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The Forgotten History of Neurological Vaccine Injuries

Analysis by A Midwestern Doctor | October 31, 2026

STORY AT-A-GLANCE

- Neurological injuries from vaccination have been documented since the smallpox vaccine over two centuries ago, with severe injuries reported throughout medical literature
- The medical profession concealed these injuries, believing public vaccination benefits justified hiding information that might create vaccine hesitancy
- Historical injuries like spreading paralysis mirror current "one in a million" vaccine injuries, but toxicity documentation was erased to preserve the "safe and effective" narrative
- In the past, these injuries were widely reported, but now research into them is widely censored
- Many of these forgotten reports are critical for understanding modern “inexplicable” conditions like autism

From birth, we are taught that vaccines were one of the most remarkable discoveries in history, and were so safe and effective that many now unimaginable plagues vanished with few to no side effects occurring in the process. In truth, give or take, every part of that mythology is false, and remarkably similar vaccine disasters occur every few decades.

Much of this results from the fact that it is very difficult to produce safe vaccines due to both their mode of action and the methods used in their production. As such, the best "solution" which could be found to this problem was to insist in lockstep that vaccines

were safe and erase any memory that vaccine disasters had in fact occurred, thereby making it possible to gaslight anyone who was severely injured by a vaccine and claim their injury was just anecdotal or a product of anti-vaccine hysteria.

For example, recently I discussed how vaccines cause autism, and focused on a central argument used to debunk the link between the two — that the only reason people believe vaccines cause autism is because a disgraced British doctor published a fraudulent 1998 study claiming they did and then made everyone start hallucinating that vaccine injuries were occurring.

This mythology however, ignores that brain injuries were a longstanding problem of vaccination. For example, a 1982 NBC news program (which can be viewed here) revealed that many parents were having children develop "post-pertussis encephalopathy" after taking the DPT vaccine, that most doctors refused to report this, and that:

> *"Medical knowledge about severe reactions to the whooping cough vaccine goes back to the early 1930s. Report after report has been published in medical journals since then. In 1948,[1] two American doctors reported on case histories of many children who had been brain damaged or died from DPT vaccines in Boston. The following year,[2] another doctor surveyed pediatricians across the country and found still more. Those studies have been forgotten."*

Likewise, in 1985, one of the most popular talk shows in America (the Donahue show) hosted a segment where doctors from both sides (and neurologically injured members of the audience) debated the risks and benefits of vaccination and the ethics of mandates (which can be viewed here). To the best of my knowledge, this was the last time an open debate of vaccination aired on mainstream television.

