

A
Message
In a
Bottle

This insert has absolutely nothing to do with my book,
but is here to take advantage of the possibility of
wide coverage through the circulation of the book to
publicise a potential method of
Controlling Malarial Mosquitoes

And to examine an alternative link between the injection of
vaccines and both

Gulf war syndrome and autism.

If ever you have tried to promote what you yourself consider to be an original thought within the fastnesses of any of the major professions, it is possible that your experiences will mirror mine. There is an invisible intellectual barrier through which the ideas cannot penetrate. It is obvious from the responses, or, more likely the failure to respond at all, that one's proposition has sunk without trace. Any reply beyond the polite acknowledgment reveals a slight amusement similar to the one that I have experienced when trying to float an idea with a certain type of G.P. – humour it and it will go away!

So, in the hope that *someone* will see some merit in my proposals, and that they will at least give them a second thought, then, if feasible, promote them, here goes:

My starting point with the mosquitoes is the successful campaign that has virtually eradicated fruit flies from American fruit farms. Fruit flies are hatched in captivity and then subjected to gamma radiation, which sterilises the males. When released, the males breed naturally, but are infertile.

Such a method is obviously too impractical to be able to influence the wide-ranging presence of malarial mosquito. My plan is that the males should be sterilised in their own location in the following manner:

Female mosquitoes seek a mate at dusk, and fly to a particular height where they emit a buzz at a frequency peculiar to their own species. Males hover in clouds above the female, and one eventually mates successfully; the female then goes in search of blood and lays her eggs.

It should be possible to fabricate slim unclimbable pylons of, say, carbon fibre, of appropriate height – the height at which the target species hover. The pylon would have at its top a unit that would contain a radioactive source in a shield of suitable design allowing radiation to 'shine' upwards. The unit would generate the female hum at a frequency of the chosen

species, and would be turned on automatically at dusk. If the plan works, males would hover above it and be sterilised.

There would be no radiation hazard at ground level, and a full education programme would be needed to enlist local support. Units could be arrayed in batches around villages, or could be on mobile facilities.

When one considers the colossal cost in human suffering, and financially in terms of the loss to local economies and the provision of health care, I would think that *any* idea should be taken forward, no matter how far-fetched it may seem at first.

In considering the second 'big idea', i.e. the possible connection between inoculation and Gulf War Syndrome, and possibly autism, it is necessary to understand a little about acupuncture.

As I describe at various points in my main text, there are many acupuncture points distributed over the total body and head. Any particular point may have a wide repertoire of ailments capable of being treated from that point. The ailments are not specifically local, and can be very diverse in nature. It is well known that if one causes damage at the site of an acupuncture point, one risks provoking the very conditions that one would use that point to treat. Normally one considers the damage caused by physical trauma – fracture, surgery – or similar.

The essence of my speculation is this: does the injection of a noxious substance, i.e. a vaccine, *into* an acupuncture point produce any adverse reaction elsewhere within the body and head?

Most inoculations in adults and in infants above a certain age are given in the arm, and specifically in the deltoid-V. In *exactly* the same place is a point on the so-called 'Large Intestine' meridian, namely Large Intestine 14. In expressing my certainty, I had confirmation of both locations from a Senior Nursing Sister and an acupuncture practitioner of many years experience.

The point does not have a large repertoire listed in the textbooks, and the acupuncturist says that she hardly ever uses it in treatment. However, over the years I have devised ways of self-experimentation, and can confirm that stimulating L.I. 14 may generate unspecific reactions within my head. I had further confirmation of some link when I had my flu injection in autumn 2002. Normally I ask the nurse to inject away from the acupuncture point, but on this occasion I let her proceed as normal, and she hit a bulls eye. Within half an hour I began to develop unpleasant sensations in my head, similar to those at the onset of a severe headache, and on the same side as the injection. These persisted for about 8 hours, when they slowly subsided.

The 'cocktail' of drugs used by the armed forces contains many substances that are foreign to the body's normal functioning, and only serious research will determine whether I have found a 'missing link'. In considering any link with autism, my speculation would only apply to infants who have an arm injection, but, my G.P. informs me, this happens at the age when autism usually shows and so a link such as I am postulating would be difficult to prove. Confirmation of the connection could only be achieved if *all* infants were injected in a neutral location.

And there they are my two 'great ideas', and just like the proverbial message in a bottle that is thrown into the sea, I am hoping that mine will arrive on a 'beach' somewhere, and be opened by someone with a mind like mine – and at least *give it a try*.