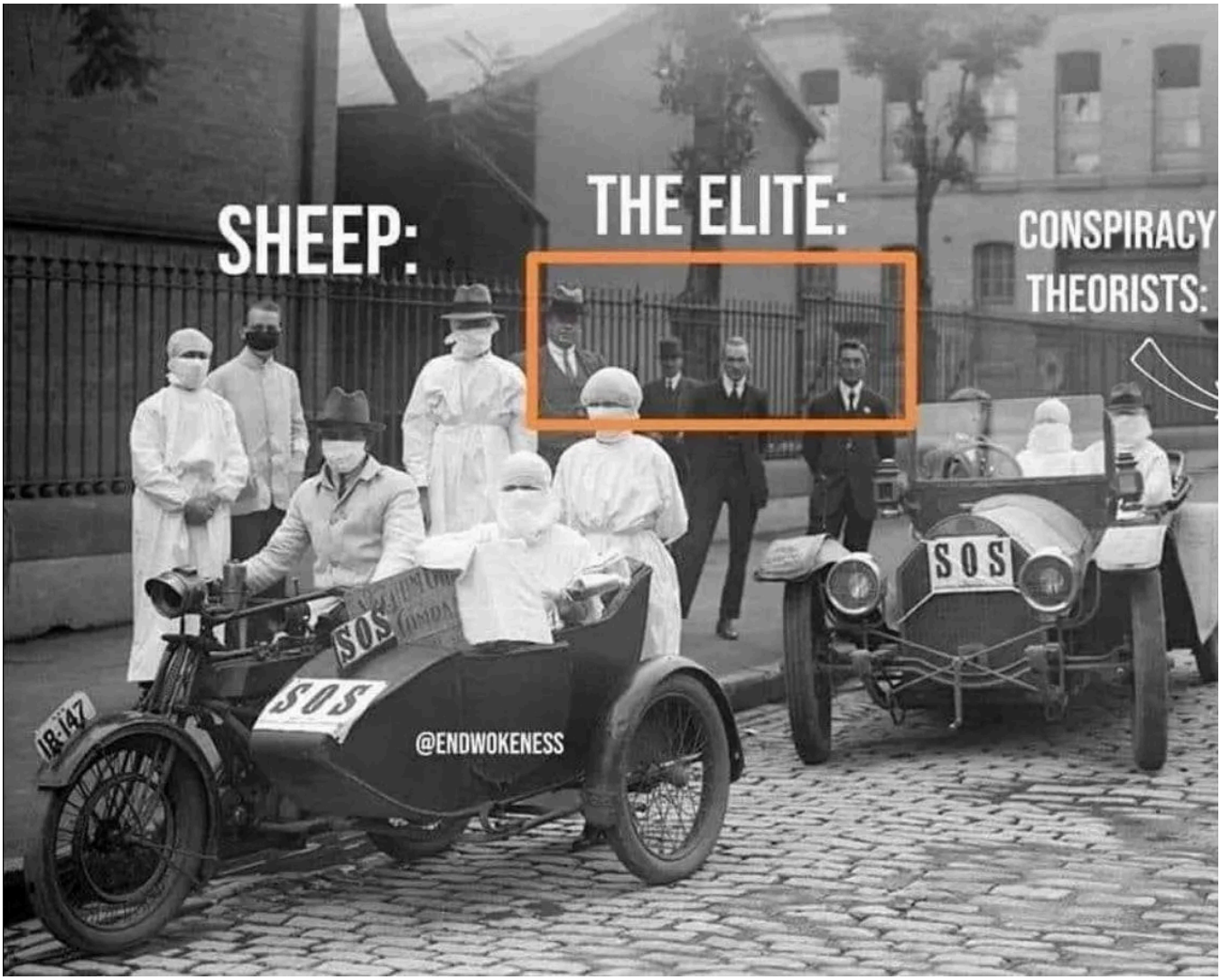
The Spanish Flu Hoax

& The Rosenau Contagion Study.

JAMIE ANDREWS

NOV 03, 2024

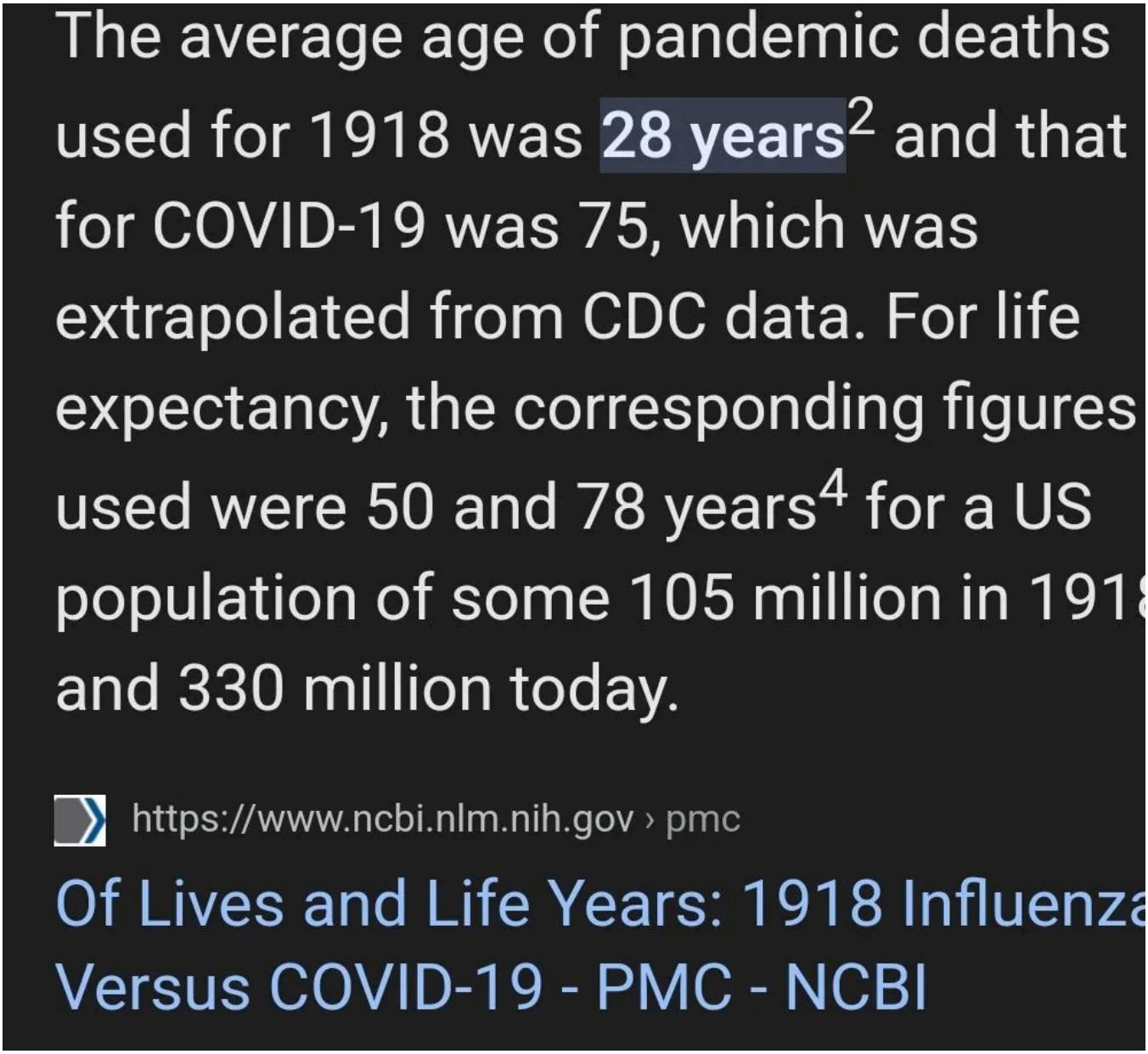
All of the content that is put out on this Substack is going to be for free. If you fe inclined to donate or Sign up for a Paid Subscription that is very much appreciat will keep me writing, putting out content and continuing the largest Control Stu Project falsifying Virology.

