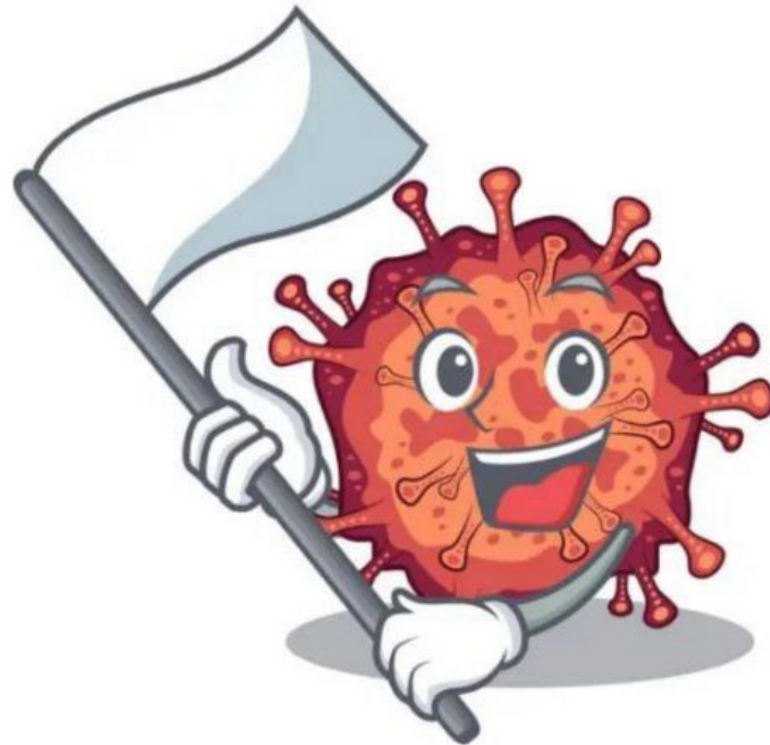


A list of Failed Contagion Studies



For viewers like
you...thank you.

1906 – Davis et al. attempted to infect 1 healthy person with influenza by injecting them with nasal secretions from an individual suffering from influenza. This person did not become ill

1917 – Dold et al. injected healthy people with the nasal secretions taken from one ill person, 0/40 healthy people became ill

1918 – Selter et al. took mucous secretions from 5 people and sprayed it into the noses and mouths of 2 healthy people, 0/2 became ill

1918 – Nuzum et al. conducted 2 separate experiments trying to infect healthy people by spraying mucous secretions taken from one ill person into their nasal passages, 0/7 became ill

In March of 1919 Rosenau & Keegan conducted 9 separate experiments in a group of 49 healthy men, to prove contagion. In all 9 experiments, 0/49 men became sick after being exposed to sick people or the bodily fluids of sick people.

In November 1919, 8 separate experiments were conducted by Rosenau et al. in a group of 62 men trying to prove that influenza is contagious and causes disease. In all 8 experiments, 0/62 men became sick. Another set of 8 experiments were undertaken in December of 1919 by McCoy et al. in 50 men to try and prove contagion. Once again, all 8 experiments failed to prove people with influenza, or their bodily fluids cause illness. 0/50 men became sick. In 1919, Wahl et al. conducted 3 separate experiments to infect 6 healthy men with influenza by exposing them to mucous secretions and lung tissue from sick people. 0/6 men contracted influenza in any of the three studies.

1919 – Yamanouchi et al. sprayed infected mucous into the noses and throats of healthy men, 0/14 became ill

1920 - Bloomfield exposed healthy men to mucous secretions taken from sick people, 0/14 became ill

In 1940, Burnet and Foley tried to experimentally infect 15 university students with influenza. The authors concluded their experiment was a failure.

“In 2003, Bridges et al reviewed influenza transmission and found “no human experimental studies published in the English-language literature delineating person-to-person transmission of influenza.”

Similar studies by Beare et al on other H1N1 viruses found 46 of 55 directly inoculated volunteers failed to develop constitutional symptoms. [6]. If influenza is highly infectious, why doesn't direct inoculation of a novel virus cause universal illness in seronegative volunteers?”

Hess and Unger failed to produce varicella in normal children by inoculating them upon the mucous membranes of the nose and throat with vesicle lymph and material collected from the nose and throat of patients with chicken-pox, or by inoculating them intracutaneously, subcutaneously, or intravenously with fresh vesicle lymph.

