

**PASTEURISED  
MILK  
A National Menace**



**JAMES C. THOMSON  
Of The Kingston Clinic,  
Edinburgh**

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**PASTEURISED  
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A NATIONAL MENACE  
A PLEA FOR CLEANLINESS**

**BY  
JAMES C. THOMSON  
Of The  
Kingston Clinic, Edinburgh  
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## The Author



**James C Thomson (1887- 1960)** enlisted in the Royal Navy, but barely eighteen months later went down with an acute lung condition and was discharged with the shattering information that his expectation of life was not more than three months. Searching through the Edinburgh bookshops he came across several works by advocates of water-treatment, physical culture and dietetic reform. He formulated a regimen for himself, stuck to it and gradually and painfully built himself up to something approaching a reasonable state of health. Seeking fuller information, he set out for the

United States.

His first call there was to Bernarr Macfadden's Sanatorium in Battle Creek, Michigan, quite close to where Dr Kellogg was practising nutrition and hydrotherapy. He then went to see Dr Henry Lindlahr at his sanatorium in Chicago, who practised a comprehensive system of natural methods of treatment, bound together by a philosophy and resting firmly on a scientific basis. Lindlahr eventually made him manager of the sanatorium,



a post which he filled effectively and enthusiastically until his return to Scotland in 1912.

James C Thomson opened the first training college in Britain, the Edinburgh School of Natural Therapeutics

(ESNT) in 1919 (above), which provided a 4-year full-time course.

In 1921 he was a co-founder, along with Stanley Leif (who had trained with Bernarr Macfadden) of The Nature Cure Association.

In 1927, because of tensions regarding qualifying standards a group broke away to form the Society of British Naturopaths.

In 1934 the NCA split into two factions, the Society under James C Thomson formed the Incorporated Society of Registered Naturopaths and the other under Stanley Leif, which in 1945 formed the British Naturopathic Association.

1938 marked the beginnings of renewed ESNT activity moving from the centre of Edinburgh to the City's southern outskirts within the grounds of the newly established Kingston Nature Cure Clinic, which offered both patients and students with well appointed accommodation and an open surrounding environment. The Free Clinic associated with the ESNT was also accommodated within the grounds.



**Left: The Kingston  
Clinic, Edinburgh  
(photo taken from  
Telegraph property  
26.05.01)**

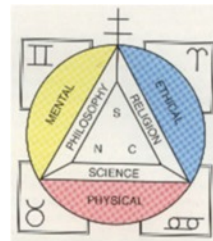
The ESNT was closed during the war years which followed and reopened again in 1946. It soon developed its undergraduate course of training in Naturopathy into a five year full time training syllabus and which ran until the mid 1960's. The Kingston clinic itself eventually closed in 1988.

After the closure of the under-graduate programme, training was by apprenticeship only until the development, in 1988, of a four year part-time postgraduate course which ran until 2010.

In 2005, in response to the changing climate in health-care regulation the Society joined with other naturopathic organisations in the creation of the General Naturopathic Council (GNC) The Society has now completely revamped its training and delivery to accord with current higher educational practices and programmes and is offering a four-year part-time undergraduate programme, with fast-track and single module options for suitably qualified students.



The Kingston Chronicle in which “Pasteurisation of Milk A National Menace” was originally published



Above left: is the logo of The Incorporated Society of Registered Naturopaths:

A memorial trust was set up as **The James C. Thomson and C. Leslie Thomson Memorial Trust** (Founded in 1961 by the Incorporated Society of Registered Naturopaths. Registered Charity No. 200058)



**Dr. Edith Summerskill -  
who is mentioned on  
page 14 as leading the  
bandwagon for the  
pasteurisation of milk  
under the Labour  
government of Atlee in**

Douglas Reed mentioned on page 10, was a noted journalist, author and playwright who for years served on the editorial staff of the London Times, but whose considerable influence waned greatly after he wrote frankly about Jewish-Zionist power.



Douglas Launcelot Reed was born in London on March 11, 1895. At the age of 13 he began working as an office boy in a publishing firm. In 1914, not long after he began working as a bank clerk, he quit to enlist in the British armed forces. During the First World War he served in the infantry, and then as an aviator. He was twice wounded and was mentioned in dispatches.

# A CATECHISM ON PASTEURISED MILK.

By  
**James C. Thomson.**

## THE PROBLEM OF MILK FOR SCHOOLS

**Q.** “Formerly we had our milk from a local dairy, coming from the farm unpasteurized. As I noticed a difference In the quality of the milk during the last few weeks, I found out that lately we are being supplied with pooled and pasteurised milk. The dairy is quite willing to supply us again with milk coming from a local farm and has done so at my request for a week. The milk is much creamier and gets sour naturally again (we use sour milk as a dressing with the salads). The pasteurised milk we found could not be soured; it just went bad under the same conditions. Accordingly I am very pleased with this change. On the other hand one hears so much about increasing tuberculosis among the cows in the country that I wonder whether we should risk it (giving the children unpasteurized milk). The herd from which the milk comes Is not regularly examined; . . . Would you kindly state your opinion" on this matter, i.e., whether you think that bovine tuberculosis is infectious to human beings, or any other reasons why we should not risk using the unpasteurized milk. Our children get about 1 pints of milk per day at present—nearly all of it raw and the children are happy and full of life and activity.

“We are anxious to have your opinion on this problem.”

**A.** Perhaps I can deal with all aspects best by combining the above question with another. In a letter from London I am asked why I oppose the “proved life-saving work of that great scientist Pasteur By far the greater proportion of doctors and scientists believe that pasteurisation of all milk is the only safe protection against tuberculosis.”

Consider that final item. In the accepted Scottish manner let me ask another question: **Where does this enquirer obtain his so-positive information about what "the greater proportion" of doctors believe?** I have been interested in pasteurisation for many years. I have read many

books and articles, I have discussed it with technicians, doctors, dieticians, government inspectors, dairy farmers, and milk suppliers, but I have met with no indications which would confirm this correspondent's claim. In such matters, so far as I am aware no attempt has ever been made to discover what the majority of doctors believe.

### WHENCE COME “AUTHORITIES”?

When dealing with highly lucrative commercial enterprises based upon dietetic and therapeutic procedures, doctors and analytical chemists are given a clear lead. They know what is expected of them. For them, as for titled debutantes, there is a market for signatures. They have only to indicate a bias in the right direction and everything is made easy. Their investigations are tailor-made and tidy beyond description. Slides and specimens from the laboratories of the cartels are provided for them, meticulously labelled and annotated Petri dishes, come to them teeming with unequivocal cultures of all the best microbes: In many cases even their opinions and observations are supplied; typed out all ready for signature.

