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Know the Facts About Vaccination

A Compilation of Official Statistics
and Expert Testimony For the Use
of Students, Debaters Legislators,
:-: Judges and Others :-:

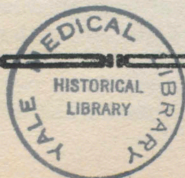
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NOTE.—This pamphlet is put out to meet a considerable demand for authoritative data on Vaccination. The article here presented contains the largest compilation of the kind ever compressed into similar space. It was prepared during Christmas week of 1917, for the use of George Starr White, M. D., F. S. Sc., Lond., of Los Angeles, California, and appears in his "Lecture Course to Physicians," Seventh Edition, constituting the chief part of Lecture III of Part Seven, and is reprinted with his permission.

Those who are determined to rid the country of compulsory vaccination are aware that education must precede action, and many desire to be prepared to discuss the subject publicly to that end. Debate, wherever a protagonist of Vaccination can be unearthed, is one of the best methods of ventilating the subject and winning support to the cause of medical liberty. **Pro** debaters are hard to find, however, and it is not to be wondered at. Why should they take the trouble to prepare and meet their adversaries on the platform with argument, so long as they can meet them with a vaccine point and the club of compulsion. Paraphrasing Fletcher of Saltoun, they seem to say, "Let us write the laws of the country and we care not who does the talking." In this they are due to find out their error shortly, right words being wings to wise action.

The writer having had experience with defenders of vaccination and found them possessed of the elusiveness and agility of the celebrated Flea, prefaced the original article with remarks thereon. Dr. White cut off the opening paragraph. Hence a certain abruptness.—L. C. L.

Whenever the vaccinationist can be brought to face the issue squarely, there is hope. His usual tactics are about as follows:

For instance, you mention Japan, giving the facts from official records, and although you prove your case it means nothing to him—nothing more than a strategic retreat. He has already fled to the Philippines, seeking not information but sanctuary. You riddle the Philippines argument, and he bethinks him of Germany. Show him the smallpox that has ravaged Germany in her last two wars, and he climbs out of that trench and puts up the argument of the American Army. Give him the smallpox death rate of our Army in the Philippines and the War with Spain and he drops the Army. Chase him from behind all his modern defenses, and quite undismayed he falls back on the argument of smallpox before and after Jenner. Patiently and painstakingly cover that ground and prove it indefensible, and he brings forth as a final clincher the "consensus of medical opinion!"

They all fetch up here eventually. And what is "medical

opinion" founded upon but just these and similar bits of unreality—bulwarks so often shot to pieces nobody would think of seeking shelter behind them save a tradition-led blind man.

"The anti-vaccinists have knocked the bottom out of a grotesque superstition," pungently remarked Dr. Charles Creighton when the truth had fully dawned upon him.

They have, but the doctors are slow in finding it out. The trouble with them has been sufficiently indicated. In relation to this subject they have fully abandoned the attitude of scientific inquiry and taken the position of "defense at any cost." When they do not resort to the game of hide and seek just described, they get hot under the collar and refuse to discuss or consider the subject at all.

If this state of things continues much longer, with the anti-vaccinationists as active as they are, the medical profession will become the laughing-stock of the world—the only class remaining sublimely oblivious of the egregious failure and prodigious disaster which vaccination has been to the human family.

Now to any candid believer in the thing, it would be perfectly obvious that a single distinct and indubitable failure of vaccination to protect any considerable community against severe and widespread smallpox, must reopen the whole question and call for a searching and critical analysis of all the data, or else prompt and unconditional surrender.

To such a mind, again, the spectacle of two equally vaccinated populations, one suffering heavily from smallpox through a long period of years and the other in the same period comparatively immune, the conclusion must inevitably come that here is the clearest evidence of a determining factor other than vaccination.

Then let our sincere vaccinationists see the just mentioned fairly immune country in a short space of time placed under conditions of want and disorder by a terrible war and her well-vaccinated people succumb by the tens of thousands at a time to smallpox; then he could not avoid the conviction that it could not have been vaccination that protected her before, else it would protect her now.

Next, let him observe a city of a quarter of a million, known to be more than 90 per cent. unvaccinated, and let him see that for ten years at a time the only case of smallpox ap-

pearing there is one imported from without, and he must admit there exists an effective preventive of smallpox—and it is NOT vaccination.

The several instances just cited are as authentic as they are striking. The facts in these cases are attested by officials who have been—and perhaps from habit and self interest still are—supporters of vaccination.

JAPAN

The history of smallpox in Japan, from the time vaccination and revaccination were made compulsory, affords positive proof of the worthlessness of the operation. Japan's case is clear-cut and not open to doubt or quibble, because there has been no opposition in that country and therefore no obstacle in the way of carrying out the medical program once the government adopted it.

A leading vaccinationist, Dr. Jay Frank Schamberg of Philadelphia, gets around the difficulty characteristically by ignoring the official figures and pointing to the fact that Japan continues to vaccinate. It is in the *Ladies' Home Journal*, June, 1910, under the heading, "What Vaccination Has Really Done," that he says:

"They (the vaccinationists) claim by a show of statistical tables that vaccination has been a failure in Japan and the Philippine Islands, but the Japanese and United States governments, unfortunately for the critics, do not agree with them."

This is virtually a flat refusal on the part of Dr. Schamberg to consider the evidence, which it is a fair inference he dares not tackle.

The vaccination regulations of Japan are described by Baron Kanehiro Takaki, formerly Director-General of the Medical Department of the Japanese Navy, as follows (*London Lancet*, 1906, p. 1441):

"There are no anti-vaccinationists in Japan. Every child is vaccinated before it is six months old, revaccinated when entering school at six years, again revaccinated at fourteen years of age when going to the middle school, and the men are revaccinated before entering the army, while a further revaccination is enforced if an outbreak of small pox occurs."

This was the law from and after the year 1885, though compulsory vaccination had been in effect since 1876. (Re-

port of John Pitcairn, member Pennsylvania Vaccination Commission, p. 18.)

What has been the result?

Official statistics supplied by Baron Takaki show in the 20 years from 1886 to 1905 the total vaccinations performed number 91,351,407 upon an annual average population of 43,027,661. ("Both Sides of the Vaccination Question," by Pitcairn and Schamberg, p. 24.)

These figures, together with the vaccination regulations just quoted, made Japan the most vaccinated country in the world. She should, therefore, make the best showing as regards smallpox, if there is anything in the claims made for vaccination.

On the contrary, for the 20 years 1889 to 1908, for which the figures are available, Japan had more smallpox and a heavier smallpox mortality than any "civilized" country in the world in the same period. The cases numbered 171,500 or an annual average of 8,500 with 48,000 deaths, a mortality of 28 per cent. (Official statistics supplied by S. Kubota, Director of the Sanitary Bureau of the Department of Home Affairs, Tokyo, quoted in "Both Sides of the Vaccination Question," p. 25).

Compare this death rate with the smallpox death rate before the time of Jenner in then unsanitary Britain. The average for those days, according to the best authorities, was about 17 per cent. (Final Report British Royal Commission on Vaccination, par. 47, 52 and 53.) So that vaccinated, re-vaccinated and re-revaccinated Japan exhibits a smallpox death rate 64 per cent. higher than that of the prevaccination era.

The case against vaccination is proved. Its failure in Japan is established beyond dispute. And if it has failed in Japan, it is ridiculous to suppose it has prevented smallpox anywhere else.

GERMANY

Perhaps Germany ranks second to Japan in thoroughness of vaccination. During the 20 years above mentioned (1889 to 1908) in which Japan was ravaged by smallpox, Germany appears to have been comparatively free from the disease. Since Japan if anything had the advantage with regard to vaccination, we must conclude it was some other element than

vaccination which caused the difference in results.

What that element was will appear if we review the history of smallpox in Germany for the seventy years and upward during which vaccination has been obligatory.

Taking Prussia first, in the year 1835 a Royal Ordinance was promulgated decreeing vaccination of all classes under penalty of fine and imprisonment for neglect. (Vaccination Inquirer Vol. 25, p. 241).