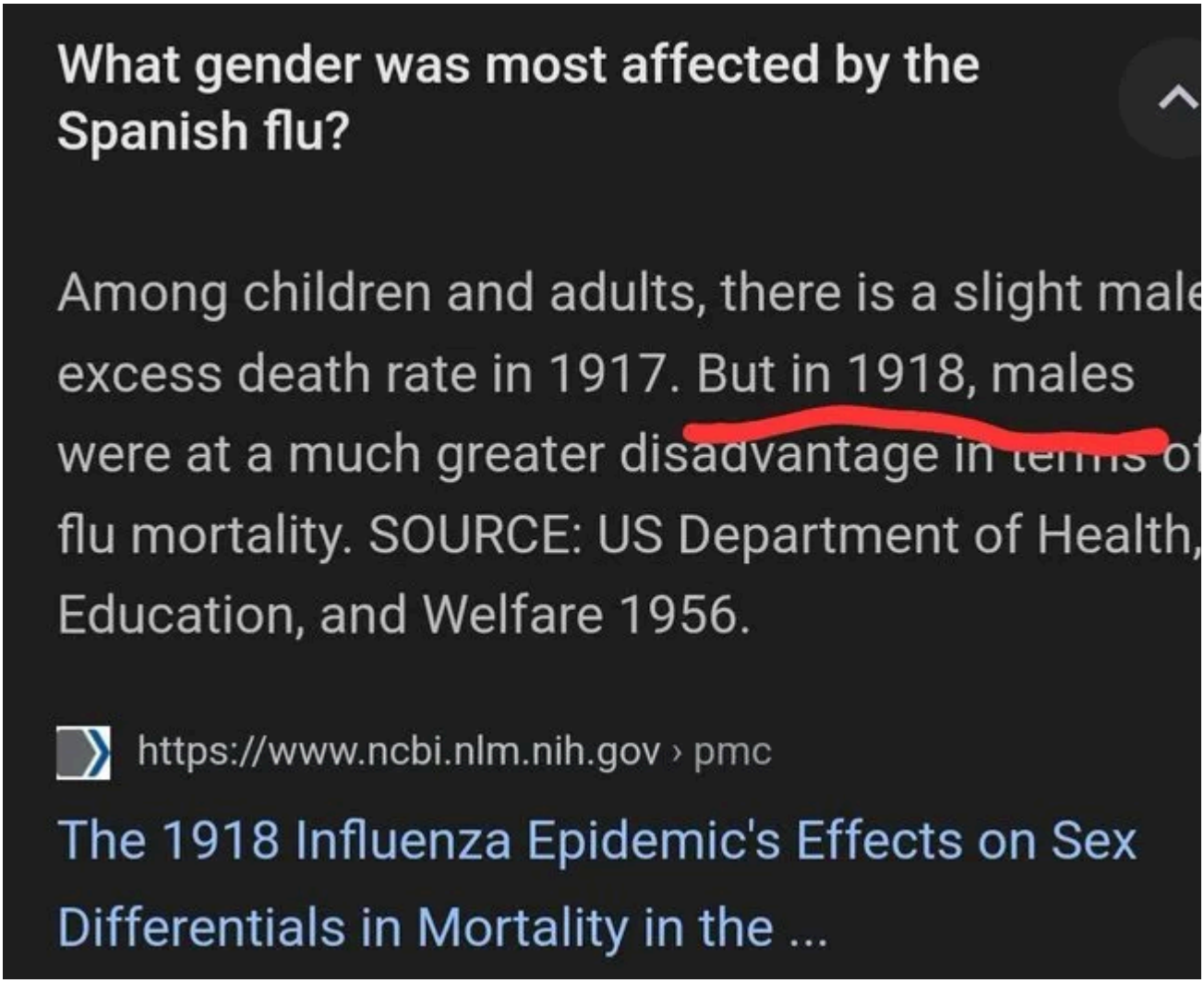


It is coming up to another Armistice Day to mark the 106th Anniversary of when people got told to stop killing everyone and throwing themselves into the meat g at the behest of a handful of politicians. So what better time to deconstruct one c many, huge glaring lies told by those politicians to manipulate people into contir the cycle of endless wars, absolve the decision makers of responsibility AND con the lie of germ theory and pharmaceutical remedies.

Yes, the Spanish Flu was a very convenient hoax that ticked a lot of boxes for tho charge. Said to have killed the astonishingly ridiculous figure of up to 100 MILLI people…. 5 TIMES that killed in the war. The statisticians and historians must ha been wetting themselves agreeing to this absurd figure. "History is written by th victors" is none more prevalent here than the State, who waged war for profit, w and on retracing their steps through the Somme, ignored the bloody piles of bod bomb craters and starvation, pointed at the air and declared; “virus did it”!

From a purely statistical standpoint, the most compelling evidence that the entir story is so obviously fabricated lays in bold faced type when you search WHO, or precisely which demographic supposedly died of the Latino Lungbuster…


The average age of pandemic deaths used for 1918 was 28 years[2] and that for COVID-19 was 75, which was extrapolated from CDC data. For life expectancy, the corresponding figures used were 50 and 78 years[4] for a US population of some 105 million in 191
and 330 million today.
https://www.ncbi.nlm.nih.gov › pmc
Of Lives and Life Years: 1918 Influenza
Versus COVID-19 - PMC - NCBI



Yes, you read that correctly. The person most likely to have died from a "virus" ju happen to be Military aged Males… No these men were not dying because of the bullets and bombs, chemical agents and stuff, they were all accounted for and the that survived just so happened to, as soon as the war ended, get a cold, keeled ov died. The average age of normal "seasonal Flu" deaths is ~80yrs old, so by some complete random chance this "transmissible pathogen" STILL killed predomina military aged men, despite the total number of deaths being 5 times that of death directly attributed to war, in absolute contradiction to every other "virus" in hist

The utter absurdity of trying to fob off deaths in Trench Warfare and blame it on "virus" is quite possibly the most laughable piece of propaganda ever drummed u They even collectively, vaguely admitted to this in roundabout terms with the knowledge that the Spanish Flu was not claimed to originate in Spain at all.

