SHELTIE TALES

May 2012
Newsletter of the Shetland Sheepdog Club of Southeast Florida, Inc.
www.sscsefl.com

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	Anna Whiting
	Lisa Malanowski

Upcoming Club Events ----------

Bark and Bowl:	Friday, May 18, 2012, 7:00-10:00 p.m.
Location:	Palm Beach Strikezone 6591 South Military Trail Lake Worth, Florida 33463 561-676-7600

Membership Meeting:	Saturday, May 19, 2012, at 11:00 a.m.
Sheltie Social:	Immediately following meeting.
Location:	Tradewinds Park (North side) 3600 West Sample Road Coconut Creek, Florida 33073

Garage Sale:	Saturday, June 2, 2012, 8:00 - 11:00 a.m.
Membership Meeting:	Saturday, June 2, 2012, at 11:00 a.m.
Location:	Home of: Lorna Staab 410 Southeast Second Avenue Pompano Beach, Florida 33060-8074

Directions:

I-95 to Atlantic Boulevard. Go east on Atlantic Boulevard. Turn south (right) on South Cypress Road. Turn east (left) on Southeast Fifth Court. Turn north (left) on Southeast First Terrace. Turn east (right) on Southeast Second Avenue.

Do not park on the sidewalk as you may get a ticket.

Club Information----------

Garage Sale: The club will be holding a garage sale on Saturday, June 2, 2012, starting at 8:00 a.m. at the home of Lorna Staab, 410 Southeast Second Avenue, Pompano Beach, Florida 33060-8074. Start cleaning out the closet, garage, etc. and bring those items which are no longer needed. Box up your items and either make arrangements to deliver them to Lorna's home or bring them to the May membership meeting. If you need something picked up, let Lorna know and she will make arrangements for a club member who might be in the area to pick them up. Anything that is left over from the garage sale will either be given to charity or disposed of. The last garage sale netted the club over $250.00, so your efforts are appreciated and will benefit the club.

Bark and Bowl: This year's Bark and Bowl is to be held on Friday, May 18, 2012, 7:00-10:00 p.m. at Palm Beach Strikezone, 6591 South Military Trail, Lake Worth, Florida 33463, 561-676-7600. Team information and donation page are located at: http://barkandbowl.com/southflorida/sscsef-p-615.html.

Membership: The second reading of an associate member application submitted by Cathy Smith of Longwood, Florida, was read at the March general membership meeting. Cathy was voted into membership. Welcome Cathy!

"Ask the Breeder": At a past meeting, questions pertaining to vaccinations were discussed during the club's "Ask the Breeder" portion of our general membership meeting. Because of this query, I requested and was granted permission to reprint in our newsletter a chapter from the book Homeopathic Care for Cats & Dogs, by Don Hamilton, which addresses many questions pertaining to vaccinations. As you may remember, the first two parts of his chapter entitled "Vaccination" have been published in prior newsletters. This month we are continuing in the incremental reprinting of that chapter. Again, if you enjoy reading this information, I encourage you to read the entire book as the rest of the book is just as informative on other aspects of dog care.

Who Has What Available for Placement ----------

The membership is invited to let the newsletter editor know if they have something available for placement—puppies or adults. This month . . .

Lorna Staab of Sta-A-Bit Shelties has available for placement "Wyatt," CH Cameo Gray Market. "Wyatt's" sire and dam are: CH Carloway Black Market ex Cameo Song Sung Blue. "Wyatt" is a five-year-old bi-blue male.

Member Brags ----------

Lorna Staab:

"Olivia," Trilliant Beloved:
Sire and dam: CH Belmark Lo And Behold, ROM ROMC ex CH Cameo It Must Be Love.

- On April 28, 2012, at the Treasure Coast Kennel Club of Florida, Inc. show, "Olivia" was Reserve Winners Bitch.

Karen Salvage:

"Tech," Sunspun System Analyst:
"Tech's" sire and dam: CH Heatherland's Analyze This ex Touchtone Sunspun AutumnStar.

