

Why I am an Anti-Vaccinist.

PRIZE ESSAY

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1.—Because Vaccination is a “Grotesque Superstition.”

Amid the many uncertainties that surround the vaccination controversy, this much at least is clear—there is no science of vaccination. Not one tittle of scientific evidence can be produced to prove that vaccination (or cowpoxing as it should be more truthfully called) has ever prevented or mitigated a single case of smallpox. Even the cause of smallpox itself is still—to the disgrace of the medical profession—an unsolved problem, and, notwithstanding the reward of £1,000 offered by the Grocers' Company, pro-vaccinist vivisectors are still busy perpetrating hideous cruelties on innumerable animals in useless efforts to discover the germ of cowpox. The doctors have no exact knowledge of the nature of smallpox or cowpox, and, so far from the two diseases being identical, as is blindly assumed by pro-vaccinists, some of the most expert modern investigators of the subject incline to the view that cowpox is allied to syphilis. But, whether this be so or not, it is certain that vaccination has no more scientific basis than the veriest quack medicine in the market, and, consequently, the public are being deluded by a sort of vaccine confidence trick. When vaccination is performed, it is always described and paid for as a scientific and efficient specific, but, when its failure to protect is patent, the credulous dupes are coolly told that it could not have been “properly done,” or that it was too old or too new, or that the marks were too few, or too small, or too faint. Such is the “science” of cowpoxing.

But perhaps the utterly absurd character of the whole business is best illustrated by the ridiculous fashion in which the modern pro-vaccinist assumptions destroy each other. Here are a few random examples:—

(a) If only recent and “efficient” vaccination is protective, the primary vaccination of last century (recently denounced by Mr. Walter Long as “almost a farce by itself”) cannot have caused the reduction of smallpox attributed to it in pro-vaccinist literature, as only a fraction of the child-population had at any time been recently “cut,” and even those had not been “properly done,” according to modern ideas.

(b) If vaccination really prevents small-pox, the unvaccinated cannot be a danger to their neighbours, because the latter may save themselves by getting “protected.” On the other hand, if the operation simply mitigates without preventing smallpox, as some doctors illogically assume, the vaccinated must be as much a danger to the community as the unvaccinated. In either case the compulsory law is reduced to an absurdity.

(c) If cowpox and smallpox are identical, and if susceptibility to the one implies susceptibility to the other (as people are told when they get “beautiful arms”), the fact that the vaccine disease may generally be “taken” again and again, within very short periods, proves that it is not a protection against itself, and that it cannot, therefore, be a protection against the more virulent disease of smallpox. Even Jenner, the “immortal” founder (but not the discoverer) of the cowpox fetish, was shrewd enough to see this, and he, quite logically, repudiated the necessity for re-vaccination.

Enough, surely, has been said, though more might be added, to justify Dr. Charles Creighton's historic description of cowpox inoculation as “a grotesque superstition.”

2.—Because a Century's Experience of Cowpoxing has Proved it to be Worse than Useless.

Out of the many unimpeachable facts which could be quoted to prove the complete failure of cowpoxing, from its inception onwards, space forbids more than a bare reference to the following:—

(a) The greatest epidemic of the 19th Century (1871-2), which killed over 44,000 people in this country alone, came at a time when the population was never better vaccinated.

(b) Smallpox epidemics usually attack the vaccinated first, and cases and deaths are recorded at all intervals after vaccination and revaccination. Moreover, the percentage of vaccinated attacks has progressively increased with the increase of vaccination, until, now-a-days, the vaccinated constitute the vast majority of the patients in the smallpox hospitals, and, in certain limited outbreaks, only "protected" persons have been attacked.

(c) The percentage of fatal cases, amongst vaccinated and unvaccinated combined, is practically the same now as before vaccination was introduced, thus proving that the alleged mitigating effects of the operation are quite imaginary.

(d) The experience of the revaccinated British and German soldiers, as shown by the following official figures, is alone sufficient to knock the bottom, top, and sides out of the pro-vaccinist case:—

	Revaccinated Smallpox Cases.	Revaccinated Smallpox Deaths.
German Army, 1834-1887.....	7,505	291
British Army, 1860-1888	3,953	391

Further confirmation of the uselessness of cowpoxing is found in the fact that (despite an increasing neglect of vaccination) the greatest decline of smallpox has taken place since the passing of England's Municipal Charter of Sanitation (the Public Health Act, 1875), thus emphasizing the universal experience that "*for the permanent avoidance of epidemic disease cleanliness is the sole safeguard*" (Dr. J. Simon). Fortunately, this is now generally recognised, even by the vaccinators themselves, and however much they may try to scare the public and puff vaccination by the issue of alarmist photographs and absurdly fallacious hospital statistics, they take care never to the sale of cowpox alone as a means of preventing the spread of smallpox. In fact, 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.*"—Professor Crookshank.

