many filterable viruses, the great majority in fact, we lack both cultural and morphological data, and **our information is essentially limited to the relation of these viruses to external physical agents.**

What then should be our attitude in defining a virus?

Suffice it to say that, in the light of our present knowledge we believe the statement is justified that at least one type of virus (perhaps all types) may be defined as a living **particulate agent which may be capable of inducing disease.**

In this sense we may recognize living particulate agents which are both pathogenic and nonpathogenic and include in this definition bacteria, protozoa, the filterable viruses, etc.

In addition to this group **we are further willing to admit of the possibility of the existence of a group of unorganized agents which may or may not cause disease.**

In this group we should place poisons, both chemical and animal, toxins, enzymes, etc., and any other hypothetical disease-producing substance or substances which, at present, are part of the great unknown and do not form part, of our knowledge.

The term "virus" is an old one and originally it was derived from the Latin, meaning poison.

Time has modified our understanding of the original translation of this word.

Several "virus terms", have been in common usage since the latter half of the nineteenth century such as "virus animatum", "dehumanized virus", "humanized virus", "virus fixe" and "street virus", with all of which the student is familiar.

Some of these terms are little used today.

Other words have been compounded with the term virus such, for example, as **"viruliferous" (L. virus (poison)** and ferre (to bear); hence the definition "conveying or producing a virus or infective germ").

Still another term more recently introduced into the literature is "virucidal" or "virucide" (virus (poison) and L. caedere (to kill) and is defined as "destructive to viruses."

Probably the most general classification of this group of diseases can best be made upon the basis of host susceptibility.

This factor is quite generally known and in grouping the diseases according to their occurrence the finer known characteristics of the viruses may be taken into account and upon these points the place of each particular disease in the grouping may be determined.

A classification of the human diseases follows." - in "Filterable Virus and Rickettsia Disease in the Tropics", Porto Rico Review of Public Health and Tropical Medicine, Official Bulletin of the Department of Health and the School of Tropical Medicine, under the auspices of Columbia University, January 1929.

"Viruses are usually characterized by 3 negative properties, namely, **invisibility by ordinary microscopic methods, failure to be retained by filters impervious to well-known bacteria, and inability to propagate themselves** in the absence of susceptible cells.

The confused state of our knowledge of the viruses at the present time makes it exceedingly difficult to define the nature of these active agents.

The easiest way out of the dilemma, however, would be the acceptance of the presumptive evidence that viruses are minute organisms.

Yet the easiest way and the one that best fits the experiences of the day may not be the right one.

Unless viruses represent a form of life unknown to us, proof of their living nature would not be a striking discovery.

If, however, some of them are not animate, absolute proof of such a fact would be of **fundamental biological importance.**

In any event, we are face to face with the "infinitely small in biology," and, if there be a sharp **demarcation between life and death**, then scientists, investigating the nature of viruses, are working near the line that separates infinitely small living organisms from **inanimate active** agents." - Thomas M. Rivers in "The Nature of viruses", Physiological Reviews, 1932.

> *"If a virus be neither organism nor molecule, what is its nature? What is a virus?*
> *It is a malady of our time that words are often deprived of their meaning. Many people like to think that a virus is something different from a virus.*
> ***My ambition is to show that the word virus has a meaning, and I shall defend a paradoxical viewpoint, namely that viruses are viruses."*** *- André Lwoff in "The concept of Virus", The Third Marjory Stephenson Memorial Lecture, Journal of Gen. Virology, 1957.*

"A virus is what virologists say it is.

It is a product of the way person who talks about only viruses he said to be virologists that is, the way facts about viruses are organized in their discourse.

It can be said that virologists invent the concept of a virus as part of the normal progress of their science." - in "More Newly Characterized Viruses in Coming Days", Research & Reviews: Journal of Zoological Sciences, 2016.

The Notion of Virus

"The 24th general meeting of the Society of General Microbiology will be held in the Royal Institution.

The third Marjory Stephenson Memorial Lecture will be given by Dr Andre Lwoff, of the Pasteur Institute, Paris.

This Lecture will be given in the Royal Institution.

The subject will be: **"The Notion of Virus."** - in "Nature", 2 March 1957.

A New Definition of What A "Virus" Should Be

"27 November 1957

Dear Andre Lwoff,

I read yesterday your Marjorie Stephens on lecture, which I enjoyed greatly.

I have long felt bad that General Virology should have been written in 1952, just as the relation of DNA to the replicating material was being understood.

You have elegantly solved some semantic difficulties, while creating a few others (such as "foreign entities").

I also feel a little reluctant to define a "virus" as possessing only one type of nucleic acid; in this case, you are really identifying with virus particle since the replicating

virus may involve two specific nucleic acids in the usual **(unknown)** relation to one another, only one of the two being incorporated into the particles.

I am sending you today two MS's, one to appear in "Protoplasmatologia", the other in "The Viruses" by Burnet and Stanley.

I wish I had read your lecture in time to adopt your **clarifying definition of "infection" and to use the word "transmissible" rather than "infective" throughout.**

As you will see (if you read at least the shorter article and the last section of the longer one).

I have recently **centered my thinking about viruses on the process of maturation as a specific cytomorphogenetic process controlled by the viral genome (not by itself, of course, but within the cellular genome).**

Adopting the view that **the essence of a virus is a specific, replicating genetic material capable of transmission to other cells by a specific apparatus acquired at maturation.**

I would today define a virus as "an element of genetic material capable of assuming a transmissible form by incorporation into a transmission apparatus synthesized under the virus' own control."

The wording is still clumsy, but will be refined.

The general, passive transmissibility of bacterial DNA (and probably other cellular nucleic acids) is shown by transformation and transduction, but my definition would make transmissibility an insufficient criterion for virus.

What I like in my definition is that it places a defective prophage where it belongs, **as a nonvirus that can again become a virus** (by mutation), and which exemplifies the natural transition between viral and nonviral genetic elements.

Incidentally, I notice you agree with me (General Virology, Chap 18), and with Lederberg as to the historical solution to the dilemma between regressive evolution and transmissible cellular fragment.

Sincerely yours, S. E. Luria"

Editorial Note: **Please be aware that it is impossible to isolate a DNA or RNA fragment, thus it is impossible to obtain a genetic sequence of a DNA or RNA fragment.**

"Salvador Edward Luria was born to a Jewish family in Turin, Italy, received his M.D. at the University of Turin in 1935. Was an Italian microbiologist, later a naturalized U.S. citizen. He won the Nobel Prize in Physiology or Medicine in 1969, with Max Delbrück and Alfred Hershey, for their discoveries on the replication mechanism and the genetic structure of viruses." - in "Wikipedia", 2024.

No One Can Find the "Virus"

"Science has very clear rules: Claims must be proven - they must be transparent, comprehensible and verifiable.

What virologists, physicians and science journalists fail to mention is that the theory of **viruses as protein toxins** had to be abandoned in 1951.

That year two control experiments were carried out.

In order to test the toxin virus theory:

Rather than only exposing tissues supposedly damaged by viruses, healthy tissues were also exposed to putrefaction.

It was found that the proteins produced by the decomposition of healthy tissue were the same as those produced by the decomposition of "virus-damaged" tissue. This disproved the virus assumption.