- On April 28, 2012, at the Treasure Coast Kennel Club of Florida, Inc. show, "Tech" was Winners Dog.

Anna Whiting:

"Denim," Highfields Remember When:
Sire and dam are: CH Cameo Dreamchaser ex Highfields Almost Winter.

- On April 29, 2012, at the Treasure Coast Kennel Club of Florida, Inc. show, "Denim" was Winners Dog.

Bonny Thatcher:

"Bandette," Himark Bonnys Bandette:
Sire and dam: Himark Deal of the Century ex Himark Little Mermaid.

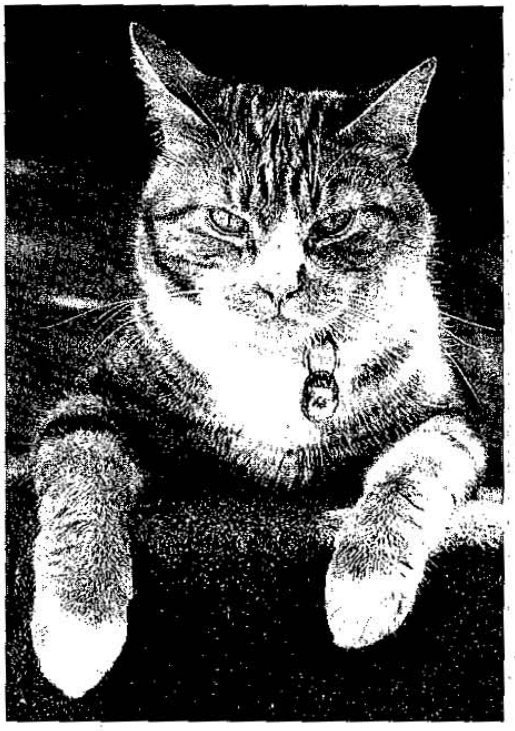
- On March 17, at the Central Florida Obedience Dog Club trial, "Bandette" qualified with a score of 180 in Novice Obedience.
- On March 18, at the Central Florida Obedience Dog Club trial, "Bandette" qualified with a score of 180 in Novice Obedience.

"Diamond," Himark Magical Diamond Dust:
Sire and dam: CH Kismet's Notable ex Himark Busy as a Bee.

- On March 4, 2012, at the ASSA National, "Diamond" finished in third place in Rally Novice with a score of 98 and also received her RN title.
- On March 17, at the Central Florida Obedience Dog Club trial, "Diamond" qualified with a score of 90 in Rally Advanced.
- On March 18, 2012, at the Central Florida Obedience Dog Club trial, "Diamond" qualified with a score of 76 in Rally Advanced.

Homeopathic Care for Cats & Dogs
Small Doses for Small Animals
By: Don Hamilton, DVM

Chapter Sixteen
VACCINATION



Introduction

The Vaccine Quandary

Why Do We Give Annual Vaccinations if They Are Unnecessary?

Vaccination Does Prevent Disease, Doesn't It?

Can Vaccination Cause Problems?

Vaccination: Replacing Acute Illness with Chronic Disease

How Can Vaccination Cause Illness?

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Summary

Vaccination: Replacing Acute Illness with Chronic Disease

Vaccinosis: a morbid condition resulting from vaccination. Does this really happen? Compton Burnett, a British physician who practiced in the late 1800s to the early 1900s, was originally a supporter of smallpox immunization. As a keen observer, however, he began to note that many chronic illnesses had begun at the time of vaccination, even though it may have occurred years earlier. Burnett also noted the ability of the remedy *Thuja* to

reverse many of these vaccine-induced disease states (this especially holds true with smallpox vaccination). He coined the term *vaccinosis.* Burnett suggested that not only did vaccines create chronic disease, but that *this was how they prevented the acute disease:*