As professor Joad indicated—approvingly—when he was a Brains Trust member, there is one infallible recipe for prosperity and peace' of mind:—conformity, conformity, conformity. Titled damsels and Society Doctors who are willing to pose in public, wearing their opinions at the fashionable angle can count upon substantial cheques for their complacent approbations.

Not only so, but their carefully arranged portraits and opinions are publicised and broadcast for all to see and hear. The ladies are extolled for their “Beautiful Skins”; the professional men are announced as “Authorities” with unbounded and fulsome praise for this or that aspect of their investigations. The public reads and believes.

### CONFORMITY PAYS

**Note:** the very different reception accorded the opinions of the genuine but non-conformist researcher. In Great Britain he travels any road free



from all restraint or supervision. He can write letters and articles for scientific journals. He is even free to write the manuscript for a book.

There are thousands of him. Why, then, do we so seldom learn anything about him? The answer is simple.

There is no demand for his writings or for his services. Unlike his conforming opposite number, his portrait and his point of view remain unknown to the multitude. His name does not appear on the list of Birthday Honours. If—as sometimes happens—he does obtain notice he is sniped at and ridiculed by the company-owned "Great Scientists" whose job it is to protect the profits.

The average newspaper reader, subsisting upon headlines, advertisements, and easily read editorials, receives a completely false impression of what the majority of investigators believe. So conformity is imposed upon less articulate investigators, but this does not mean that they approve. They keep silent because things are easier that way.

The great blot upon our civilisation is that in the professions, as in the commercial world and in the topical press, the profit-motive is all-embracing. Opinions which are profitable for the great vested interests are acceptable and saleable. Anything else is liable to censure and even to punishment.

## TRUTH WILL OUT

But there is an occasional escape of information—by accident as it were. Here is an example:-

During the week ending 23rd January 1943, 60,000 members of the National Federation of Milk Producer-Retailers held a Conference at Rochdale. J. W. Foster, their president, said that **out of 27 Liverpool doctors he supplied, by choice 26 took unpasteurised milk**. Let my critic enlarge that to cover the country and, if he is as impressed by proportions as he appears to be, that should give him food for thought.

Those who see the practical results of milk manipulation are not always so convinced by propaganda as might be thought by the casual onlooker.

Other statements may interest those who failed to see the notice of the proceedings.[1]

Their treasurer, Henry Paley, denounced pasteurisation as “a commercial ramp. The combines could not live without it.” Peter Day of Royston, Lincs., told his fellow members that he supplies a tuberculosis hospital with unpasteurised milk. “They take samples periodically and are quite satisfied.”

Actually for such an Institution, it would be criminal to do otherwise. Pasteurised milk is an unbalanced article of diet. Even in the healthiest of individuals it produces great vital strain. Due to their lessened margins of safety, It can be deadly for tubercular patients or for any one else whose health is below par. Here, as elsewhere, what may only be mildly hurtful for the healthy person can be lethal for the invalid.

The enthusiasm of the large milk distributors for pasteurisation arises out of one economic fact, This modified sterilisation prevents even dirty milk from going sour. After many days of travel and storage the milk is still sold as "fresh."

For those who wish to know some of the arguments and the technical experiments which have exposed this doctored and degraded foodstuff, perhaps we can start with certain undeniable facts of common knowledge.

As Douglas Reed very truly says:—"People become so much the slaves of the sifted, distilled and flavoured information which is served to them by Ministry of Information, Radio and Press, that they do not see even that which happens beneath their noses."

We are told that cow's milk In its raw state Is the cause of bovine tuberculosis in children and that pasteurisation acts as a preventative. If this were true, what is called bovine T.B. should be found in the villages where only raw milk Is consumed, and there should be none in the towns

where pasteurisation is the rule. In point of fact the situation is exactly reversed. This is hard fact number one.

When, In the early stages of any new movement, a man can foretell with great accuracy the later developments, that is good reason for giving consideration to his reasoning. In the *Journal of the Royal Society of Arts* for 19th September 1919, Henry E. Armstrong[2] gave a carefully detailed argument against milk pasteurisation. Among other things he said:

**“... this step has undoubtedly been productive of untold misery, because milk cannot be heated above blood heat without diminishing its dietetic value. Some of its most valuable constituents are destroyed. The effects . . . are incomplete and unscientific, and it may be that the food value is so lowered that effects are produced which render the system specially sensitive to tuberculosis infection. Moreover, when milk is sterilised the lactic organism is destroyed, and it becomes a particularly favourable medium for the putrefactive organisms, and is therefore a potent cause of infantile diarrhoea.”**

[1] Bernard Shaw has put it: “A free press means freedom to suppress.” As a rule the really important items of news are either cramped into a few lines in some inconspicuous corner of the newspaper, or, if obviously inconvenient to large advertisers, they do not appear at all. So long as our topical press depends for Its existence upon advertising revenue, there can be no real freedom In the selection of news or In printed expressions of opinion. “He who pays the piper calls the tune.”

2) In his Presidential Address to the British Association in 1909, Prof, Armstrong said that the "directive influences at work in the building up of living tissues, can only unite particular materials in particular ways."

Pasteurisation and “heat-treatment” disrupt these carefully built up materials in milk. For the deeper effects on the living tissues of the consumer see the following two pages

## DEFINITIVE PROOF

Here are two items of the utmost importance to all investigators. First, consider the demonstration, under test conditions, at Auchincruive Agricultural College:—Sixteen calves were taken as they were born and placed alternately, odd numbers in one group and even numbers in the other. There was no picking and choosing.

**For three months these two groups were fed, eight calves on raw milk and eight, on pasteurised milk. All the raw milk calves completed the trial in vigorously thriving condition. The second group received only pasteurised milk—in every other respect the two groups were treated exactly alike—and at the end of the trial all were either ailing or dead. Two were dead before the end of the first month, one had to be removed from the trial to save its life, and a fourth died on the 92nd day—two days after the official end of the trial.**

## EXPERIMENT IN A LARGE SCHOOL

Admittedly tests upon animals are not always transferable without modification to humans, but in this case we have a parallel observation which is equally informative. Dr. MacDonald, Medical Officer to Dr. Barnardo's Homes, has reported that **for five years 750 boys were given pasteurised milk (along with their other foods—the calves had milk only). In that period 14 cases of tuberculosis occurred. Another 750 boys were on raw milk for a similar period of time, and all other conditions alike except for this one item. Throughout the five years only one case of tuberculosis developed. That represents a 1,400 per cent. advantage for the unpasteurized group, which should be convincing enough even for those who are impressed only by statistics. Vital conditions are not readily expressed in figures but we can say in the case of the calves that 50 per cent. were ailing and 50 per cent dead or dying on pasteurised milk. Against this we have 100 per cent. in bounding health on raw milk.**

Dr Macdonald's report appeared in the *British Medical Journal*---which is not everybody's reading. It appeared and, conveniently, it has been

forgotten. Had the figures pointed ever so slightly in the other direction the whole world press would have rung with the news, and we would still be having weekly reminders.