On top of this, the theory pre-1951 of **what a virus is, was refuted by the fact that no one could ever find or photograph anything different in people or animals supposedly infected with a virus from what can be found or photographed in healthy subjects, using the electron microscope.**

This is still the case today." - Dr Stefan Lanka, Biologist in "Wissenschafftplus", April 2020.

Hong Kong Scientist Sounds Alarm on Next Pandemic

"I always think that my writing is very clear already.

Why I make such a horrifying prediction?

It's because, **you can see clearly that the:**

1. Geopolitical,
2. Economic, and
3. Climatic Changes

Are changing so rapidly, and while the same time everyone is still focusing on their National or Regional interest." - Yuen Kwok-yung, Hong Kong microbiologist who helped to "identify" SARS "virus" in 2003, warns that another pandemic could be far worse than Covid-19, in **"Top Hong Kong Scientist Sounds Alarm on Next Pandemic"**, AFP, 21 July 2024.

"It was not until 2003 that the march drew large public attention by opposing the legislation of Basic Law Article 23.

The 2003 Protests against national security reform, with 500,000 marchers, was the second-largest protest seen in Hong Kong since the 1997 handover." - in "One Country, Two Systems in Crisis: Hong Kong's Transformation Since the Handover", 2004.

Editorial Note: **The Curious & Remarkable case of SARS "Virus" that appears in Hong Kong in the exact years of massive civil unrest.**

2003 Hong Kong Protests; Coronavirus SARS-CoV-1

Hong Kong Massive Protests 2003 SARS-CoV-1, the first identified strain of the SARS-related Coronavirus. The first known cases occurred in November 2002, and the syndrome caused the 2002–2004 SARS outbreak.

2020 Hong Kong Protests; Coronavirus SARS-CoV-2

Hong Kong Massive Protests 2020 Covid-19, Coronavirus SARS-CoV-2. First identified in December 2019.

The Smallpox Virus Farce

"The mode of Smallpox (variola virus) transmission was never conclusively established." *- in* ***"What was the primary mode of smallpox transmission?*** *Implications for biodefense", Front. Cell Infect. Microbiol, November 2012.*

The Surgical Masks Farce

"Using Surgical Masks as a form of personal protective equipment (PPE) may lead to Adverse Health Effects." *- in "Filtration Efficiency of Surgical Masks", University of South Florida, 18 February 2010.*

"Approximately 40% were using full PPE, and 55% were using N-95 masks. A total of 489 (96.6%) patients experienced at least one health hazard. The reported Severe Health Hazards were: Syncope (Fainting or Passing Out, Loss of Consciousness), Severe Dyspnea, Severe Chest Pain, and Anaphylaxis. Headache, Dizziness, Mood Irritation, Chest Pain, Excessive Sweating, Panic Attack, and Permanent Facial Disfigurement were the minor Health Hazards Reported." *- in* ***"Health hazards related to using masks*** *and/or personal protective equipment among physicians working in public hospitals in Dhaka, PLoS One, September 2022.*

Factors of Virulence

"Knowledge of the Factors of Virulence contributes to a better understanding of the cause, nature and course of the disease, and consequently to its more intelligent management." *- in "The Bacterial Cell", 1947.*

"Factors of Virulence: The virulence of microorganisms depends upon two factors, their ability to invade and multiply within the tissues, and their ability to injure the invaded tissues by the secretion of poisons or toxins. These two properties vary widely with different kinds of pathogenic bacteria." *- Dr Arthur T. Henrici, MD, in "The Biology of Bacteria", 1948.*

"Since the Factors of Virulence of the organism and resistance of the host are of first importance in any consideration of tuberculosis, we wished to know at the outset certain matters pertaining to virulence and resistance." *- in "Bulletin of the Johns Hopkins Hospital", p. 275, May 1929*

"Malaria also predisposes to grave forms of syphilis, as is known to all those who have had the opportunity of following the latter affection in persons affected with Malarial Toxaemia.

All the agents which depress the vital economy can serve as Factors of Virulence in syphilis, such, for instance, as:

1. Extreme Poverty,
2. Bad Hygiene,
3. Insufficient Alimentation,
4. Previous or Accompanying Disease,
5. Fatigue,
6. Mental Worry,
7. Etc.;

The most common, and, therefore, the most important of these being extreme poverty." - in "New Orleans Medical and Surgical Journal", August, 1886.

Bacterial Toxins and Virulence Factors in Disease

"The additional possibility that **a secreted Toxin might damage ciliary action and lead to the accumulation of lumenal debris, resulting in cough.**

These observations provide the foundation of our current understanding of pertussis pathogenesis.

Other important pathologic observations from later studies have included peribronchial and peribronchiolar mononuclear cell infiltrates within the airway walls, consisting of lymphocytes, plasma cells, and macrophages (Lapin, 1943).

Pathologists have also described peribronchial lymphoid hyperplasia and tracheobronchial lymph node hyperplasia.

In a minority of cases, airway inflammation, epithelial desquamation, and mucuscontaining exudates extend into the most peripheral portions of the respiratory tree, **causing alveolar impairment and true airspace Pneumonia.**

Pathology outside of the respiratory tract has always been attributed to "a circulating endo- or exotoxin".

Virulence Determinants

Directed investigations of previously proposed Bordetella Virulence Factors have revealed novel putative Virulence-associated factors.

For example, previous claims that B. avium and B. bronchiseptica DNT were inhibitory for osteoblast cells and might therefore contribute to atrophic rhinitis led to a study of osteotoxin activity.

Unexpectedly, in B. avium, Toxicity for osteogenic cells and tracheal cells reflects the biological activities of a bacterial 41-kDa.

This enzyme is capable of creating unstable and Toxic

Sulfane Sulfur derivatives in the presence of L-cystine.

An immunoreactive protein of similar size is found in extracts of B. bronchiseptica and B. pertussis.

However, the role of this factor in disease pathogenesis has yet to be defined. Iron acquisition by bacterial pathogens is critical for survival in the animal host.

B. pertussis may acquire iron by means of a siderophore as well as with transferrin- and lactoferrin-binding proteins).

Each of these factors may be an important Virulence determinant under circumstances in the human host where iron is a limiting nutrient factor.

A proper understanding of bacterial Virulence and pathogenesis must rely heavily upon clinical and histologic observations.

The foregoing discussion of B. pertussis determinants of Virulence has attempted to follow this dictum.

This is especially difficult, however, since **the disease does not occur in animals and human infection is relatively infrequent and poorly accessible to study.**

Nonetheless, the following conclusions can be made.

B. pertussis is highly evolved in its ability to sense environmental conditions and to regulate expression of Virulence-associated factors accordingly.

Pertussis pathogenesis should no longer be viewed simply as a reflection of Pertussis Toxin expression.