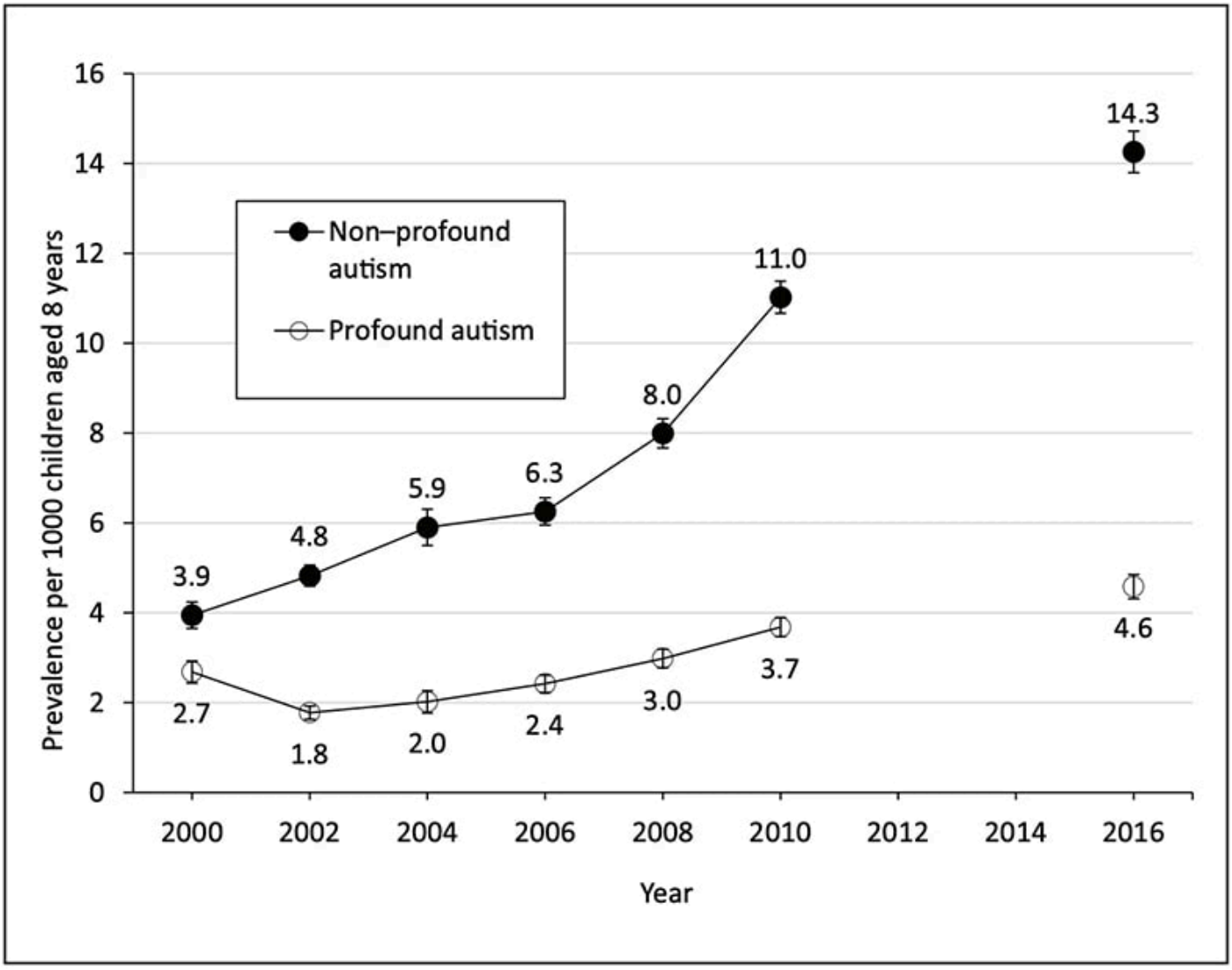
Diagnostic Obfuscation

In both of these 1980s TV programs and many of the earlier studies on vaccine injuries, the brain damaged children were described as becoming "mentally retarded" or "severely retarded." However, in the 1990s, "retarded" began to be phased out due to it being deemed too stigmatizing, with Obama, in 2010 signing a law[3] that replaced all instances in Federal statutes of "mentally retarded" and "mental retardation" with "intellectual disability."

This is important as it is commonly argued that the increase in autism is not due to an environmental toxin (e.g., vaccines) but rather more and more "normal" things being reclassified as autism. One of the primary studies that supported the reclassification argument, is a 2009 study[4] from California that actually showed 26.4% of children who had previously been diagnosed as "mentally retarded" became "autistic" (as did another commonly cited study).[5]

Since autism is deliberately undefined, it encapsulates both profound (severe) autism (25% to 30% of cases) and autistic traits (e.g., having manageable neurological deficits or "being on the spectrum"). This wordplay hence blends them together, making it possible to slander statements on severe autism[6] while simultaneously tricking people into believing the increase is actually just in autistic quirks.

However, as the CDC shows, roughly 26.7% of children[7] have "profound autism," and is continually increasing:

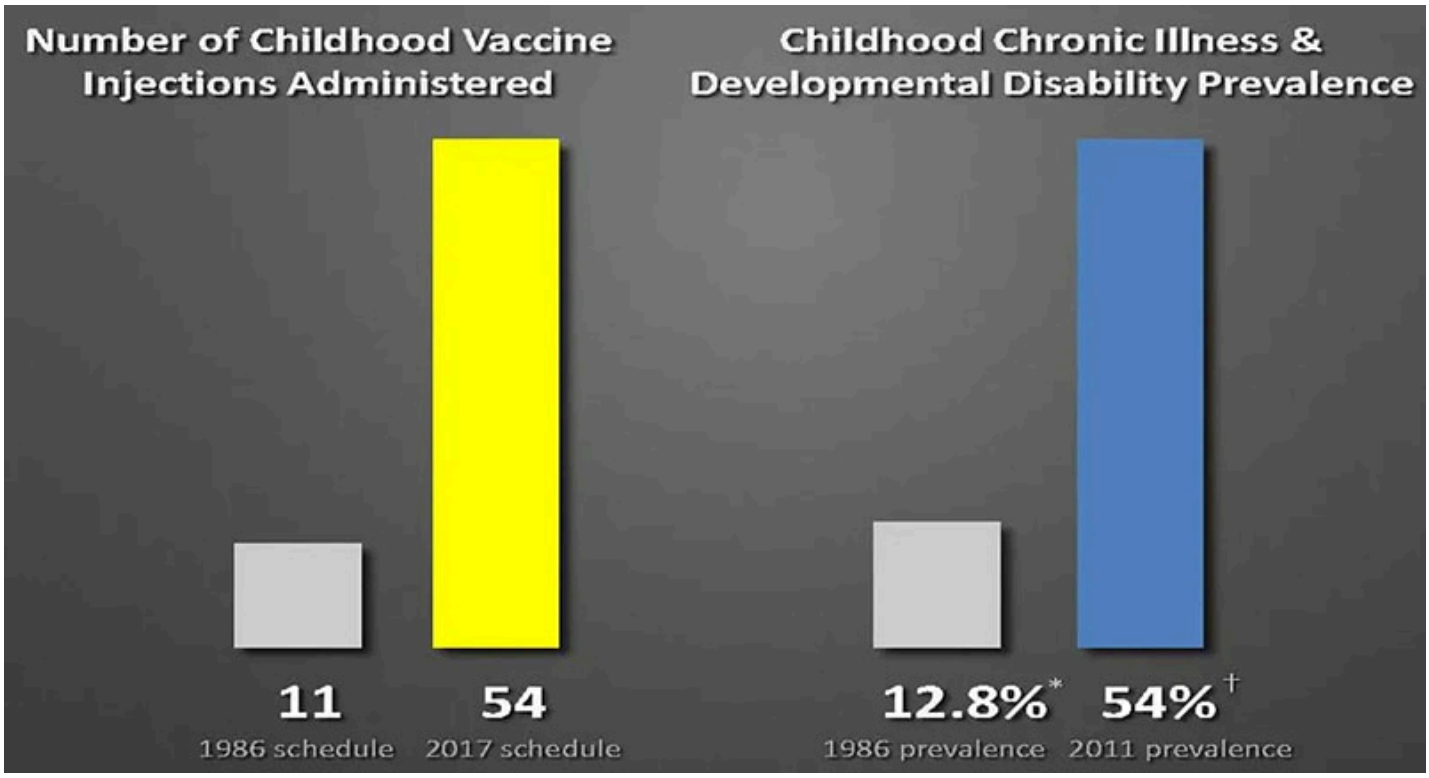


Likewise, when the 1986 Vaccine Injury Act[8] was passed, it acknowledged a few specific neurological injuries[9] that were frequently seen from vaccines, one of which was encephalopathy from MMR (which is now labeled as "autism" and "not caused by vaccines").

Vaccine Type	Covered Conditions	Time Frame for Onset
DPT (whole cell)	- Anaphylaxis - Residual seizure disorder - Shock-collapse - Encephalopathy (or encephalitis)	- 24 hours - 3 days - 3 days - 3 days
MMR	- Anaphylaxis - Residual seizure disorder - Encephalopathy (or encephalitis)	- 24 hours - 15 days - 15 days
Polio (Oral)	- Paralytic polio	Not specified

Remarkably, despite twelve new vaccines and decades of science since 1986, almost no additional neurological injuries have been added to the table[10] (as there is a massive conflict of interest in acknowledging the injury and thus the government having to pay for it).

In tandem, research into vaccine neurological injuries was systematically prevented. Placebo-controlled trials were deemed "unethical," while research showing harms was dismissed as "junk science" for lacking placebo controls. When researchers conducted studies anyway, data was blocked from publication and researchers faced retaliation (e.g., an Oregon pediatrician lost his license[11]). These studies (summarized **here**) showed massive increases in chronic illness. Our society did too:



Likewise, large databases containing vaccinated and unvaccinated data were withheld from researchers and remarkably when RFK's team gained access, HHS employees illegally deleted the database.[12]

The Hazards of Immunization

In 1966, an eminent bacteriologist wrote "The Hazards of Immunization"[13] which disclosed a large number of forgotten vaccine disasters he'd collected (both through his team surveying the medical literature and insiders sharing their private files with him) in the hope it could lead to safer vaccines as the same disasters kept on repeating and would likely continue to do so unless his profession acknowledged those risks.

In his compilation of vaccine injuries (which he felt represented less than 1% of them) he highlighted many devastating injuries (many of which happened to soldiers) that we continue to see today. Some of the key themes he covered included:

- How many vaccines have been shown to cause immune suppression and makes latent infections become severe and hence suddenly appear.