Needless to say, Dr. MacDonald's useful and careful series of observations met with no academic or other recognition. He was not the year's Nobel Prize winner, Because of the menacing economic possibilities for the milk combines, the public was not allowed to learn the facts, which if generally known would terminate for all time the use of, pasteurised milk. Just as Professor Armstrong postulated, pasteurisation renders the human system "**especially sensitive to tuberculosis infection.**" His strictures were fully justified.

Similarly with his warning about infantile diarrhoea. Although the public remains blissfully unconscious of the dangers, it is only the camouflage of names which saves this lucrative process from public exposure. The death certificate does not state "**Cause of death :—Diarrhoea from pasteurised milk,**" Nothing so crude. "**Infantile diarrhoea**" or "**Idiopathic diarrhoea**" maintains the practitioner—and, incidentally, pasteurised milk—in good standing with his profession and with the public. ("Idiopathic" in plain English means "**without any known outside cause**"!)

That is what Will Dyson calls "a feverish clinging to an innocence of mind concerning certain profitable practices."

During 1944, from August to October, a plague swept through Glasgow. Large numbers of infants went down with "gastro-enteritis." The actual number involved is unknown but in a letter dated 22: 12: 44 a very high official admits:-

296 of the infants died. Few breast fed babies were affected and of the artificially fed Infants about 70 per cent. were fed on cow's milk and 30 per cent on dried milk. The incidence of the outbreak was greatest where housing conditions were poor. it is inevitable that some of the milk should be pasteurised or otherwise heat-treated to ensure that wastage due to souring is avoided.

**That the milk should be clean and untampered with in order to avoid wastage of child life does not appear to have occurred to the officials.**

It is noteworthy that the M.P. for the district principally affected admits (27: 12: 44) in a private letter: "*I was not aware the epidemic was so serious.*"

**Perhaps the reason was that no word of all this appeared in the national press. The loyalty of our newspapers to the wealthy interests in food manipulation is summed up in that beautiful phrase "faithful unto death." The slight complication in this case is that the death involves other peoples babies.**

It was after two years of a pasteurisation propaganda drive in Montreal and district that the typhoid epidemic of 1927 occurred. On that occasion 5,014 cases were notified and 488 died. All had been consumers of pasteurised milk.

Our British newspapers reported the progress of the epidemic and gave the casualties accurately, but in most cases they gave no hint that the infection was in any way connected with pasteurised milk.

Possibly the omission was accidental?

### **WHY T. B. INCREASES**

In Causal Factors in Tuberculosis, Dr. Bradbury tells of the preponderance of abdominal tuberculosis at Jarrow. This, he claims, cannot be due to infection from milk, because so little milk is consumed in the area. Dr. Colville, M.O.H. for Bridlington, points out that tuberculosis is mainly found where there is poverty, slums and overcrowding in a fume-laden atmosphere.

For the reasons given above and because it causes precipitation (waste) of vital calcium salts, I maintain that everything points to pasteurisation as a cause of ill health and premature death: not a preventative.

The recent “alarming” increase in the incidence of tuberculosis in this country is due to obvious causes quite apart from milk. Food standards have been lowered and doctoring of all foodstuffs has been the rule for years.

An uncritical acceptance of the germ theory—that superstitious solution for all our physical ills—has had far-reaching effects upon our whole philosophy of life. Like our official religion, the germ theory offers vicarious salvation—something for nothing. Not we, but the germs, are to blame; not we, but horses and guinea-pigs, shall suffer our diseases for us. The applications have proved to be so lucrative that public behaviour has had to be adjusted to conform. So myopic have we become that we no longer recognise corruption when, naked and unashamed, it is displayed in the best circles. These last four words would appear to constitute the only reservation still maintained with any general unanimity. So long as our rogues are of a decent family and “play the game” nobody much minds how they arrange their commissions.

**In the *Preface of Do Medicines Cause Disease?* I have quoted an exposure of conduct so debased that in pre-Pasteurian days it would have meant the immediate hounding of several individuals from public life. In our day only one M.P. draws attention to the abuse and no one else follows up. Not a single newspaper mentions the incident, and, naturally, such a lapse into bad taste was not reported in the *Nine o'clock News*.**

In matters like that we prefer to be “correct” rather than right.

### HUMAN CREDULITY

Here are some passages from the pen of Elliott Fitzgibbon (*Marvels of Modern Science*: C. W. Daniel & Co.)—

“Pasteur originated the germ theory of disease, as at present generally accepted, and upon it as foundation there has been raised, partly by Pasteur and partly by his disciples, the monstrous superstructure which represents modern medicine at the present day. The basement of this skyscraper is

occupied by the enormous commercial firms for the manufacture of serums and vaccines, which, with their millions of pounds of capital and handsome dividends, are more interested than anyone else in the stability and durability of the great edifice . . . this unproved theory, because it was simple to understand and because its author boasted and promised much of it was universally accepted.

“The poor man, or the busy man, with neither money to spare or time to investigate, takes it all for proved, and when he falls ill stoically bares his person to the magic syringe, little knowing with what filth he is being poisoned. With a stiff upper lip he pays his bill and goes on his way with hope . . . it never occurs to him to doubt the system which a little investigation would show him to be an astounding labyrinth of baseless conjecture, craven superstition, erroneous evidence, misguided faith, evil results, and filthy, loathsome and abominable practices in the torture of both human beings and of countless wretched and defenceless animals.”

### THE CONSPIRACY OF SILENCE

These untold millions of pounds of invested capital—with their “handsome dividends”—are the key to much of what is happening around us and within us. Low indeed must have fallen our standard of moral responsibility, before we could so freely permit ourselves to grasp at the shadow of a proffered “resistance to disease”[3]---disease arrived at through mistaken habits, but to be sidestepped—so we are told—by torturing helpless animals.