B. pertussis pathogenesis instead involves a wide array of adherence Factors and Toxins that may act in a cooperative fashion. Some Virulence factors such as Tracheal Cytotoxin are not highly regulated but are expressed simply by virtue of bacterial growth, and cell turnover. Many important questions about pertussis pathogenesis cannot be answered at the present time, including questions concerning B. pertussis environmental sensing in vivo and the possible significance of a bacterial intracellular state. With rapidly improving techniques for organ and cell culture and for bacterial manipulations, it should not be long before answers are available to these and other questions." - in **"Bacterial Toxins and Virulence Factors in Disease", 1995.**

For more information on "Virulence Determinants", please see pages 115 and 566.

The Party Told You to Reject The Evidence of your Eyes

"The Party told you to reject the evidence of your eyes and ears. It was their final, most essential command." - *George Orwell, in "1984"*

"Scientists are committed to the study of real, tangible objects and tend to rely on facts rather than on speculation.

This steadfast commitment to the real world partly explains the reluctance of some scientists to become involved in classifying the objects they study.

Classifications tend to be perceived as purely conceptual constructions of the mind, useful for bringing some semblance of order into the bewildering variety of natural phenomena, but essentially arbitrary and unworthy of serious attention by scientists engaged in the study of nature.

Virus species, on the other hand, are abstractions that exist only in the mind; like other taxonomic categories (families, genera) **they cannot be encountered physically and cannot be centrifuged, purified or visualized in an electron microscope.**

Viruses do not possess several of the essential attributes of living organisms, such as the ability to capture and store free energy and they lack the characteristic autonomy that arises from the presence of a set of integrated, metabolic activities.

It is generally accepted today that the simplest system that can be said to be alive is a cell.

Only unicellular and multi-cellular organisms possess the property of being alive, whereas the individual macromolecules, the organelles and the genes found in cells are not themselves considered to be alive.

There is thus no justification for regarding viruses or other sub-cellular entities like plasmids or transposons as living microorganisms.

Some authors argue that viruses should be considered organisms because they share with certain parasitic organisms the property of being obligate parasites.

However, the dependency of viral genes on their cellular hosts is a totally different type of "parasitism" from the dependency shown for instance by bacteria which colonize the gut of certain animals.

Obligate parasitism on its own is not a sufficient criterion for establishing that an entity is alive.

Viruses contain no energy-producing enzyme systems, they possess no ribosomes or other cellular organelles, they do not grow in size and do not possess the biochemical machinery necessary for reproducing themselves.

Viruses are clearly not living microorganisms.

The unique position of viruses in the biological realm is recognized by most virologists and this explains why **the International Committee on Taxonomy of Viruses** (ICTV), as the voice of the international virological community, **has chosen to follow its own rules rather than to adhere to the Biological Nomenclature Code.**

It is important to realize that it is not possible to "define" a concrete entity like a virus.

Although **viruses cannot be defined, they can be identified by a small number of so-called diagnostic properties** i.e. by characteristics that make it possible to recognize concrete, individual members of a species.

The identification of a virus isolate is usually based on a comparative process that assesses to what extent an isolate is similar to a known member of an established species.

Individual species are created by virologists on the basis of characters like genome sequence, physicochemical properties of virions, antigenicity of viral proteins etc.

Since species are actually fuzzy sets, i.e. polythetic classes, creating and delineating a virus species is more a matter of opinion and convenience rather than of logical necessity." - Professor Van Regenmortel, former President of the International Committee on Taxonomy of Viruses (ICTV), has had seminal influences on the taxonomic thinking in virology during recent years, in **"Viruses Are Real**, virus species are M**an-Made, Taxonomic Constructions**", Archives of Virology, 2 December 2003.

"Much yet, therefore, remains to be done; much error to be exposed, and many false notions to be corrected or eradicated."
- Dr Edward Jukes, Surgeon, 1833.

The Development of a New Public Health Bill

"Restrictions/ Emergency Powers

141. It is proposed that the Bill will make a provision at the start of this suite of provisions in relation to **references to infection and contamination.**

143. Domestic regulations may be made for the purposes of preventing, protecting against, controlling or providing a **public health response to the incidence or spread of infection or contamination** in Northern Ireland (whether from risks originating there or elsewhere).

The regulations may;

- **impose restrictions or requirements on or in relation to persons, things or premises in the event of, or in response to, a threat to public health, or enable a Northern Ireland department, the Regional Agency or another person, by virtue of a decision taken under the regulations, to impose such restrictions or requirements.**

In relation to a person, the regulations may impose a 'special restriction or requirement' such as:

- requiring a person to submit to a medical examination;
- be removed to a hospital or other suitable establishment;
- be detained in a hospital or other suitable establishment;
- keep a person in isolation or quarantine;
- require a person to vaccinated or to receive other prophylactic treatment;
- a person to be disinfected or decontaminated;
- that the person wear protective clothing;

- that the person provide information or answer questions about the person's health or other circumstances;
- that the person's health be monitored and the results reported;
- that the person attend training or advice sessions on how to reduce the risk of infecting or contaminating others;
- that the person be subject to restrictions as to where the person may go or with whom the person has contact;
- that the person abstain from working or trading.

In relation to a thing, the regulations may impose a 'special restriction or requirement' such as:

- that the thing be seized or detained;
- that the thing be kept in quarantine;
- that the thing be disinfected or decontaminated;
- in the case of a dead body, that the body be buried or cremated;
- in any other case, that the thing be destroyed or disposed of.

In relation to premises, the regulations may impose a 'special requirement or restriction' such as:

- that the premises be closed;
- that, in the case of a vehicle or movable structure, the premises be detained;
- that the premises be disinfected or decontaminated;
- that, in the case of a building, structure, mobile home or vehicle, the premises be destroyed.

The regulations may also make provision as to:

- imposing duties on registered medical practitioners or other persons to record and notify cases or suspected cases of infection or contamination;

- conferring on the Regional Agency or other persons functions in relation to the monitoring of public health risks;

- a requirement that a child is to be kept away from school;

- a prohibition or restriction relating to the holding of an event or gathering, a restriction or requirement relating to the handling, transport, burial or cremation of dead bodies or the handling, transport or disposal of human remains." - Mike Nesbitt, MLA, Minister of Health, Northern Ireland, in "Policy underpinning the Public Health Bill (Northern Ireland)", Department of Health, UK Government, 5 July 2024.

The Next Pandemic

"How do you anticipate? Because these aren't random events. We may not know exactly when the next pandemic comes.

We may not know when the next extreme weather event comes, but we know it's coming and we know it will intensify and it will get more frequent.

So that's the new world.

I think, we are now in a world that has to be framed around shocks, that are not just random or stochastic but shocks that are systematically part of the landscape, and that are intensifying in frequency and scale and impact.

The reasons we understand have to do with the breaching of the planetary boundaries, and the fact that pandemics are now baked into the system." - Tharman Shanmugaratnam, Senior Minister of Singapore, at World Economic Forum, 17 January 2023.

The Polio Virus Farce

> *"Although Landsteiner and others have been able to* ***inject emulsions of spinal cord material*** *into experimental animals to cause a paralytic disease,* ***a number of workers have also caused paralysis in experimental animals simply by injecting normal nervous tissues. This fact would indicate that some of our modern studies relating to the so-called virus of poliomyelitis require careful reappraisal."*** *- in "Archives of Pediatrics", Vol. 67, Iss.10, 1950-10.*

"Is it not strange that we seldom hear of any hospital personnel who come in frequent contact with Poliomyelitis patients during the acute stage contracting the disease?

