

PEH/ESS

23 July 1991

MR A J PEELER

GRO-C

London

GRO-C

Dear Mr Peeler

Thank you for forwarding to me a photocopy of the chapter from "First Aid : The Natural Way" relating to blood transfusion.

I am afraid that I could not agree with most of the content of the chapter. It is exceedingly superficial and biased. While I would not deny that in the past blood transfusion may have been used excessively, I really believe that since the advent of HIV infection and AIDS this is no longer the case. What cannot be denied is that there are large numbers of medical conditions which cannot be treated without blood transfusion. The chapter makes no mention of patients with leukaemia and other malignancies which are uniformly fatal without blood transfusion.

I note the reference to successful surgery on Jehovah's Witnesses without the use of blood transfusion. You may have seen recently in the newspapers reports of a young woman dying shortly after the birth of her twins, because she refused blood transfusion. The doctors in that case were put in an impossible moral dilemma. That side, of course, would never be included in a publication such as the one you kindly forwarded to me.

I am grateful to you for letting me see the text of the article. Nobody in blood transfusion would claim that there is no risk associated with the administration of blood. What the article does not show is how much benefit can be achieved through blood transfusion. As always, it is a matter of common sense and careful decision making to balance the benefits and the disadvantages. That is not even taken into account.

Thank you very much for your concern and for taking the trouble to let me see this publication.

Yours sincerely

GRO-C

DR P E HEWITT
Deputy Director

Natural Hygiene really means natural care of the body. We who teach and practice it are not Utopians. We are not unrealistic searchers for the unattainable. We are not impractical dreamers. We are forced to walk alone sometimes. We are not aloof from the related needs of man in community. We look upon Natural Hygiene as an investment in the future, an opportunity to ease the burdens of the present, and as a means of clarifying the past.

Michelangelo once said, "Being born into the world is the primary danger: everything after that is a game of cards." I say unto you dear readers, it all depends on who plays the cards and how. In this book I have tried to show you the how. Go, whoever you are, and play your trump card, "Mother Nature," and may you win! Emergencies or no emergencies, the agony and ecstasy will equally be yours.

GRO-C

Tel's

GRO-C

5/7/91

Dr. P. Hewitt,
Deputy Director, NLBTC,
NW9 5BG.

Dear Dr. Hewitt,

Re: tel. convn. 2/7/91.

I enclose photocopy of relevant chapter
in First Aid: The Natural Way, by
Keki R. Boddwa, N.D. (Edinb.), D.O. (Lond.),
published 1983 by Hem Printers/Publishers Ltd,
Calcutta Rd. No. 4, Barapichaima, Trinidad.
Now out-of-print.

Please let me have your comments.

GRO-C

(Donor)

Chapter 7 Blood Transfusions—How Efficacious?

When shock patients die "in spite of the best surgical skill," perhaps they die from shock, but usually they die from stimulants or morphia or blood transfusions, anaesthetics or tobacco poisoning. One of the "marvels of modern surgery" is that the death records always show the cause of death as "shock," when they should read "anti-shock procedures."

J. H. Tilden, M.D.

The modern medical treatment for shock, bleeding, and wounds can be summed up in two words: blood transfusion. Many swear by it, and think it is indispensable, and of the greatest advantage. It has been heralded as the greatest triumph of medical history since Harvey discovered the circulation of the blood. How true is this claim? What defects has it, if any? Can it be dispensed without risk to life? These are some of the questions which we must seek to answer honestly, ascertaining all the facts.

The whole idea of blood transfusion, that is, the taking of blood into one individual from another is ancient. Savages drank the blood of their victims to inherit their strength and courage.

In the days of Nero, following the feast of the lions and the gladiatorial massacres, invalids were invited to suck the blood oozing from a dying man. The blood of strong young men was supposed to be a sure "cure" for all chronic diseases of impotent men.

Back in the nineteenth century, not more than eighty years ago, under the guidance of the medical profession, tubercular, anemic, an chronic invalids of all kinds used to go to the slaughterhouses and drink the hot blood streaming from the dying animals.

The difference between the present day transfusion and this age-old custom is that today the blood goes directly into the circulation of the patient; whereas in the past the blood drinker took it into his stomach and digested it.

Mild allergy, or what is medically known as alimentary anaphylaxis, may have occasionally followed the blood-drinking.

N.L.B.T.C.