3) A remarkable survival of our sense of the eternal verities that we intuitively recognise a difference between **that** and **HEALTH**. A lowering of our health level leaves us with a lessened margin of safety with which to meet the strains and emergencies of everyday life. The person who is so weak that he is unable to respond to such emergencies is said to have built up a “resistance to disease.” To respond immediately---violently if need be (see preface to Appendicitis) is a preliminary essential of high-level health.



## WHEN PROPAGANDA MISFIRES

Apart from the destruction of important vital elements in the milk itself, there are deteriorations arising out of psychological repercussions. Reliance upon pasteurisation has induced carelessness in farm hands and dairy workers. They tend to become slipshod in their handling of the milk and in the cleansing of the containers.

Probably that is why so often pasteurised milk is not clean. The employees read such propaganda as that given forth by Dr. Edith Summerskill in the House (21:2:49) during the legislation for compulsory pasteurisation. Her speech evades too many of the uncomfortable facts to be wholesome

She began with this extraordinary claim:

**“To-day we are here to celebrate a triumph over[4] ignorant prejudices and selfishness.”**

That truly remarkable capsule of fantasy was followed by her triumphant announcement: “This is my finest hour!” and her assurance that the imposition of pasteurisation would render all milk—even dirty milk—safe!

All the distressing evidence from Montreal, Auchincruive, Barnardo's Homes, Glasgow and Jarrow lightly classified and dismissed as “ignorant prejudices and selfishness!” However, we have learned from her previous speeches that this high official of the Ministry of Food has had some difficulty in distinguishing between butter and margarine. In this instance she confuses facts with prejudice.

I am convinced that if our Health and Food Authorities were to be guided solely by experience their propaganda would be served up in a new form. An honest poster might read:-

**SAFEGUARD YOUR CHILD  
The Only Safe Milk is  
FRESH CLEAN MILK.**

**All commercially manipulated foods should be suspect.**

**All are damaged: many are dangerous.**

That would be an interesting change. It would be true and it could save life.

### **THE PLACE OF THE GERM**

**Q.** At a recent lecture in Edinburgh your reply to a question indicated that even milk from a tuberculosis cow would be less dangerous than pasteurised milk. Did I misunderstand or do you really believe this?

**A.** The above question deals with a complex subject. I do not believe we can judge the goodness or otherwise of milk by a study of any, one natural constituent. To reach a reasonable point of view a great many factors fall to be considered. The first trap to avoid in lucid reasoning about any scientific problem is oversimplification. All too often in such cases we are inclined to take one or two items in an involved situation and assume that they alone matter, e.g., in feeding to-day we talk about the vitamins; in disease, the microbes.

In vital matters truth is seldom so neatly arranged. Unfortunately, also, the obvious answer is seldom the correct one. So it is with the tubercle bacillus. The easy answer is the one most generally accepted: "the disease" is caused by the germs.

From this premise it is logical to deduce that to get rid of the disease we require only to kill the germs. The public has been expensively conditioned to believe that such an accomplishment would constitute a satisfactory solution. It is a simple and self-contained philosophy.

As an exercise, let us consider what would be the outward symptoms if the tubercle bacillus was a benign germ. (The famous Dr. Tilden always insisted that there are at least a thousand friendly for every unfriendly germ).

First in case of need it would tend to appear in large numbers to help the ailing person—just as we sometimes see friends and relatives do for families during an emergency—neighbours and well-wishing relations appear to help solve urgent problems. It would be ridiculous to say that these neighbours and relations had been the cause of the emergency.

4) Her emotionalism can be brought back to sober fact by inserting "of Big Business." in place of "over." But there are excellent reasons for political bias. The "Co-ops " support the Labour Party. They are also a nation-wide cartel; one of the largest distributors of pasteurised milk in Great Britain. (In 1946 a marked copy of this brochure was sent to every M.P.)

### THROUGH A TELESCOPE

Think of ourselves as unused to cities: consider the life therein with a completely foreign eye. We could readily misinterpret. As throughout scientific study in general, the obvious answer can be utterly misleading. Take scavengers: judged solely from their environment how simple it would be to say that as they are found only in the vicinity of loads of rubbish they are bound to be the cause of rubbish! Ergo—remove scavengers and we free our cities from dirt.

In argument we could put forward the fact that after a snowstorm more scavengers could be seen than before. So, to prevent snowstorms, kill off the scavengers. And so on through Royal processions, Boat Race days and anything else which upsets normal public activities. Always the scavengers could be "proved" to be the cause of the dirty or disordered state of the city.

That, I suggest, is what happens in the case of T.B. and other "disease germs." Seldom are the tubercular bacilli to be found in any quantity at the beginning of tuberculosis—as a rule not until about three months after the disease is established can they be isolated. So, at the worst they are modifying agents, rather than the cause. From the throat of any normal person on at least three days out of each week, there could be cultured colonies of tubercle bacilli, but so long as health remains at a fair level

there is no tendency for the bacilli to multiply beyond this apparently accidental appearance. Again to revert to our city, that is exactly what the chance visitor would notice—only occasionally would he become aware of the scavengers, except when things were going wrong.

Now let us go back to milk. As obtained from the cow, milk is a completely balanced and normal food for the calf. Ideally considered it is neither an essential, nor a normal food for the fully-grown human.

To get the cow to supply milk for some eleven and a half months out of each year we place great strains upon the cow's tissues and on her vitality.

That is why, for very complex reasons, when a cow gives large supplies of rich milk she soon becomes unhealthy. On the one hand we find her much sought after by the dairy farmer, and, on the other with pronounced tendencies to become tubercular. This is the cleft stick from which, so far, the biologist has found no escape.

To meet the organised calcium and phosphorus requirements—these are the tensile-strength-giving factors so essential to the tissues of a young mammal—the cow's bodily structures are leached of these elements, and the more the cow's tissues deplete themselves to meet the (apparent) needs of her young the more likely are the physiological limits of her own wellbeing to be passed. She herself becomes depleted of tissue-firming qualities. Lungs and other vital structures begin to break down and more scavengers are required for cleansing purposes. The investigator with microscope, test tubes and Petri dishes, finds these scavengers and announces that the cow is tubercular and the cause is the scavenger.

In reality, just as in our postulated city, the more active the scavengers the healthier the city, so, under unusual conditions, the more conscientiously the tubercle bacilli set about their work, the better is the milk. Far from being a danger; the bacilli appear to be a natural and completely utilitarian safety device.

For those who have never thought beyond the orthodox grooves this must appear to be a mischievous and shocking piece of heresy, but I believe there are many proofs of the need for further investigations.