There is also no way of being certain where Spanish Flu originated, although the trenches of World War I, where poor sanitation and disease was rife, are an often-contender. The filthy, rat-infested conditions undoubtedly affected the soldiers' immune systems, making them more vulnerable to illness.

The Spanish flu was not named 'Spanish' because it began in Spain, but because Spain was neutral dur First World War, and did not censor bad news like the belligerent countries.

Indeed it was called the "Spanish flu" purely based on their political stance of be neutral, so were not running as knowingly a brutal propaganda campaign (well a not for another 5 years when King Alphonso XIII conducted a coup leading to a military dictatorship).

In this article I am not going to try to explain why people died or if indeed they d is a pointless venture that relies on you trusting government statistics ,interpreta and clinical diagnoses. We have seen so clearly from the Covid Hoax that even liv through it and watching it unfold in front of our eyes, they clearly managed to fu even the raw deaths statistics, let alone causality of death.

On the face of it , I believe it is safe to reject the numbers in their millions attrib to "flu deaths". Statisticians quadrupled their figures over the course of 50 years a based on pure hypothetical models. I would suggest that a HUGE percentage of t numbers were just casualties of war not registered or missing and piled into the historical numbers when it suited.

The clinical cause of death as made by a coroner is so arbitrary according to wes allopathic medicine. Unless a body is missing a head through blunt trauma (Ever think many were PCR tested during the Covid hoax lol) I would disagree with mo suggested "causes" of death when they blindly reject iatrogenic/pharmaceutical murder as being a primary "lead".

With that in mind I want to make a few suggestions as to exactly what went on a time that *could* have lead to "patterns of disease" if indeed they were observed:

1. Malnutrition, Starvation from supply routes cut off and export of essential fo and produce.

The claim is that 20million of those "flu deaths" were in India... Where for starte 1.3million of the strongest and most capable males left to fight in the war... but m importantly the rest of the country was exploited to export food, cotton and supp and left to starve and perish in an already malnourished and poverty stricken cou

India's participation in World War I was significant, with **over 1.3 million In servicemen fighting in the war and contributing billions of dollars to th war effort**:

Military

India's military was the largest volunteer force in the world at the time, with soldi serving in major battles across Europe, the Middle East, and East Africa. The India Army fought in the Western Front, Gallipoli, Mesopotamia, Egypt, and Palestine. I won eight Victoria Crosses during the war, including one awarded to Mir Dast for actions in Ypres.

Supplies

India contributed over $20 billion in today's money to the war effort, including 3.7 million tonnes of supplies and 170,000 animals. India exported cash crops like co jute, and tea, as well as leather, clothes, railway tracks, and ammunition. India also contributed to food shortages by exporting cereals.

Casualties

India suffered more than 120,000 total casualties, including men killed, wounded missing.

2. Vaccination.

3. The stunning allopathic regimen of 31.2 GRAMS per day of Aspirin prescrib physicians causing devastating pulmonary embolisms.

JOURNAL ARTICLE

Salicylates and Pandemic Influenza Mortality, 1918–1919 Pharmacology, Pathology, and Historic Evidence FREE

Karen M. Starko

Clinical Infectious Diseases, Volume 49, Issue 9, 15 November 2009, Pages 1405–1410,
https://doi.org/10.1086/606060
Published: 15 November 2009 **Article history** ▾

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Abstract

The high case-fatality rate—especially among young adults—during the 1918–1919 influenza pandemic is incompletely understood. Although late deaths showed bacterial pneumonia, early deaths exhibited extremely "wet," sometimes hemorrhagic lungs. The hypothesis presented herein is that aspirin contributed to the incidence and severity of viral pathology, bacterial infection, and death, because physicians of the day were unaware that the regimens (8.0–31.2 g per day) produce levels associated with hyperventilation and pulmonary edema in 33% and 3% of recipients, respectively. Recently, pulmonary edema was found at autopsy in 46% of 26 salicylate-intoxicated adults. Experimentally, salicylates increase lung fluid and protein levels and impair mucociliary clearance. In 1918, the US Surgeon General, the US Navy, and the *Journal of the American Medical Association* recommended use of aspirin just *before* the October death spike. If these recommendations were followed, and if pulmonary edema occurred in 3% of persons, a significant proportion of the deaths may be attributable to aspirin.

4. All sorts of chemical interventions in the hair-brained pursuit of stopping non-existent "virus".

Just as with the Covid hoax, people ran around further toxifying an already toxic environment. A backdrop of heavy industry and agriculture in full tilt manufactu for war created a dusty, polluted and chemical strew terrain (they said that Coal Miners were particularly affected (No Shit!)). Added to this, as pictured, people ra around spraying "anti flu" chemicals on public transport and even in the street. T came up with a raft of quack remedies such as this Quinine based "treatment" he

> A convalescing case was to remain in bed 3 to 10 days once the fever subsided. The foll tonic was prescribed to be taken after meals: quinine hydrochloride 1/4 to 1/2 grain, c hydrochloric acid 10 Minims (M) and tincture nux vomica 5–10 M made up to 1 dram v essence of pepsin.[22]

And even this "pressurized Inhalation" device (the mind boggles):

MASK WANKERS

The Spanish Flu hoax really paved the way for a lot of the bullshit we saw rear its in 2020. Especially in America 1918-1919 they introduced mask “mandates” on tr

and some other public transport, handed out fines for people not wearing them, schools and businesses, enforced quarantines and enforced quarantine of sick pe