Several observers (Lipschitz, Meineri, and others) have made isolated attempts to inoculate human volunteers with herpes zoster, but always with negative results.

In 1923, Ludvig Hektoen MD published a paper in JAMA titled "The History of Experimental Scarlet Fever in Man". In this paper, Hektoen reviewed the human experiments attempting to transmit Scarlet Fever between sick people and healthy people. He concluded: "This brief review of the recorded attempts to produce Scarlet Fever experimentally in man reveals that it is exceedingly doubtful whether a single positive case has been obtained. In view of the ease with which Scarlet Fever appears to be transmitted under natural conditions, the failure of the efforts at experimental transmission is a perplexing puzzle that awaits solution".

(Humanely)-In 1930, Dochez et al. attempted to infect a group of men experimentally with the common cold. The authors stated in their results, something that is nothing short of amazing. "It was apparent very early that this individual was more or less unreliable and from the start it was possible to keep him in the dark regarding our procedure. He had inconspicuous symptoms after his test injection of sterile broth and no more striking results from the cold filtrate, until an assistant, on the second day after injection, inadvertently referred to this failure to contract a cold. That evening and night the subject reported severe symptomatology, including sneezing, cough, sore throat and stuffiness in the nose. The next morning he was told that he had been misinformed in regard to the nature of the filtrate and his symptoms subsided within the hour. It is important to note that there was an entire absence of objective pathological changes".

In 1937 Burnet & Lush conducted an experiment exposing 200 healthy people to bodily secretions from people infected with influenza. 0/200 became sick.

1940 – Francis et al. exposed healthy men to the mucous taken from an infected person, 0/11 became ill.

TREASURY DEPARTMENT
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A REVIEW OF THE
LITERATURE ON INFLUENZA AND
THE COMMON COLD

BY

J. G. TOWNSEND

United States Public Health Service

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T74
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SUPPLEMENT No. 48

TO THE

PUBLIC HEALTH REPORTS



The latest observers to express their opinion in the negative are Robertson and Groves,¹⁸ who reported in April, 1924, the following:

Results of the 100 human inoculations are: Positive for bronchitis, 1 case (1 per cent); coryza, 1 case (1 per cent); influenza, 1 case (1 per cent); laryngitis, 2 cases (2 per cent). There were 95 negative cases (95 per cent) free from any respiratory infection following inoculation.

Twelve days allowed for incubation.

In any group of persons selected at random during a time when an epidemic of colds is present a certain small percentage will develop upper respiratory infection within a period of 12 days. This, we believe, fully explains the cases which we recorded as positive.

In this series of experiments nasal secretions were secured from 11 persons suffering with acute uncomplicated coryza. After being diluted and passed through a Berkefeld filter these secretions were sprayed onto the nasal mucosa of 100 volunteers.

The experiments presented no convincing evidence indicative of a filter-passing organism as the exciting factor in acute coryza. We believe the cases recorded as positive to be the result of factors independent of the inoculations.

In these experiments (1) (2), people in the experiments were sprayed with cell culture directly up their noses. In these experiments, 0/40 and 2/15 people who lived with infected people, under tightly controlled experimental conditions, for several days, became ill. For those injected, they fell ill.

1-Nguyen-Van-Tam JS, Killingley B, Enstone J, et al. Minimal transmission in an influenza A (H3N2) human challenge-transmission model within a controlled exposure environment. PLoS pathogens. 2020;16(7):e1008704. doi:10.1371/journal.ppat.1008704

2-Killingley B, Enstone JE, Grestorex J, et al. Use of a Human Influenza Challenge Model to Assess Person-to-Person Transmission: Proof-of-Concept Study. The Journal of Infectious Diseases. 2012;205(1):35-43. doi:10.1093/infdis/jir701

Charles Fort-Dr Arthur W. Waite, who, in the year 1916, was an embarrassment to medical science. In his bacteriological laboratory, he had billions of germs. Waite planned to kill his father-in-law, John E. Peck, 435 Riverside Drive, New York City. He fed the old man germs of Diphtheria, but got no results. He induced Peck to use a nasal spray, in which he had planted colonies of the germs of tuberculosis. Not a cough. He fed the old man calomel, to weaken his resistance. He turned loose hordes of germs of typhoid, and then influenza. In desperation, he lost all standing in the annals of distinctive crimes, and went common, or used arsenic. The old-fashioned method was a success. One's impression is that, if anything, diets and inhalations of germs may be healthful."