I am an anti-vaccinist in the second place, therefore, because the belief in the vaccination delusion has delayed, instead of accelerating, the smallpox decline—which had set in before cowpoxing was introduced—by distracting the attention of the medical profession and the public from the only real remedies—sanitation, cleanliness, disinfection, notification, and isolation.

3.—Because Pro-vaccinist Statistics are Unreliable and Fallacious.

The pro-vaccinist case depends largely upon certain hospital statistics, which are designed to show that unvaccinated, or "imperfectly" vaccinated, patients suffer more severely from smallpox than those who have been "efficiently" cowpoxed, and that revaccinated persons, especially doctors and nurses, enjoy a special immunity.

In the first place I would point out that these statistics are vitiated as a whole by the fact that there is no authoritative definition of what "perfect" or "efficient" vaccination is, and hence there is "an ever open door" of escape for the pro-vaccinists when smallpox attacks the vaccinated. All they have got to do is to say that those cases could not have been "properly done," and accordingly exclude them from their statistics of "vaccinated" cases. Under this beautiful arrangement it is obvious that a "properly done" person can never take smallpox.

The following are other and more specific reasons for believing that the statistics in question are unworthy of credence:—

(a) Because they are not true of well-vaccinated and badly-vaccinated towns taken as a whole.

(b) Because they show a fatality rate (thirty to sixty per cent.) amongst the unvaccinated, ridiculously in excess of that (twelve to eighteen per cent.) which prevailed amongst smallpox patients generally before Jenner brought out his crazy cowpox concoction and before men knew how to build a decent hospital.

(c) Because in severe cases of smallpox it is practically impossible to see the vaccination marks, hence there can be little doubt that many unvaccinated deaths from smallpox are classed by the hospital officials as "unvaccinated." It has been shrewdly remarked that these cases are not booked as dying because they are unvaccinated, but as unvaccinated because they die.

(d) Because there is reason to believe that vaccinated children dying from smallpox are not infrequently certified as dying from "chicken pox." The medical text-books are all agreed that true chicken pox is "never fatal," and yet no less than 2,111 deaths of children under five were certified as being due to "chicken pox" in England and Wales during the twenty years 1881 to 1900!

(e) Because smallpox picks out the weaklings for attack (the general death rate from all causes is never adversely affected even by epidemic smallpox), and it is to be expected, therefore, that where the unvaccinated section of the community includes all the weaklings, it should show greater attack and fatality rates than the vaccinated or healthy section.

(f) Because there is no evidence that the children who have been exempted from vaccination under the Conscientious Objectors' clause of the Act of 1898, are any more liable to take smallpox than vaccinated children, or, in fact, even as liable.

(g) Because the "marks" statistics, which are made to show that the more numerous and larger the marks the greater the immunity, are based on a pure assumption, as no one can possibly say whether any well-marked patient would have been worse or better if unvaccinated. Moreover, if vaccination is equivalent to an attack of smallpox, it is obvious that the large marks which follow bad arms indicate susceptibility to the disease, and, conversely, that small sores and slight marks are an evidence of comparative immunity. Yet, when the latter cases take smallpox it is blamed upon the faintness of the marks, and this despite the fact that the general tendency of modern vaccination methods is to produce faint marks.

(h) Lastly, because evidence can be produced to show that when re-vaccinated doctors and nurses take smallpox the particulars are not always divulged to the public. In any case their alleged immunity proves too much, seeing that the operation does not afford a like protection to other equally well-vaccinated sections of the community—*e.g.*, the Army and Navy.

I could readily advance ample evidence in support of each of the foregoing reasons did space permit. Those who desire to look further into the matter, however, are advised to apply to the National Anti-Vaccination League, 50, Parliament-street, S.W., who will, I doubt not, be willing to supply any inquirer with a handful of literature for a few coppers.

4.—Because the Practice is Fraught with Serious Dangers to the Life and Health of the People.