In 1853, we find Sir John Simon, an English medical man and vaccinationist, describing Prussia's "protected" condition as follows:

"1. Every child required to be vaccinated before it is one year old. Parents who do not obey punished if child takes smallpox.

"2. None are (a) admitted to school, or (b) to any public employment, or (c) allowed to marry, without a certificate of vaccination.

"3. Soldiers are revaccinated on entry into the army.

"4. It is the duty of every parochial medical officer to vaccinate every child." (Pearce's Vital Statistics, 92.) (Dr. Pearce was for years Registrar General of England and is a recognized statistical authority.)

Dr. Seaton, Medical Officer to the Privy Council and Local Government Board, said in 1871 to the British Parliamentary Committee on Vaccination (Q. 5608): "I know Prussia is well protected."

The Pall Mall Gazette, May 24, 1871, said:

"Prussia is the country where vaccination is more generally practiced, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result smallpox cases are rare."

Thus we have ample testimony to the fact that Prussia was in 1871, and had long been, a remarkably well-vaccinated country, and at the beginning of that year was pointed to as a "country immunized against smallpox by vaccination."

The close of that year had a different story to tell. The smallpox epidemic that was sweeping Europe took a heavier toll from Prussia than from any other country, 69,839 citizens dying of the disease. This made a death rate of 2,430 per million living. In Berlin the death rate reached the enormous

figure of 6,150 per million living, more than twice that of notoriously less vaccinated London. (Pearce's Vital Statistics, 94 and 98.)

Of other German countries, Bavaria had an obligatory law from 1807; Nassau, "more or less obligatory" from 1808; Baden, from 1809; Wurtemberg, from 1818; Haumer, from 1821, etc.

In Bavaria in 1871 there were 30,742 cases of smallpox, 29,429 of which were in vaccinated persons.

In Cologne, 1872-3, there were 2,282 cases, whose vaccinal condition was recorded, and 2,248 were in vaccinated persons.

In Neuss from 1865 to 1873 there were 247 cases of which the whole were in vaccinated persons.

In Krefeld in the same epidemic there were 118 cases, 117 of which were vaccinated.

In Wesel, 1870-73, there were 523 cases of which 8 only (including 4 babies) were unvaccinated.

(General Arthur Phelps in *Vaccination Inquirer*, Vol. 25, p. 240.)

In all Germany with the oldest vaccination laws in the world this epidemic killed 124,000 vaccinated and revaccinated citizens. ("Is Vaccination a Disastrous Delusion?" by Ernest McCormick, p. 25. Also see "Vaccination and the State" by Arnold Lupton, M. P., p. 29; also "The Wonderful Century" by Alfred Russel Wallace, pp. 263-4-5.)

After the epidemic of 1871-3 a lesser outbreak occurred in Germany in 1880-82, when there were 25,000 cases and 2,700 deaths. (Testimony of Carlo Ruata, M. D., Professor of *Matéria Medica*, University of Perugia, Italy, before the Pretor's Court, Perugia, July 31, 1912 and printed in "Vita e Malattie," Vol. 2, No. 29, Aug., 1912—English translation published by the National Anti-Vaccination League, London.)

Some figures regarding smallpox in Germany in more recent years are the following by the British Registrar General, in which comparison is made between London and Berlin. They are quoted in "Vaccination and the State" by Arnold Lupton, M. P., p. 28.

Deaths

	London	Berlin
1904	25	..
1905	10	1
1906	..	16
1907	..	1
1908	..	1
1909	2	1
1910	..	6
1911	9	6
1912	1	4
	—	—
	47	36

The population of London being 4,500,000, and that of Berlin 2,000,000 makes the death rate for Berlin for the nine years 72 per cent. above that of London.

Germany's story is not complete without mention of the smallpox that has appeared in that country since the beginning of the Great War. No official statements of course are available, though stories have leaked out of epidemics in 1915 and 1916. In the spring of 1917, however, something more specific appeared. The press of this country carried news of a speech of Herr Hoffman in the Reichstag, in March, in which he stated there were 30,000 cases of the disease in Northern Germany, the epidemic was spreading and the vaccination employed to check it was of no avail. The London Lancet of September 22, 1917, refers to smallpox having been epidemic in North Germany during the first seven months of that year, and the Lancet never makes any admissions about vaccination that can be avoided.

How, then, are we to account for the varied experience of Germany, now with little smallpox for considerable stretches of time, and anon falling victim to epidemics; at one time enjoying a mild type of the disease and at others writhing under a scourge of the most virulent form? Vaccination as a factor having been eliminated by being constant through fair times and foul, let us see what variation of other conditions could account for it.

In the first place must be noted the well known fact that, conditions favoring, epidemics generally have a way of recurring from time to time. Their temporary subsidence is appar-

ently due to the **exhaustion of susceptible material**, and their return dependent upon a new supply of susceptibles.

A pregnant world in this connection may be found on page 256 of "The Wonderful Century" (Alfred Russel Wallace), where the author says:

It is mainly a case of purity of the air, and consequently purification of the blood; and when we consider that breathing is the most vital and most continuous of all organic functions; that we must and do breathe every moment of our lives; that the air we breathe is taken into the lungs, one of the largest and most delicate organs of the body, and that the air so taken in, acts directly upon the blood, and thus affects the whole organism, we see at once how vitally important it is that the air around us should be as free as possible from contamination, either by the breathing of other people, or by injurious gases or particles from decomposing organic matter, or by the germs of disease. Hence it happens that under our present terribly imperfect social arrangements the death rate (other things being equal) is a function of the population per square mile, or perhaps more accurately of the proportion to rural populations."

And when a sufficient number of persons has acquired that kind and degree of blood impurity that invited smallpox, an epidemic of smallpox is certain to occur. Professor Wallace elsewhere refers to food as an important factor in promoting purity or impurity of blood, and this too is to be taken into account.

Defective sanitary arrangements were characteristic of Berlin and in great degree all Germany up to the conclusion of the Franco-Prussian War.

"In Berlin there was scarcely a house in the whole city that had not got its own privy in the back yard, open cess-pools were common over the whole place. The barracks for the soldiers were nothing more or less than filthy dens. The sewage of the city was emptied into the River Spree. What did the Germans do when they received the money as the indemnity from the French nation that they had conquered? They took that money and devoted it to sanitary improvements; they brought good water into their cities, they adopted a new drainage system, and they built model barracks for their soldiers. They got rid of the miserable dens that infected

their principal cities, and what was the consequence? Away went the smallpox, flying like the Philistines before the children of Israel. And hence it is that sanitation has done for Germany what thirty-five years of compulsory vaccination could not accomplish. Ever since the year 1871, right on to the year 1888, Germany spent no less than half a million of money (pounds sterling) every year in Berlin alone for sanitary improvements." (Walter R. Hadwen, M. D., "Vaccination Absurdities and Contradictions.")

General Arthur Phelps testifies similarly, after describing the epidemic of '71-'72, and further mentions improved methods of dealing with smallpox cases:

"About this time the French Millions came in, and sanitation was invoked. Drainage, water supply, sewerage, slum clearing, etc., were attended to. Professor Virchow inspired the Berlin municipality. The Spree which had become an open sewer was cleansed and purified. The new vaccination law extended the term for vaccination from one to two years, thus somewhat alleviating the brutal tyranny of the previous law. And where vaccination had ignominiously failed, sanitation succeeded. A strict isolation law was passed, with compulsory notification. Instead of aggregating smallpox in crowded hospitals, power was given to segregate cases in their own houses." ("For and Against Vaccination," p. 31.)

On the last point, Arnold Lupton, M. P., in "Vaccination and the State" remarks:

"There is, however, another explanation of the freedom of Germany from smallpox. Since the great epidemic of 1871-2 the Germans have had drastic laws, efficiently carried out, for isolating smallpox patients, and in order to facilitate the isolation of smallpox patients from the rest of the community they have paid the wages of a workman in whose family there was a smallpox case, so that he could stay at home. Similar care in other places has proved effective." And he adds, "The Germans also initiated great sanitary reforms in household arrangements and drainage."