> Given a *perfectly healthy* individual who has never been vaccinated. We say to such a one, you must be vaccinated or you are liable to catch small-pox, which is often about. Let us pause to note clearly that the individual thus warned by us as being liable to catch small-pox *is perfectly healthy.* Now let us vaccinate this perfectly healthy person, and the vaccination succeeding, we say he is henceforth protected from small-pox. That is to say, this thoroughly healthy nonvaccinated person becomes more or less proof against the contagion of small-pox by vaccination, or, at any rate, it is so averred. It may be safely admitted that no one can be *more* than perfectly healthy, and any modification or altering of perfect health must result in a minus, *i.e., less* than perfect health; and *less* than perfect health must necessarily be disease or ill health of some sort and in some degree. Hence it follows that the protective power of vaccination is due to a *diseased* state of the body.[14] (Burnett's italics)

Samuel Hahnemann, in his *Organon of Medicine,* describes the interaction in the body when exposure to two or more dissimilar diseases occurs. He states that "if they are equally strong or if the first is stronger than the second, the more recent is repelled. Thus someone suffering from a grave chronic disease will not be affected by autumn dysentery or by any other mild epidemic."[15] The chronic disease prevents the acute, as with severe schizophrenics who are usually unaffected by colds and influenzas. While Hahnemann was referring to natural diseases, we can apply the same logic to vaccination and reach the same conclusion as Burnett. In this case the vaccinal, or chronic, disease occurs first and is stronger, so the acute disease is repelled. The cost, however, is a lifetime of chronic illness.

In veterinary medicine, we have noticed that whatever affinity an organism has for an organ system will surface with vaccine reactions. For example, bacteria that tend to infect the lungs will tend to create a reaction in the lungs when made into a vaccine. A good example of this in humans is the breathing difficulty induced by whooping cough vaccine. This concept was originally formulated by Richard Pitcairn, DVM, PhD. Let us look at some

certain that vaccination for parvovirus and coronavirus is a major cause. I commonly see inflammatory bowel disease that arises within a month or two after vaccination for one of these viruses.

There is still another syndrome associated with parvoviruses, one that occurred first in cats and later in dogs. Cardiomyopathy is a disease of the heart muscle. The muscle may either weaken and stretch (dilated cardiomyopathy), or it may thicken greatly (hypertrophic cardiomyopathy). Either condition will limit the heart's ability to pump blood. Cardiomyopathy is usually fatal.

We have been diagnosing cardiomyopathy in cats for over twenty years, approximately the same period of time as for inflammatory bowel disease. Many (but not all) cases of the dilated form of cardiomyopathy have been associated with a deficiency of the amino acid L-taurine. The cause for hypertrophic cardiomyopathy, as well as the cause for the nontaurine-associated cases of dilated cardiomyopathy, are considered unknown. I believe that the answer may have appeared in dogs.

When canine parvovirus first erupted in the late 1970s, many young puppies died rapidly, sometimes within hours. It turned out that parvovirus was capable of attacking the heart muscle in young puppies, and this form of the infection killed the puppies rapidly.

Cardiomyopathy did not affect dogs to any degree before the parvovirus outbreak (or if it did, it was very rare), but it has appeared in the years since the outbreak. The number of cases has especially risen over the past five to ten years, coincident with the rise of inflammatory bowel disease in dogs. *The Merck Veterinary Manual* states that, "The cause [of dilated cardiomyopathy in dogs] is still unknown although viral infection and resultant autoimmune reaction against the damaged myocardium are suspect.... Since the canine parvovirus (CPV) pandemic of 1978, male Doberman pinschers appear to be highly vulnerable to both CPV and cardiomyopathy."[18] In the years since this was written in 1986, we have begun to see cardiomyopathy in many other breeds as well as Doberman pinschers.

I believe the author of this section of *The Merck Veterinary Manual* was correct, but I believe that parvovirus vaccination is even more likely to be the cause in most cases. I also believe that this explains the occurrence of cardiomyopathy in cats. Perhaps the heart muscle association of the feline parvovirus (panleukopenia virus) was not seen in natural infections, but vaccination brought it to the surface. Cardiomyopathy is an autoimmune

cat and dog diseases, including feline panleukopenia (feline distemper), canine parvovirus, rabies, and canine distemper virus, to see how this works.