If Poliomyelitis is contagious why has no one, during a period of 40 years, ever acquired the disease at Cook County Contagious Disease Hospital?

In addition to the regular staff of graduate nurses, a new group of students is assigned for duty each month.

Also clinics for medical students are held almost daily.

Recently, a somewhat similar experience was reported in the Baltimor city hospitals.

There it was believed that the personnel must have had "inapparent" Poliomyelitis and possessed antibodies which afforded protection.

It was decided to investigate the matter and Wehrle conducted a highly scientific study.

He found that among 75 of the personnel, which included nurses, nearly one-third lacked sufficient antibody to provide protection.

In some cases there was no antibody.

If antibody is unnecessary for immunity **what is the explanation for failure to acquire the infection when intimately exposed?"** - A. L. Hoyne, in "Quarter Bulletin", Northwest Univ. Med. Sch. Fall 1956.

"Poliomyelitis has undoubtedly received as much attention from epidemiologists.

Yet in spite of intensive study over a century, many of the salient epidemiologic features of this infection must still be considered enigmas.

Even some of **the accepted dogmas about poliomyelitis can be debated as perhaps erroneous.**

No good explanation was ever documented for the occurrence of epidemics.

One of the most characteristic features of poliomyelitis in the United States is its very marked seasonality.

The regularity of this pattern over many years suggested that it was governed by a mechanism which should be ascertainable.

Nevertheless, the underlying explanation has remained elusive." - N. Nathanson & J. R. Martin, in "The epidemiology of Poliomyelitis: enigmas surrounding its appearance, epidemicity, and disappearance", American Journal of Epidemiology, December 1979.

"The Chief Officer of the Ministry of Health has stated: "As we know nothing of the causative agent of the disease and little of the way in which it is spread, it is difficult to institute preventive measures on rational lines."

Professor Netter of Paris, in 1911 …. introduced into practice the convalescent serum of poliomyelitis which has since been the subject of so much discussion.

"It soon became apparent that, once paralysis had appeared in human beings, the serum was quite powerless to influence the disease."

It should be noted that the method was based upon experiments performed on artificially infected monkeys, which, as Professor Flexner points out, "are not naturally afflicted with poliomyelitis, as is man."

As an artificially produced condition in an animal cannot by its very nature bear any real resemblance to that of the naturally acquired disease in man, nor present any of those numerous physchological aspects which play so important a part in its development, this striking failure to obtain the same results with serum when the experiments were transferred from animals to man is not in the least surprising.

To those who have followed the history of discoveries emanating from this type of research it presents but one more illustration of their scientific futility.

Even the experiments on monkeys appear to have been distinctly contradictory in their results, for we find the Editor of the Journal of the American Medical Association (Vol. 103, No. 4, July 28th, 1934, p. 262), Journal American Medical Association, 103: 94 (July 4th, 1934), p. 97. 10 The Canadian Magazine, (July, 1934), p. 34. 11 Recent Advances in Bacteriology (Churchill, 1929), p. 133. 12 British Medical Journal (August 5th, 1899), p. 348. 13 The Canadian Magazine (July, 1934), p. 34. 14 British Medical Journal (August 5th, 1899), p. 348. 15 British Medical Journal (January 28th, 1933), p. 134. 10 The Lancet, February 27th, 1932, p. 471." - in "The Starry Cross", Volumes 40-44, 1932.

The Epidemic of Polio in Greenland

"It has not been possible to find definite means of contagion or disease spreaders. Means of contagion have not been proved." - in "The Epidemic of Poliomyelitis in Greenland 1953", Danish Medical Bulletin, March 1955.

The Transmission Farce

"No direct or indirect association could be traced in the majority of polio cases even after the most careful and searching investigations." *- Dr C. C. Dauer, MD, Epidemiologist, District of Columbia Health Department, in "Studies on the Epidemiology of Poliomyelitis", Public Health Reports, 24 June1938.*

"It is a most frequent thing to find that only one of a large family of children falls a victim of polio, or that one only has been picked out of a large school class." *- Dr A. Taylor-Smith, MD, in "Poliomyelitis and prophylaxis", British Homeopath Journal, April 1950.*

"The epidemics of paralysis occur during the very months when the children are away from school." *- Dr A. B. Sabin, MD in "The Epidemiology of Poliomyelitis", JAMA, 28 June 1947.*

"We are therefore confronted with the difficulty of explaining why poliomyelitis, a disease transmitted by close contact, should be most prevalent in that portion of the year when people spend most of their time in the open and why it should tend to wane rapidly when cool weather induces people to congregate indoors in search of warmth." - Dr Charles Armstrong, MD, in "Seasonal Distribution of Poliomyelitis", Am. J. Public Health Nations Health, October 1950.

"There is no obvious contagion in poliomyelitis of man." - Dr *H. A. Reimann, MD, in "Infectious Diseases", Archives of Internal Medicine, 1938.*

"No animal gets the polio disease from another, no matter how intimately exposed." *- Dr J. A. Toomey, MD in "Poliomyelitis", The Journal of Pediatrics, July 1941.*

"Interesting characteristics of poliomyelitis epidemics. The disease is limited almost exclusively to certain seasons, late summer and early autumn. The morbidity of rural districts exceeds that in larger towns, as much as a thousand fold." *- Dr T. J. Meyers, DO, in "Etiology and Diagnosis of Anterior Poliomyelitis", Journal of the American Osteopathic Association, February 1937.*

"The fact that the polio disease occurs in epidemic form during the summer months, renders it difficult to explain fully the spread of the disease by contact." *- Dr R. D. Defries, MD, Connaught Laboratories and School of Hygiene, University of Toronto, in "Some Epidemiological Features of Poliomyelitis", Canadian Public Health Journal, September 1937.*

"For many years I was in charge of a neurologic ward, and before there was much concern about poliomyelitis as an epidemic disease all the patients with neurologic conditions were kept in the general wards of the hospital.
I cannot recall a single case of poliomyelitis that appeared to arise as a result of direct contagion from another patient in the ward." *- Dr B. Sachs, MD, in "Discussion of Papers on Acute Anterior Poliomyelitis", Archives of Neurology & Psychiatry 1935.*

"Poliomyelitis, is not contagious.

Contrary to the generally accepted belief, one cannot catch infantile paralysis, you have to build it.

No one has ever proven it to be a fact that the condition known as poliomyelitis is an entity, a specific something, that can be transmitted to another.

No one ever caught this condition simply by being in the vicinity of those who may be suffering with this condition.

We do have some ill informed M.D.'s who will tell you that Poliomyelitis is contagious for a period of about 3 weeks.

It is hard to believe a reasoning mind can actually, and honestly believe such nonsense, for thousands of times children have slept together when one of them had infantile paralysis, and the others did not catch it.

How is any thinking person to believe that there is a "virus" that in some way causes inflammation in the gray matter of the spinal cord of infants when this supposed to be "virus" has never been isolated?

It is but a hypothetical something.

A reasoning mind could better believe that the moon is made of cheese, for the moon at least has the shape and color of cheese.