One commercially important fact emerges. Pasteurised milk, even when dirty, grows old and harmful to the consumer without giving any outstanding indication of deterioration. Degenerative changes within it no longer cause it to become sour. Instead, for from three to ten days, depending largely upon temperature, it can be, and is, sold as fresh. Then, suddenly, it becomes bitter and obviously putrescent. From beginning to end the processing is fraught with danger to the consumer.

But all facts which would cause the public to raise questions are carefully suppressed. As already explained, control is exercised over our press, radio and parliament, and we have been conditioned to accept a tissue of profitable falsehoods. We honour our betrayers.

Personally I am always more impressed by genuine findings than by any amount of theory. When facts have to be suppressed to prevent the overthrow of a dogma, "science" is in a 'pitiful state. Yet in official circles, when large scale statistics refuse to be cooked to suit the large controlling interests they are never permitted to reach the public.

The implications in the following letter are vitally important to every Nature Cure student and adherent:-

### PASTEURISATION OF MILK

"**Sir**—There has been a good, deal in the papers recently about the pasteurisation of milk to prevent contamination of tuberculosis to human beings by drinking milk from tubercular cows.

About 50 years ago, when cattle were not tested for this disease as they are to-day, the best looking cow was selected out of a byre containing 41 cows and a nephew of mine, when a child, was reared on the milk from this cow entirely. Sometime later, all the cows were tested, and the cow from which my nephew got the milk was the most tubercular cow in the byre. This child is now a man 50 years old and has always enjoyed good health, and for vigour and physique is well above average. Does this prove that milk from a tubercular cow contaminates human beings!"—**Yours, etc., Joseph Harrison.—The Scottish Farmer (20: 2: 43).**

## T.B.-FREE MILK CAUSES RISE IN HUMAN T. B.

Here is a larger experiment, equally telling, but although deserving of wide publicity, It Is frowned upon by our bacillus-worshipping "scientists." These statistics are from Dr. C. Engelbreth, Copenhagen (translation of an article in *The Norse Medical Journal*, issued by the County Agricultural Institute, St. Mary's Gate, Derby, April 1935):-

"Owing to the prevalence of cattle tuberculosis in Denmark, almost all the raw mixed milk and cream contains bovine tubercle bacilli. Nevertheless bovine tuberculosis in humans is not common. . . .

. . . the public has been led to believe that human tuberculosis can arise from milk; hence the proposal that all milk coming into Copenhagen should be from T.T. herds. This was thought to be the big stride forward in the battle against human tuberculosis, and the Isle of Bornholm was instanced as a proof that cattle tuberculosis can be eradicated.

"In Copenhagen the average for the years 1923-31 was 46.5%; in Bornholm, however, the figure for the same years was 62%. Now Bornholm has a milk supply almost free from bovine tubercle bacilli whereas in Copenhagen only a small part is from T.T. herds; the bulk is mixed dairy milk and contains bovine tubercle bacilli. Hence, attain freedom from bovine tubercle bacilli in milk and lung tuberculosis rises. . . . Strong confirmation Is found in the figures for the larger provinces:--

Province	% of T .B. Herds	% Mortality from Lung Tuberculosis
Sonderjylland	89	43
Norrejylland	74	49
Oerne	50	51
Bornholm	16	62

“It is estimated' (Park, Gobbet, Griffith) that 14 to 20% of tuberculosis is of bovine origin but the Copenhagen statistics do not support this view and the bacteriological discrimination of type is not certain. The statistics show a decline in mortality from tubercular meningitis parallel with that of lung tuberculosis:-

Year	% T. B. Heards	%Mortality from Lung Tuberculosis
1917	817	116
1930	448	53

"If tubercular meningitis were of bovine origin, one would not have expected it to follow lung tuberculosis but to vary with the supply of infected milk.

London, With 90 per cent. of its milk pasteurised, has had great increases in both' pulmonary and non-pulmonary tuberculosis. But, *rnirabile dictu* these increases have nothing to do with the kind of milk consumed!

Not only, so but *The Times* (20: 9: 42) actually prints a letter containing :this phrase:-

“The diminution of Milk-borne tuberculosis disease in London, where 90 per cent of its milk is pasteurised, is evidence of its value.”

Could self-deception go further? Could greater loyalty to advertisers be imagined?

Likewise the Daily Sketch for 26: 2:43. Here the Editor jibes at those who oppose pasteurisation and calmly suggest that the objection is not scientific but financial. That is the technique for bamboozling the public: reverse the facts, refuse the opposition a reply—then ridicule them for their silence!

**“With No Other Object”?**

In medical discussions the really vital questions arising out of all germ problems are quietly sidestepped. Healthy humans are not affected by germs in the way claimed in all the expensive propaganda. From the mouth of any healthy person pure cultures of almost any known "disease germ" can be grown.

**The important thing is that so long as we remain healthy we do not suffer in the least from the presence of such germs. On the contrary they appear to be a helpful factor in health maintenance.**

I see the situation as exactly paralleled by that of the carrion crow. Only after an animal dies does the crow take up its sanitary duties—to break up and detoxicate the decaying body. So long as a spark of life remains in the body, the crow remains neutral. As the crow is to the living animal so is the "disease germ" to healthy tissues. And, just as truly, it is courting disaster to keep either from its proper communal work. What the crow does for dead bodies, microbes do for devitalised tissues:—they are nature's surgeons, cutting away and rendering harmless minute areas of unfit cells—clearing away debris and preparing the way for repair and regrowth.

**Because we believe we have ample grounds for these beliefs we ask our patients to remain undaunted in face of all misrepresentations. Remember that up to fourteen times more tuberculosis arises among the regular consumers of pasteurised and T.B.-Free milk than occurs in those who take only fresh milk, even when it is "swarming with T.B. germs."**

It may be that oversimplified theories have omitted several vitally important factors. As F.W. Broderick, M.R.C.S., L.D.S., has said (Dental Gazette, Jan. 1942):—

“. . . the whole conception of susceptibility to or immunity from infections is just a maze of hypothesis consisting of such words as antibodies, toxins, receptors, complement, amboceptors, etc., etc., with no other object than to make new findings fit into accepted modes of thought."



**NATURAL HEALING IN TUBERCULOSIS--with a note on  
“Legal Proof”**

**Q.** Speculating about your theory of bacilli as scavengers and surgeons, what would happen IN PRACTICE if the human doctors and surgeons were to withdraw in really serious cases of phthisis and delegate their work to the bacillus alone?