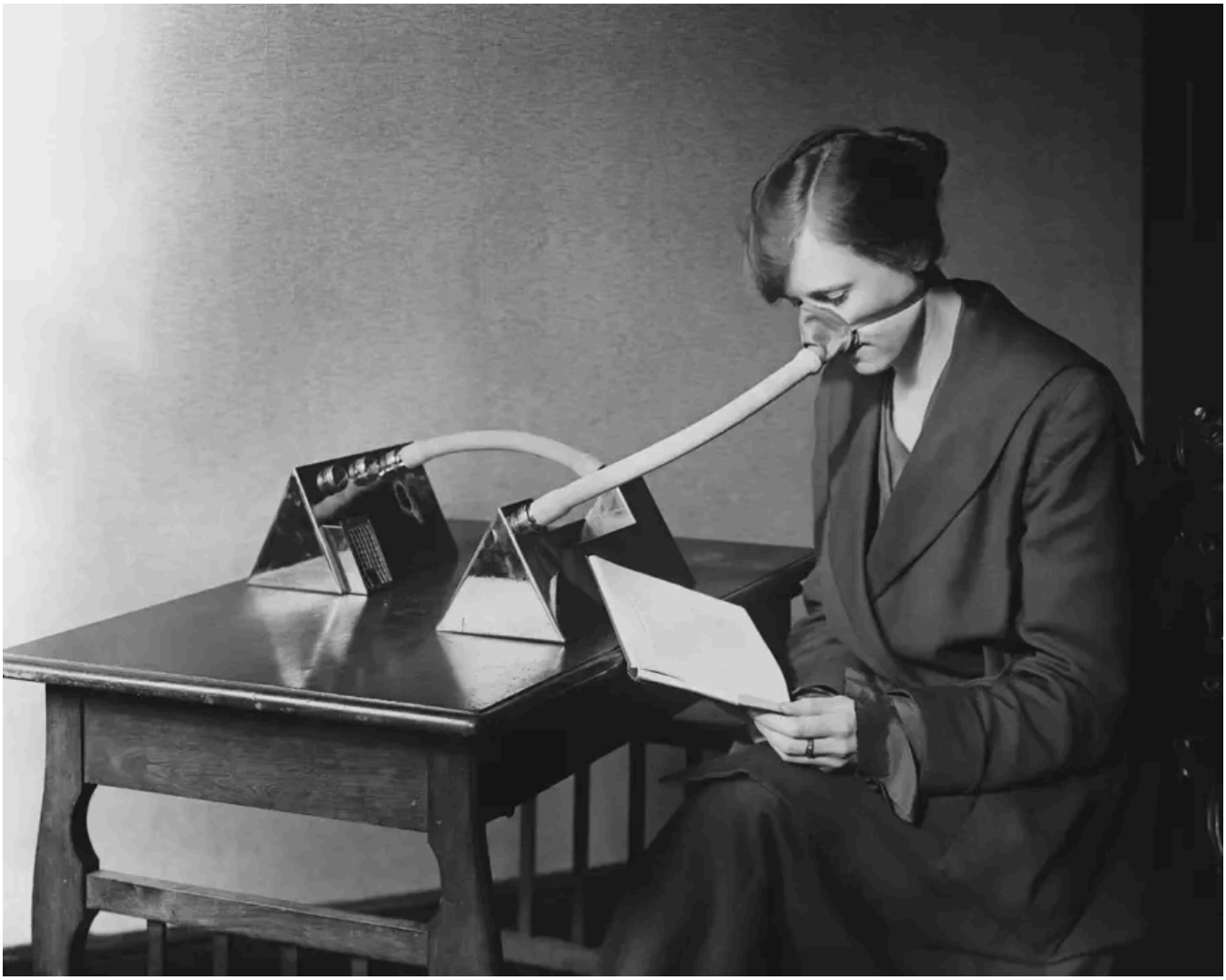
During the Spanish flu pandemic of 1918–1920, mask rules varied by loca but generally included:

- **Wearing masks**: People were required or recommended to wear fabric mask public.
- **Denial of entry**: People without masks were denied entry to public places like streetcars and offices.
- **Enforcement**: People found without masks outdoors could be fined or imprisoned.
- **Exemptions**: Some people, like preachers, singers, actors, and schoolteacher were exempt from mask mandates.

Other public health measures taken during the pandemic included:

- Closing schools and businesses
- Banning public gatherings
- Isolating and quarantining infected people
- Legislation to ban public coughing and sneezing
- Publicity campaigns and leaflets
- Encouraging people to wash their hands after coming into contact with anyor coughing or sneezing

Precautions taken during the 1918 flu pandemic would not allow anyone to ride stre without a mask. Here, a conductor bars an unmasked passenger from boarding. (Universal History Archive/Getty Images)



The Mask Wankers and overzealous Government officials pushed a group of Doc Civil Liberties advocates and even a member of the board of supervisors to make "Anti Mask League of San Francisco" protesting mask mandates, with a couple c rallies turning out 4,500 people on the streets.

The **Anti-Mask League** was an organization formed in San Francisco, California to prote ordinance which required people in that city to wear masks during the 1918 influenza pandemic. The ordinance it protested lasted less than one month before being repealed. to the short period of the league's existence, its exact membership is difficult to determin however, an estimated 4,500 citizens showed up to a meeting to protest the second ordi in January 1919.[1]

League formation [edit]

Although there were some complaints from citizens during the initial period of mask-wearing, the new ordinance in 1919 galvanized more serious opposition and the Anti-Mask League was formed.[2] Members of the league included physician citizens,[3] civil libertarians,[4] and at least one member of the Board of Supervisors.[2] An estimated 4,500 citizens attend meeting on January 25.[1][5] Some members of the league wanted to collect signatures on a petition to end the mask req while others wanted to initiate recall procedures for the city health officer. Members of the anti-mask league also agitated Francisco Mayor James Rolph Jr., to resign if he did not repeal the ordinance. The president of the League, suffragist, at and labor rights activist Mrs. E.C. Harrington, was a fierce critic of the mayor, and it has been suggested that the anti-ma league protests were politically motivated.[6] The debate was heated.[3] Some objections to the ordinance were based on questions of scientific data while others considered the requirement to infringe on civil liberties.[7]

In addition to complaints from the Anti-Mask League, some health officers from other cities also contended that masks w necessary.[3] The San Francisco city health officer criticized the secretary of the state's Board of Health for questioning th efficacy of masks, saying "The attitude of the state board is encouraging the Anti-Mask League."[8]

The Rosenau Study

Milton Joseph Rosenau, M.D.

Director, Hygienic Laboratory, May 1, 1899 - September 30, 1909

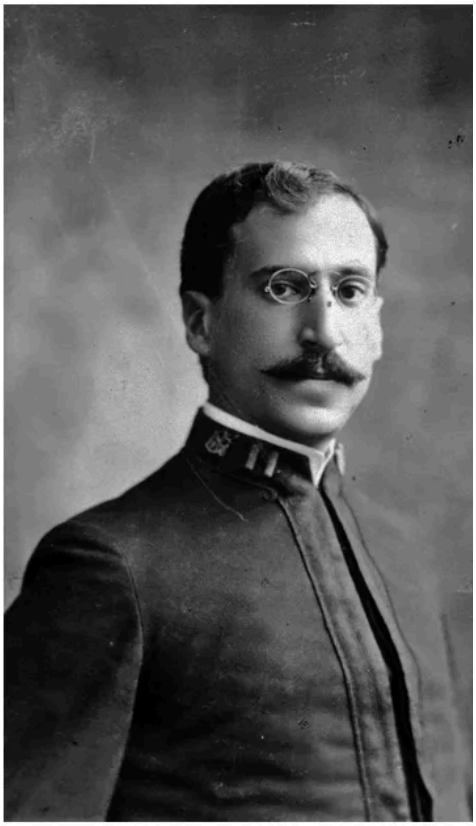
As second director of the Hygienic Laboratory, Dr. Milton J. Rosenau was responsible for expanding its scope of investigations.