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MEDICAL SECRETARIAT

that took place in the Roman arenas. Severe anaphylaxis is a frequent result of transfusions, and death is more common than is generally known.

The introduction of foreign protein into a living circulation, be it human blood, or animal blood, is fraught with danger. Each individual has his own peculiar, unique blood picture, unlike that of any other individual. Typing of blood has reduced the fatalities to some extent. It has not eliminated them, nor has it eliminated the many evil consequences that stem from this practice.

Then, why is it done and why is it so popular? Mainly for the following reasons:

1. The old idea that one must eat plenty to keep one's strength.
2. It is a grandstand play that soothes the mob which demands that something must be done, no matter what—right or wrong. It pleases the people and makes them feel an awe for the magic of the medical practitioner.
3. It is mentally comforting and physically stimulating to the frightened and ill recipient. He believes and feels that he is absorbing life itself.
4. Finally, nobody is blamed if it does not succeed. There are very few who are bold enough to argue against it.

One hundred and fifty years ago, venesection (blood-letting) was the fashionable treatment for everything. Wonderful cures were attributed to bloodletting. The wheel of fortune has now made a full 180° revolution. The modern fashion is blood transfusion, but there are signs that the novelty is passing.

In 1791, one Dr. Johann Gottlieb Wolstein fought his battles and vigorously criticised the practice of venesection, and echoed Descartes's cry through the death-room: "Gentlemen, spare the French blood." For this he was exiled

from his native land, Austria, by the hierarchy of his own medical profession. This story is told in *The Story of Medicine* by Victor Robinson, M.D.

The same medical hierarchy today decries anyone who is against blood transfusion.

Over thirty-five years ago, J. H. Tilden, M.D. of Denver, Colorado, USA, after nearly thirty years of practice, stated that up to half the total quantity of blood can be lost by a fairly healthy person and the full volume restored from the person's own reserves. He observed a steady loss of muscle bulk as the volume of blood increased. Apparently the materials in the voluntary muscles were appropriated to meet a vital need: another defensive mechanism on the part of "Mother Nature." The time taken for recovery varied in serious cases from 2 to 5 days. He insisted that no stimulants be given or injected and that no blood transfusion be attempted. Unfortunately, such a course as that advised by Dr. Tilden and Natural Hygiene* practitioners has never been dramatically presented to the press, the medical profession, or the general public.

Even the news, "the blood transfusion was successful but the patient died after a short recovery" does not arouse the curiosity of the average individual who is conditioned by orthodox medical procedures.

A student in his final year of medical school disclosed that his professors admitted that the loss of two or three pints of blood presents no danger, and that even more blood can be lost if the volume of the blood is extended with a saline solution. Yet in practice blood transfusion is done as a routine procedure in all cases of shock, wounds, and injuries, and in treatment of various diseases.

Is blood transfusion so imperative that without it a patient will die? Is death so imminent without the "drip drip" of the red liquid? Nobody denies that blood transfusion fails if the blood loss continues and bleeding goes on indefinitely. Can it not be that the success ascribed to blood transfusion is really the success of rapidity in stopping the blood loss? A man can lose ten pints of blood in as many minutes if the aorta or any other major artery is severed so that even natural clotting is not encouraged.

No amount of blood transfusion can save such a person after the blood is already lost. Is it not right to assume, therefore, that the most urgent necessity in case of injuries and shock is to stop further blood loss and help to preserve the circulation intact?

Let us look more closely at a few facts and case histories to ascertain the logic of "No blood transfusion—no life."

Story No. 1

A news item in the *Sunday Express*, 30 January, 1944, telling of the appointment of Lieut-General Sir Francis Poitier Nosworthy, to his new post as General Officer, Commander-in-Chief West Africa, gives this personal history of an incident which has occurred in France:

A Canadian sentry cocked his ears and, convinced that an enemy was prowling near him in the dark, shouted a challenge. There was no reply, so he fired, and the bullet passed through the heart of the man, who had not heard the challenge.

The shot that should have killed the man did not do so. General Nosworthy, a major at the time, owed his escape from death that night to the fact that he was left untended for forty-eight hours, when he was discovered and identified.

If he had been moved earlier he would have died.

There in a few lines is the approach that we teach in *Natural Hygiene* for seriously wounded people. Do not feed, do not fuss, and do not move, not even for blood transfusions.