**A.** As the question is a practical one, here is an actual instance. An old-established phthisis patient, who had undergone many treatments previous to coming to the Kingston Clinic, in 1941, returned to report progress on 18th May 1943. This was his story:—

At the termination of his four months of active treatment with us his firm had required him to go to his former doctor for record purposes. An X-ray plate revealed that a large new cavity had opened in his less affected lung. He was duly warned of his imminent danger, the grave: risks he was running, etc., etc. However, he is a courageous lad. Even if a little distressed by the verdict, after he wrote asking why I had done this thing to him and after I had recapitulated my theory of bacillary technique, he decided to continue with his Nature Cure plan of living.

**“IMPOSSIBLE”**

**Six months later a second X-ray examination was made and this disclosed that in the interval, almost complete healing had occurred. This discovery proved to be such a shock for both the medical practitioner and radiologist that several more plates were exposed. More and more at a loss, in the end they sent all the plates to a T.B. specialist who in due course returned this startling verdict:— There is something wrong here. Such complete healing is impossible in six months. If the dates are correct, then the photographs are from different individuals:**

**“MARVELLOUS”**

Needless to say, this incident dissipated from the patient's mind any lingering doubts and fears. Here is his latest report:-

**I am feeling fine and getting through an unbelievable amount of work every day. When I recall what I was like a few years ago it is marvellous.**

Note well that had he broken away from his regimen at the time when he was furnished with such complete and devastating “proof of failure” his condition would have been permanently worsened—and there would have been plenty of legal proof that we had done the damage. To say the least, the present satisfactory outcome would have been utterly out of the question.

All of which gives point to Dr. Tilden's claim:--“The average surgeon has never seen the natural healing of a wound.”

Even more it drives home Gerald Heard's aphorism—“Only those enduring to the end are saved.”

### **A SCHOOL REPORT**

Nature Cure is nothing if not practical. But while our system can achieve satisfactory healing in an occasional case even after it has reached the most desperate stages, the principles of natural living come into full flower in the achievement and maintenance of High Level Health—a state wherein such problems as infections, from chickenpox and measles to smallpox and tuberculosis, are solved incidentally as it were, before they arise.

Allow me to quote a practical instance from the Head of a boys' school. From his own satisfactory experiences he decided to modify the food of the children. Here is his account of the result of their increased intake of green foods, unpasteurised milk, etc :—

“I often think how much I owe to Kingston, not only for the splendid physical well-being I now enjoy . . . but also in my relations with the world. You will like to know that in eleven terms here we have had two cases of measles and one of mumps introduced by particularly badly-fed looking children from outside, and we have had only one contact case

from them, instead of the usual school epidemics, while children in the neighbourhood have been going down like ninepins.”

For those who are willing to face facts, little more need be said. If Health is the end in view, any germ we may happen to meet is unimportant: In any normal situation how we live decides the issue.

### **IMPLANTING DISEASE—AND THE GENTLE ART OF THE FAKER**

**Q.** There is a good deal of bite in that Liverpool affair. According to Mr Mabane (in a reply for the Ministry of Food) 76% of Liverpool's milk is pasteurised. From this it is evident that “26 out of 27 doctors” went to some trouble to obtain their supply unpasteurised.

We get all our milk raw from a local farm and the children thrive on it. Several of our children are from doctor's families, and it has always intrigued us that none of the parents expressed curiosity about milk, pasteurisation, etc. We are pretty sure that some of them know the facts, and now we feel we know the answer. What a shame that doctors are not free to tell the public all they honestly believe.

Is there any real objection to certified milk? I have heard it denounced as the most dangerous of all.

**A.** If the inspection of the herd is honestly carried out it may be quite satisfactory. At the same time several investigators have claimed that certified milk is particularly dangerous because it is freely given to infants and invalids without a daily count of its bacterial content. Personally I think this unimportant so long as the cows and their surroundings, etc., are satisfactory. The “swarming with tubercle bacilli” claim has already been answered. (See also item P16 re Marian E. Snydergaard.)

One aspect of certified milk, however, tends to render it unreliable. The extra pennies per pint bring the usual political repercussions. Even the doctors who are hamstrung can take adequate precautions within their

own homes and send their children to schools where the milk is unprocessed, etc.

The doctors may say that they dare not voice their individual beliefs. A humiliating situation for the practitioners, but dangerous for those who consult them. It can mean ailing and dying children in the homes of the parents who have been misled. To pretend that this knowledge is of no importance while they themselves act upon it is immorality in its lowest form.

For home use it is infinitely better to deal with a well-run dairy which is clean, well ventilated and where the cows are of good stock and have plenty of pasturage, rather than from one which relies upon tuberculin-testing. For the test a quantity of tuberculin is injected into the neck, rump, or tail of the animal. The theory is that if the cow is tubercular there will be a rise in temperature and a local swelling known as the "reaction".

Thus even the cows which do not react are receiving constant implantations of diseased matter. Furthermore this mode of inspection is temptingly open to trickery. If tuberculin is injected into an unhealthy cow there is a rise in temperature followed by a subsidence after which, for a period of some weeks, the cow will not respond to another test. When it is known that an official test is to be made, the owner of the diseased cow, ten days before the anticipated inspection, has his sickly cow "plugged" with a secret dose or rubs some of its own droppings into a cut. If the timing is right, a week or two later he is given a certificate that the cow is immune. By this technique the most tubercular of cows can be passed into a "certified herd."

A simpler plan in more common use is to rub the site of the injection vigorously with alcohol within an hour of the operation. In very unhealthy animals this usually disperses the toxic matter so that there is no reaction. But the test, however carefully made, is too erratic for the findings to constitute a true test of anything.

According to many farmers, in cows which are exceedingly tubercular or otherwise ill, the reaction is less likely to occur, or if it does, it is slow.

As many official tests are considered complete within forty-eight hours; the delayed reaction is not observed. So the more seriously ill the cow the greater the probability of success in the “test”

### **THE WORST CASE I EVER SAW**

This Item of confirmation comes in a private letter from a Sanitary Inspector:—

“The worst case of T.B. I ever saw in my life was in a cow that had been Certified as free from disease for four years by the Health Department. It would not have been discovered only the animal broke her leg, and the Veterinary Surgeon said she was so badly infected that she would not react to the test.” —P.B.T. (F.R.San.I.)

### **OF TWO EVILS CHOOSE “T.T.”**

Safety lies in healthy, untampered-with milk—a mixture from the output of several healthy cows. The milk itself to be as fresh and as clean as possible. If the choice must be between pasteurised milk and T.T. milk, then by all means accept the latter. Unfortunately even “T.T.” milk is now being “heat-treated.” That is a trap for the unwary—pasteurisation under another name. The only hope is to keep agitating for clean dairies and healthy cows. Tell your neighbours why and keep telling them. *Vox populi* is still a powerful force in our land.

