

TOPICAL NOTES

RUDE HEALTH INTO FRENCH

The nearest thing to a French *Kingston Chronicle* is *La Nouvelle Hygiene*. It is considerably larger than ourselves, but resembles us in several respects. For one, it is free from adverts for junk, and for another it presents solid chunks of straight opinion and information on health matters. However, one feature is that it relies markedly on translations from such English-language sources as Dr. Shelton's writings and—to a much lesser extent—our own pages.

One of the publishers' difficulties is in obtaining translations which are at the same time readable and accurate. The existing editorial staff do noble work, but they need help. Anyone willing to assist is invited to write direct to: Gerard Nizet, *La Nouvelle Hygiene*, 24, Rue Chaptal, Paris (9), France. Who knows, it might help to improve the representation of Kingstonian philosophy in France!

UNLUCKY DOCTOR

The press on Feb. 22nd told us the sad story of the medical scientist who—as the *Daily Mail* put it—died “on eve of big slimming cure”. Dr. Joseph Nissim had been working for about six years on drugs which would enable people to eat as much as they liked and still lose weight. According to Hugh McLeave, “He died after a stomach operation at Guy's Hospital, London, where he carried out research and often risked his health to try to prove his theories.” The drugs he was working with were believed to work by “blocking the intake of food through the gut”. He had in 1960 used the drug on himself, producing drastic weight reductions, and “some of the hospital staff wondered if Dr. Nissim had done some damage then which caught up with him in his recent illness. But colleagues denied this yesterday. Dr. Nissim, they said, was allergic to aspirin, and had taken a compound containing some aspirin which caused stomach bleeding.” After the stomach operation, the poor man “developed kidney failure and died”.

We must respect any man whose convictions lead him to imperil his own life in the search for information, but at the same time cannot help wondering whether the success of his search would have benefited humanity. With almost half the population of the world underfed, should the gluttons in our midst be encouraged?

London Consultations: Mr Alec Milne continues his London practice. For appointments please write to the Secretary, Kingston, Edinburgh, 9.

For 10/4 (or \$1.50) you may enjoy *Rude Health* for one year (8 issues).

A cross here is an invitation to renew an expired subscription.

All communications to the Secretary, Kingston, Edinburgh, 9.

Printed by MACKENZIE & STORRIE LTD. 28-32 Coburg Street, Leith

MAR.-APRIL 1966

No. 6. Vol. 27



THE KINGSTON CHRONICLE

(*Rude Health*) 1s.

Published every now and then by Leslie Thomson and Alec Milne of the Kingston Clinic, Edinburgh

THOUGHT FOR TODAY

CONSISTENCY

NATURE: The Unseen Intelligence which loved us into being, and is disposing of us by the same token.

—Ali Baba

IMMUNITY — FROM WHAT?

by C.L.T.

Persistent propaganda is a powerful force, and it takes a comparably confident determination to withstand its drive. Parents are in a particularly vulnerable position, because tremendous leverages can be exerted against them through their children. A man or woman who would have no hesitation in trusting instinct or reason in making a decision about his or her own life can be thrown into doubt and confusion when parental emotions are aroused. Being a parent is one of the toughest jobs in the world, and it is made no easier by the supreme arrogance of so many professional advisers.

In the current intensive campaign (with full government backing) for the medication of water supplies with fluoride, one is repeatedly shocked by the callous inhumanity of official voices. They know that fluoridated water must produce disease and early death in a proportion of those who drink it, but they refuse to look at such awkward facts. Instead they keep their own gaze, and would direct ours, on the promised benefits to the teeth of children aged between five and fifteen. By thinking in terms of statistics, instead of about human lives, it is easy to rationalise one's self into supporting a profitable dishonesty.