After receiving his M.D. from the University of Pennsylvania, he did postgraduate work in Europe in the field of sanitation and public health.

In 1890 he received his commission in the Marine Hospital Service. He became director of the Hygienic Laboratory on May 1, 1899.

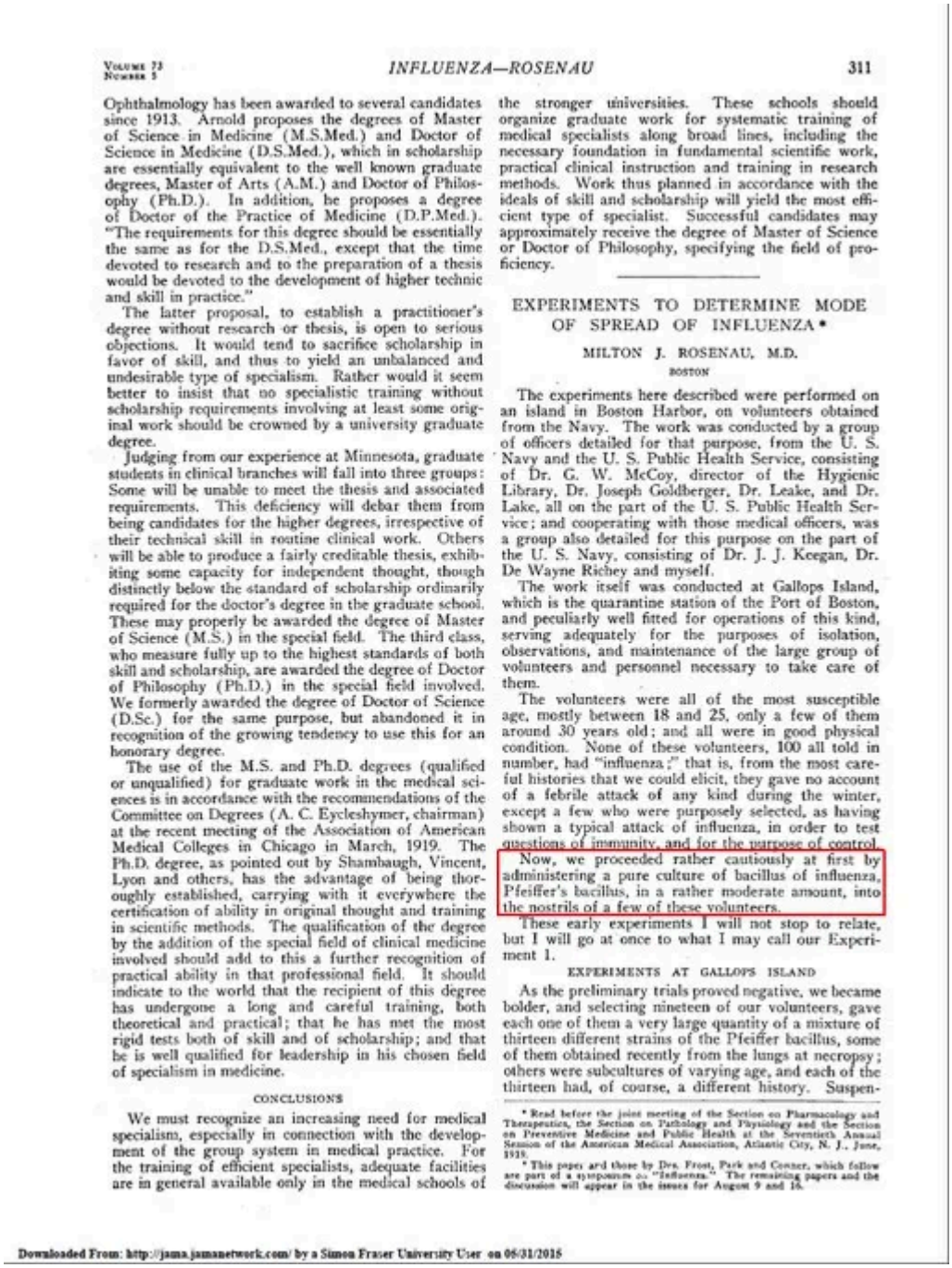
A pioneer in the study of anaphylaxis, he also conducted research on yellow fever, malaria, typhoid fever, poliomyelitis, disinfectants, and the pasteurization of milk. His *Preventive Medicine and Hygiene* is a standard text for students of public health.

On September 30, 1909, Dr. Rosenau resigned from government service to join the staff of Harvard Medical School. In 1936 he went to the University of North Carolina where he served as director of the Public Health School.



Milton Joseph Rosenau, M.D.

Here is the blurb written about Dr. Rosenau on the National Institute of Health website showing that he was a well respected Microbiologist in his field. Interes enough they conveniently miss out a huge chunk of his career between 1909 and Well, it was probably because in 1919 he was in charge of arguably the most dam Contagion Study ever conducted.



VOLUME 73
NUMBER 5

INFLUENZA—ROSENAU

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Ophthalmology has been awarded to several candidates since 1913. Arnold proposes the degrees of Master of Science in Medicine (M.S.Med.) and Doctor of Science in Medicine (D.S.Med.), which in scholarship are essentially equivalent to the well known graduate degrees, Master of Arts (A.M.) and Doctor of Philosophy (Ph.D.). In addition, he proposes a degree of Doctor of the Practice of Medicine (D.P.Med.). "The requirements for this degree should be essentially the same as for the D.S.Med., except that the time devoted to research and to the preparation of a thesis would be devoted to the development of higher technic and skill in practice."

The latter proposal, to establish a practitioner's degree without research or thesis, is open to serious objections. It would tend to sacrifice scholarship in favor of skill, and thus to yield an unbalanced and undesirable type of specialism. Rather would it seem better to insist that no specialistic training without scholarship requirements involving at least some original work should be crowned by a university graduate degree.

Judging from our experience at Minnesota, graduate students in clinical branches will fall into three groups: Some will be unable to meet the thesis and associated requirements. This deficiency will debar them from being candidates for the higher degrees, irrespective of their technical skill in routine clinical work. Others will be able to produce a fairly creditable thesis, exhibiting some capacity for independent thought, though distinctly below the standard of scholarship ordinarily required for the doctor's degree in the graduate school. These may properly be awarded the degree of Master of Science (M.S.) in the special field. The third class, who measure fully up to the highest standards of both skill and scholarship, are awarded the degree of Doctor of Philosophy (Ph.D.) in the special field involved. We formerly awarded the degree of Doctor of Science (D.Sc.) for the same purpose, but abandoned it in recognition of the growing tendency to use this for an honorary degree.