### **BIG BUSINESS IN U.S.A**

Much may be learned from the following short history:—A few years ago some four thousand farmers presented themselves at the Iowa State Capitol representing the farms in the State. They were all protesting against the corruption which had arisen out of the compulsory tuberculin-testing of milk. Encouraged by the American Medical Association, the State and National Departments of Agriculture had passed laws and made regulations which completely demoralised their own officials.

Despite the farmer's opposition two directors of Chicago packing companies had been given high positions in the Iowa Department of Agriculture, and the whole State, they claimed, was being looted. As one protestor put it:

“The manufacturers of tuberculin make millions of dollars from their filthy muck, the vets. get ten dollars a day for injecting it but the meat packers do best of all. They buy hundreds of thousands of cows at condemned prices and sell the meat to the public at full rates.”

Their complaint was not economic but ethical. Although compensated by the State for any condemned cattle, they resented being made part of a racketeering machinery. The taxpayers and the consumers were the victims.

They claimed that on every farm healthy cows were being condemned, while tubercular cows were passed as 100 per cent. O.K. There was a reason. The healthy animals after being condemned were sold to the packers as “tankers” (for use as manure, etc.). Arrived at the collecting points the cattle were “discovered” by Government inspectors to be perfectly healthy. The meat was then canned and sold in the ordinary way. In less healthy animals, tubercular glands were removed and the meat sold to the public.

Out of these handsome profits the meat-packers paid high fees to professional bodies whose members were willing to aid and abet, to say nothing of the high awards to ensure “loyalty” from Government Inspectors, etc.

**The final point made by the farmers was that State Inspectors made the tests positive or negative just as they wished. By first putting the needle into barnyard dirt and dust they could cause swellings to appear in the healthiest of animals, or if an empty needle was used the test came out negative. Even by the way he inserted the needle an expert could induce swellings.**

Many farmers testified that examination of the animals did not give the same result as the tuberculin test. Tests had been made on the milk, and

the cattle had been killed and examined. By both of these methods the tuberculin test was proved to be utterly unreliable.

As a climax to their case, that year an Iowa farmer's daughter, Marian E. Snydergaard, was chosen as the "Healthiest Girl in the United States". Out of a possible 100 her score was 99.7. Meantime it was "proved" by the tuberculin test that all seven cows on the Snydergaard farm—whose milk Marian drank regularly—were tubercular.

Either way this was a most awkward contretemps. The organisers could not have it both ways. Either the tuberculin test was useless, or alternatively, milk from tubercular cows. was highly beneficial. From a logical point of view it is difficult to see how their propaganda could have met this disaster. The facts, in every respect, ran counter to their expensive advertising.

As usual, however, the press and the radio proved their loyalty to the great vested interests. No national newspaper and no film or Broadcasting Company gave any publicity to the disturbing facts. Marian was main page news but no mention was made of the scandalous fact that she drank milk from tubercular cows.

The A.M.A., the serum manufacturers and the packers won. With their control of the law, the newspapers and the radio they could not fail. In the U.S.A. as in Great Britain they have efficient techniques for silencing opposition.

Whatever else we may deduce from all this, one fact stands out beyond question. It was not the people who were protected by tuberculin-testing and "Certified Herds."

However, our public is beginning to learn. Here is a fairly telling indication:-

### **36,000 PREFER RAW MILK!**

"Todmorden (Yorks) Sunday.—Six Calder Valley farmers were back in their homes to-night, waiting to hear if they had persuaded Colonel

Llewellyn, Minister of Food, to allow the children in their area to drink raw milk. . . .

“The deputation represented 250 farmers . . . They took with them figures showing that 99% of the 40,000 people In the area had voted by sealed ballot for raw milk.”—*Daily Express* (22: 1 :45).

### SPECULATION OR STATISTICS?

**Q.** “I am told that during the past year in Britain over 3,000 children have died of bovine tuberculosis caused by drinking unpasteurised milk. How are these figures obtained and is there any answer?”

**A.** The statistics of bovine tuberculosis are based upon assumptions and speculations. Commonly the figure is placed at about 1,500.

In 1882 the German biologist, Robert Koch, announced his discovery of the tubercle bacillus as the cause of tuberculosis. In the same paper he stated his famous “four postulates.” To be accepted as the cause of any disease:

- 1. The micro-organism must be present in all cases of the disease.**
- 2. It must be cultivated as a pure culture.**
- 3. Its inoculation must produce the disease in susceptible animals.**
- 4. It must, if injected into healthy animals, produce the same disease.**

The effect was immediate. Koch was hailed as the greatest scientist of the day. Compliments and honours showered in upon him from all parts of the world.

Then a few years later, he added to his stature. He had found exactly the same bacillus in the sores of tubercular cows and in their milk. This was crucial. It was considered to offer a solution to the whole problem of



tuberculosis—the cow was the culprit. She was not a friend of little children; she was their worst enemy.

Next Koch announced that an injection of chopped-up T.B. would cure tuberculosis. His tuberculin was to sweep the civilised world clean of the disease.

The result was utter frenzy. Throughout the medical world the name of Koch was spoken as that of a deity. He toured Asia, Africa and the United States, explaining how he had made his discovery and just how it worked.

Unfortunately it did not work.

### **“NOTHING RECEDES LIKE SUCCESS”**

Koch must have been a courageous man. Despite the laudations which came his way, he quite openly admitted this defeat. Still another proof of his intellectual honesty came some years later, when he announced that a prolonged series of experiments had proved that the human and the bovine tubercle bacilli were neither identical nor transmissible: humans had nothing to fear from the bovine bacillus.

This announcement shocked his followers beyond expression. Up to that time his every published word had been accepted as constituting a standard medical precept. Meanwhile, great commercial possibilities had opened up. Cunning men were cashing in on his earlier discoveries. At the Pasteur Institute it had been found that a simple heat treatment of milk would kill the tubercle bacilli, and, presumably, save human children from T.B. On this assumption great sums of money had been sunk in these dramatic new applications. Accordingly, his retraction came too late. By this time great Industries had been founded upon his earlier belief that bovine tuberculosis and human tuberculosis arose from the same causative organism. Something had to be done. The Royal Commission on T.B. (1904-11) “established the fact” that tuberculosis in animals and in man is the same disease; the causative organisms are varieties of the same species.

