

Editor's Notebook: Bernard Rimland, Ph.D.**"Garbage science," brick walls, crossword puzzles, and mercury**

"Garbage science!" That is how psychiatrist Eric London characterized what he had just heard from several fellow parents of autistic children. Some of the parents were also MDs or professionals in other fields. "If you presented your views to a journal-reading club at a medical school," Dr. London continued, "they would be thrown out the door."

The view that Dr. London objected to so strongly—that perfectly normal children had become severely autistic shortly after being inoculated with vaccines containing large amounts of highly toxic mercury—had been presented by parent-attendees at a National Institutes of Health meeting on October 23, 2000. The conference on "The Role of the Environment in Autism," was sponsored by the National Institute of Environmental Health Sciences.

Continuing to deride what he called "garbage science," Dr. London went on to explain that scientific progress proceeds like the building of a brick wall. "You start with a solid foundation to which you add, very systematically, experimentally proven facts, which fit neatly into place, brick by brick."

I arose and objected strenuously to Dr. London's assertions, noting that Dr. London's brick-wall model of scientific progress reflected a very common misconception. The brick-wall model is a useful way to teach science to beginning students: "Little steps for little feet." But it is not the way scientific progress actually occurs in real life. I had in fact addressed this very matter in my Afterword to Anabel Stehli's book, *The Sound of a Miracle*. Referring to the brick-wall theory of scientific progress, I wrote "Nonsense! Nearly four decades as a full-time researcher has taught me that the crossword puzzle makes a much better model of how science really proceeds. Very often, finding the right answer in one corner will show that an answer already well established in some other corner is wrong, and needs to be erased. There is at least as much erasing of old answers as there is writing of new ones. The more important the finding is, the more likely it is to spring from the crossword puzzle, rather than the brick wall, process."

"The story of man's progress is a chronicle of authority refuted." This adage is particularly true in the field of medicine. Historically, those who made the breakthroughs, the discoveries that brought about major changes in thought and practice, have been ridiculed and reviled by their contemporaries. The greatest names in medicine were treated with contempt by their colleagues, including Semmelweis, Lister, Pasteur, and Harvey in the distant past, and, in the recent past, contemporary phy-

sicians such as Abram Hoffer, the Shute brothers, Henry Turkel, and Kilmer McCully.

"Yes," I told Dr. London, "what you have heard this morning about the harm done by

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the mercury in vaccines probably *would* be thrown out the door of a medical school. Medical schools have a long and sordid history of punishing the bearers of new ideas, and especially new ideas that belie cherished long-held beliefs, such as the belief that vaccines are totally benign and do no harm."

Eric London and his wife Karen are the founders of the National Alliance for Autism Research (NAAR), which they established in 1995. When I published a one-page editorial in the *Autism Research Review International* in 1998 about the to-me obvious huge upsurge in the prevalence of autism, and listed vaccines as one possible cause of the increase, Eric London wrote a 4-1/2 page rebuttal in the NAAR newsletter. He rejected my reply.

Well, as readers of the ARRI already know, the reality, and the huge dimensions, of the increase in prevalence are now well established, and the role of vaccines in bringing about the increase is becoming more widely accepted (see page 1).

The mercury factor

Starting in 1965, I began collecting information from parents on the various factors that might have caused, or exacerbated, autism in their children. In 1967 we began distributing a questionnaire, Form E3, of which we now have in our files about 10,000 completed cases.

One question we began asking in our 1967 questionnaire was about the effect of the DPT shot—like MMR, a triple vaccine—on the child. A number of parents had mentioned to me in conversations and in letters that their children had been adversely affected by the vaccine. In that same questionnaire we also asked whether the mother had dental work done during pregnancy, in which silver fillings were either placed or removed, since mercury would reach the fetus in either case. I was aware then of the extreme toxicity of

mercury and the fact that it could cause many of the symptoms of autism.

In the late 1960s, my graduate student assistant, Dale Meyer, became interested in mercury poisoning as a possible cause of autism. She wrote a paper about acrodynia and pink disease, which had puzzled physicians since the late 19th century and were not established as a result of mercury poisoning until the 1950s. Acrodynia and pink disease were caused by teething lotions and baby powders containing mercury.

Ten years ago I read an article by Richard Moskowitz which mentioned that mercury, aluminum, and formaldehyde were present in vaccines, but I dismissed the possibility that mercury could be present in amounts large enough to cause harm. Since the medical establishment, and certainly the drug companies, knew of the tremendous potential of even tiny amounts of mercury to do harm, it never occurred to me that toxic levels of mercury could be present in vaccines. How naïve I was!

Not until the parents who presented their work at the NIEHS conference began to look into the matter, about a year ago, did the incredible facts begin to emerge: some children were being given 100 or more times as much mercury in a single day as the Environmental Protection Agency considers the maximum allowable amount for a single day's exposure to mercury!

Several parents present at the NIEHS conference were among the authors of the report exposing the mercury/autism connection. Sallie Bernard, Lyn Redwood, and Albert Enyati told about their perfectly normal children becoming autistic after the mercury-containing vaccines were administered. Pediatrician Stephanie Cave told the attendees that most of the 400 or so autistic children she had treated had shown major improvement following many modalities, but in her opinion, ridding the child of mercury through the chelation process was probably the most effective treatment she employed.

Dr. Kenneth Olden, Director of NIEHS, and many of his colleagues who attended were very impressed and have begun research on the mercury connection.

There are a number of protocols used by various physicians to remove mercury and other toxic metals from the body. The risk does not appear to be great, but there is at least some possibility of adverse reactions. The Autism Research Institute is organizing a small conference of experts, to be held very early in 2001, for the purpose of arriving at the safest and most effective treatment for mercury poisoning in autistic children. The results will be announced in the ARRI and on our website, www.autism.com/ari, at the earliest possible date.