Vaccination, at its best, attempts the everlastingly impossible task of sowing disease and reaping health. The dangerous character of the operation, at its worst, though recklessly denied in former years, was proved up to the hilt by the revelations made to the Royal Commission, and contained in a special volume of their Report, one of the blackest documents ever compiled. In addition to that evidence, the Registrar-General's Returns show that during the twenty years 1881-1900, no fewer than 948 deaths were admitted by honest doctors to be due to cowpox and other effects of vaccination, though there is grave reason to fear that the actual number was much greater, as it is known that deaths due to vaccination have been certified as caused by some other disease, in order to "preserve vaccination from reproach." Moreover, if so many have been done to death by the operation, what must be the number of those who, escaping death, are more or less seriously injured?

It is, however, contended that the use of "pure calf-lymph" (which, by the way, is neither "pure" nor is it "calf-lymph," but cowpox matter or virus) has now obviated the risk of injury. Nothing is further from the truth. There is ample evidence that cattle-virus is as dangerous in its quality as the humanized variety; in fact, some pro-vaccinist doctors aver that it is more dangerous, being liable, amongst other things, to produce results indistinguishable from syphilis. The changed virus has simply the changed character of the risks. For example, the genus of several serious inoculable cattle diseases, such as cancer, have not yet been discovered, and there is therefore no known test by which their absence from the virus can be determined. Nor does the officially banned, and then officially blessed, glycerination of the "lymph" lessen, if indeed it does not increase, its dangers; hence, doubtless, the present efforts of medical experts to find a different medium and so add another item to the long list of vaccination blunders with which a fallible profession has hitherto succeeded in deluding a gullible public.

Once more, therefore, I am an anti-vaccinist because the deliberate injection of a mass of unknown disease germs into the blood of the people, under aseptic surgery, is a dangerous and unparalleled absurdity, and also because "to forbid perfect health is a tyrannical wickedness, just as much as to forbid chastity or sobriety. No law-giver can have the right. The law is an unendurable usurpation, which creates the right of resistance."—*F. W. Newman.*

5.—Because the Compulsory Enforcement of such a Grotesque, Useless, and Dangerous Superstition, whether by Parliament or Employers, is a Tyrannical Interference with the Rightful Liberties of the People.

Not the least significant feature of the legal dissemination of vaccine disease is that its supporters dread discussion, and refuse, whenever possible, to allow their statistics to be independently checked. They wish to be counsel, judge and jury in their own case. Some even advocate the stifling by law of all anti-vaccinist criticism. Their favourite arguments are 20s. and costs, or, in default, distraint or imprisonment, and whilst these "arguments" fall lightly upon the rich, they inevitably inflict special hardship upon the poor. It may be answered that the law now grants to the latter a measure of relief. True, the absurdly-drafted conscientious objectors' clause was apparently intended by Parliament to be a "measure of relief," though it allows only Englishmen and Welshmen to have a conscience on the question for four months, refusing Scotchmen and Irishmen any conscience at all. But it needs not to tell the readers of *Reynolds's* that numerous prejudiced and stupid Magistrates (both Stipendiary and lay) availing themselves of the apathy of public opinion, have not thought it beneath their "dignity" to stultify the intentions of Parliament by twisting this "measure of relief" into a further weapon of persecution. Equally scandalous also is the action of those employers who have taken advantage of their position and power to force their conscientiously objecting servants to barter their bodies or accept dismissal. There are hopeful signs, however, that these "outrages of sacred human rights" will not be much longer endured. The number of doctors (including Dr. Charles Creighton, Professor Crookshank, Sir W. J. Collins, Dr. Scott Tebb, and Dr. W. R. Hadwen) who have had the great courage to rise superior to professional orthodoxy, and range themselves on the side of the anti-vaccinists, is gradually increasing. Other factors likely to accelerate the disestablishment and disendowment of the vaccine trade are the opposition of such weighty and unprejudiced thinkers as Herbert Spencer, Tolstoy, and Alfred Russel Wallace, and the heroic passive resistance to the Vaccination Acts which has been steadily displayed for years past by anti-vaccinists in Leicester and other enlightened towns up and down the country.

Space forbids further reasons for associating myself with these disease-hating and freedom-loving stalwarts, but I cannot do better than conclude my brief confession of unbelief by saying, in the fearless words of one of the doughtiest of these antagonists, that I am an anti-vaccinist because "the successive Vaccination Acts were passed by means of allegations which were wholly untrue, and promises which have all been unfulfilled. They stand alone in modern legislation as a gross interference with personal liberty and the sanctity of the home; while as an attempt to cheat outraged nature, and to avoid a zymotic disease without getting rid of the foul conditions that produce or propagate it, the practice of vaccination is utterly opposed to the whole teaching of sanitary science, and is one of those terrible blunders which, in their far-reaching evil consequences, are worse than the greatest of crimes."—*Alfred Russel Wallace.*

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