- How the mentality behind manufacturing vaccines **makes hot lots almost unavoidable** and has led to **many vaccine disasters throughout history** — a problem which was sadly "solved" by simply giving vaccine manufacturers immunity from injury lawsuits.

- That a wide range of autoimmune and neurological injuries were caused by each vaccine and antiserum.

What follows is a small sampling of **the forgotten neurologic vaccine injuries** Wilson shared:

- **Typhoid vaccine —** In the pre-antibiotic era, the typhoid vaccine was essential for militaries and tolerated despite its frequent complications. Many of these were of the conditions (i.e., Landry's paralysis) we now refer to as Guillain-Barré syndrome (e.g., one of Guillain and Barré's first GBS cases came from a typhoid vaccine).[14] Reports included:

    - Polyneuritis with[15] shoulder pain spreading to knees, leading to disturbed sensation, balance problems, and ongoing pain (1916).

    - A soldier becoming blind[16] for 10 days, and another developing convulsions (1919).

    - 10 cases with severe[17] headaches, seizures, paralysis, and one fatal GBS-like case (1920).

    - Over 50 neurological[18] injuries including nerve inflammation and widespread nerve damage (1954).

    - Numerous other cases of paralysis or GBS, sometimes diagnosed as polio,[19,20,21] including one where autopsy showed widespread brain destruction.[22]

    ***Note:** Medical students are taught that GBS is primarily due to infections (including the flu) and is a rare one in a million complication of influenza vaccination.[23] I believe GBS is massively unreported as over the years, I've met so many people who*

developed it (or knew someone who did).

For example, the 1976 Swine Flu vaccine (which had many parallels to the COVID vaccine) was pulled for causing 1 in 100,000 recipients to develop GBS,[24] but a colleague who was in practice ***had roughly 6% of their patients get GBS from the vaccine****.*

- **Yellow fever —** Hot yellow fever vaccines neurologic injuries were reported throughout the literature:
    - A fatal 1934 case[25] began with neurological symptoms, progressing to paralysis and death 14 months later. Autopsy showed extensive myelin degeneration and brain cell changes. Many similar cases were also reported.
    - A 1936 case[26] where vaccination caused acute meningitis, seizures, and mental confusion, with another paper revealing[27] the lot caused nervous disturbance in at least three others.
    - A 1936 report[28] found that a third of 5,699 recipients had reactions, including severe neurologic or visceral ones.
    - A 1943 report[29] showed one lot caused 1.65% of recipients to develop encephalitis, while another caused 0.06% along with a 1953 paper[30] that found 0.3% to 0.4% did (of whom 40% then died).
    - A 1953 WHO report[31] documented 12 encephalitis cases with 3 deaths in Costa Rica, 83 cases with 32 deaths in Nigeria, and 254 cases in Brazil.
- **Rabies —** It was not long after the Pasteurian method was taken into routine use that attention was drawn to cases of neuroparalysis. Among the directors of the Pasteur Institutes there was a conspiracy of silence, caused by fear of bringing Pasteur's method into disrepute.

It was difficult to find a vaccine dose strong enough to prevent rabies but weak enough not to cause paralysis. Rabies vaccine injuries averaged a 10% to 16.85% fatality rate and were one of four types:[32]

- Dorsolumbar myelitis (most common, 5% fatality rate)
- Encephalomyelitis (second most common, 5% fatality rate)
- GBS (30% fatality rate)
- Peripheral neuritis affecting cranial nerves

As these injuries were often underreported, their incidence widely varied between studies:

TABLE 8. Neuroparalytic accidents of antirabic vaccination. Collected figures

Author	No. of patients treated	No. of accidents	Incubation period in days after 1st injection	Incidence per million patients treated
Appelbaum, Greenberg and Nelson (1953)	93 150	46	8–21	494
Greenwood (1945–6)	1 290 758	222	—	172
Herrmann (1926)	4063	5	—	1231
Koprowski and LeBell (1950)	3305	6	—	1815
Laha (1957)	2455	5	7–17	2037
Latimer, Webster and Gurdjian (1951)	113 484	40	8–10	354
McCoy (1930)	1800	4	6–20	2222
McFadzean and Choa (1953)	14 119	17	8–37	1203
Moftah and Nabih (1931)	27 060	20	—	739
Remlinger (1927*a*)	1 164 264	329	11–30	283
Remlinger (1952)	155 033	74	—	475
Report (1962*a*)	7213	4	7–14	555
Schweinburg (1924)	14 789	35	—	2367
Singh and Gupta (1964)	6000	11	8–18	1833
Smith (1931)	93 279	8	10	86
Stuart and Krikorian (1933)	9950	5	10–13	503
Udaondo, Sanguinetti and Zunino (1934)	10 626	25	14	2353
Pait and Pearson (1949)	5500	9	4–18	1636
Clément (1961)	73 417	14	9–21	191
Aksel (1963)	92 367	35	—	379
Total	3 353 916	972	—	2 (1 in 3448)