## HOW PASTEURISATION WAS SAVED

The findings of the Commission are too long for reproduction here but their uncertainty is well Indicated by these phrases from a synopsis which appeared in the Medical Annual for 1932:-

“It is not possible at present to say” ---“it seems probable”---“It is practically certain”---“the great majority usually occurs”---“the proportion is probably not less than 40 per cent.”

It was a Dr. Biggs, a statistical assessor in Ireland, who first discovered that exact figures could be arrived at—for statistical purposes—from these hopelessly vague findings. He “estimated” that 6 per cent of the deaths from T.B. are due to drinking T.B. Milk.

Arising out of that speculation, Dr. Stanley Griffiths in a paper on Bovine Tuberculosis and its Relation to Man added his own estimate that “T.B. contracted through the consumption of cow’s milk causes approximately 3,000 deaths every year.”

Those of my readers who have read *Two Health Problems: Constipation and Our Civilisation* (pp. 190-191) will see the similarity here to the official “exact” number of rats living in Great Britain. The whole of these figures arise out of the imaginings of men who would like them to be so. The numbers stated to have died of bovine tuberculosis year by year is estimated as a certain proportion of those who have died of tuberculosis each year. For some reason—possibly political—the proportion varies from time to time: as Tilden put it “Guess, and guess, and then guess again.” Upon these guesses is founded the legislation which would now enforce pasteurisation upon the whole of Britain.

To this day Koch's final (and commercially ill-advised) discoveries continue to disrupt the whole conception of germ causation. To ensure public support for this superstition each “separate” disease must be given a different causal germ. But the germs do not play fair. There is, as yet, no point of contact between the rigid requirements of commerce and the irresponsible behaviour of the micro-organisms. In tuberculosis the

problem is particularly pressing because if the public ever discovers the actual facts, the whole case for destroying the living parts of milk by pasteurisation—a highly lucrative business—would fall to the ground.

### WHERE THE CHEMIST FAILS

Q. "Please leave 'Ideally speaking' aside when answering this question. Is it not true that

- A) good milk is a complete food from infancy to old age;
- B) the changes produced in milk by pasteurising are so slight as to be almost undetectable by the most delicate chemical analysis”?

A. (a) In the infancy of the mammal milk is a complete food. As the young animal (or person) grows the tissues begin to call for qualities which are not in the milk in sufficient quantities—e.g. organised iron. This means that milk is a complete food for the infant and only for a limited period.[5] Baby mammals (including the human) are born with a store of this iron sufficient to carry them through the suckling period. Until this store is used up milk from a healthy mother is the ideal food.

From the housewife's point of view, fresh, clean milk is a convenient and valuable food. But on Its own merits it cannot be claimed as a complete and balanced foodstuff. Neither is it (except in strictly temporary circumstances) an essential food. All the qualities inherent in good milk are available to the adult in other freely-used foods. Many practical applications will be found in the pamphlet *Soured Milk*, by C. Leslie Thomson.

(b) Considered chemically, the changes produced are slight (except for calcium precipitation), but chemical analysis is a tool too crude for biological purposes.. E.g., the changes in blood which ultimately produce cancer, rheumaticy deposits, kidney and gall stones, or erosions in lungs and teeth are all almost undetectable by the most delicate chemical analysis.”

Nevertheless our bodily tissues are profoundly and adversely affected; a fact of vastly greater importance than that skilled chemists with impressive modern paraphernalia are unable to tell us why.

5) In practice cow's milk is a valuable addition to our food supplies. In certain ailments it may be a deciding factor between prolonged ill health or rapid and complete recovery.

These aspects are fully discussed in “*Two Health Problems: Constipation and our Civilisation.*”

### **FAIR PLAY FOR NATURE CURE PATIENTS**

**Q.** “Our local food office has refused the certificate of a Nature Cure physician, calling for extra milk and eggs, so we go to a medical doctor for this piece of paper. Has any approach been made to obtain the requisite concessions and prevent this poaching on a Nature Cure preserve? (We have no other use for medical doctors.)”

**A.** Lord Woolton was approached several times but apparently His Lordship referred all such matters to his medical committee—and that was that. On a recent occasion I was interviewing one Edinburgh representative of the Food Ministry. She looked grave for a moment and delivered herself of this naive suggestion “I have been giving this matter much thought. Why don't you get in touch with the British Medical Association and arrange with them to recognise your work? That would solve all your difficulties.”

Here is another sidelight:

### **GANDHI'S FAST**

“Gandhi's ‘fast’ ended at noon on Wednesday and is apparently a triumph for Dr. Dinshaw Mehta a 'nature cure expert' rather than for the posse of other medical men surrounding the Mahatma. --- Dominant among those around Gandhi, wrote the Express correspondent, ‘is Dr. Dinshaw Mehta. He does not sign the daily communiqués, but his influence with Gandhi

is second to none. Hence he is conducting the fast. At times Gandhi has lost his power of decision and Dr. Mehta has administered water, given .massage and applied poultices according to his own judgement of when such attentions would be most beneficial." —**Truth (5: 3:43).**

The remainder of the item is violently antagonistic to Gandhi so we may accept this as an inadvertent tribute to Nature Cure.

Here also, although a nature cure expert did the work, the bulletins were signed by seven medical doctors. In thousands of British homes the Nature Cure practitioner is called upon to do the work but the National Health Scheme pays the drug doctor although his services are not sought.

Then, of course, there is the Tait Bequest scandal—well known to Nature Cure adherents, but carefully screened from the general public. In this particular case £30,000 to finance the work, two farms and a mansion house standing in its own grounds, complete with furniture, ready for occupation All to be used to provide residential treatment “by the methods of the Edinburgh School of Natural Therapeutics as taught and practised by James C. Thomson, Edinburgh, residents to pay moderate amounts, but maintenance may be free of charge In special circumstances." A health colony for our poorer patients. By chicanery in high places, and with medical aid, this magnificent bequest was lost to its splendid ideal and diverted into the pockets of an Edinburgh lawyer and his relatives. The case for Nature Cure has not yet been heard. Only medical evidence (i.e., that of our opponents) on the practicability of the scheme was presented to the three Judges. Even the request of our lawyers for permission to read the records of the case has been refused!

**You can terminate every one of these abuses: keep on writing to your M.P. Instruct—by asking questions—public men and women who speak on pasteurisation and other health matters.**

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**THE TAIT BEQUEST** 2d. (Id.) [How £36,000 was diverted from N.C.]  
Of interest to all who have sensed the injustice behind the facade of orthodox treatment and its extensions.

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