Dr. Carlo Ruata, previously quoted, likewise states:

"The frightened Government thereupon made the isolation of smallpox patients compulsory, and subjected them to rigid surveillance, under most stringent and minute regulations, which were steadfastly and compulsorily put into practice."

The cause of the latest outbreak of smallpox in Germany, the epidemic of 1917, is easily accounted for by the poor and insufficient food and inevitable failure of the strict sanitary regulations, due to a population hard pressed and straining every nerve to keep up the necessary war industries.

An unknown writer summarizes the situation in Germany in 1917 as follows—commenting on the Associated Press dispatch referred to:

“Note the point that vaccination against it is proving futile. This is due to three facts: First, vaccination will not prevent smallpox. Second, the sanitation of the country has fallen below the standard, because only women and old men have the care of it, and they are unable to keep the work up. Third, as Mr. Porter F. Cope of Philadelphia has suggested, the people of Germany have been vaccinated so often their blood and tissues are thoroughly impregnated with smallpox, as the virus used has been of smallpox origin. The lowered state of vitality brought about by starvation and other conditions consequent upon the war has enabled the stored-up smallpox to overcome the remaining vitality. Quarantine and isolation are unable to hold the epidemic in check because of the large number of unrecognized cases among the vaccinated.”

Indeed, with the nation short of labor to carry on war industries, as it was, it was inevitable that quarantine and isolation must have largely broken down.

As the foregoing and much more that might be quoted shows, vaccination has proved no less a distressing failure in Germany than in Japan. Nor are indications wanting that the German people are becoming aware of the fact. Opposition to vaccination reached a culminating point when in the spring of 1914 a resolution was presented in the Reichstag calling for an investigation of the subject. But for the plunging of the nation into war, we should no doubt have heard more of the matter before this.

THE PHILIPPINES

The Philippines under American occupation have been used as an argument by the vaccinationists. The remoteness of the Islands, together with the character of the population as a whole, and the fact that our information must come almost entirely from medical sources, with these sources under

control of a semi-political organization—all these things have contributed to make the experience of the Philippines a safe argument. But "murder will out." To make up a vaccination dummy anywhere today that will long pass muster as a live fact is beyond even **American Machiavellian Association** ingenuity. A few jabs with the anti-vaccination bayonet and the sawdust begins to leak.

Smallpox in the Islands prior to their taking over by the American authorities is said to have caused an average of 6,000 deaths a year. (Report of the Governor-General in 1907.) Since the United States took possession, it has been variously claimed—(a) that the disease has disappeared, (b) that the smallpox deaths have been practically nothing, (c) that there have been no deaths from smallpox. You pay your money and take your choice of stories. The point of the story always is that these marvels have been accomplished by vaccination.

Before adopting that theory it would be well to scan such official records as are available. The Third and Fourth Reports of the Philippine Commission, years 1902-3, will be found to shed light on the subject, with the following important information:

When the American occupation was complete it was found that the city of Manila contained about 20,000 dwellings, 10,000 of which were nipa houses—a species of thatched shack. These nipa houses were unprovided with proper drainage and as a result, during heavy rains, accumulations of filth and garbage floated out into the streets and were deposited over the districts, spreading disease far and wide. Only 11 of the 10,000 nipa houses inspected were provided with cans for the collection of garbage, and only five were provided with watercloset arrangements. As each of these dwellings sheltered from 8 to 12 persons, it was impossible in 1902 successfully to enforce sanitary regulations. (See 3d Report, p. 328.) The "deposits" or stone vaults commonly found in Manila were relics of the middle and "barbarous" ages, and in many of them the undisturbed collections of fecal matter of years were found to exist (and this in the sweltering heat of the tropics). (See same Report, p. 330.) There was practically no drainage system in Manila, with the exception of open gutters which carried sewage.

All these conditions were done away with by the American administration. Sewerage systems and improved water supply marked the progress of the American authority, and a rigorous cleansing of unsanitary conditions generally.

Col. L. M. Maus, Commissioner of Public Health for the Philippines, in his Official Report for the period ending July 31, 1902 (3d Report of the Philippine Commission, p. 309), says of the Islands: "Little or no attention was paid to sanitation. * * * The sanitary condition of the city of Manila, at the date of American invasion, resembled that of European cities in the 17th century."

The newly created Board of Health of the Philippines passed the most stringent regulations for the cleaning up of the city of Manila, as well as for the sanitary improvement of the entire archipelago. Provisions were made for the sanitary inspection of dwellings, for the lighting, ventilation and drainage of lodging-houses, and for the control of garbage and the disposal of all offal. Rigorous measures for the abatement of nuisances and providing for the actual vacation of premises were enacted and an elaborate system of quarantine, including sanitary guards, was put into effect.

To illustrate the thoroughness with which communicable diseases have been controlled in the Philippines by isolation and other sanitary measures, attention is called to extracts from the Report of the Philippine Commission for 1903. In this Report (Part 2, p. 4) it is stated that the city of Manila "has been brought into a sanitary condition never approached under the previous administration, and its death rate so reduced as to compare favorably not only with that of other tropical cities, but even with that of many cities in the United States."

The same Report shows that the expenditures of the Board of Health for the year ending August 31, 1903, were considerable over \$1,000,000. There were 1,954,900 inspections and reinspections of houses; 241,806 houses were cleaned as a result of inspection; 1,196 houses were white-washed and painted; 7,336 houses were disinfected; 82 houses were condemned and removed; 11,256 cesspools and vaults were cleaned; 161,447 yards were cleaned; 1,757 yards were repaired; repaved, etc., etc.; and 5,479 sanitary orders were complied with by householders.

That the Commissioner of Health well knew these were the vital things is shown in his words on page 64 of the same Report: "**Improvement in health conditions is permanent only while proper sanitary measures are being applied.**"

The Health Inspector of the Province of Tayabas reports (Part 2, p. 205) as to the town of San Narciso: "**Smallpox.**—None. Vaccination not thorough, owing to lack of virus."

The Health Inspector of the Province of Ambos Camerines reports as to the town of Cabusan (Part 2, p. 208): "Streets and houses are clean. Offal is carried to edge of town and burned. * * * **Smallpox.**—No cases. No vaccination thus far."

Sojourners in the Philippines likewise offer interesting testimony. Miss Mary H. Fee went there as a school teacher in the early days of American occupation and after five years' stay—wrote a book. "A Woman's Impressions of the Philippines." In it she relates the following:

"In a nipa house between the two schoolhouses (at Capiz) the janitors had their quarters, and the arrangement was such that pupils leaving the room temporarily passed through it. One day one of the children casually remarked that some one was sick in there with **viruela** (smallpox). I went in and found a child apparently in the worst stages of confluent smallpox. Now in our own dear America this would have meant almost hysteria. There would have been headlines an inch deep in the local papers, the school would have been closed for two weeks, a general vaccination furore would have set in, and many mammas and little children would have dreamed of confluent smallpox for weeks to come. But we did none of these things. We merely requested the authorities to remove the smallpox patient, and ordered the janitor to scrub the room with soap and water. Nobody quit school, nobody got the smallpox, and the whole thing was only an incident. I have lived in towns with newspapers and in towns without them, and have come to believe with Gilbert Chesterton that the newspaper is used chiefly for the suppression of truth, and I am inclined to add, on my own account, for the propagation of hysteria."

Miss Fee tells of a cholera outbreak in Capiz which caused the death of 5,000 of its 25,000 inhabitants, remarking it was confined almost entirely to the poor. In another chapter she

describes Filipino etiquette in relation to the sick. She says:

"Some of their strictest observances are in matters of sickness and death. The sick are immured in rooms from which as far as possible all light and air are excluded. In a tropical climate where the breeze is almost indispensable for comfort, the reader may imagine the result. Then all their relatives, near and far, flock to see them; they crowd the apartment and insist on talking to the patient to keep him from becoming sad."