Story No. 2

Late in April 1952 young **GRO-A** a Jehovah's Witness, in San Antonio, Texas, was severely injured internally and externally when he was struck by a truck. Among his multiple injuries there was a crushed kidney. He lost much blood before he reached the hospital. He continued to bleed from the injured kidney for a few days after that. Physicians at the hospital declared that blood transfusion was imperative if his life was to

be saved. **GRO-A** refused in spite of coercion and pleading. The doctors thought he should have died, but on 21 May 1952 he was discharged from the hospital.

Story No. 3

A well-to-do young man addicted to smoking, drinking, and gourmandising, developed a gastric ulcer which one day burst. He lost so much blood that he went into unconsciousness, coma. It was feared that he would not live without a blood transfusion. Once again the blood transfusion was rejected. The young man voluntarily embarked on a lengthy fast and recovered health. The ulcer also healed. This man not only refused a blood transfusion, he also rejected the "plenty of good nourishing food" commonly thought to be so essential to recovery in such cases. This saved his life. Had he partaken liberally of food as the physicians wanted him to do, the hemorrhage would have persisted and he would have died. The rest afforded to the stomach tissues by fasting enabled them to repair and heal themselves.

Did he not need food with which to build blood for repair, etc.? Of course he did. But human flesh (really the stored-up materials) by absorption, constitutes the finest and most readily available food materials out of which to build blood when it has been lost in this way. The body manufactures its own blood and rejects that of another. Both the blood cells and plasma of another are eliminated from the body of the recipient as rapidly as possible after a transfusion. This cannot be done with sufficient rapidity to avoid damage from the injected foreign protein. There is an actual destruction of the patient's own red cells as a consequence of transfusion.

Story No. 4

This story is so fascinating that I am quoting it in full with due acknowledgement to Dr. H. M. Shelton of Texas, who published it in his excellent magazine *Hygienic Review* of June 1961. It concerns a veterinary surgeon, a friend of Dr. Shelton, who wrote to him the following:

... I have often weighed the so-called evidence re blood transfusion. I should like to submit some of my experiences with transfusions:

First, trauma, such as automobile accidents, may result in internal hemorrhage of massive or capillary type, depending on the trauma. If the aorta or one of its branches ruptures, death will ensue from massive hemorrhage, because of mechanical impossibility of clotting such a large artery. Surgery to ligate the artery is useless because the patient is already in shock; surgery accentuates the shock. If the bleeding is capillary or arteriole in type, no hemostats are needed because the clot will form in time and the patient will usually survive.

Most veterinarians, when receiving these patients, will cam the owner, put the dog in a cage and let it rest, knowing that if it survives till the next day all is usually well. Many, however, give a clotting agent which is a calcium or thromboplastin substance; whether these speed clotting any may be proven, but that they make any difference of life and death cannot be proven: if the dog is going to die, the drug will not prevent death; if the dog is going to live, the drug will not keep it alive. I have seen some real bleeders from auto accidents survive; I have seen some which did not bleed a drop die afterwards.

The clotting ability of the living organism is a tremendously interesting and awe inspiring drama. In East Texas an old log cutter lived with his six kids and an old white mare on which he depended to pull his logs out of the woods. I would not be stretching the truth to say that approximately every month I would receive a call to rush to treat her for a huge cut on her fetlock, near the hoof. She had a habit of trying to cross a low fence (barbed wire) getting one foot over, then jerking backwards, tearing the rather large metatarsal and digital arteries in that region. It usually took me an hour to get to her, on one occasion it required two hours before I was able to attend her. The puddle of blood was voluminous, appearing to be at least five quarts; she spurted like a fountain at first, then it

reduced to a drizzle, then to a flow and to a seepage. All I could do was to wrap her with a neater bandage and she always recovered without any signs of anemia, although she did get a little wobbly. In other words, Nature, in those large arteries which are mechanically impossible to form a clot, will do her best by reducing blood pressure as blood loss occurs, finally slowing the blood volume and pressure to a degree that the accumulated blood on the surface of the wound will materially assist in the clot; especially is this true if a bandage or rough substance is applied to it.

Concerning blood transfusions in dogs severely parasitized by hookworms, I have seen them when their gums were white as clean snow, when the veins were so collapsed that only with difficulty could the needle enter. I would say that all transfusions for severe anemia from hookworms were futile, the patient dying from my molestation and from the original condition. I have seen few dogs recover when left alone, or molested when the gums get snow white (anemic.) It is almost always irreversible shock.