In the same way, 'Health' officials are always ready to assert without the slightest hesitation that children must be 'protected' against a variety of ills. Their own records show that their confidence

Other Items within:—

Questions Answered	...	...	...	...	...	...	93
Topical Notes	...	...	...	...	...	...	96

is misplaced, and the really scientific observers in their midst—the men who are looking for facts and examining results rather than trying to sell a product—are far from positive about the benefits of immunisation. Whereas the enthusiasts see the unfortunate few who obviously suffer from the treatment as “a negligible proportion of the total”, the more discerning person makes a rather different comparison: he is likely to inquire how the damage inflicted by the treatment compares with the damage which might have occurred without it, and this leads to some extremely disturbing conclusions.

Drug-minded and vaccine-favouring authorities are always quick to take refuge in that inhuman concept—“the calculated risk”—which implies a fair assessment of the probabilities. In fact the calculation is concerned essentially with the limits of mass credulity, and the risk factor they are worried about is a purely financial one: whether the new treatment will show its ‘side-effects’ too soon and too clearly, before the advertising costs have been recouped from revenue.

NUISANCES

The term “immunity” is freely used, and most people probably take it to mean that the individual who has received the treatment cannot possibly develop one or other of various unpleasant disease conditions. That is certainly the implication of most propaganda for immunisation, although the prudent manufacturer or doctor would never let himself be pinned down so specifically. If pressed for assurances, he will take refuge in “statistical support” for his claims, and suggest that even if unfortunate accidents do occur, they are a small price to pay for the overall benefit. When I hear people speak of immunity, I cannot help thinking of the ‘immunity badges’ which were (and may still be) a feature of student charity rag days. The idea was that, to avoid the nuisance of being pestered for contributions during the week, one could buy a badge which would keep the collectors and their tin boxes at a respectful distance. The trick, of course, was that the badge cost considerably more than one would be expected to contribute in chance encounters with the coin-box brandishers.

There is a certain similarity with immunisation against disease. The promise is of freedom from a particular kind of nuisance, but the cost may be a far greater distress. It should be clearly recognised, also, that immunisation is not a promise of better health: at most, it is a promise of a better-than-average chance of escaping from a specific form of illness. It is in all cases based on the belief that illness is bad for you and that stopping symptoms is good. We of the Nature Cure school believe just the reverse—that many forms of illness have a logical and constructive purpose, and that stopping symptoms can be deadly dangerous.

Immunisation is a big subject, and it may be more easily dealt with—and at the same time its scope indicated—by briefly listing seven

main questions:—

- (1) What does immunisation really mean?
- (2) What are the immunisers’ methods?
- (3) Is it successful—and what does ‘successful’ mean?
- (4) Why is it difficult to find out the facts?
- (5) What is the real cost of artificial immunity?
- (6) Is there such a thing as ‘natural immunity’?
- (7) If so, how may this be encouraged?

MEANINGS

When the immuniser offers to protect you, it most often means that if you allow him to inject a quantity of a virulent foreign matter into the tissues of you or your child, you should not show certain symptoms even when many of those about you are doing so. The materials used are obtained in a variety of ways, none of which could be described as pleasant, mostly utterly repulsive to those of normal sensibility, and often involving intense and cold-blooded cruelty. It is no exaggeration to describe the entire technique as witchcraft of the most primitive order: the bringing together of all manner of revolting and unclean things, producing a ferment of putrefaction and then administering the product to gullible persons as a protection against evil spirits. Macbeth’s three lady friends could have learned much from to-day’s immunologists!

That the treatment, by injection, vaccination or inoculation, does have an effect upon the patient’s system we do not question. Most people find that they are promptly and disagreeably disturbed by the treatment, and our interpretation of this contrasts strongly with the orthodox claims. When the living body produces a vigorous reaction to being poisoned or invaded it is usually a sign of fairly good vitality, the system is capable both of resentment and of active self-protection. The immuniser would say that his treatment has “taken”. But when the recipient of toxic material is in an already depressed state of health, with an accumulation of toxins choking his vital functions, there may be little or no response to the proportionately small increase of filth in his system. A few grains more of deadly rubbish is neither here nor there: no marked fever occurs, there is no noticeable swelling or inflammation at the site of the injection, and the immuniser sadly observes that his treatment has “not taken”.