Joseph Earle Stevens, who spent two years in the Islands prior to our difficulty with Spain, has also published a book "Yesterdays in the Philippines," in which he remarks upon the utter absence of quarantine. "Nobody thinks anything about smallpox in Manila, and one ceases to notice it 'in the tram cars and elsewhere.'"

Now if in Manila cholera and the plague have been banished by sanitary measures, merely by providing for pure air and pure water and the strict isolation of the contagions, so that the city compares favorably with many cities in the United States, as we are officially assured, then it is a most illogical presumption to say that smallpox was not reduced by the same means. If any there be who after reviewing the facts here presented continue to attribute the comparative freedom of Manila and the Islands to vaccination, then they are respectfully requested to answer this question: **Why did vaccination not protect our troops in the Philippines?**

U. S. ARMY

According to the figures of the Surgeon-General of the Army there were 737 cases of smallpox with 261 deaths among our soldiers in the Philippines in the five years 1898-1902, a mortality of over 35 per cent., double that of the pre-vaccination period. Were they vaccinated? Well, rather! Referring to these very cases, Chief Surgeon Lippincott stated that "vaccination and revaccinations many times repeated went on as systematically as the drills at a well-regulated post." He added, "I believe I can say that no army was ever so carefully looked after in the matter of vaccination as ours, and that the department commander, General Otis, fully alive to the necessity, did everything in his power to make our work possible and effective." (Extracts from a Paper on the Expedition to the Philippine Islands, May 27, 1898 to April 27,

1899, by Lieut.-Col. Henry Lippincott, U. S. A., Chief Surgeon, Department of the Pacific and Eighth Army Corps, in the Philadelphia Medical Journal, April 14, 1900.)

Thus we see that "vaccination many times repeated" did not in those early days in the Philippines protect our Army, therefore what folly to claim the vaccination of a portion of the native population has saved the entire population from smallpox! Could fanaticism go farther?

That the sanitary measures initiated and established there are sufficient to account for the improvement in relation to smallpox as well as other diseases is amply attested by the results of what amounts to the greatest control experiment ever made in this connection; namely, that of the town of Leicester, England.

LEICESTER

In the smallpox epidemic of 1871-2 Leicester, then a town of 200,000 population, had a smallpox death rate of 3,500 per million living ("The Wonderful Century," Wallace Diagram VIII), and this was after 20 years of compulsory vaccination. The disastrous failure, as it seemed to the people of Leicester, of the preventive measure on which they had depended, caused the inauguration of a new policy. The people at large refused to have their children vaccinated and the officials whose duty it was under the English law to require it, refused to prosecute them. The most careful isolation of smallpox was put in effect, sanitary improvements were instituted, the town was cleansed, pure water was provided, the best of hospital accommodations secured. For more than thirty years now vaccination has been ignored there with the result that it is today (1918) more than 95 per cent., unvaccinated. With the single exception of an imported case there has been no smallpox in Leicester since 1906, and no death from smallpox since 1904. Two books have been published giving the history of the matter in detail, one entitled "Leicester: Sanitation vs. Vaccination," by Mr. J. T. Biggs, sanitary engineer and Town Councilor, the other by Dr. C. Killick Millard, Medical Officer of Health, entitled "The Leicester Method." Mr. Biggs is an opponent of vaccination. Dr. Millard still professes faith in it as a prophylactic, but having been forced by local sentiment to rely on sanitation he has been so well pleased with the results that he has thought the method

in detail data quoted in this article will be found verified in the writings of one or the other of these local authorities.)

"During the 15 years from 1887 to 1901, out of 84,788 children born in Leicester, only 2,885 were vaccinated and yet during that period there were only 21 deaths from smallpox in Leicester, and there were no smallpox cases there in the five years, 1896 to 1900. During this whole period Leicester experienced many importations of smallpox—the same kind of importations that produced epidemics in well-vaccinated towns like Sheffield and Warrington—but Leicester, in spite of dire prophecies, had no serious epidemic from these importations.

* * * In 1902, smallpox was brought into Leicester by a tramp with a confluent eruption out upon him, who went about the city for three days. In spite of this, only two cases developed among this unvaccinated population. The next importation was a confluent case from London, in a man who also went about the city for four days, but no further cases developed. There were afterward five other similar outbreaks in Leicester, resulting in 18 cases, but the cases were perfectly controlled without vaccination by simple methods of isolation and sanitation." (John Pitcairn in Pennsylvania State Vaccination Commission Report, pp. 55-6.)

In an elaborate letter to the London Lancet, July 22, 1911, giving a review of the Leicester system, Dr. Millard states:

"We have in Leicester a large industrial town, with over 200,000 inhabitants, which has so completely set the vaccination laws at defiance that in the past 28 years, whilst there have been 155,880 births, only 19,562 vaccinations have been registered—i. e., 12.5 per cent. At the time of the last two epidemics, the vast majority—say 80 or 90 per cent.—of the school children in the town were unvaccinated, together with a large number of the young adults employed in the factories. Smallpox has been repeatedly introduced into the town. It has three times succeeded in establishing itself in epidemic form. In one epidemic as many as 50 cases occurred in one week, and as many as 150 in a period of four weeks. Yet the disease has never caught on amongst the unvaccinated section of the community, nor has it ever been necessary during my term of office to close a school on account of smallpox. Surely

such an experience would be impossible if orthodox theories about the danger of the spread of smallpox amongst unvaccinated persons were correct. * * * Nor is the Leicester system an expensive one, as is so often urged against it. On the contrary I submit that it is **far cheaper** than a system of universal vaccination and revaccination (followed by a third vaccination of all males, as in Germany) would be. Space forbids me to enter into this here, but I am quite prepared to justify my statement. The Leicester experiment is about as conclusive as the experience of one town can be. It has now lasted for a quarter of a century. It is confirmed by the more recent experience of the country generally, where an increasing neglect of vaccination has **not** been followed by any evidence of an increase of smallpox generally. I have thought about this question for a good many years, and I may claim to have had some little experience of the subject, having been in the Birmingham epidemic of 1893-4 before I came to Leicester."

ENGLAND

At this point it is proper to refer to the experience of Great Britain generally, which the Leicester Health Officer mentions as confirming his conclusions that the Leicester method is preferable to vaccination.

At the close of the sessions of the British Royal Commission on Vaccination (to go no farther back), that none too competent body (and if any reader consider the criticism unwarranted, he is referred to the judicious remarks of the author of "The Wonderful Century," p. 235), recommended a modification of the Vaccination Act for the release from its provisions of the conscientious objector. Accordingly, in 1898, Parliament amended the law (requiring the vaccination of infants) by tacking on the so-called "Conscience Clause." This proved not so effective as intended and in 1907 a new law was passed. From 1898 the exemptions have risen until in 1915 and 1916 they have been upwards of 36 per cent. of the total births (Reports of Registrar General), which latter is subject to some discount for infants dying before reaching the limit of the vaccinal period.

The substitution of sanitary measures for compulsory vaccination has disappointed the vaccinationists; smallpox calamities have not occurred, but on the contrary there has been a

remarkable falling off in smallpox deaths. The Hon. John Burns, President of the Local Government Board, made the following statements in the House of Commons, on April 12, 1911:

“Just as in proportion in recent years exemptions (from vaccination) have gone up from 4 per cent. to 30 per cent., so deaths from smallpox have declined. * * * During the time that I have had the honor of being at the Local Government Board, the following have been the deaths from smallpox in a city of 4,500,000 inhabitants:—1906, no death; 1907, no death; 1908, no death; 1909, 2 deaths; 1910, no death. So that in five years there have been only two deaths from smallpox in a city of 4,500,000 people. Not even Germany or Berlin can transcend those figures.”

A comparison of smallpox in London and Berlin for nine years (1904-12) has already been presented and shows the Berlin death rate to be 72 per cent. above that of London, and now we have seen that the Conscience Clause has resulted in a large vaccination default, while Berlin is still under rigid vaccination and revaccination. So that the less vaccinated town is the freer of smallpox of the two.