I do want to relate one more case re bleeding. I once operated on a cryptorchid horse. In this particular operation, I cut a branch of the femoral artery and severe hemorrhage ensued. It was impossible to ligate the proximal end and the only thing to do was pack the canal with gauze and hope that the pressure pack would help. After two hours the horse was still bleeding severely, but to some degree it appeared to be lessened in intensity. Since it was near midnight I went to sleep. The owner and friend stayed another hour with the patient, and then went to some local person in the country who was known to have the power to stop bleeding by wishing it done. When they went back to the horse, sure enough the bleeding was stopped. Of course you know who got the credit, and you know who did not collect his fee. No transfusions were used and this horse survived, when it appeared he was going to bleed to death. Again proof of the wonderful healing power of nature; if we can say anything, we can agree with you that if the patient has any possible power to recover it will do so

most effectively when given Hygienic care—being left alone in most cases will do it.

Here then is the power, the ability, and the processes upon which we must rely for recovery from any and all abnormal conditions, not upon the expedencies of the would-be healers. When we read that so-called "medical science" has made rapid strides in conquering certain diseases, we should not forget the existence of this self-healing power of the body. Such stories as depicted above should give us all increased confidence in the self-healing powers of the living organism. Many such authentic stories are told in the paper *Awake*, a publication of the Jehovah's Witnesses. All the hundreds of recoveries that take place in serious accidents without blood transfusions are never reported in the national press. Actually, such news is suppressed in the interest of the medical profession. One solitary case of someone surviving who would have died anyway could produce dynamic headlines if the press made it clear that no blood transfusion was given. Such is the power of the press to mold public opinion.

Watch Tower Story

In the magazine *Watch Tower* of 1 September 1974 this item appears:

"Alternative to Blood Transfusion:"

How severe an anemia resulting from blood loss can be survived without a blood transfusion? Oxygen is vital to life and hemoglobin is the blood component transporting oxygen. Anemia is considered "severe" when the hemoglobin count drops to 6 grams (per 100 milliliters of blood) or lower. Even when the count drops to only 10 grams, and there is considerable bleeding, doctors generally want to transfuse blood.

Under the heading "Exceptional Blood Loss Anemia," the *Journal of the American Medical Association (JAMA)* of 20 May 1974, cites three cases involving Jehovah's Witnesses where the

hemoglobin levels dropped to 6.9, 3.8, and 2.6 grams respectively. On account of the patient's religious convictions, doctors at Long Beach Naval Hospital tried treatment other than blood transfusion. Along with intramuscular injections of dextran and intravenous injections of balanced saline solutions, they administered "hyperbaric oxygen" to compensate for the lack of oxygen-carrying hemoglobin. What resulted?

"Dramatic improvement, with reversal of the signs and symptoms of hypoxia (lack of oxygen) in all three patients," the article states.

Such treatment in itself may not solve the cause of the anemia. It may allow the doctor needed time to work at the solution, or time for the patient's body to apply its own healing power, without resorting to blood transfusions. It illustrates again that alternative methods are often available to doctors willing to respect convictions based on God's law regarding the use of blood—Acts 15:28, 29.

Surgeon of the Impossible

Parade magazine on 6 March 1977 carried an article called "Surgeon of the Impossible" by Lawrence Galton which reports:

The surgeon: Tokyo-born, 51-year-old Teruo Hirose, well-described as the surgeon of the "impossible."

To date, "Terry" Hirose has saved the lives of 4,500 Jehovah's Witnesses and thousands of other patients through surgery—not only of the heart but of the esophagus, stomach, bowel, blood vessels and cancers.

And Dr. Hirose declares quietly that he has never lost a single patient for lack of a blood transfusion. And his patients lose only one-tenth of the usual amount of blood, or even less.

Now Clinical Professor of Surgery at New York Medical College, Hirose holds appointments at half a dozen hospitals in the New York area, including St. Barnabas, Flower and Fifth Avenue, Maimonides, and St. Vincent's; fellowships in numerous major medical and surgical

associations; has received many National Institutes of Health and other research grants, and has written more than 100 medical articles.

He was convinced that it is the surgeon himself who, by his planning and technical performance, generally determines the amount of blood loss. He believed that he could tie off securely every little bleeding vessel he had to cut through as he operated. That might slow the operation, but he had become so adept that the procedure might still take less time than conventional surgery.