Whether through sheer ignorance or by intuitive craftiness, the immunologists use these effects to support their practice. They find that those in whom the vaccine ‘takes’ are less likely to show symptoms of later illness than those in whom it does not ‘take’. From this they reason that the immunisation is effective. We see it quite differently: the vigorously-responsive person is in far less need of eliminative illness, and his prospect of developing ‘a disease’ in the near future is

slight. The toxin-clogged, and unresponsive, individual is the one for whom the development of a disease is imminent—if you like, he is the one in greatest need of 'protection'—and the treatment only makes his state of misery more abject.

CLAIMS

The claimed effect of immunisation is to stimulate the formation in the bloodstream of 'antibodies'—complex, protein-like substances which are able to neutralise the toxic characteristics of the germ associated with the particular disease. The blood, thus equipped with suitable weapons, is therefore able to repel attempted invasions by the germs—or, in the more fashionable jargon, the 'virus'—of the threatening disease. The disease is thus credited with an individuality and with a deliberate, malicious intent—exactly like the evil spirits feared by less enlightened peoples.

Anyone who believes that human bodies become ill only when invaded by a pathogenic micro-organism is to be pitied. That the belief is shared by some of the most eminent medical men in the land is a cause only for greater pity. It constitutes one of the greatest blunders ever perpetrated in the history of so-called "scientific medicine". In its modern form, the idea owes most to Pasteur who, ironically, was one of the first to recognise its basic error. But by the time Pasteur realised his mistake, the idea had been enthusiastically taken up and exploited commercially, so that he was quite unable to gain any real publicity for his amended belief—that the germ was of secondary importance to the environment or 'soil' in which it may exist and multiply. Pasteur's early guess laid the foundation for all modern antibiotic treatment—of which immunisation is one section—and his guess was wrong.

Germs do exist, and specific types are responsible for characteristic effects in various circumstances: they are capable of producing certain changes and of evoking specific symptoms. That must be clearly set down, as otherwise one is liable to be accused of deliberately ignoring facts; of denying that germs exist and have functions. Yet none of this runs counter to our fundamental belief that only when there is unwholesomeness already present can a 'disease' microbe successfully invade and colonise the living body. This a far less simple picture than the immunisers would have us accept, and it also makes their claims more ridiculous than impressive.

If one further accepts the Naturopathic understanding, and believes:—(1) that acute illness is most often the outward sign of constructive and self-cleansing activity within the body: (2) that the processing and elimination of wastes can be assisted by various forms of bacteria, then the idea of killing off such bacteria does not seem at all a good one. Whether the slaughter is attempted by direct attack with antibiotic drugs, or is imagined to be possible by the indirect

and problematical processes of immunisation, it is seen to have little or no possible advantage to the patient. In fact it must appear to be a foolish and damaging intrusion into a delicately-balanced situation.

HOUSES

Let us look at a well-worn domestic parallel. Consider a street of residential houses, undistinguished in structure from each other and all occupied by averagely respectable and tidy families. Every so often, there is an outbreak of spring-cleaning—a serious disruption of normal routine—which affects the entire neighbourhood. But no-one thinks of calling the phenomenon a disease: it is not an epidemic. It may be decidedly uncomfortable for many of the residents—the menfolk particularly—but everyone recognises and accepts it as a necessary process.

Now just imagine some smooth-talking salesman trying to convince these people that he could supply them with immunity from spring-cleaning, then allow your imagination the further exercise of considering the typical housewife's response. She would want to know exactly what was being promised. Would the house remain perfectly clean and tidy by itself? If so, how? Would it mean upsetting the general efficiency of the household? What kind of guarantee could the salesman give? Did the cost bear a reasonable relationship to the service? And so on.

We hear much these days of bullying and deceit by door-to-door salesmen, and it is clear that many housewives are no match for these highly-trained and cynical operators; yet I am sure that the would-be vendor of immunisation-against-spring-cleaning would find the housewife, on her own familiar ground, far from gullible.