With panleukopenia, major symptoms include inflammation and degeneration of the intestinal tract leading to severe vomiting and diarrhea, severe reduction of white blood cells (leukopenia) leading to immunosuppression, loss of appetite, mucopurulent nasal discharge, dehydration, and rapid weight loss. The chronic diseases we see frequently in cats correspond to many of these symptoms. Inflammatory bowel disease, an autoimmune inflammation of the intestines, is occurring at epidemic levels today. This disease was virtually nonexistent twenty years ago, yet today it is one of the most frequent diagnoses.

Another widespread cat illness is kidney failure. The panleukopenia virus has a strong affinity to kidney tissue and can persist for up to a year in cat kidneys following infection.[16] And studies done by Michael Lappin at Colorado State University found antibodies against feline kidney tissue following immunization with the cat combination ("FVRCP") vaccine.[17] Could there be a connection?

Cats are also extremely susceptible to immune malfunction and immunosuppression. The immunosuppressive state has been associated with two retroviruses (feline leukemia virus and feline immunodeficiency virus), and others are suspected. Rather than these being separate diseases, I believe they are the same, but that more than one virus can fill the niche opened by the immunosuppression (remember that with chronic diseases, the illness precedes the infection). This is probably the same in people with HIV (human immunodeficiency virus)–related viruses. Parvoviruses, which include the feline panleukopenia virus, are known to be very immunosuppressive. Additionally, I suspect the feline upper respiratory infections are a chronic state of the panleukopenia virus-induced immunosuppression and the tendency to get eye discharges.

A similar scenario now exists in dogs. While immunosuppressive states are not common in dogs, reports of their occurrence are on the rise. I believe the massive vaccination program for canine parvovirus, which began some thirty-plus years after we began vaccinating cats with feline parvovirus (panleukopenia virus), is creating this situation in dogs. If this is true, then the imminent future bodes poorly for dogs, if the problem in cats is an indication. Furthermore, we have been seeing inflammatory bowel disease in dogs over the past five to ten years. Prior to this it was virtually nonexistent. I am

disease, and vaccines are major causes of autoimmune disease. In my opinion, these connections are too close to be coincidence alone.

Furthermore, since writing the first edition of this book, evidence has surfaced that supports my suspicion about feline hypertrophic cardiomyopathy. Dr. Philip Fox, of the Animal Medical Center in New York City, tested about thirty-five hearts from cats with hypertrophic cardiomyopathy; the vast majority tested positive for the feline panleukopenia virus, suggesting a probable connection.[19]

For another example, let's take a look at rabies vaccination. Rabies is a neurologic disease that causes convulsions, mental confusion, paralysis of limbs, choking, rage, and aggression. Other symptoms include photophobia (fear or aversion to light); increased sexual desire; hyperesthesia (increased sensitivity to touch, sound, and other sensory stimuli); fear; desire to eat wood, cloth, and other indigestible objects; desire for solitude; or the desire to wander. Interestingly, some animals become friendlier to the point of clinginess when afflicted with rabies.

Chronic diseases of dogs and cats can readily be related to many of these symptoms. Convulsions are not uncommon; nymphomania and satyriasis are more common than ever, even in neutered animals; and eating indigestible objects is also fairly common. A syndrome we see primarily in dogs but occasionally in cats is degenerative myelopathy, a deterioration of the spinal cord that leads to painless lower-limb paralysis. This condition was first described in the late 1960s. By the late 1970s, when I graduated from veterinary school, we saw degenerative myelopathy primarily in the German shepherd dog, and it was (and still is) considered to be genetic. The age of onset was typically around ten years.

Today, the disease is common in numerous breeds, mostly large, and is occasionally seen in cats. I have seen the disease in a six-month-old golden retriever (shortly following completion of the initial vaccine series), and we commonly see it in four- to five-year-old dogs. How could this "genetic disease" cross breed lines? I would be really curious how it was genetically transmitted to cats. Maybe I missed that lecture in veterinary school! This condition may be associated with either canine distemper virus or rabies virus. The former may be more likely, but I suspect rabies may play a part in some animals, especially in cats. As rabies vaccination of cats has been emphasized only in the past decade or so, I fear this disease may become more common in cats over the next two decades.