One day he received a desperate call from the family of a Jehovah's Witness patient with a profusely bleeding ulcer and extreme anemia. She was hemorrhaging to death in a hospital, doctors unable to help because they saw no way to operate without transfusion. Hirose saved her, using the techniques he had developed for cardiac surgery.

One of his next non-cardiac Jehovah's Witness patients was a 23-year old girl with ulcerative colitis advanced to the point of perforating the colon and producing peritonitis. Her temperature was spiking and she was unconscious, rapidly approaching death. Other surgeons had refused operation without transfusion. Hirose operated, removing all the pus and blood from the abdominal cavity and taking out the entire diseased colon. The girl recovered.

Another of Hirose's Jehovah's Witness patients was a young woman with a huge lung abscess that had destroyed a whole lobe. The lobe was removed and she is today a championship tennis player.

All told, of Hirose's 4,500 non-transfusion patients of the Jehovah's Witness faith, some 4,000 have had non-cardiac surgery, including hysterectomies.

Jehovah's Witness or not, he rarely uses transfusions even for such operations as whole lung removals and bypasses of leg arteries.

Today, at 51, Hirose looks, works and acts like a 35-year-old. By all odds, he has many years ahead to help patients and to innovate. Which, as his patients who come

from all over the country and even from abroad understandably see it, is a very good thing, indeed.

AMA Doctors and The Patients Right to Refuse Transfusions

An article in the 19 September 1977 *Journal of the American Medical Association* titled "Cardiovascular Surgery in Jehovah's Witnesses" by David A. Ott, M.D., and Denton A. Cooley, M.D. reported:

Jehovah's Witnesses who require operation represent a challenge to the physician because of the patients' refusal to accept blood transfusion. We report a 20-year experience with a consecutive series of 542 Jehovah's Witness patients ranging in age from 1 day to 89 years who underwent operation.

From 1957 to 1977, 542 patients ranging in age from 1 day to 89 years underwent major operation without benefit of blood transfusion.

We believe that a patient should have a right to make his or her own decision, and that the physician has a moral responsibility to respect the wishes of the patient. We have never violated the contract made before operation that blood will not be administered regardless of the circumstances or need.

In the case of children, special consideration must be given. If extensive blood loss is anticipated, surgery should not be recommended.

Our experience supports the contention that patients who refuse blood transfusion for religious reasons can undergo major cardiovascular operations with an acceptably low risk.

Why Not Blood Transfusions?

Blood transfusion is not an innocent-looking toy of the medical profession. It is a death-dealing agent. This can be gauged from various reports that seep out in spite of due caution on the part

of the profession not to let "the cat out of the bag." The practice persists because the mass of the people are whipped into a frenzy to demand blood transfusions and secondly because there is a vast industry connected with it. In America, for example, a pint of blood costs \$35.00, even after the donor has given his sample free.

One of these reports appears in the January 1956 issue of the magazine *Pageant* under the title "Blood Can Kill" written by Lawrence Galton. He tells us that "the first flush of enthusiasm for transfusions is waning. Not only is knowledge spreading among doctors of the hazards involved . . ."

He begins this article with the story of a Japanese fisherman who died, it was thought, as a result of burns from atomic fall-out, but who was shown, by autopsy, to have died of "jaundice, directly traceable to a blood transfusion administered in an effort to save his life."

To Natural Hygiene students this "killing them to save them" attitude is not unusual. Galton tells us that over half a million transfusions are given every year in the USA alone. He then tells us that the transfusions result in one death in every thousand transfusions, but he adds: "These are the properly labelled deaths. Many others, authorities suspect, are actually due to transfusions, but the blame is fastened elsewhere." This is exactly what Natural Hygiene followers have been saying for a long time. Galton also says: "Far more often than they kill, transfusions cause reactions which are unpleasant and sometimes serious." This also the Natural Hygiene followers have claimed.

Even under the best of conditions and with the greatest of care in its administration, there is danger associated with the introduction of foreign materials into the body. Galton reminds us that more than 70 different proteins have so far been identified in blood and each can cause many varied reactions when introduced into another body. Among these he names as the most common and troublesome, jaundice, a virus infection of liver. Referring to the records of Henry Ford Hospital, where 8,000 transfusions were administered in the two-year period, he tells us that jaundice developed in an average of one in every four hun-

dred transfusions and many had liver inflammation without jaundice. This, according to him, is a good record, because in a Medical Association report the average is given as one in every two hundred patients.