BRITISH ARMY AND NAVY

The British Army and Navy constitute another conclusive test, as Professor Wallace has pointed out, and he compares this body of vaccinated and revaccinated men, numbering 220,000, with Leicester's 200,000, scarcely any vaccinated, as follows:

37. Army and Navy (1873-94) smallpox death rate per million,

15. Leicester (1873-94) smallpox death rate per million, under

Whereat he pointedly remarks:

“It is thus completely demonstrated, that all the statements by which the public has been gulled for so many years, as to the almost complete immunity of the revaccinated Army and Navy, are absolutely false. It is all what Americans call bluff. There is no immunity. They have no protection. When exposed to infection, they do suffer just as much as other populations, or even more.” (“The Wonderful Century” pp. 284-5.)

Yes, when compared with unvaccinated Leicester, more than twice as much.

PRE-VACCINATION SMALLPOX

Two other points and we are done with this aspect of vaccination. Smallpox before Jenner and smallpox afterward require elucidation, and then a word about "authorities," and we pass to a consideration of the mischief done by vaccination.

Smallpox before vaccination was introduced, has been much exaggerated, notwithstanding the disease was systematically propagated and spread from 1721 onward by the process of inoculation which was introduced in England from Turkey and made fashionable by Lady Mary Wortley Montagu. It was not at first largely adopted, owing to the severity of the disease produced, and by 1728 had almost ceased. It was revived in 1740, and in 1754 was authoritatively sanctioned by the Royal College of Physicians, which pronounced it to be highly salutary to the human race. (W. Scott Tebb, M. D., "A Century of Vaccination," p. 11.)

Leading medical men set up establishments where fashionable people congregated and were inoculated with smallpox, wholesome food and plenty of fresh air and exercise being prescribed to keep the sickness at the minimum. As there was no quarantine of the cases, this practice caused the disease to spread. Dr. Farr, Registrar-General 1857-67, and a noted British statistical authority, says: "Smallpox attained its maximum mortality after inoculation was introduced. The annual deaths from smallpox registered in London, 1760-1779, were 2,323. In the next 20 years they declined to 1,740. This disease, therefore, began to grow less fatal before vaccination was discovered, indicating together with the diminution of fever, the general improvement of health then taking place." ("Vaccination and the State," Lupton, p. 13.) The sanitary improvements leading to this health betterment are enumerated by Professor Wallace as, better roads and means of bringing fresh vegetables and meat from the country, the construction of sewers and better water supply, the widening of streets, and laying of first granite paving (1766), improved dwellings for the working classes, the closing of graveyards in towns, etc. ("The Wonderful Century.")

Next came Jenner with a substitute for inoculation. Whatever the source of the vaccine of that day, it was not

smallpox and did not directly spread smallpox as had its predecessor, inoculation. It is quite plain, therefore, than the cessation of smallpox propagation by means of inoculation must cause a decrease in the disease, regardless of what took its place or whether any substitute was adopted. This is precisely what happened, and as inoculation declined smallpox necessarily fell off.

Modern sanitary science may be said to have had its birth in the latter half of the eighteenth century. Its effects upon the death rate of the more important diseases in the city of London are shown in Dr. Farr's table printed in the Third Report of the British Royal Commission on Vaccination, p. 198. Two periods, 1771-80 and 1801-10, strikingly illustrate this decrease.

	1771-80	1801-10
	Deaths per 100,000	Deaths per 100,000
	Living	Living
Fourteen infantile diseases.	1,682	789
Smallpox	502	204
Fevers	621	264
Consumption	1,121	716
Dropsy	225	113

It will be seen that all the important diseases decreased, so that there must have been a common cause. Commenting on the change taking place in the living habits of the people in the forty years covered by this comparison, Professor Wallace says:

"The remarkable feature of this diminution of mortality is, that in no similar period between 1629, when the Bills of Mortality began, down to the present year, has there been anything like it. And the same may be said of the causes that led to it. Never before or since has there been such an important change in the food of the people, or such a rapid spreading out of the crowded population over a much larger and previously unoccupied area; and these two changes are, I submit, when taken in conjunction with the sanitary improvements in the city itself, and the much greater facilities of communication between the town and country around, amply sufficient to account for the sudden and unexampled improvement in the general health, as indicated by the great reduction of the death

rate from all the chief groups of diseases, including smallpox." ("The Wonderful Century," p. 322.)

The diet of the people (owing to improved communication) had changed from bread, cheese, beer, salted meat and fish, to potatoes and other vegetables, fruit, milk, tea and fresh meat. (Ibid, pp. 318-321.)

But this was sanitation; the promises made for vaccination are still unfulfilled. Dr. Crookshank in his inaugural address to the Medical Society of King's College, London, October 26, 1894, referring to Britain's experience said:

"That vaccination is capable of extirpating the disease or of controlling epidemic waves is absolutely negated by the epidemic in 1825, and the epidemics which followed in quick succession in 1838, in 1840, 1841, 1844-5, 1848, 1851-2. Vaccination was made compulsory in 1853, but epidemics followed in 1854, 1855 and 1856, culminating in the terrible epidemic in 1871-2, with more than 42,000 deaths. Epidemics followed in 1877 and 1881." ("Vaccination and the State," Lupton, p. 13.)

Smallpox of the pre-vaccination era, as we have seen, took a heavy toll because it was deliberately manufactured, with full medical sanction, and also because of the living conditions of the time. Besides, shall we forget to make allowance for improved modern methods of care and treatment? Surely we have a right to expect something in this regard from the medical profession—else we must have their confession that they have made no progress in a century and a quarter.

There is not, however, one scintilla of evidence that vaccination has contributed to its reduction, this being amply accounted for on other grounds; on the contrary, Dr. Creighton and many other investigators have found strong indications that vaccination has caused and intensified the disease. The United States Army in the Philippines is a case in point. Many German towns where, in the epidemic of the early '70's, Dr. Creighton found the few vaccinated slower to take the disease than the many vaccinated, likewise lend color to the claim. (Encyclopedia Britannica, Ninth Edition, Article on Vaccination.)

"AUTHORITIES"

Authority and "consensus of medical opinion" should have no terrors for those who remember, as Viscount Harber-

ton recently pointed out, that it was "expert opinion" that burned witches, that pronounced the earth flat, that salivated and bled the sick to death, and in fact that has been responsible for all the prevalent errors of the past.

Who is an authority on vaccination? Here is the reasonable answer of Mr. Arnold Lupton, Member of Parliament:

"I would suggest that a real authority is a man who has devoted some years of his life to the study of the vaccination question, unbiased by pecuniary advantages or professional sympathy." ("Vaccination and the State.")

Assuredly he is not an authority who refuses to weigh the evidence and the arguments of the other side. "He who knows only his own side of the case knows little of that," said that master controversialist, John Stuart Mill.

Measured by these standards, J. J. G. Wilkinson, M. D., M. R. C. S., of London, author of numerous scientific and philosophical works, may be considered qualified. He was repeatedly urged by anti-vaccination friends before he could be prevailed upon to make a special study of this question. Eighteen years after he began his investigation he wrote:

"Not denying other forms of social wickedness, I now, after careful study, regard vaccination as one of the greatest and deepest of all forms, abolishing the last hope of races, the new-born soundness of the human body."

William White, in his "Story of a Great Delusion," quotes Wilkinson's charge that vaccination is "unphysiological," a principle to which the medical profession will doubtless return after it has sounded the depths of "serum" iniquities. He first recites the processes of blood formation. In nature, nothing enters the blood and becomes part of it until it is first selected by the sense of taste. It is then eaten, broken up and carried through long avenues of introduction; along these avenues stand many sentinels, exercising their qualifying and mitigating and selecting functions; digestive juices and glandular and lung purifications act upon the blood pabulum before it becomes part of the stream of life. "This is physiology and divine human decency, and like a man's life.