Mentally, we see both extremes of clinginess and aggression. Aggression sometimes is noted to increase for a few days after a rabies vaccination, even with noninfectious vaccines.[20] We seem to see more and more persistently aggressive animals as well. In fact, a friend of mine, who has been practicing since 1950, flatly states that "animals were much nicer" when he graduated from veterinary school. All of the fear and aggression that we see now was rare in the 1950s.[21] I suspect that the emphasis upon vaccination for rabies, particularly for breeds such as the chow chow, pit bull, and such, serves to make these animals more likely to bite. This bite might then transmit chronic rabies to the bitten person. I also have seen many cases wherein convulsions arose following rabies vaccination, which makes sense given the virus's predilection for brain tissue and its ability to cause convulsions in active infections (see also "Aggression" in Chapter Thirteen, "Nervous System").

Finally, here is one example from canine distemper virus. This virus has an affinity to the parietal lobe of the brain, from whence the nerves of the masseter muscles and the temporalis muscles originate. These are muscles that originate on the skull, on the sides and top, and that close the mandible (lower jaw) during chewing and biting. There is a syndrome we call "chewing-gum seizures" that is a symptom of canine distemper virus infection and is caused by inflammation in the brain and nerves, with resultant muscle activity. These dogs repetitively open and close their jaws in an uncontrollable fashion, almost like chattering their teeth but not as rapidly.

Adult dogs sometimes suffer from an autoimmune disease called masseter myositis (though the temporalis muscle is equally or more affected). Its cause is considered unknown. Affected dogs initially show inflammation of these muscles, usually with difficulty chewing and opening the mouth. Eventually the muscles atrophy, leading to a skull-like appearance of the head, since the temporalis muscles provide the rounded appearance we normally see at the top of a dog's head. I have discovered that vaccination for canine distemper virus is the cause in at least some, and probably all, masseter myositis cases. Realizing that the same nerve-muscle groups were affected as with canine distemper–associated "chewing-gum seizures" led me to this conclusion, and I have successfully treated several cases now using a homeopathic medicine made from a dog distemper-combination vaccine. The same affinity exists in the vaccine virus as in the wild virus.

This concept may not make much sense from the conventional perspective that a live physical organism causes disease by infecting another organ-

ism, and thus it cannot cause disease if it is killed or modified prior to use in a vaccine. From homeopathic theory, however, we understand that a virus has a life force, which interacts with the life force of susceptible individuals. Illness then results from this interaction, which occurs on a nonphysical (energetic) level. Some form of the viral life force is present even with altered vaccine virus particles, so the life force of the vaccinated individual is still affected. Energetic illness precedes physical illness, whether it be a natural or vaccine-induced disease. The change wrought by the interaction between the vaccine life force and the vaccinated animal leads to a physical illness of some sort. This illness may only show initially as the interference with acute disease (i.e. the vaccine protection; see the quote from Burnett above), but over time the symptoms increase, and it will become more visible.

Other conditions we see frequently in veterinary medicine today are not so directly traceable to a particular vaccine. It appears that some vaccine effects are not specific to the organism in the vaccine but may be a nonspecific reaction to vaccination. When I attended veterinary school we were taught about many strange diseases—generally autoimmune diseases such as lupus, pemphigus, and the like—but were also taught that these were rare diseases we might see sporadically, if at all. We heard the adage, "When you hear hoofbeats in the backyard, don't assume it's a zebra." Today, it seems the zebras are as common as the horses, if not more common. Older practitioners affirm that these diseases were virtually nonexistent before the past few decades. Hyperthyroidism (increased production of thyroid hormones), which affects cats more than dogs, was not seen when I first graduated from veterinary school. It was not simply misdiagnosed. The symptoms are so characteristic that the syndrome would have been recognized even if the cause had been unknown. The disease did not exist. Could vaccines be responsible? Let's look at another case:

Sheba is a Siamese mix cat. She was nine years old when her guardian first consulted me. One week after vaccination, Sheba stopped eating and developed a rapid heart rate. Her conventional veterinarian suspected hyperthyroidism, although thyroid testing revealed no abnormalities. One dose of *Thuja* reversed the rapid heartbeat and the appetite problems, and her health bloomed after the remedy so that she was better than before she became ill. Clearly the vaccines had caused these problems. I believe she would have developed true hyperthyroid disease if untreated.

The status of the cat has elevated significantly since the 1960s. Prior to this most cats received little veterinary care. Since the 1970s, however, as cat status elevated, the care given to cats has climbed. This has generally meant more vaccinations. And rabies vaccination was often not recommended for cats until the mid-1980s. I believe the massive increase of vaccines in cats is responsible for hyperthyroidism as well as many other recently emerging diseases. One obvious terrible disease that is directly linked to vaccination is the emergence of fibrosarcomas at vaccine sites. This results from irritants (adjuvants) placed in noninfectious (killed) virus vaccines to increase the immune response. These cancers are extremely difficult to treat and are virtually always fatal. Other irritants (like microchips) can cause these cancers, but vaccination is by far the major culprit.

Other new and increasing diseases include hypothyroidism (decreased thyroid hormone levels) in dogs, feline immunodeficiency diseases (feline leukemia virus, feline immunodeficiency virus), feline infectious peritonitis, chronic hepatitis (primarily in dogs), renal failure, lower urinary tract diseases in cats, inflammatory bowel disease, and autoimmune blood disorders. Allergies are rampant these days, and vaccination has been linked to allergies in humans.[22] The immune systems of domestic animals have gone haywire. Sales of steroids ("cortisone") to suppress these diseases are probably at an all-time high. We have indeed traded the acute diseases for chronic, insidious, debilitating diseases.

Perhaps we have *not* eliminated the acute diseases at all, but merely changed their form into a chronic state of the acute disease. Prior to vaccination, the acute diseases were certainly life-threatening, but once puberty was reached most individuals lived a long, relatively disease-free life. Today most individuals survive or bypass the acute phase, but they (we) live relatively disease-laden lives. Vaccinations may prevent acute diseases, but if the exchange is for a lifetime of chronic disease, is that a viable option? (*Viable* is from the French *vie,* meaning "life," so the question is, will the patient live and flourish, or simply exist?)

Certainly many other stresses besides vaccines are playing a part. Studies of seals showed that consumption of pesticide-contaminated fish created an immunodeficient state that led to the 1992 outbreak of canine distemper virus, which killed vast numbers of seals in the North Atlantic.[23] Similar conditions exist in trees, such as the pine bark beetle infestation and American chestnut blight. Air pollution and acid rain weakened these trees, increas-

ing susceptibility to disease. Perhaps the chestnut is the canary species related to air pollution. Pesticides pervade every ecological niche today, including our foods. In fact, the study with seals used fish that was being sold for human consumption.

The diet of most companion animals is equally deplorable. So many dogs and cats eat out of bags full of poor ingredients, rancid fats, and powerful preservatives; this certainly contributes to abnormal immune functioning. Many commercial pet foods contain ethoxyquin, a suspected carcinogen ruled unsafe for human consumption. I find it mystifying that a substance is labeled unsafe for humans but is acceptable for nonhuman animals. Other foods use benzene-ring compounds like BHA and BHT as preservatives. Most benzene compounds have carcinogenic properties, and they are particularly toxic to cats. Poor diet certainly plays a large part in the deterioration of our companion animals' health.

Yet vaccination is also a major contributor, as evidenced by, among other factors, the excellent response we often see to *Thuja, Silicea,* and other major vaccinosis remedies. We also see cases where the connection is clear, such as Sheba's. I see these connections almost every day in my practice. *What I discovered is that when I stopped denying vaccinosis as a possibility, the evidence was right before my eyes.* This is why I understand when other veterinarians cannot see the connection, even when it is clear. It still saddens me.