No one has ever seen, smelt nor felt, nor in any other way isolated this supposed to be poliomyelitis virus." - Dr O. Dahl, MD, in "Some Facts of Infantile Paralysis are Summarized", The times-news, North Carolina, 1 August 1935.

> ***"No instance of the spontaneous transfer of the virus from a paralyzed to a normal monkey arose, although many opportunities for contagion in the course of our many experiments occurred."*** *- Dr S. Flexner, MD in "The Contribution of Experimental to Human Poliomyelitis", JAMA, 24 September 1910.*

The "Virus" Quarantine Farce

"Strict and heavy quarantines for infantile paralysis does not stop polio epidemics, health and poliomyelitis authorities agree. All attempts to stop polio by quarantine have failed and authorities now consider it foolish to enforce it." - in "Polio Quarantine Useless", Science News Letter, 19 August 1950.

> ***"Despite the tremendous amount of research aimed at the understanding of the causative factors underlying anterior poliomyelitis, we are today still in a quandary as to the true etiology.***
> ***What is the disease agent in infantile paralysis?***
> ***We do not know whether it is a living germ, or something else growing in the cells of the brain.***
> ***We cannot isolate it like a germ in a test tube, and it is too small to be seen with a microscope."*** *- Dr K. F. Meyer, MD, in "Anterior Poliomyelitis", Cal West Med., July 1939.*

Covid-19 "Virus" or GI Issues

"Confirmed SARS-coronavirus-2 infection with gastrointestinal symptoms and changes in microbiota associated with coronavirus disease 2019 (COVID-19) severity have been previously reported, but **the disease impact on the architecture and cellularity of ileal Peyer's patches (PP**) remains unknown.

Here we analysed post-mortem tissues from throughout the gastrointestinal (GI) tract of patients who died with COVID-19.

When virus was detected by PCR in the GI tract, immunohistochemistry identified virus in epithelium and lamina propria macrophages, but not in lymphoid tissues.

Immunohistochemistry and imaging mass cytometry (IMC) analysis of ileal PP revealed depletion of germinal centres (GC), disruption of B cell/T cell zonation and decreased potential B and T cell interaction and lower nuclear density in COVID-19 patients.

This occurred independent of the local viral levels.

The changes in PP demonstrate that the ability to mount an intestinal immune response is compromised in severe COVID-19, which could contribute to observed dysbiosis.

The decreased cell density of the PP and depletion of the GC in ileal follicles of patients with COVID-19 is consistent with impaired T and B cell interaction, which could contribute to failure to generate a long-term response to local antigens and contribute to dysbiosis.

In conclusion, **patients with severe COVID-19 show significant impaired architecture and cellularity of PP.**

The resulting poor local immunity could contribute to dysbiosis. Our findings also suggest that oral vaccination to prevent COVID-19 disease could not be effective if patients were already ill, since the gut immune system is compromised with features indicating that they would lack the ability to mount an efficient immune response." - in "**Disrupted Peyer's Patch** microanatomy in COVID-19 including germinal centre atrophy independent of local virus", Frontiers in Immunolog, 20 December 2021.

"Scientists from King's College in London have analyzed the gastrointestinal (GI) tracts of people with a wide spectrum of COVID-19 related deaths.

The human gut serves as one of the biggest players for our immune system.

It sifts through the myriad of harmful substances and organisms we encounter through the things we eat and drink.

These researchers concluded the depletion of germinal centers by COVID-19 could inhibit the body's ability to mount an immune response in the gut, thus affecting the entire immune system.

They suggested ex-COVID patients could experience frequent 'stomach bugs,' or potentially chronic GI ailments in the long run." - in "How does COVID-19 impact gut health?", Sciworthy, 11 May 2023.

A Note On The Global Covid Operation Farce

"One of the most ingenious aspects of the Global Covid Operation is that it was so brazen, so extreme, and so inconceivable – that it can actually hide behind its own implausibility." *- Debbie Lerman, Medical Writer, and Former MedPage Managing Editor, in "The Catastrophic Covid Convergenge – Revisited", 9 September 2024*

Grey Literature Bias

"A large group of biological entities, however, has been excluded from these discussions, namely viruses.

Viruses are usually portrayed as stable and distinct individuals that do not fit the more integrated and collaborative picture of nature implied by symbiosis.

In this paper we will contest this view.

We will first discuss recent findings in virology that show that viruses can be 'nice' and collaborate with their hosts, meaning that they form part of integrated biological systems and processes.

We further offer various reasons why viruses should be seen as processes rather than things, or substances.

Apart from the very obvious fact that they frequently fail to kill us, there is a general reason for supposing that the vast numbers of viruses or virus-like particles found in the human body are an integral part of the system rather than a reservoir of predators, generally kept sufficiently under control to allow the system to function.

The problem is that identifying the virus with anything less than a cycle is bound to lead to failure.

We suggest that rather than trying to provide a set of characteristics that qualify something as a virus, we should concentrate on the activities that constitute the viral life cycle.

In other words, we should see viruses as processes rather than things." - John Dupre, Stephan Guttinger, in "Viruses as Living Processes", Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences, October 2016.

"Discussions about a replicability crisis in science have been driven by the normative claim that all of science should be replicable and the empirical claim that most of it isn't.

Recently, such crisis talk has been challenged by a new localism, which argues:

a) that serious problems with replicability are not a general occurrence in science, and
b) that replicability itself should not be treated as a universal standard.

Stuart Firestein makes a similar case when he discusses the importance of failure for science and the need for a funding system that allows error-prone research to go ahead (Firestein 2015, ch. 12)." - Stephan Guttinger, London School of Economics, in "The limits of replicability", European Journal for Philosophy of Science, 15 January 2020.

The Measles Virus Farce

"Rubeola we see treated by mothers without the help of a physician, and all that is needed in many cases that we are called to see is a mild, cooling treatment; and yet we meet with individuals now and then who are greatly alarmed when an epidemic of this disease occurs.

I shall never forget a visit to a man in bed ill of measles, with all the bedding of winter weather over him, and a thick winter suit of clothes on him from head to feet, his thick winter coat buttoned over his chest, and a thick woollen scarf around his neck.

He was as hot as a man could be, and in piteous tones he said:

"Doctor, I am afraid I shall take cold!"

I ordered him out of bed, commanded him to take off his day garments, and go to bed as a sensible man should, in his bed-garments.

He was living when I last heard of him.

Some years ago as an epidemic of measles was passing over the community in which I live, I was asked by an intelligent woman, the mother of 3 children, whether I thought she would be affected by the disease.

I said to her that I had not the least doubt of it.

She replied: "You are a good comforter."

I said: "Madam, in this epidemic every one who has not had the disease is attacked by it."

I had observed it, and I told her what I knew was true.

In a short time her children had the disease, and very soon she was in her bed with it, sick almost unto death.

This woman's mother had for years been in bondage from fear of measles.

She took special care to keep her daughter from associating with children who had this disease, and, I believe, took such care of her as to shut her within doors when it was prevailing.

I never saw a case like hers.

She was sick for weeks, was greatly reduced in strength and flesh, and just escaped with her life.