Another risk is that of hemolytic reaction, or dissolution of the patient's blood by the transfused blood; which can cause prolonged illness or death due to kidney injury.

Great loss of blood constitutes a severe shock to the body of the victim. No one denies it, but we must bear in mind that transfusing is an equal shock.

Galton refers to the evils of what he calls "overloading." This occurs when transfusion is given too rapidly or too much blood is transfused. This may result in death from "congestive heart failure" or from "brain hemorrhage." This is a pleasant prospect indeed. Knowing this, how can one be stupid enough to demand a blood transfusion, as medical practitioners claim that their patients do?

Vein inflammation is "related to the length of time the needle remains in the vein." Care is taken to avoid "long-drawn-out transfusions." Here the physicians and nurses are walking a tightrope. A little too much on either side and the patient, not the physician, falls.

Death is also blamed upon contaminated blood and stored blood. The blood bank thus becomes a death trap; quite different from the implications of the slogan "Every 15 Minutes a Life is Saved," transfusion kills. Among the symptoms of protein poisoning that Galton lists is one which he calls a "pyrogenic reaction." "Repeated transfusions," he says, "may set the stage for another hazard—the development of sensitivity." It is from such things that so-called allergy is built up in an individual.

Leaving Galton, let me quote to you from some warnings by Dr. Douglas A. C. McRae, Director of the Edinburgh and South-East Scotland Blood Transfusion Service. Speaking of hazards from transfusions, he says:

Reactions to Transfusions—these may be classified as follows:

Immediate (within a few hours or less)

- (a) Due to incompatible blood, particularly when given moderately quickly. Accompanied by pain in limbs, head and chest.
- (b) Cardiac failure. This may arise in patients with heart disease or in patients with chronic anemia.
- (c) Allergic, e.g. urticaria (hives), which may be extensive.
- (d) Pyrexia (fevers), cause often not discoverable.

Intermediate (1 to 10 days)

- (a) The "interval phase" following the giving of incompatible blood with oliguria or anuria leading to uraemia and death usually between seventh and tenth days.
- (b) Pyrexia may be accompanied by rigor. Bacterial contamination of transfused material or of apparatus. There is danger of septicemia.

Delayed (up to 120 days)

- (a) Homologous serum jaundice.
- (b) Anuria—stoppage of urine. The cause remains unsolved in the many syndromes in which there is no obvious obstruction to renal function. . . . Changes in the renal circulation are either initiated from causes external to the kidney, as with the hemolysis of blackwater fever, or incompatible transfusion.
- (c) Treatment of hemolytic transfusion reaction accompanied by anuria remains very difficult and usually unsuccessful. It is unfortunate that these cases commonly arise in parturient women who are suffering from some degree of obstetric shock and often severe hemorrhage as well as the effects of the transfusion.

Note that these warnings cover every possibility of hazard and were given sometime in 1947. However, the following item is taken from a fairly recent source, proving once again the futility as well as the dangers of blood transfusion.

Danger in Repeated Blood Transfusions

The Journal of the American Medical Association, 178:528, 4 November 1961, in the foreign mail section states:

Repeated Transfusions

Rangram and Gupta conducted a series of experiments on rabbits rendered anemic by bleeding and investigated the difference in the period of recovery between animals receiving blood transfusions and those receiving none. They studied the relative efficiency of frequent small transfusions as compared to large, less frequent ones in the correction of anemia and the relative effects of the two types of transfusions on the erythropoietic activity of bone marrow after a period of twelve weeks.

In those receiving small daily transfusions, hematological levels were restored within two to three weeks, but after continued transfusions for ten weeks a decline in red blood cell counts was noticed. This persisted even though the transfusions were continued. When large infrequent transfusions were given, restoration of the RBC count and hemoglobin level was achieved within a week, but a decline was noted after twelve weeks. The control group receiving no transfusions achieved spontaneous correction of their hemotologic levels within two or three weeks, and there was no further decline during the period of observation.

After twelve weeks the marrow in animals of both transfused groups was less cellular, with fewer erythroid (RB cells) than that of the control group.