How Can Vaccination Cause Illness?

Why would vaccination be more likely than the natural disease to lead to chronic illness? The first consideration is that exposure in a natural illness, with the exception of rabies, is generally oral/nasal. This allows the body to begin local response, both nonspecific as well as specific, some hours, possibly even days in some circumstances, before the virus reaches internal organs. Specific response involves formation of antibodies at the site of exposure, while nonspecific response involves white blood cells and chemicals directed against any foreign material. Injection bypasses the local immunity and forces the body to depend 100 percent upon internal immunity.

Secondly, repetition of vaccination forces repeated responses of the immune system, leading to an excessively stimulated immune response. This is abnormal, as local antibodies (in the mouth and nose) would repel a natural reexposure without allowing penetration into the body.

Thirdly, the preparation of vaccines often breaks down the integral structure of viruses, exposing internal structures such as viral DNA or RNA (depending upon the virus) to the immune system, leading to heavy antibody production against these nucleoproteins. Since nucleoproteins are relatively similar in all life forms, the host antibodies may lose the ability to differentiate between host and virus nucleoproteins, particularly given the induced hyperactivity of antibody production. The result may be antibody-mediated destruction of host tissue, an autoimmune disease. Autoimmune diseases are occurring more frequently than ever; could this be a reason? In the past few years, doctors Scott-Moncrieff, Hogenesch, et al. at Purdue University have studied vaccination in dogs and found autoantibodies to thyroid hormones following vaccination, a possible precursor to thyroid disease, for example[24] (the authors do not state that these autoantibodies lead necessarily to disease, though this is likely). In a natural exposure, antibodies would be directed more at external structures, which are less similar to host tissues and thus less likely to induce cross-reactions. Additionally, much of the immune response would occur at the site of exposure (local antibodies).

Bacteria are much more complex organisms, thus antibody production is directed at the bacterial cell wall (the skin, in a sense) rather than against DNA or RNA, so autoimmune diseases do not so easily result from bacterins. Rather, repetition of bacterins tends to create allergic or anaphylactic reactions. The leptospira portion of the canine combination vaccine commonly produces strong allergic reactions in dogs.

Aside from the above considerations, vaccines commonly contain materials other than the organism to which immunity is desired. These materials may be added as preservatives, adjuvants (materials to stimulate immune response, usually added to noninfectious vaccines), or antibiotics. Preservatives and adjuvants include such toxins and carcinogens as aluminum (alum), mercury (thimerosal), and formaldehyde. Also, many foreign proteins are included if the organism was grown on foreign tissue such as chicken or duck embryos. Even more frightening, nonintended organisms or molecules are sometimes accidentally incorporated as contaminant "stowaways." In 1995 the *Washington Post* reported that MMR (measles-mumps-rubella) vaccine produced by Merck & Co., along with some influenza and yellow fever vaccines, contained an enzyme known as reverse transcriptase.[25] This enzyme is associated with retroviruses such as

FeLV, FIV, and HIV and has the capability to alter genetic information, leading to serious diseases such as leukemia and other cancers. Similarly, the *Seattle Times*, in a February 19, 1999, article, reported that a link is probable between polio vaccination and some types of cancer. The cause may be a virus (SV40, a monkey virus) that contaminated vaccines manufactured prior to 1963. These diseases may take years to manifest, so definitive correlation with vaccination may be impossible, masking a potentially causative relationship.

The current practice in veterinary medicine of giving annual "boosters" amplifies this cascade of events immensely. As a result, we see vaccinosis in domestic animals more clearly, and probably more commonly, than in humans. This amounts to an ongoing model that delineates the disastrous consequences of vaccination in a more obvious fashion than seen in humans. This may then provide evidence of vaccinosis that could be used to study the disease in humans, but *I am not suggesting the use of research animals for further study, as companion animals already provide enough sad evidence.*

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