(Humanely)- In 1962, an experiment was conducted to try & infect the skin of healthy participants with the fungus, *Candida albicans*.

Everything was done to infect the skin, including abrading or scarifying the skin & then applying a thick layer of the fungus. In no instance did an infection occur.

The only time an infection occurred was when a thick layer of *Candida* was applied to the skin, sprayed with saline solution & then covered by an occlusive dressing and left for several days. Once the dressing was removed, the skin healed within a matter of days.

The authors concluded "If the site was not covered, even if massive numbers of organisms were applied daily for 7 days, infection didn't occur. Mere contamination of the skin with this organism is not sufficient to produce infection under ordinary conditions".

This experiment is touted as proof that *Candida* causes skin infections. What do you think?

(Humanely)-In a 2007 experiment, *Clostridium perfringens* was grown on different culture mediums. The lethality of the bacterial toxin when exposed to mice differed greatly depending on the culture medium.

When grown on brain heart infusion, the bacteria produced a highly toxic metabolite, killing the mice upon exposure. When grown on a cooked meat medium, the metabolites were less toxic & the metabolites of a tryptone glucose yeast medium were not lethal at all.

(Humanely)-In 1928, Volney Cheney MD published a paper on the cause of influenza¹. Cheney stated that germs could not possibly be the cause, because he was never able to infect healthy people with the bodily secretions of sick people. Cheney induced influenza in people successfully, by promoting acidosis. He achieved this by administering ammonium & calcium chloride salts. He was able to resolve the influenza with a sodium bicarbonate solution. Others have also resolved influenza & other febrile disease with sodium bicarbonate. There is evidence to show that a change in relative humidity and temperature has an effect on the pH of the respiratory tract. Could people with an already high 'acid load', be more susceptible to developing 'influenza' in response to changes of atmospheric conditions, which further acidify the membranes of the respiratory tract? This could explain why some people are 'immune' to influenza, because they have a low acid load.

In 1921, Williams et al. tried to experimentally infect 45 healthy men with the common cold and influenza, by exposing them to mucous secretions from sick people. 0/45 became ill.

In 1924, Robertson & Groves exposed 100 healthy individuals to the bodily secretions from 16 different people suffering from influenza. The authors concluded that 0/100 became sick as a result of being exposed to the bodily secretions.

(Virology on the SARS Cov 2 Human Challenge)- Subjects were injected with the GMP goop intranasally, remained supine (face and torso facing up) for 10 minutes, followed by 20 minutes in a sitting position wearing a nose clip post-inoculation to ensure maximum contact time with the nasal and pharyngeal mucosa

To establish a novel "SARS-CoV-2" human challenge model, 36 volunteers aged 18-29 years without evidence of previous infection or vaccination were inoculated with 10 TCID50 of a "wild-type virus" (SARS-CoV-2/human/GBR/484861/2020) intranasally. Eighteen (~53%) became infected, with "viral" load (VL) rising steeply and peaking at ~5 days post-inoculation