On one of my visits, when she was convalescent, she said to me:

"Doctor, Congress ought to pass a law that no woman shall be allowed to marry until she has had the measles."

I have no doubt she thought her mother a very silly woman, so far as her views of measles were concerned.

An attack in childhood would, most probably, have been mild, and before she reached adult life would have been forgotten.

The comparative mildness of the disease as it occurs in childhood is well known.

I believe these diseases help to establish good health.

I doubt not you have seen children who did not grow well, who were feeble, who would after an attack of one of the eruptive diseases of childhood commence to grow, and soon become strong and healthy persons.

Rural Versus Cities

Furthermore, Dr Gibney admits that the Disease, as it appears in the Rural Districts, Differs from the Disease as it occurs in Cities.

With us, as already stated, the disease in many cases is so mild that the mothers of the children safely conduct the whole treatment.

I have never seen a case of diseased bones or joints which I could trace to measles as a cause; and it must be remembered that every one, sooner or later, has an attack of measles. It is quite easy, therefore, to say that this or that disease followed an attack of measles; but it is not so easy to determine how far the eruptive disease acted as the exciting cause.

We should ask:

1. Do not these diseases occur after various other diseases?

2. Do they not occur when children have not had any of the peculiar diseases of childhood?

The crowded tenement houses of cities certainly furnish cases of disease, in scrofulous children, which cannot be traced to any cause save:

1. The Bad Air.
2. Poor Food.
3. General Unfavourable Hygienic Surroundings.

I have seen many epidemics of Measles since, and I record my testimony as to the Mildness, and Usually Favourable Termination of Measles in the Rural Districts, and Healthy Towns." - Dr Traill Green, MD, Trustee of Harrisburg Hospital; 1st President American Academy of Medicine; Founding Member American Association for the Advancement of Science, Presiding Member for many Pennsylvania medical societies affiliated American Medical Association, in "The Medical Record", 22 July 1882.

WHO: 2018

Measles Treatment

"No specific antiviral treatment exists for measles virus.
Severe complications from Measles can be avoided through supportive care that ensures Good Nutrition, adequate fluid intake and treatment of dehydration with WHO-recommended oral rehydration solution. [In 2004, WHO recommended low osmolarity ORS, with total osmolarity of 245 mmol/l and reduced levels of glucose and sodium].

Fluids (Water), other Essential Elements (Salt)

This solution replaces Fluids, and other Essential Elements that are lost through diarrhoea or vomiting.

Antibiotics

Antibiotics should be prescribed to treat eye and ear infections, and **Pneumonia.**

Vitamin A

All children diagnosed with Measles should receive 2 doses of Vitamin A supplements, given 24 hours apart.

This treatment restores low Vitamin A levels during measles that occur even in well-nourished children and can help prevent eye damage and blindness.

Vitamin A Supplements Have Been Shown To Reduce The Number of Deaths From Measles by 50%." - in "Measles", WHO, 22 January 2018.

WHO: 2024

WHO & Global Stakeholders: Agenda 2030

"Measles is a highly contagious disease caused by a virus.

In 2020, **World Health Organization (WHO), and Global Stakeholders endorsed the Immunization Agenda 2021–2030.**

The Agenda Aims to achieve the regional targets as a core indicator of impact, positioning measles as a tracer of a health system's ability to **deliver** essential **Childhood Vaccines.**

Based on current trends of measles Vaccination coverage and incidence, the **WHO Strategic Advisory Group of Experts on Immunization (SAGE)** concluded that measles elimination is under threat, as the disease resurged in numerous countries that achieved, or were close to achieving, elimination.

WHO continues to strengthen the Global Measles and Rubella Laboratory Network (GMRLN) to ensure timely diagnosis of measles and track the virus spread **to assist countries in coordinating targeted Vaccination activities**, and reduce deaths from this **Vaccine-Preventable disease**.

The Immunization Agenda 2030 Measles & Rubella Partnership

The Immunization Agenda 2030 Measles & Rubella Partnership (M&RP) is a partnership led by the American Red Cross, United Nations Foundation, Centers for Disease Control and Prevention (CDC), Gavi, Vaccines Alliance, Gates Foundation, UNICEF, and WHO, to achieve the Immunization Agenda 2030 Measles and Rubella specific targets." - in "Measles", WHO, 14 November 2024.

The Measles Vaccine Farce

"We have lots of Malaria and Pneumonia among the children, September and October Are the Peak Months for Measles: "said Tanga Audi, a 5th-year medical student who for 2 months is staffing the Saradidi clinic.

He estimates that less than 20% of the infants have been Vaccinated against Measles, and **50% of These Will Get The Disease Despite The Vaccination.**

But Malaria is far more important than Measles as a killer of children, partly because it is a year-round risk in this area, while **Measles Is Seasonal.**" - in "Health Care: Giant Task in Rural Kenya", Los Angeles Times, 15 October 1980.

The Recognition of Pesticide Poisonings

"Common Insecticides fall in 3 Classes:

1. Carbamates
2. Organophosphates
3. Pyrethrins / Pyrethroids

Acute Health Effects of Carbamates

Carbamates are generally responsible for causing symptoms related to the Nervous System

1. Malaise.
2. Muscle weakness.
3. Dizziness.
4. Sweating.
5. Headache.
6. Salivation.
7. Nausea.
8. Vomiting.
9. Abdominal pain.
10. Diarrhea.
11. Miosis, with Blurred Vision.
12. Incoordination.
13. Muscle twitching.
14. Slurred speech.

In more severe cases:
1. Central Nervous System Depression (Coma, Seizures and Hypotonicity),
2. Hypertension, and Cardiorespiratory Depression.
Also Dyspnea, Bronchospasms, and Bronchorrhea; with eventual Pulmonary Edema.

NOT AN EXHAUSTIVE LIST OF POTENTIAL HEALTH EFFECTS

Acute Health Effects of Organophosphates

Organophosphates are generally responsible for causing symptoms related to the Nervous System:

1. Excessive salivation.
2. Sweating,
3. Rhinorrhea.
4. Tearing.
5. Muscle twitching.
6. Weakness.
7. Tremor.
8. Incoordination.
9. Headache.
10. Dizziness.
11. Nausea.
12. Vomiting.
13. Abdominal cramps.
14. Diarrhea.
15. Respiratory depression.
16. Tightness in chest.
17. Wheezing.
18. Productive cough.
19. Fluid in lungs.
20. Pin-point pupils, sometimes with blurred or dark vision.

Severe cases:

1. Seizures.
2. Incontinence.
3. Respiratory depression.
4. Loss of consciousness.
5. Cholinesterase inhibition.

NOT AN EXHAUSTIVE LIST OF POTENTIAL HEALTH EFFECTS

Acute Health Effects of Pyrethrins / Pryethroids

Pyrethrins are natural pesticides.
Pyrethroids are synthetic chemicals.
Pyrethrums is a general name that covers both compounds.

People exposed to these compounds may experience:

1. Irritation of skin and eyes
2. Irritability to sound and touch,
3. Abnormal facial sensation,
4. Sensation of prickling, tingling/creeping on skin and numbness
5. Headache,
6. Dizziness,
7. Nausea,
8. Vomiting,
9. Diarrhea,
10. Increased salivation,
11. Fatigue

In Severe Cases:
1. Fluid in lungs and muscle twitching may develop.
2. Seizures may occur, and are more common with more toxic cyano pyrethroids.