Away from the real and tangible things of our lives, however, we are easily tempted by promises of bargains or of an easier existence. In matters of disease, fear and ignorance we are easily misled by the professional salesman. And although in the health field they prefer to be called "scientists", "specialists" or "immunologists", their real function is to try and sell the public something which it does not need and which is costly both in money and in the much more important values of health and vitality.

Perhaps it is easily overworked, but the housecleaning analogy is in many ways appropriate. A house which is properly looked after throughout the year will require a less drastic upheaval at spring-cleaning time. Of two houses in similar condition, the one given the more thorough attention will be the pleasanter to live in afterwards. The magnitude or 'seriousness' of a spring-cleaning depends upon several factors, of which the degree of disorder previously existing and the vital energy of the housewife are the most obviously important. Spring-cleaning may 'break out' simultaneously in many homes; or one may lead the others; or some may hold their purification cere-

monies at quite different times from the majority. There is nothing mysterious about these things, which have simple, logical, human explanations. No-one feels a need to drag in complicating concepts like 'germs', 'infection', 'antibodies', 'carriers' or 'immunity'.

OTHER FACTORS

The housecleaning significance of acute illnesses appealed very strongly to many early naturopaths, for whom 'encumbrance' was the simple and comprehensive explanation for all chronic disease. Furthermore, the clearing-out from the body of accumulated wastes seemed to account for nearly all the signs and activities of acute illness. More recently, increasing importance has been attached to the nervous and emotional content of disease conditions. This does not mean that the earlier idea has been discarded: rather that it is now seen as but one aspect of illness and recovery. If we stick to our domestic analogy, we are now at least as concerned that the people in the house should be in a well-adjusted emotional state, as that they should be in clean and tidy surroundings. The two states may go together, and often do, but we all know happy homes which are far from spruce, and gleaming houses full of hatred.

However, no matter how the causes of disease may be distributed between physical and emotional factors, acute illness is an opportunity for cleansing and readjustment. *But the process is rarely an enjoyable one:* nearly always there is both physical discomfort and either depression or irritability. These are essential features of any worthwhile recuperative effort, and are what the immunologist seeks to eliminate. He disregards the constructive function and therefore sees no call to try to understand the unpleasant symptoms.

A person may be in an unhealthy state—physically and emotionally—yet show no symptom of an acute nature, nor any gross sign of distress. He has managed to store his wastes within his tissues, and he compensates his emotional strains with deliberate restraints. He may appear in every way normal, yet his is handicapped by physical and nervous obstructions. He is comparatively stable, but he is not in *High Level Health*. To attain that, or to make even the first steps toward it, he must accept the upheaval of the healing crisis—the bodily spring-cleaning. This may be set off without any obvious triggering from outside, occurring just because the body as a whole decides that the time and circumstances are suitable. It may be set off by a deliberate course of treatment, aimed at restoring the self-respect and ambition to a system which has been allowed to degenerate. It may be set off by the peculiar combination of factors which are commonly described as 'an epidemic'—in which a basic similarity of physical condition is widespread, in which external forces such as climate are disturbing, and in which suggestion plays a considerable part.

The physical signs of waste elimination are obvious: there may be skin rashes or pustules, catarrhal discharges in a variety of forms,

heavy odour of breath and perspiration, unusual composition of urine, abnormal activity of the digestive system, with vomiting or diarrhoea. The more freely these activities are allowed to run their course, the less exhausting and the more effective they will be, and the greater the improvement to the general state of the body.

But if these processes are obstructed in any way—whether by upsetting the internal controls and balances, or by killing off bacteria which are essential to certain stages of action—there is frustration, and vital energy is wasted. The individual may show fewer or less intense symptoms, and be less miserable, but he will also have failed to profit from the occasion and his system will remain unwholesome, physically and emotionally. The suppressive purpose of all ordinary medicating treatment is to ensure just that result: the aim of immunisation is to prevent the process from getting under way at all. To the extent that immunisation succeeds, the individual's expectation of a long and useful life is diminished. James C. Thomson used to say that if ever a cure were found for the common cold, it would push up the death rate dramatically. Immunisation does not mean protection from damaging influences: it means obstructing one's natural protective mechanisms.