There were no serious adverse events

Mild-to-moderate symptoms were reported by 16 (89%) infected individuals, beginning 2-4 days post-inoculation. Anosmia/dysosmia developed more gradually in 12 (67%) participants. No quantitative correlation was noted between VL and symptoms, with high VLs even in asymptomatic infection. In other words, even those who had no symptoms had high levels of "virus" detected. Infections are typically mild or asymptomatic in younger people but these likely drive community transmission and the detailed time-course of infection and infectivity in this context has not been fully elucidated. Under these tightly controlled conditions, host factors leading to differences in clinical outcome can be tested and robustly inferred (i.e. guess, speculate, or surmise). While human infection challenge has been attempted during previous pandemics, none have been successfully established and no recent reports of "coronavirus" (including "SARS-CoV-2") human challenge exist. Remdesivir was pre-emptively given based only on PCR results but not symptoms/clinical diagnosis and once it was deemed unnecessary, monoclonal antibodies were on standby based on symptoms/clinical diagnosis but was never given. Pre-emptive Remdesivir should disqualify the first 10 challenge subjects if they developed symptoms which could have been due to side effects of the drug. Eighteen participants (53% according to the per protocol analysis, [95% CI [35,70]]) subsequently developed PCR-confirmed infection (i.e. they found the cultured genetic material shoved in the noses of 18 subjects...shocking...). In all infected participants, quantifiable "virus" by qPCR was still present at day 14 post-inoculation which necessitated prolonged quarantine of up to 5 extra days until qPCR Ct values had fallen to <33.5 in two consecutive nasal and throat swabs (as per protocol-defined discharge criteria) Of the participants not meeting infection criteria and deemed uninfected, low level non-consecutive "viral" detections were observed only by qPCR in the nose of 3 participants and throat of 6 participants. Of the first 10 participants prospectively assigned to receive pre-emptive remdesivir on PCR-confirmed infection, 6 became infected. With no significant differences between remdesivir-treated and untreated participants, infected individuals were therefore analysed together. Symptoms were most frequent in the upper respiratory tract. Symptoms were present in 89% of infected individuals but, despite high "viral" loads, were consistently mild-to-moderate, transient (lasting a short time) and predominantly confined to the upper respiratory tract

There was no evidence of pulmonary disease in infected participants based on clinical and radiological assessments. 12 infected participants (67%) reported some degree of smell disturbance (and disturbed smell is somehow unexpected after injecting toxic goo in noses?). Anosmia is therefore a common feature of human "SARS-CoV-2" challenge that generally onsets several days later than "viral" shedding and resolves quickly in most individuals. A total of 18 adverse events deemed probably or possibly related to "virus" infection were largely due to transient and non-clinically significant leukopenia and neutropenia, and mild muco-cutaneous abnormalities during the quarantine period. No increase in serum antibodies by microneutralisation or anti-spike protein IgG ELISA was observed in those deemed uninfected, even where isolated "viral" detections had occurred, except for one participant who acquired natural "COVID-19" after discharge from quarantine (wait...they detected "virus" but considered them uninfected?). All symptoms were mild-to-moderate.

In short, they injected cell culture into people's noses. 53% (18/36) were Positive PCR and 89% (16/18) of those that were positive, had Moderate/Mild Symptoms. FAIL!

Bacteriologist Ilya Mechnikov credited his health to eating tons of fermented yogurt busseled with bacteria. He experimented on himself, drinking Cholera. He didn't fall ill. Another participant did the same, and didn't fall ill. Another participant did fall severely ill, he credited the disparity to the health of the participants microbiome.

Prof Mac Von Pettenkoffer along with his assistants, drank billions of cholera during his classes and nobody fell ill.

Dr Thomas Powell injected himself with Cholera and "Bubonic Plauge" germs, and never fell ill.

Dr Millicent Morden in her essay (Rabies Past/Present) cited Dr woods experience with a Philadelphia Dog pound where, in 25 years, dealt with more than 150,000 Rabid dogs with many bites of Pound workers, and none developed rabies.

December 7th 1994 Hollywood Roosevelt Hotel, Greensboro, N.C., Dr Willner (a medical doctor of 40 years experience) an outspoken whistleblower of the AIDS hoax. In front of a gathering of about 30 alternative-medicine practitioners and several journalists, Willner stuck a needle in the finger of Andres, 27, a Fort Lauderdale student who says he has tested positive for HIV. Then, wincing, the 65-year-old doctor stuck himself. In 1993, Dr. Willner stunned Spain by inoculating himself with the blood of Pedro Tocino, an HIV positive hemophiliac. This demonstration of devotion to the truth and the Hippocratic Oath he took, nearly 40 years before, was reported on the front page of every major newspaper in Spain. His appearance on Spain's most popular television show evoked a 4 to 1 response by the viewing audience in favor of his position against the "AIDS hypothesis." When asked why he would put his life on the line to make a point, Dr. Willner replied: "I do this to put a stop to the greatest murderous fraud in medical history. By injecting myself with HIV positive blood, I am proving the point as Dr. Walter Reed did to prove the truth about yellow fever. In this way it is my hope to expose the truth about HIV in the interest of all mankind." He tested negative multiple times. He died of a Heart attack 4 months later 15th April 1995 (yeh right, funny how these naysayers all die suddenly.)