"Vaccination traverses and tramples upon all these safeguards and wisdoms; it goes direct to the blood, or still worse, the lymph, and not with food; it puts poison, introduced by puncture and that has no test applicable to it, and can have

no character given to it, but that it is five-fold animal and human poison, at a blow into the very center, thus otherwise guarded by nature in the providence of God. This is blood-assassination."

Dr. W. J. Collins was for twenty-five years public vaccinator of London. Study and his own experience finally convinced him that vaccination rather produced than diminished smallpox, and he gave up his position and \$2,500 a year and published a book to prove his case.

Sir William Collins, a medical man of eminence and Member of the Royal Commission on Vaccination, wrote the dissenting statement known as the Minority Report, and favored a more radical measure than the Conscience Clause.

Dr. Carlo Ruata, Professor of Materia Medica at the University of Perugia, Italy, has been a leader in the anti-vaccination struggle in Europe. On a charge of having instigated the people of Italy to evade the vaccination laws, he having declared compulsory vaccination unconstitutional and incapable of enforcement, he was arraigned in the Pretor's Court at Perugia to answer to the indictment. Acting as his own lawyer, he ably defended himself and was triumphantly exonerated. In discharging Professor Ruata, the Pretor said:

"* * * All the magistrate has to do is to recognize that scientific truths are neither absolute nor immutable; that they are subject to a continual course of revision and criticism which modifies them, corrects them, and substitutes higher truths in their places. The fundamental principle in this case is that the right to propagate one's own convictions by any peaceful means is an incontestable one and, therefore, Professor Ruata's propaganda against vaccination is, in its legal aspect, fully legitimate and does not lie under any penal disability."

In his defense, Professor Ruata, after reciting the disastrous results of vaccination in Italy, used these words:

"Were it not for this calamitous practice, smallpox would have been stamped out years ago and would have wholly disappeared; and, now, tell me if it is not necessary—nay, if it is not an imperative duty on the part of one who clearly sees these things—to cry out on the housetops, to the nations and to their legislators, to everyone: 'BELIEVE NOT IN VACCINATION; IT IS A WORLD-WIDE DELUSION, AN UNSCIENTIFIC PRACTICE, A FATAL SUPERSTITION, WHOSE

CONSEQUENCES ARE MEASURED TODAY, ONE HUNDRED AND SIXTEEN YEARS AFTER ITS BIRTH, BY THOUSANDS OF DEAD AND WOUNDED, BY TEARS AND SORROW WITHOUT END.' ”

Dr. Adolf Vogt, Professor of Sanitary Statistics and Hygiene in the University of Berne, gave much testimony before the British Royal Commission as a statistical expert. This is one of his statements in that capacity:

“After collecting the particulars of 400,000 cases of small-pox, I am obliged to confess my belief in vaccination is absolutely destroyed.”

Dr. Charles Creighton, a recognized authority in epidemiology, and then orthodox on vaccination, was selected by the publishers of the Encyclopedia Britannica, Ninth Edition, to write an article on vaccination. He made an original and exhaustive inquiry into the subject with the result of its making him an uncompromising anti-vaccinationist. Being in doubt whether the article he found himself forced to write would be acceptable, he put the question to the editor, saying what he had found was contrary to accepted medical opinion. But he was informed that what the Britannica wanted was facts, and they trusted him to present them.

The fifteen columns of this article are packed with irrefutable proofs of the fallacy of vaccination.

The publication of Dr. Creighton's article caused Prof. Edgar M. Crookshank, bacteriologist of King's College, to make an independent study of vaccination on the scientific side, to see whether Dr. Creighton's conclusions (which had been based on statistics) could not be assailed on that side. The result was the two ponderous volumes, “The History and Pathology of Vaccination,” in which he shows the practice to be uncertain, unscientific and dangerous. The final conclusion of this medical authority and profound student of the subject was:

“I maintain that where isolation and vaccination have been carried out in the face of an epidemic it is isolation which has been instrumental in staying the outbreak, though vaccination has received the credit. Unfortunately a belief in the efficacy of vaccination has been so enforced in the education of the medical practitioner that it is hardly probable that the futility of it will be generally acknowledged in our generation, though nothing would more redound to the credit of the

profession and give evidence of the advance made in pathology and sanitary science."

The published conclusions of Creighton and Crookshank aroused the curiosity of a third distinguished man of science in England. Professor Alfred Russel Wallace, in his autobiography, relates how a friend had repeatedly urged him to go into the vaccination question, and how difficult it was for him to believe the medical profession at large could have made the blunder the anti-vaccinationists alleged. The defection of the two medical lights mentioned appears to have turned the scale and Professor Wallace entered upon an independent study of the subject. The result was another convert. Professor Wallace was then moved to prepare an essay on the subject, "for the purpose of influencing Parliament and securing the speedy abolition of the unjust, cruel and pernicious laws." It appeared as Chapter XVIII of "The Wonderful Century," and has also been published by itself with the title, "Vaccination a Delusion; Its Penal Enforcement a Crime."

He proves his case from the evidence presented before the Royal Commission and embodied in its Reports, and expresses his disgust with a commission unable to understand the evidence laid before it in the following words:

"A commission or committee of inquiry into this momentous question should have consisted wholly or almost of statisticians who would hear medical, as well as official and independent evidence, would have all existing official statistics at their command, and would be able to tell us, with some show of authority, exactly what the figures proved, and what they only rendered probable on one side and on the other. But, instead of a body of experts, the Royal Commission, which for more than six years was occupied in hearing evidence and cross-examining witnesses, consisted wholly of medical men, lawyers, politicians and country gentlemen, none of whom were trained statisticians, while the majority came to the inquiry more or less prejudiced in favor of vaccination. The Report of such a body can have but little value and I hope to satisfy my readers that it (the Majority Report) is not in accordance with the facts; that the reporters have lost themselves in the mazes of unimportant details; and that they have fallen into some of the pitfalls which encumber the path of those who, without adequate knowledge or training, attempt

to deal with great masses of figures."

Referring in his autobiography to his essay, "Vaccination a Delusion," Professor Wallace says:

"I feel sure that the time is not far distant when this will be held to be one of the most important and most truly scientific of my works. * * * The great difficulty is to get it read. The subject is extremely unpopular; yet, as presented by Mr. William White, in his 'Story of a Great Delusion,' it is seen to be at once a comedy and a tragedy."

The greatest difficulty, he might have stated, is in convincing the slightly smattered medical vaccinationists. Their want of thorough information is supported by a prejudice so bitter it causes timid men to court safety and keep in the ranks. A doctor whose liberal sentiments were suspected was asked to appear before a legislative committee and state his opinion of vaccination. He replied, when pressed, that he "could not afford it," and later explained that he had learned "not to buck against the doctors." Another, a man just out of medical school was asked by a former intimate, "Well, what do you think of vaccination now?" His reply was, "We young doctors don't always say what we think of vaccination, else our heads might come off like that!" with a snap of his fingers.

Among Americans who have dared all and raised their voices against this privileged aristocrat, doubly haughty in democratic America, is Dr. John W. Hodge, who has made of Niagara Falls a second Leicester. That town with little vaccination and no smallpox deaths for a quarter of a century, though peculiarly exposed to infection because visited by more tourists than any town of its size in America, had long been a painful spectacle to State Medicine and the vaccine interests. Therefore, it was with joy and fanatic zeal that these gentry pounced upon it in the winter of 1914, bent on making an example of her. An outbreak of **chickenpox** was magnified into a "smallpox epidemic," the Public Health Service at Washington took a hand, and what with city medical officials, State medical officials and Federal medical officials, many persons were frightened and forced into submission to the vaccinator's needle. Some 5,000 cases of **chickenpox** and other rashes were recorded as smallpox. **There were no deaths save those caused by vaccination, of which one or more were re-**

ported in the press. (No telling how many more were wrongly reported.)

Niagara Falls, as a horrible example, will impress none who take pains to ascertain the facts, but with the superior means of publicity in possession of the "medical ring," the latter may feel themselves avenged upon the man who has for years been hurling such bombs as the following:

"Think of the unparalleled absurdity of deliberately infecting the organism of a healthy person, in this day of sanitary science and aseptic surgery, with the poison matter obtained from a sore on a diseased calf!"