METHODS

What is called "natural immunity" is supposed to occur in a number of conditions: that is, the individual rarely goes through two spells of such conditions as mumps, measles, chicken-pox or scarlet fever. Immunisation is claimed to be a logical and artificial extension of this effect. Instead of having to undergo the ordeal of acute disease himself, in order to reach the state of immunity, the human is offered ready-made products of disease. It was Jenner who first put this forward as a practical possibility, and his reasoning was based upon incomplete and inaccurate observation. This led him to believe that a person who had gone through cowpox could not thereafter develop smallpox. His aim was therefore to induce a mild case of cowpox, and he experimented with various methods. Essentially, he introduced into the human subject's body a small amount of the pustular material from a diseased cow. Variants were developed, with advantages in the way of easier production and distribution of the *vaccine*, but the principle has survived. To this day, vaccination against smallpox is a steady commercial line, despite all logical and professional objections. (The term 'vaccination' originally referred to the injection of matter from a diseased *cow*, but this etymological precision has been blunted. Today, it is applied to a wide range of products and methods, including extracts from the bodies of diseased monkeys, administered by the mouth.)

There is a preference for the less obviously unpleasant forms of treatment: polio vaccine is now offered on sugar lumps and some of the injections against tropical diseases are far less shattering than

they were a few years ago. But it is inevitable that if the desired response is produced in the patient, there must be a long-term disruptive effect.

It may be worth amplifying a passing remark above, concerning the lack of logical and professional support for immunisation. If any logic at all is involved in immunisation, it must imply the artificial imitation of a natural process. For immunisation to work, it must relate to a disease condition which produces a 'natural immunity'. Those diseases which can occur more than once in a lifetime are obviously non-immunising, yet the more enthusiastic salesmen for vaccines are now claiming to protect the populace by inducing immunity from them. Professional support for vaccination is largely taken for granted. In fact, whenever free discussion is allowed, the most knowledgeable observers are highly critical. They are uncomfortably aware of the dangers and drawbacks of mass immunisation, and of the tragedies which it entails.

SUCCESS?

From its most primitive beginnings, the history of immunisation is a catalogue of broken promises. Jenner originally claimed that a single vaccination conferred lifelong immunity from smallpox. Within a short time, he had to modify his claim, and thereafter repeatedly reduced the period of supposed immunity until it was no more than a few years. The records show that even his most modest claims were quite unfounded. In Britain, smallpox had already begun to diminish in incidence and intensity before vaccination became generally accepted. Once this happened, smallpox began to *increase* and not for several years did it resume its downward trend. The vaccinists, of course, claimed this later improvement as attributable to their treatment. In fact, the lasting decline in smallpox took place as a direct result of improved sanitation throughout the country. Piping human excreta out to sea may be poor husbandry—human waste ought to be composted and returned to the farm lands—but at least it was better than having it accumulate in open middens among overcrowded town houses.

Today, smallpox in the old-fashioned form is virtually non-existent in these islands. It still occurs in parts of the world where overcrowding exists, where nutrition is inadequate and where sanitation is conspicuously absent. It is in these areas that vaccination is most assiduously practised, and the results are pitifully negative. When we have our occasional smallpox scare in Britain, it is almost always some well-vaccinated Oriental seaman who sets it off. The authorities take particular care to explain that the alien patient is "unvaccinated", even when his medical records show repeated and recent vaccination. Their argument is unbelievably naive: "But the facts speak for themselves—he *has* smallpox, and therefore he *cannot* have been vaccinated."

And it is a foxy naivete, because they later use just these cases to bolster up their argument: "During the past x years the only cases of smallpox reported have been among unvaccinated persons." In such a closed circle, logical reasoning is quite unavailing. It has been openly admitted in Parliament that the same technique is also used in reverse: anyone who has been officially immunised may not be recorded as suffering from the disease in question.