- **Measles —** A 1966 case[33] occurred in a 14-month-old who developed encephalitis 11 days after vaccination, first showing facial twitching, then fever, stopped eating, and became semi-conscious. By day 15, the child had weakness on the left side and frequent severe seizures. After four months, the child still had left-sided weakness and possible mental impairment.

- **Vaccine caused "polio" —** Multiple papers from 1950 to 1956 found vaccination significantly increased polio risk. These included a 1950 paper[34] (82 cases), another 1950 paper[35] (14 cases), a 1952 paper[36] (53 cases), and a 1956 report[37] (355 cases).

    - A 1950 statistical analysis[38] by the epidemiologist[39] who created standards for establishing causality found vaccination links. A 1952 paper[40] found vaccination doubled polio risk.

    - In 1956,[41] a committee concluded 13% of paralysis in young children were causally related to vaccines:

Rate of Paralytic Polio In the 4 Weeks Following Vaccination

APT	3.4 per 100 000
PTAP	6.0 per 100 000
FT and TAF	1.4 per 100 000
Pertussis	1.9 per 100 000
Combined diphtheria and pertussis, alum-precipitated	8.0 per 100 000
Combined diphtheria and pertussis, without alum	6.5 per 100 000

- **Diphtheria —** Most reported diphtheria vaccine injuries came from hot vaccine lots:

    - A 1919 Dallas incident[42] involving several hundred doses where 8.33% died, with third-week paralysis throughout the body

- A 1924 Massachusetts incident[43] severely injured 43 of 54 recipients
- A 1927 U.S.S.R incident[44] where 12 of 14 children died from progressive paralytic disorder

- **Pertussis —** There is no doubt that [the] pertussis vaccine is one of the most toxic vaccines in current general use. In trials[45] about 70% suffered reactions. Between 1958 to 1965, seven fatal cases of encephalitis from DPT were recorded. Other key findings include:
  - The 1933 case[46] of an infant seized by convulsions thirty minutes after injection and dying within two minutes
  - A 1948 report[47] detailed 15 cases with convulsions — two died, five had paralysis, two had severe brain damage
  - A 1949 report[48] documented 38 severe reactions, mostly convulsions, with at least two fatal
  - A 1953 article[49] contained 84 brain-related issues with 11 deaths and 24 permanent complications
  - A 1958 report[50] found 1 in 3,000 DPT recipients developed convulsions
  - A 1958 review[51] of 107 cases found 15% died, 30% had long-term complications
  - A 1961 study[52] of 1,700 successive infants where 40 rapidly developed reactions such as severe local/general reactions, generalized eczema (delayed onset), macular rash, persistent vomiting, persistent uncontrollable screaming, or collapse
- **Smallpox —** Wilson considered smallpox vaccines to have the highest complication rate. Post-vaccinal encephalomyelitis had a 35% mortality rate, with over 50% of infants under two dying on the first day.

Wilson pooled studies from 8 million people finding 0.0015% to 0.0754% developed encephalomyelitis, while 0.0063% of 18 million developed encephalitis. He reviewed 2,398 cases with 34% fatality rates. Notable reports include:

- A 1926 report[53] of pathology findings from seven deaths
- A 1948 report[54] documented 222 severe cases including 110 deaths
- A 1956 German report[55] found animal production methods increased post-vaccine encephalitis 4 to 6 times
- A 1961 report[56] of 265 autopsy-proven cases found symptoms emerged 4 to 18 days later

Physicians observed severe neuralgia, various paralysis types, cranial nerve issues, seizure disorders, memory loss, and general loss of vitality making patients more susceptible to other illnesses.

Additionally, they observed a variety of other issues (e.g., many different skin problems). The most notable of which was many different physicians highlighting a general loss of vitality following smallpox vaccination which made their patients both weaker and more susceptible to a variety of other illnesses (and I now believe this vaccine was an inflection point in the general decline of humanity's health).