Dr. J. H. Tilden of Denver, editor of the "Philosophy of Health" and author of many medical works for popular instruction; Dr. Elmer Lee, editor of "Health Culture" magazine; Dr. Charles E. Page of Boston, author of a work on Consumption and another on the Care of Infants; Dr. Alexander Wilder, Professor of Physiology, U. S. Medical College, N. Y.; Dr. Felix Oswald, author, medical writer and traveler; Dr. M. R. Levenson, who has a work on Vaccination Pathology in course of preparation; Dr. Zachary T. Miller of Pittsburgh, Pa., whose new "Declaration of Emancipation" appears at the close of this article, and hundreds of other American physicians, have declared themselves opposed to vaccination; forced thereto by conviction, against their education, their preconceived opinions and their natural inclination not to oppose received opinion. If the captious critic finds no names here which are to his mind of sufficient eminence, let him set against that objection the fact that the orthodox medical man loves his orthodoxy, with its fruits of soft-ease, good-fellowship and possible fame, above all else. Let him remember that these here named and all who have dared to become conspicuous in opposing vaccination, loved truth above all else, and thereby knowingly forfeited all chance of ever joining that galaxy of shining ones whom the "American Medical Trust" delights to make the world honor and hold in reverence. Here is enough to make a thoughtful man think at least twice before he offers "the consensus of medical opinion" as an argument for faith in vaccination.

VACCINATION DANGERS

Vaccination disasters is a subject large enough to fill volumes. It has already done so without the tale having been

adequately told. Dr. Levenson's forthcoming work will be perhaps the most ambitious effort yet undertaken. Limitations of space permit but a brief reference to the subject here.

A few points which stand forth conspicuously the moment we begin to search for a record of death and injury by vaccination, must here be set down. Doctors make the original reports. Doctors keep and compile the records. Doctors interpret all the facts. Doctors are committed—especially is this true of **official** doctors—to the dogma that vaccine virus is a "harmless substance." In the complex of disease conditions there is always leeway for choice as to what shall be set down as causing a death or an injury. Trust the "orthodox doctor" to find something besides vaccination to blame! "Caught cold in it," "Got dirt in it," "Complications set in," are the familiar excuses; and the War with Germany has provided a new one: "German spies have contaminated the virus!" These and similar flimsy subterfuges, uttered with due solemnity by the doctor, prepare family, friends and the public for the report of death as due to "tetanus," "septicemia," "erysipelas," or whatever form of disease was induced by the operation. The story of Dr. Henry May, Medical Officer of Health of Aston, England, has become a classic and is repeated here because his example has been all but universally followed. He tells it himself, in the Birmingham Medical Review of May, 1874:

"In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against, or reflect upon, himself in any way. In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom of the disease as the cause of death. As instances of cases which may tell against the medical man himself, I will mention erysipelas from vaccination and puerperal fever. A death from the first cause occurred not long ago in my practice and, although I had not vaccinated the child, yet, in my desire to preserve from reproach, I omitted all mention of it from my certificate of death."

Whether due to a craftier prudence that sees the advantage of moderate claims, or whether it be that a spasm of honesty and courage seizes occasionally upon medical men, the fact, nevertheless, remains that British records have long car-

ried the tale of a few deaths from vaccination annually. Deaths from vaccination, smallpox and chickenpox for three years in a registration area of 21,000,000 population, as shown by the Registrar-General, are as follows:

Year	Vaccination	Smallpox	Chickenpox
1906.....	29 deaths	21 deaths	106 deaths
1907.....	12 deaths	10 deaths	120 deaths
1908.....	13 deaths	12 deaths	93 deaths

The chickenpox deaths are generally understood to be cases of recently vaccinated persons who cannot be officially admitted to have smallpox and so they (officially) present the anomaly of fatalities from a non-fatal disease.

In the fifteen years, 1881-1895, there are 785 deaths admitted to be due to vaccination in England and Wales. (Registrar-General's Report for 1895, p. 52.)

Professor Wallace testified as follow, before the Royal Commission:

"While utterly powerless for good, vaccination is a certain cause of disease and death in many cases, and is the probable cause of about 10,000 deaths annually by five inoculable diseases of the most terrible and disgusting character." (Third Report, Minutes of Evidence, Q. 7713, p. 34.)

From Professor Ruata's Defense, previously mentioned, are taken these extracts:

"During the past days, I have been compelled to see the manifold and disastrous effects due to vaccination. * * * I hold in my hand hundreds of letters relating to deaths caused by vaccination. * * * As a result of certain vaccinations executed at the barracks of Udine some few years ago, about fifteen soldiers fell seriously ill and three of them succumbed. * * * In a volume of Prussian Government Statistics for 1909, I hold in my hand, the last published, it is admitted that thirty deaths took place in Prussia during that year as a consequence of vaccination, in addition to 113 cases of minor importance which did not result in death. * * * In the years 1907 and 1908, 3,533 complications were reported in our country as a result of vaccination. And what are these 'complications'? The official volume will tell us. They are meningitis, pneumonia, tumors, general eruptions, erysipelas and other similar delights. * * * The sanitary officer of Turin wrote in 1902, that prior to 1888 vaccination was so destruc-

tive in Turin that 80 per cent. of foundling children died from vaccinal erysipelas. But even while he witnessed this slaughter of the innocents, he went about preaching that vaccination was perfectly innocuous and caused the 80 per cent. lymph to be distributed gratuitously to the doctors of Turin."

A writer in the Westminster Review of August, 1904, points out the difficulty of convicting vaccination of causing diseases of lengthy incubation, yet holds that the evidence, though inferential, is cumulative and overwhelming. Speaking of the slow maturing diseases whose common feature is derangement and disintegration of cellular tissue, he says:

TUBERCULOSIS

"Of these, tuberculosis is probably most in point. It is a disease to which the cow is especially liable, and its presence in the animal (as experiment has proved) can often be determined only by a post-mortem examination. According to Dr. Perron, in a French medical journal, tuberculosis, which was once an exceptional thing, has in the last hundred years been steadily extending its ravages, in spite of the general advancement in hygiene, till it has attained the rank of a pestilence. He finds himself impelled to the conviction that the causal connection is with vaccination as the only condition which has advanced step for step therewith. Herein he finds explanation of the extraordinary devastation wrought by tuberculosis in the European armies (especially in the first and second year after enlistment) where re-vaccination is the order of the day, in spite of the care otherwise lavished on the soldier's physical welfare. With this clue we may find significance in the figures recently published, showing the deaths from tuberculosis in Germany (where vaccination is now so much at home) as thrice more numerous than in England. As their population is less urban than ours, this proportion, on any other than our present hypothesis, stands unexplained. Leicester, on the other hand, which has long renounced vaccination, recently came out best among eighteen towns whose school children were examined for traces of phthisis."

With relation to European armies, the reports of the unexampled ravages of tuberculosis which are coming to us this year (1918) from the belligerents other than ourselves, lend terrible emphasis to the words of Dr. Perron: "Our turn will come." It is also to be noted that the armies of Great Britain

are suffering least from this disease. Great numbers of her soldiers were never vaccinated until their entry into service for this war, and a lesser number have held their ground and refused vaccination and inoculation even now.