CONCEALMENT

Why should the authorities behave in so furtive and prevaricating a manner? Surely it is in the general interest that the facts should be openly and fairly presented? The secretive attitude appears to be a tendency of all officialdom, reaching its maximum in those Departments which do the heaviest spending of public funds. "National Security" is the blanket excuse for hushing up every kind of abuse, and—very slightly modified—it is also dragged over the whole unsavoury business of immunisation. "The public's faith in protective medicine must be maintained, otherwise there would be national panic when a case of smallpox is reported."

In actual fact, it more often seems that the panic is deliberately whipped up by authority so that the public are driven sheep-like into the only 'protection' they are allowed to know about. The latter explanation is strongly reinforced by two factors:—it plays into the hands of bureaucracy, which loves to exercise its power over people, and it is enormously profitable. The money involved in the wholesale germ-killing business is in the same astronomical category as military preparations—even if the first-named is miscalled a "Health Service" and the second variously euphemised as "Defence" or as "Space Programmes". (The parallels do not end there, but enough for the moment!)

Officialdom and Big Business understand each other, and play a mutually advantageous game. Quoting from memory, dimmed by the decades, somewhere in that classic historical satire "1066 And All That" occurs the passage: "... that a man should be tried by his peers, *who would understand*." Today we call it the Old Boy Network, and similar jolly expressions, to keep ourselves from becoming too angry about it all. International Officialdom does not eat International Big Business, and these global groups look well after their national and local associates. They all speak a language which masks their true attitude to the trusting, or merely unthinking, citizens whose welfare they are supposed to promote.

COST

The cost of 'immunisation' is immense, in the purely monetary sense, but this is not the end of it. The levy in vital, human terms is many times more monstrous. Vaccination has probably the worst

record of all, but that is only because it has been longest established. Doctors express great concern when one of their patients is unlucky enough to suffer puncturing of the skin with a sharp stone or a rusty nail. The risk of developing blood-poisoning or lockjaw is so great that immediate treatment must be given, according to their teaching. Yet the filth which may reach the tissues and bloodstream by accidental injection is almost negligible in quantity and virulence by comparison with vaccines.

When children stumble and graze their knees they do not develop meningitis, but that serious and sometimes fatal condition is well known to occur after vaccination. Only those cases which result in death are officially recorded; yet there have been far too many of them over the years, and they represent only a tiny fraction of all the children invalided or mutilated by vaccination. "Sheer coincidence" say the vaccinists, with bland assurance. "Just because vaccinated children become crippled or may die, it is quite wrong to regard this as cause and effect." Maybe, but there comes a point when the relationship is too strong to be ignored, and when the comparisons between vaccinated and unvaccinated are so glaring that no mere freak of statistics can be responsible.

However, it must be admitted that crippling illness does not occur in a high proportion of those vaccinated or otherwise immunised. Yet, if the treatment has any effect at all in the intended manner, it must be suppressive. Medical training tends to avert doctors' attention from the long-term effects of suppression. Each disease state is regarded as separate and specific: to-days' illness has nothing to do with last year's treatment. To clarify our own viewpoint, let us take a brief diversion for the purpose of defining terms. Each of us believes that we understand the meanings of "health", "disease", "symptoms" and "elimination", but if we start discussing such matters we rapidly find that we are at cross-purposes.

Common misconceptions include these:—That a person is healthy if he has no symptoms. That a disease is the sum of its symptoms. That elimination is accomplished by having a regular bowel movement. By contrast, our observations lead us to quite different understanding. Perhaps the main points may be set out in the form of short statements:

1. Disease may be present without the patient being aware of any symptoms.
2. The state of being diseased must *precede* its symptoms.
3. Symptoms often become most obvious *after* healing activity has begun.
4. Elimination of tissue wastes is normally effected through the skin, kidneys, lungs and liver. (Only when disturbed do the bowels eliminate significantly.)
5. Elimination, in civilised people, is rarely adequate day-by-day, so that occasional extraordinary efforts are called for—the 'spring cleanings'.

6. The 'spring clean' is not a disease, although it may be characterised by *dis-ease*—physical discomfort and emotional distress.
7. No matter how unpleasant the symptoms of elimination, they should be accepted calmly. It is safer to allow their free expression than to attempt to arrest them.