The use of the M.S. and Ph.D. degrees (qualified or unqualified) for graduate work in the medical sciences is in accordance with the recommendations of the Committee on Degrees (A. C. Eycleshymer, chairman) at the recent meeting of the Association of American Medical Colleges in Chicago in March, 1919. The Ph.D. degree, as pointed out by Shambaugh, Vincent, Lyon and others, has the advantage of being thoroughly established, carrying with it everywhere the certification of ability in original thought and training in scientific methods. The qualification of the degree by the addition of the special field of clinical medicine involved should add to this a further recognition of practical ability in that professional field. It should indicate to the world that the recipient of this degree has undergone a long and careful training, both theoretical and practical; that he has met the most rigid tests both of skill and of scholarship; and that he is well qualified for leadership in his chosen field of specialism in medicine.

CONCLUSIONS

We must recognize an increasing need for medical specialism, especially in connection with the development of the group system in medical practice. For the training of efficient specialists, adequate facilities are in general available only in the medical schools of the stronger universities. These schools should organize graduate work for systematic training of medical specialists along broad lines, including the necessary foundation in fundamental scientific work, practical clinical instruction and training in research methods. Work thus planned in accordance with the ideals of skill and scholarship will yield the most efficient type of specialist. Successful candidates may approximately receive the degree of Master of Science or Doctor of Philosophy, specifying the field of proficiency.

EXPERIMENTS TO DETERMINE MODE OF SPREAD OF INFLUENZA*

MILTON J. ROSENAU, M.D.
BOSTON

The experiments here described were performed on an island in Boston Harbor, on volunteers obtained from the Navy. The work was conducted by a group of officers detailed for that purpose, from the U. S. Navy and the U. S. Public Health Service, consisting of Dr. G. W. McCoy, director of the Hygienic Library, Dr. Joseph Goldberger, Dr. Leake, and Dr. Lake, all on the part of the U. S. Public Health Service; and cooperating with those medical officers, was a group also detailed for this purpose on the part of the U. S. Navy, consisting of Dr. J. J. Keegan, Dr. De Wayne Richey and myself.

The work itself was conducted at Gallops Island, which is the quarantine station of the Port of Boston, and peculiarly well fitted for operations of this kind, serving adequately for the purposes of isolation, observations, and maintenance of the large group of volunteers and personnel necessary to take care of them.

The volunteers were all of the most susceptible age, mostly between 18 and 25, only a few of them around 30 years old; and all were in good physical condition. None of these volunteers, 100 all told in number, had "influenza;" that is, from the most careful histories that we could elicit, they gave no account of a febrile attack of any kind during the winter, except a few who were purposely selected, as having shown a typical attack of influenza, in order to test questions of immunity, and for the purpose of control.

Now, we proceeded rather cautiously at first by administering a pure culture of bacillus of influenza, Pfeiffer's bacillus, in a rather moderate amount, into the nostrils of a few of these volunteers.

These early experiments I will not stop to relate, but I will go at once to what I may call our Experiment 1.

EXPERIMENTS AT GALLOPS ISLAND

As the preliminary trials proved negative, we became bolder, and selecting nineteen of our volunteers, gave each one of them a very large quantity of a mixture of thirteen different strains of the Pfeiffer bacillus, some of them obtained recently from the lungs at necropsy; others were subcultures of varying age, and each of the thirteen had, of course, a different history. Suspen-

* Read before the joint meeting of the Section on Pharmacology and Therapeutics, the Section on Pathology and Physiology and the Section on Preventive Medicine and Public Health at the Seventieth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1919.

* This paper and those by Drs. Frost, Park and Conner, which follow are part of a symposium on "Influenza." The remaining papers and the discussion will appear in the issues for August 9 and 16.

They took 100 hundred healthy men between the ages of 18-30 yrs old. This corresponds exactly to the claimed average age of "Spanish Flu" deaths being 28 old. They stipulate in the study that they believe them to be of a "susceptible" ag

This is in stark contrast to every other Contagion Study ever conducted. Usually deem the most "susceptible" ages to be too vulnerable and too risky to experimer given that the average age of death for all other supposed respiratory viruses is n 80 yrs old.

They made sure to select men who had experienced no recent respiratory infecti the rescue device of "immunity" when they inevitably fail the contagion study do apply in this instance.

They put the fluids obtained from people said to be dying with "Spanish Flu" dir up the nostrils of these healthy volunteers. Starting with a "moderate amount" w returned negative results. Then they turned up the heat by putting a "very large quantity" of fluids contained from the lungs of deceased patients died supposedl "Spanish Flu".

sions of these organisms were sprayed with an atomizer into the nose and into the eyes, and back into the throat, while the volunteers were breathing in. We used some billions of these organisms, according to our estimated counts, on each one of the volunteers, but none of them took sick.

Then we proceeded to transfer the virus obtained from cases of the disease; that is, we collected the material and mucous secretions of the mouth and nose and throat and bronchi from cases of the disease and transferred this to our volunteers. We always obtained this material in the same way: The patient with fever, in bed, has a large, shallow, traylike arrangement before him or her, and we washed out one nostril with some sterile salt solution, using perhaps 5 c.c., which is allowed to run into this tray; and that nostril is blown vigorously into the tray. This is repeated with the other nostril. The patient then gargles with some of the solution. Next we obtain some bronchial mucus through coughing, and then we swab the mucous surface of each nares and also the mucous membrane of the throat. We place these swabs with the material in a bottle with glass beads, and add all the material obtained in the tray. This is the stuff we transfer to our volunteers. In this particular experiment, in which we used ten volunteers, each of them received a comparatively small quantity of this, about 1 c.c. sprayed into each nostril and into the throat, while inspiring, and on the eye. None of these took sick. Some of the same material was filtered and instilled into other volunteers but produced no results.

Now, I may mention at this point that the donors were all patients with influenza in Boston hospitals; sometimes at the U. S. Naval Hospital at Chelsea, sometimes at the Peter Bent Brigham Hospital, where we had access to suitable cases. We always kept in mind the fact that we have no criterion of influenza; therefore I would like to emphasize the fact that we never took an isolated case of fever, but selected our donors from a distinct focus or outbreak of the disease, sometimes an epidemic in a school with 100 cases, from which we would select four or five typical cases, in order to prevent mistakes in diagnosis of influenza.