On one other disease we must quote the Review article:

CANCER

“Another malignant disease affrightingly on the increase—an increase also explained, in spite of the weird and wonderful guesses which range in accusation from tomatoes to common salt—is cancer. In the twenty years ending 1919 its yearly fatality (English) has gone steadily forward from 19,433 to 34,053. Where all is dark it is not intended to dogmatize, but it is permissible to point out that the evidence tending to implicate vaccination in the matter has more body and substance than that of any other theory hitherto promulgated. Among so many absurd conjectures solemnly canvassed we may at least take note of some considerations advanced by—amongst others—an Australian doctor—Meyer. He points out that, while twenty-one years are needed to complete the growth of a human being, four or five years represent that of the cow; that the cells of which the cow’s flesh is constituted grow much more rapidly than the human cells; and consequently that the introduction of bovine protoplasm into the human system must tend to upset the constitutional balance, to foster disorganization of cellular tissue and promote the general conditions of disparity, disintegration, and destruction in which cancer finds birth. In the “Medical Press” of March, 1903, J. J. Clarke, M. B., F. R. C. S., states as the result of his own investigation, that certain ‘bodies’ found in the vaccine pustule are indistinguishable from certain bodies found in cancerous growths, and commenting on this letter the editor of the ‘Homeopathic World’ of April, 1903, remarks: ‘It is exceedingly dangerous to vaccinate persons who have a latent tendency to cancerous growths. We have seen several cases in which cancer has blazed up immediately after vaccination.’ As a confirmatory item we may add a statement published by the ‘Daily News,’ that the highest cancer mortality is in Bavaria and the lowest in Hungary—respectively, the first and almost the last countries to accept vaccination.”

Dr. Bell Taylor, famous surgeon-oculist of Nottingham, was so much impressed by the mischief wrought by vaccination

that when he died, in 1910, he left a legacy of \$75,000 to assist the anti-vaccination propaganda.

GENERAL DEATH RATE AS INFLUENCED BY VACCINATION

With the enforcement of vaccination in Japan, there has been a coincidental increase of other diseases. In 1908 there were in Japan, exclusive of Formosa, 17,790 cases of diphtheria with 4,971 deaths—the very high death-rate of 27.9 per cent. Scarlet fever shows a marked increase with a very high death-rate. Tuberculosis has greatly increased since 1885 among all classes of the population. Dr. Kitasato, as Japan's official representative at the Sixth International Congress on Tuberculosis, which met in Washington in the fall of 1908, said: "The statistics show that it (tuberculosis) is tending to spread more and more widely in Japan. Cases of tuberculosis in children, for instance, which had been rarely known in times past, have markedly grown in recent years. This observation is confirmed by pediatricists." (Report of John Pitcairn, member of the Pennsylvania State Vaccination Commission, p. 48.)

Conversely, there has been a coincidental improvement in the general health of the town of Leicester with the abandonment of vaccination. In 1873, when vaccination was at its height (95 per cent.) the general death-rate was also highest—27 per 1,000, or 5 to 1,000 worse than the average for England and Wales. Since that time—when smallpox killed 360 of her citizens and with them the local faith in vaccination—the death rate has been on the decline. In 1889, when vaccination had sunk to 5 per cent., the death-rate had fallen to 17.5, in 1902-6 it averaged 14.18, and since then has fallen to less than 12, one of the lowest in the kingdom in spite of every disadvantage of occupation, soil and situation. (Ernest McCormick, "Is Vaccination a Disastrous Delusion?")

VACCINATION AS A CAUSE OF SMALLPOX

Authorities heretofore quoted have, at least by implication, held vaccination, instead of preventing smallpox, is a direct cause of it. In these later days, with the virus confessedly of variolous origin, it is difficult to see how that conclusion can be avoided. Bovinized smallpox inoculation upon the human must still be smallpox, if there is such a thing as

specific disease. When but a single pustule forms, the amount of contagion may be slight; but when, as often happens, there are many pustules, perhaps a general eruption, the effluvia, germs or what you will, which convey the disease are increased in volume, hence the degree of contagiousness is correspondingly increased. Due to this fact, it is doubtless true that an unvaccinated member of a family, closely domiciled with one in whom vaccine is working, possibly sleeping in the same bed with such a one, occasionally contracts the disease from such contact. In a case of this kind the facts are misinterpreted by vaccinationists, who immediately deride the unvaccinated one for his failure to secure "protection." He will, nevertheless, recover sooner and more completely than his vaccinated brother. The point should be made and insisted upon by anti-vaccinationists that vaccinated persons should be isolated during the period of attack of the so-called vaccinia as sedulously as though they had smallpox contracted in the natural way. These considerations render plausible the assertion by Professor Ruata and others that smallpox cannot disappear so long as it is systematically propagated and spread by vaccination.

FOOT AND MOUTH DISEASE VIRUS USED TO VACCINATE

Letters to Dr. Zachary T. Miller from the leading vaccine concerns of this country, in response to inquiries from him, published in the Transactions of the Sixtieth Session of the American Institute of Homeopathy, reveal the fact that "spontaneous cowpox" is no longer found, if it ever existed; hence, the resort to variola for the seed vaccine. Sometime after these letters were written, a virus company near Philadelphia procured from Japan what was supposed to be a culture of cowpox, and the virus from this culture was sold to another company near Detroit. From the latter spread the **foot and mouth** disease epidemic of 1908. What was supposed to be cowpox thus proved a culture of foot and mouth disease instead! (John Pitcairn in "Both Sides of the Vaccination Question," p. 18.)

This stuff, in the meantime, had been widely distributed and inoculated into the children of the country. The reason the disease did not spread from the Philadelphia plant was probably due to the fact that this concern takes the precaution

of killing all its calves before removing the vaccine, while the Detroit company borrows them and returns them to the farms when it is done with them. The Philadelphia company, it may be stated in parenthesis, among its other products puts out a "pre-digested beef extract," for the use of invalids and others, so that the calf is not wasted—an important point in these days of food conservation. (Kultur in our very midst?)

Many have been the collections of "Vaccination Disasters" published, but perhaps none is more impressive than one compiled four years ago by the Hon. James A. Loyster of Cazenovia, N. Y. Mr. Loyster, in the fall of 1914, had his only son, a robust lad of some 13 years, vaccinated in obedience to a health-board mandate. He, **himself**, had been vaccinated in boyhood and had never had any doubts of the value of the practice. The boy died of the illness that followed. The father thereupon set an inquiry on foot, by means of letters, through the rural and semi-rural portions of the State of New York. In the preface to his pamphlet he takes pains to say he went to no anti-vaccinationists for information. From neutral and pro-vaccination sources, therefore, he was able to gather, without resort to the large cities of the State where the major part of the vaccinating is done, particulars of fifty cases of vaccine disaster, twenty-seven of them fatal, which occurred during the year 1914. Tetanus, meningitis and infantile paralysis are among the diseases caused, but the connection with vaccination was held in all cases to be direct and unmistakable.

Vaccination is a failure. No doubt on this point can exist in the minds of any who have given it a thorough study. Its fraudulent character is indicated by the following points:

1. The secrecy and compulsion resorted to to keep it in vogue.

2. The refusal of its supporters to consider it an open question, though great numbers of people, including many scientific men, oppose and denounce it.

3. Insistence by the medical profession that even compulsory vaccination is purely a medical question, when as a matter of fact it is first a statistical and second a political question. Statistics is a science to be left to statisticians rather than doctors, while **politics in a democracy belongs to the whole people.**

4. The verdict of all the great statisticians of the world who have made a special study of the question has been against vaccination.

5. In fact it is, after all, a question of **plain common sense**. Taking poisonous matter from a sore on a sick calf and putting it into the system by way of an open wound does not appeal to common sense. Common sense seeing the results finds itself justified.

A fair and just settlement of this age-long dispute is suggested in the magazine, "Life," in the following words:

"The question can be settled for good and settled right by prohibiting compulsory vaccination.

"Let those who want vaccination be vaccinated. If there is any protection in it, they have that protection. If their own vaccination does not protect them, neither would the vaccination of the entire community."

Until this is done, Dr. Z. T. Miller's "New Emancipation Declaration" may well be the **vade mecum** of the anti-vaccinationists who would get anywhere.

"We must defeat the effort of the man who would make sick an entire community of well people in the fear that a small portion of it may get sick.

"We must denounce the idea that a healthy person is a menace to anybody.

"We must see that our children's education is not predicated on the point of the poisoned quill.

"We must see to it that subcutaneous injection of an absolute poison does not take the place of sanitation and hygiene.

"We must declare against superstition practiced by the State.

"We must not surrender the right of personal privilege in the selection of our food, our religion, our politics, or our medicine."