NOT AN EXHAUSTIVE LIST OF POTENTIAL HEALTH EFFECTS

Pesticide-Related Diagnoses

Sample list of diagnoses that are reported to the Pesticide Poisoning Registry.

Respiratory

1. Bronchitis or Bronchitis with Acute Asthma
2. Bronchospasms
3. Upper Respiratory Irritation

Gastrointestinal

1. Gastritis
2. Gastroenteritis

Neurological

1. Dizziness
2. Fasiculations
3. Headache

Dermal

1. Dermatitis
2. Hives
3. Pruritis

Cardiovascular

1. Bradycardia
2. Tachycardia

General

1. Chemical Exposure
2. Chemical Inhalation

Ocular

1. Corneal Abrasion
2. Chemical Conjunctivitis

Renal

1. Hematuria
2. Proteinuria." - in "Pesticide Poisoning Registry - Recognizing and Reporting Pesticide-Related Illnesses and Injuries", Department of Health, New York State, May 2017.

The End of Food Rationing in Britain, 1954

"Fruits and vegetables: Fresh Vegetables and Fruit were not rationed, but supplies were limited.

Some types of imported Fruit all but disappeared. Lemons and Bananas became unobtainable for most of the war; Oranges continued to be sold, but greengrocers

customarily reserved them for children and pregnant women. Apples were available from time to time.

Food Rationing ended in Britain formally ended on 4 July 1954." - in "Rationing in the United Kingdom", Wikipedia, 31 August 2025.

Advisory Committee for Pesticides Established in 1955

In 1955, the UK Government established the Advisory Committee for Pesticides, a key step in regulating Pesticide use and setting Safety standards.

The Period Saw the Widespread Adoption of New Synthetic Insecticides like DDT in Agriculture, Driven by the goal of Increased Food Production, although the rate of adoption varied by sector and product.

This era also marked the beginning of concerns over environmental impacts, with observed negative effects on wildlife populations, such as peregrine falcons, which became noticeable shortly after 1955.

Encephalomyelitis

"Symptoms:
Headache.....77%
Sore throat.....63.5%
Malaise.....62%
Lassitude.....51%
Vertigo.....47%
Pain in limbs.....46.5%
Nausea.....40.5%
Dizziness.....33.5%
Stiff neck.....32.5%
Depression.....19%
Pain in back.....32%
Pain in abdomen...14.5%
Vomiting.....12%
Diplopia.....9%
Tinnitus.....4%
Diarrhoea.....4%

Motor Symptoms and Signs

The usual initial distribution of weakness was hemiplegic, or less commonly monoplegic or paraplegic, but later the remaining limbs were often affected to some degree. The tendon jerks were preserved. Wasting of muscles was exceptional. An important diagnostic feature was the apparent contrast between the severe disturbance of volition, and the minimal disturbance of the reflexes.

Convulsive Episodes

"Fits" of one sort or another." - in "Royal Free epidemic of 1955: a reconsideration", British Medical Journal, January 1970.

The location of the so-called "spread" was in the Hospital building, and the administrative buildings surrounding the hospital, which formed part of the hospital complex.

It is obvious that the item that lead to the symptoms produced, was Pesticide-Related poisoning of fresh fruit. This item was placed, and consumed principally by the hospital complex staff, some even took the fresh fruit item home, thus "infecting" their partners at home.

Myalgic Encephalomyelitis As The Result of Ingesting Fresh Fruit With High-Dose of Pesticide

"The designation "Myalgic Encephalomyelitis" (ME) originated following an outbreak at London's Royal Free Hospital in 1955. More than 200 members of the hospital staff became disabled. Melvin Ramsay, MD, eventually published important case descriptions in Lancet. He coined "ME" based on predominant symptoms of muscle pain (myalgia), and effects on the brain (encephalo), spinal cord (myel), and inflammation (itis). For 32 years, "ME" was deemed acceptable until, in 1987, the Centers for

Disease Control (CDC) convened an extramural committee to change the name. CDC did so in response to a Series of Outbreaks of a Similar, if not Identical, Illness in the United States, introducing "Chronic Fatigue Syndrome" in 1988.

A 2006 Australian study is oft cited as proof that virtually any number of infections cause Myalgic Encephalomyelitis / Chronic Fatigue Syndrome.

Researchers followed 253 people in Dubbo for 12 months.

Of these, 171 had verified acute Epstein–Barr Virus infection, Q fever (caused by Coxiella burnetii), or Ross River Virus infections, while 82 were suspected of having one of these infections. 9% of the participants exhibited what was termed "post-infective fatigue syndrome," encompassing 6 symptoms, of which only 2 (fatigue and neurocognitive difficulties) are also found in the IOM criteria.

Should the post-SARS-CoV-2 infection syndromes be called "Encephalomyelitis / Chronic Fatigue Syndrome"? (ME/CFS)

The US government devised the name Post-Acute Sequalae of COVID-19 (PASC) to describe a post-acute illness syndrome suffered by victims who endured this Deadly Virus.

PASC patients' symptoms include observable damage to the heart, kidney, lungs or other organs, lung damage from invasive mechanical ventilation, blood clots, rashes, tinnitus, disturbances of taste and smell, as well as a plethora of other symptoms.

Most relevant to Myalgic Encephalomyelitis / Chronic Fatigue Syndrome is the fact that some people who suffered mild or asymptomatic cases of COVID-19 later began experiencing a post-viral illness that fulfills most or even all of the IOM criteria for ME/CFS.

Given that the present estimate of 65 Million long COVID sufferers worldwide is nearly identical to our estimate of

Myalgic Encephalomyelitis / Chronic Fatigue Syndrome sufferers worldwide, the latter of whom have been ill for years and even decades longer, suggests that both diseases, not only PASC, deserve major investments of money and time from the world's research communities.

Ignoring the abundant evidence for enterovirus involvement in Myalgic Encephalomyelitis / Chronic Fatigue Syndrome has slowed research into the possible dire but hidden consequences of enterovirus infections, including persistence in Virus reservoirs.

Prior to the SARS-CoV-2 pandemic, the ability of RNA Viruses to persist in tissues for long periods was largely ignored.

Further, recognizing that enteroviruses are prime candidates for causing ME/CFS suggests how critical it is to pursue a relevant inquiry into this diverse virus family. Do hidden reservoirs harbor these Viruses?" - M.R.H., Affiliation Department of Molecular Biology and Genetics, Cornell University, Ithaca, New York (Funding: M.R.H. by the TEMPI Foundation, Cornell University, and NIH U54 NS105541, which is co-funded by the National Institute of Neurological Disorders and Stroke, NIH Office of the Director, National Institute on Drug, National Heart, Lung, and Blood Institute, National Human Genome Research Institute), in "The viral origin of myalgic encephalomyelitis/chronic fatigue syndrome", PLoS Pathogens, 17 August 2023.

Defining A "Virus"

"Let us proceed on the Hypothesis that viruses have an important position in the biological system of this planet, even if they are strictly speaking not to be considered members of the living world.