It is clear that transfusion, while often providing a semblance of recovery, actually results in harm. Remember, recovery in those cases that were not transfused showed no later weakening of the blood-making function. Both groups that received transfusions revealed a marked deterioration of the blood-making function. Recovery occurred without blood transfusion in those experimental animals which received no blood from without. This fact confirms my view that the body can supply its own blood needs from inherent resources. The sobering fact is that in the USA today there are a greater number of deaths from blood transfusion than from commercial airplane crashes. Some people refuse to board an airplane, but are willing to go blindly to their deaths with implicit faith in "God, the surgeon, and blood transfusions."

Plastic In Your Blood?

The *New England Journal of Medicine*, 30 November 1972, mentions that "blood stored in plastic bags can become contaminated by the plasticizer DEHP, which makes PVC plastic softer. Doctors Jaegar and Rubin of Johns Hopkins University, Baltimore, said: "Thirteen patients who died soon after receiving multiple blood transfusions were examined and eight of them had DEHP in their fat, liver, lungs, and spleen."

Death from Blood Transfusions

Further statistics on the effects of blood transfusion were given in the *National Observer* 29 January 1972, which wrote:

Blood transfusions now kill at least 3,500 Americans and medically injure another 50,000 each year." So says Dr. J. G. Allen of Stanford University, considered by many researchers as one of the foremost authorities on the blood problem in the United States. However, because of poor reporting habits on the part of many physicians the real rate, according to the Center for Disease Controls, could be as high as 35,000 deaths and 500,000 illnesses each year due to blood transfusions.

Expanders Better than Whole Blood

More and more medical authorities are warning against widespread use of blood transfusions. In fact, it may be only a matter of time, and not a long time either, before the medical profession will discard blood transfusions as a passing fad, even as years ago they dropped bloodletting. Typical of this trend is what Swedish and German authorities on blood transfusions told a symposium of Norwegian professors of medicine and medical directors regarding the superiority of plasma expanders over whole blood:

It is no overstatement that there is today a waste of blood at hospitals all over the world It is today possible with a neutral preparation to expand the volume of blood plasma—the fluid which carries the corpuscles throughout the body Every individual has his own "saturation point" in the relation between the amount of red blood cells and the intake of oxygen. If the amount of blood cells gets too high, there is a decrease of the intake of oxygen because the blood is too viscous (too thick). Because of this a patient in many cases would be better off with less blood cells, consequently only the lost plasma is substituted. Most important in this connection is the fact that the risk of blood clots thereby is reduced. A number of examinations have proved dextran to have this effect. To prevent blood clots we can almost say as a rule the first bottle used at a transfusion should be dextran.

Noting other benefits from using dextran rather than blood, these authorities went on to say:

Certain serious diseases may be transmitted via blood. There have been so many such cases recently that one at least should not take unnecessary risks. Moreover, a blood transfusion is to be regarded as any other transplantation, for example of kidney or other tissue. "Foreign" blood also alarms the body's antibodies, although the consequences may not be as obvious as when a kidney is rejected.

Blood Transfusions and Heart Transplants

Yes, blood is a tissue, just as the heart and the kidneys are tissue. Because it is a "liquid tissue" this fact is not generally appreciated. Immunological forces in the body oppose any foreign tissue. They raise up antibodies to fight against it. That is why the popularity of heart transplants was so short-lived.

Life magazine, 17 September 1971, showed a picture on the front cover of 6 persons who received heart transplants and who seemed to be well and happy at the time. Within just 8 months after the picture was taken, all 6 of them had succumbed to their bodies' efforts to reject foreign tissue. The article told how the "rejection drugs triggered bizarre acts," and that their ballooning faces haunted one doctor." The author of the article, who has written a book on the subject *Hearts*, also reported that the death rate for heart transplants for the first 3 years was more than 85%. One surgeon, who transplanted 22 hearts, had every last one of his patients die. While he dismissed the entire matter as "a procedure which we tried and—for the time being—discarded," the patients were not able to be so casual about it.

You may ask why, if blood transfusions also violate the immunological principle, do they not prove as lethal as do heart transplants. The reason is that blood is a temporary tissue, for in every second of time millions of red blood cells die and are replaced. So any "foreign" transfused blood cells do not remain for long in the body.

This then, is the overall picture of the glorious myth that is blood transfusion. It is not the panacea it is made out to be for all ills including shock, severe hemorrhage, multiple injuries and surgical operations. In my opinion, and in the opinion of many who have studied both sides of the question, blood transfusion will not save life if a hemorrhage is of sufficient magnitude to be lethal. If the hemorrhage is not lethal a transfusion is not needed. If a transfusion is given it may cause death.

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