Vaccine Injury Susceptibility

Wilson repeatedly highlighted that constitutionally sensitive individuals were much more likely to be injured by the smallpox vaccine. This observation in turn led to many authors[57] encouraging giving vaccines at a later age, a study[58] linking allergies to severe rabies vaccine reactions and a 1953 article[59] on DPT encephalitis that concluded it was unwise to immunize any child with a pre-existing conditions suggesting increased susceptibility to DPT injuries.

Over the decades, many others through their observations of vaccine injuries have likewise offered similar advice on vaccination (as sensitive patients are more likely to become vaccine-injured). Yet, to protect vaccine sales, authorities always reject those pre-existing conditions for medical exemptions.

Vaccine Induced Microstrokes

The following qualities stand out in all of Wilson's reports:

- In many cases, the damage in the brain occurred without a virus being present, yet many of the observed pathological changes mirrored what was seen in certain severe viral infections.
- Frequently edema, and sometimes blood cell congestion were observed.
- Cranial nerve deficits were often observed.
- Congestion was often seen in other parts of the body.[60]
- Some cell death in the brain appeared to come from a lack of blood flow to the surrounding tissue.
- Small hemorrhages were observed from leaking blood vessels.

Each of these can be explained through vaccine induced microstrokes (triggered by zeta potential changes which cause blood cells to electrically clump together).

Note: *The zeta potential concept underlies many diseases (particularly vaccination injuries) and hence was covered in much more detail* ***here*** *(e.g.,* ***improving zeta potential cures or improves many complex diseases****).*

Since zeta potential changes are systemic, they will show up in many parts of the body, and typically it is easiest to observe via changes in the cranial nerves (as certain ones are particularly sensitive to a loss of blood flow from systemic vascular congestion). Additionally:

- This process is not exclusive to vaccines and will also be seen in severe infections.
- Since blood vessels also depend on their own blood supply for nourishment, if that blood supply is cut off (or **vitamin C is depleted**), the blood vessels will gradually die and then have small hemorrhages.
- When a strong immune response occurs (e.g., **many vaccines are linked to autoimmunity**) it will worsen the existing vascular congestion as white blood cells are larger than red blood cells and hence obstruct small blood vessels when they enter them.
- In Chinese medicine, "poor zeta potential" is equivalent to "blood stasis," a condition that in Chinese medicine's millennia-long history, suddenly came to be viewed as a root cause of disease[61] **shortly after the smallpox vaccine entered China**. A classic symptom of blood stasis is unusual sharp shooting pains identical to the highly unusual neuralgias observed by Burnett and others.

Finally, Forest Maraedy,[62] after noticing how frequently people's faces were, realized that in photography from a century ago, those asymmetries were quite rare and argued they were due to vaccine injuries damaging cranial nerves (as the cranial nerves govern many aspects of the face such as the eyes being centered and the facial muscles being even).





Additionally, in the same way cranial nerve deficits were often reported alongside vaccine encephalitis, Maraedy (and many others) observed that those asymmetries were more common in children with autism. In parallel, autistic children frequently have a wide range of other neurological disorders (e.g., studies find between 10% to 30% suffer from seizures[63]) but this neurologic damage is always glossed over as conventional autism therapy prioritizes behavioral modification therapy and psychiatric medications.

Note: *Because of how doctors are trained, when diagnostic signs of a stroke occur in children, they often aren't viewed as such (since children don't "get strokes") and instead given other diagnoses that recognize the asymmetry but provide no explanation for its cause (e.g., strabismus). Dr. Andrew Moulden, after realizing many children* ***were developing signs of strokes after vaccination*** *(which often correlated with subsequent neurological injuries), uncovered the pivotal link between zeta potential and vaccine injury.*[64]

Conclusion

With vaccines, the same patterns keep repeating: unusual neurological injuries, officials insisting vaccines are "safe and effective" despite evidence to the contrary, and the medical establishment covering injuries for the "greater good" Sadly, this has been going on ever since the days of smallpox, but due to the MAHA moment, we at last have a chance to expose and end this cycle.

Author's Note: *This is an abridged version of* ***a longer article*** *which details each of these forgotten studies of vaccine injuries (and can be read* ***here****). Additionally a companion article on* ***how vaccines cause debilitating microstrokes*** *can be read* ***here****, along with one on* ***how vaccines cause autism*** *(which can be read* ***here****).*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.

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