If these points are understood and appreciated, it must also be recognised that immunisation can be the cause of wasted vital energy, of lost opportunities and of permanent handicaps. These are not mere theoretical deductions; they are observed facts, for which the seven points above seem to provide a logical explanation.

NATURAL IMMUNITY

"Natural Immunity" is also a much misunderstood expression. It should be regarded *not* as a mechanism for making certain symptoms *impossible*, but rather of being in a state which *does not require* participation in the disease of the day. A person able to live much more healthily than average might well seem to be immune from colds; yet if his system is in a truly healthful state he will have a cold when it would be to his system's advantage to have one. That might be only once in many years: but if he changed his way of living to one with less activity, less fresh air, more anxiety and less wholesome food, he would *need* more colds, and he would have them.

Would you ever say of a person that he was "immune from indigestion"? People vary in their sensitivity to unsuitable foods, but we all know that indigestion is the logical result of taking food which is either of the wrong kind or taken in a wrong fashion. Anyone who can eat really unwholesomely and suffer no immediate discomfort is to be pitied. The late Gilbert Harding allowed himself to be quoted as saying "Of course I get indigestion, but I don't *suffer* from it". He stopped the pain with medication, and in that way put out of action his natural protective responses. He 'immunised' himself against stomach-ache, and probably shortened his life thereby.

The word 'immunity' itself is misleading, since it suggests a permanent exemption from the rules of cause and effect—in other words, a privileged suspension of natural law. Quite recently in these pages we have noted the idiocy of such conceit, which imagines that disease can be cured despite the continued operation of its causes. Perhaps a better way of thinking about freedom from disease and disorder is to emphasise the word 'freedom'. We all know that, in our world, freedom is a relative and a conditional state; that freedom from unpleasant consequences can be looked for only if we observe the rules. The more earnestly we desire release from existing illness and freedom from future distress, the more clearly must we understand the rules and the more conscientiously must we live by them. That is not a man-made edict: it is an inescapable fact of existence. (Yet there

are people foolish enough to imagine that because a Naturopath is honest enough to put the position squarely to his patients he must be unfeeling, inhuman and humourless. They prefer authorities who would smother everything in syrup, and who say—in effect—“Yes, these are the rules for ordinary people, but you are of the fortunate few for whom we can arrange immunity.”)

ENCOURAGEMENT

How, then, can we genuinely make our bodies less liable to breakdown—as distinct from being merely symptom-free? We must begin by seeking to understand why we have fallen into a state of less than High Level Health, and what our systems are already attempting in the way of self-improvement. One early Naturopath—expressing the ‘encumbrance’ idea—put it thus: “Just as there is but one health, so there is but one disease—tissue uncleanness.” However incomplete that suggestion may be, it does give us a practical starting-point. For salvation we should not look to international big business, but to our own daily lives—our habits, our environment and our emotional background. A body which is clean and well-adjusted has need neither of ‘protection’ nor of ‘disease’.

Like any dirty mechanism, a clogged body has need of cleansing. Like any badly-adjusted machine, the body needs to have its excessive tensions eased and its slackness taken up. Like any mis-directed vehicle, the body must be given responsible and purposeful guidance. What any individual must do to eliminate accumulated wastes and restore healthful balances can only be suggested after a thorough examination of the whole situation. Again quoting James C. Thomson, in countering the question “Which is the most important part of Nature Cure treatment?” he would pose another: “Which is the most important part of a bicycle?” And his answer to that was: “The bit that is missing”. There is more in that Irish-sounding observation than may strike one at first, and if its implications are recognised, many perplexities are clarified. For example, it sometimes occurs that at Kingston we have two patients with similar major symptoms. In the way that some introspective people will, they compare notes and may be surprised to find that we have suggested quite different treatment (in the broadest sense) for each. Because most people have accepted the idea of diseases being separate things, each with its specific ‘cure’, such divergent advice seems odd. But if one sees that ill persons are so because of how they have lived, and because of their total backgrounds, it is obvious that widely different causes may have contributed to the breakdown in each individual case. Expressed differently, our diagnosis is not a matter of finding a name for the disorder, but of trying to discover as many as possible of its causes.