How are they' to be defined if we are to set them apart from the rest of the world, both animate and inanimate?

Attempts have been made from time to time to define a virus according to the information available.

One such early definition, that of Bawden (1964) considers viruses as, "submicroscopic, infectious entities that multiply only intracellularly and are potentially pathogenic." Another definition that of Lwoff (1957) says, "Viruses are infectious, potentially pathogenic nucleoprotein entities, with only one type of nucleic acid, which reproduce from their genetic material, are unable to grow and divide and are devoid of enzymes." There have been similar other pronoucements all of which have been considered inadequate somehow (see Hatton 1964).

Inadequacies regarding framing an overall acceptable definition of viruses were, therefore, quite apparent.

In fact it was found that viruses could be considered from another angle as well i.e. the angle of an inanimate.

Crick and Watson (1956) suggested a perfect definition of at least the small viruses which could fit perfectly into the definition . of molecule as "'a particle all of whose atoms are arranged in a more or less constant relationship to each other." The futility of looking at viruses with a strict definition was then quite clear.

The pronouncements made in a lighter vein like "viruses are viruses because they are viruses" (Lowff 1966) and that "it would perhaps have satisfied Beijerinck to say that they are creatures endowed with life when drawn into a living cell" (see Waterson 1968) are an indication of the situation. Thus, while viruses, strictly speaking, could not be defined, they could surely be set apart from other organisms on the basis of certain discriminative characters they possessed.

These have been listed by Lwoff and Toournier (1971) as follows:

(i) They are all potentially infectious;
(ii) Presence of a single nucleic acid;
(iii) Incapacity to grow and divide;
(iv) Reproduction from the genetic material only;
(v) Absence of enzymes for energy metabolism (Lipmann System);
(vi) Absence of ribosomes;
(vii) Absence of information for the production of enzymes in the energy cycle;
(viii) Absence of information for the synthesis of ribosomal proteins;
(ix) Absence of information for the synthesis of ribosomal RNA and soluble (transfer) RNA.

Lwoff and Toournier suggest that there is a definite correlation between all these characteristics and that presence of any one of the characters (from character ii to viii) is sufficient to establish that an "infectious particle belongs to the viral world."

These characters clearly set them apart from other micro-organisms.

Considering all these aspects, we can say that definition of the virus by itself is not important.

What matters more is the establishment of definite marker characters which distinguish them from the world of the rest of the living organism yet not putting them out of it.

Acceptance of viruses as 'living' has been slow to come but it is bound to come, because it is becoming increasingly clear that an attempt to define viruses without defining categorically life itself would be an exercise in futility.

No separate definition is really necessary." - in "An Introduction to Viruses", 1986.

Viruses Should be Considered as Viruses Because Viruses are Viruses

Or

How the Weasel Attempts to Describe the Falsehood

"I understood that the subject should be 'general'.

Most scientists, as you know, are maniacs. One of my manias is to consult dictionaries.

The dictionary says that general means 'completely or approximately universal', but it fortunately adds 'within implied limits'. I decided that the limits of universality would be the borderline of the kingdom of viruses.

The notion of virus, the subject of this lecture, is a "pons asinorum" ("bridge of asses" considered a difficult hurdle) of microbiologists, and I suspect that some of you have come to see how I behave on the asses bridge. It seems therefore only fair that I should take the maximum of risks. Thus I have decided not to avoid discussing the notion of organism and the notion of life, which are considered to be highly treacherous subjects.

The man in the street generally considers viruses as the dangerous agents of infectious diseases.

Some virologists are convinced that viruses are micro-organisms. This view is expressed in Sir MacFarlane Burnet's book Virus as Organism.

Other virologists, like Wendell Stanley, feel that viruses should be considered as molecules.

Dr C. H. Andrewes's article Viruses as Organisms:

> ***"It is my experience, that those who have studied viruses from the widest point of view are more apt to consider them as organisms, whereas others who have looked on them from perhaps a more restricted point of view are more apt to toy with other Hypotheses."***

If a virus be neither organism nor molecule, what is its nature? What is a virus?

It is a malady of our time that words are often deprived of their meaning. Many people like to think that a virus is something different from a virus.

My ambition is to show that the word virus has a meaning, and I shall defend a paradoxical viewpoint, namely that viruses are viruses.

Are Viruses Alive?

The classical question as to whether viruses are or are not alive depends necessarily on our conception of life. Life may be considered as a property, a manifestation or a state of cells or organisms. This excludes from the living, all cellular particles or structures, whether or not endowed with genetic continuity. It is evident, as already seen, that the properties of an organism are more than the sum of the individual properties of its individual parts. An organism is the result of the integration of its dependent and interdependent parts. The essential character of an organism, independence, with all its implications, transcends the characters of its parts, dependence. Life is precisely this transcendence. Those who share this viewpoint will conclude that Viruses Are Not Alive.

And it is essential to remember that a concept is an idea of a class of objects.

The Virus Is A Concept.

Our ideas concerning the origin of viruses may differ, and also our ideas of the place we assign to viruses among other entities. The very use of the term virus, however, implies the acceptance of viruses as a specific class of entities. The choice of a discriminative character of a class cannot be a matter of taste. Either a character offers itself indiscriminately to any category and is valueless, or it belongs exclusively to one category and is thereby discriminative, that is to say valid. A Concept Is The Equivalent of a Doctrinal Corpus. It has to be sound and coherent and should stand firm on a strictly logical base.

I have not dealt with laws, but I have Attempted to Visualize the Virus as a whole, To Introduce A General Idea, the Notion or Concept of Virus.

I Have Coined Numerous Definitions as if I had really penetrated the essence of things. And I should not have discussed the Intimate Nature of Viruses with more Confidence If I had Been Myself A Virus. Some scientists visualize the virus as an ill-defined shape Emerging Bashfully out of a Dense and Golden Cloud. As a result, the virus has been unveiled. Now, it stands before you, naked. Do Not Turn Your Eyes Away, It Is Only A Concept. And the concept of virus, just as any other concept, the concept of a lecture, the concept of woman, is not as difficult to handle as the real object. The Conclusion of this lecture will be prosy, coarse and vulgar, Viruses Should Be Considered As Viruses Because Viruses Are Viruses." - A. Lwoff, Institut Pasteur, Paris, in "The Concept of Virus", Journal of General Microbiology, 23 August 1957.

André Michel Lwoff

"Lwoff was born in France, into a Jewish family of Russian-Polish origin. ***He joined the Institute Pasteur in Paris when he was 19 years old.*** *In 1932,* ***he finished his PhD and, with the help of a grant from the Rockefeller Foundation. Another Rockefeller Grant allowed him go to the University of Cambridge in 1937. In 1938, he was appointed departmental head at the Institut Pasteur, where he did groundbreaking research on bacteriophages, microbiota and on the Poliovirus.*** *Lwoff* ***was married to the microbiologist and virologist Marguerite Lwoff with whom he published many works. He was awarded a Nobel Prize in Medicine in 1965 for the discovery of the mechanism that some viruses (which he named proviruses)*** *use to infect bacteria." - in "Wikipedia", 19 November 2025.*



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