Now, thinking that perhaps the failure to reproduce the disease in the experiments that I have described was due to the fact that we obtained the material in the hospitals in Boston, and then took it down the bay to Gallops Island, which sometimes required four hours before our volunteers received the material, and believing that the virus was perhaps very frail, and could not stand this exposure, we planned another experiment, in which we obtained a large amount of material, and by special arrangements, rushed it down to Gallops Island; so that the interval between taking the material from the donors and giving it to our volunteers was only one hour and forty minutes, all told. Each one of these volunteers in this experiment, ten in number, received 6 c.c. of the mixed stuff that I have described. They received it into each nostril; received it in the throat, and on the eye; and when you think that 6 c.c. in all was used, you will understand that some of it was swallowed. None of them took sick.

Then, thinking perhaps it was not only the time that was causing our failures, but also the salt solution —for it is possible that the salt solution might be inimical to the virus—we planned another experiment, to eliminate both the time factor and the salt solution, and all other outside influences. In this experiment we had little cotton swabs on the end of sticks, and we transferred the material directly from nose to nose and from throat to throat, using a West tube for the throat culture, so as to get the material not only from the tonsils, but also from the posterior nasopharynx.

We used nineteen volunteers for this experiment, and it was during the time of the outbreak, when we had a choice of many donors. A few of the donors were in the first day of the disease. Others were in the second or third day of the disease. None of these volunteers who received the material thus directly transferred from cases took sick in any way. When I say none of them took sick in any way, I mean that after receiving the material they were then isolated on Gallops Island. Their temperature was taken three times a day and carefully examined, of course, and under constant medical supervision they were held for one full week before they were released, and perhaps used again for some other experiment. All of the volunteers received at least two, and some of them three "shots" as they expressed it.

Our next experiment consisted in injections of blood. We took five donors, five cases of influenza in the febrile stage, some of them again quite early in the disease. We drew 20 c.c. from the arm vein of each, making a total of 100 c.c., which was mixed and treated with 1 per cent. of sodium citrate. Ten c.c. of the citrated whole blood were injected into each of the ten volunteers. None of them took sick in any way. Then we collected a lot of mucous material from the upper respiratory tract, and filtered it through Mandler filters. While these filters will hold back the bacteria of ordinary size, they will allow "ultramicroscopic" organisms to pass. This filtrate was injected into ten volunteers, each one receiving 3.5 c.c. subcutaneously, and none of these took sick in any way.

The next experiment was designed to imitate the natural way in which influenza spreads, at least the way in which we believe influenza spreads, and I have no doubt it does—by human contact. This experiment consisted in bringing ten of our volunteers from Gallops Island to the U. S. Naval Hospital at Chelsea, into a ward having thirty beds, all filled with influenza.

We had previously selected ten of these patients to be the donors; and now, if you will follow me with one of our volunteers in this ward, and remember that the other nine were at the same time doing the same thing, we shall have a picture of just what was happening in this experiment:

The volunteer was led up to the bedside of the patient; he was introduced. He sat down alongside the bed of the patient. They shook hands, and, by instructions, he got as close as he conveniently could, and they talked for five minutes. At the end of the five minutes, the patient breathed out as hard as he could, while the volunteer, muzzle to muzzle (in accordance with his instructions, about 2 inches between the two), received this expired breath, and at the same time was breathing in as the patient breathed out. This they repeated five times, and they did it fairly faithfully in almost all of the instances.

After they had done this for five times, the patient coughed directly into the face of the volunteer, face to face, five different times.

I may say that the volunteers were perfectly splendid about carrying out the technic of these experiments. They did it with a high idealism. They were inspired with the thought that they might help others. They went through the program

Their calculated “billions” of pathogens were sprayed into the nose, eyes and int
back of the throat of all of the volunteers. This returned complete negative result
a single person sick.

They then took samples from the “cases” of the disease, from mucus, nasal, throa
bronchi secretions. The first time they did this by first putting salt solution up th
nose to obtain the nasal secretions. They transferred these to the same healthy m
who once again returned completely negative results, no disease caused.

They noted there was a small transit between taking these samples and inoculati
4 hours. So they changed their approach once more to speed up the delivery of “f
infected” tissue to inoculate with. They inoculated with the “fresh” samples whic
returned completely negative results… nobody got sick.

They changed their methodology another time where they supposed that the sali
solution to obtain the mucus sample may have been “sterilizing” it. So they did a
with the saline solution, collected fresh samples.. inoculated the same people wh
AGAIN produced negative results.

By this time the hundred participants had been experimented on at least twice if
three times. They were kept for a week and monitored in quarantine each time fo
raises in temperature.

They drew their attention next to the blood, where they took blood from five feb
cases of “Spanish Flu” and injected it into 10 of the healthy volunteers. Once aga
these brought back negative results, ZERO disease caused.

They then tried again, but passed mucus through a filter big enough for all “virus
sizes to get through.. they injected into into another ten volunteers, none of who
sick.

Natural Modes of Transmission

They unanimously failed at their barbaric attempts to prove contagion with unna
means I.e putting stuff directly into the eyes, nose, throat and injecting into the l

stream. They decided to turn their attention to “natural” pathways: The healthy volunteers were told to hug and shake hands with people hospitalized from influ symptoms, have 5 minute conversations with them in close proximity, then have breath heavily and cough in their faces repeatedly. They were told to repeat this ' times with TEN different patients all expressing severe symptoms of “Influenza” not a single healthy volunteer got sick.

in a splendid spirit. After our volunteer had had this sort of contact with the patient, talking and chatting and shaking hands with him for five minutes, and receiving his breath five times, and then his cough five times directly in his face, he moved to the next patient whom we had selected, and repeated this, and so on, until this volunteer had had that sort of contact with ten different cases of influenza, in different stages of the disease, mostly fresh cases, none of them more than three days old.

We will remember that each one of the ten volunteers had that sort of intimate contact with each one of the ten different influenza patients. They were watched carefully for seven days—and none of them took sick in any way.

EXPERIMENTS AT PORTSMOUTH

At that point, the holidays came, our material was exhausted, and we temporarily suspended our work. In fact, we felt rather surprised and somewhat perplexed, and were not sure as to the next way to turn, and we felt it would be better to take a little breathing spell and a rest.

We started another set of experiments in February that lasted into March, again using fifty volunteers carefully selected from the Deer Island Naval Training Station. These experiments I will not give in detail. They would take too long. They were simply designed and the program was carefully planned, but the way matters turned out became very confusing and perplexing. I will give two instances to explain what I mean by that; and I give them because they are exceedingly instructive and very interesting.

In February and March, the epidemic was on the wane. We had difficulty in finding donors. We were not sure of our diagnosis, having no criterion of influenza. We therefore felt very fortunate when we learned of an outbreak that was taking place at the Portsmouth Naval Prison, only a few hours north of Boston. We at once loaded a couple of automobiles filled with our volunteers, and rushed up to Portsmouth, and there repeated many things that I have described in our first set of experiments. At Portsmouth, out of a large number of cases, we made our selections carefully, taking the typical cases for donors, and transferring the material directly to our volunteers. In about thirty-six hours, half of the number we exposed came down with fever and sore throat, with hemolytic streptococci present, and doubtless as the causal agent. All the clinicians who saw these cases in consultation agreed with us that they were ordinary cases of sore throat.