(The converse also occurs, of patients with seemingly quite different ailments being given what they regard as similar treatment. In this case, they over-simplify by seeing the resemblances and ignoring the

differences—a prevalent human failing. However, also over-simplifying, one may say that two people may have the same disease for quite different reasons, and that two others may have quite different diseases for very similar reasons. ‘Disease’ in this context merely being shorthand for recognisable groups of symptoms.)

If the implications of the foregoing paragraph, and of J. C. T.’s bicycle analogy, are acceptable, then the whole concept of making a mass of people healthy by putting deadly rubbish into their systems is seen as utter nonsense.

The running of a house may be an overworked parallel, but it remains one of the best for ensuring sanity in any discussion about such emotional terms as “infection”, “contagion”, “immunisation”, “protection” and “parental duty”. “Immunisation” is magic for frightened, ignorant people. For more enlightened folk, not afraid to take responsibility for the conduct of their own lives, immunisation in any form is an unwanted, unnecessary and repulsive form of witchcraft.

QUESTIONS ANSWERED

by William McLean

Q. *What is the best method of minimising the risk of coronary thrombosis in middle age?*

A. To minimise the chance of invalidism later in life, the earlier one starts the better. Anyone reading this, but not yet here in the flesh, is strongly recommended to pick out a physically and mentally healthy couple for parents! The practically important matter, however, is the way in which you live: it is therefore essential that you should not indulge in the causes of illness if you genuinely wish to avoid it.

In any case of coronary thrombosis, one generally discovers a history in which several of the following conditions are featured:—Unrelieved tension; smoking; prolonged ‘mild’ medication, or a spell of more violent treatment—*e.g.*, with antibiotics; little exercise; medium stature. The stocky type, who accepts responsibility readily, yet carries it uneasily, often finds that the strains produce detrimental effects on the blood circulation. The actual occurrence of the coronary thrombosis often coincides with a stage of his life in which the person finds everything going against him, even though he may not consciously accept this.

These are the general points, and the individual must spend time and make the effort to work out his own salvation. The relationship of height to weight is largely an inherited characteristic and, with care to avoid excess bulk due to fluid retention, the stocky build *can* be one of the most robust. In the production of undue tension, factors

THE ARCHIVE COLLECTION

THIS LITERATURE WAS COLLECTED
FROM VARIOUS SOURCES
OVER THE YEARS OF MY RESEARCH
ON VACCINATION
WHICH STARTED IN SEPTEMBER 1991.

FORTUNATELY I RECEIVED
SEVERAL DOCUMENTS
AND BOOKS FROM INDIVIDUALS
WHO HAD BEEN INVOLVED IN
THE ANTI-VACCINATION LEAGUE OF GREAT BRITAIN
DURING THEIR LIFE TIME.

THE LATE DR GORDON LATTO, WHO SERVED AS THE MEDICAL
VICE PRESIDENT OF THE LEAGUE DURING THE MID 1900s.
ALSO, IAN & MONIQUE STIRLING TO NAME A FEW.

ALSO THANKS TO JOHN WANTLING, AN INDEPENDENT
RESEARCHER, FOR PATIENTLY PHOTOCOPYING
NUMEROUS ARCHIVE PUBLICATIONS & FORWARDING
COPIES TO ME BACK IN THE MID-NINETIES.

I HAVE SCANNED THESE PUBLICATIONS & LITERATURE
TO PRESERVE THE WEALTH OF INFORMATION
CONTAINED WITHIN THESE DOCUMENTS
IN THE HOPE THAT THEY WILL BE CIRCULATED
& MADE AVAILABLE TO ANYONE WHO WISHES
TO STUDY THE HISTORICAL DATA
SURROUNDING THIS SUBJECT.

MAGDA TAYLOR
THE INFORMED PARENT
WWW.INFORMEDPARENT.CO.UK

• 2017 •