Another incident: One of our officers, Dr. L., who had been in intimate contact with the disease from early in October, collected material from six healthy men at the Portsmouth Navy Yard who were thought might be in the period of incubation of the disease—we were trying to get material as early as possible, because all the evidence seems to indicate that the infection is transmittable early in the disease. None of the six men came down with influenza, but Dr. L. came down in thirty-six hours, with a clinical attack of influenza, although he had escaped all the rest of the outbreak.

CONCLUSION

I think we must be very careful not to draw any positive conclusions from negative results of this kind. Many factors must be considered. Our volunteers may not have been susceptible. They may have been immune. They had been exposed as all the rest of the people had been exposed to the disease, although they gave no clinical history of an attack.

Dr. McCoy, who with Dr. Richey, did a similar series of experiments on Goat Island, San Francisco, used volunteers who, so far as known, had not been exposed to the outbreak at all, also had negative results; that is, they were unable to reproduce the disease. Perhaps there are factors, or a factor, in the transmission of influenza that we do not know.

As a matter of fact, we entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease.

[A complete account of the experiment is being published by the U. S. Public Health Service.]

THE EPIDEMIOLOGY OF INFLUENZA*

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The history of influenza so far as it is known, that is, for several centuries, comprises a series of long cycles in which great pandemics alternate with periods of relative quiescence, the length of cycles as measured by the intervals between pandemics being usually a matter of decades. The special characteristics of influenza pandemics are their wide and rapid extension, their high attack rates, and great effect on general mortality rates. Since these cycles are undoubtedly of fundamental significance in the natural history of influenza any proper discussion of the epidemiology of the disease should cover at least one full cycle, preferably the last, from 1889 to the present. The material for such a discussion must, however, be collected from many and diverse sources and laboriously fitted together, since there is no concrete specific and continuous record of the prevalence or mortality of influenza during such a period of years.

LACK OF SPECIFIC RECORDS

During great epidemics there are abundant, if not exact records of prevalence, and the resulting mortality can be determined with fair precision, even though a large proportion of the deaths are classified under diagnoses other than influenza. In the intervals between epidemics influenza becomes inextricably confused with other respiratory diseases, having a general clinical resemblance but no definite etiologic entity, so that the record of prevalence and even of mortality is virtually lost. The first requisites for epidemiologic study, namely, clear differential diagnosis and systematic records of occurrence, are therefore lacking in influenza.

In the absence of these essential records, statistics of mortality from the group comprising influenza and allied forms of pneumonia afford, perhaps, the nearest approximation to a record of influenza. It is not intended to suggest that the mortality from this group of diseases furnishes in any sense a *measure* of the prevalence of influenza, but only that it furnishes an

* Read before the joint meeting of the Section on Pharmacology and Therapeutics, the Section on Pathology and Physiology and the Section on Preventive Medicine and Public Health at the Seventieth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1919.

Portsmouth Experiments

The entire experiment described above on the Gallops Island in Boston Harbor v repeated AGAIN using 50 different healthy volunteers. The entire experiment or again failed to produce any disease in the healthy volunteers.

One group who were rushed to a Boston Naval Prison at short notice had half of members diagnosed with "an ordinary case of sore throat", claiming this was "str given the bacteria present. This was clearly due to some change in terrain, environment with this specific group… going into Prison (maybe overly sterilized chemicals etc), cold weather in February (very cold in Boston then)….

The other funny thing to note is the ONLY person in this entire experiment to "g influenza" was one of the doctors, that WASN'T experimented on, lol!! Maybe it induced by the stress of realizing their entire career was a sham?

Goat Island Experiments

Dr. Rosenau had seen enough and called it a day, but Dr. McCoy and Richey carri regardless and repeated the entire experiment AGAIN on Goat Island… and gues what? This was also negative, no disease caused in any healthy volunteers.

Conclusion

Really we don't have to look at any of the Epidemiological observations, the propaganda was off the charts and we will never know anywhere near to the real number of people that actually died FROM respiratory "infection". It is a pointle task running around trying to find out what really killed people especially over 1 years ago.

The DAMNING evidence is in the DIRECT contagion studies carried out. The Rosenau studies in my opinion are the most devastating studies to Germ Theory produced. When you actually look at it they were not just studying "viruses" beca wasn't a supposed "purified Viral Culture" they were inoculating with, these con antibiotics which kill bacteria, parasites and fungi.

These studies showed that CONTAGION of ANY pathogen is a myth as they we taking the fluids direct from sick people and transferring them to healthy people bacteria, parasites and all.

In total they carried out preliminary experiments, then on 100 volunteers inocula at least twice if not three times each at Gallops Island. Then repeated this experi in Portsmouth, then again on Goat Island. So in total a rough estimate between 7 1100 different challenges of “infected” tissue administered to healthy people wit ZERO disease caused.

Trying “natural pathways” was an interesting addition to make sure that there w something happening between people as opposed to tissue removed from them a transferred. It is a massive finding that this also returned negative results.

The fact that the exact demographic of supposed most susceptible volunteers we experimented on, really is the final nail in the coffin of Contagion of Biological pathogens.

All in all this was one big giant HOAX.

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Discussion about this post

Comments Restacks

Write a comment...

Clay Schmitz Clay's Substack Nov 3, 2024

Liked by Jamie Andrews

Pretty crazy that they say some wild figure like 100 million died and most of us just bought it of our life. Tell a big enough lie often enough and people will believe it. Glad so many of us a up.

LIKE (42) REPLY

11 replies by Jamie Andrews and others

T Cell T Cell Nov 3, 2024

Liked by Jamie Andrews

I have tried to inform people that Rosenau was one of the 'Mad Scientists' working around th perfect the the development of the Mass Murder Weapon that became known as Vaccines. H mentioned in Charles Richets (President of the European Eugenics Society) book on Anaphyla coined the word Anaphylaxis and not surprisingly got the fraudulent Nobel Prize for it! The b details the incredible exhaustive horrific attempts by Rosenau and his like to refine the discov one injection of a simple harmless protein (Milk) can, on the 2nd injection of the same harmle protein, kill a dog (and other animals) in 10 minutes. This was after waiting 21 days between t and 2nd injection. (Remember Pfizers instruction to WAIT 21 DAYS before taking the 2nd jab? better person than Rosenau to attempt to kill healthy young men 'volunteers' by exposing th what was at the time regarded as a DEADLY FLU. He must have been so disappointed when tl survived without infection.....

LIKE (25) REPLY

20 replies by Jamie Andrews and others

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